

Private Sector Engagement and the National Plan for the Elimination of Cholera in Haiti

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Abstract

Water, sanitation and hygiene (WASH) has become an international development priority. In the Western hemisphere, Haiti has the lowest rates of access to improved water supply and sanitation facilities. Ten months after a devastating earthquake in January 2010, a cholera epidemic unexpectedly struck the country. As a direct response, in 2012 Haiti, along with the Dominican Republic and other international actors, adopted the *National Plan for the Elimination of Cholera in Haiti 2013-2022*. Using a neo-institutional framework this paper traces the process through which the National Plan was adopted and its implementation since 2013. Given the Haitian state's limited institutional and financial ability to achieve the objectives set out in the National Plan, this paper focuses on the role of the private sector. Based on the key concept of path dependency, this paper uses a normative approach in addressing how the private sector could be further engaged to help improve WASH service provision in Haiti.

Key words: Haiti; WASH; National Plan; cholera; private sector; neo-institutionalism

Section 1: Introduction and Methodology

Introduction

The UN considers the lack of safe water, sanitation and hygiene as one of the world's most urgent public health issues (United Nations 2010). The world is currently in a water crisis – globally over 2.6 billion people lack access to basic sanitation and more than 900 million people lack access to a safe water supply (World Health Organization 2015). As causes of the global water crisis remain complex, the international community has collectively attempted to address this issue through the creation of the sixth Sustainable Development Goal (SDG) of ensuring availability and sustainable management of water and sanitation for all. Water, sanitation and hygiene (WASH) has become an international development priority and actors have signed on to multiple policies and programs with the aim of promoting equitable access to drinking water and sanitation, have deployed technical experts in the field, and/or have donated to infrastructure support and development (PAHO 2011; Varma et al. 2008).

In the Western hemisphere, Haiti has the lowest rates of access to improved water supply and sanitation facilities (Stao 2017). Prior to the catastrophic 7.3 magnitude earthquake that further devastated a struggling country in January 2010, the WASH sector was given a low priority for a variety of reasons. Historically, construction of drinking water supply and sanitation infrastructure favoured cheap technologies and was plagued with little consolidation and maintenance programs (Government of Haiti 2010a). Water and sanitation services were and continue to be poorly managed, proper sewage collection and treatment systems have been quasi-existent, and solid waste collection and disposals have been very inconsistent. The World Health Organization (WHO) and Physicians for Haiti have indicated that between 1995 and 2010, Haiti

was the only country in the world in which access to improved sanitation facilities had significantly decreased from the preceding decade (Stao 2017; Haiti Grassroots Watch 2013).

For greater context on Haiti's demographics, the country is a mountainous part of the island of Hispaniola in the Caribbean. It spans over 27,500 km² and the current estimated population is roughly 11.3 million people (Worldometers 2019). It is composed of 10 departments and approximately 140 communes.

Figure 1 – Map of Haiti's Departments



The overall response to the earthquake was one of the biggest humanitarian efforts mounted to date. However, ten months after the earthquake, a cholera epidemic unexpectedly struck the country. On 21 October 2010, the Ministry of Public Health and Population (MSPP) reported a cholera epidemic caused by the *Vibrio cholera* bacterial strain (Government of Haiti 2013). Two years later, the Haitian government adopted the *National Plan for the Elimination of Cholera in Haiti 2013-2022* (henceforth the “National Plan”). This paper analyses Haiti's National Plan, its

implementation to date and how the private sector could be further engaged to help the (re)build of Haiti's WASH sector. The National Plan was chosen as the key policy document of analysis because the cholera epidemic is considered to be one of the major catalysts for the renewed interest in Haiti's WASH sector. Additionally, as 2018 marked the midway point of the National Plan, now is considered an excellent time to review what processes led to its development, review the objectives that were established, analyze the objectives that have been accomplished and assess the prospects of accomplishing their end goals.

Research Questions and Significance

Although analyzing the National Plan is important on its own, my research will be significant for several reasons. At the macro level, investing in the WASH sector as a health initiative is integral for the realization of multiple SDGs outcomes. Efforts are needed to address populations at high risk of death and disease due to inadequate WASH services, which threatens human capital and economic development (World Bank Group 2017b). The essential inputs provided by the WASH sector, in terms of health promotion and service provision, have multiple impacts on other correlated development priorities such as education, health and gender equality (Mills & Cummings 2014). My research aims to fill a research gap by analyzing the interactions between the private sector and the Haitian state in order to improve WASH service provision in the country. Given that necessary increases in investments measures are needed to meet both the SDGs and the outcomes of the National Plan appear beyond what the Haitian state can provide, private investments will become increasingly important. As such, this paper explores a path beyond polarized debates for and against private sector engagement in the WASH sector delivery in Haiti.

This major research paper will explore the following questions:

1. What institutional processes led to the adoption of the *National Plan of Action for the Elimination of Cholera in Haiti 2013-2022*, particularly its call to action for including domestic private sector providers (and civil society)?
2. What have been the outcomes since its adoption as well as broader WASH sector reform outcomes for the population?
3. What risks may be involved with increased private sector engagement in Haiti's WASH sector? What regulatory measures can the state enforce to minimize and maximize public benefits?

Research Design and Methodology

My research aims to address reform efforts in the WASH sector through the analysis of Haiti's *National Plan for the Elimination of Cholera 2013-2022* and attempts to address why and how to engage the service provision of alternative development actors. Both qualitative and quantitative techniques were used to complete this research. The qualitative approach consisted of desk research of key documents and reports found online such as the National Plan, the Plan for National Recovery and Development in Haiti and the Post Disaster Needs Assessment. Document analysis enabled a better process mapping of key events of interest to my research. This method also helped identify key decisions that may have helped influence the outcome of certain events and identified possible causal relationships between institutional interactions and program/policy outcomes. The quantitative approach relied on secondary data from reputable sources reporting WASH sector statistics.

A three-pronged approach was used to analyze the key documents that played a role in the drafting and implementation processes of the National Plan as well as investigate the key actors involved and/or omitted from the process. In the third section of this paper, I traced the

processes that led to the creation and adoption of the National Plan. In the fourth section, I outline the National Plan's implementation process through an analysis of important WASH sector reform outcomes for two different time periods: 2013 to 2014 and 2015 to 2018. That analysis highlighted major projects that were created because of objectives set forth in the National Plan as well as empirical evidence of WASH sector activities from the private sector. I used data from events that took place in those chosen time periods to inform a discussion on broader private sector engagement and service provision in the WASH sector. The final section of my major research project presented an assessment and overview of the prospects for sustainable change in the WASH sector created by the private sector and provided better context for the current and future landscape of the WASH sector in Haiti. Despite best intentions, I was unable to conduct field research in Haiti. Moreover, I encountered difficulties accessing publically available information on private sector involvement in the discussions that led to the creation of the National Plan and broader reform efforts. I compensated for these difficulties by relying heavily on secondary data and sources.

Section 2: Literature Review and Theoretical Framework

Literature Review

WASH Governance and the Private Sector in Haiti

An important issue for Haiti's WASH sector is the consolidation of authority over water governance. In the country four different government ministries have an active role in the sector. The Direction Nationale d'Eau Potable et d'Assainissement (DINEPA) is tasked with re-establishing water distribution in the country and it was established in March 2009 as a response to the shortcomings of Haiti's previous water and sanitation department, Service National d'Eau Potable (SNEP). Institutional consistency problems arise as the Ministère de l'Agriculture, des Ressources Naturelles et du Développement Rural (MARNDR), the Ministère de l'Éducation Nationale et de la Formation Professionnelle (MENFP), and the Ministère de la Santé Publique et de la Population (MSPP) also have differing mandates, budgets and reach in regards to the WASH sector. The rise of the WASH cluster system in Haiti after the earthquake responded to the government's admitted inability to fund, prioritize and provide WASH services. The cluster approach is intended to streamline service provision and avoid service duplication as organizations are assigned to geographical areas based on tailored targets and achievements, which inevitably increases service effectiveness (O'Connor et al. 2014). Yet in a context where an estimated 80 percent of the country's social services are provided by non-governmental organizations or private enterprises (Dupuy 2010), the effectiveness of the cluster system and reach of related public-private partnerships (PPPs) continue to provoke intense debates.

In connection to SDG six and 17 (strengthening the means of implementation and revitalizing the global partnership for sustainable development), the international community has acknowledged that nontraditional development actors and the private sector will have to play an

increased role in the realization of development efforts. Since developing countries often face issues of financial viability, different approaches to contracting in health systems are common. As a result of the growing need for new funding sources and the inevitability of private sector participation in development initiatives, the WASH sector has seen a marked rise in the popularity of PPPs and in the reliance on corporate donors (Black & O'Bright 2016). Some research points to the inappropriateness of the increased privatization of perceived public goods because of concerns about the motives of for-profit enterprises and their potential negative impact. My research acknowledges and discusses these concerns however ultimately focuses on literature that has highlighted the potential successfulness of privatization and private partnerships in the Haitian context. Research shows that there is no consensus on a formula for how to construct universally applicable service provision guidelines and therefore best practices that work in particular country context may not be suitable or fully appropriate in others (Stoa 2017). For this reason, this paper presents increased privatization as a viable alternative for Haiti's current WASH sector as the status quo cannot be sustained long term.

