

HARNESSING U.S. HEALTH CARE IN SERVICE TO HAITI

BY BRUCE COMPTON

Today, as technological advances give us instant access to disasters around the world, the desire to provide humanitarian assistance to the developing world appears to be increasing. This sense of a shrinking world, combined with significant changes in the Catholic health care ministry — most notably the decline of vowed religious to serve as missionaries — provide both challenges and opportunities as we continue our Catholic tradition of reaching out to those in need, even those in faraway lands.

My own awareness of the need for international outreach began when I was a student at a rural Catholic school in central Illinois. I heard about the work of the Catholic Church in the developing world when missionaries from religious communities visited our school. They would provide us with inspiring stories of courageous, faith-filled journeys to places in Africa, Asia and South America. As a young student, I would ask myself, “Why do they go to these far-off places?” And “Why are they addressing issues of global poverty through education and health care?”

What I didn’t realize was that my own teachers, or their predecessors, had been sent as missionaries to my own land — those men and women who had left their European homelands to provide health care and education as the United States was developing.

Today, circumstances in our own country are different, but a near neighbor to our south, in particular, commands attention. Those of us who work in Catholic health care have the opportunity to follow in the footsteps of the missionaries who inspired us by strengthening health care in a country where the need is dire.



On January 12, 2010, a 7.0 earthquake struck Haiti, with its epicenter close to the densely populated capital of Port-au-Prince. It devastated the Caribbean country, killed more than 230,000 people and displaced nearly 2 million. It also decimated an already fragile infrastructure and an underdeveloped health system. The impact on Haitian

lives has been staggering, but the ability of the people to adapt and their willingness to move forward exceed my comprehension. In the months since the earthquake, the people of Haiti continue to hope despite dangerous temporary living conditions, agonizingly slow progress in rebuilding and outbreaks of disease, including cholera. The generosity of people from around the globe who are willing to sacrifice and respond to the earthquake in Haiti keeps their hope alive.

At the heart of the response were people from humanitarian agencies like Catholic Relief Services (CRS), the official relief and development agency of the U.S. Conference of Catholic Bishops. I was lucky enough to see CRS in action after the earthquake, in April 2010, while working with them to assess health care needs in Port-au-Prince. The effort and dedication of such individuals serving those in need provides me with renewed inspiration about the inherent strength, will and goodness of humanity.

When the earthquake struck, CRS — already working in Haiti for more than 50 years — was in the initial phase of a program to help strengthen local health systems. The program included working with the University of Notre Dame de Haiti and St. Francois de Sales Hospital to create a teaching hospital in Haiti that would serve as a model for the developing world. Unfortunately, the earthquake destroyed more than 80 percent of the hospital and temporarily derailed these initial plans.

CRS, CHA JOIN FORCES

In their response to the earthquake, CRS, with the support of the Catholic Health Association, has committed to not just restoring but to improving the Haitian health system, especially the portion managed by the Catholic Church. The goal is to balance addressing immediate needs with measures that will strengthen and develop Haiti's resources and reinforce the country's health system for the long term.

In response to a request from Catholic Relief Services to CHA, the two organizations announced in April they were joining forces in a two-pronged effort: to help rebuild St. Francois de Sales Hospital and to develop a network among the eight faith-based hospitals in Haiti. These efforts will be aimed at carrying out the plan to create a model teaching hospital and helping the faith-based hospitals to gain efficiencies and savings through such shared services as supply chain management. Catholic health systems from across the U.S. have donated generously, contributing more than \$9 million to fund these efforts.

Further, U.S.-based Catholic health care institutions have shown interest in helping to build relationships and effect positive change in Haiti. CRS hopes to leverage the expertise of CHA and its members to assist with coordination and collaboration with their health partners in Haiti using the World Health Organization's (WHO) framework for strengthening health care systems in the developing world.

CRS has developed initial guidelines for this work in keeping with the WHO model. The WHO points out that it will be impossible to achieve national and international goals without greater and more effective investment in health care sys-

tems — defined as all organizations, people and actions, ranging from hospitals to mothers caring for sick children at home, whose primary intent is to promote, restore or maintain health. While CRS recognizes that more resources are needed, it and its partners are also examining ways to do more with existing resources.

