

















USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions.



ABOUT THE HEALTH FINANCE AND GOVERNANCE PROJECT 2012-2018



The Health Finance and Governance (HFG) Project works to address some of the greatest challenges facing health systems today. Drawing on the latest research, the project implements strategies to help countries increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. The project also assists countries in developing robust governance systems to ensure that financial investments for health achieve their intended results.

With activities in more than 40 countries, HFG collaborates with health stakeholders to protect families from catastrophic health care costs, expand access to priority services – such as maternal and child health care – and ensure equitable population coverage through:

- Improving financing by mobilizing domestic resources, reducing financial barriers, expanding health insurance, and implementing provider payment systems;
- Enhancing governance for better health system management and greater accountability and transparency;

- Improving management and operations systems to advance the delivery and effectiveness of health care, for example, through mobile money and public financial management; and
- Advancing techniques to measure progress in health systems performance, especially around universal health coverage.

The HFG project (2012-2018) is funded by the U.S. Agency for International Development (USAID) and is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., the Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

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To learn more, visit www.hfgproject.org

STRENGTHENED HEALTH SYSTEMS, IMPROVED GOVERNANCE AND EFFICIENCY



MAJOR CHALLENGES:



RESULTS ACHIEVED:



SHORTAGE OF HEALTH WORKERS



RELIANCE ON EXTERNAL FINANCING



WEAK OVERSIGHT



IMPROVED HEALTH WORKFORCE MANAGEMENT



STRENGTHENED HEALTH FINANCING CAPACITY



IMPROVED
COORDINATION
OF DONORS BY
GOVERNMENT

HFG OVERVIEW IN HAITI



CHALLENGES

The devastating earthquake in 2010, and the massive cholera epidemic soon after, strained Haiti's already fragile health system. These crises sharpened the need for improved management and financing for health. Haiti's Ministry of Public Health and Population (Ministère de la Santé Publique et de la Population, MSPP) made strong efforts to address these urgent challenges, resulting in significant progress in developing strategies, standards, and systems that ultimately contributed to improved health outcomes. For example, incidence rates for HIV and maternal mortality have continued to decline.

However, Haiti continues to struggle with certain health indicators, such as assisted deliveries: only 42 percent of births in Haiti are assisted by qualified staff, versus 93 percent in the World Health Organization (WHO) Americas Region (MSPP 2013, IHE & ICF 2017). Shortfalls in human resources for health (HRH) are a persistent issue. With only 0.65

doctors, nurses, and midwives per 1,000 people, Haiti falls well below the WHO's recommended 4.45 per 1,000 people required to achieve the Sustainable Development Goals.

Predominant reliance on external financing for health is a major challenge for Haiti. Ninety percent of Haiti's spending on government health programs in 2010–2011 came from donations after the earthquake, and in 2012-2013, donations still comprised 52 percent of such spending (MSPP 2013, MSPP 2015). The government contributes approximately 10 percent of Haiti's total health expenditure, while almost 84 percent comes from household out-of-pocket spending and donor contributions for public services. The lack of a coordinated response by the myriad of donor programs operating in the country has prevented Haiti from effectively utilizing external funds to support the country's long-term health system goals, including universal health coverage (UHC).



CHANGE

The USAID-supported Health Finance and Governance (HFG) project began working in Haiti in 2012, when the country was still recovering from the 2010 earthquake that had caused widespread damage to infrastructure and services. The Haitian government was deeply engaged in reestablishing services, and major donors such as USAID were making significant investments in construction and rehabilitation.

HFG helped ensure the sustainability of the ongoing recovery by providing technical support to strengthen the MSPP's oversight and management of the health sector. Our technical assistance was focused on three key fronts: health financing, HRH, and capacity building for leadership and coordination. The overarching aim of our activities was to strengthen the MSPP's stewardship and build its governance capacity to more effectively oversee the country's public and private health sectors. We helped advance development of Haiti's national health financing strategy, assisted in the creation of the country's first national HRH strategy, and pursued other MSPP reforms. Although Haiti's domestic health financing is not expected to grow significantly in the near term due to slow economic

growth and a weak internal revenue system, HFG's support for the coordination and alignment of donor funds with the country's long-term health system goals, including UHC, has paved the way for efficiencies and improved use of available resources.

HFG interventions to restructure organizational units and strengthen accountability mechanisms have reinforced the MSPP's governance capability. With our support, the ministry has implemented sound policies and procedures and become more active in health workforce oversight. Already, the MSPP is building on HFG's legacy, using guidelines and documents produced with HFG assistance to expand a valuable nursing school accreditation process to medical and pharmacy schools.

