



As the Minister of Health, it is my job to provide all Haitians with a health care system that is efficient, accessible, and universal. It has been my pleasure to work with former colleagues at MSH on these key components to create a strong and reliable health system.

Since 1980, MSH has worked as a partner in Haiti to build Haiti's health system: expanding delivery to rural areas; helping construct a national system for better access to reproductive, maternal, and child health services; constructing a drug procurement and distribution system; training leaders; and greatly expanding the

battle against HIV & AIDS and other infectious diseases.

This booklet, 35 Years in Haiti, highlights the commitment that MSH has shown to the health of Haiti over the years. When the earthquake hit in January 2010, MSH was already in place to respond quickly by transforming their existing systems to respond to the new needs. Most important to the success of MSH's recovery efforts were the relationships it had spent those decades building. Unlike many donors who came to Haiti solely in response to the crisis, MSH had been there all along.

I believe we have entered a new era of development, one in which the strength of the partnership between host countries and international organizations is a critical indicator in the future success of the project. With the current focus on health system strengthening, there is recognition that the health of an individual patient relies on the coordination of actors at all levels. Since I became Minister of Health, we have successfully increased the childhood vaccination rate and improved our vaccine storage systems, standardized nursing education to ensure the quality of our health workforce, and aggressively worked to control the spread of cholera.

As we remember the tragedy of five years ago and those who were lost, let us not forget the friends who stood by us in our time of greatest need. While reconstruction is still underway, the relationship between MSH and the government of Haiti has never been stronger. We need more organizations such as MSH to listen to the Haitian people and, together, build a health system that all Haitians can be proud of and call their own.

Florence D. Guillaume

Minister of Health Haiti



As the President and CEO of Management Sciences for Health (MSH) I am very proud of our legacy of partnerships and impact in Haiti. Since 1980, with funding from the United States Agency for International Development (USAID), we have implemented nine major projects hand-in-hand with community and government partners. No matter what challenges arise in Haiti—social and political unrest, hurricanes, mudslides, and crime and gang activity—the Haitian government, its partners and

its people have at every turn displayed determination and flexibility, and unshakeable commitment to partnership.

With three current projects and close to 140 staff—most of whom are Haitian—MSH works in all ten geo-departments of the country, building the capacity of local non-governmental organizations (NGOs) and the Government of Haiti to deliver improved health services. Our activities range from strengthening the leadership and management skills of Haiti's Ministry of Public Health and Population (MSPP) to delivering quality family planning services and supporting the national HIV and AIDS program to training local NGOs on human resource management, information systems, performance-based financing, and supply chain management.

As 2015 marks five years since the devastating earthquake in Haiti, MSH is pausing to salute Haiti's remarkable achievements, reaffirm our commitment to the health of the Haitian people, and reflect on the reasons we have to be hopeful about Haiti's future. We are proud of the Haitian Minister of Public Health and Population, Dr. Florence Guillaume, who has implemented a national health plan for the next ten years to ensure Haitians have access to equal and quality health services AND has put *Health* at the forefront of *Development*.

As we reflect on our last 35 years in Haiti, I look forward to continued opportunities to partner with the Haitian government and other key stakeholders to build capacity and strengthen the health system through projects that assist millions of Haitians in living healthier, happier, and more productive lives.

Sincerely,

Jonathan D. Quick, MD, MPH

President and CEO, MSH





The five-year anniversary of the Haitian earthquake brings Haiti to the forefront of international development conversations once again. Much of the dialogue has focused on the setbacks of large-scale infrastructure and rebuilding projects, but there has been important progress in some sectors, especially the health sector. With greater awareness of the progress in Haiti, US decision-makers and the press will be better able to recognize the outstanding work of the Haitian Ministry of Public Health and Population (Ministry of Health), the Haitian people, and their international partners.

In December 2014, United States Congressional staffers (delegates) joined staff from Management Sciences for Health (MSH), a nonprofit global health organization working to save lives and improve health, on a five-day study tour to examine the US government's health efforts in Haiti. As the tour participants saw first-hand, much has been gained and there is much to hope for in the nation of Haiti. This report provides an overview of MSH's work, supported by the US Agency for International Development (USAID) over the past three decades. It illuminates the progress in the Haitian health sector witnessed by delegates progress that is founded on the principle of health as a human right that, in turn, contributes to social and economic stability.

