



Community Outreach & Rehabilitation Effort – Haiti

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Healthcare Context

Haiti's healthcare system remains very disorganized. Despite efforts undertaken by the Haitian Ministry of Health and Population (MSPP), funding and logistical help from international organizations in many areas of the country, and numerous NGO-run primary care centers in many of Haiti's ten regional departments, access to care, let alone quality care, remains, at best, limited and dysfunctional.

In the public sector, hospitals and healthcare centers are plagued with a **chronic lack of funding and scarcity of medical supplies**. Consequently, patient care is often limited and dependent on a family's capacity to buy, out-of-pocket, the needed supplies for treatment. These purchases are typically not made in the facility's pharmacy but in private ones surrounding the hospital or center, because the consulting facility lacks the needed supplies. This chronic financial status, also linked to limited or absent human resources, provides, at best, inconsistent coverage for the Haitian population searching for proper care of their ailments or traumas.

In a country where private investment in health care is far from rewarded, the same funding issue can be seen in most private hospitals. These structures, favoring self-sufficient patients and clients, rely on two essential forms of healthcare cost coverage: medical insurance and out-of-pocket resources. Unfortunately, access to private medical insurance remains limited to a fairly small portion of the population, mainly the workforce of medium-sized to large organizations and businesses or the few families capable of covering the required regular fees and deductibles.

The situation is even worse for low or no-income families, who have little capacity to pay and thus very limited access to care. This is where most of the NGOs present in Haiti are "plugging" the deficiencies of government facilities by providing primary care coverage, usually free of charge, and offering at least some kind of relief to the patients in need.

This primary care remains exactly what it is though — primary — and most of the time it is limited or disorganized. Not all healthcare centers used or set up by these organizations have the necessary resources (medical and imaging labs) to diagnose a patient's illness. They usually have to refer serious illnesses or traumas in need of secondary or tertiary care to the abovementioned public institutions. Even in NGO-run structures offering some diagnostic resources and aspects of secondary care, overwhelming patient numbers and the need to prioritize severe emergencies such as open fractures, severe burns, and gunshot wounds means that other less urgent traumas and emergencies are channeled to public hospitals or put on a waiting list.

Apart from these considerations regarding the deficiencies and dysfunctions of normal, everyday care delivery, emergency care has always been a very cumbersome and prominently dysfunctional aspect of health care in Haiti. The necessary funding to cover emergency management and treatment is significant and seriously insufficient. Most of the middle class is not prepared to handle such emergency situations, and **for the previously mentioned low to no-income population, it is a death sentence in many situations**, especially if public hospitals are unable to provide adequate urgent care.

In most cases, the very few emergency rooms (never really viewed or conceived as units, services, or even departments in either public or private hospitals) do not meet basic profit or service goals. These emergency rooms sometimes even fall short of providing first emergency measures to guarantee that a patient will be assessed and stabilized within the "golden hour." Even when this fundamental goal is somewhat reached, lack of diagnostic and curative resources, both in equipment and human resources, very rapidly deter all benefits obtained by these efforts, and a lack of minimal profits prevents sustainability or improvement of services.

RMF's Presence in Haiti

From the time of the devastating January 2010 earthquake, Real Medicine Foundation (RMF) has been at the forefront of funding and working towards improving areas of deficient primary and secondary care, with the long-term goal of **implementing and contributing to the creation of sustainable, efficient, quality controlled healthcare models accessible to Haitians of all income levels.**

Our first ambitious project after the emergency phase of the post-quake response was the implementation of a public/private hospital consortium network (including CDTI Hospital, Community Hospital, Canapé-Vert Hospital, Lambert Santé Surgical Clinic Hospital, and to be determined public institutions). We focused our efforts toward the reopening of CDTI Hospital, one of the consortium's components which was considered a developing benchmark in the private Haitian hospital panorama, positioning itself in 3 short years as a reference for local and foreign entities. CDTI went bankrupt after providing primary, secondary, and even tertiary free care to more than 12,000 patients and performing close to 3,500 life or limb saving surgeries during the emergency response, ending in March 2010. For more than 4 years, Real Medicine Foundation worked to reopen CDTI after its closing, to make this hospital whole again and transform it into a socially oriented private facility.

