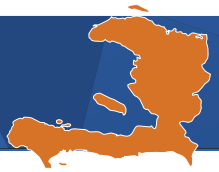

HAITI

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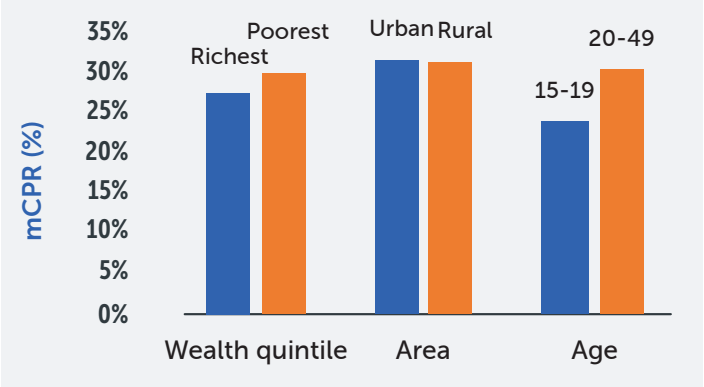
Haiti: One of the highest rates of unmet need for family planning in the world

Since 2009, Haiti has put family planning (FP) at the core of its efforts to reduce maternal mortality, which led to the creation of a National Strategic Plan for family planning and reproductive health (FP/RH) in 2013. However, persistent gender issues, a lack of resources, a largely rural population, and the destruction of facilities during the 2010 earthquake have challenged FP expansion. At 35 percent, unmet need for family planning in Haiti is among the highest in the world. Nevertheless, the modern contraceptive prevalence rate (mCPR) among women in union has increased from 13.2 percent in 1994 to 31.3 percent in 2012 [1].

KEY FAMILY PLANNING INDICATORS	
CPR, modern methods (2012)	31.3%*
Unmet need (2012)	35.3%*
TFR (2012)	3.5%
FUNDING SOURCES FOR FP COMMODITIES (2014)	
NGOs	17.56%
Other	82.44%
SOURCE OF MODERN METHODS (2012)	
Public sector	23%
Private sector	58.4%
Other**	18.6%
MODERN METHOD MIX (2012)	
Injectable	62.0%
Male condom	16.4%
Oral pill	9.0%
Implant	6.0%
Female sterilization	4.9%
Others***	1.7%

Sources: [1], [5].
*CPR = contraceptive prevalence rate, TFR = total fertility rate. * Women married or in union. ** Other includes mixed medical sector, and other. ***Other methods in use include: IUDs (0.3%), male sterilization (0.3%), other modern (0.2%), LAM (0.9%).*

Figure 1: mCPR by Income, Area, and Age (2012)



Source: [1]

The level of mCPR is fairly similar across geographic areas and wealth quintiles (Figure 1), but access to a full range of modern methods varies. For example, implants are available in only 50 percent of facilities in rural areas, versus 76 percent in urban areas. Low use of methods such as intrauterine devices (IUDs) and sterilization suggests both a lack of trained medical personnel and limited demand for these interventions. In response to these challenges, the Ministry of Health (Ministère de la Santé Publique et de la Population à Haiti or MSPP) launched a campaign in 2014 to make all FP methods available for free in all facilities across the country [2], starting in the most underserved departments of the south. With support from donors, the MSPP has also extended its Community Health Workers (ASC) program to improve access to FP services in rural communities.

Health financing in Haiti

In 2013, Haiti's total health expenditure (THE) was US$160 per capita. Government health expenditure as a percentage of THE decreased from 41 percent in 1995 to 7 percent in 2013. Given decreasing support to health from government, Haiti relies heavily on external sources. In 2012, donor funding represented 64 percent of THE. Additionally, out-of-pocket (OOP) expenditures account for 30 percent of THE, with 3.4 percent of households facing catastrophic health expenditures in 2013 [3].

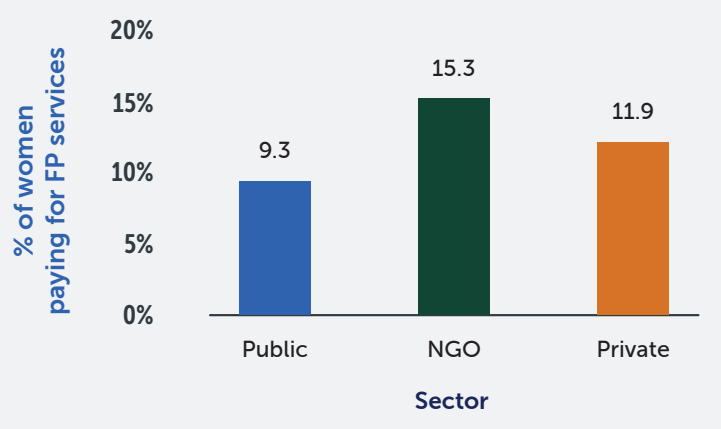
OFATMA (Office d'Assurance Accidents du Travail, Maladie et Maternité) and ONA (Office Nationale d'Assurance Vieillesse) are public institutions that offer health insurance and social security—OFATMA for employees in the public and private formal employment sectors, and ONA for the elderly and disabled. To achieve universal access to high-quality healthcare, the government of Haiti has proposed a new health policy, "La Politique National de Santé," along with the establishment of a common fund ("Fond National de Santé") that would be partially funded by taxes on tobacco and alcohol [3]. Haiti also has nine private insurance schemes, which, together with OFATMA and ONA, cover 7% of the population.

