# Summary of national priorities - HAITI

## OVERVIEW OF COMMUNITY HEALTH SYSTEM AND SCALE UP PLAN

**Community Health:** The community health system in Haiti consists of 1 main cadre, the agent de santé communautaire polyvalent (ASCP). ASCP are members of équipe de santé familiale (family health teams - ESF), which also comprise of auxiliary nurses and doctors. Each family health team aims to provide services to about 60,000 people and includes approximately 60 ASCP. In 2015, the Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population - MSPP) formally established the ASCP program with a standardized ASCP training curriculum. In the same year, MSPP produced two policy documents to guide community health: the *Organization of Community Health Care*, and the *Essential Services Package Manual (PES)*. Most recently, in 2019, the *Processus d’Élaboration du plan stratégique de la santé communautaire 2019-2023* (*Processes for the Development of the Strategic Plan for Community Health*) was published, an aspirational document leading towards a concrete national CH strategy. MSPP has adopted the Community Health Care Organization Model as an essential strategy to ensure the proximity of the Haitian health system to the population, as part of the health system reforms since 2010 in Haiti.

**Scale-up plan and vision:** The ASCP program has a HR gap. There are currently 3915 ASCPs and the target number is 5000. There is also a funding gap that needs to be specified and addressed. Need for clearer policy guidance on ASCP program as well as a national CH strategy (ongoing).

**Linkages with broader PHC system:** Employed, trained, and equipped by the MSPP and its partners. MSPP works towards Universal Health Coverage and extending Primary Health Care to rural communities.

## NATIONAL PRIORITIES

- Close the HR Gap: Target number of ASCPs is at 5000. Currently the number is at 3915 ASCPs.
- Revision of the health care delivery model;
- Development of the Community Strategic Plan 2019-2029;
- Update of Synthetic Guide, Manuals and ASCP Training Tools;
- ASCP mapping;
- Deployment and Reassignment of the ASCP / AIP ASCPs according to the new model as they are inserted.
- Training and Refresher for Health Agents and ASCPs
- Finalization of protocols and field guides for the HIV orientation test.
- Moving the Community Information System to the DHIS-2 Platform
- Strengthening Governance, Coordination and Monitoring at local, departmental and central levels.
- Extension of the model (implementation).

## MAIN DEVELOPMENT PARTNERS

### Funders

- **USAID**
- **UNICEF**
- **Gavi**
- **The Global Fund**
- **World Health Organization**
- **UNAIDS**
- **jICA**
- **Canadian International Development Agency**

### Implementing partners / NGOs

- **The Global Fund**
- **World Health Organization**
- **UNAIDS**
- **jICA**
- **Canadian International Development Agency**

*Input requested*
Community health system structure and delivery channels

Public health system

1. MSPP (Ministère de la Santé Publique et de la Population)
2. HDD (Health Department Directorate)
3. HDU (Health District Unit)
4. ESF (1 Doctor, 2 Nurses, 4 AIP, 60 ASCP)
5. ASCP (agent de santé communautaire polyvalent)

Alternate delivery channels

1. Private (for profit)
   - Traditional medical healers, including country medicine doctors, tend to have no functional relationship with public and private health providers
2. Private (non profit)
   - Individual private health professionals (e.g., doctors, nurses, midwives) and facilities (e.g., pharmacies, clinics, drug shops) tend to offer curative and preventative services
   - Non Governmental Private Facilities mainly provide preventative and curative health services
3. Traditional & Community Structures
   - Community leaders (e.g., local council leaders, religious leaders, teachers, youth groups) liaisons and organizations (e.g., mother peer groups, youth groups), conduct health promotion activities, primarily for family care
Overview of community health system

**COUNTRY INFO**

- **Population:** 11,219,457
- **Region:** LACRO
- **Under 5 Mortality:** 72/1k live births
- **Maternal Mortality:** 359 deaths/100k live births

**KEYS FACTS**

- **Cadres and #/cadre:** 1 cadre, Agent de santé communautaire polyvalent (ASCP). Urban areas: 1 ASCP to 2500 people; rural areas: 1 ASCP to 1000 people
- **Status of national plan:** Ongoing. Processus d’Élaboration du plan stratégique de la santé communautaire 2019 - 2023 (Processes for the Development of the Strategic Plan for Community Health) was published to guide this process.
- **Ministry department responsible for community health:** Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population - MSPP)