Questions about water governance in Haiti include perspectives on capacity building. The literature emphasizes how the challenge of political stability in a country may hinder the level to which a strong public health workforce can be trained (Gordon et al 2017; Sheller et al. 2013). Although my research does not focus specifically on aspects of political stability, it does attempt to address the various ways in which national administrative agencies require increased capacity to function better in the WASH sector. WASH concerns in connection to the targets of the National Plan include whether national institutions already set in place are authorized and able to respond to the changing sociocultural climate in the country and to deliver on their new

regulatory roles. My research also looks to emphasize how community and private sector participation and ownership in infrastructure maintenance and development can help Haitians (re)build the WASH sector.

Cholera and the WASH Sector in Haiti

Cholera is an intestinal infection that can quickly lead to severe dehydration and death. It is spread through the contamination of food or water and by human waste. The first concentration of cases in Haiti appeared in 2010, however the outbreak was surprising because despite the cholera epidemic in Latin America and the Caribbean in the 1990s, the two countries of Hispaniola (the Dominican Republic and Haiti) had not reported a cholera epidemic prior to the October outbreak (Government of Haiti 2012). That epidemic in the 1990s was ultimately controlled after eight years of intense international public health efforts and massive investments in infrastructure, water supply, and sanitation in the region (Government of Haiti 2012). Cholera was inadvertently introduced into Haiti's longest river through the improper disposal of untreated sewage from a United Nations peacekeeping base in Mirebalais in the Central Plateau from troops who were redeployed from Nepal to help with the emergency work following the earthquake (Guillaume et al. 2018). The beginning of the epidemic in Haiti was fast spreading and catastrophic. The infection spread rapidly across the country and the geographic areas with the densest populations, metropolitan area of Port-au-Prince, the Western department and the Artibonite department, regularly reported more cases than others (Koski-Karell et al. 2016). Determining the origin and the means of spread of cholera epidemic in Haiti was essential in order to direct the cholera response. This topic is highly sensitive for a number of reasons. In Haiti and abroad there has been extensive debates about the UN's involvement in the introduction and spread of the disease on the island and their subsequent accountability, or lack thereof. Additionally blame for the spread, lack of containment and exasperation of a weak

WASH infrastructure has been pushed onto the UN, the chaotic arrangement of international agencies and nongovernmental organizations as well as the Haitian state by a variety of actors. Haitian residents have even gone as far as petitioning the US Supreme Court to hold the UN accountable for having brought the disease to the country. Given its complexity and sensitivity, my research will not specifically address this debate as it is considered outside the scope of the abovementioned research questions.

A year after the earthquake, then Haitian president Michel Joseph Martelly and the then president of the Dominican Republic Lionel Fernandez committed to launch an appeal to mobilize major investments in water supply and sanitation with the aim of eliminating cholera from the island of Hispaniola. By January of 2013 there was a fatality rate of 1.2% for all reported cholera cases in the country, which at the time represented the largest epidemic ever recorded in a single country in the world (Government of Haiti 2012). In February 2013, the MSPP and the DINEPA officially launched the *National Plan for the Elimination of Cholera in Haiti 2013-2022* in collaboration with UNICEF, the CDC, and the WHO-PAHO.

The MSPP reported 816,066 suspected cholera cases and 9,748 cholera related deaths between October 2010 and 30 December 2017 (Rebaudet et al. 2018). Talking to Haiti Grassroots Watch, Edwige Petit, the head of DINEPA, stated that less than 30 percent of the Haitian population currently has access to basic sanitation services in comparison to 92 to 98 percent in neighbouring countries (Haitian Grassroots Watch 2013). An essential part of the National Plan was the earmarked financing for sanitation systems nationwide. Issues of funding and sources of revenue remains as the sector's budgetary needs and the country's financial

situation still do not align. One for the main lessons learned from the earthquake and the response to the cholera epidemic is the necessity to strengthen the DINEPA and the MSPP, among other government ministries. This is needed not only to coordinate the large number of partners that work in intertwined WASH sector, but also to establish a strategy for the reorientation of funds available in the system and to advance the integral role of the private sector in information management and dissemination in connection to the National Plan objectives, project coordination and wider sector governance.

Engaging Alternative Actors

State Actors

The omnipresent international presence in Haiti has and continues to raise numerous practical issues for the country. A major debate in the WASH sector is the structural effects and impacts of services being state funded or subsidized juxtaposed to opinions of private sector inclusion and provision. Haiti's WASH system is comprised of the public sector, the for-profit private sector, the mixed nonprofit sector and the traditional sector (Government of Haiti 2012). The for-profit private sector is concentrated in urban areas such as the country's capital Port-au-Prince, where most professionals work. Private facilities such as clinics, laboratories and pharmacies sometimes operate without restrictions and may not participate in either national or regional health programs. At the time of the adoption of the National Plan, the private sector represented 32.5 percent of health infrastructure in Haiti (Government of Haiti 2012). The mixed nonprofit sector is made up of health care institutions of the MSPP and facilities managed by the private sector, nongovernmental organizations, or charity organizations. Strong evidence based arguments have been put forward to suggest that a funding gap does exist in fragile and conflict affected states (FCAS) partly because of donor fatigue (Black & O'Bright 2016; Gensch 2014; Gelting et al. 2013; Varma et al. 2008). In respect to the traditional sector, traditional medicine,

which is largely accepted regardless of social class or religious affiliation, is practiced by a variety of healers. It was estimated that roughly 80 percent of the population has access to traditional medicine, a large portion of which live in rural areas and need to travel over 15 kilometers from the nearest health center (Government of Canada 2012).

A foundational argument for supporters of state provision/free services is based on a rights based approach that every person is entitled to the right to their basic necessities or the belief that it is the state's duty to provide the related goods and services for these basic necessities (Katz 2013; Center for Human Rights and Global Justice (2010). In Haiti, at least \$4.8 billion USD was given to the country between 1998 and 2008 by donor countries (Katz 2013). Following the earthquake an additional \$8.4 billion USD, debt relief excluded, was committed to the country by roughly 55 nations and organizations over ten years; 4.6 billion of which was pledged for the 2010-2011 calendar year alone (Katz 2013). The question of whether the call for free services (from state and nongovernmental actors) may be reinforcing dependence in post-earthquake Haiti cannot be overlooked. Historically there have been challenges to attempting to completely or partially remove user fees in low-income countries and Haiti does not have any empirical evidence to suggest otherwise (Stoa 2017; Black & O'Bright 2016).

The Private Sector

Haiti failed to meet target 7c of the 2015 Millennium Development Goal of halving the proportion of the population without sustainable access to safe drinking water and basic sanitation (World Bank Group 2017b). Since then access to improved drinking water sources have been on a continuous decline or have remained stagnant. Although the question of why

donor countries or recipient countries donate or accept aid is important, my research turns the focus on how the private sector can be enticed to help. In opposition to state funded/free goods and services, there has been great debate about the privatization of said goods and services. A core argument for supporters of private sector involvement is the assumption of potentially weak public health infrastructure where a large need exists and is not met. Critics point to the fact that many ministries of finance in FCAS often play a weak role in sufficiently mobilization and allocating funds where they are needed in the WASH sector (Gensch et al. 2014). Additionally, it is believed that the private sector may contain better human resources, capital and expertise to address certain development issues. Specifically, in the Haitian context (e.g. the MSPP) supporters of private sector involvement often point to a lack of state motivation, leadership, capacity and resources to implement coordination on the ground. As WASH relief efforts are usually not self-contained, stand-alone interventions and relief actors inevitably need to consider longer-term local development in order to achieve universal access to drinking water, sanitation and hygiene services (Black & O'Bright 2016).

Historically, Haiti has seen a plethora of development and aid actors that have not always worked in a cohesive manner. Since before the Duvalier presidency eras, foreign governments have resisted giving money or power to national authorities in Haiti, and have instead funded INGOs and private contractors (Katz 2013; Edmonds 2012). A multitude of actors in the WASH cluster have produced projects and programs that are not always aligned with national priorities or local needs and additionally have resulted in great diversity of outcomes on the ground (Gelting et al. 2013; Varma et al. 2008). It must be acknowledged that the recovery and reconstruction efforts following the earthquake by both the Haitian government and the

international community were and continue to be a challenge because of the vulnerability that existed in the country prior to the disaster. Haiti's reconstruction efforts are unique as policymakers, researchers, and scholars have all pointed to the fact that the state has historically been able to rely upon few sources of internal revenue (Zanotti 2010).

