



Pinnacle Healthcare Consortium

Haiti: Clean Bill of Health

Strategic Implementation Plan for the Nord Department

BACKGROUND

The Pinnacle Healthcare Consortium (PHC) is comprised of a group of International Development Practitioners who have a proven track record implementing a wide range of infrastructure improvement programs. We are concerned about the slow progress of the Haitian recovery following the earthquake in January 2010 and the recent outbreaks of cholera. This tragic event not only brought immediate attention to the destruction of the earthquake, but also exacerbated the weakness of Haiti's social and economic infrastructure and placed an unsustainable pressure on the infrastructure of the regions outside the point of impact. Key to that recovery and sustained growth thereafter is the building of human capital, improvement in healthcare delivery and having a stable food supply, in a sanitary environment to maintain suitable health standards.

Our consortium does not operate along the usual NGO lines. Because we have the ability to form robust links with private corporations/individuals, many with philanthropic leanings, we only require relatively small sums of aid finance to use as a force multiplier to return significantly larger outcomes. Along the way, we will prioritize the development of the indigenous Haitian capacity to manage these profitable programs in the long run.

This strategic implementation plan follows the PHC's reconnaissance trip in September 2010 and supports the foundation of the public and private sectors in healthcare and identifies many of the root causes for poor health indices. It is focused on recommending actions that can be implemented quickly, yield defined benefits, and improve the population health indices of Cap-Haitien, the country's second largest city, within the next three years. It represents a stable template which will integrate the respective infrastructure development programs of our partners and international consultants. The main objectives of this plan are common themes found in delivering infrastructure improvement programs in developing countries:

1. Waste Management
2. Sustainable Clean Water Supply
3. Healthcare Provision (primary to tertiary care)
4. Youth Development and Training
5. Economic Stimulus Packages (including export industry creation)
6. Recycling Facilities with Electricity Generation
7. Sustainable Renewable Energy
8. Healthcare IT (enabling international financial remittances to support the system)

All these initiatives will be piloted first in Cap-Haitien, and then recalibrated for potential nationwide roll out. Central to implementing these changes will be our long term focus on youth development training. Transformational change will only occur if the programs we implement help young people and their families gain the skills they need to be proactive forces in their communities and develop ideas to create a more innovative economy.

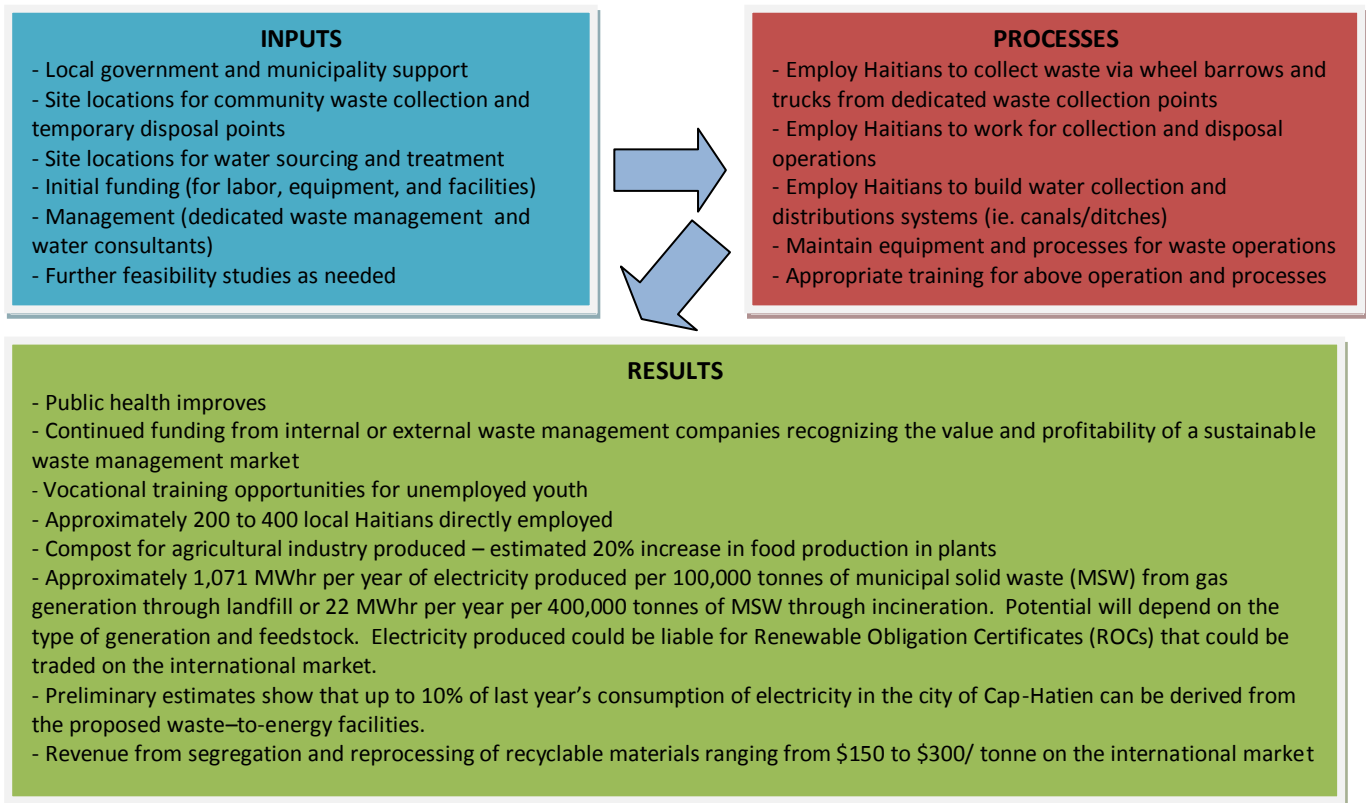
We are aware of previous and current initiatives to deliver these objectives on both a local and national levels. It is our intention to work in partnership with the various stakeholders (public institutions, private providers, non-profit organizations and NGOs) to better coordinate the current provision of services. With this as a foundation, PHC's key strategic initiatives will not only deliver clear benefits from the initial funding of the donor community, but more importantly set the framework for US corporate entities to work with the local Haitian government authorities to create sustainable programs to improve the local economy and healthcare delivery.