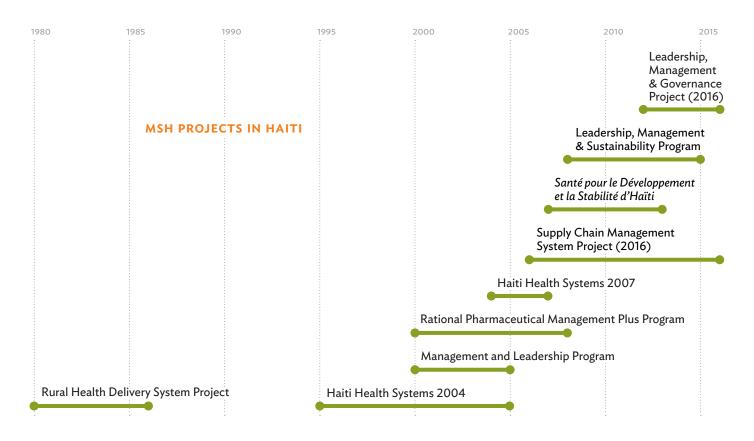
## A Brief History of MSH in Haiti

MSH, with USAID support, has worked in Haiti since 1980 when it began training health workers and building information, management, and pharmaceutical systems. USAID and MSH increased support to Haiti in 1995, and by the time of the political upheaval in 2004, their partnership had helped bring health services to more than 3 million Haitians through a network of 32 local nongovernmental organizations (NGOs). Those who contributed to this progress—the majority of whom were Haitian—were building a strong health system and improving social stability.

The socio-political upheaval of 2004 led to an interim period with an acting government and uncertain progress toward elections. Safe water, roads, and other infrastructure deteriorated following a series of natural disasters and a lack of financial resources, operational capacity, and leadership. Daily life was further disrupted by heightened levels of criminal and gang activity.

The people of Haiti met this instability with determination, flexibility, and the strength of long-standing community relationships. With assistance from ongoing MSH projects funded by USAID, the network of NGOs and the health facilities they supported was able to continue delivering health services and essential medicines despite being unable to work directly with the newly established government.

MSH, eager to improve long-term health impact and sustainability by cooperating with the government, developed a protocol for involving Ministry of Health authorities in project activities as soon as possible and sought the Ministry's input and cooperation. The government stepped up, coordinating its efforts and resources with civil society organizations and the private sector. With cooperation across all





health system sectors and in partnership with USAID and MSH, the people of Haiti established a functional health system serving four million people (nearly half of Haiti's population) in all ten geo-departments by late 2009.

Encouraged by this progress, the Ministry of Health affirmed their commitment to health as a human right and to extending the reach of the health system to all Haitians. Then, on January 12, 2010, the most devastating earthquake in Haiti's history hit. In the face of seemingly impossible odds, the people who supported Haiti's health system knew they did not have to start over. Their achievements had been won through adversity and were built to withstand adversity. They had only to keep building on those achievements.

Within 48 hours of the earthquake, MSH teams supported by the USAID Mission to Haiti (USAID/Haiti) were able to use the reliable supply chain they had previously established to begin shipping emergency supplies to health facilities hit hardest by the disaster. Within ten days, they had restarted regular distribution of antiretroviral therapy supplies to all treatment sites. This rapid response enabled network health facilities to provide uninterrupted antiretroviral therapy for people living with AIDS. The health facilities were also able to continue increasing both enrollment in and completion of programs to prevent mother-to-child transmission of HIV.

Within a month of the earthquake, MSH teams were able to distribute more than one million condoms, and by May, had more than doubled monthly condom distribution. Between January 2010 and December 2014, with support from the Ministry of Health,

Haitians fight the spread of cholera at Camp Acra, Port-au-Prince, Haiti in 2011. PHOTO: DOMINIC CHAVEZ





Difficult travel delivering family planning products to Dity Health Center, a remote site in northwest Haiti.
PHOTOS: JEAN-JACQUES AUGUSTIN

MSH ensured that nearly 300 USAID-supported family planning sites and Ministry warehouses were continually supplied with a wide range of contraceptives.