The World Economic Forum has previously stated that Haiti possesses the economic fundamentals to experience sustained growth (World Economic Forum 2011). After the earthquake, the private sector played an integral role in supporting humanitarian assistance and an equally important role in helping an accelerated economic trajectory. The national and international private sector is essential for Haiti's long-term development, creating jobs, making infrastructure and breaking the country's dependency on aid. My research will include a discussion on the prospects of viable business models to provide and sustain WASH services in the country as well as leveraging private sector contributions and framing mutually beneficial mechanisms for private sector WASH organizations to engage at global policy levels in ways that support the country's plans and objectives outlined in the National Plan (Mason et al. 2015).

International businesses have actively engaged in beneficial partnerships designed to help grow Haiti's economy. Although Haiti's infrastructure needs and access to finances in the WASH sector remains a major impediment for private sector development, profitable investment opportunities still exist today. The long-term economic vitality of Haiti depends on the engagement of a range of stakeholders and the private sector is an essential contributor to this development (World Economic Forum 2011). With the support of international donors, Haiti's Private Sector Economic Forum (PSEF) identified growth hubs around the country in order to diversify and decentralize economic activity. My research discusses key lessons about the

possibilities for long-term commitment from the private sector in the WASH sector, since the adoption of the National Plan in 2012.

Theoretical Framework

My research will be situated within a neo-institutionalist theoretical framework. It will be used in conjunction with a process tracing methodology in order to uncover the changes that affected the development of the National Plan, the implementation of policies and strategies, and the prospective role the private sector can employ towards the outcomes of said practices in Haiti's WASH sector.

As a direct result of the perception of local incompetence or ineptitude, development responses from the international community have almost always focused on top down approaches in Haiti. Haitian historian Eddy Lucien has written extensively on how Haiti's has seen the consequences of neo-liberal policies and how foreign occupation accelerated the process of centralization and urbanization in Haiti without the promised modernization (Schuller 2016). Without denying these historical and structural factors, neo-institutionalism differs by trying to understand the formal and informal institutional processes that govern collective action (Hassoun 2014). Although development cannot occur without institutions, understanding how to transform dysfunctional institutions has proven quite difficult. New institutional economist Douglas North believes this theory is attractive as it suggests that important determinants of a given country's development prospects are within a county's control (Prado & Trebilcock 2009). This ultimately suggest that governments should not consider themselves captive to intense factors such as colonial history, natural resources, geography or even the international economic order. Haiti has struggled with underdevelopment, imperialism and intense internal conflict and division, which have ultimately ruptured many Haitian state and non-state formal and informal institutions. Since

these institutions are often experienced unevenly in the Haitian context (e.g. urban vs. rural or male vs. female), ensuring effective institutions is essential for universal economic and social development.

My research used tenets of neo-institutionalism to bring to the forefront how private sector involvement in spaces traditionally occupied by the state can bring about positive, sustainable change. First, neo-institutionalism guided the analysis for what roles institutions (and their subsequent power relations) could play in providing inclusive social and economic outcomes to policies and programs in order for a more self-reliant and sufficient Haitian WASH sector. For the purpose of this paper, institutions are considered all political, economic and social bodies that make, administer, enforce or adjudicate information or formal laws and policies. A core component of this theory is the deeply embedded nature of organizations and institutions in their social and political environments and how they are often reflections of or reactions to already established societal behaviour (Hassoun 2014). Institutions are important because they create the framework for incentives for behavioural change leading to an array of outcomes. For neo-institutionalists, background on key institutions is important in identifying how normative actors shape administrative and practical realities and processes (Hassoun 2014). This feeds into the second core concept of this framework that I used in path dependency, where current and future actions or decisions depend on the path of previous actions or decisions.

Path dependency helps explain a possible tendency for past and/or traditional practices or preferences to persist or be repeated even if other alternatives are available. It helps better explain why and how a set of decisions for any one circumstance or event can be limited by

decisions that have been previously made even if those past circumstances or events are no longer relevant. For the purpose of this research, path dependency can be explained through a tiered process. To start, any specific event or choice is considered the dependent variable as the outcome of that event or choice is heavily influenced by other factors. The two main factors that act as independent variables are labelled feedback effects/mechanisms and switching costs. Path dependency in social and economic processes has gained increased attention in how it can be applied to understanding institutional development (Dobusler & Schubler 2012). Simply stated, feedback effects can be described as variables or indicators that are triggered off of the outputs of an organization or broader system network, which leads to a cause and effect relationship with the inputs of that said organization or system. Based on the positive or negative effect, feedback effects decide whether an organization or system should continue performing a specific function. Ultimately, organizations learn from directly and indirectly observing the behavior of others and often attempt to imitate successful behavior because of normative pressures (Dobusler & Schubler 2012). On the other hand, switching costs are defined as any cost, positive or negative, that someone (or something in the case of institutions) incurs when deciding to alter the status quo. When applied to institutions, path dependence describes how the reinforcement of certain arrangements over time raises the cost of changing them and thus can explain why they are difficult to change (Prado & Trebilcock 2009). The most common switching costs are monetary in value however for the purposes of this research can also include vested interests by stakeholders, the scarcity of human resources required to proceed with any particular event or choice and any embedded cultural/societal reference or practices (Prado & Trebilcock 2009). Based on the information synthesized above, the outcome of any event or choice is the result of the scale and severity of the feedback effects and switching costs. Applying this framework to

the topic of this paper, the event in question is the Haitian state pursuing a shift to incorporating the private sector as a formal actor into the WASH sector. A number of feedback effects and switching costs are at play when contemplating that choice at hand, which will be further discussed in the following sections.

An area of research that this theoretical framework helped develop is the limiting role of financial resource constraints on policy implementation (Gómez 2012). This was essential for my research as I addressed how the private sector could be engaged in the (re)build of Haiti's WASH sector through the use of the National Plan. Presently, the Haitian governments, along with other agencies and actors are not be able to adequately sustain (institutionally and financially) their existing policies and/or create new ones and are often forced to adopt unpopular measures (Gómez 2012). This theory ultimately helped in addressing the question of agency and regulation in regard to Haiti's national institutional fragmentation in the WASH sector and how additional private sector resources are needed in order to assess the prospects for success for the National Plan.

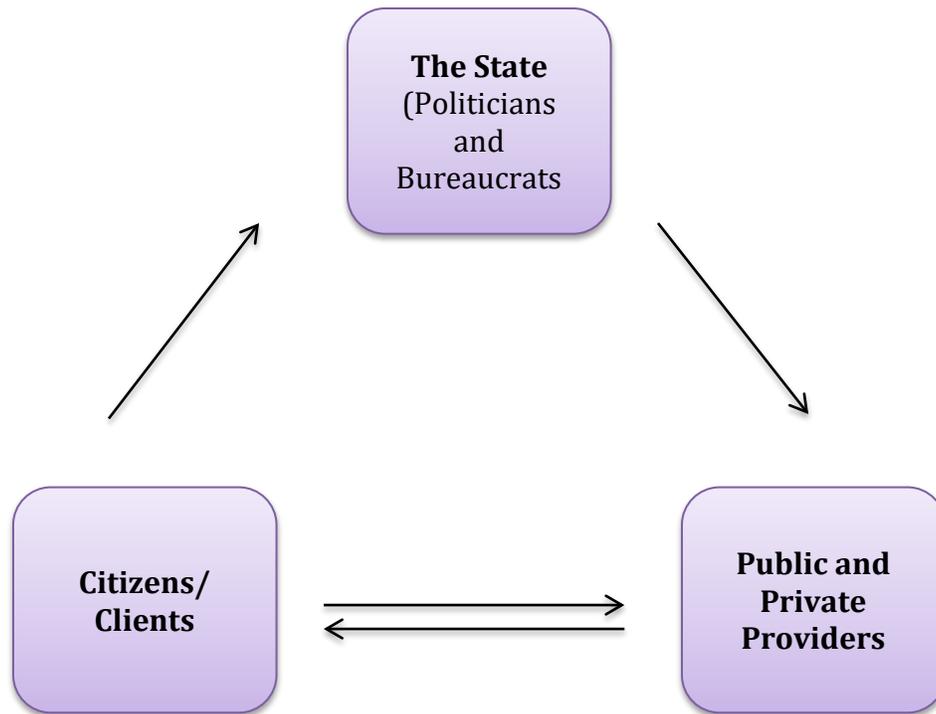
Figure 1 – WASH Sector Institutional Relationships

Figure 1 demonstrates a simplified depiction of the complex relationships in Haiti's WASH sector. The three major actors are the state, which encompasses politicians and policy makers, public and private service providers and most importantly citizens/clients and each actor plays an essential role in the relationship. The state is responsible for all regulation and formal governance in the sector and exercises this function onto the public and private service providers. The primary function of these providers is to deliver a choice of services to their users. As consumers, the Haitian citizens/clients play a dual role in this relationship where they can exercise agency by choosing which type of service provider to use (public or private) dependent on their needs and personal resources. On the other hand, a demand is created, which forces the state to perform its duties. Neo-institutionalist theory situates all three actors in the same environment without a hierarchy however dependent on array of outside factors (such as

perceived state capacity, service quality or client finances, etc.) one of these actors exert their influence disproportionately towards another. This theoretical framework focused my research by analyzing institutional change in how the Haitian private sector such as small and medium sized enterprises can be considered normal actors in the WASH sector. Any type of sustainable transformation and change in this field will be partially dependent on the perception of normativity of actors. For the topic at hand, this means that the private sector must be seen as a viable and appropriate option for service provision in order for the continued use by clients. Ultimately this theory helped ascertain which factors were most salient in influencing increased interactions with nontraditional development actors and how they could be further used for health promotion, cholera elimination, WASH sector reform and an increased presence of the private sector.

