Responding to the Emergency at L’Hôpital Université d’Etat d’Haïti
A First Step in Rebuilding Haiti’s Public Health Care System
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This document was produced by Partners In Health in consultation with the administration of L’Hôpital Université d’Etat d’Haïti as an invitation to international donors and non-governmental organizations to join a coalition of Friends of L’Hôpital Université d’Etat d’Haïti.

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I. Summary

On January 12, 2010, Haiti suffered a 7.0 magnitude earthquake 16 kilometers from the capital of Port-au-Prince. The devastation is some of the worst in human history with an estimated 230,000 people dead and more than a million people displaced and/or homeless. Hundreds of thousands of the survivors have suffered severe physical and psychological wounds. At a time like this, when Haiti urgently needs life-saving medical infrastructure, Haiti’s main clinical referral and trauma center, L’Hôpital Université d’Etat d’Haïti (Haitian State University Hospital or HUEH), has been decimated. On the same campus, just blocks from the National Palace, Haiti’s national medical and nursing schools were also destroyed.

The losses in Haiti have been vast and immeasurable, particularly for the human and physical health care infrastructure of Port-au-Prince: 150 of the students in the nursing school (the entire second and most of the third year classes) were killed and the school facilities were completely destroyed; 60 percent of the medical school’s physical infrastructure is irreparable; and two-thirds of HUEH’s buildings and wards collapsed or were rendered unusable by the earthquake. Many of the teaching faculty and students have not returned, and the staff that continued or have now returned to work are coping with desperate situations—living in internally displaced persons (IDP) settlements or on the street and mourning the loss of family, friends, and colleagues.

The disaster has crippled the Haitian public health sector and its national medical and nursing education systems, which before the earthquake were already inadequately resourced to meet the needs of the Haitian people. There is an urgent need not only to build back the buildings that have fallen, but also to rethink, reform, and rebuild broader systems and structures. Real investment in rebuilding infrastructure, establishing modern systems of procurement and administration, and training and retaining human resources could address the issues that have chronically plagued Haiti’s public health sector. HUEH is a clear, necessary, and strategic place to initiate this effort. Specific and urgent interventions have been identified by HUEH leadership, which should be immediately supported by international donors and non-governmental organizations (NGOs). As the sole public national referral hospital for specialty care, the national public health system relies on HUEH for care that is otherwise unavailable anywhere else within Haiti. The interventions outlined in this document will help save thousands of lives and protect hundreds of thousands more. If they are not funded, the entire Haitian public health system will be at risk.

By addressing the current priority needs at HUEH, the hospital administration will lay the groundwork for a long-term plan to effectively rebuild and improve the hospital and its associated medical and nursing schools. It is imperative to address the priority needs over the next 2-4 months, which are estimated to cost US$4 million, in the context of the overall strategy that is being framed by the Ministère de la Santé Publique et de la Population (MSPP), HUEH leadership, and faculty from the School of Medicine and School of Nursing. The long-term strategic plan as currently conceived will need a minimum of US$60 million in order to reconstruct the physical infrastructure as well as an ongoing annual operating budget of at least US$40 million.
II. Background

Université d’Etat d’Haïti
The origins of the Université d’Etat d’Haïti date back to King Christophe’s creation of the Royal Academy in 1815. The Faculty of Sciences that exists today was first established in 1902 as a private institution, then recognized as a public university in 1905, and finally officially incorporated with the current legal framework for the State University of Haiti on August 4, 1920. Until 1995, when a new private Catholic university welcomed its first class of medical students, the State University of Haiti was home to the only medical school in the nation.

Trainees from the Université d’Etat d’Haïti’s medical and nursing programs are considered in Haiti and abroad to be very well qualified for entry into service. Yet, despite the relative strength of this education, even the most experienced faculty at HUEH are paid less than US$6000 per year. The annual budget for HUEH—the country’s only 24 hour public trauma facility and its main public referral hospital—is a meager US$5 million per year (shocking when compared to the largest major teaching hospitals in the United States, which can spend up to US$2 billion each year). In the current framework, academic medicine is not a valued—or even a viable—profession within Haitian medicine. This extreme resource scarcity leads to frequent strikes of faculty, students, and residents and to a chronic shortage of staff, medicines, and supplies for the facility and for patients seeking medical care.

Haitian Public Health Care System
On a national level, with a MSPP budget of less than US$2 per citizen per year, the impoverished public health sector in Haiti is not an attractive career opportunity for young and talented health professionals. Although 70 percent of the population of Haiti lives outside of Port-au-Prince, almost half (46 percent) of the medical professionals in the country are concentrated in Port-au-Prince and most, including the vast majority of HUEH’s teaching faculty, work in private, for-profit practices to support themselves. And perhaps even more detrimental to the overall health system in Haiti, a staggering 80 percent of all physicians trained in Haiti leave within five years of graduation to practice abroad.