PROPOSAL FOR THE WASTE MANAGEMENT and CLEAN WATER STRATEGY FOR NORD

From our initial assessment of Cap-Haitien, it became evident that focusing on the delivery of the Basic Package of Healthcare Services (BPHS) to the population of Nord would have limited benefit, unless there was a comprehensive strategy to deal with current waste management issues; particularly in the urban regions. These practical concerns were reinforced by the recent outbreak of cholera. As part of the waste management strategy, PHC will collaborate and work with (via the municipal authorities) other organizations currently focused on delivering sustainable clean water to the Nord Department. A significant proportion of the disease burden (eg. cholera, typhoid, and Hepatitis A) would be reduced by addressing sanitation and sustainable clean water supply.

Waste Management

We intend to set forth a plan developed by waste management specialists with experience in creating waste management systems in developing countries. In essence the plan will outline to the municipal authorities practical methods of collection and disposal of waste, composting to achieve an agricultural grade fertilizer, and recovery of recyclables from the waste stream. With the assistance of key international waste management partners, these plans, refined specifically for the Nord Department can be profitable for the city authorities and sustainable. We have commissioned strategies by solid waste management consultants (ie trash collection and recycling) and bio-waste management consultants (ie domestic waste water and household sewage). These reports will follow for your consideration.



Solid Waste

We initially will propose a staged strategy implementation based on the establishment of collection and dedicated disposal areas. This will incorporate a recovery of recyclables followed by a review of reprocessing and waste-to-energy solutions based on needs for the area. Collection and disposal options will be consulted on to incorporate the necessary constraints while addressing public health issues. An example of this would be a recommendation that trash collection can be carried out with wheel barrows, which is common amongst Cap-Haitians. A key aspect of this plan will be to engage the local youth to learn aspects of the trade (ie wheel barrow making) and develop entrepreneurial activities, which may ultimately help sustain the system.

Bio-Waste

Similar to the Solid Waste Plan, we initially will propose a staged strategy implementation based on the establishment of collection and dedicated disposal areas. This will incorporate a recovery of solids to be used as fertilizer along with the necessary containment and treatment of fluids to be environmentally safe. Methane gas can also be recovered to produce electricity. Collection and disposal options will be consulted on to incorporate the necessary constraints while addressing public health issues. A low technology, high employment of local Haitians option would be initially integrated to collect waste and transport it to a collection facility.