Section 3: Process Tracing of the National Plan

Pre-National Plan

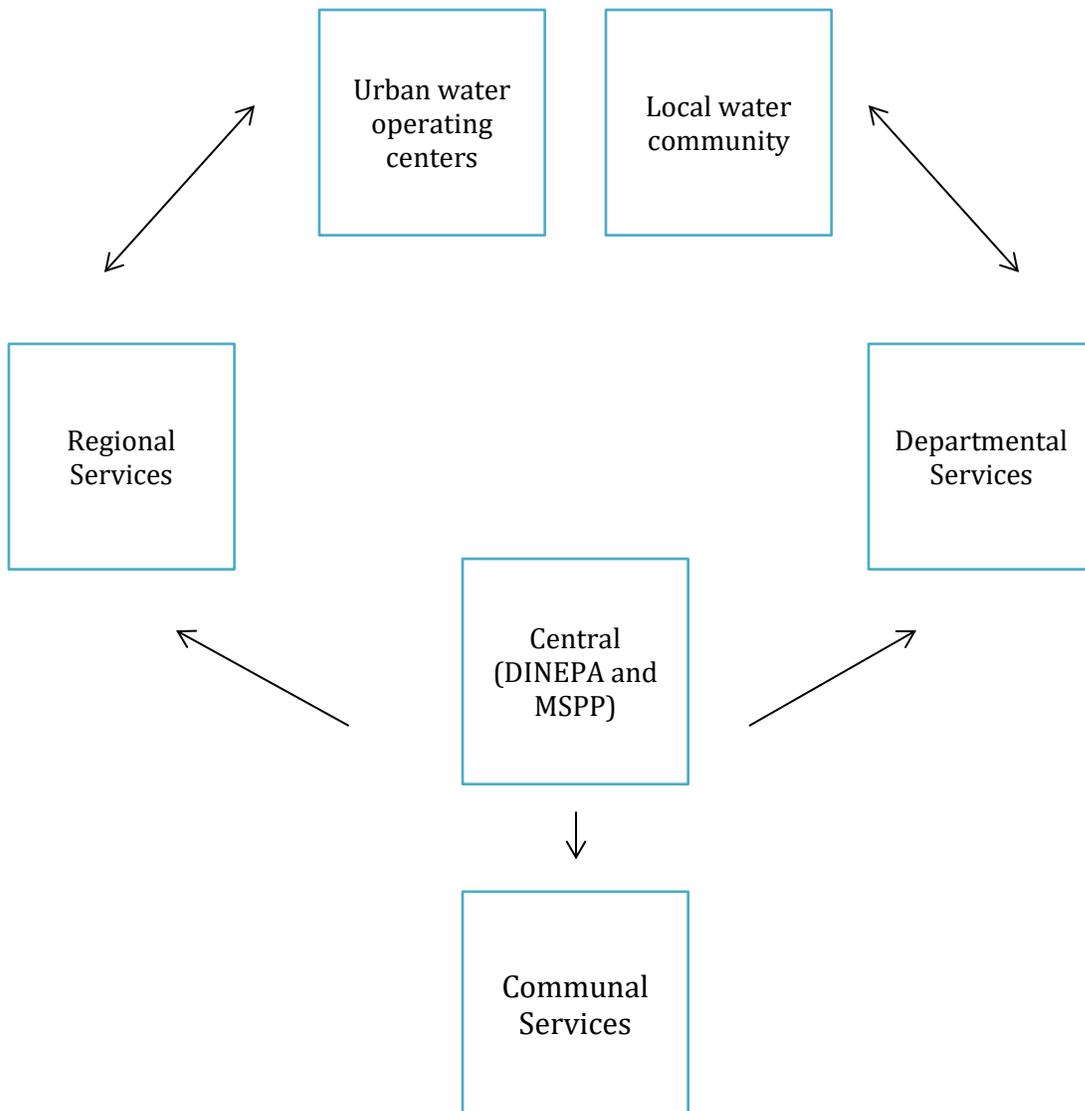
2009/2010

Haiti has a complex history with attempted WASH reform efforts. After years of inadequate support from the Autonomous Metropolitan Center for Drinking Water and the National Drinking Water Service, the government introduced new law in January 2009. The promulgation of the 2009 WASH sector Framework Law saw the cessation of the two organizations previously responsible for providing drinking water services and the creation on the DINEPA, which would now also be responsible for sanitation. This law was part of a WASH sector reform strategy that sought the reorganization and decentralization of the sector (Le Moniteur 2009). It sold the idea of decentralization by proposing the creation of regional water and sanitation companies, introducing public-private partnerships and advocating for the transfer of authority for water and sanitation to the municipal level once relevant agencies demonstrated the capacity to govern effectively (Varma et al. 2008). The main mission of the newly created DINEPA was threefold; the development of the potable water and sanitation sector at the national level, regulation of the sector and managing all actors within the sector (Le Moniteur 2009). Since then, DINEPA has been Haiti's WASH governance body, regulatory institution, executing agency and water supply and sanitation service provider (World Bank 2017).

A welcomed addition to the WASH sector since the adoption of the 2009 Framework Law was the creation of regional bureaus of water and sanitation (referred to as OREPAs – offices régionaux de l'eau potable et de l'assainissement), whose main duty is to support community based organizations running rural WASH systems projects. Figure 2 below depicts a

visualization of the perceived institutional landscape of the WASH sector after these new laws and practices came into force.

Figure 2: Institutional Structure of the Haitian WASH sector



It demonstrates the benefit of focusing on institutions that can be relatively easily detached from strong mutually reinforcing mechanisms to become relatively free standing. In

doing so, the Haitian government makes a commit to prioritizing a sequence of reforms beginning with certain essential items while still recognizing that further complementary reforms would be required in the future to reinforce those initial reforms. In this case incrementally delegating the authority and responsibilities of the DINEPA and the MSPP to other regional, departmental and communal services alleviates the pressure of fulfilling all reform items from the government while simultaneously engaging more appropriate actors at different levels in society for commit to reform action.

Even before the January 2010 earthquake, the WASH sector was severely underfinanced and coverage in the urban and rural areas were among the lowest in the world. Directly following the earthquake, the Haitian government released their Post Disaster Needs Assessment (PDNA) and the Plan for National Recovery and Development in Haiti. These documents focused on the needs of different sectors in society. They further outlined how the international community was expected to mobilize the financial resources and support required to reiterate the country's long term commitment in order to respond to emergency recovery and reconstruction efforts (Government of Haiti 2010a). The damage and losses in the country following the earthquake were estimated to be nearly \$8 billion USD (Government of Haiti 2010a). The PDNA reignited the provision of water and sanitation services as a new priority. Estimates for damage and losses in the WASH sector tallied roughly \$42.3 million USD (Government of Haiti 2010b). This number was divided among both the public and private sector with drinking water taking the greatest hit at \$34.2 million USD, followed by sanitation at \$15.3 million USD and then hygiene at \$1.8 million USD. Key tangible initiatives were outlined in the budget plan, which are further outlined in the annex. Of such, the progressive discontinuation of makeshift temporary services

to ensure a system of water supply and sanitation in the country using cheap and socially adapted technology was the most important (Government of Haiti 2010b). Moreover, the government expected targeted WASH services and programs to improve reporting on WASH outcomes. These included projected rates of 60 percent coverage of drinking water in metropolitan zones, 73 percent in other urban and rural areas, 58 percent sanitation coverage in metropolitan zones and 50 percent in other urban and rural areas (Government of Haiti 2010b).

On the second anniversary of the earthquake, the international community came together and decided it was time to put an end to the scourge of cholera through short term and long-term actions. On 11 January 2012, the then presidents of Haiti and the Dominican Republic joined with several health actors, launched an appeal to mobilize major investments in water supply and sanitation with the aim of eliminating cholera from the two countries (Government of Haiti 2012). On 9 October 2012, they recommitted to their initial call to action and by November of that year had committed to the draft version of the National Plan.

