# Quality of Primary Care in Haiti

**June N Pierre-Louis**

**Raoul Pierre-Louis**

## Introduction

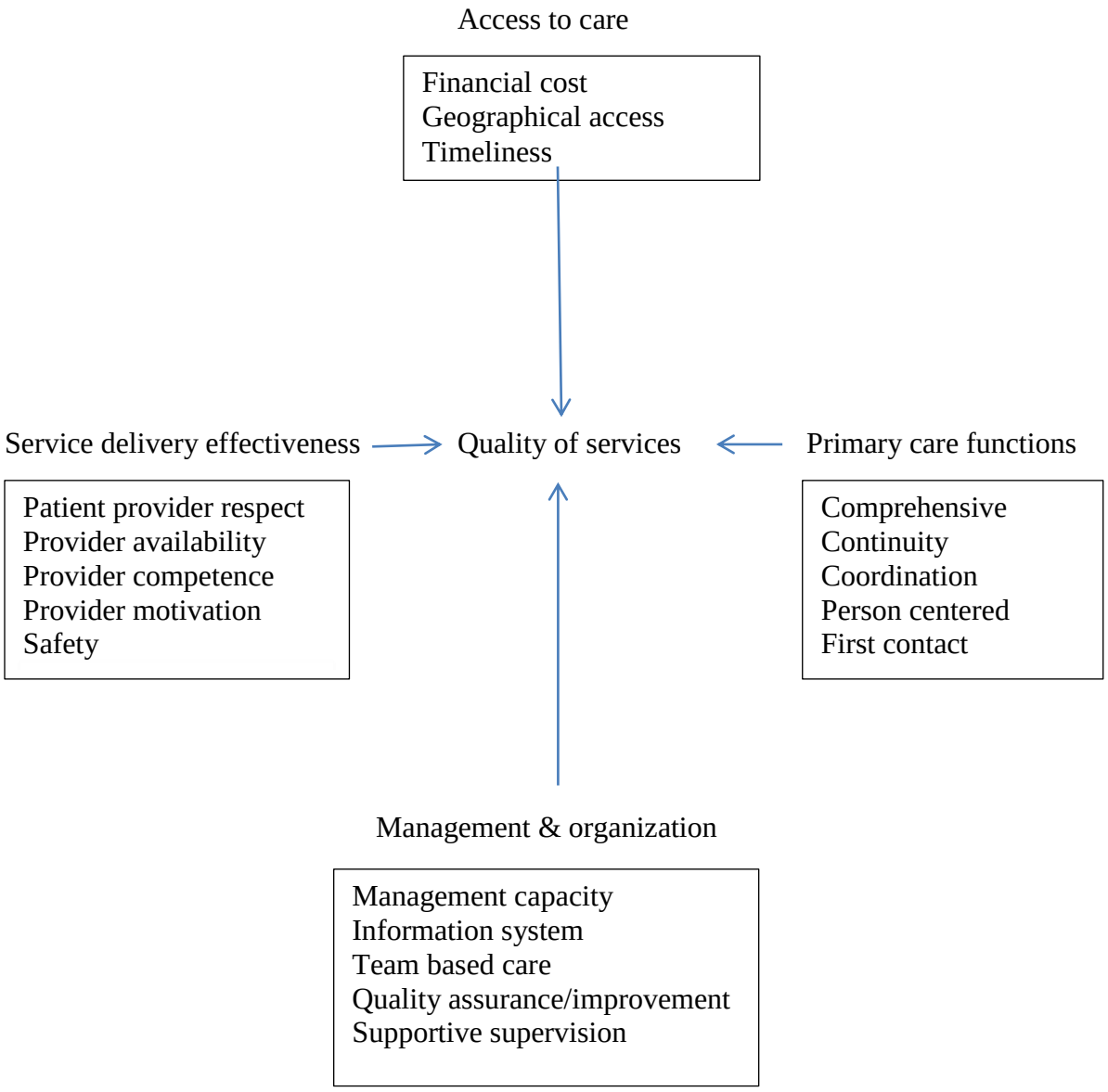
Quality of care is a term describing aspects of care that have a critical impact on the health care of the patient, and are facility and setting specific (New York State Department of Health, 2006). Quality improvement is evidence based and targets and monitors selected elements of care. World Health Organization's Primary Health Care Performance Initiative's conceptual frameworks for primary care have been adapted for use in Haiti (Gage et al. 2017). Primary care is hypothesized to be related to quality by four domains: access to care, effectiveness of service delivery, management and organization, and primary care functions (Figure 1).

