EMERGENCY PLAN FOR AIDS RELIEF
FISCAL YEAR 2005 OPERATIONAL PLAN

JUNE 2005 UPDATE

TABLE OF CONTENTS **PAGE**

LIST OF ACRONYMS

AB	Abstinence, Be Faithful
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
APS	Annual Program Statement
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention (of HHS)
CSH	Child Survival and Health Programs
CSW	Commercial Sex Worker
CT	HIV/AIDS Counseling and Testing
DOD	Department of Defense
DOL	Department of Labor
DOS	Department of State
DOTS	Directly-Observed Therapy, Short Course Strategy
FBO	Faith-Based Organization
FDA	Food and Drug Administration
FDC	Fixed Dose Combinations
GAC	Office of the U.S. Global AIDS Coordinator (of DOS)
GAP	Global AIDS Program (of HHS)
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GH	Bureau of Global Health (of USAID)
GHAI	Global HIV/AIDS Initiative
HAART	Highly Active Antiretroviral Therapy
HHS	Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HBC	Home-Based Care
IDU	Injecting Drug Users
MARP	Most-At-Risk Populations
NGO	Nongovernmental Organization
NIH	National Institutes of Health (of HHS)
OGAC	Office of the U.S. Global AIDS Coordinator
OHA	Office of HIV/AIDS (of USAID)
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PC	Peace Corps
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
RT&C	Rapid Testing and Counseling
S/ES	Executive Secretariat (of DOS)
SI	Strategic Information
State	Department of State
USAID	U.S. Agency for International Development
VCT	Voluntary HIV/AIDS Counseling and Testing

INTRODUCTION

This June Fiscal Year (FY) 2005 Operational Plan of the President's Emergency Plan for AIDS Relief (the Emergency Plan) serves as an update to the February FY 2005 Operational Plan. It is organized into nine sections:

I. List of Acronyms
II. Introduction
III. Focus Country Activities
IV. Other PEPFAR Country Programs
V. Central Programs
VI. Rapid Expansion Fund
VII. International Partners
VIII. Technical Oversight and Management
IX. Strategic Information/Evaluation

Section II, this Introduction, provides a brief overview of this FY 2005 Operational Plan update, as well as four summary tables. Table 1 summarizes the overall $2.8 billion FY 2005 Emergency Plan budget in terms of sources of funding. Table 2 summarizes the $2.8 billion FY 2005 Emergency Plan budget in terms of planned uses of funding. Table 2 also identifies $1.9 billion in planned funding from the Department of State (State), the United States Agency for International Development (USAID) and the Department of Health and Human Services (HHS) that is the principal subject of this Operational Plan. Table 3 shows that all $1.9 billion in funding has now been approved by the Coordinator. Table 4 summarizes how the FY 2005 approved activities are distributed among prevention, care and treatment program areas, showing changes since the February 2005 Operational Plan. Section III, Focus Country Activities, provides three summary tables (Tables 5, 6 and 7), and fifteen individual country program descriptions, also showing increases in funding since the February 2005 Operational Plan. Every country description is followed by a detailed country budget, which shows funding levels approved as of June 2005. Section IV, Other Emergency Plan Countries, provides two summary tables (Tables 8 and 9), summarizing increased funding as a result of the Emergency Plan for 24 bilateral and five regional programs outside of the Focus Countries, followed by brief bilateral and regional program descriptions. Section V, Central Programs, provides a summary table (Table 10), followed by individual central program descriptions. Section VI, the Rapid Expansion Fund, describes the use of the fund to expand programs related to treatment. Section VII, International Partners, provides a summary table (Table 11), and describes our contributions to UNAIDS, the Global Fund for AIDS, Tuberculosis and Malaria (The Global Fund) and WHO. Section VIII, Technical Oversight and Management, provides a summary table (Table 12) and individual program descriptions. Section IX, Strategic Information/Evaluation, provides a summary table (Table 13), showing changes since the February 2005 Operational Plan, followed by a narrative.

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OVERVIEW

This June FY 2005 Operational Plan serves as an update of the February 2005 Operational Plan. The FY 2005 Operational Plan follows "The President's Emergency Plan for AIDS Relief – U.S. Five-Year Global HIV/AIDS Strategy" and sets out a course to have an immediate impact on people and strengthen the capacity of governments and NGOs to expand programs quickly over the next several years. By the end of FY 2005 the Emergency Plan will provide direct and indirect care and support for approximately 3,500,000 individuals, and will facilitate access to antiretroviral therapy for at least 550,000 individuals.

Section III of this document provides information on each country's contribution to the total number of individuals to be receiving care and support and antiretroviral therapy by the end of FY 2005. The country-specific target tables also provide the FY 2008 care and treatment targets for each country. The FY 2008 targets were set at the beginning of the Emergency Plan. The sum of all countries' FY 2008 care/support targets equals the Emergency Plan's goal of ten million individuals receiving care and support by the end of year five. The sum of all countries' FY 2008 treatment targets equals the Emergency Plan's goal of two million people on treatment at the end of year five.