In October of the same year, when a major cholera outbreak occurred, MSH teams were able to quickly distribute treatment and train health workers to respond to the disease. They assessed the storage capacity of target sites for emergency supplies and drafted an emergency logistics plan. In partnership with international donors and NGOs, MSH distributed many materials to assist the response, from megaphones and boots to water-purifying tablets and oral rehydration packets. MSH teams also submitted an unsolicited proposal to the Office of US Foreign Disaster Assistance and received a grant to respond to the outbreak in Port-au-Prince for a period of 90 days. MSH worked with the Ministry of Health and other partners to launch a two-pronged approach that (1) leveraged partner networks to train more than 6,500 health providers at all levels of the health system to respond to the outbreak and coordinate their response through centers for cholera treatment, and (2) reactivated nearly 400 health kiosks containing preventive materials and information in tent settlements for displaced people that were used shortly after the earthquake. These interventions contributed to a consistent decline in new cases of cholera and exceeded program objectives.

The Ministry of Health supported these efforts and used planning skills developed with MSH guidance to prepare an interim health plan for earthquake recovery and an interim HIV and AIDS plan that included more than a dozen multilateral, donor, and NGO partners.

The US has now designated Haiti as a "rebuilding country"—a new category. MSH staff members in Haiti, more than 90 percent of whom are Haitian, work in all ten geo-departments of the country and at all levels of the health system. USAID/Haiti and MSH focus on building the capacity of the Haitian government to deliver high-quality, sustainable health services within a strong and resilient health system that can respond in emergencies and achieve sustainable health development goals.

# MSH in Haiti Today

# Bringing health services to millions of Haitians through community health workers

The congressional delegation to Haiti toured the facility of a USAID-funded community health center in Petit Place Cazeau, a town in Haiti's Ouest Department, that provides the primary package of health services defined by the Ministry of Health. This package of services includes maternal and child health, family planning, HIV and AIDS, tuberculosis counseling and testing, and health information on nutrition, hygiene, sanitation, and gender-based violence. This particular community medical center has a bright and modern birthing center, pharmacy, laboratory, consultation and counseling rooms, conference rooms for training, and large medical records area.

The delegates accompanied one of the center's community health workers (CHWs) to a "rally post," a meeting area outside the health center where CHWs bring services directly into the community. The health center establishes rally posts about four times a month by coordinating with community members. CHWs and community members then spread the word about the posts in conversation and through mobile phone text messages. CHWs deliver services including immunizations, vaccinations, and child weigh checks at rally posts, and share information about malaria, nutrition, and sanitation.

The delegates also spent time with a CHW in a more rural, mountainous area in the Kenscoff commune, about an hour outside of Port-au-Prince, accompanying her as she went on assigned home visits. The CHW weighed babies, immunized children, administered monthly contraceptive shots, and performed prenatal checks.

The CHW program is part of the Ministry of Health's national health plan and was established by the MSH-led Haiti Health Services in the late 1990s. The MSH-led  $Sant\acute{e}$ pour le Développement et la Stabilité d'Haïti (SDSH) project, funded by USAID, brought the total number of community health workers to more than 4,000 by 2013. SDSH helped bring health services to 4.5 million Haitians through CHWs, rooting those services in local communities, and built capacity at all other levels of the health system as well. The project linked the CHWs to 164 health facilities, to which SDSH helped bring the integrated package of health services. SDSH supported the health facilities by linking them to a network of NGOs and government administrative units that provide leadership and oversight. The project supported the network partners with technical assistance and performance-based financing agreements. Performance-based financing, which ties funding to verifiable reporting and services delivered, was introduced by MSH in Haiti in 1999 and has led to substantial improvements in service delivery. SDSH also worked shoulder to shoulder with the Ministry of Health developing strategic plans and partnerships, coordinating with donors and other health providers, and improving information and management systems.

The CHWs that the delegates met are employed by *Services de Santé de Qualité pour Haïti* (SSQH), a Pathfinder International-led project funded by USAID. CHWs bring integrated care into their communities: while administering a vaccination, they might also counsel someone seeking HIV testing, identify a coughing client as at-risk for tuberculosis, and encourage a patient on antiretroviral therapy to routinely take their medicine. CHWs are



Brissault Eunise (seated) watching over her daughter Kerwencia, after receiving breast feeding classes.

