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- HAITI -

Consultant's Report

Report Prepared by: Edward O'Rourke, M.D., M.P.H.
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I. SITUATION AND BACKGROUND

In the past two years, there have been several extensive reports made on the health status of Haiti by AID officials, health consultants to AID and by private individuals connected with voluntary institutions. The principal ones are:

- a. the current Development Assistance Program of AID/Haiti prepared in March 1977,
- b. Synopsis: The Dynamics of Health, An Analytic Series on the Interactions of Health and Socio-economic Development VI Haiti (Revised), U. S. Department of H.E.W., Public Health Service Office of International Health, 1976,
- c. Haiti Health Sector Analysis, Frank N. Beckles, M.D., M.Sc., U. S. AID Public Health Advisor, April, 1975,
- d. Supplementary Health Sector Assessment and Review of the Development Assistance Program for Haiti FY 1976, F.M. Zerzavy, M.D., Dr. P.H., September 1976.
- e. Rural Health Delivery System, AID/Haiti, October 1976,
- f. Hospital Albert Schweitzer, The Grant Foundation, Pittsburgh, Pennsylvania, 1976.
- g. Health Sector Assessment-Haiti, Arne Barkhuus, M.D., Dr.P.H., May 30, 1974. (Team consisted of Drs. Beckles and Barkhuus, and Mr. Goldbaum).
- h. Haiti Rural Health Services Development Project, Eugene R. Boostrom, M.D., Dr.P.H., September 1976.

These reports give a detailed description of the present health status of Haiti allowing, of course, for the paucity of hard vital statistics which all reports recommend be obtained.

My consultation was to assess the present status of health services in a rural area. The Secretary of Public Health and Population arranged to have me visit the most remote and poorest area in Haiti the northwest province.

To prepare me for this assignment I talked with Mr. Ed Smith, malaria specialist, Office of Health/TAB, AID Washington and former USPHS malaria advisor; and Dr. Russell I. Piesse, former USAID health advisor in Haiti from 1951 to 1953, in Hawaii. In Port-au-Prince I was briefed by local AID officials and consultants, officials of the Ministry of Public Health and Population and Dr. Murray McCaslin, consultant to the Hospital Albert Schweitzer.

Towns visited March 2-5, 1977 were Gonaives, Anse Rouge, Bombardère, Jean-Rabel, Terre-Neuve and Plaisance in the Northwest. These were three hospitals, six health centers and about twelve nutritional centers along the route where I was introduced to the staff and had explained their functions and observed the activities.

I made preliminary reports to the Director of USAID, Mr. Scott Behoteguy, and to the USAID Public Health Advisor, Dr. Charles Weldon. In Washington, I met with Mrs. Maura Brackett.

II. PROBLEMS

1. Nutritional Diseases

Obviously unable to adequately reach all susceptible infants, children and pregnant women, the programs seen in the villages were well organized considering how thinly spread personnel and equipment supplies were. The ubiquity of kwashiorkor and marasmus in the Northwest was striking even though one was prepared by reports and briefings.

2. Infectious Diseases

Diarrhea, tuberculosis, malaria and most other preventable

diseases are common and are complications of malnutrition for the most part. Lack of proper facilities, decent refrigeration and trained personnel make immunization programs haphazard. Staffs at hospitals and health centers were frustrated by lack of supporting logistics.

3. Family Planning

Even though this was one of the best organized services in the Ministry and the spill over to other health services was admirable still the extent of necessary program compared to actual performance means a considerable growth of existing facilities and staff to make any appreciable impact on maternal and child health in the next few decades.

4. Prolonged External Subsidies for Health

A special contract has been made by AID for health planning with the Westinghouse Corporation. Both the Ministry of Health and AID have realized the importance of manpower development to carry out the programs that are contemplated and appropriate actions to satisfy the needs are evolving. This should gradually make it possible to reduce outside assistance. Hopefully, training programs will be intensified.

III. FINDINGS

1. The best organized divisions of the Ministry of Public Health and Population seemed to me to be those in nutrition and family planning. Competent leadership at headquarters was obvious and field programs in the Northwest reflected this.

