

Question 1: How have systems thinking approaches and tools been incorporated in activities to improve health equity? Were these approaches useful in achieving health equity goals? If so, what are the pathways by which these approaches helped to address the root causes of inequity?

Installing Electronic Cash Registers to Improve Transparency, Accountability and Health Equity in Haiti

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Context

Clients needed to have equitable access to quality services and the hospitals needed to have transparency and accountability in managing the flow of funds from fee collection through use of funds. Recognizing these system gaps and needs, MSPP sought support in establishing a cash-flow management system that would track both hospital income and use of funds accurately, in addition to protecting clients from informal fees and the hospital itself from diversion of funds and fraud. In response to the MSPP request for technical support, USAID/Haiti funded in 2018 the electronic cash register initiative to improve accountability and health equity in Haiti with an initial group of hospitals. Under HLP, additional group of hospitals received cash registers and all are receiving continued support. A robust internal cash flow system was critical, for example, in 2020 during the COVID-19 pandemic, when access to internal revenue funds allowed for the procurement of personal protective equipment (PPE) and oxygen tanks to enable hospital operations.

Activity Description

In line with the Vision for Health System Strengthening 2030, activities in this initiative advance health systems performance and resilience, equity, scale-up, sustainability, institutionalization of effective evidence, and local health system research. To improve access to affordable health care and ensure that available resources are appropriately used to deliver priority health services, the USAID-funded Health Leadership Project (HLP), implemented by Management Sciences for Health (MSH), supported the MSPP to monitor the functioning of existing electronic registers in 9 of the 10 departmental hospitals and at the Hôpital de l'Université d'État d'Haiti (HUEH-State University Hospital) and to expand the program with installation of registers in another 12 hospitals. By expanding the program to additional hospitals, USAID was able to support the MSPP in this nationwide initiative. Electronic registers facilitate accounting (by collecting and managing revenue), and improve the use of resources (by managing stock and monitoring services) in hospitals. They also prevent resource diversion, ease auditability, and raise the confidence of clients that they are not paying 'informal' fees.

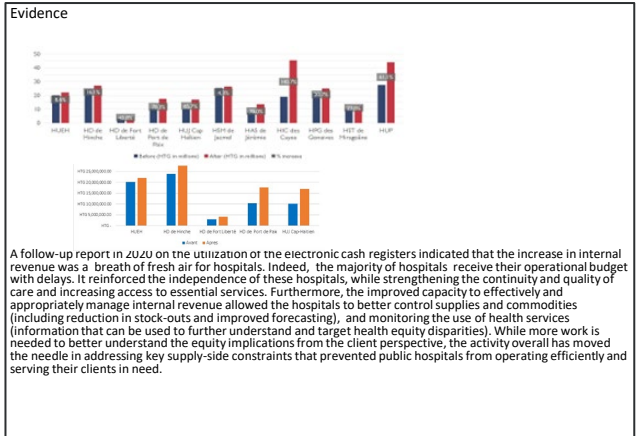
The first registers, funded by USAID in June 2018, already had a good reputation in Haiti. The former Minister of MSPP, Dr. Marie Gréta Roy Clément, reported in an address to Ministry staff in 2019 that "The governance and management of the sector have improved. Internal revenues of our hospitals have significantly increased with the introduction of electronic registers." HLP provided technical and financial support to health facilities to prepare for the scale-up and use of the new cash registers. To build trust within the community, clients received receipts for fee payments, and the potential for diversion of funds or fraud was virtually eliminated with immediate registration of revenue.

From the very beginning, USAID and its implementing partners took intentional steps to work hand in hand with HUEH leadership and government authorities. Before the cash registers activity was conceptualized, USAID and partners entered into a multi-year engagement (2017-2018) with MSPP/Budget Administration Directorates (DAB) to unpack the systemic barriers enabling fraud, misuse of funds, and lack of health equity. Through collaborative discussions, and use of systematic tools to understand the challenges (e.g., causal-loop diagrams, process mapping) that faced public hospitals in Haiti, it was determined that installation of cash registers had the potential to address the aforementioned issues. During the pilot and scale-up phases and the process of implementation, all partners remained fully engaged and committed. USAID used an engagement process with GOH that was locally-developed and driven by local partners to discuss key challenges and identify solutions. During a site visit in April 2023, for example, the executive director of the Justinian University Hospital (HUI) showcased his mastery of the cash registers during an onsite training. He remarked that his commitment to understanding the registers was to ensure he understood and mastered the full capabilities and information available at his disposal.