Clean Water

The importance of a clean water supply cannot be overstated in view of the fact contaminated water intended for human consumption will be laden with disease producing/causing microorganisms resulting in another outbreak similar to the recent cholera outbreak. Manifestations will occur in the form cholera, typhoid, hepatitis, and other diseases that will adversely affect the health and economic viability of the Haitian recovery process. The proposed water cleanup/purification systems can be phased into operation such that it will require low technology and high Haitian workforce/laborers. Where electric power is needed, we will use a self-contained energy source/production to reduce problems that may be caused by intermittent and unreliable electricity. The systems are also scalable such that it can be used in small rural areas or in a densely populated city. Initial phases would include central distribution points (or water taps) with the ability to expand the system in later phases. The source of water could be from rivers/streams, cisterns, or wells. Further investigation and agreements with the government authorities will determine specific sourcing and distribution possibilities.



PROPOSAL FOR INTEGRATED HEALTHCARE DELIVERY FOR NORD

After careful consideration we have refined a plan that in principle is supported by all of the stakeholders we had policy discussions with. At its heart is an initiative to help reorganize CURRENT provisions of services for the one million inhabitants of the Nord Department in a way that would survive the inevitable reduction in financial support by the international community.

We intend to provide up to ten community health centers which will form the referral network around the MSPP Justinian Hospital as the tertiary referral center and other existing Tier 2 facilities as secondary care. With an immediate focus on retrofitting and augmenting currently operating facilities, our efforts will include the provision of necessary human resource capital to support all developments in Cap-Haitien. Funding and further review of existing infrastructure, particularly for the community health centers, will dictate if and how many new facilities will be constructed. The overview is in this paper. The MSPP would be able to use these community health centers to leverage major donor support.

COMMUNITY HEALTH CENTERS

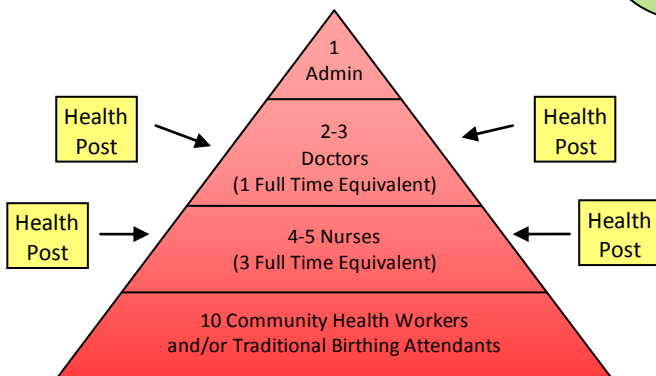
These will be private facilities which will have one fulltime independently trained administrator who is not a clinician (see diagram). The workforce will consist of one full time equivalent (FTE) doctors (ie two or three part time doctors), up to three FTE nurses, and up to ten community health workers and/or traditional birthing attendants (CHW/TBA). A key role of the CHW's would be to educate the community, emphasizing on the youth, in regards to basic health care. We are keen to encourage continual integration with the MSPP main hospital, so a pre-requisite for employment will be a monthly attendance card showing 20/30 days attendance and service at the MSPP hospital. This structure is consistent with the current MSPP delivery model, which we reviewed with MSPP leadership and other NGOs during our visit. The combination of the public service and private practice provides increased sustainability diminishing the program's reliance on public funding or, in turn, the private practice's draw.

We suspect that there will be a combination of augmenting currently provided clinics, moving to some rented facilities, and wholesale construction of new health centers. We expect to provide the capital to construct the facilities and 100% of the recurrent costs initially. This will be gradually reduced over a five year duration. In addition we intend to provide preventative healthcare by linking health posts to each of these health centers. Using the resource guide compiled by Konbit Sante and future relevant information, we will encourage any organizations currently providing vaccinations and other preventative health programs to use the health center and health post network. These types of services are likely to be subsidized by the MSPP or international bodies for the foreseeable future. This will help the poor sectors of the community to access at least a part of the BPHS.