This report highlights HFG's key results in Haiti, including:

- Improved management of Haiti's public and private health workforce
- Strengthened health financing capacity for more efficient health services
- Improved donor coordination for an effective health sector response

"We have students who come to register and the first question they ask is, 'Do you have the Reconnaissance logo?' Our student body has increased and we are thrilled to be a part of this process."

~ Gédéon Eugène, President, Faculty of Nursing Sciences, Antenor Firmin University, Haiti



Recognized private nursing schools receive a Reconnaissance logo from the MSPP.



MAKING A DIFFERENCE



RESULT AREA I Improved oversight of Haiti's public and private health workforce

HFG undertook several activities to optimize the quality and efficiency of Haiti's health workforce. Our support helped the MSPP develop HRH plans and policies, strengthen regulation of the private health sector, and undertake initiatives to address inefficiencies such as vacancies and ghost workers. To execute this work, HFG partnered directly with the MSPP operational units, namely the Department of Human Resources (Direction des Ressources Humaines) and Department of Health Sciences Training and Development (Direction de Formation et de Perfectionnement en Sciences de la Santé). Careful stakeholder engagement, incorporation of governance capacity building into HRH technical assistance, and thoughtful selection of interventions that could serve as levers for broader reforms contributed to the successful outcomes achieved with HFG's support.

More qualified nurses for Haiti

We helped MSPP establish a sustainable process for regulating the quality of nurses that graduate from Haiti's private nursing schools. The need for an accreditation system became imperative in the aftermath of the 2010 earthquake, when the number of private nursing schools in Haiti mushroomed to more than 400, many of debatable quality. Through an accreditation system known as Reconnaissance, HFG assisted the MSPP's Department of Health Sciences Training and Development in designing and managing an effective standards-based quality system for private nursing education institutions.

During the Reconnaissance pilot (2014–2017), more than 125 nursing schools were evaluated, 64 of which received government recognition. Preliminary data showed a 150 percent increase

in student enrollment and a 9 percentage point increase in the pass rate on the national nursing licensure exam for students graduating from recognized schools (Derivois 2016).

Successful demonstration of this accreditation system has equipped Haiti with a promising solution for sustainable oversight of the private nursing education sector. As a result, MSPP's Department of Health Sciences Training and Development is already building on the Reconnaissance legacy by expanding the accreditation process to medical and pharmacy schools.

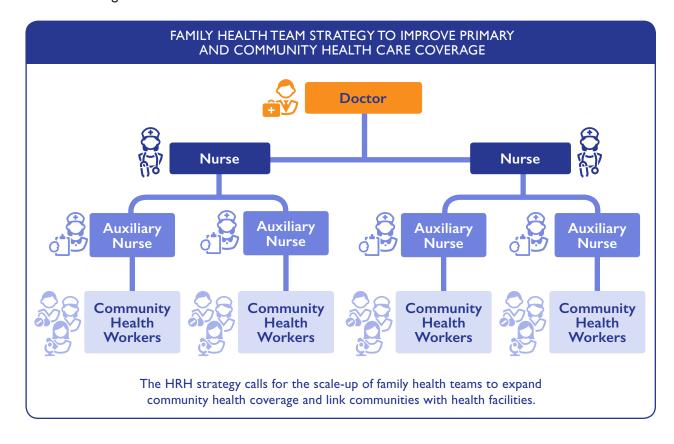
Prioritizing the frontline health workforce

To lay the foundation for increased access to and quality of health services, Haiti drafted its first national human resources for health strategy. As a first step, HFG assisted the Department of Human Resources in completing an HRH situational analysis, covering not only government health staff but also private sector health workers. The analysis revealed that only 12 percent of the health workforce practiced in rural areas, where approximately 50 percent of the country's population lives. It also showed a critical shortage of nurses and midwives.

These issues informed the key elements of Haiti's HRH strategy. Given the geographic imbalance and difficulty in recruiting and retaining higher-level cadres in rural areas, the strategy proposes a major shift to prioritize the community and primary care levels through a network of community health workers. These health workers will link to health facilities through a family health team model (Équipe de Santé Familiale) in which teams are led by nurses with physician oversight at the departmental level. Donors fund most of the community health workers in Haiti, so the MSPP has proposed gradual absorption of community health workers into the MSPP payroll.