The National Plan

For years, the increased presence of NGOs and INGOs in the country attempting to work both with and without the DINEPA, MARNDR, MENFP and the MSPP in the WASH cluster meant the establishment of new programs, initiatives, and service deliveries in the sector. As a result, an influx of wells, chlorinated water systems and certain hygiene promotional advertisements (e.g. radio announcements) were thrust upon Haitian citizens (Gordon et al. 2017). Simultaneously, the private sector was increasingly used as Haitian citizens felt that their needs were not being met by government services.

As previously mentioned, the National Plan was chosen as the key policy document to analyze because the cholera epidemic is considered one of the major catalysts for the renewed interest in Haiti's WASH sector. As the spread of cholera and cholera related deaths continued to be an epidemic in the country, the National Plan aimed to bring about short-term, medium-terms and long-term WASH improvements for the future (Government of Haiti 2012). Its ultimate goal is to "eliminate cholera from the island of Hispaniola through technical and financial support from the internal community and bi-national coordination (Government of Haiti 2012, p. 40)." The state identified four strategic areas of focus: water and sanitation, health care management, epidemiology, and health promotion. The plan of action proposed to work towards building better health coverage, improving sanitary and hygiene facilities and increasing access to potable water as long-term solutions to eliminate cholera (Childs et al. 2016). The National Plan was to be implemented under the supervision of a high-level national steering committee composed of all social sector ministries as well as the Ministry of Finance. The government promised that the opinions of civil society, the specific needs of children, women and the handicapped were all to be addressed during the National Plan's implementation stages (Government of Haiti 2012). The National Plan called for independent professionals and the private sector to play an important role in the activities they identified. Within the framework of reform in the WASH sector, the National Plan suggests that the central government will gradually withdraw from operation functions and rely heavily on the expertise of other diverse actors to bring knowledge and investment capacity to the sector (Government of Haiti 2012).

The National Plan is comprised of three planning phases, short-term objectives from 2013 to 2014, medium-term objectives from 2015 to 2017 and long-term objectives from 2018 to

2022. The government identified a biological indicator for each stage of planning as well as expected results for specific health determinants. For the end of the short term planning period, the government aimed to have the annual cholera incidence rate in Haiti reduced from roughly 3% to less than or equal to 0.5 percent (Government of Haiti 2012). For the end of the medium term planning period, the government aimed to have the annual cholera incidence rate in Haiti to be reduced to less than or equal to 0.1 percent. Institutional management and supervisory capacity in the WASH sector are two focal points on this intervention period. The aim was to strengthen them to the extent that managing and mobilizing the necessary resources to develop the sector in order for it to reach coverage levels comparable to those of the Latin American and Caribbean countries was an achievable ask. By the end of the final planning stage, the government expects the annual cholera incidence rate in Haiti to be reduced to less than or equal to 0.01 percent (Government of Haiti 2012). The total cost for the implementation of the National Plan is estimated to be \$2,220,022,500 USD.

Although the National Plan has identified a number of goals and problems to resolve, the Haitian government established the following nine main objectives to be attained by 2022:

1. Increase access to potable water to at least 85% of the population;
2. Increase access to improved sanitary and hygiene facilities to at least 90% of the population;
3. Increase collection of solid waste in the metropolitan area of Port-au-Prince to 90% and in secondary cities to 80%;

4. Strengthen the public health system to facilitate access to health care services for 80% of the population by increasing the number of physicians and nurses per 100,000 population;
5. Strengthen epidemiological and laboratory surveillance for early detection of all cholera cases and other disease under surveillance. This will be achieved through an integrated surveillance system, better information, feedback, an information administration, and regulations for communications;
6. Ensure research on outbreaks and a response linked to surveillance activities;
7. Ensure a strong laboratory surveillance component to examine the possible serotypes and genotypes, as well as eventual changes in antimicrobial resistance among *Vibrio cholera* strains in Haiti;
8. Intensify education of the public about household hygiene and food hygiene to the extent that by 2022, 75% of the general population in Haiti will have knowledge of prevention measures for cholera and other diarrheal illnesses; and
9. Put in place an evaluation tool to measure the impact of activities related to cholera, water-borne diseases, and, more broadly, socioeconomic indicators such as absenteeism from schools and workplaces (Government of Haiti 2012, p. 40-41).

Operational implementation of the National Plan was to be supervised by a Technical Committee made up of officials from the DINEPA, MSPP and the Ministry of the Interior, as well as representatives from international and national agencies. Written into the Plan, an evaluation of the implementation efforts was to be undertaken in 2014, 2017, 2022 and an audit was to be conducted at the halfway point. As previously mentioned, at the onset of my research I

intended to do field work as I anticipated having difficulty accessing publically available data on Haiti's WASH sector and status updates on the National Plan. Unfortunately, as I was unable to conduct field research I have not been able to locate the 2014 or 2017 assessments online and according to my research those assessments were only shared with the different government departments involved. Although other progress reports, updates and research produced by a variety of actors were used to help further analyze the implementation process, the evaluations and audits would have provided better insight and feedback for a discussion at each intervention stage.

Private Sector Engagement

As previously mentioned my research attempts to bridge the knowledge gap on relations between the private sector and the state, by addressing how the private sector can be engaged in the rebuild of Haiti's WASH sector through the use of the National Plan. The National Plan has called for private partners to assume the management and operations of water systems in the country and has strongly encouraged the private sector to be involved in its implementation in order to diversity actors and bring knowledge and investment capacity to the sector (Government of Haiti 2012). Unfortunately, there has been very limited publically available information on the role of the private sector lobbying for any provisions in the Plan. This is unfortunate given the fact that the presidents of two countries, the Pan American Health Organization/World Health Organization (PAHO/WHO), United Nations Children's Fund (UNICEF), and the U.S. Centers for Disease Control and Prevention (CDC) have all been given tremendous credit for their efforts to mobilize major investments in the WASH sector.

The reality is that the private sector has become a relatively recent key provider of basic services in Haiti. A household survey conducted in December 2010 in Port-au-Prince, found that

47.6 percent of respondents reported using private kiosks, even in resource-limited areas, at levels which represented almost a doubling of private sector use since the outbreak (Patrick et al. 2017). The private sector has created a profitable urban water market where a few big companies dominate in the absence of sufficient public resources and investments, preexisting deficiencies in WASH and health infrastructure and the state's perceived lack of resources to operationalize its regulatory role. According to the 2012 *Enquête Mortalité, Morbidité et Utilisation des Services*, before the adoption of the National Plan, the percentage of Haitians who resorted to the private sector for drinking water increased from 10.9 to 25.8 percent between 2006 and 2012 (Institut Haïtien de l'Enfance 2012). In that study, "private sector" referred to bottled and bagged water, trucked water and treated water sold by private companies. In urban areas, this percentage was even higher: 57.1 percent in the Port-au-Prince metropolitan area in 2012, and 45.5 percent in the country's other cities (World Bank Group 2017a).

Section 4: The Implementation Process

The previous section outlined the main objectives of the National Plan and some of the institutional processes that led to its adoption. In sum the National Plan encouraged agencies, other donors, and the private sector to work collectively with the Haitian government to accelerate improvements to increase access to safe water and adequate sanitation by the year 2022. Although it is evident that a variety of international actors played a role the call to action and the original drafting of the National Plan, the input that private sector actors actually played in accordance with some of the objectives outlined is far less prominent. This is a disappointing gap as the National Plan is reliant on essential private sector involvement however did not appear to include the private sector in the drafting and negotiation of this document. Fundamental questions remain about the prospects of the National Plan. Is the National Plan realistic given Haiti's current institutional and financial capabilities? To what extent can Haiti's current institutional framework implement and enforce rules and regulations in the WASH sector? To what extent can the financial commitments outlined in the National Plan expect to be materialized? This chapter will outline outcomes of the National Plan since its adoption and reform efforts in the WASH sector, will discuss efforts to engage private sector providers and will outline the state's regulatory responsibility in this sector.

Short Term Interventions – 2013 and 2014

According to the National Plan, the principal focus of this stage of planning was to prevent the transmission of cholera from one person to another through the use of drinking water disinfected with chlorine, and the promotion of hand washing, proper sanitary practices and food

hygiene (Government of Haiti 2012). The mobilizing of the short terms actions was to be implemented in parallel with projects already being undertaken by DINEPA and other actors.

Oral Cholera Vaccination Campaign

Working with a multitude of actors to build better health coverage, improve sanitary and hygiene facilities and increase access to potable water are considered some of the long-term goals included in the National Plan. In order to achieve those goals, a short-term intervention of vaccinating the population living in areas with difficult access to health care or with lack of access to potable water and proper sanitation was proposed (Government of Haiti 2012). In 2013, the MSPP carried out its first oral cholera vaccine (OCV) campaign in Petit Anse (an urban commune in the North department) and Cerca Carvajal (a rural commune in the Center department). These areas were strategically selected for the campaign due to poor water and sanitation infrastructure, poor access to healthcare facilities, high cholera attack rates, and the fact that population size (between the two) was approximately equal to the number of available doses of the vaccine at the time (Childs et al. 2016). By the end of the campaign, the overall coverage of the two doses of OCV was 63 percent in Petit Anse and 77 percent in Cerca Carvajal. However, these numbers do not adequately represent the widespread problems in the WASH sector. Although the campaign was successful in providing vaccines to in-demand populations, it did not address the basic fundamental problems. Issues such as poor hygiene practices such as infrequent hand washing, poor bathroom etiquette and general water contamination were not tackled. The dialogue surrounding this project pointed to how the state did not believe they were adequately equipped to properly direct their efforts to both the

immediate and long term needs of the country (Childs et al. 2016). As a result they focused on vaccinating at risks populations, which only served as a temporary solution.

