**Health Lessons from Haiti**

Haiti earthquake happened when the small island was ill-prepared to handle such kind of a disaster. One of the lessons is the need to have a working health system, a large system that has the capacity to handle the general public with funding of national government (Beracochea,  Weinstein & Evans, 2011). The existing hospitals functioned like private hospitals and had no capacity to handle a huge number of patients.

Prior to the earthquake, many Haitian relied on traditional medicine men to treat their ailments since the hospitals were extremely expensive and the population was relatively poor. The presence of a national hospital insurance fund would enable the Haitians to be able to contribute little funds to a common pool that would, in turn, cater for the sick in hospitals and eliminate over-reliance on medicine men.

The laxity by the national health authority led to issues like lack of or low regulation and supervisory capacity, lack of health care access, poor development of health information channels, privatization of public health functions by health authority, weak regulation of drug systems, health funding left to international donors, lack of health workforce, and poor distribution of health facilities. The presence of a strong and able national health authority would avoid such problems and ensure that there is the provision of quality health services to all (Beracochea, Weinstein, & Evans, 2011).

In such high scale disasters, it is important to have a single body that is in charge of controlling and coordinating rescue operations. This would create a central power that acts as an intermediary between the donors and recipients (United States Southern Command Miami FL, & Hancock, 2011). The power would be in charge of coordinating all rescue and humanitarian efforts. This would ensure that all activities are well coordinated.

**References**

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