

Community Health Roadmap

Bridging the SDG gap through accelerated primary health care at community level



Community Health Roadmap

Haiti

2021
Update

In brief: Country indicators

Population (2019):

11,905,897

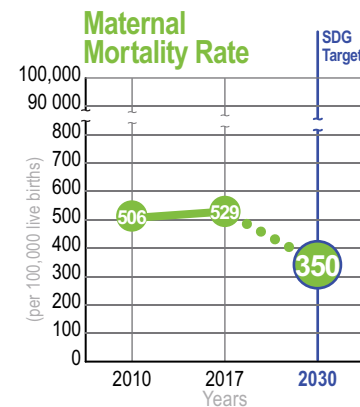
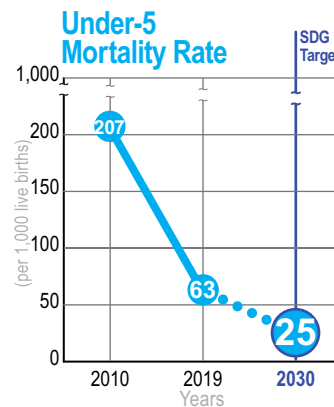
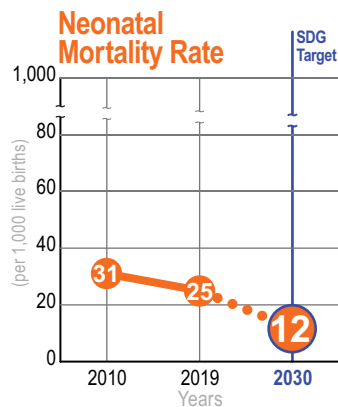
Total number of multi-skilled
community health workers (ASCPs):

Current:

4,411 trained

3,463 working

After scale-up: 5,000



Overview of Community Health

Haiti is committed to universal health care, and its national model of community health care organization is a key strategy for ensuring the Haitian health system reaches the population. Haiti's main CHW is the multi-skilled community health worker (*agent de santé communautaire polyvalent*, ASCP); the ASCP programme was officially established in 2015.

Vision: By 2030, individuals, families and communities, regardless of gender or social, economic and geographic status, will have access to quality, integrated basic health services that meet their needs, with their full participation. This requires:

- A strong network of motivated, competent and well-equipped ASCPs attached to first-level institutions of the health pyramid
- Structured community organizations involved in decision-making and management of health promotion interventions



Status of national plan:

Haiti published its Community Health Strategic Plan in 2021.



Urgent Investment Actions:



1. Implementation of the Community Health Strategic Plan 2020-2030



2. Strengthening the institutional framework



3. Expansion and implementation of the new national model of community health services organization



4. Human resources management and closing the human resources gap:

- Increase the number of ASCPs from 3,463 to 4,602
- Deployment and reassignment of ASCPs and multi-skilled auxiliary nurses (*auxiliaire infirmières polyvalentes, AIPs*) under the new model (AIPs supervise ASCPs)



5. Transition of the Community Health Information System to the DHIS2 platform



6. Community participation and leadership development



7. Strengthening governance, coordination and monitoring at local, departmental and central levels



8. Funding for community health interventions

Urgent Investment Actions:



9. Development of the reference framework for the training of ASCPs



10. Establishment of a steering committee on community health at the national level



11. Mobilization of technical and financial partners



12. Development of the community health services organization model



13. Establishment of a framework for the implementation of the District Health Unit (*Unité d'arrondissement de santé, UAS*)



Overview of the Community Health System



Cadres:

Currently 3,463 ASCPs working in collaboration with AIPs and nurses in family health teams (FHTs) in communities across the country.



Supervision

The ASCPs work under the direct supervision of the AIP and the team leader, who is responsible for coordinating community activities at the commune level. These three categories of professionals make up the FHT, which is supervised by other professionals at the departmental and central levels.



Training

ASCP training is undertaken according to a standardized curriculum that is used to train new officers and build the capacity of officers once they have been deployed. Ongoing training is based on programme needs. The MSPP, with support from its partners, is updating the training curriculum and summary guidelines for use by ASCPs. The initial training consists of about 500 hours of classes. ASCPs can receive additional training as needed.



Scale-up:

Haiti is in the process of increasing the number of ASCPs from the current 3,463 to a target of 4,602. Each ASCP serves 2,500 people in urban areas or 1,000 people in rural areas. However, there remain gaps to be filled in terms of human resources and funding.