Drinking Water Sold from the Private Sector

In Port-au-Prince, there has been considerable evidence of the increased use of private sector drinking sources (Patrick et al. 2017). Private sector drinking water sources encompasses bottled water, sachet water and private sachet water. The exact proportion of the Haitian population using privately sourced water during this period is unknown, however the sector has seen substantial growth since the earthquake and cholera outbreak. Given the increasingly prominent role of the private sector, a six-week cross-sectional assessment during July and August 2013 was conducted to describe the private WASH sector in Port-au-Prince. The project focused on the a) scale and geographical distribution of private kiosks, b) major provider companies and supply and treatment chain, c) sales and volumes and price, and d) water quality at point of sale and site of production (Patrick et al. 2017). Results of the study showed that the private sector covered or partially covered 88.2 percent, or 1.89 million, of the 2013 Port-au-Prince population. The assessment identified over 1,300 open kiosks, belonging to 67 different providers where the vast majority were franchises of eight major companies (Patrick et al. 2017). The outcomes of CDC evaluation of the quality of water sold in Port-au-Prince by private vendors indicated that these purchases were usually pathogen-free at the point of sale and therefore of high quality (Wysler Demercant et al. 2015).

Figure 4 - People using at least basic drinking water services (% of population)

	2000	2010	2014
Rural	40.7	40.4	40.3
Urban	84.9	82.1	81.0
Total	56.4	62.1	63.7

A common indicator used to assess the quality of a country WASH sector is the percentage of “people using at least basic drinking water.” This provides a baseline for basic services available and being actively used by a population and is collected annually by the WHO. This available data is a representation of coverage rates for water and sanitation services based on information from service users rather than services providers who may report on nonfunctioning systems. The coverage rates in Figure 4 reveal a story of fluctuation. The total percentage of the population using at least basic drinking water services has increased percentage points even though the numbers for both rural and urban populations have decreased. To make sense of these numbers it is important to keep in mind that a country’s total population is not evenly distributed among both rural and urban centers. In the case of Haiti, almost two thirds of their population reside in urban and metropolitan areas (Worldometers 2019). On the macro level, over a 15-year period Haiti has fortunately been able to see minor increases in the percentage of the population who are using basic drinking water services. This is impressive considering the entrenched issues of sector capacity, service coverage and other country specific challenges such as natural disasters and variable governments. The percentage of the urban population, which includes metropolitan hubs such as the capital, with access to basic drinking water are relatively high given the fact the National Plan wants to achieve a rate of 85 percent

access to potable water for that targeted population. We can see that the mixture of actors – state, private and non-governmental, have no choice but to continue formally working together in urban areas to maintain and/or increase those targets. Rural areas are in dire need to replicate the success seen in the urban population by accepting the advantages and possible drawbacks of diversifying the actors in the sector. Rural coverage has leveled off at a steady 40 percent, which represents the lowest rates in the Western hemisphere. The overall trends demonstrate how important the implementation of the National Plan is and how much more work is needed in order to hit a stride in the WASH sector reform efforts. Ultimately, collaborative efforts to respond to and control the cholera epidemic during the short-term intervention period did contribute to a large decline of cholera related cases, which corresponds to a drop from 352,033 cases in 2011 to 15,063 through October 2014 (Wysler Demercant et al. 2015).

Medium Term Interventions – 2015 to 2017

National Alert-Response Strategy

One of the major goals of the National Plan was to establish a coordinated methodology to rapidly target cholera-affected communities with WASH response interventions and more broadly improve surveillance activities for detected outbreaks. As a result, a cholera alert response team was launched with the backing of UNICEF, the MSPP and DINEPA in July 2013. The program aimed to effectively detect local cholera outbreaks and send field mobile teams to affected communities in order to identify additional cases, to provide education on risk factors, prevention and management methods, and to protect local water sources among other objectives. More specifically, this alert response strategy planned to improve the:

- a) coordination of activities implemented by national, international and nongovernmental partners involved in cholera control;

- b) epidemiologic surveillance of cholera in every commune and the monitoring of outbreaks via an alert detection system at the central level;
- c) rapidity, exhaustiveness, targeting and relevance of field responses to cholera alerts; and
- d) cholera prevention in the most vulnerable areas using mass education sessions and rehabilitation or installation of water adduction infrastructures (Rebaudet et al. 2018).

The alert system colour classified each commune red, orange or green on a weekly basis according to standardized criteria, which included the number of cholera suspected cases and associated deaths over a seven day period. The implementation strategy was assessed between July 2013 and June 2017 with the use of cholera consolidated surveillance databases, alert records and details of over 31,000 interventions notified by WASH mobile teams. A minimum of at least one WASH organization comprised of local Haitian staff was contracted per department. All WASH actors involved in this project were requested to organize at least monthly coordination meetings with the aim to share cholera epidemiological data and field intervention best practices (Rebaudet et al. 2018). While the evaluation of the efficiency and impact of the response strategy is beyond the scope of my paper, evidence points to the state's challenge in being able to complete the project's objectives on its own. The implementation was initially labourious and the actions conducted were relatively heterogeneous as similar WASH organization in every department were contracted. To bolster institutional response capacities, UNICEF and the World Bank had to provide additional materials, funds and human resources to DINEPA and the MSPP in order to create departmental response teams (Rebaudet et al. 2018). UNICEF expended roughly 25 million USD through international or non-governmental organizations for WASH mobile teams, roughly 2 million USD in response items such as

chlorine, soap, oral rehydration salts with the MSPP, and an additional 3.7 million USD for other cholera related activities, such as surveillance and coordination of partners with the DINEPA (Rebaudet et al. 2018).

Post-project status updates indicate that the domestic private sector was never formally engaged in this process. As a result, almost all of the funding for this project came from international aid. Given the enduring fiscal crisis of the Haitian state and the retreat of international aid in most sectors, the reliance on international funding is quite risky. The rapid response strategy is a core of the mid-term interventions written in the National Plan; however, its continuation beyond 2018 appears slim. This points to the realization that funding for this strategy and other similar projects will become more difficult to come by. This research emphasizes how important it is to optimize off of these types of efforts for future elimination and cholera evaluation projects and why to collaborate with the Haitian private sector. Had small and medium sized Haitian enterprises been contracted throughout the beginning of this project, the buy in to help fund after the initial stages of the project were completed would be easier to sell. Over four years this project's budget was roughly 32 million USD. If we were to breaking this price up yearly, the strategy came to a feasible cost of less than 8 million USD per year. This could have been an investment that was partially been reinvested into Haiti had domestic funds been allocated.

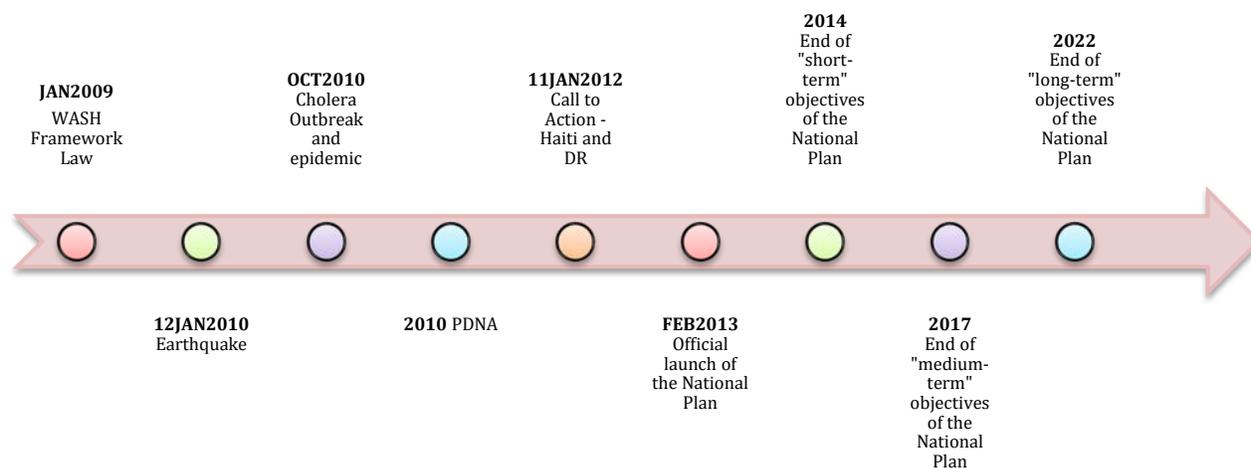
Up until 2015, the proportion of the population with access to improved water sources was an indicator updated annually by the WHO/UNICEF Joint Monitoring Programme for water supply and sanitation. It measured the percentage of the population using an improved drinking

water source, such as piped water on premises or other improved drinking water source, such as public taps or protected springs. This indicator, which was used in both the PDNA and the National Plan is no longer being measured, as it has been determined to not accurately track access to safe or adequate usage. Since then, the most recent data on water access now includes “people using safely managed drinking water services” and “people using basic drinking water services” indicators. No data is available in the World Bank database for statistics on the percentage of people using safely managed drinking water services, as a percentage of the population since 2016. The statistics for the percentage of population of people using at least basic drinking water services was previously mentioned as part of the overview for the National Plan’s short-term interventions.