Quality of primary care in Haiti was analyzed using program data collected in 2013 to evaluate the performance of primary care facilities, including dispensaries, health centers without beds, and health centers (Gage et al, 2017). The 2013 evaluation of quality of care in Haiti included interviews of providers and patients and a survey of all registered health institutions' availability of services, infrastructure and personnel, and adherence to standards of care for sick children, vaccinations, family planning, prenatal care, maternal and newborn care, HIV care, sexually transmitted infections, tuberculosis, malaria, and non-communicable diseases. Findings were stratified by health institution type and sector (non-profit, public, private, mixed[1]) (Institut Haitien de l'Enfance, 2014). Few facilities had good quality scores for indicators under the domains of management and organization, effectiveness of service delivery, and primary care functions (Gage et al., 2017). The study concluded that access to care was not a barrier based on mapping that showed that 90% of the population resides within 5 km of a health facility and a majority of patients who said that the cost of care and waiting times were not problems. Quality scores for gathering feedback from patients in Haiti's health facilities, which falls under the domain of management and organization, were poor.

This paper analyzes quality of care using qualitative data collected in 2001 during a national study of the quality of health services provided by non-profit and mixed institutions (Pierre-Louis, 2002). Metrics for quality of primary care services are identified based on focus group discussions with patients and in-depth interviews with providers.

[1] Mixed institutions are non-profit institutions that have some public support, often medical staff, from the State.

Figure 1 Quality of primary care conceptual framework



## Methods

Data were collected independently from users of health services and providers about the quality of health services. The study participants were asked what they thought quality of health services is, and what the essential problems of the health care facility are. Focus group discussions were held with users and in-depth interviews were conducted with providers.
A health facility in an urban area and one in a rural area were sampled in each of the four main regions of the country: North (Cap Haïtien, Ferrier), Center (Mirebalais, Maïssade), West (Carrefour, Cabaret), and South (Jérémie, Bonne Fin). Five study sites were randomly selected and three others were purposively sampled from a list of the project partners, including five mixed institutions and three non-profit institutions. The study sample included one center with beds, four centers without beds, and three dispensaries. All health service provider sites had a volume of at least 25 patients/women of reproductive age per day, were open to the public at least five days a week, and had at least two staff with medical training (physician, nurse, or auxiliary nurse). Catchment populations ranged from 13,500 to 53,000 in rural areas and 30,000 to 138,000 in urban areas. At each study site, a medical staff member of the health facility (at most sites, a nurse or auxiliary nurse) and a community health worker were randomly selected and interviewed; and a focus group discussion with mothers of children under five, who were users of the provider, was conducted in the community. In addition, a focus group discussion with the fathers of children under five was conducted in the community in the catchment area of the health facility in one urban area in the North and one rural area in the West. Altogether, in-depth interviews were held with 16 health center staff members, and focus group discussions were conducted with eight groups of women and two groups of men. In urban areas, all women participating in the focus groups had more than four years of schooling. In rural areas all women participating had less than four years of schooling.

The perceptions of the women and men discussed during the focus group discussions and those of the health institution staff during in-depth interviews were analyzed by triangulation by region and urban/rural residence (Patton, 1990). Health facility problems according to patients and providers that were similar to patient-provider definitions of quality of services were identified.

In-depth interviews and focus group discussions were recorded with the consent of the persons interviewed. The recorded interviews and discussions were transcribed word for word in Haitian Creole.

## Results

Perceptions of quality of health services

Independently, patients and providers of non-profit and mixed health services both defined quality of services in terms of the availability of services, medical personnel, and medicine (Table 1):

> *"Lè wap soufri, doktè a pran ka w ; li ba ou medikaman; li konsilte ou pou kalme doulè a."* When you suffer, the doctor takes care of you; he gives you medicine; he takes care of you to calm the pain (patient, urban area, North).

> *"Lè li vini li bezwen sèvis e li jwenn li ; li disponib tou ; li aksesib ; li pa tèlman twò lwen l."*When [the patient] comes looking for care, he finds it; the care is available, accessible and not too far away (auxiliary nurse, rural area, South).

Patients and providers also defined quality of services in terms of the provider patient relationship and in rural areas, patient education:

> *"Fòk doktè a resevwa w byen."*The doctor should welcome you (patient, urban area, West).
>
> *"Nou bay bon jan akèy."*We welcome the people (community health worker, rural area, West).
>
> *"Yo di w kisa pou fè pou timoun nan lè li malad."* They tell you what you should do for the child when he is sick (patient, rural area, South).

> *"Aprè li fin pale avè w … ou bay li konsèy."*After the patient finishes talking to you, you give her guidance (community health worker, rural area, West).