So, while the Haitian government educates these talented health care professionals, it fails to retain graduates and integrate them into a national system that serves the rural and urban poor with quality health care. This cycle of publicly funded medical and nursing education contributing mostly to the private provision of services and “brain drain” has increasingly become the norm in resource-poor countries and is a principal factor in substandard public health care. The key to keeping talented health care professionals in the public system is to provide them with living wages and the tools of their trade.

The L’Hôpital Université d’Etat d’Haïti After the Earthquake
The severe damage to HUEH, the incredible loss of life on the campus itself, and the inability of many surviving staff to return to work, combined with the simultaneous influx of tens of thousands of patients in dire need of care created a perfect storm for health service breakdown. NGOs, surgical teams, and international governmental relief entities arrived at HUEH in the days and weeks after January 12 to assist the Hospital’s General Director, Dr. Alix Lassegue, and Head Administrator, Ms. Marlaine Thompson, in doing everything possible to stem the suffering of the patients in desperate need of treatment and care.

At an early United Nations health cluster meeting, Partners In Health (PIH) and its sister organization in Haiti, Zanmi Lasante (ZL) agreed to support the MSPP, Dr. Lassegue, and Ms. Thompson in their efforts to coordinate the 8-10 major NGOs (and many more smaller collaborators) working at HUEH to provide
emergency medical and surgical care. In the weeks that followed, volunteers, NGO staff, and local physicians and nurses spent 24 hours a day setting up operating rooms to address the huge surgical and trauma burden, restoring electricity to the hospital campus, assessing the structural integrity of buildings, pitching large medical tents for ward space in the hospital’s courtyards and roads, triaging, treating, and caring for patients, and reestablishing essential hospital functions in surgery, medicine, pediatrics, OB / GYN care, critical care for adults and children, pharmacy services, nutrition, etc.

The quality of care and the access to supplies and medicines have improved steadily in the three months since the earthquake. But it has become clear that the emergency at HUEH is far from over. Many life-saving supplies and personnel remain at dangerously low levels. Hundreds of patients are in need of daily care, and medical volunteers and supplies are diminishing with the passage of time since January 12. Dwindling stocks of medicine and supplies, inaccessible or broken equipment, and inadequate sanitation services are serious concerns. If they are not remedied, the conditions will lead to more unnecessary deaths in the months to come, particularly with the onset of the rainy season.

III. Priority Near-term Interventions

Resources that are not currently available to the MSPP or HUEH are needed to address the near-term crisis at HUEH. HUEH leadership has identified four priority areas that must be addressed over the next 2-4 months and will cost an estimated US$4 million:

1. Addressing inadequate temporary tent-covered wards and water and sanitation systems

As the rainy season sets in and the grounds become saturated with water and covered with mud, the temporary tent wards currently scattered throughout the campus of HUEH will become increasingly unhealthy places for sick and injured patients to recover. Water runs across the floors of these tent wards with every rain. While a plan for large-scale rebuilding is being developed, the temporary tent-covered wards need to be evaluated and a mid-term solution implemented rapidly.

Additionally, a basic evaluation of the temporary sewage system suggests that after a few weeks of heavy rains, sewage will be overflowing into the campus and tent-covered wards. Basic sanitation services alone will cost the hospital an estimated $40,000 each month and are currently grossly under-supported, thereby creating a significant—and, with the rains, a quickly growing—public health threat.

2. Providing salary support for HUEH staff

For more than four months and in some cases much longer, employees of HUEH have not been paid due to lack of hospital resources. While many NGOs have brought in-kind donations and services to the facility, no financial support of any significance has been provided to the hospital itself, either directly or through an NGO or other funding mechanism. Many hospital staff, having lost everything, are living out of their cars, in settlements, or on the street—many are just as hungry or sick as their patients. Yet even as they return to their posts to care for others, they have been unable to collect a paycheck to support themselves and their families.

Despite the significant barriers and lack of pay, more than 1200 of the 2000 staff have returned to work at the hospital. If HUEH is to regain standard operations of any kind, it must be able to pay the salaries of all of these employees and more. Without immediate support for existing personnel as well as significant
investments in new staff, the hospital will not be able to adequately or sustainably care for the patients in its wards and at its doors.

3. Improving overall clinical operations

With standard operations and human resources crippled, HUEH needs ongoing staff reinforcements from NGOs and volunteer medical teams. The additional clinical staff should be experienced medical professionals, supervised by HUEH administration and used to support the implementation and reestablishment of systems of care. This external support staff can share expertise and training with HUEH staff to improve patient management practices, particularly in underrepresented medical specialty areas. Documentation and discussion of best practices, materials and supply chain systems, and support for overall hospital management are of utmost importance to ensure that rotating volunteer staff reinforcements are working in support of the overall operations plan and building long-term capacity. Volunteer staffing continues to be available, but the operations management and ongoing coordination and integration of rotating medical teams takes significant local resources, particularly additional administrative and logistical staff.