The FY 2005 budget for the Emergency Plan is $2.8 billion (see Table 1). This FY 2005 Operational Plan describes the planned uses of $1.9 billion of Emergency Plan funding to expand integrated care, treatment and prevention programs in fifteen Focus Countries; to increase available resources for HIV/AIDS activities in other bilateral and regional programs; to finance central programs that help Focus Countries achieve their goals; to provide U.S. Government (USG) contributions to International Partnerships, including UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); to fund technical oversight and management, and to develop and maintain the Emergency Plan's strategic information/ evaluation systems. The February FY 2005 Operational Plan summarized the uses of $1.6 billion in funding approved by the Coordinator as of January 14, 2005; this June 2005 Operational Plan updates these summaries by describing the uses of $1.9 billion in funding approved by the U.S. Global AIDS Coordinator as of June 2005.

The planned uses of the remaining $900 million of Emergency Plan funds for existing bilateral HIV/AIDS programs around the world include: international HIV/AIDS research through the HHS National Institutes of Health; for other international partners, such as IAVI and microbicide research; and for TB and malaria programs which have already been described in a variety of congressional budget justification documents and briefing materials of USAID, HHS, DOD, DOL and State.

The $1.912 billion described in this June FY 2005 Operational Plan is composed of:

$1,374 million from the FY 2005 Global HIV/AIDS Initiative account (GHAI, STATE)
$ 262 million from the FY 2005 Child Survival and Health account (CSH, USAID)
$ 88 million from the FY 2004Child Survival and Health account (CSH, USAID)
$ 30 million from FY 2003 and 2004 Prevention of Mother to Child Transmission funds (PMTCT, HHS)
$ 99 million from the NIH budget (HHS)
$ 59 million from the Global AIDS Program (CDC/GAP, HHS)

$1.912 billion TOTAL

The FY 2005 figures are actual appropriation figures minus the rescission. Of funds appropriated in prior years, $88 million in FY 2004 CSH was allocated to the Global Fund, but not provided as sufficient other donor funding was not available in time to meet congressional matching requirements. These funds have been carried-over to add to the potential USG FY 2005 contribution. Twenty-six million dollars of Prevention of Mother-to-Child Transmission (PMTCT) funds was part of a $149 million appropriation to HHS in FY 2004 that was to be used over two years for PMTCT programs. The $26 million has been programmed in FY 2005 to complete the allocation of funding appropriated for the Initiative. An additional $4 million in FY 2003 PMTCT funding appropriated to USAID is also being programmed at this time.

Table 2 summarizes the $2.8 billion FY 2005 Emergency Plan budget in terms of planned uses of funding, including the $1.9 billion described in detail in this Operational Plan. Table 3 shows that the $1.9 billion in funding has now been approved by the Coordinator. Funds approved since the February 2005 Operational Plan include: $180 million of funding for the Focus Countries, $51 million in additional funding for Other PEPFAR Programs, $47 million for Central Programs, especially the New Partners Initiative, and $13 million for Strategic Information. In addition, $117 million for the Rapid Expansion Fund has been allocated to the Focus Countries to expand treatment activities. This will move us closer to the FY 2006 congressional targets for an appropriate allocation among prevention, treatment and care, and will increase the number of patients receiving antiretroviral therapy (ART).

the Emergency Plan Focus Countries, all severely impacted by HIV/AIDS, are: Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam and Zambia.

PROGRESS TO DATE

Please see "Engendering Bold Leadership: the President's Emergency Plan for AIDS Relief First Annual Report to Congress" for a complete description of progress and achievements during FY 2004. The Emergency Plan's first Annual Report tracks progress toward meeting first-year targets for prevention, care and treatment in the Focus Countries as well as the Emergency Plan's work worldwide to turn the tide of global HIV/AIDS.

DISTRIBUTION OF HIV/AIDS FUNDS

The distribution of the FY 2005 Emergency Plan funds among prevention, treatment and care is moving in the direction outlined in the authorization of the Emergency Plan, especially with the allocation of the Rapid Expansion Fund. See Table 4 for the allocation of funds among program areas for activities that have been approved to date. Thirty percent of the budget is allocated to prevention activities; 27% of the budget is allocated to care; and 43% is allocated to treatment. Of note, Abstinence, Be Faithful (AB) activities account for 9% of the total budget, 31% of all prevention activities and 61% of programs that address prevention of sexual transmission of HIV/AIDS. Activities for orphans and vulnerable children (OVC) account for 7% of the total budget. The percentage for OVC does not include substantial resources for antiretroviral treatment for infants and children; these resources are captured in the percentage of funds going to treatment. As additional care and treatment programs are ramped up in FY 2006, we expect the proportion of the budget allocated to prevention to continue to decline (but stay steady or increase in absolute terms), while the proportion of the budget allocated to care and treatment will continue to increase.

