The “Republic of NGOs”: a Scoping Review of Mental Health Care Infrastructure and Foreign Assistance in Haiti After the 2010 Earthquake

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Background

- On January 10, 2010, a magnitude 7.0 earthquake occurred, with an epicenter lying 25 kilometers west of Port-au-Prince, Haiti’s capital (1).
- 3 million people affected by quake, 222,653 people dead, 310,928 wounded (1).
- 190,000 people suffered from symptoms of posttraumatic stress post-quake (1).
- Nongovernmental organizations (NGOs) raised $3 billion within one year of the quake (3).
- Haiti is called “the Republic of NGOs” with more aid per capita received than any nation (2)

Deaths	222,653
Buildings (schools, health facilities, etc.) damaged	33,770
Survivors experiencing homelessness	1.4 million
Survivors injured	350,000
Survivors who underwent amputation	Between 4,000 and 7,000
Mental health diagnoses of those with direct exposure to the quake	Depression (45%) Anxiety (36%) PTSD (19%)
(%) Secondary and tertiary hospitals severely damaged or completely destroyed	60%

Losses from the 2010 earthquake (1,4,5,6,7).

Purpose

- Examine the impact of aid after the 2010 earthquake on mental health care services and infrastructure in Haiti
- Explore future health implications of the aid and infrastructure development post-earthquake

Method: Literature Search

Searching Google Scholar, newspapers from around the globe, and other databases including *ProQuest Global Newsstream*, *Nexis Uni,* and the *NewsBank Access World News Research Collection*, I compiled literature that is relevant to mental health infrastructure and provision of care in Haiti. I used terms including:

- “Haiti,” “ekip sante,” “tremblement de terre,” “earthquake,” “mental health,” “Partners in Health,” “Zanmi Lasante”

I consulted publications from the *World Bank*, the *WHO*, and spoke with those who worked for the organizations Partners in Health and Zanmi Lasante that provided public healthcare in Haiti before, during, and after the 2010 earthquake.

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Results: NGO Model for Intervention

The “Theory of Change” model was used by NGOs and produced measurable advancements in mental health care provision, including:

- Guidance for preparation, identification, treatment, outcome, and impact of mental health trainings
- Task-sharing, or training individuals with no prior formal training in mental health and psychosocial services (MHPS)
- Trainings resulted in increases in knowledge and application of MHPS in Haiti within a year of the quake:

Training location	Training dates	Pre test (percentage of correct answers)	Post test (percentage of correct answers)	Improvement (in percentage compared to baseline)
Martissant	11–14 January 2011	45	59	31
Petit Goave	25–28 January 2011	40	50	25
Gonaives	8–11 February 2011	39	56	43.6
Jacmel	22–25 February 2011	57.6	58.8	2.1
Cap Haitien	28 February – 4 March 2011	40.2	60.8	51.2
Forte Liberte	28 February – 4 March 2011	42.4	63.5	49.8

Community level workers’ (%) increase in knowledge about mental health care	33.8
Primary health care workers’ (%) increase in knowledge about mental health care	29.7

Increase in MHPS community health worker knowledge in 2011 (1).

Results: NGO Mental Health Care Strategies

NGO strategies for providing mental health care post-quake can be categorized into 7 strategies (1,10, 8):

•Short-term direct care for mental health problems
•Organization of child-friendly spaces
•Individual and group psychological support
•Recreational activities for beneficiaries
•Advocacy for mental health issues
•Foreign Field Hospitals offering physical and mental care
•Task-sharing and training to deliver mental health care

Results: Barriers to Progress

Many limiting factors were found that kept Haiti from achieving significant and long-lasting change. Some are listed below:

- Too few / untrained mental health providers
- Inconsistent diagnosis and matching treatment to needs
- Lack of collaboration or coordination between providers
- Limited integration of local beliefs and practices
- Staffing rural health clinics
- “Brain Drain”
- Physical infrastructure (ex: unpaved or unusable roads)
- Lack of human rights monitoring systems
- Corruption
- Organizations providing aid, not teaching skills
- Project abandonment
- Environmental hazards (ex: Hurricane Matthew, 2021 earthquake)
- Other health crises (ex: cholera outbreak)

Results: Outcomes from Intervention

Improvements in infrastructure from NGO intervention post-quake (1,8,10,11,12,13,14):

Hospital beds available immediately	5,000
Foreign Field Hospital beds added	3,000 +
NGOs active in mental health efforts	100
Pledged homes to be rebuilt (2010-2013)	15,000
Homes actually rebuilt (2010-2013)	900

	Before the Earthquake	**After the earthquake**	**Post-Aid**
Mental health workers per 100,000 population	.70 in 2010	0.48 in 2014	1.21 in 2017 2.08 in 2020
Public hospitals specializing in mental health care	•Mars and Kline •Défilé de Beudet	•Mars and Kline (damaged) •Defile de Beudet (damaged) •FFH temporary •Triage tents	•Mars and Kline •Défilée de Beudet •Hôpital Universitaire de Mirebalais
National budget health allocation (%)	Public health 16.6 Mental health <1	Public health 4.4 Mental health <1	Public health 3.9 Mental health = 1.62 in 2017

Results: Reactions to International Response

- “The system as it is guarantees its failure… Haiti never develops and remains dependent on charities” – Laura Zenotti, political scientist at Virginia Tech University (14).
- ”While much has been promised, little has been effectively delivered” *Boston Review*, January 16, 2014 (15).
- “A classic case of giving a man a fish instead of teaching him to fish” *Le National,* July 28, 2021 (16).

Conclusion

Global responses from NGOs, humanitarian workers, and government initiatives provided millions of Haitians with care and support post-quake.

Despite these efforts, an overview of mental health care infrastructure in Haiti today shows the significant remaining needs for development of public sector mental health care services and infrastructure.

Addressing existing barriers to progress remain a challenge for sustainable, long-term development.

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