User fees

No

Overview of the Community Health System



Services offered

FHTs, with ASCPs on the front-lines, provide the full range of essential health services to families and individuals.

- **Health promotion activities**, including community awareness and education activities, on the following themes: good health and hygiene practices, disease prevention (communicable diseases, cholera, malaria, HIV, HIV-TB co-infection), prenatal visits and screening of pregnant women for HIV and syphilis, non-communicable diseases; and active participation in the fight against stigma and discrimination

- **Disease prevention and treatment** activities for individuals, families and groups, including early detection and initiation of treatment for diarrhoea and malaria; administration of vaccines (except BCG) to children according to the immunisation schedule, in collaboration with the supervising health institution; support for adherence and treatment of people living with HIV and TB patients at the request of the AIP; support for community management of malaria and diarrhoea
- **Community-based monitoring**, including monitoring of immunization of children under the supervision of the AIP;

community-based monitoring of acutely malnourished children; community-based epidemiological surveillance and follow-up of investigated cases; contact tracing of persons thought to have been exposed to TB; tracing of lost patients and referral of patients to sites offering HIV/AIDS and TB services

ASCP activities are governed by two policy documents of the Ministry of Public Health and Population (MSPP): the *Community Health Care Organization* and the *Essential Services Package Manual*.

Overview of the Community Health System



Data collection

The ASCPs collect data and submit monthly reports to the institution to which they are attached. The transmission of data from the health facilities to the departmental and national levels through the national data platform (Système d'Information Sanitaire Unique, SISNU; based on DHIS2) is effective to date; however, some health facilities data (i.e., data from the private sector and civil society organizations, CSOs) are not recorded in the system.



Links to the health care system

The Haiti Master Plan (Plan Directeur) 2021-2031 and the National Strategic Plan for Community Health 2020-2030 have defined the role of communities as partners in the implementation of health promotion interventions. The community service network is one of the main interventions carried out to strengthen the management of health services and care.

ASCPs are employed, trained and equipped by the MSPP and its partners. They refer clients whose needs are beyond their capacity to community health centres or health centres.



Community involvement

ASPCs work in collaboration with community members and actively participate in community health centre meetings. Communities are expected to be consulted during the hiring process of ASPCs.



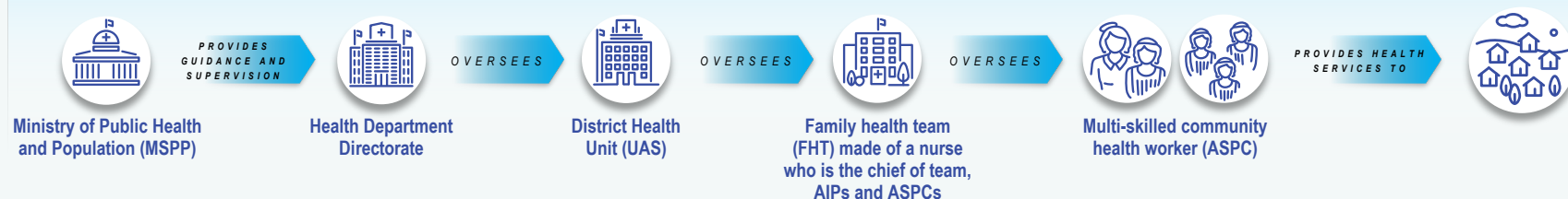
Remuneration

ASCPs receive a monthly salary of 17,500 Haitian gourdes (as of October 2020). Currently, the salaries of 1,164 ASPCs are funded by the Haitian public treasury and the rest are funded by donors and programmes.

Community-based primary health care structure: supporting service delivery, engagement and accountability

Public Health System

Ministerial department responsible for community health: Department of Health,
Ministry of Public Health and Population



Other distribution channels

Private (for profit)



Traditional (medical) healers, including rural doctors, generally have no functional relationship with public and private health providers.

Individual private health professionals (e.g., physicians, nurses, midwives) and institutions (e.g., pharmacies, clinics, drug stores) generally provide curative and preventive services.

Private (not-for-profit)



Private non-governmental facilities, primarily providing preventive and curative health services.

