COUNTRY FACTS:

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>9,598,000</td>
</tr>
<tr>
<td>HIV Prevalence (adult and children)</td>
<td>250,000</td>
</tr>
<tr>
<td>Enrolled in care</td>
<td>112,858</td>
</tr>
<tr>
<td>TB/HIV Prevalence</td>
<td>Est. 23% of new TB patients are HIV+</td>
</tr>
<tr>
<td>Year Program began</td>
<td>September 2007</td>
</tr>
<tr>
<td>Scope of program</td>
<td>HIV, pediatrics, PMTCT</td>
</tr>
<tr>
<td>Number of facilities in program</td>
<td>47 (as of December, 2009)</td>
</tr>
</tbody>
</table>

Source: CDC Haiti 11.09

PROGRAM SPECIFIC ISSUES

What are 3 things you want us to know about your program?

1. Coordinated “National HIVQUAL Advisory Committee,” including representation from all partner organizations
2. Integration of HIVQUAL indicators into national Electronic Health Record (EHR) allows the entire patient population to be sampled
3. National planning consciously targeted clinics in all 10 of Haiti’s topographically diverse regions. As a result, there are HIVQUAL clinics operating under every department.
4. Rapid scale-up- 47 of the 82 clinics offering HIV care/treatment participate in HIVQUAL-Haiti

HIVQUAL-HAITI: QM PROGRAM ORGANIGRAM

National Quality Committee
- Lead: MOH General Director (Dr. Thimothe)
- Responsible for defining overall strategy, policies, and quality assurance initiatives
- Reports to Ministry of Health and Population (MSPP)
- Includes: CDC National Office, CDC Regional Specialists, National Ministry of Health

Secretariat Team
- Lead: General Director MOH (Dr. Thimothe)
- Includes: National Ministry of Health, MOH General Director, National Ministry of Health

National Coaching Team
- Lead: Care and Treatment Coordinator
- Includes: CDC National Office, CDC Regional Specialists, National Ministry of Health

Departmental Quality Improvement Team
- Lead: MOH Regional Health Coordinator
- Responsible for implementing organizational assessments, completing quarterly reviews of data, and evaluating progress in regional implementation

Site Quality Improvement Team
- Responsible for site-level assessments, conducting site visits, and providing feedback to National Committee

What are 3 things that you believe will impact negatively on the sustainability of your HQ program?

1. Backlogs of data entry into EMR on the clinic level
2. Establishing information flow from clinic to clinic, and from clinics to departments and ultimately the MSPP level. Working to develop a centralized/standardized way of collecting project information and then sharing effective strategies between clinics
3. Challenges in transfer of HIVQUAL program responsibility from MSPP to departments, while also engaging implementing partners actively throughout the transition process
4. And, since Jan 12, 2010……

PROGRAM SPECIFIC ISSUES
2008 Hurricanes:
- August 2008: the first of three hurricanes and a tropical storm devastated Haiti’s health care delivery infrastructure.
- Hôpital La Providence in Gonaives (a pilot site), was in one of the hardest-hit areas, suffering severe flooding and abandonment of the facility after Tropical Storm Hanna.
- The coastal city, saturated from rains due to Hurricanes Fay and Gustav, suffered flooding of up to 2 meters.
- Nearly 50,000 people were displaced from their homes into shelters, and more than 600 lives were lost.

2010 Earthquake:
- January 12th, 2010: an earthquake of magnitude 7.0 struck Haiti.
- Between 217,000 and 230,000 fatalities
- Estimated 300,000 injured and 1,000,000 homeless.
- Approximately 250,000 residences and 30,000 commercial buildings collapsed or were severely damaged.
- The earthquake caused major damage to Port-au-Prince, Jacmel and other settlements in the region.

Damage evaluation procedures/processes:
HIVQUAL-Haiti team will continue assessing sites, and as part of this work, will assess care facilities in other regions of the country that were indirectly affected by the influx of displaced patients. This team is charged with assisting these facilities to ensure that they can build the capacity to serve the increased number of patients.

Effect on clinic level HIV/AIDS care:

Way forward/Program growth:
1. Strengthen partner and departmental role in HIVQUAL program monitoring/coaching. In long term, transition these responsibilities from MSPP level to regional departments/partners w/ national oversight.
2. Expansion of HIVQUAL to cover all of Haiti’s HIV care sites.
3. Expanded application of HIVQUAL model beyond HIV care, and farther into general health, pediatric, and PMTCT.