



The Essential Package of Health Services and Health Benefit Plans in Haiti



About the health benefit plan crosswalk analysis

An Essential Package of Health Services (EPHS) is a broad policy statement that identifies the services that a government has prioritized. The government seeks to ensure that these essential services reach the population equitably. A health benefit plan (HBP) specifies an explicit set of services and the cost-sharing requirements for beneficiaries to access those services.

In 2015, the USAID-funded Health Finance and Governance (HFG) project completed a landscape analysis of the EPHS in the 24 USAID priority countries for Ending Preventable Child and Maternal Deaths (EPCMD).¹ The analysis found that the government in most of the countries intends for the public and/or private not-for-profit facilities in the country to deliver the services in the EPHS. It also showed that several governments were implementing major HBPs (such as social health insurance schemes) as a primary strategy for moving toward universal health coverage. Yet it remained unclear how the EPHSs and HBPs are formulated, how they are modified, and the extent to which they overlap.

HFG conducted a second landscape analysis in 2016 to identify existing HBPs in the countries, and the services they cover. It then did a crosswalk analysis – a mapping of items on one list to equivalent items on another list – of the services specified in the country’s EPHS and those identified in an HBP. This companion analysis to the EPHS country snapshot documented the degree of alignment between the EPHS and HBP.

This brief presents HFG’s findings and observations for policymakers and program managers seeking to promote alignment of services in the EPHS with services covered in the HBP and move toward universal health coverage.

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*Photo: In Central Plateau, Haiti, a father holds his newborn child as his wife, a mother of five, recovers.
Credit: © 2014 C. Hanna-Truscott/Midwives for Haiti,
Courtesy of Photoshare*

¹ See HFG’s series of country snapshots on EPHS here:
<https://www.hfgproject.org/ephs-epcmd-country-snapshots-series/>

Health benefit plans in Haiti

Civil Servants' Self-Insurance Program

The government launched the Civil Servants' Self-Insurance Program (Programme d'Auto-Assurance des Agents de la Fonction Publique) in 2000. A private insurance company managed the scheme until 2014, when management was transferred to The National Office for Work Accident, Health and Maternity Insurance Programs (OFATMA) under the Ministry of Social Affairs (Albin 2015).

The scheme is funded half from the national budget and half through payroll taxes. Membership is mandatory for civil servants; they are automatically enrolled in the scheme. Civil servants and their employers jointly contribute 6 percent of the employee's salary as a premium. Members pay a 50 gourdes (US \$0.75) copayment to access services at a network facility. If the provider is outside the insurance scheme's provider network, members pay upfront for the services received and the scheme reimburses them when they submit a claim.

Network providers include both public and private facilities accredited by OFATMA. Three of the public hospitals in the network are run by OFATMA.

Contracted facilities include 37 hospitals and primary health care facilities, four laboratories, three pharmacies, and two eyewear providers.

Services provided at OFATMA network hospitals include (but are not limited to) pharmaceuticals, radiology, laboratory tests, outpatient services, dermatology, urology, ophthalmology, radio therapy, and ambulatory services.

HFG did not identify a detailed list of services covered by Civil Servants' Self-Insurance Program and therefore could not perform a corresponding crosswalk analysis.

Konbit Solidarity

OFATMA also implements Konbit Solidarity, a health insurance program that provides coverage to the formal and informal sector. After a year-long pilot that started in 2012, the government officially launched the program in 2014. The pilot targeted 400 informal workers and their families and was meant to help the government cost a proposed National Health Insurance Scheme (INFO-CHIR 2015). The scheme will be integrated with work accident insurance and maternity insurance, and funeral coverage thus evolving into Haiti's national health insurance scheme.

Membership is mandatory for formal workers and voluntary for informal workers. Formal sector workers and their employers jointly pay a payroll tax equal to 6 percent of the employee's salary. Informal workers contribute 100 gourdes (US \$1.50) per month, and the government pays a subsidy of 600 gourdes (US \$9) per person per year into the scheme. These contributions are combined into a national-level risk pool. Members pay a 50 gourdes (US \$0.75) copayment for general care and a 100 gourdes (US \$1.50) copayment for specialized care in OFATMA network facilities (Albin 2015).

Network providers include both public and private facilities accredited by OFATMA. Three of the public hospitals in the network are run by OFATMA.

Konbit Solidarity (Brisson 2015) covers the following services:

- ▶ General care, specialized care, surgery
- ▶ Antenatal, delivery, and postnatal care
- ▶ Care related to hospitalization and surgery
- ▶ Laboratory tests
- ▶ X-rays and medical imaging
- ▶ Organ function tests
- ▶ Medications, pharmaceutical products, and other consumables administered during direct treatments and admissions
- ▶ Blood bags
- ▶ Physical rehabilitation
- ▶ Transfer of urgent cases to a referral facility
- ▶ Hypertension and diabetes

HFG did not identify a detailed list of services covered by the Konbit Solidarity scheme and therefore could not perform a corresponding crosswalk analysis. However, although the list of covered services is quite high level, it is noteworthy that antenatal, delivery, and postnatal care are explicitly listed as benefits covered by the scheme. This suggests that the scheme prioritizes maternal and newborn services which are also listed in Haiti's EPHS.



About HFG:

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) project supports its partners in low- and middle-income countries to strengthen the health finance and governance functions of their health systems, expanding access to life-saving health services. The HFG project is a six-year (2012-2018), \$209 million global health project. The project builds on the achievements of the Health Systems 20/20 project. To learn more, please visit www.hfgproject.org.

The HFG project is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

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