When funding and government delays continued to hamper these efforts and CDTI's owners chose not to continue their involvement, RMF then shifted our focus to a still **ongoing orthopedic surgical program**, which has, in less than 4 years, made it possible for 60 children stricken with severe or complex congenial or acquired limb deformities to be evaluated, screened, and surgically treated. This type of care, completely out of the realm of possibility for the population we serve, became a reality for them as their surgeries impacted their physical and social mobility and transformed their whole outlook on life. This program allows beneficiaries to achieve basic milestones, such as going to school and participating in activities and programs which lead to knowledge, ultimately allowing them to work towards their goals and have a chance to become functional, productive members of society.

Moving Forward

Even considering the significant impact and results obtained through our surgical program, it is RMF's belief that our core philosophy of healthcare system strengthening and implementation of sustainable structures can be better served through **a more complete model and a larger scope of care.** Our goal of implementing a functional and comprehensive healthcare network still guides our activities in Haiti, and we believe that a public/private partnership model is the best choice to implement a responsible, sustainable, efficient care provider entity, capable of delivering primary, secondary, and tertiary care to a larger percentage of the Haitian population.

Although we believe that CDTI Hospital is still a major component of such a network, as the facility remains available for purchase and implementation, we have found another privately owned hospital with a like-minded philosophy and a potential partner to pave the way towards this envisioned hospital consortium. We have been exploring ways to partner with Centre Hospitalier Sainte Marie (CHSM) since before their opening in 2015, and the first partnership we agreed upon came when we decided to move our successful orthopedic surgical program, previously hosted at Lambert Santé, to their facility for its 4th installment in 2016 and 2017.

Centre Hospitalier Sainte Marie (CHSM) is a new private hospital located in the densely populated downtown area of Port-au-Prince, Haiti's capital. The hospital dictum is "Put the patient first," and this motto is at the

forefront of their mission. One of their main goals is to pursue ways and resources to organize affordable quality care packages for the Haitian population. They pride themselves in being a “socially conscious private hospital” and thus believe that better access to care requires that ample resources, both human and material, need to be made available, as well as partnerships with established third-party players to ensure adequate healthcare coverage to more patients.

The devastation left in the wake of Hurricane Matthew, sadly experienced before in Haiti during previous hurricane seasons, managed once more to put an emphasis on the country’s health system inefficiencies and shine a bright light on its inability to provide adequate health care to the population. The need for our **Community Outreach & Rehabilitation Effort (CORE)** project appeared more prominent than ever, coupled with Centre Hospitalier Sainte Marie’s willingness to be more than another private facility and significantly contribute to increasing the accessibility of care. This setting offers, we believe, the perfect partnership conditions to implement meaningful social programs in the community and offer quality care to a larger portion of the Haitian population normally cut off from these basic rights.

The care programs that Centre Hospitalier Sainte Marie (CHSM) aims to offer are in alignment with RMF’s main goal since our involvement in 2010, which is to implement a socially oriented, private referral hub offering quality care in all components. Capitalizing on CHSM’s care programs, rather than rewriting them or proposing completely new options, we believe that we can implement a project which will be the first building block of this envisioned network. This is why we have decided to align our objectives with theirs and contribute to implementing these social care programs in the community served by Centre Hospitalier Sainte Marie (CHSM).

RMF’s Community Outreach & Rehabilitation Effort (CORE)

We plan to focus initially, given the funding currently pledged, on **surgical and emergency care components**. The surgical program is readily familiar to us and immediately capable of generating significant and lasting social results in the community, and the emergency component represents to us the best portal of entry for all other modules of the outreach effort.

Centre Hospitalier Sainte Marie’s location, close to the most densely populated neighborhoods of the capital, already makes it a preferred choice for many families and individuals, most of whom have limited resources to pay for care. Although the hospital has already secured partnerships with many private insurance companies and is a favored facility for the government employees’ insurance program (CONAM), their philosophy of putting the patient first requires them to provide at least basic or lifesaving procedures and treatments to patients arriving as emergencies.