Traditional and community structures



Community leaders (e.g., local council leaders, religious leaders, teachers, youth groups), liaisons and organizations (e.g., mothers' self-help groups, youth self-help groups) carry out health promotion activities, primarily for family care

Priorities and progress in primary health care at the community level

Provision of services



Provision of services

Priorities (2021-2031)

Service delivery and improved quality of services is axis 6 of the Community Health Strategic Plan, which includes:

1. Extension of services for greater availability, wider coverage
2. Organization and delivery of health services
3. Quality improvement
4. Use of services

Progress (Sept. 2021)

- As a result of COVID-19, ASCPs had to cease all community-based activities, which led to disruptions in home visits, immunization services and health promotion activities and had a direct impact on primary health care services
- COVID-19 vaccines are being administered by 744 sites currently providing routine vaccines, rather than through a parallel system as planned, due to lack of funding
- Community stakeholders were involved in contact tracing, information, education and communication activities

Health personnel



Recruitment and accreditation

Priorities (2022-2023)

- Develop certifications and standards of care for ASPCs in various settings
- Revise the recruitment process for ASPCs to strengthen human resources and achieve the objective

Progress (Sept. 2021)

Completed

Training

Priorities (2022-2023)

- Human resources management and development
- Expand community health activities to include first aid for referral of severe cases

Progress (Sept. 2021)

- Currently, first aid is not included as a module in ASPC training but it will be included in ASPC training

Supervision

Priorities (2022-2023)

- Develop supervisory structures at national, regional and community levels to effectively implement community health programmes by taking advantage of new technologies, scaling up best practices and harmonizing supervisory systems among partners

Progress (Sept. 2021)

- Not yet started

Health personnel

(continued)



Compensation/reward and promotion

Priorities (2022-2023)

- Analysis of performance-based compensation data and revision if necessary

Progress (Sept. 2021)

- Not yet implemented

Health Information Systems



Data and Information Systems Reporting

Priorities (2021-2022)

- Support improved decision-making and data collection, including the collection of appropriate information from community providers at the sub-national level
- Promote documentation and knowledge management for ASCP programme implementation efforts

Progress (Sept. 2021)

- ASCPs collect community health data and forward it to their assignment institutions for entry into DHIS2. The system is mostly paper-based
- Knowledge management not yet implemented

Supply Chain Management



Supply chain management (including commodities)

Priorities (2021-2022)

- Strengthen transparency, oversight and supply chain management for community health settings and improve service delivery for hard-to-reach populations.
- Increase the availability of essential supplies and products at the community level, and develop a unified list of standard supplies for ASCPs

Progress (Sept. 2021)

- Ongoing, including for HIV and TB programmes (supply chain) and with implementing partners and donors (supplies and commodities)

Health products

Priorities (2021-2022)

- Simplify, integrate and promote interoperability between different digital tools (e.g. DHIS2) and innovations to facilitate the work of ASCPs

Progress (Sept. 2021)

- Ongoing, including for HIV-related platforms

Finance



Finance

Priorities (2021-2022)

- Funding for community health interventions
- Mobilize sustainable funding to increase to 5,000 ASCPs (1 ASCP per 1,000 people in rural areas)
- Mobilize resources to support the broader community health programme (including staff, products) and consider and test innovative financing mechanisms (e.g., performance-based financing)

Progress (Sept. 2021)

- MSPP initiated discussions on community care performance-based financing



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Leadership and governance



System design and policies

Priorities (2021-2022)

- Develop a comprehensive, costed community health strategy that includes both public settings and other components (e.g., informal and private providers)
- Support the development of an enterprise architecture to integrate different health information systems
- Conduct needs mapping to improve community health workforce planning
- Improve the integration of community health into multi-sectoral issues (e.g., housing, social support, school health) and strengthen the implementation of health promotion policies.
- Develop consolidated guidelines/policy documents for urban and rural community health

Progress (Sept. 2021)

Not yet implemented



Leadership and governance

(continued)



System management and direction

Priorities (2021-2022)

- Strengthen the institutional framework
- Strengthen the M&E system for community interventions
- Develop and implement an integrated performance management system for ASCPs (all cadres) and their supervisors, harmonized across data systems and based on best practices of partners
- Build leadership and governance capacity for the entire community health system, from the national to the community level

Progress (Sept. 2021)

- M&E system not yet in place
- Integrated performance management system not yet implemented

Policy priorities

Priorities (2021-2022)

- Strengthen collaboration between government agencies, CSOs, religious leaders, community leaders and other partners for a multi-sectoral approach to meeting universal public health commitments

Progress (Sept. 2021)

- In progress

Community involvement



Community involvement

Priorities (2021-2022)

- Community participation and leadership development of beneficiaries
- Strengthen and sustain models of supervision of ASCPs that empower communities; develop effective models of community engagement to ensure accountability of the community health system
- Leverage information technology tools (including through the private sector) to strengthen communications and information dissemination, promote the use of services and empower communities to take charge of their own health
- Empower communities to improve rapid health response to epidemics and build community resilience to epidemics.