Financing family planning services

Family planning services and key financing schemes

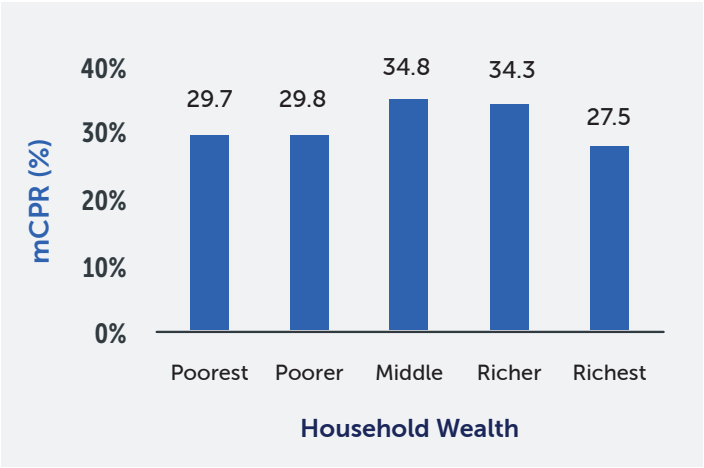
A majority of FP services (58.4% in 2012) are provided through the private sector [3]. Most (75.3%) public and private facilities charge a fee for consultations. On average, 12.4 percent of women pay for FP services, with variation across sectors: 9.3 percent in public and 15.3 percent in NGO facilities (Figure 2). Moreover, 12.5 percent of women pay for FP services in rural areas, compared to 9.3 percent in urban settings [1]. OFATMA covers FP services, but these are not always available in the network of clinics that are linked, forcing women to seek services in other facilities and pay OOP. USAID and UNFPA support public and private facilities by financing services and FP commodities. They also support improvement of the FP supply chain and management system [2]. As a result, fewer facilities report stockouts, from 75.6 percent in 2011 to 57.4 percent in 2012.

Figure 2: Women Paying for FP Services by Sector (2015)



Source : [6]

Figure 3: mCPR by Household Wealth



Source: [11]

Access to family planning and financial protection for uninsured women

There are disparities in mCPR between insured and uninsured women, especially in the poorest departments, the south, and the north. Rural areas have the lowest rates of insurance coverage at 1.5 percent (versus 8.3% in metropolitan areas). Women who are not insured face OOP expenditures in both the private and public sectors. On average, a laboratory test costs 38 gourdes, commodities 38 gourdes, and a consultation 39 gourdes (about US$0.60)—a hardship for the 80 percent of Haiti's population that lives on less than US$2 a day [1]. Relatedly, mCPR increases with household wealth status (Figure 3). Paradoxically, married/in-union women in the highest wealth quintile had lower modern method use, with a mCPR of 27.5 percent [1].

Government policies to increase affordable access

To ensure successful implementation of its *National FP/RH Strategic Plan*, Haiti's government must institutionalize the law passed in 2013, which makes FP services free for all citizens in all facilities. The government must continue to play a key role in coordinating various actors in the system, especially the donors that continue to fund FP services. Haiti must also improve its human resources management system to ensure access to all methods—especially long-acting clinical methods. In a broader and more long-term effort to increase access to high-quality healthcare for all, the MSPP and OFTAMA introduced the "La Carte Rose d'Assurance Santé" in 2012. This will initially be available for free to 2,200 Haitians and will facilitate access to high-quality healthcare, including obstetric and gynecologic services. In the future, coverage will be extended and beneficiaries will have to pay very small contributions to be covered [4].

Summary

Despite Haiti's efforts to increase the use of modern contraception and reduce unmet need, disparities in family planning access persist. A major issue is the low rate of insurance coverage and the lack of inclusion of FP services and commodities in existent schemes. As a result, many Haitian women, especially the poorest, have limited access to family planning. The 2,200 Haitians already covered by "La Carte Rose" represents a promising step toward universal health coverage in Haiti. Nevertheless, the government needs to increase coverage, particularly by increasing its health expenditure.

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