Emergency Care Program

The Emergency Care Program is an ambitious project, as it aims to offer a comprehensive package guaranteeing emergency coverage during the first 3 hours in the emergency room to a target population of individuals and families, as well as schools, businesses, and professional organizations.

This basic care package includes the following services:

- Medical and/or surgical emergency room evaluation and stabilization
- Basic biological and imaging exams (including x-rays and ultrasounds)
- Selected emergency room treatments and immobilizations (sutures, casts, wound dressings)

- Limited 3-hour first care, monitoring, and initial treatment of acute and more serious ailments such as allergic reactions, dehydration, gastroenteritis, asthma attacks, etc.

The contribution to access this coverage is evaluated at \$100 per year and per family of 5 members (the average family count, consisting of 2 parents and 3 children), *with no additional co-pay* during each covered member's care in the emergency service.

Although not yet functional, once the anticipated ambulance service is implemented, with the first ambulance vehicle already purchased and being retrofitted, an additional \$20 per year and per family will permit the hospital to incorporate ambulance transportation for individuals or groups benefiting from this coverage plan, bringing the full basic package to a total of \$120 per year.

This program envisions serving **6,000 families** in the greater metropolitan area of Port-au-Prince within a maximum of two years, before expanding their coverage to the surrounding boroughs and provinces.

Short-term goals:

Before we consider contributing to the coverage fees of income-challenged groups, as the program aims to cover 6,000 families, we believe that we can positively impact implementation by focusing on two initial contributions:

- 1) Funding the **program's first ambulance** by equipping an already acquired vehicle, a type III Ford ambulance, to guarantee secure transportation and stabilization of the program's subscribers to CHSM and become the pilot service paving the way to a fleet of ambulances capable of serving the individuals and groups covered through the program.
- 2) The local acquisition of already identified and readily available **trauma fracture fixation equipment and implants** necessary to stabilize and treat the more common emergency injuries encountered: open fractures and gunshot wounds.

This can pave the way to an upgraded level of coverage, providing for fracture and limb salvaging surgical treatments and working towards a more comprehensive and inclusive care package. This secondary tier package would add an LSP (Life-Saving Procedure) component to the emergency care program with the possibility of 6 hours of coverage instead of the current 3 hours implemented, as well as the inclusion of the surgical ward resources for life-threatening conditions.

Mid-term to long-term goals:

- Evaluate and subsidize the cost of emergency care coverage for screened and identified low or no-income families and individuals to progressively **increase the number of RMF-sponsored subscribers to reach 3,000 members**.
- Secure funding to progressively increase the scope of medical and surgical treatments included in the emergency care program, in order to work towards allowing **payment for all emergency, life-threatening traumata and medical illnesses**.

Surgical Program

As previously stated, RMF's Surgical Program has been successful in Haiti for the past 4 years and continues developing, currently offering comprehensive orthopedic surgical treatment to low or no-income families with children presenting limb deviations or deformities. This surgical program carefully selects children with a

debilitating illness (congenital or acquired and affecting their limbs), allows for their biological and imaging screening, and provides corrective surgical procedures to treat their condition.

Three installments of this program have **thus far allowed 60 children to be treated and rehabilitated** in such a way that their future and contribution to society can be improved. When we consider the very limited interest and few handicap-friendly infrastructures in Haiti, this program is paramount in rendering seriously impaired young Haitians more functional and participative in their communities.

So far, we have been able to provide this specialized level of surgical care at a mere fraction of the normal cost. Treatment for these severe conditions, which would usually require tens of thousands of dollars, has been provided for just under \$2,000. Now, with the help of a dedicated surgical team and a responsible, socially conscious hospital, we have been able to reduce the cost for each of these complex surgical procedures even further.

Short-term goals:

Implement the 4th installment of this surgical program at CHSM in a 4-month period, allowing for the evaluation and surgical treatment of 100 selected children with severe or complex limb deviations or deformities. Selection of these patients will work towards recruiting at least 25% of them in the southern regional departments affected by Hurricane Matthew.