Progress (Sept. 2021)

- Supervisory models not yet implemented
- ASCPs have been trained to respond to COVID-19 in their communities; training does not extend to other outbreaks

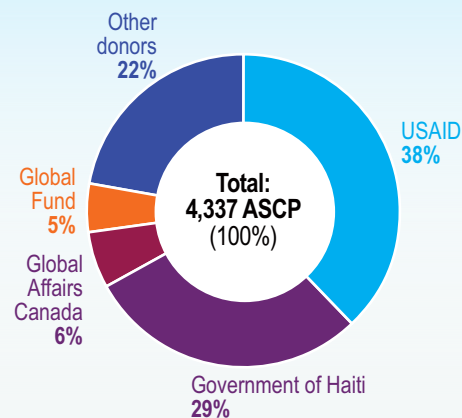


Costs of implementing the roadmap

Sustainability is one of the biggest challenges facing the MSPP in implementing its community health strategy. ASCPs, which form the basis of the strategy, have been largely funded by partners. Of 4,337 ASCPs deployed across Haiti in 2019, 3,079 (71%) are funded by external funding sources, while 1,258 (29%) are funded by the government (see figure). In recent years, the MSPP has made significant efforts to integrate these costs into the government budget: in 2017, almost the entire ASCP budget was externally funded, and today 29% of the ASCP budget is nationally funded by the government.

The development of a comprehensive and costed community health strategy is a national priority in 2021. Other challenges are the lack of coordination of community health partners, insufficient funding for the monitoring system of community health interventions and the lack of funding identified for the implementation of the Community Health Strategic Plan 2020-2030.

Breakdown of ASCP programme funding, by source of funds



Milestones in integrating community health into primary health care

Community Health Policy Milestones

2010:
Development of community health services organization model

2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021

2010:
Establishment of a community network

2017:
MSPP commitment: Revitalizing the community health strategy

2017:
Development of community health strategic framework

2017:
The first 1,116 ASCPs are appointed

2018-2019:

- Mapping (USAID)
- Curriculum review (Global Fund)
- Study of optimal placement of ASCPs (World Bank)

2019:

- Strategic Plan (UNICEF)
- Validation of documents

2021:
Development of three-year plan and departmental operational plans

2021:

- Costing exercises of the plans
- ASCPs conduct outreach activities on COVID-19, are integrated into contact tracing teams

2021:
Advocacy to increase government's share of community health financing to 60%

Development Partners

Donors

Canadian International Development Agency
Centers for Disease Control and Prevention (CDC)
Bill & Melinda Gates Foundation
European Union
The Global Fund
Gavi
JICA
UNICEF
USAID
The World Bank
World Health Organization

Implementing Partners

ACOSME
CARIS
CESKHIO Centres
CMMB
CRS
Doctors of the World
Doctors Without Borders
HAM
HAS
HCH
HHF
MSH
Plan International
PRISMAPROSAMI
UNAIDS
UNFPA
UNICEF
World Health Organization
World Vision
Zanmi Lasante



Acronyms and sources

Acronyms:

ASCP	multi-skilled community health worker (<i>agent de santé communautaire polyvalent</i>)
AIP	multi-skilled auxiliary nurse (<i>auxiliaire infirmière polyvalente</i>)
CHW	community health worker
CSO	civil society organization
DHIS2	District Health Information System, version 2
FHT	family health team
M&E	monitoring and evaluation
MSPP	Ministry of Public Health and Population (<i>Ministère de la santé publique et de la population</i>)
PHC	primary health care
SISNU	National Health Information System (<i>Système d'information sanitaire unique</i>)
UAS	District Health Unit (<i>Unité d'arrondissement de santé</i>)

Sources:

Original national roadmap on www.communityhealthroadmap.org and later versions.

Republic of Haiti, Ministry of Public Health and Population, *Health Master Plan, 2021-2031*, July 2021.

"Virtual Investment Roundtable: Haiti," PowerPoint presentation, Community Health Institutionalization Conference, April 19-21, 2021.

Mortality: United Nations Interagency Group on Child Mortality Estimation, www.childinfo.org

Population: Primary Health Care Performance Initiative, <https://improvingphc.org/indicator/population#!?loc=&viz=0&ci=false>, accessed 18 August 2021.