CONGRESSIONAL NOTIFICATION

This Operational Plan includes all sources of funding, some of which are notified to Congress by other parts of the USG. The Operational Plan provides descriptive material to buttress notifications to Congress for funds from the Global HIV/AIDS Initiative (GHAI) account.

Table 1

FY 2004 and 2005: The President's Emergency Plan for AIDS Relief Sources of Funding ($, millions)

	FY 2004 Enacted	FY 2005 Enacted
USAID	**1,117**	**815**
Child Survival HIV/AIDS [1]	*513*	*347*
Other Accounts HIV/AIDS, TB and Malaria	*52*	*51*
Child Survival TB and Malaria	*154*	*169*
*Child Survival Global Fund**	*398*	*248*
HHS	**762**	**577**
CDC HIV/AIDS [2]	*136*	*135*
NIH HIV/AIDS Research [3]	*317*	*332*
CDC TB and Malaria	*11*	*11*
*Mother and Child HIV/AIDS Prevention Initiative**	*149*	*0*
*NIH Global Fund**	*149*	*99*
DOL	**10**	**2**
DOD	**4**	**7**
STATE	**1**	**2**
Foreign Military Finance	*1*	*2*
U.S. Global AIDS Coordinator's Office	**488**	**1,374**
*Global HIV/AIDS Initiative**	*488*	*1,374*
TOTAL, GLOBAL HIV/AIDS, TB & MALARIA	**2,382**	**2,778**
TOTAL, GLOBAL HIV/AIDS	**2,217**	**2,598**

1/ $170 million in CSH funding for the focus countries has been moved to the Global AIDS Coordinator's Office for FY 2005.
2/ Excludes administrative expenses for CDC programs that are centralized beginning in FY 2005 and shown comparably in FY 2004. Includes CDC research whose budget may change depending on actual research projects.
3/ Funding for NIH research is estimated for FY 2005 and may change depending on actual research projects.
* New resources for the Emergency Plan

Table 2

EMERGENCY PLAN
Planned Budget Allocations FY 2005
($, thousands)

Programs Included in Operational Plan	USAID CSH	HHS	PMTCT	GHAI	All Accounts
Country Activities	**14,374**	**59,254**	**4,593**	**1,005,049**	**1,083,271**
Focus Countries	0	59,254	4,593	968,549	1,032,397
Other bilateral programs plus up	14,374			36,500	50,874
Central Programs	**-**	**-**	**25,252**	**253,673**	**278,925**
Abstinence/Faithfulness				10,500	10,500
Antiretroviral Therapy			23,019	71,081	94,100
New Partner Initiative				45,000	45,000
Orphans and Vulnerable Children				9,750	9,750
Quality Assurance				3,700	3,700
Safe Blood				50,000	50,000
Safe Injections				30,200	30,200
Supply Chain Management				15,000	15,000
Technical Leadership and Support			2,233	14,442	16,675
Twinning				4,000	4,000
Rapid Expansion Fund				**0**	**0**
International Partners	**335,800**	**99,200**	**0**	**29,000**	**464,000**
UNAIDS				27,000	27,000
Global Fund**	335,800	99,200			435,000
WHO				2,000	2,000
Strategic Information/Evaluation				**30,500**	**30,500**
Technical Oversight and Management			**0**	**55,697**	**55,697**
GAC Administrative costs				8,747	8,747
Other Agency Administrative Costs*				46,950	46,950
Sub-Total	**350,174**	**158,454**	**29,845**	**1,373,920**	**1,912,393**

* Only includes additional costs borne by agencies
** Includes $87.8 million of FY 2004 CSH

Programs Described Elsewhere	USAID	HHS	OTHER	GHAI	All Accounts
Other bilateral programs	327,368	75,746	11,463		414,577
IAVI and Microbicides	56,544				56,544
NIH International Research		332,000			332,000
Tuberculosis and Malaria activities	168,640	11,200			179,840
Sub-Total	**552,552**	**418,946**	**11,463**	**0**	**982,961**
Total Emergency Plan Activities	**902,726**	**577,400**	**41,308**	**1,373,920**	**2,895,354**
Total Prior Year Funds	87,800	0	29,845		-117,645
Total Emergency Plan FY 05 Funds	814,926	577,400	11,463	1,373,920	**2,777,709**

Table 3

EMERGENCY PLAN
Budget Allocations Approved to Date for FY 2005 Implementation
($, thousands)

Programs Included in Operational Plan	USAID CSH	HHS	FY 2004 PMTCT	GHAI	All Accounts
Country Activities	**14,374**	**59,254**	**4,593**	**1,005,049**	**1,083,271**
Focus Countries	0	59,254	4,593	968,549	1,032,397
Other Bilateral Programs Plus Up	14,374			36,500	50,874
Central Programs	**-**	**-**	**25,252**	**253,673**	**278,925**
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Supply Chain Management				15,000	15,000
Technical Leadership and Support			2,233	14,442	16,675
Twinning				4,000	4,000
Rapid Expansion Fund*				**0**	**0**
International Partners	**335,800**	**99,200**	**0**	**29,000**	**464,000**
UNAIDS				27,000	27,000
Global Fund**	335,800	99,200			435,000
WHO				2,000	2,000
Strategic Information/Evaluation				**30,500**	**30,500**
Technical Oversight and Management				**55,697**	**55,697**
GAC Administrative Costs				8,747	8,747
Other Agency Administrative Costs**				46,950	46,950
Total Approved by Coordinator	**350,174**	**158,454**	**29,845**	**1,373,920**	**1,912,393**

