Executive Summary
In Haiti, poor and low-income families have virtually no options to seek high-quality, affordable primary care services. Thus, Care 2 Communities (C2C) has developed a public-private partnership (PPP) with the Haitian Ministry of Health to rehabilitate the government’s community clinic network. The model leverages the existing resources of the government and rehabilitates the operational systems that are necessary for high-quality primary care. As a result, C2C’s prices are on average 15 percent lower than government prices while the quality is approximately 30 percent higher than the baseline government quality rankings.

Website
care2communities.org
Innovator Profile

THE STORY BEHIND CARE 2 COMMUNITIES

C2C was founded to address one of the most pressing issues facing the planet: the lack of access to high-quality primary healthcare. Without access to care sick people cannot attend school; they cannot be economically productive; they cannot engage in family and civic life; they cannot raise children or care for the elderly. Millions of people suffer from preventable disease and disability — all for lack of a functional, reliable, well-resourced health clinic.

C2C knew that a high-quality community clinic had the potential to transform families and communities. Founded in 2009, C2C’s early years were dedicated to solving the infrastructure and resource challenges of healthcare delivery in Haiti. With their partners and patients, they learned about the persistent challenges of supply chain maintenance, human resources for health, and financial sustainability. Today, C2C clinics are “one-stop-shop” community clinics that offer consultation with a physician, a fully-stocked pharmacy, and a diagnostic lab on-site. C2C clinics operate as social enterprises – driven by the belief that long-term health impact is undergirded by confronting the very real challenges of financial solvency. The C2C network of community clinics is expanding rapidly across northern through a new Public/Private Partnership with the Haitian Ministry of Health. In this model, C2C upgrades existing Ministry clinics and sets them up to function a community business, managed by local staff and clinicians, working within the larger healthcare ecosystem to demonstrate that access to basic care, prevention education, and community support can be transformative and can save lives.

CHALLENGE

In Haiti, poor and low-income families have virtually no options to seek high-quality, affordable primary care services. The health services market is dominated by low-quality public clinics, high-cost private clinics, and siloed and fragmented aid interventions. The WHO estimates that 91 percent of Haitians live within 5km of health facility, but only 23 percent – including just 5 percent of the rural population – have access to high-quality primary care. The Ministry of Health’s national network of community clinics is urgently under-resourced. Hundreds of government clinics across Haiti have no management, quality, or supply chain support and no clinical or operational oversight. C2C has developed a public-private partnership (PPP) to rehabilitate these public clinics across the country, working with the Ministry of Health to ensure high-quality primary care services for vulnerable people and families.
SOLUTION

C2C has developed a public-private partnership (PPP) with the Haitian Ministry of Health to rehabilitate the government’s community clinic network. They have launched their model in the northern region of Haiti and currently have four operational clinic sites serving a catchment area of over 225,000 people. C2C's model leverages the existing resources of the government (the clinic building, existing staff on the government payroll) and rehabilitates the operational systems that are necessary for high-quality primary care: inventory and supply chain, financial management, HR, technology and medical records, staff training, and community health and education. C2C's model reduces the cost to the consumer (prices are, on average 15 percent lower than government prices), and increases quality (approximately 30 percent higher than baseline government quality rankings).

OPERATING AND BUSINESS MODEL

C2C operates through a business-to-consumer business model. C2C has a network of six community clinics which offer full-service primary care to 5-6,000 patients annually at each site. Clinics are staffed by local physicians, nurses, lab technicians, CHWs, etc. C2C has centralized network management functions at a Cap Haitian “hub.” Financial and facilities management are centralized, along with HR, the EMR system, quality assurance, and inventory and procurement. Patients can seek care at C2C community clinics five days per week, Monday-Friday, 8am to 3pm. Their one-stop shop model offers physician consultant and on-site labs and pharmacy. C2C clinics are approaching financial sustainability, recouping over 90 percent of unit operating expenses. C2C is confident that this model can be scaled across Haiti - starting with the northern region and then, beginning in 2020, expanding to other regions. The model is scalable because they are leveraging and optimizing the existing resources of the Haitian government, rehabilitating the flagging public system, and demonstrating that government clinics can offer exceptionally high-quality care through business model innovation and clinical excellence.

C2C generates revenue through patient fees. At each C2C clinic site, patients pay “a la carte” for a consultation with a physician and quality-assured lab tests and pharmaceuticals. When C2C takes over management of a Ministry of Health clinic they have, on average, lowered pricing to patients by 15 percent. That means that C2C increases quality dramatically and patients are paying less for it. They are very careful to ensure that their prices are accessible to poor and low-
income patients; they monitor the market to ensure that C2C pricing is on par or more favorable and they use the Progress Out of Poverty Index to ensure that they are reaching poor and low-income customers. In addition, C2C conducts extensive qualitative and patient satisfaction research to ensure that their services are patient-centric and responsive.

**IMPACT**

(1) Patient Volume (output) and demographic breakdown therein - This is important to C2C’s organization because they want to ensure that they are partnering with the government strategically, at clinic locations that reach the most people with the most need for primary care. Patient volume growth shows that C2C is reaching increasing numbers of clients, that clients have confidence in their services and are choosing C2C. Their clients are over 30 percent pediatric and 70 percent female.

(2) Cost Recovery (outcome) - This is important to C2C because their model posits that many aspects of the existing government system can be optimized. The careful balance between unit revenues and expenses, while maintaining high quality, is the challenge that their model tackles. Their PPP clinics have reached as high as 90 percent cost recovery with still only moderate volume and are trending toward 100 percent.

(3) Percent Successful Treatments (outcome) - For key diagnoses like typhoid, anemia, acute respiratory infection, etc., C2C supports patients with follow-up care and to track whether their health improves. This is important to the organization because C2C seeks to improve access and quality, but also the overall health of a community.

(4) Overall Unit Quality (output) - This is the government’s own composite quality measurement system that looks as facility assets, service delivery competencies, and management capacity. This metric allows C2C to verify that they have measurably improved the quality of a facility after transitioning it to the PPP model and sets the bar high for maintaining quality.

(5) Percent Patient Follow-Up (outcome) – C2C assigns CHWs to patients who need a scheduled to follow-up so that they can actively improve health-seeking behaviors. This is important to them because normative follow-up behaviors are very low in poor communities and, in order to improve health, C2C needs to work on both the supply side and demand side.