Table 1 Definition of the quality of services based on triangulated patient and provider feedback.

| Quality definition | Study population |
|---|---|
| Doctor is available | Urban population in the North |
| Services are available | Urban population in the West |
| Medicine is available | Rural population in the South |
| Provider patient relationship | Urban populations in the North and South<br>Rural populations in the North and West |
| Patient education | Rural populations in the West and South |

Perceptions of health facility problems

In urban areas, health facility problems in urban areas cited by both patients and providers were: no laboratory facility, inadequate supplies of medicine, and the cost of medicine (Table 2). In rural areas, health facility problems cited by both patients and providers were: inadequate supplies of medicine, and the cost of medicine, and transportation to hospitals:

> *"Pwoblèm nou rankontrè se lè moun nan pa (ka) peye....nou pa ka kite moun nan ale konsa ; fòk nou sèvi moun nan kanmenm. "* A problem we have is when a person must be seen and cannot pay. We cannot let the person leave with his hands empty; we must take care of him anyway (auxiliary nurse, rural area, South).
>
> *"Lè yo voye w yon lòt kote, moun nan gen dwa pa gen tan rive."* If you are referred, you might not arrive in time to receive care (patient, rural area, Center).

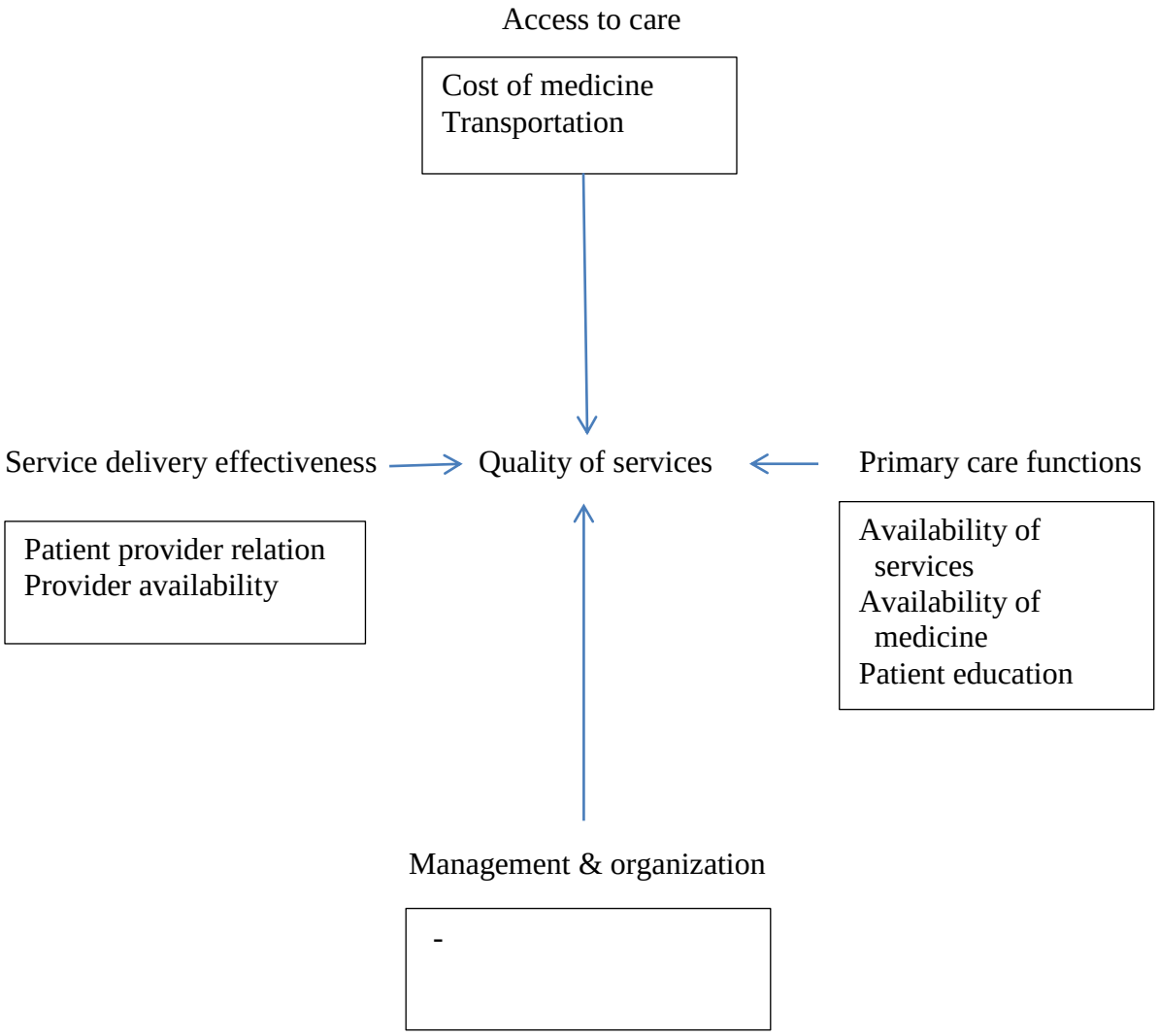
The health facility problems cited (availability of a laboratory and medicine) were consistent with the patient-provider definition of quality in terms of the availability of services and medicine.