2. The health staff of AID were exerting a positive role with their colleagues in the Haitian government. However, the amount of paper work demanded by AID seems excessive. It has at least doubled since I left the Agency in 1966. From conception of a new health program to its implementation now takes at least 18 to 24 months. Considering a tour of duty is two years the staff initiating innovations will have changed before any results are obtained.
3. The health planning contract with Westinghouse Corporation should fill a great need. It was too early to assess its possible impact. At present because of inadequate epidemiological and statistical bases, in spite of the voluminous reports referred to earlier, many programs seem to be extemporaneous and subject to haphazard capricious changes, for example the malaria control activities.
4. Although I didn't have the time to get all the available information, attention is being given to health training and educational policies and programs. That might result in the gradual elimination of help from AID and other outside organizations.
5. Cooperation with organizations outside the Ministry was obviously good. HACHO in particular is a successful method of bringing outside help into the mainstream of government health activities particularly in the rural remote areas.

IV. RECOMMENDATIONS

1. A long term educational effort in conjunction with one or more American universities similar to that of the University of Hawaii with the Government of Micronesia where faculty and students are interchanged at all levels so a continuing

institutional relationship is established. Such an arrangement has already been developed with Harvard University. At some point in time it might be well to also consider the University of Puerto Rico, whose School of Public Health should be able to provide the leadership. This School is involved in programs similar to those found in Haiti in which it is necessary to train all categories of health workers. If special training centers are deemed advisable in Haiti, Harvard and/or Puerto Rico could draw on their experience in this field.

2. Fortunately, competence, dedication and good organization is demonstrated in the most important activities in the rural areas, nutrition and family planning. These programs are models considering the inadequacy of funds, insufficient trained personnel, often lack of full-time staff for other health services such as environmental health.
3. It would seem that in considering plans for construction of new health facilities in remote areas, attention should also be given to the possibility of better utilization of existing health centers by the improvement of roads and means of transportation for reaching them.
4. AID should continue its relationship with HEW (OIH, CDC, Indian Health Service, etc.) for full time as well as a consultant staff for its health activities. Health professionals in government need a career ladder that includes domestic duty as well as foreign which HEW can provide in such institutions as NIH and CDC.

V. IDENTIFICATION OF HAITI, AID AND EMBASSY OFFICIALS
CONTACTED AND CONSULTED

A. Ministry of Health and Population

1. Dr. Willy Verrier
Secrtaire d' Etat de la Sant'e Publique
et de la Population
2. Dr. Gaston Deslouches
Director of Health
3. Dr. William Fougere
Director of Nutrition and HACHO
4. Dr. Ary Bordes
Director, Maternal Health and Population
5. Physicians, Nurses, Nurses Aides and Administrators HACHO
and Rural Health Centers in the Northwest.

B. AID, Haiti

1. Mr. Scott L. Behoteguy
Director, USAID Mission, Haiti
2. Mr. Parke Massey
Assistant Director USAID Mission, Haiti
3. Miss Olive Scancorella
Secretary to Director
4. Dr. Charles Weldon
Health Officer, USAID Haiti
5. Mr. Edwin McKeithen
Population Officer, USAID Haiti
6. Miss Linda Morse
IPI/HHH/Population/Nutrition, USAID Haiti
7. Dr. Frank Beckles
AID/Washington Health Consultant
8. Dr. Linda Haveberg
AID/Washington Nutrition Consultant
9. Dr. David Gow
AID/Washington Development Consultant
10. Dr. Donald Friedman
Consultant Health Planning, Westinghouse Corporation

C. USAID - Washington

1. Mr. William Wheeler
Director, Office of Caribbean Affairs
2. Mr. William Rhodes
Chief, Haiti
3. Mrs. Maura Brackett
Chief Health/Nutrition/Population
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4. Dr. Lee Howard
Director, Health Services/AID
5. Dr. Reimart Ravenholt
Director, Population Services/AID
6. Dr. David Bonnett
Malaria Consultant Health/AID

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