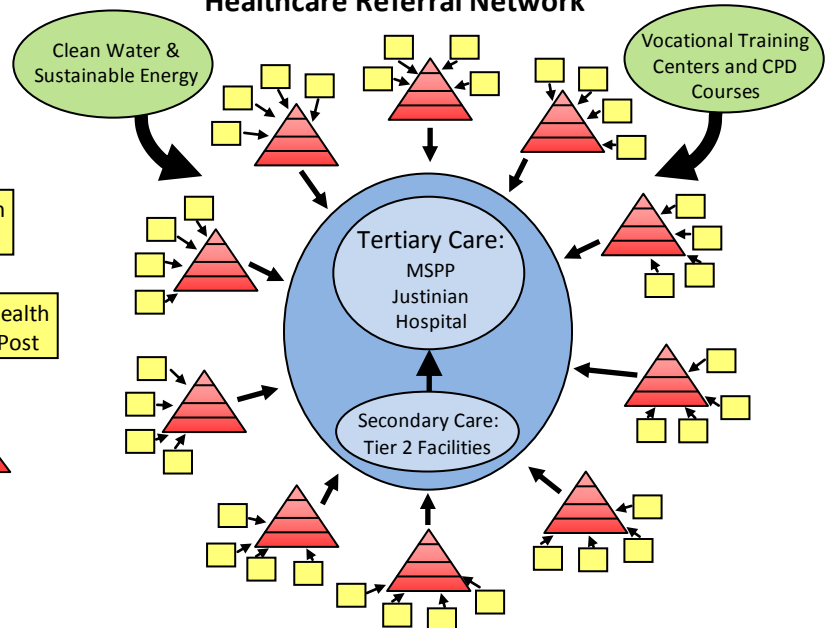
We are confident that the doctors will be incentivized to move their practice to these facilities as they will quickly experience a much higher profit margin than their current mode of service delivery. They will have an increased visibility to a potentially paying population and an improved ability to oversee a more comprehensive service. In turn this will increase the potential for self-sustainability.

PHC Proposal of Healthcare Delivery for the Nord Department

Community Health Center Pyramid



Healthcare Referral Network



FINANCIAL MANAGEMENT

The total projected three year expenditure for these programs is \$95 million. The Pinnacle Healthcare Group will match fund a total of \$500,000. This will be delivered as a combination of cash and in kind contributions to cover all corporate level support activities, logistical support, consultancy advice and facilitation of long term contracts with international corporate entities. The initial seed funding request from IFAD is for \$1.5 million.

Environmental, educational, and healthcare related activities are expected to run simultaneously. Interim assessment reports will be provided to donors at six monthly intervals with a clear documentation of achieved milestones prior to approval for release of funds. A breakdown of the projected use of funds is shown on the table below.

	Year 1	Year 2	Year 3	Total
Waste Collection Implementation	\$1,000,000	\$3,000,000	\$6,000,000	\$10,000,000
Facility Development (Landfill & Incinerator) and Energy Generation	\$3,000,000	\$9,000,000	\$8,000,000	\$20,000,000
Composting and Recycling Systems	\$1,000,000	\$3,000,000	\$6,000,000	\$10,000,000
Clean Water	\$3,000,000	\$9,000,000	\$18,000,000	\$30,000,000
Health Care	\$1,500,000	\$4,500,000	\$14,000,000	\$20,000,000
Other (Youth Development, Training, etc)	\$500,000	\$1,500,000	\$3,000,000	\$5,000,000
Total Requested	\$10,000,000	\$30,000,000	\$55,000,000	\$95,000,000

CONCLUSION

These plans are our overarching strategies. During our time in Haiti, and as we have continued our planning since, we have gained knowledge of the social, political, and logistical challenges that we face relative to plan execution. We believe that the network we have developed, in addition to our ability to commit qualified on-the-ground resources, will allow us to remain focused on our initiatives, but flexible enough to effectively revise our implementation plan when necessary. PHC will work with Haitian policy makers and people in the communities to facilitate a mix of public and private healthcare services. We will engage Haitian's to optimize buy-in and sustainability, while providing enough direct monitoring and management to ensure that the plans, goals, and accomplishments are transparent.