Activity Impact

Activities in this initiative fall under various system strengthening building blocks: transparency and accountability, reliable information, efficient budget utilization, and improved service delivery. Electronic registers have been successful in increasing hospital revenue due to elimination of losses in the cash management system. Some institutions like the HUI and HIC des Cayes saw a remarkable improvement while others had less. The average increase across all public hospitals was 40% over the course. (Graphs below come from MSH documents regarding HLP project successes. The data in the graph come from MSPP, 2020). The increased revenue allowed the hospitals to cope with public financing delays (a problem that USAID and the GOH are addressing separately) to ensure standard of operations as well as to deal with emergencies such as the need for PPE in dealing with the COVID-19 pandemic.

Overall, this intervention enabled hospitals to mobilize financial resources, improve transparency, and build patient trust. With the timely and accurate tracking of revenue, opportunities for diversion were virtually eliminated. The reduction of fraud allowed the GOH to better trace the use of inputs and deliver more operational services for the population. Finally, the increase in revenue improved fiscal transparency and fund management; while control of diversion resulted in increased use of services, which USAID/Haiti is currently studying to better understand the client usage and satisfaction perspective (demand-side).



Facilitators

HLP in its original phase worked closely with local sub-partners, Group Croissance (GC) and Centre de Formation et d'Encadrement (CFET), alongside the GOH. The project worked alongside these partners to strengthen their capacities to optimally manage and use health resources, including improving their planning and oversight of the health workforce and financial management. Both GC and CFET continue to support the MSPP with challenges related to health financing and human resources for health through direct local awards with USAID.

Regular USAID site visits conducted jointly with the MSPP staff for maintenance and continuous training on the job helped to ensure the functionality of the electronic cash registers. Information gained during the site visits has been utilized effectively for timely decision-making.

Based upon testimonies from several departmental directors on the benefits of this activity, the MSPP decided to make the use of electronic registers a formal policy. Since then, it has sought funding to install as many electronic cash registers as possible beyond the departmental hospital to the level of community health hospitals as well. According to the MSPP, this intervention is seen to help improve the health financing situation in peripheral institutions until a new parliament could enact legislation expanding the installation and use of these registers.

Challenges

The COVID-19 pandemic underscored the critical importance of a country's health system to be able to ensure continuity of key health services as well as to appropriately and efficiently use funds that address population health needs. Given this, the GOH and their partners prioritized this activity which ultimately proved successful and resulted in sustained impact. The team relied on the response plan developed by MSPP and practiced social distancing to ensure the safety and protect the health of those participating in the activity. HLP's advisor for health financing used remote working tools such as video conference software and instant messaging applications to provide support to teams to revise terms of reference and data collection tools. Seeing revenues increase despite difficulties faced by both providers and clients is remarkable. Several hospitals cited many reasons for financial shortfall before the cash registers were installed including service fees being forgiven in the cases of the very poor but also those with the ability to pay. However, since that forgiveness policy is still in place, the increase in revenue is largely a result from stopping leakage and increased demand in services.

Staff turnover impacted project implementation, as the capacity strengthening and training already provided needed to be repeated periodically. Considering the executive director's comments (from the Justinian hospital in Cap-Haitien) on mastering this tool, we see the value for capacity building and management of hospital staff. Indeed, the electronic registers have increased the management capacity of the hospital overall. The director mentioned during a site visit that he was able to review the data extracted from the electronic cash registers tool with the staff and use the information to determine whether the service delivery data matches with the financial information (e.g., number of patients who paid for specific services and the services rendered). Lastly, internet and electricity remain a challenge for the functioning of these registers, compounded with staff turnover.

Lessons Learned

- The installation of cash registers is a strong intervention for increasing transparency and accountability for health resources. It increases hospitals' autonomy and ability to optimally use their available resources while experiencing budget delays, and it reduces resource loss due to mismanagement and diversion. Additionally, by optimizing the use of available resources, hospitals can continue to provide more health services to vulnerable populations in need who may not otherwise have access.
- Mechanisms that assure proper service pricing (eliminating informal fees) enhance client confidence and build trust in the health system. Hospitals should use a single point of payment which protects both the hospital and the client.
- Since the available reports from the MSPP and MSH do not specifically address fraud, diversion of financial resources or confidence of clients, it is also clear that careful consideration of root causes of problems needs to be analyzed before solutions are designed. Operations research would be useful in this analysis.
- Communication and coordination amongst USAID, local partners and government authorities remain a key factor for the success of this activity. It is important to establish trust, create a space for mutual collaboration and understanding, and facilitate opportunities to reflect and adapt programming and approaches as needed.