4. Assisting with pharmaceutical and equipment supply chain

One of the most significant obstacles in reestablishing services at HUEH has been developing a functional supply chain to improve on the facility’s existing processes and procedures. The procurement of medicines, medical supplies, and equipment poses a significant cost to operations. Importantly, warehousing and the outgoing flow of medicines and supplies to both inpatient wards and outpatient pharmacies requires a dedicated logistical and pharmacy staff as well as a significant investment in inventory and tracking systems. In the meantime, not only do patients suffer when medicines stock out, but without enough staff, patients have also died due to lack of efficient access to equipment that was, tragically, sitting in a warehouse on the hospital campus.

The hospital is already seeing a drop-off in immediate, earthquake-related donations of medicines and medical supplies. To provide the material required for HUEH to function as a general hospital, trauma center, and a national referral center, there must be rapid and extensive improvement in supply chain procurement and logistics, and more robust pharmacy services must be implemented at the hospital. Immediate investments in these areas will simultaneously ensure timely delivery of medicines, supplies, and equipment for patients and staff and allow proper planning and projections of material needs, so that procurement and operations can be improved going forward. If HUEH is to move out of “disaster” mode, it will need the ability to plan materials, logistics, and operations into the medium and long-range future.

IV. Priority Long-term Initiatives

Over the next five years, there is an opportunity, with appropriately administered strategic investments, to significantly alter the track of public health care in Haiti by making large scale improvements to HUEH. The Haitian MSPP, Dr. Lassegue, and Ms. Thompson have already begun to outline the strategic objectives for enhancing the hospital’s services and operations as well as education and career opportunities at all levels. The plan being developed will take a long-term commitment from international donor agencies and NGOs to fund fully; this plan must also be implemented by the Haitian leadership and government in consultation with NGOs and others providing technical assistance and support.

The plan will call for an estimated minimum of US$60 million for structural rebuilding needs at HUEH. Designs will be constructed according to international building codes, WHO’s Hospital Safety Index,
and the California seismic code with modern plumbing systems that include a permanent source of clean, potable, running water, reliable and sufficient electrical power, and a functional sanitation system to support ongoing maintenance of the hospital grounds.

In addition to the physical infrastructure, a heavy emphasis during this rebuilding effort will be placed on improving the operational infrastructure of the hospital, clinically and administratively. HUEH’s annual operating budget will need to increase dramatically from US$5 million to an estimated minimum of US$40 million per year. This increase will be used over five years to:

- Increase diagnostic capacity in the laboratory and radiology departments, with improved biomedical engineering to maintain these improved technical capacities;
- Reinforce nursing care and management, implement clinical nursing best practices, provide ongoing nursing training, and allow for structured career development in nursing;
- Improve capacity for care and teaching in emergency medicine, surgical services, adult and pediatric critical care, women’s health, pediatrics, and internal medicine;
- Provide high quality rehabilitative and psychosocial support services, including a specific focus on strengthening palliative care capacity;
- Increase community-based outreach, hospital-based mobile clinics, and health promotion efforts;
- Develop new systems for administration and both patient and hospital management; and
- Improve the overall hospital physical environment for staff, patients, and families.

The specific objectives of the long-term plan and metrics of its success will be detailed and published by the Haitian MSPP and HUEH leadership with support from Friends of L’Hôpital Université d’Etat d’Haïti and international donor and NGO partners that join the effort to build the Haitian public health system back better.

V. Conclusion

HUEH is the largest public health facility in the country and trains the vast majority of Haitian health professionals that go on to serve throughout Haiti and abroad. Significant, strategic, and ongoing improvements to the comprehensive infrastructure, staffing, training, operations, and clinical practice of this central public health facility are investments in the future of all public health throughout Haiti. Drawing from the proven model of public sector accompaniment that has helped to strengthen rural public health facilities in Haiti’s Center and Artibonite Departments, Friends of L’Hôpital Université d’Etat d’Haïti urge the international donor and NGO community to invest in HUEH’s near-term priorities and long-term initiatives.

More immediately, HUEH is in a state of emergency. If conditions at the hospital are not improved in a matter of months, it will become the site of a second round of catastrophic deaths due to disease outbreak or total health system collapse. There has been a vision articulated by the Haitian leadership of the hospital, but they cannot implement it alone. Please join the effort to build Haiti back better by first investing in the health of Haiti’s people.
FRIENDS OF
L’HÔPITAL UNIVERSITÉ D’ETAT D’HAÏTI

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