* Rapid Expansion Funds allocated to focus countries
** Allocation approved, but final decision based on other donor matching
*** Only includes additional costs borne by agencies

Table 4

FY 2005 BUDGET BY PROGRAM AREA

	FEBRUARY. 2005		JUNE 2005		FEBRUARY. 2005*		JUNE. 2005		FEBRUARY. 2005		JUNE. 2005	
	FIELD DOLLARS ALLOCATED	% OF BUDGET	FIELD DOLLARS ALLOCATED	% OF BUDGET	CENTRAL DOLLARS ALLOCATED	% OF BUDGET	CENTRAL DOLLARS ALLOCATED	% OF BUDGET	TOTAL FUNDS ALLOCATED	% OF BUDGET	TOTAL FUNDS ALLOCATED	% OF BUDGET
PREVENTION												
PMTCT	60,695,495	9%	66,640,495	8%	12,014,557	6%	12,014,557	5%	72,710,052	8%	78,655,052	7%
Abstinence/Faithfulness	58,107,022	8%	65,047,788	8%	10,500,000	5%	37,500,000	15%	68,607,022	8%	102,547,788	9%
Blood Safety	3,313,845	0%	3,313,845	0%	50,000,000	23%	50,000,000	19%	53,313,845	6%	53,313,845	5%
Safe Medical Injections	2,206,172	0%	2,456,172	0%	30,200,000	14%	30,200,000	12%	32,406,172	4%	32,656,172	3%
Other Prevention	63,202,119	9%	65,224,528	8%	0	0%	0	0%	63,202,119	7%	65,224,528	6%
Prevention sub-total	**187,524,653**	**27%**	**202,682,828**	**24%**	**102,714,557**	**48%**	**129,714,557**	**50%**	**290,239,210**	**32%**	**332,397,385**	**30%**
CARE												
Palliative Care: Basic Health Care & Support	92,734,505	13%	102,247,843	12%	2,534,471	1%	2,534,471	1%	95,268,976	11%	104,782,314	9%
Palliative Care: TB/HIV	16,982,240	2%	18,768,265	2%	2,505,001	1%	2,505,001	1%	19,487,241	2%	21,273,266	2%
Orphans and Vulnerable Children	50,262,835	7%	52,062,835	6%	12,402,353	6%	30,402,353	12%	62,665,188	7%	82,465,188	7%
Counseling & Testing	75,667,642	11%	91,697,356	11%	0	0%	0	0%	75,667,642	8%	91,697,356	8%
Care sub-total	**235,647,222**	**34%**	**264,776,299**	**31%**	**17,441,825**	**8%**	**35,441,825**	**14%**	**253,089,047**	**28%**	**300,218,124**	**27%**
TREATMENT												
HIV/AIDS Treatment/ARV Drugs	109,254,145	16%	149,130,049	18%	61,599,426	29%	61,599,426	24%	170,853,571	19%	210,729,475	19%
HIV/AIDS Treatment/ARV Services	111,259,583	16%	175,375,756	21%	31,494,310	15%	31,494,310	12%	142,753,893	16%	206,870,066	19%
Laboratory Infrastructure	45,490,548	7%	57,697,481	7%	0	0%	0	0%	45,490,548	5%	57,697,481	5%
Treatment sub-total	**266,004,276**	**39%**	**382,203,286**	**45%**	**93,093,736**	**44%**	**93,093,736**	**36%**	**359,098,012**	**40%**	**475,297,022**	**43%**
TOTAL	**689,176,151**	**100%**	**849,662,413**	**100%**	**213,250,118**	**100%**	**258,250,118**	**100%**	**902,426,269**	**100%**	**1,107,912,531**	**100%**
Funding not yet approved									**311,839,451**		**0**	
Uncategorized budget, e.g. Global Fund, Strategic Information and Management									**694,399,280**		**804,480,469**	
TOTAL BUDGET									**1,908,665,000**		**1,912,393,000**	

* February 2005 Central Dollars Allocated column corrects mistakes which appeared in the February OpPlan.