Cost savings from identification and elimination of ghost workers

The HRH situational analysis drew from a rigorous data quality audit of public and private sector health workers, conducted by the MSPP's Department of Human Resources in partnership with HFG. As a result of the audit, the department was able to institute routine identification and elimination of 'ghost workers'—individuals no longer employed by the MSPP but still receiving regular paychecks—from its payroll through data quality control sessions conducted on a quarterly basis with



HFG's support. In March 2018, the Haitian national newspaper *Le Nouvelliste* reported that the government had reclaimed more than US\$3 million worth of paychecks in the previous ten months. The Department of Human Resources plans to advocate for using the cost savings to employ additional health workers.

Our continued support to the MSPP's Department of Human Resources helped institutionalize quality assessments of HRH data, and the department staff has taken full ownership of regular data collection and quality review, conducting supervision visits and organizing their own data quality review session. This outcome is important for the future of HRH planning in Haiti, as the MSPP now has independent capacity to accurately understand and optimally manage its health workforce.

Pathways for health worker career advancement and improved performance

Working in coordination with MSPP's Department of Human Resources and the Office of Human Resources Management (Office de Management et des Ressources Humaines), HFG successfully completed the drafting of HRH career profiles in Haiti. This document defines pathways for health worker advancement and professional development. Using a participatory approach to develop the document, HFG engaged a wide range of stakeholders from MSPP, the Office of Human Resources Management (covering all civil servants), professional associations, and public and private universities in the collection of relevant data, review of documents, and identification of health sector jobs. In a human resources context characterized by a scarcity of skilled health workers and a lack of material and financial resources, the official career profiles we helped create will establish clear and transparent guidelines that can support better recruitment, management, and retention.

HFG also assisted with the MSPP's development of health worker job descriptions, standardized salary classifications, and a performance evaluation system called SYSEP (Système d'Evaluation de la Performance). We helped implement SYSEP in all ten MSPP directorates to recognize staff

achievements and support cooperative problem solving for better performance. The MSPP is the first ministry to have institutionalized SYSEP, which is a mandatory performance review system led by Haiti's Office of Human Resources Management.

Taken together, the tools and systems we helped introduce have the potential to modernize the country's health workforce management and enable more efficient allocation of resources for increased health services coverage.





"The new system is helping the hospital correct double billings, counter corruption, and [prevent] the unauthorized use of hospital revenue, hence increasing available hospital resources. One month after the installation of the electronic cashier, the hospital has seen a 90 percent increase in revenue from the previous month. This is also helping the hospital measure the amount of services provided to the patients by unit. The hospital is using these additional resources to prevent any stock outs by buying more consumables and other strategic inputs."

~ Dr. Jean Geto Dubé, Executive Director, Justinien University Hospital, Cap-Haïtien, Haiti





RESULT AREA 2 Strengthened health financing capacity for more efficient health services

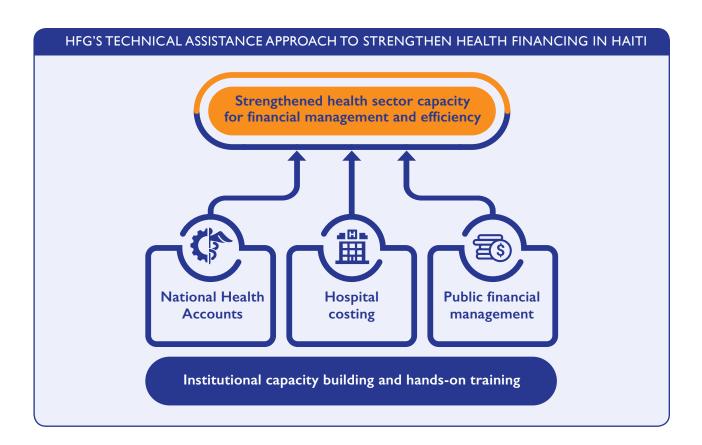
The significant external investment that rushed into Haiti after the 2010 earthquake has begun to decrease, necessitating more efficient use of funds to ensure that Haitians are able to access affordable, quality health care. Our efforts toward more robust health financing in Haiti have strengthened the domestic capacity — both private and public—for improved financial management, resource planning and tracking, and budgeting and execution.

Better use of existing resources by hospitals

Together with public hospitals, Haiti's private, nonprofit, and faith-based hospitals play a major role in making affordable, even free, health care accessible to Haiti's poor. However, the reliance of these institutions on external funding and donations makes them particularly vulnerable to declines in donor funding and underscores the need for a rigorous focus on resource mobilization and efficiency.