According to the United Nations Office for the Coordination of Humanitarian Affairs, 2018 marked a stable year of low cholera transmission throughout the country. Between 01 January 2018 and 31 December 2018, there were 3,786 suspected cholera cases, the majority in the Arbonite, Centre and Ouest departments of the country and only 41 deaths, which represents a decrease of 72 and 74 percent respectfully (OCHA 2019). These numbers reflect effective medical case management, epidemiological surveillance, laboratory capacity, and community response activities (OCHA 2019). The country has a cholera incidence rate of 0.03 percent, which exceeds the target of less than 0.1 percent set for the end of the medium term phase of the National Plan. These numbers show that cholera is almost completely eradicated on the island, an accomplishment that is a tremendous sign of hope and signal for sustainable change in the WASH sector.

In sum progress of the National Plan appears fragile over the first five years of its implementation. Path dependency informs us that institutional change occurs incrementally and often times in small margins. Therefore, attempting too much change could be a recipe for achieving little (Prado & Trebilcock 2009). Evidence points to cautious hope for the realization of many of its goals and broader WASH sector reform efforts. There have been significant accomplishments and improvements in both rural and urban settings from the state, development actors, and the private sector, which are exemplified in many some of the projects highlighted above. Figure 5 below represents a snapshot of the key events that formed the landscape for Haiti's WASH sector reform efforts and the adoption and implementation of the National Plan.

Figure 5 - Timeline of Key Events



Cholera cases appear to be at an all time low since the onset of the outbreak. In spite of these achievements, major challenges still remain. There is a large shortfall in the resources required for water and sanitation infrastructure and services to eliminate cholera in Haiti as outlined in the National Plan. At this point the Haitian government and other partners have

struggled to consistently mobilize the resources necessary for maintaining and strengthening surveillance systems and improving WASH services, which is essential for the realization of a multitude of the National Plan's goals. The end of the medium term interventions stage further emphasized the link between Haiti's immediate problems (i.e. cholera) and their ever-present structural issues (well water and sanitation systems). Isolated institutional reform focused on micro pressures is likely to ignore the common self-reinforcing mechanisms discussed in step two of the path dependency process previously detailed and often lead to failure (Prado & Trebilcock 2009). This is because it does not take into account the common switching costs and feedback loops as well as underestimating the importance of how sequencing effects the longevity and sustainability of reform efforts. Funding sources for ongoing essential public health programs and further educational outreach remain uncertain. As the shift from short and medium term needs transfers to long term ones, existing challenges will evidently be mixed with new priorities. Failure to adequately address these problems and actively seek out alternatives to the status quo may jeopardize the prospects of the National Plan and broader WASH reform efforts. The rest of this section will shift the focus on to the role of the private actors in Haiti's WASH sector and discuss topics of regulation and wider engagement needs

The Role of the Private Sector in the Provision of WASH Services

Since the 2009 WASH Framework Law and regulations were set in motion, the proposed decentralization process it sought to achieve remains incomplete. In large part because of a lack of required technical and financial capacities primarily within DINEPA, WASH services are far from being sustainable. Haiti is unique in comparison to other countries in the Latin America and Caribbean region given its level of extreme poverty and the large inequalities in wealth and income. The most statistics from 2017 show that Haiti has a Gini coefficient of 41.1, which is a

great improvement from 60.8 as of 2015 (United Nations Development Programme 2018). The Gini coefficient measures the degree of income or consumption distribution among individuals or households in a given country from a perfectly equal distribution. Haiti has limited fiscal capacity to increase public investments and therefore at the moment, the private sector appears to be the most plausible actor if there is any hope to meet the objectives set out in the National Plan and broader WASH sector reform. To reiterate, for the purposes of this paper “privatization” refers to an increase participation of formal private enterprises in the WASH sector however does not necessarily involve a complete transfer of assets to a private operator.

The State’s Regulatory Role

Studies on the effect of private sector involvement in the WASH sector for Haiti have pointed to how largely unregulated the industry appears (International Monetary Fund 2019; Patrick et al. 2017). The issue of fees for water has long been subject to contentious debates for not only Haiti but other low income countries. However, given the fragile and weak nature of Haiti’s institutions and the lack of effective governance, the question of state and private sector accountability and regulation must be at the forefront of any WASH sector reform discussion.

According to a Private Sector Assessment Report for Haiti, the “basic services” sector, which includes healthcare, education and water provision, is one of four sectors that has potential to contribute significantly to private sector development in the near future (Inter-American Bank 2014). As it stands, the private sector largely dominates the WASH sector and there are strong domestic markets for their services. This sector has the potential for future large domestic demand and to integrate foreign investments however Haiti’s challenge is to explore path

dependent patterns without falling into the trap of reductionism or of historical and/or geographical determinism (Prado & Trebilcock 2009). Without state regulation and oversight of the private sector, the provision of services will continue to vary in regularity, quality and cost. On the contrary, the provision of these services in a regulated and standardized manner would create jobs and could incentivize private firms to invest and grow their businesses. This could also create new market opportunities in terms of industries supplying goods and services to develop basic services, including construction, housing and road maintenance (Inter-American Bank 2014).

As mentioned throughout this paper, Haiti faces significant governance issues. There is a weak regulatory environment, and public sector capacity and government effectiveness are low in terms of the provision of basic services (Inter-American Development Bank 2014). At face value, it appears that private, unregulated companies provide water services in Haiti. The decentralized regional government departments and the local administrators are ill-equipped to execute private-sector development policies, which has led to failures in adapting supportive policies of private sector development and small and medium enterprises. This weakness contributes to a climate that places constraints on productivity, competitiveness and the capacity for more inclusive economic growth. This environment presents obstacles to domestic and foreign investment, funding opportunities, economic inclusion for microenterprises and small producers and general improvements to productivity (Inter-American Development Bank 2014).

The call for formalizing the participation of the private sector in the WASH sector does not come without risks and foreseeable problems. As of early 2019 Haiti is in the early stages of

development of only one PPP (International Monetary Fund 2019). PPPs will face significant constraints in Haiti for a variety of reasons. First, there are often limitations in terms of size for PPP projects in this region. The average PPP project size in the Caribbean is under \$100 million USD, which is small relative to international standards and thus places Haiti below the radar for some global players (International Monetary Fund 2019). This issue often correlates to insufficient risk assessments and potential excessive risk allocation to the public. In order to maintain and sustain the provision of services, the private sector will need to ensure profits. The government must be able to use its regulatory role through DINEPA's mandate in order to fix prices at acceptable levels for the general population, while still ensuring the private sector can receive profits. It should be noted that the size of a PPP is not a total detriment to attracting investors and capacity to the sector as long as the government chooses to subsidize certain services and offer other incentives in order to encourage private company involvement. Although there is current informal regulation of the private providers, the government needs to act quickly in order to guarantee the quality of services provided by these actors. Accreditation, transparency and oversight are essential in order to ensure effective regulation (Inter-American Bank 2014). Given Haiti's history and international perception of corruption and institutional inept, a key concern includes the fiscal risks of integrating the private sector in a domain that is supposed to be dominated by the state. Haiti's government does lack technical capacity for proper oversight of the large projects and programs in the WASH sector. However, this should not discourage the state from working in partnership with the private sector.

There are tools, such as the PPP Fiscal Risk Assessment Model (PFRAM), that help mitigate and manage these risks. The PFRAM was jointly developed by the IMF and the World

Bank to assess the fiscal risks and costs from PPPs and has been used by several Caribbean countries for the (International Monetary Fund 2019). In order to better manage risk, Haiti can streamline public and private investments into three step project cycles. The easiest formula would be for all projects to go through an initial presentation stage, which includes budget proposal for implementation, and then move on to a budget allocation phase, where all stakeholders have a voice in deciding where and how to assign funds and resources, and then the final implementation stage. Empirical evidence from established PPPs in the other Caribbean countries exemplifies how private sector participation in Haiti's WASH sector will undoubtedly have its challenges. However as long as the state chooses to exercise its necessary regulatory role and is more transparent with its reporting on achievements and deficiencies, the private sector can be a welcomed actor for the provision of services in the WASH sector.