**DESCRIPTION OF COMMUNITY HEALTH SYSTEM BY MAIN CADRES (CHEWS TO COMPLEMENT VHT CADRE)**

<table>
<thead>
<tr>
<th>Element</th>
<th>Agent de santé communautaire polyvalent (ASCP)</th>
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</table>

**Services offered:**
- Development of health promotion and disease prevention activities targeting individuals, specific groups and high prevalence diseases.
- Development of prevention and monitoring activities oriented towards health and environmental situations.
- Orientation of the beneficiary targets towards the care facilities.
- Realization of advanced community strategies (community gathering stations, home visits).
- Health promotion: Organize awareness raising and community education meetings on:
  - The health and hygiene of the general family environment through the promotion of good practice,
  - The communicable but preventable diseases,
  - The problem of cholera, malaria, HIV and co-infection TB / HIV in the general population.
  - Prenatal visits and testing for HIV and syphilis in pregnant women.
  - Non-communicable diseases;
  - Participate actively in the fight against stigma and discrimination.
- Prevention: Early detection and early initiation of treatment diarrhea, Malaria and HIV testing.
- Administer certain vaccines to children according to the immunization schedule in conjunction with the supervising health institution excepted BCG.
- Treatment: Contribute to the distribution to People Living with HIV (PLHIV) and TB patients on the request of the AIP; Ensure community management of malaria and diarrhea, in accordance with established Ministry of Health algorithms and standards.
- Community monitoring: To identify its targeted population according to the pre-defined ratio, Ensure the immunization follow-up of each child under the supervision of the AIP; Community monitoring of acute malnourished children; Perform epidemiological surveillance at the community level and follow up on investigated cases. Establish a contact list for each confirmed case of TB; Submit monthly report within the required timeline; Locate the loss-to-follow-up patients and refer patients to sites offering HIV/AIDS and tuberculosis services.

**User fees:** None

**Supervision:** The Polyvalent Community Health Workers (ASCP) work under the direct supervision of the Polyvalent Auxiliary Nurse (AIP) and the Nurses Team leader, who is responsible for coordinating community activities at the level of each commune. These three categories of professionals constitute the Family Health Team (FHT). The Family Health Team (FHT) is supervised by the departmental level and the central level.

**Training:** The training of Community Health Agents Versatile (ASCP) is undertaken according to a standardized curriculum developed in 2010 and validated by the MSPP. This curriculum is used to train new ASCs or build the capacity of those often referred to as vertical health workers. However, ASCPs benefit from in-service training sessions according to the needs of the programs. NB Note that the training curriculum as well as the synthetic guidance for ASCPs is being updated by the MSPP with the support of its partners.

**Compensation:** 1200 ASCP are financed by the Haitian public treasury. 2715 ASCPs are funded by donors and programs. ASCPs receive a monthly salary of 12,100.00 gourdes. Some programs make available travel costs for monitoring activities to ASCP working in very remote areas.

**Data collection:** ASCPs collect the data and submit a monthly report to the institution to which they are attached. To date, the transmission of data from the institutional level to the departmental and national levels is not yet effective through the national data platform, SISNU.

**Health system linkages:** Employed, trained, and equipped by the MSPP and its partners. Refer patients for services beyond their scope to the CCS or CS

**Community engagement:** ASCP works in collaboration with community members and actively participates in various Health Committee meetings.
## Scale-up and financing

### Scale-up plans

<table>
<thead>
<tr>
<th>Indicator</th>
<th>From</th>
<th>To (by 2021/2)</th>
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<tbody>
<tr>
<td>Number of ASCP</td>
<td>3915</td>
<td>5000</td>
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<tr>
<td>Establish functional linkages to PHC system</td>
<td>***</td>
<td>***</td>
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<tr>
<td>Maternal mortality /100k</td>
<td>359</td>
<td>***</td>
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<tr>
<td>U5 mortality / 1k</td>
<td>72</td>
<td>***</td>
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<tr>
<td>TB detection rate</td>
<td>75%</td>
<td>***</td>
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<tr>
<td>Malaria cases per 1k</td>
<td>3.3</td>
<td>***</td>
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<tr>
<td>HIV+ women receiving ARVs for PMTCT</td>
<td>70</td>
<td>***</td>
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<tr>
<td>Children below 5 years who are stunted</td>
<td>21.9</td>
<td>***</td>
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### Financing for scale-up of strategy