PHOTO: DOMINIC CHAYEZ

# IMPROVING HEALTH FOR WOMEN AND CHILDREN

Through SDSH:

- more than one million people, including 350,000 pregnant women, received HIV tests and learned their status.
- more than 4,200 pregnant women who tested positive for HIV received antiretroviral therapy to prevent transmission of the virus to their baby.
- more than 13,000 women each year delivered their child with assistance from a facility-based provider.
- nearly 300,000 women were visited at home by a skilled attendant within 72 hours of giving birth.
- the percentage of pregnant women with birth plans
   rose from 10 to 92 percent in four years.
- more than half a million children each year received nutrition services.
- more than 710,000 infants received full immunization coverage.



Success Story
BRINGING VILLAGE
LEADERS TOGETHER

With USAID support, MSH implemented a community leadership development program in 2011 that brought local leaders from the towns of Méance, Dity, Anse à Foleur, and Côtes de Fer together—despite their geographic distances and cultural differences—to identify and address the health problems confronting their communities.

Inspired by universal values of solidarity, trust, respect, forgiveness, and democracy, program participants examined their challenges with maternal health, vaccinations, family planning, cholera, and other issues. They brainstormed how to mitigate some of these problems cooperatively. Stronger together, the leaders then gained the support of decision-makers and individual community members to address health needs despite minimal resources.

In Dity, for example, the leaders gained support for addressing cholera: they cleaned 10 water sources, dug 46 toilets, and distributed 2,079 water purifiers. They also vaccinated more than 2,100 children and shared family planning information with nearly 500 women.

nominated by their communities and receive extensive training in administering basic care, making referrals to health clinics, and providing health education. They liaise with health facilities and traditional healers or birth attendants to improve healthy behaviors and increase the uptake of health services.

CHWs in USAID-funded health facilities operated by Pathfinder International are also being trained in mSanté (or mHealth) activities that infuse technological innovation with traditional public health programming. CHWs are provided with mobile technology (an Android device or tablet) loaded with a set of mSanté applications that streamline data collection for maternal and child health, family planning, and HIV service delivery, and assisting with facility referrals. The technology also includes audio messages CHWs can use to educate patients and "smart forms" that use patient answers to questions to ask increasingly targeted questions and provide referral recommendations. mSanté is boosting the case management and workflow capabilities of CHWs.

### Supporting health leaders

USAID/Haiti and MSH continue to partner with the Haitian Ministry of Health and build its leadership capacity. Through the USAID-funded Leadership, Management & Governance (LMG) Project, MSH is working with the Ministry of Health to roll out a nationwide performance-based financing strategy and other results-based management techniques that will increase the Ministry's ability to receive funding directly from donors. This approach promotes country ownership of the health system, which increases the long-term impact of USAID investments. LMG is also working with the Ministry to standardize health facility procedures and develop a comprehensive package of essential services. Additionally, LMG supports the Global Fund's Country Coordinating Mechanism (a multi-stakeholder partnership that oversees grant funding processes at the country level) in Haiti, building its capacity to provide oversight for projects that combat infectious disease.

Through the Leadership, Management & Sustainability (LMS) program, also active in Haiti today, USAID and MSH strengthens the skills of managers and leaders to achieve results in reproductive health, maternal and child health, HIV and AIDS, and infectious disease. LMS in Haiti focuses on helping the Ministry manage health commodity supplies. The program is currently working with the Ministry of Health to establish a national commodity supply and distribution system, the Système National d'Approvisionnement et de Distribution en Intrants.

As part of its effort to keep family planning sites continually supplied with a wide range of contraceptives, LMS has helped train more than 1,000 service providers and other health professionals at the central and facility level to manage family planning supplies. In the four years following the earthquake, LMS helped nearly 300 USAID-supported family planning sites and Ministry warehouses continually offer a wide range of contraceptives including more than 140 million condoms; 3.9 million Depo Provera injections; 3 million cycles of contraceptive pills; 30,000 implants; 400 intrauterine devices; and 2,700 cycle beads. To date, 653 sites have drafted an activity plan for ensuring their supply of contraceptives.