In recognition of this issue, USAID requested HFG support for costing and business planning for three key private hospitals and two public hospitals reaching poor and vulnerable populations. The exercise helped the hospitals understand their expenditures and financial drivers, identify efficiencies, and develop business plans for sustainable operations.

As part of the costing and sustainability planning process for public hospitals, HFG designed a costing course and trained staff from the MSPP's Study and Programming Unit (Unité d'Etudes et de Programmation). We subsequently supported the unit in conducting a hands-on exercise in costing for the Justinien University Hospital, a regional public hospital. As a result of our sustained assistance, the unit is technically prepared to support the MSPP in performing costing and business planning activities. The unit will apply this capacity as the country prepares to reopen the main national reference hospital, the Hospital of the State University of Haiti.



National Health Accounts best practices institutionalized

A key thrust of HFG's work in Haiti has been to improve the MSPP's capacity to regularly track health fund flows as the country strives toward UHC. National Health Accounts (NHA) is an internationally accepted process for tracking resources and producing evidence to inform resource mobilization and allocation decisions. Haiti conducted its first NHA in 2010/11, supported by the USAID-funded Health Systems 20/20 project. HFG seamlessly continued to support MSPP capacity building in this area, helping the ministry with dissemination of results from the 2010/11 NHA.

We then supported Haiti in implementing an updated version of the System of Health Accounts (SHA 2011) methodology for NHAs. HFG trained MSPP Study and Programming Unit staff in using SHA 2011 and updating NHA data to fit the new production tool requirements. We also built the unit's capacity to conduct data visualization and mapping. This support has helped institutionalize NHA best practices in the unit and improved its ability to conduct NHAs in the future.

Improved MSPP capacity for public financial management

Another important achievement for HFG has been the improvement we brought about in the hospital financial management capacity of MSPP's Department of Budget and Administration (Direction de l'Administration et du Budget). HFG provided Quickbooks software to the department staff at the central and departmental levels, enabling a muchneeded shift from paper-based to digitized reporting.

Another key activity of HFG's work with the Department of Budget and Administration was to procure electronic cash registers and train Justinien University Hospital staff on their use. These registers allow hospitals to more easily track fees collected at the point of service – an important tracking activity, since the fees are a vital source of flexible revenue for hospitals. With the electronic cash registers, MSPP expects to substantially increase hospital resources while eliminating corruption and double billings. Justinien University Hospital has already felt the impact of the upgrade: In the first month after the registers were installed, the amount of money collected by the hospital doubled.



"The Country Coordinating Mechanism [CCM] Haiti presents its compliments and would like to take the opportunity to thank the HFG team for the collaboration during the electoral process for the renewal of the CCM Haiti membership. Your assistance to the CCM Reform and Electoral Committee has been of effective quality all along the way and it has been much appreciated. As chair of the CCM Haiti, and First Lady of the Republic of Haiti, I wish to express the appreciation of the CCM Haiti and I look forward to future collaboration."

~ Mme Martine Moise, President, Country Coordinating Mechanism Haiti





RESULT AREA 3 Improved donor coordination for an effective health sector response

According to a recent World Bank report, almost half of Haiti's total health expenditure is supported by external financing, frequently off-budget, and implemented through hundreds of NGOs (Cavagnero 2017). Supporting the government of Haiti in mobilizing more external funds and directing how these funds get spent has been an important area of work for HFG.

Even as efforts on this front continue, successes are being realized. In April 2018, the Global Fund approved nearly US\$11 million in additional HIV and tuberculosis funding for Haiti. HFG had assisted the Haiti Global Fund Country Coordination Mechanism (CCM) in making this Prioritized Above Allocation Request to the Global Fund to support priority HIV and tuberculosis interventions for key populations and vulnerable groups. HFG also supported the CCM in organizing an election to add five civil society sector members and four alternates to its body.

To bolster Haiti's efforts to mobilize funds, we assisted with Haiti's participation in the Global Financing Facility, a country-led model of