Figure 2 shows the metrics identified by this study for primary care quality improvement.

Table 2 Primary care facility problems based on patient provider feedback.

| Health facility problem | Study population |
|---|---|
| There is no laboratory | Urban population in the North |
| Medicine is not available | Urban and rural population in the West |
| The high cost of medicine | Urban and rural population in the West |
| Lack of transportation | Rural populations in the Center and the South |

Figure 2 Primary care quality indicators identified by triangulated patient provider feedback.



## Discussion

This study adds to previous research on quality of primary care in Haiti by identifying metrics for quality monitoring and improvement based on patient feedback using qualitative methods. Based on focus groups of users of primary care facilities and in-depth interviews with the facility providers, the availability and cost of medicine, the availability of providers and services, patient education and the provider patient relationship are elements of primary care quality important to both patients and providers. The availability of medicine and services were also highlighted as health facility problems needing improvement. The 2013 evaluation of quality of care also found that availability of medicine was a gap in care.

Patient education in rural areas and the provider patient relationship−components of patient centered care−were the most frequent aspects of primary care quality identified. This is consistent in a country context where traditional healers are still widely used, and who give advice and emotional support and have a personal relationship with the patient (Le Nouvelliste, 2016). Quality scores for patient centered care in Haiti are poor (Gage et al., 2017). Exit interviews from the national evaluation of quality of care in 2013 found that less than 5% of patients receiving family planning and prenatal care services reported anything about the educational component of these services, and that less than 5% said anything about provider behavior or attitudes (Institut Haitien de l'Enfance, 2014).These aspects of quality appeared to have been missed by the methodology used.

Two quality indicators under the domain of access to care were identified: the cost of medicine and transportation to the health facility in rural areas. The 2012 Haiti Morbidity, Mortality and Utilization of Health Services Survey found that cost and distance to the facility were barriers to care (Institut Haitien de l'Enfance, 2013). Asked about obstacles to access to health services, 76% of women cited the availability of money for treatment and 43% the distance to reach a health service. The 2013 evaluation of quality of care also found that availability of transportation was a gap in care (Institut Haitien de l'Enfance, 2014)..

This bottom-up formative research of the quality of health services was participatory, rigorous, and innovative (Nambiar et al, 2017) and showed that, in addition of health services and provider availability and access, patient education in rural areas and the patient provider relationship are key areas for quality management in Haiti.

This study was funded by the United States Agency for International Development through a grant to Management Sciences for Health.

Informed consent was obtained from all individual participants included in the study.

## References

Gage AD, HH Leslie, A Bitton, JG Jerome, R Thermidor, JP Joseph, ME Kruka. Assessing the quality of primary care in Haiti. Bull World Health Organ 2017;95:182–190.

Institut Haitien de l'Enfance. Enquête mortalité morbidité et utilisation des services EMMUS-V Haiti 2012. Calverton (MD) : Institut Haitien de l'Enfance/ICF International, 2013.

Institut Haitien de l'Enfance. Evaluation de Prestation des Services de Soins de Santé, Haïti, 2013. Rockville, Maryland, USA: Institut Haitien de l'Enfance/ICF International, 2014.

Le Nouvelliste. Contre la mortalité maternelle : les sages-femmes traditionnelles s'impliquent à Hinche. La Nouvelliste, Port-au-Prince; 1 April 2016.

Le Nouvelliste. Des maladies oubliées refont surface à cause de la faible couverture vaccinale. La Nouvelliste, Port-au-Prince ; 28 septembre 2017

Nambiar B, DS Hargreaves, C Morroni, M Heys, S Crowe, C Pagel, F Fitzgerald, S Frazao Pinheiro, D Devakumar, S Mann, M Lakhanpaul, M Marshall, T Colbourn. Improving health-care quality in resource-poor settings. Bulletin of the World Health Organization 2017;95:76-78.

New York State Department of Health AIDS Institute. Measuring clinical performance: a guide for HIV health care providers. New York (NY): New York State Department of Health AIDS Institute/HIV AIDS Bureau Health Resources and Services Administration; 2006.

Patton MQ. Qualitative evaluation and research methods. Newbury Park: Sage Publications ; 1990.

Pierre-Louis J, R Pierre-Louis. Recherche formative sur la qualité des services de santé en Haïti. Port-au-Prince : Projet Haïti Santé 2004/Centre d'etudes et de recherche sur le développement local, Port-au-Prince, 2002.