FOCUS COUNTRY ACTIVITIES

1) Introduction
2) Table 5: FY 2005 Budget by Country and Agency Receiving Funds
3) Table 6: FY 2005 Budget by Country and Source of Funds
4) Table 7: FY 2005 Budget for Focus Countries by Country and Source
5) Country Program Descriptions and Detailed Budgets

INTRODUCTION

This section provides information about activities and funding levels among the fifteen Focus Countries. As compared to the funding amounts notified in February 2005, the amount of funding for Focus Countries increased as a result of allocations from the Rapid Expansion Fund. The Office of the U.S. Global AIDS Coordinator (OGAC) had reserved $117 million in FY 2005 funding for the Rapid Expansion Fund. The Rapid Expansion Fund was designed to expand further those successful and innovative programs that contribute to treatment, either directly through antiretroviral treatment or through expansion activities that will increase capacity to provide treatment in the future. Focus Countries competed to receive the funds by proposing programs that would be managed in the country or through central programs. The funds were allocated in April 2005 based on this competitive process and as a result the amount of funding for treatment activities in Focus Countries increased.

Furthermore, a portion of country budgets remained pending as of the February 2005 Congressional Notification and Operational Plan. Pending funds have now been allocated to various activities within each of the Focus Countries.

This section begins with three summary tables, Tables 5-7. These tables have been updated since the February 2005 Operational Plan to reflect funding allocations as of April 2005 and now include funding allocations from the Rapid Expansion Fund and previously pending funds. Table 5 shows actual allocations of FY 2004 funding and planned allocations of FY 2005 funding among fifteen Focus Countries. Table 6 summarizes actual FY 2005 allocations among countries and among the implementing agencies approved by the Coordinator as of April 2005. In FY 2005, available funding includes GHAI and GAP funding, streamlining the number of sources of funds considerably from FY 2004. A small amount of FY 2003 and FY 2004 PMTCT funding is being used in the Botswana, Rwanda, South Africa, Uganda and Vietnam budgets. Table 7 shows how much of each source of funding was allocated to each country. Table 7 also includes planned allocations from Central Programs to each Focus Country. The FY 2005 "GHAI Country" funding levels in Table 7 are used for GHAI congressional notification purposes.

Following the summary tables are descriptions of fifteen individual Country Operational Plans approved by the U.S. Global AIDS Coordinator as of April 2005. Each country description has been updated to include information about the amount and allocation of funds from the Rapid Expansion Fund and previously pending funds. This information is presented in budget summary tables preceding each country narrative and following the Prevention, Care, Treatment and Other subsections. At the end of each country description is a detailed budget showing allocations approved by the Coordinator.

Table 5

FY 2004 ACTUAL AND FY 2005 PLANNED LEVELS FOR FOCUS COUNTRIES
Includes All Funding Sources ($)

Country	FY 04 Actual Country Managed	FY 04 Actual Central Programs	FY 04 Total	FY 05 Planned Country Managed	FY 05 Planned Central Programs	FY 05 Total
Botswana	17,870,871	6,506,869	24,377,740	43,329,129	7,737,106	51,066,235
Cote d'Ivoire	13,035,496	11,287,871	24,323,367	30,764,505	13,176,753	43,941,258
Ethiopia	40,990,732	6,995,688	47,986,420	75,744,213	8,664,485	84,408,698
Guyana	9,326,543	2,873,662	12,200,205	15,753,000	4,008,979	19,761,979
Haiti	20,326,735	7,726,409	28,053,144	45,094,931	7,379,056	52,473,987
Kenya	71,359,718	21,221,348	92,581,066	124,615,281	20,871,243	145,486,524
Mozambique	25,528,206	11,860,141	37,388,347	50,771,038	6,455,537	57,226,575
Namibia	21,185,762	3,087,924	24,273,686	38,961,474	3,701,072	42,662,546
Nigeria	55,491,358	15,433,724	70,925,082	88,983,642	24,500,660	113,484,302
Rwanda	27,973,778	11,326,683	39,300,461	46,234,725	10,223,053	56,457,778
South Africa	65,424,371	23,966,052	89,390,423	123,860,630	25,424,338	149,284,968
Tanzania	45,791,174	24,837,665	70,628,839	85,683,827	20,716,384	106,400,211
Uganda	80,579,298	10,178,127	90,757,425	132,280,223	11,517,249	143,797,472
Vietnam	17,354,885	0	17,354,885	27,575,000	0	27,575,000
Zambia	57,933,801	23,852,837	81,786,638	102,745,140	30,174,081	132,919,221
Total	**570,172,728**	**181,155,000**	**751,327,728**	**1,032,396,758**	**194,549,996**	**1,226,946,754**

Table 6

FY 2005 BUDGET FOR FOCUS COUNTRIES
By Country and Agency Receiving Funds ($)