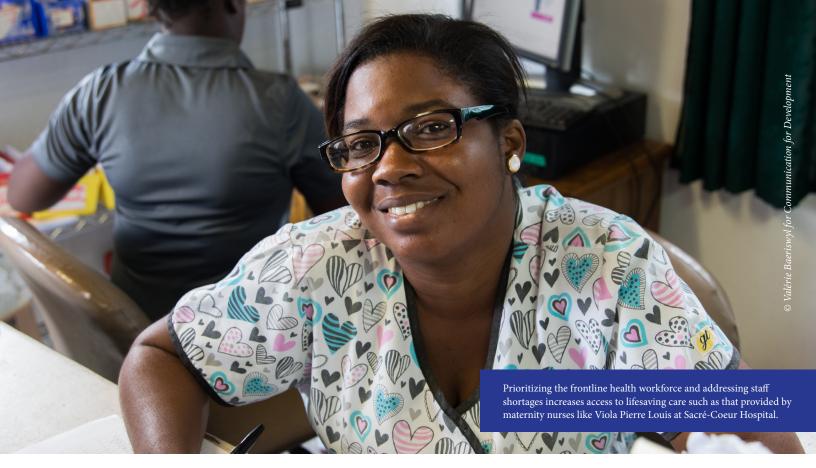
development finance to bring together public and private partners for adolescent, maternal, and child health. Haiti had joined the facility in late 2017. We accompanied the Haitian government delegation to the Global Financing Facility country workshop in Accra (January 2018) to orient the country to the facility and begin working on its investment case. HFG also helped the MSPP establish a Principal Financial Partners Group (Groupe Principaux Partenaires Financiers, GPPF) within the donor roundtable mechanism to harmonize strategies among technical partners and donors. This strategic group engages directly with the Minister of Health and focuses on challenges, plans, and the monitoring of topics of common interest selected from the minister's priorities. The GPPF also developed its first action plan to promote transparency and mutual accountability.

Our multiple activities in health financing have also provided the government of Haiti with the crucial data it needs for other donor meetings. One of the most critical discussions will concern

the essential benefits package (Paquet Essentiel des Services), the minimum package of health services the government plans to roll out across Haiti. HFG has partnered with the MSPP to cost the package and simultaneously support the

expansion of package implementation in select districts in each of Haiti's ten departments. National scale-up of the essential benefits package will require close government alignment with foreign assistance.





LOOKING FORWARD



SUSTAINABILITY

HFG carried out its project mandate with a clear focus on the gradual transition of implementation, tools, and processes to local counterparts in the MSPP. Along with critical reference and standards documents such as the HRH strategy, we worked side by side with MSPP staff members who will be able to continue the key activities. In the area of HRH, we placed an embedded advisor with an MSPP unit to facilitate strong support for government teams in the design and implementation of activities. This advisor has worked over time with counterparts to enable them to access and use improved policies, information, and tools. Transition plans for activities are context-specific, depending on the necessary tools, organizational structure, staff capacity and skills, and other resources required. Examples include:

 Reconnaissance transition: After supporting the Department of Health Sciences Training and Development in implementing two pilot cycles of evaluating private nursing schools, we

- stepped back to allow the department to run the process on its own with the appropriate standards, tools, organizational structure, and budget in place. With HFG technical assistance, the department also secured additional funding from the United Nations Population Fund to expand the Reconnaissance process to medical and pharmacy schools.
- NHA institutionalization: Following HFG's guidance of the Study and Programming Unit through the NHA process, the unit now has the capacity to collect data, import it into the SHA production tool, and produce and disseminate reports on its own.
- Costing capacity: The Study and Programming
 Unit staff costed public health facilities' services
 and developed sustainability plans together
 with HFG technical experts. The unit's staff
 subsequently used this costing capacity in
 support of other priorities, including costing
 the national HRH operational plan.



LESSONS LEARNED

Key lessons learned from the project's implementation experience in Haiti are summarized below.

- Align all levels of leadership for effective design and implementation. It is important for work planning and implementation to take place through a participatory and inclusive process with concerned stakeholders and national counterparts to ensure ownership of project objectives, intervention strategies, and outcomes. The MSPP's high-level officials and unit directors, as well as other stakeholders, should collaborate in identifying needs and share the same vision for project goals. Senior government leadership should be given regular updates on progress so they can make decisions on adapting approaches when necessary.
- Stay flexible and develop contingency plans in the face of political change. While HFG maintained its partnership with the MSPP throughout the project's term, individuals in

- senior and unit-level MSPP roles changed, sometimes more than once. HFG documented the processes and plans for achieving results with the MSPP and spent time orienting new staff to the project's work to ensure full participation and buy-in. In some cases, interventions were modified to fit better with new ministry priorities while maintaining overall activity objectives.
- Pair institutional capacity building work with technical interventions. When possible, HFG linked its institutional capacity building work with specific technical outputs and outcomes for maximum impact. For example, HFG helped the Department of Health Sciences Training and Development restructure its services and staffing, which allowed the department to dedicate resources to sustain the Reconnaissance accreditation program beyond the life of the HFG project.



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