LMS also works with partners across Haiti to create educational programs that reduce health risks. Several of these programs have specifically reached out to Haitian youth



in marginalized areas, including Cite Soleil, where unmet needs in sexual and reproductive health are particularly high among youth.

### Delivering lifesaving supplies

MSH's work to support the Ministry of Health's management of health commodities is one part of USAID's robust effort to improve access to medicines and medical supplies in Haiti. The Supply Chain Management System (SCMS), a US President's Emergency Plan for AIDS Relief (PEPFAR)-funded project administered by USAID-funded project administered by USAID, operates the most reliable and sophisticated supply chain in Haiti, including a 21,500 square foot, state-of-the-art warehouse. The December study tour delegates had the opportunity to tour this warehouse and learn about SCMS's plans to transition to a larger warehouse. The new warehouse will be able to accommodate multiple USAID-funded supply chains, with the potential to accommodate other donor commodities in the future. This expansion will improve management of supplies throughout the country and support the Ministry of Health's vision of a unified national supply chain.

SCMS is led by the Partnership for Supply Chain Management, an organization formed through a partnership between MSH and John Snow, Inc. The project operates in 21 countries, leveraging global networks to lower prices for supplies, establishing regional warehouses for efficient distribution of supplies, and training workers to better manage their country's supply chain. MSH provides technical and managerial support to SCMS and manages the project operations in Haiti. SCMS in Haiti delivers HIV commodities to 177 USAID-supported sites throughout the country and its impact is clear: from October 2013 to September 2014 alone, SCMS helped test nearly one million people for HIV, and as of September 2014, more than 43,300 people living with AIDS are on

Calculating drug supplies, above, at the SCMS drug warehouse in Port-au-Prince, Haiti in July 2011. PHOTO: DOMINIC CHAYEZ



Congressional delegates tour SCMS drug supply warehouse. PHOTO: MSH





The USAID-funded LMG/ Haiti project donated ten new ambulances to the Ministry of Health's national ambulance center in December 2014 PHOTOS: GRESLET ETIENNE

antiretroviral treatment. SCMS was also instrumental in delivering emergency supplies after the 2010 earthquake and cholera outbreak.

Following the earthquake and cholera outbreak, a massive influx of unusable drugs from international donors led to the rapid accumulation of pharmaceutical waste. These drugs take up space needed for essential medicines and, when not properly destroyed, can be harmful to the environment and to public health. SCMS assumed a leading role within the Haitian pharmaceutical waste management program in 2013. As of December 2014, it had collected and stored approximately 100 tons of pharmaceutical waste from 155 health institutions.

### Responding to emergencies and building sustainable systems

Around Port-au-Prince, areas where tent city settlements for displaced people were once located are now being transitioned back into parks and common spaces and the tent city tenants have resettled into permanent housing. The congressional delegates who participated in the December study tour visited some of these sites to see evidence of Haiti's progress since the earthquake.

The delegates also met with leaders working to mitigate the effects of the 2010 earthquake, including the *Bureau du Secrétaire d'Etat à l'Intégration des Personnes Handicapées*, which establishes public policy for the integration of disabled people into all spheres of life in Haiti, and the Haiti Health Infrastructure Program, which reconstructs major health facilities. USAID has helped modify many schools for ramp access, and in partnership with the Haitian and French governments, USAID is rebuilding the *L'Hôpital Universitaire d' État d' Haiti* and the National Campus of Health Sciences. These facilities provide essential health services to Haitians and were both severely damaged by the earthquake; almost 50 percent of the hospital was destroyed.

Haiti has made great strides in the past decade despite the earthquake. International assistance and news coverage after the earthquake focused on the catastrophe, ignoring the sustainable development already underway in the health system, but the government and its partners have not lost sight of long-term development. The Haitian government recognizes that developing the health sector—from supporting people with disabilities

to delivering essential health services for all—is one means of establishing a more stable, equitable society. Even when governance and security problems overwhelm the country, local health organizations can be effective in delivering services and stabilizing communities. A strong, flexible health system can contribute greatly to securing human rights more broadly, from clean water and basic shelter to gender equality and personal security from violence. A strong health system helps build and sustain democratic, well-governed states.