	USAID	HHS	DOD	STATE	PEACE CORPS	DOL	TOTAL
Botswana*	2,752,729	39,346,400	1,000,000	0	230,000	0	43,329,129
Cote d'Ivoire	7,663,614	23,071,059	29,832	0	0	0	30,764,505
Ethiopia	45,080,614	29,511,599	527,000	625,000	0	0	75,744,213
Guyana	9,484,233	5,694,720	334,047	25,000	215,000	0	15,753,000
Haiti	22,069,000	23,025,931	0	0	0	0	45,094,931
Kenya	81,966,853	38,024,220	4,169,384	0	454,824	0	124,615,281
Mozambique	26,489,024	23,131,900	161,114	674,000	315,000	0	50,771,038
Namibia	20,010,674	17,144,243	1,137,278	97,841	571,438	0	38,961,474
Nigeria	47,165,115	36,183,926	4,749,163	274,438	0	611,000	88,983,642
Rwanda**	30,664,701	14,042,481	1,474,929	52,614	0	0	46,234,725
South Africa**	74,187,625	48,058,349	990,916	450,000	173,740	0	123,860,630
Tanzania	44,223,950	34,256,340	6,625,694	261,933	315,910	0	85,683,827
Uganda**	73,978,178	56,924,123	571,670	481,364	324,888	0	132,280,223
Vietnam**	16,037,000	9,215,000	1,425,000	153,000	0	745,000	27,575,000
Zambia	68,274,792	27,018,104	5,689,244	740,000	1,023,000	0	102,745,140
TOTAL	**570,048,102**	**424,648,395**	**28,885,271**	**3,835,190**	**3,623,800**	**1,356,000**	**1,032,396,758**

* Part of HHS funding includes $239,191 of FY 2004 PMTCT

** Part of USAID funding includes $4,354,000 of FY 2003 PMTCT

Table 7

FY 2005 BUDGET FOR FOCUS COUNTRIES

By Country and Source of Funds ($)

	HHS GAP	GHAI COUNTRY	PMTCT Prior Year funds	TOTAL
Botswana	7,546,397	35,543,541	239,191	43,329,129
Cote d'Ivoire	5,252,988	25,511,517	0	30,764,505
Ethiopia	5,799,714	69,944,499	0	75,744,213
Guyana	1,000,000	14,753,000	0	15,753,000
Haiti	1,000,000	44,094,931	0	45,094,931
Kenya	8,120,403	116,494,878	0	124,615,281
Mozambique	2,336,680	48,434,358	0	50,771,038
Namibia	1,500,000	37,461,474	0	38,961,474
Nigeria	3,055,466	85,928,176	0	88,983,642
Rwanda	1,134,922	43,799,803	1,300,000	46,234,725
South Africa	4,817,112	118,165,418	878,100	123,860,630
Tanzania	3,882,464	81,801,363	0	85,683,827
Uganda	8,039,223	122,741,000	1,500,000	132,280,223
Vietnam	2,854,885	24,044,215	675,900	27,575,000
Zambia	2,913,855	99,831,285	0	102,745,140
TOTAL	**59,254,109**	**968,549,458**	**4,593,191**	**1,032,396,758**

BOTSWANA

Project Title: **Botswana FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources						
	Notified in February 2005				Current Notification April 2005		NEW TOTAL
Implementing Agency	GAP*	GHAI	PMTCT**	TOTAL	GAP*	GHAI	
HHS	7,546,397	22,133,132	239,191	29,918,720	0	9,427,680	39,346,400
USAID	0	2,522,729	0	2,522,729	0	230,000	2,752,729
DOD	0	1,000,000	0	1,000,000	0	0	1,000,000
State	0	0	0	0	0	0	0
Peace Corps	0	230,000	0	230,000	0	0	230,000
TOTAL Approved	7,546,397	25,885,861	239,191	33,671,449	0	9,657,680	43,329,129
Total FY 2004							17,870,871

* The Global AIDS Program of HHS/CDC
** FY 2004 PMTCT Funds

HIV/AIDS Epidemic in Botswana:

- HIV Prevalence in Pregnant Women: 37.4% (2003)
- Estimated Number of HIV-Infected People: 350,000 (UNAIDS, 2004)
- Estimated Number of Individuals on Antiretroviral Therapy: 32,839 (25,839 in public facilities; 7,000 in private sector) (2004)
- Estimated Number of AIDS Orphans: 78,000 (2000)

Targets to Achieve 2-7-10 Goals:

Botswana	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	25,000	29,000
FY 2005**	70,500	40,500
FY 2008***	165,000	33,000

* Bringing Hope and Sustaining Lives: Building Sustainable HIV/AIDS Treatment. The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS. Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.
** FY 2005 targets are in the process of being reviewed based on modified funding allocations.
******* The FY 2008 targets, which were set at the initiation of the Emergency Plan, reflect Botswana's planned contribution to the Emergency Plan's goals of two million individuals receiving treatment and ten million receiving care and support in the fifteen Focus Countries by the end of FY 2008. Botswana expects to surpass its FY 2008 treatment goal by the end of FY 2005.

Program Description:

Botswana is experiencing one of the most severe HIV/AIDS epidemics in the world, with the second-highest HIV-prevalence in Sub-Saharan Africa: UNAIDS estimates that 37.3% of adults15-49 years of age are infected with HIV. In two eastern districts, the prevalence among pregnant women aged 25-29 years is more than 70%. Even in districts with the lowest prevalence, almost one in four adults aged 15-49 is infected with HIV (NACA, Botswana Second Generation HIV/AIDS Surveillance, 2003). With so many young adults infected with HIV, the epidemic is not only a severe health crisis but also a threat to the future development and vitality of Botswana as a nation.

