

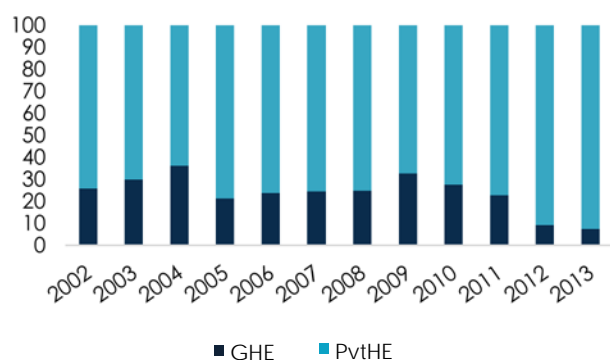


Key Indicators	
Population (2014)	10.6 million
Per capita GDP (2015, constant USD)	\$824
Income classification	Low
Health Financing (2013)	
THE per capita (USD)	\$160
THE as % of GDP	9.4%
GHE as % of THE	10.0%
GHE as % of GGE	4.0%
OOP as % of THE	29.7%
DAH as % of THE	52.0%
Pooled private as % of THE	38.0%
HIV Financing (2013)	
Adult HIV/AIDS prevalence	2.0%
DHE for HIV/AIDS as % of THE	99%
TAE per capita (USD)	\$657.5
GAE as % of GGE	1.4%
GAE as % of TAE	22.0%

Sources: WHO, 2015; Dubuche, 2015; World Bank, 2015.

THE = total health expenditure, GDP = gross domestic product, GHE = government health expenditure, GGE = general government expenditure, OOP = out-of-pocket, TAE = total AIDS expenditure, PLHIV = people living with HIV, GAE = government AIDS expenditure, DAH = donor assistance for health

Figure 1: Share of Total Health Expenditure (as % of THE)



Source: WHO, 2015.

PvtHE includes OOP, contributions from voluntary health insurances, and donors' assistance.

Overview

Since the 2010 earthquake, the government of Haiti has worked to rebuild the country's health system and ensure sufficient mobilization and allocation of funds for the health sector. However, while total health expenditure (THE) per capita has increased in recent years, government health expenditure (GHE) per capita has decreased. THE in Haiti was US\$160 per capita in 2013, with GHE per capita amounting to just US\$12. The government's proportional contribution to THE decreased from 41% in 1995 to 7% in 2013. External resources for health have been increasing over the same period, except for 2012 when donor assistance for health decreased by 12 percentage points.

Haiti relies heavily on international aid. In 2012, external sources accounted for 64% of THE. Additionally, out-of-pocket payments account for fully 30% of THE, with 3.4% of households facing catastrophic health expenditures in 2013 (Figure 2). Equitable and accessible care remains a challenge, partly because almost 90% of the health budget is allocated to paying health personnel, which limits fiscal space to fund other expenses. The health system is focused on delivering curative care in hospitals rather than preventive care.

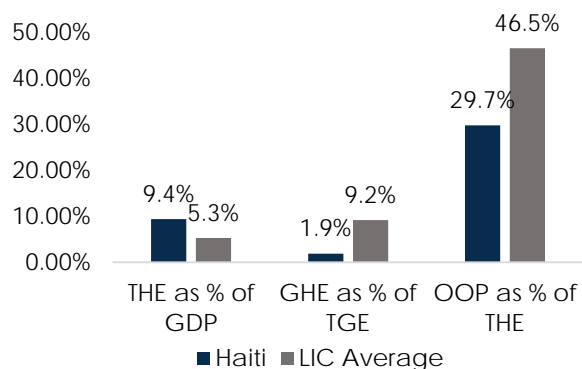
To overcome these challenges, the government of Haiti has proposed a new health policy, "La Politique National de Santé," with the overall goal of bringing about universal, equitable, and quality healthcare for all in the next 25 years. Health financing goals include establishing a common fund (Fonds National pour la Santé), which would be funded by earmarks from "sin taxes" on products harmful to health (e.g., alcohol, tobacco), along with public funds, and international aid. Other goals are to develop mechanisms to decentralize the budget, increase the GHE to 15% of THE, and create a performance-based system.

Health Financing Functions

Revenue contribution and collection

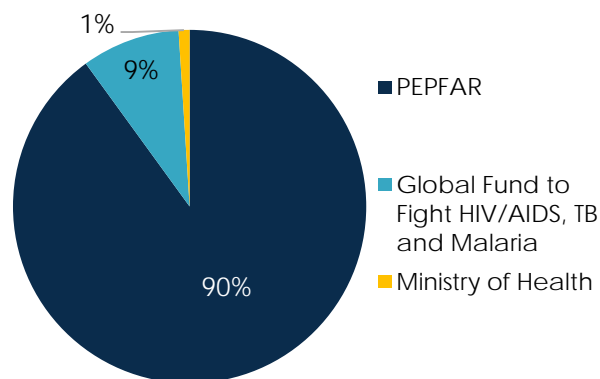
Government financing of the health sector is around 7% of THE (Figure 1). It is funded by the Ministry of Economy & Finance and other public structures through taxes, and external funds as budget support.

Figure 2: Comparative Health Expenditure (2013)



Source : WHO, 2015.
LIC = low-income country.

Figure 3: HIV Financing



Source: PEPFAR, 2015.
Note: Date of funding data is unknown.

Pooling

The Office d'Assurance Accident du Travail, Maladie et Maternité (OFATMA) is a public institution offering health insurance and social protection of employees in the public and private sectors under the supervision of the Ministère des Affaires Sociales et du Travail. OFATMA is mandatory for formal private and public sector employees, and voluntary for those working in the informal sector. Office National d'Assurance Vieillesse (ONA) offers insurance to the elderly and disabled. Haiti also has nine private insurance companies. Private and public companies provide health coverage for their employees and dependents; however, these benefits constitute small, fragmented risk pools within each company. OFATMA only covers 2% of the population. ONA covers close to 1%, and private insurance schemes together cover around 4%. As part of the Politique Nationale de Santé, the government of Haiti is working toward a policy of social protection for health that would guarantee universal and free access to healthcare, funded through the Fonds National pour la Santé.

Purchasing

Government-managed resources are mainly spent on curative care; 74% between 2012–2013, of which 25% was spent on pharmaceutical and medical products. OFATMA purchases its services from a network of 44 hospitals, both private and public. However, access is limited. For example, emergency care is difficult to access in some province towns because of the distance to the closest hospital with an emergency unit. This is why OFATMA increasingly purchases its services from the private sector, to provide more community-based care and extend the coverage and the provision in the future to the 95% of Haitians who have no health insurance.

HIV Financing

In 2013, HIV prevalence for adults (15 years and older) was about 2%; 140,000 people were living with HIV. According to Haiti's national health accounts, 22% of health expenditure was for HIV and AIDS in fiscal year (FY) 2012/13, amounting to US\$131 million. This is not aligned with the disease burden, as just 9% of deaths in Haiti are attributable to HIV. Funding for HIV in Haiti comes from PEPFAR (90%), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) (9%), and the Ministry of Health (1%) (Figure 3).

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