Private Sector Engagement Discussion

Failure to provide adequate WASH services in Haiti appears to reflect policy implementation failures rather than bad policy. Despite well-intentioned policies and budgets there are inequalities in how resources are allocated in Haiti's WASH sector. An important question to ponder is how to attract the private sector in to providing their services in this sector? The quality of government-led WASH services has been low in both urban and rural areas and is a consequence of depending heavily on volatile donor financing development in the WASH sector. The restructuring of the WASH sector in 2009 was a needed step in achieving the government's long-term development objectives as WASH reform efforts in the country call for increased collaboration between the private sector and the state for WASH service delivery. Unfortunately, empirical evidence shows that DINEPA, the agency responsible for this sector has been and continues to be in the process of reorganization and has proven limited operational

capacity. On the ground however, the steps taken to achieve this goal have focused on the delegation of management responsibilities of piped water networks to the private sector instead of prioritizing the improvement of quality and affordability of services provided by private sector actors (World Bank Group 2017a). Research demonstrates the urgency of better targeting investments in the WASH sector in Haiti to better service the entire country. In the WASH sector, there are a small number of large companies with substantial market positions and influence. Private companies that offer products and services to meet unmet local needs and serve underserved customers should be welcomed to Haiti.

To improve the involvement of private sector actors, the government must better communicate its goals to the private sector to ensure that overlapping projects and priorities are not created; in essence it must strengthen the effectiveness and efficiency of the cluster system. This would lead to the coordination of investments and would ensure that development and investments projects are complementary. Institutional strengthening is fundamentally important yet investor confidence in Haiti is low (Inter-American Bank 2014). Although Haiti poses extremely complex development challenges, infrastructure provides both a substantial development challenge and a sector for enormous potential for revenue. The private sector can help performance in the WASH sector or increase the development of new sources of funds in Haiti. It is believed that improving basic social services will make Haiti a more attractive spot for foreign and domestic investors. Attracting foreign investment improves the competition landscape and can jumpstart development in the WASH cluster.

Caribbean countries have a growing interest in using public-private partnerships (PPPs) to address their infrastructure needs. PPPs can be attractive in the Haitian context as they can help attract private financing, particularly through foreign direct investment and often enables the government to transfer more risks to the private partner — in comparison to traditional public procurement (International Monetary Fund 2019). The private sector can finance the project through a variety of means such as debt, equity or government support. However, given the Haitian context, government support can take the form of guarantees, subsidies, or tax exemptions (International Monetary Fund 2019). When considering international experience, it has been shown that PPPs are best governed by laws rather than relying on contract-level legal provisions. For that reason, the government must focus on strengthening the capacity of the private sector to satisfy increased demand while also collaborating with other relevant authorities to create the legal and regulatory framework necessary with the primary state departments, namely DINEPA, MSPP and the Ministry of Finance. There is a need to provide clear rules and definitions of the scope of any projects and services that will have any public state and private sector nexus. Additionally, this relationship between the public and the private needs a central unit to be responsible for overall responsibility for policymaking, guidance and support. Haiti is one of six countries in the Caribbean region that has put in place a PPP unit with staff from different departments to oversee the development of the project (International Monetary Fund 2019).

With the evidence presented above, it is obvious that Haiti's WASH sector is underachieving. Since the earthquake, the Haitian government and other development actors have made countless reform efforts in the WASH sector however, there remains a definite lack

of sustainable change. Incidences of cholera transmission are at an all time low since the outbreak, due in part to the success of many important pilot projects and campaigns. Yet the timely detection and treatment of cases and for ensuring consistent progress towards the goal of eliminating cholera transmission in Haiti by 2022 still remains distant. The status quo in Haiti that continues to assume the state is adequately equipped to provide WASH services is not working. For this reason, the next logical step is to formally engage the private sector as they have already created place for themselves in this environment. It is true that the state lacks control over private sector participants and has difficulty reporting accurate information about how many entities are operating in the sector (Inter-American Development Bank 2014). However, in order to mitigate the risks of engaging the private sector in an atmosphere that can be highly volatile, the Haitian government must take the appropriate steps to regulating the private sector and develop broader formal institutional governance capacity. Taking strides to achieving fiscal responsibility by using domestic actors while slowly distancing the dependency on international actors will correlate to attracting diverse funds and investors for project. The Haitian government can no longer afford to repeat the actions of the past in either bypassing the private sector as legitimate actors of change or negating the contributions they have made for the Haitian public. The sixth SDG requires an adaptation on how WASH interventions and investments are implemented. Given the precarious Haitian context, my research shows others that we must recognize and take advantage of the predominance of the private sector and adjust the role of the state accordingly.

Section 5: Moving Forward

In Haiti, for decades the lack of access to quality WASH services has been a major problem for the population. However, the situation became dire after a massive earthquake destroyed most of a lackluster sanitation system. Political instability, natural disasters and weak institutions have contributed into deep structural vulnerabilities in the WASH and governance sectors that may favour cholera transmission. On the surface, the National Plan for the Elimination of Cholera 2013-2022, a ten year 2.2 billion dollar project, appears to be a development plan aimed at improving the overall health situation in Haiti as part of an integrated approach. It forms part of DINEPA's broader plan of action to improve the performance of the sector through a major institutional reform and series of ambitious projects. It envisaged that the central government would gradually withdraw from WASH sector operation functions and emphasized a heavy reliance on the expertise of diverse actors to bring knowledge and investment capacity to the sector. Given the current condition of the WASH sector, and the states admitted inability to universally provide those needs, my research focused on the formal engagement of the private sector to date, and how it might be further engaged.

Cholera in Haiti is an enduring problem however incident rates are at an all time low in the country, which is an incredible accomplishment. Unfortunately, as mentioned in section two Haiti's WASH sector's budgetary needs and the country's financial situation are not aligned. As a result, my research proposed the need for expanding partnership and private sector funding research in WASH for both urban and rural areas. In order to maintain cholera eradication, increased long-term comprehensive approaches to WASH interventions are needed. Hygiene and environmental conditions affect health outcomes just as much as the type of access to water and

sanitation at the household level. Global access to safe water and hygiene education can reduce illness and death from disease, leading to improved health, poverty reduction, hygiene education and socio-economic development.

In the face of their crisis, the Haitian government was forced to adopt policies that addressed the immediate symptoms of the problem. Since then Haiti has gone through an abundance of reform efforts in the WASH sector and many significant institutional processes which led to the creation and adoption of the National Plan. Section three detailed these processes, which stressed the lack of formal engagement of the private sector. At face value, it appeared that the state and other humanitarian actors expected the private sector to be able to largely fund many of the projects yet did not create or open an enabling environment for the private sector to function as an actor. Given the evidence presented in section four, it is highly unlikely that Haiti will be able to achieve all of its National Plan objectives or SDG 6 unless there is a paradigm shift of how the state continues to operate in the WASH sector. Considering the implications of path dependency theory for institutional reform, attempting to use concepts of this theory can appear rather constrained when used in a forward-looking manner. Although development literature that has focused on institutions does highlight the importance of self-reinforcing mechanisms, switching costs and path dependence, a major implication of a path dependency perspective for institutional change includes how a previously inherited institutional structure may be a reflection of a set of beliefs that are impervious to change. This could be because the proposed reforms are counter to the system already in place or because they may appear to threaten the leadership, set of beliefs and/or status quo of existing organizations (Prado & Trebilcock 2009). The need to address institutional weakness is an integral focal point in terms

of facilitating sustainable development in Haiti. Sections three and four illustrate how the sequencing of any reform efforts is crucial as any initial reform effort can set up paths that may be difficult to reverse or alter. As shown through anecdotal evidence through this paper, ignoring self-reinforcing mechanisms, formal institutional interconnectedness, and the relationship between formal and informal institutions can explain some of the challenges and shortcomings of Haiti's reform efforts at the broader social level.

Effective collaboration with the private sector requires coordinated effort from multiple state institutions, primarily the DINEPA, the MSPP and the Ministry of Finance. In order to deliver proper WASH services to all, the state must establish clear parameters and objectives for policy and institutional reform. This means that the government must ensure that the private sector is subject to the same standards and regulations of public and non-governmental organizations. An important component of my research was the realization for the need for renewed commitment from all stakeholders. The government ought to do a better job at having available comprehensive and up to date information on investment projects, reform efforts and investments. It must also enable the institutional framework for private participation in the WASH sector in order to reduce fiscal risks, capacity constraints and coordination issues.

In sum the lack of access to and availability of WASH services has devastating impacts on the development process of any country. The public health situation in Haiti is precarious and rightfully characterized by inadequate coverage and distribution of resources. Not investing and improving water systems has had and will continue to have large and lasting consequences for both people and the state. Empirical evidence proves that the private sector has created a niche

for themselves in the WASH sector. While eliminating cholera in Haiti remains a feasible task, investing in Haiti's WASH sector, specifically infrastructure, is critical to achieving sustainable reform in the sector.

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