The Government of Botswana (GOB) has clearly recognized HIV/AIDS as a health and development crisis, and has mounted a comprehensive, multisectoral response to fight the HIV/AIDS epidemic and mitigate its impact.

The USG has played a pivotal role in establishing and extending the reach of Botswana's national HIV/AIDS response. The USG in Botswana functions as a strong, interagency team that works cooperatively to maximize the comparative advantage of the USG as a whole and each agency in particular. In developing the FY 2005 Country Operational Plan, the U.S. Mission in Botswana has employed a highly participatory approach including the U.S. Mission Emergency Plan (EP) Team, EP Core Team members, technical consultants from relevant USG agencies, the government of Botswana, the United Nations (UN) family and members of civil society.

The following programmatic activities are included in the FY 2005 COP to reduce new HIV infections and mitigate the impact of HIV/AIDS in Botswana:

Prevention: $10,442,128 as of February 2005; $11,086,537 as of April 2005

Prevention activities in Botswana include PMTCT, abstinence and faithfulness programs, blood and injection safety and other behavioral prevention initiatives, including those that focus on high risk populations. FY 2005 PMTCT activities build upon work completed under the President's Initiative for PMTCT, which helped the GOB to establish PMTCT services in all public facilities through the Maternal Child Health/Family Planning system, which serves over 90% of all pregnant women (Republic of Botswana, Ministry of Health, Family Health Division: Annual Report 2003). In FY 2005, the USG is partnering with GOB to strengthen the scope, quality and sustainability of PMTCT services. The USG continues to support technical capacity-building in the MOH, support technical and managerial training for PMTCT staff and build the capacity of FBO/CBO/NGOs to deliver high-quality, sustainable PMTCT services, including support to HIV-positive women and their children. Finally, USG is supporting community mobilization and IEC activities to increase awareness of and demand for PMTCT services.

The Government of Botswana takes the lead on national abstinence/be faithful (AB) activities, which include abstinence curricula in schools and related programs for youth. The USG provides strong support for these efforts, including support of life skills programs for school youth and media-based behavior change communication programs, such as the well-known *Makgabaneng* radio serial-drama. The USG is also funding a local FBO, Botswana Christian

AIDS Intervention Program, to develop a countrywide network of 125 church-based volunteer counselors to provide HIV/AIDS community counseling. Recent activities also include a collaborative project with the Ministry of Education to support the development and piloting of instructional materials for grades 1-12 teachers to help them better teach the life skills curricula to their students. The USG-supported Youth Health Organization (YOHO) is reaching tens of thousands of youth with messages promoting abstinence and fidelity. In FY 2005, the USG is further strengthening its ongoing activities, including training youth groups, schools and faith-based organizations for effective prevention efforts in ways to reach youth and deliver messages about abstinence, and training field officers to inform, educate, and mobilize communities through *Total Community Mobilization*, a National AIDS Coordinating Agency (NACA) co-sponsored, door-to-door community-based prevention program.

Prevention activities for FY 2005 include developing multifaceted social marketing campaigns for PMTCT, abstinence and faithfulness across the country, strengthening FBO/CBO/NGOs to enable them to deliver effective prevention services, and partnering with Botswana's largest alcohol distributor to promote responsible drinking and sensitization to the role that alcohol plays in HIV infection and medical non-adherence. DOD/ODC is supporting prevention activities within the Botswana Defense Force.

In order to strengthen systems for blood collection, testing, storage and handling, the USG is providing financial and technical support to strengthen GOB policies and systems, strengthen human capacity and provide essential supplies and equipment for blood testing. These activities are supported through Central Program funding.

Of the pending budget of $1,657,680 for Botswana remaining as of February 2005, an additional $619,409 in funding was allocated for prevention activities in April 2005. The additional funds will support PMTCT activities, Abstinence and Be Faithful Programs, training and human resource development for prevention activities, and expand hotline services. These funds will support an additional prevention program that promotes abstinence and/or being faithful in which 3,700 people will be reached with prevention programs promoting abstinence and/or being faithful, and 71 individuals will receive training in providing these programs. Funding will enable 37 more pregnant women to receive a complete course of antiretroviral prophylaxis in a PMTCT setting and will provide 158 women with PMTCT services.

An additional $25,000 was reprogrammed from Other Costs activities to support Prevention activities.

Principal partners: Academy for Educational Development (AED), AXIOM, Botswana Defense Force, Educational Development Center, Harvard School of Public Health, Humana People-to-People, John Snow Incorporated, International Training and Education Center (I-TECH), Ministry of Health (MOH), Ministry of Education (MOE), National AIDS Coordinating Agency (NACA), PACT, Pathfinder, Population Services International (PSI), Safe Blood For Africa, University of Medicine and Dentistry of New Jersey, Youth Health Organization (YOHO). The USG will also work with numerous other FBO/CBO/NGO partners who are still to be determined through competitive award review processes.