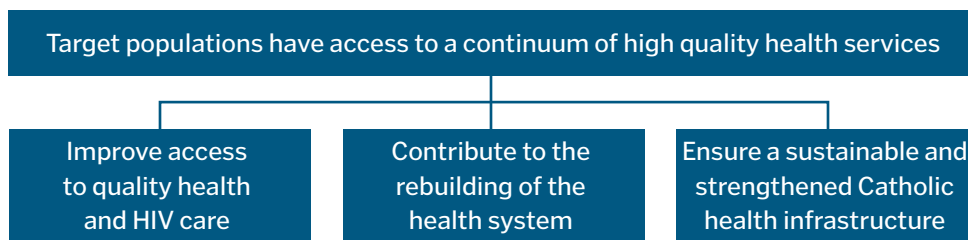
On page 99 is a snapshot of WHO's six building blocks for a national health system and a look at CRS's approach for using them in Haiti. CRS and CHA are seeking ways to harness and focus the energies of U.S. health care interested in assisting this process.

The building blocks are: health services, health workforce, medical products and technologies, financing, information systems and leadership/governance. Each core competency or building block identified in the WHO framework requires expertise and specialized training. This partnership between CHA, CRS and the faith-based hospitals in Haiti opens the way for a new model for effectively sharing expertise on behalf of the developing world. Although not easy to attain even in the best of circumstances, the ultimate goal of this collaboration is to provide infrastructure and resources, thereby strengthening the ability of people in Haiti to continuously improve and sustain health care delivery.

As a bonus, this collaboration also provides our hospitals and health systems with a way to inspire young people in Haiti, as well as in the United States and worldwide, to become future leaders in the global health ministry.

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CATHOLIC RELIEF SERVICES HEALTH SECTOR GOALS AND OBJECTIVES



CRS USES WHO FRAMEWORK

World Health Organization's Building Blocks of an Effective Health System	Catholic Relief Services' Related Goals
<p>HEALTH SERVICES</p> <p>Good health services are those that deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources.</p>	<p>CRS will emphasize quality health services delivery by working with hospitals to institutionalize a culture of quality assurance and quality improvement. Relevant clinical trainings will be organized in line with the local epidemiological profile and hospital identified needs. Hospital management algorithms (patient flow, etc) will be reviewed or developed.</p>
<p>HEALTH WORKFORCE</p> <p>A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (i.e. there are sufficient staff, fairly distributed; they are competent, responsive and productive).</p>	<p>CRS will support development of learning centers where staff can have continued access to relevant and up-to-date continuing medical education resources. In light of recruiting challenges and high staff turnover at many sites, CRS will provide support to hospitals in identifying and overcoming these obstacles.</p>
<p>HEALTH INFORMATION SYSTEMS</p> <p>A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.</p>	<p>All seven of CRS's AIDSRelief partner hospitals have health information systems that include electronic medical records for their HIV clinics. The program will expand access to information technology equipment for record keeping and data analysis, and ensure Internet connection for communication and access to online learning resources.</p>
<p>MEDICAL PRODUCTS AND TECHNOLOGIES</p> <p>A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness and their scientifically sound and cost-effective use.</p>	<p>The CRS program will work with partner hospitals to develop efficient supply chain management. The program also will upgrade laboratories and work with hospitals to identify and address other equipment needs.</p>
<p>HEALTH SYSTEMS FINANCING</p> <p>A good health financing system raises adequate funds for health in ways that ensure people can access needed services and are protected from financial catastrophe or impoverishment associated with cost. It provides incentives for providers and users to be efficient.</p>	<p>The CRS program will work with hospitals to develop sustainable and rational operational models, including financial systems, software and training and funding sources that allow them to continue to meet their mandate for providing quality services for the poor.</p>
<p>LEADERSHIP AND GOVERNANCE</p> <p>Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system design and accountability.</p>	<p>All project achievements depend on local leadership capacity to manage and continue to improve the system. The CRS program will emphasize capacity building and systems development for hospital leaders and managers. CRS will work with hospitals to establish and develop governing bodies such as boards of directors and advisory committees. As needed, CRS will support hospitals in developing vision and mission statements, setting policy directions and creating administrative structures that address clinic management structures.</p>

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