Pinnacle Healthcare Consortium: Reconnaissance Trip to Haiti



Above: Children playing on trash in the slums of Cap-Haitien,
 Top Right: Chris Rehm (PHC) with child at respite home in Cap-Haitien,
 Right: Chris Rehm, Sacha Simon, and Ben Floor at UN Headquarters in Port-au-Prince

Pinnacle Healthcare Consortium: Previous Experience



From Left to Right: Before and after pictures of a 75 bed hospital in Afghanistan, doctors receiving Advanced Life Support training, and aqueduct and reservoir storing water to irrigate 1 million sq meters

Pinnacle Healthcare Consortium: Background Information

The PHC consists of Pinnacle Healthcare, LifeQuest World Fund, Arden Primary Care (APC), and HELP Inc., a Haitian organization that has been developing primary healthcare in Haiti since 1992. Pinnacle Healthcare is a healthcare provider with experience in the development and management of physician practices, both private and public. They provide resources to assist hospitals, physicians, and other healthcare organizations with operational, planning, and transactional support needs. LifeQuest World Fund is a 501(c)(3) non-profit organization that offers program development to corporations and charities by providing philanthropic giving options through a unique Charity-to-Charity model.

APC has a background of success with humanitarian efforts including the design, commissioning, and implementation of a comprehensive integrated healthcare and education program in Afghanistan. They constructed numerous comprehensive healthcare centers and regional hospitals, trained medical staff, and transferred skills. These facilities continue to run today without the need of continued outside support.

HELP Inc. was started and managed by local Haitians. They are currently based in the Ouest Department in Croix des Bouquets, a city between Port-au-Prince and the Dominican Republic border. They function primarily in healthcare although other developments include potable water, agriculture, irrigation, and reforestation. Structured activities in these areas lead to sustained development for the Haitian population. HELP Inc. also has mobile clinics that reach the surrounding villages serving over 60,000 people. They are a recognized organization in Haiti and are looking for the opportunity to expand. Their role in the consortium will be to provide the Haitian insight needed for effective project establishment in Cap-Haitien. They will also provide the model and resources needed to continue self-sustainability once the project is established.

The combination of these partners provides PHC with the ability to successfully drive forward in making a change in Haiti.



www.pinnaclegroupphc.com



www.lifequestworldfund.org



www.ArdenPrimaryCare.co.uk



www.helpinonline.org

Three Year Breakdown of Expenditure

SELF-SUSTAINABILITY

WASTE MANAGEMENT and CLEAN WATER

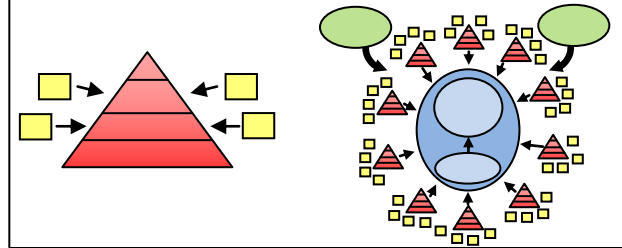
Once the Waste Management and Clean Water Plans are developed, there will be an international market for waste management companies to invest in infrastructure development as a means to future profits. Through the production of waste-to-energy facilities and recycle reprocessing operations, they will generate electricity for nearby business and localities. This will enable re-investment in infrastructure while improving the overall standard of health and increasing employment opportunities for the region. There will be a decrease in air and water borne diseases and limit the possibilities of the spreading of disease similar to the recent cholera outbreak.



All initiatives to run concurrently
Complete transfer of skills - Haitians to run and manage all programs within five years

FULLY INTEGRATED HEALTHCARE DELIVERY PROGRAM

Once this level of integrated healthcare is established, the population health indices will dramatically improve with clear evidence of a reduction in infant mortality. With an organized healthcare referral network, there will be an increased demand for record keeping. There will be opportunity for international health data management companies to compete for this new market and stimulate employment.



\$10 MILLION

Implementation of Plan
Gain support and coordinate with local municipalities & existing programs
Perform feasibility studies
Develop clean water facility

Begin waste collection and temporary disposal points
Augmentation & Improvement of 2 existing health centers
Construction & Management of 1 new health center



\$40 MILLION

ALL ABOVE in addition to the following:
Construct Bio-Waste Facility
All encompassing waste collection
Develop recycle program

Begin electricity generation from waste byproducts
Produce fertilizer from waste and sell (including international)
Increase distribution of clean water

Augmentation & Improvement of 4-5 existing health centers
Construction & Management of 3 new health centers



\$95 MILLION

ALL ABOVE in addition to the following:
Finalize Sustainability and Profit Programs

Clean water easily available to all in Cap-Haitien and Increase availability to Nord Department
Increase revenue through fertilizer sales, electricity generation, and international recyclable sales

Augmentation & Improvement of additional existing health centers
Construction & Management of 2 new health centers based on demand
Create /Improve health record keeping methods and systems
Create infrastructure for electronic medical records