*** Country work in progress, to be updated following ongoing country dialogue ***
<table>
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<tr>
<th>National levers</th>
<th>Needs</th>
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| Finance        | • Mobilize **sustainable financing** to scale up to 5000 ASCP to increase community-level outreach to 1 ASCP: 1000 people  
• Mobilize resources to support the broader CH program (including staff, commodities) and consider and test **innovative financing mechanisms** (e.g., performance-based financing) |
| System design and policies | • Develop a **comprehensive, costed community health strategy** that includes both public cadres and other components (e.g., informal and private providers)  
• Support the development of an **enterprise architecture to integrate different health information systems**  
• Conduct **catchment mapping** to improve planning for the CH workforce  
• Improve CH integration with **multisectoral issues** (e.g., housing, social support, school health) and strengthen implementation of health promotive policies  
• Develop consolidated guidelines/policy document for both **urban and rural** community health |
| System management and leadership | • Develop and implement an **integrated performance management system** for CHWs (across cadres) and their supervisors, harmonizing across data systems and building on best practices from partners  
• Build **capacity for leadership and governance** for the entire CH system, from the national to the community level |
| Health products | • Simplify, integrate, and **promote interoperability among different digital tools** and innovations to make CHWs’ jobs easier |
| Political prioritization | • Strengthen **collaboration across government agencies**, civil society, religious leaders, community leaders, and other partners towards a One Health approach |
## Priority Needs

### Program Delivery

<table>
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<tr>
<th>Needs</th>
<th>Action</th>
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<tbody>
<tr>
<td><strong>Community engagement</strong></td>
<td>• Strengthen and sustain supervision models of ASCPs that empower communities, and develop effective models for community engagement to ensure accountability for the CH system</td>
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<td>• Leverage IT tools (including through the private sector) to strengthen communications and information dissemination, promote service utilization, and empower communities as agents of their health</td>
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<td></td>
<td>• Empower communities to improve rapid health response for management of outbreaks and resilience to outbreaks</td>
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<td><strong>Recruitment &amp; accreditation</strong></td>
<td>• Develop certifications and standards of care for CHWs of different cadres</td>
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<td>• Revise recruitment process for ASCPs to build human resources to meet target</td>
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<td><strong>Training</strong></td>
<td>• Expand community health activities to include first aid for referral of acute issues</td>
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<td><strong>Supervision</strong></td>
<td>• Develop the supervisory structures in national, regional and community levels to effectively implement CH programs by leveraging new technology, scaling best practices, and harmonizing supervision systems across partners</td>
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<td><strong>Remuneration/Reward &amp; Advancement</strong></td>
<td>• Analyse performance-based remuneration data since its implementation and revise if necessary</td>
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<td><strong>Supply chain management (incl. commodities)</strong></td>
<td>• Strengthen supply chain transparency, oversight, and management for community health cadres and improve last-mile delivery</td>
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<td>• Increase the availability of critical supplies and commodities at community level, and develop a unified list of standard supplies for CHWs</td>
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<td><strong>Data reporting and information systems</strong></td>
<td>• Support improved data-driven decision-making and data collection, including appropriate information from community-based providers, at the sub-national level</td>
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<td>• Promote documentation and knowledge management for ASCP implementation efforts</td>
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The government of Haiti engages across all of these levers and program delivery; this mapping portrays support provided by partners.
## Integration Opportunities

### Existing coordination mechanisms

<table>
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<tr>
<th>Type of integration</th>
<th>Ongoing efforts</th>
<th>Opportunities going forward</th>
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| Integration of community health with the broader health system                      | • Support work of ASCPs in integrating data systems to feed information from the community level into the national online management system | • Support the development and implementation of a comprehensive, costed community health strategy  
• Integrate community health supply chains into the national health system’s forecasting procurement and distribution platform  
• Improve data collection and reporting mechanisms                                                                 |
| Integration across programs, partners, and disease areas in community health systems | • Engage in stakeholder dialogues around CH implementation guidelines through the ASCP to consolidate processes and programs in community health | Conduct a mapping of the different cadres/partners in the CH system, leveraging existing CHW registries, as a first step towards harmonizing training, performance management, incentives, etc. across actors, and resource mapping to increase transparency of donor funding to CH |
| Integration across sectors and agencies                                             | • Continue conversations with other government agencies to help rationalize and unify the health service | • Engage with the private sector (e.g., drug shops, clinics) to better integrate them into the CH system and improve regulatory oversight |