A full and comprehensive care package will include:

- Pre-operative biological screening
- Pre-op and immediate post-op x-rays
- Pre-op screening and anesthesia management
- Pre-op screening and surgical procedure by a team of 2 surgeons
- 24-hour to 48-hour hospital stay including medications and medical supplies
- Operating ward usage including medications and medical supplies
- Follow-up visits, evaluations, wound dressing, and casting management
- Follow-up x-rays and assessment
- Complete case documentation (before and after pictures, videos, and case report)

Mid-term to long-term goals:

- Implement the abovementioned orthopedic surgical coverage as a biannual program installment of 60 patients each, **targeting 120 new patients treated each year.**
- Increase the scope of the procedures available from the current orthopedic surgeries to **include other pediatric surgical conditions.**

Family Care Program

The Family Care Program is, by far, the component which can steadily impact more and more of the target population, with the goal of initially providing a basic care package to as many as 6,000 Haitian families of up to 5 members (which is the average family count, consisting of 2 parents and 3 children).

For a monthly contribution of \$15 per family *and a 10% co-pay* of the following services rendered to each family member subscribed to the program, this care package would include:

- Outpatient consultations
- Basic outpatient biological and imaging exams
- Oral medications for outpatient treatment protocols

Any additional family member (child) will require a \$2.50 additional fee.

In this pilot community outreach project, the Family Care Program, coupled with the Emergency Care Program, can firmly establish an effective gateway into quality health care for all layers of the target Haitian population.

Mid-term to long-term goals:

- Evaluate and subsidize the cost of family care coverage for screened and identified low or no-income families and individuals to progressively **increase the number of RMF-sponsored subscribers to reach 3,000 members.**

Cholera Relief Effort

Real Medicine Foundation's CORE project plans to encompass the following components of care: emergency, family, and surgical care, while venturing into other relief efforts in times of natural disaster, as well as addressing endemic conditions and diseases. The latter domain, after Hurricane Matthew's passage, logically appears to be the cholera epidemic, which has already seen new flare-ups in the wake of the destruction and loss of quarantine at cholera treatment centers, the impaired availability and distribution of potable water, and the currently inadequate sanitation system in the south of Haiti.

To support the cholera control and eradication efforts in Haiti, RMF is partnering with a like-minded, reputable, and already present organization in the southern parts of the island. This partnership has been explored and is being finalized through contacts at the **Haiti Adventist Hospital (HAH)**, which is partnering with **ADRA Haiti**, an organization that has ongoing cholera relief programs in southern Haiti.

HAH plans to support the ADRA WASH, Shelter, and Food Distribution Hurricane Relief Program in the southern departments by implementing programs and activities tackling issues that have the potential to trigger or worsen epidemic outbreaks in the areas covered in the south. These programs include:

- Health and hygiene promotion
- Prevention activities
- Customized and adapted health education activities
- Additional distribution efforts

Many humanitarian organizations have already started to provide health related responses in the district. The UN humanitarian coordination body, along with the Haitian government, have already assigned areas of intervention to each possible stakeholder based on their domain of expertise. ADRA Haiti has been assigned the communes and localities of Maniche, Torbeck, Arniquet, Bergeaud, and Roche-à-Bateau.

As a hospital, HAH seeks to be part of ADRA's response by developing tailored, client friendly, and culturally appropriate interventions to expose the affected population to healthy practices and behavioral changes needed for good hygiene, with the goal of preventing communicable diseases, managing chronic non-communicable diseases, developing better resilience, and recreating a favorable psychosocial environment to promote quicker emotional and psychosocial recovery from the disaster.

This partnership with HAH and ADRA Haiti will allow Real Medicine Foundation to efficiently contribute to the control and reversal of the cholera epidemic in these parts of Haiti through one of our key practices of leveraging adequate competencies towards healthcare problems.

Conclusion

Real Medicine Foundation remains committed to further developing our existing programs in Haiti, creating and adapting new programs as needed, forming new partnerships, and working to improve areas of deficient primary, secondary, and emergency care. It is our long-term goal to implement and contribute to the creation of sustainable, efficient, quality controlled healthcare models accessible to Haitians of all income levels.