MSH believes that a phased approach to medium- and long-term development—with the full involvement of international agencies and donors, the government, civil society, service providers, and communities—is critical to success. The Gtovernment of Haiti is building on the post-earthquake opportunity to work with international agencies through its Interim Haiti Recovery Commission, which coordinates the activities of hundreds of organizational actors. International agencies and donors must continue to focus on actions that have proven effective in other fragile states and recovering countries: supporting the leadership of the Ministry of Health; integrating planning processes across all sectors; and at the local level where services are delivered, ensuring the quality of services, promoting community advocacy, and engaging a wide range of stakeholders. The emphasis should be on building capacity and engaging communities so they can become active partners in working to improve the health system.

## Haiti's health priorities and plans for the future

### Contributing to health outcomes as well as economic and social development

Throughout the December study tour, the delegates met with health sector leaders to hear about the big picture in Haiti—its health priorities and plans for the future, governance throughout the country, and the US role in Haiti's health and development. Through conversations with the Haitian Minister for Public Health and Population Dr. Florence Guillaume, US Ambassador to Haiti Pamela L. White, Melissa Rosser from USAID/Haiti's Office of Democracy and Governance, and others, the delegates gained a sense of the far-reaching implications of health development in Haiti. Building stronger health systems is not only about delivering basic services or responding well in emergencies; it is about social stability and economic development. This principle is ingrained in MSH's efforts in Haiti. For example, the thousands of community- and facility-based health workers USAID employs, and MSH has trained and supported over the past 35 years, contribute to health outcomes as well as economic and social development. These health workers bring health care, information, and coordination to even the most remote villages. They invest their earnings in their communities. They understand that the right to health is closely tied to the right to security, and understand that health care is dependent on human relationships, the ties that bind.

The people of Haiti are leading improvement in their own health. MSH will continue supporting that progress, working closely with USAID and the Haitian Ministry of Health to strengthen the leadership capacity of the Ministry and its partners at home and abroad. MSH will continue to support the network of NGOs, health facilities, and CHWs that provides essential services throughout the country. These efforts will lay the foundation for a health system in which health is truly a human right.







Delegates visit key sites with U.S. Ambassador to Haiti Pamela A. White

#### **DELEGATES**

- Adam Abramson, Office of US Representative Yvette Clarke (NY)
- Colin Ford, Office of US Representative Barbara Lee (CA)
- Jean Roseme, Office of US Representative Frederica Wilson (FL)
- Maureen Taft-Morales, Congressional Research Service
- Lee Whack, Office of Representative
   Jan Schakowsky (IL)



It is poignant for me to write this after looking at all of the progress that MSH and Haitians have made together over the last 35 years. Now is a time of great hope for the people of Haiti, who have survived so many tragedies inflicted by both man and nature, and continue to move forward each day. In addition to the physical reconstruction of our homes and cities, I have made it a priority to ensure that our country has the capacity to provide an effective

public administration that is efficient and honest, staffed by officials who are responsible, trained and guided by the interests of transparency.

I am proud of what we have accomplished by making significant public administration and civil society reforms, increasing gender parity within the government through quotas, and improving the legal protections for persons with disabilities. Currently underway is an effort to reform the criminal code, which will offer greater protection to women and girls. I hope these accomplishments will be remembered as important efforts in the development of our country.

Key to the relationship between MSH and Haiti has always been their willingness to listen to Haitian voices and encourage local ownership. Moving forward, it is crucial that Haiti take the lead in all of our development partnerships to set our own development agenda and invest in projects that will be most beneficial to our people. While I strongly believe that long-term relationships—like the one we have established with MSH—are critical for continued development, Haitian voices must be leading these partnerships.

Uder Antoine

General Coordinator, OMRH/Primature

Haiti

### **OUR MISSION**

Saving lives and improving health of the world's poorest and most vulnerable people by closing the gap between knowledge and action in public health.

#### **OUR VISION**

A world where everyone has the opportunity for a healthy life.



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### **TAO OF LEADERSHIP**

Go to the people

Live with them

Love them

Learn from them

Start with what they have

Build on what they know.

But of the best leaders

When their task is accomplished

The work is done

The people will all say

We have done it ourselves.

—Lao Tzu