Care: $11,813,563 as of February 2005; $12,107,972 as of April 2005

In Botswana, an estimated 350,000 people are living with HIV/AIDS, and an estimated 78,000 children have been orphaned due to HIV/AIDS. The USG in Botswana supports the establishment and strengthening of essential care activities to meet the needs of PLWHA and children orphaned or made vulnerable due to HIV/AIDS, including HIV counseling and testing (CT) services, basic palliative care services, integration of TB/HIV services and support for OVC.

To address the palliative care needs of PLWHA, the USG works with the MOH to strengthen palliative care policies and guidelines and to train health care providers to deliver high quality palliative care services. The USG also promotes improvement of services for co-infected HIV/TB patients, including the integration of HIV testing among TB patients.

HIV counseling and testing is also a key component of Botswana's care interventions. In 2000, the USG initiated voluntary counseling and testing (VCT) services through the *Tebelopele* program, now a network of sixteen centers and eight satellites nationwide. *Tebelopele* centers have provided free, anonymous VCT with same-day results for over 150,000 visits to date. *Tebelopele* has recently been established as an independent NGO and is supported to build capacity further and become self-sustaining. The USG also supports new CT activities, including piloting an innovative home-based testing program. DOD/ODC supports VCT by constructing three permanent *Tebelopele* VCT centers in primary population areas.

OVC activities in FY 2005 include increased funding for the Ambassador's HIV/AIDS Initiative to facilitate training in community mobilization, kids' club formation, and advocacy through grants to ten local organizations. The USG is developing a long-term plan of action with the Ministry of Local Government to address identified gaps in services for children affected by HIV/AIDS, especially regarding their psychosocial needs. The capacity of FBOs/CBOs/NGOs that provide OVC services is being strengthened through an ongoing UNICEF-led program. Through PACT, an American implementing partner, the USG directly supports FBOs/CBOs/NGOs that provide palliative care and OVC services. The USG is in the process of placing Peace Corps Volunteers with eleven different FBO/CBO/NGOs who are currently striving to mobilize and implement community responses to OVC and other aspects of the HIV/AIDS epidemic. Central Program funding further strengthens capacity-building and technical assistance efforts in coordination with ongoing USG programs.

Of the pending budget of $1,657,680 for Botswana remaining as of February 2005, an additional $294,409 in funding was allocated for care activities in April 2005. The additional funds will expand efforts to strengthen the capacity of local HIV/AIDS organizations to provide palliative care and OVC activities, support HIV testing for TB patients and support CT. These additional funds will result in an additional service outlet/program that provides general HIV-related palliative care and an additional service outlet/program that provides malaria care and/or referral for malaria care as part of its HIV care. The number of individuals provided with general HIV-related palliative care will increase by 1,000. Training will be provided for an additional ten individuals in palliative care and 66 providers in caring for OVC. OVC programs will increase by five and an additional 1,910 OVC will be served.

Principal partners: Academy for Educational Development (AED), Humana People-to-People, Ministry of Health, Ministry of Local Government, PACT, Policy Project, *Tebelopele* and United Nations Children's Fund (UNICEF).

Treatment: $5,234,035 as of February 2005; $13,528,444 as of April 2005

Treatment activities in Botswana include the provision of antiretroviral (ARV) drug and service programs as well as laboratory support. Since January 2002, Botswana has been providing free ARV treatment to PLWHA. This program has grown to 27 treatment sites with 25,839 patients currently on treatment. Pregnant women are referred to the ARV program, thus there are no dedicated PMTCT-Plus sites in Botswana. With FY 2005 funds, the USG works with the MOH to ensure a safe and secure supply of ARVs in the country by procuring ARV drugs, installing a security system at Central Medical Stores (CMS), training CMS staff on supply chain management and quality assurance and training Drug Regulatory Unit staff in good manufacturing practices, inspections and pharmaco-vigilance. The USG is improving HIV/AIDS treatment for children and adults by working with international technical assistance partners to develop guidelines, policies and curricula; training; and monitoring and evaluation. With 7,000 PLWHA on ARVs, the USG also bolsters the private sector with support for training and quality assurance. Treatment activities are also being carried out through Central Program funding.

To strengthen the laboratory infrastructure in Botswana, the USG works with the MOH to ensure that laboratories have increased space, improved quality assurance, well-maintained laboratory equipment, a continuous supply of reagents and an improved standard of practice among laboratory staff. The Association of Public Health Laboratories (APHL) assists in this effort.

Of the pending budget of $1,657,680 for Botswana remaining as of February 2005, an additional $294,409 in funding was allocated for treatment activities in April 2005. The additional funds will purchase additional ARV drugs, provide new training opportunities and improve laboratory infrastructure and operations. Through these additional funds, four individuals will be trained in the provision of lab-related activities and the number of laboratories with the capacity to perform necessary tests will increase by four.

Under funding from the Rapid Expansion Fund, Botswana also will receive an additional $8,000,000 in funds to provide ART for 6,000 more individuals and to build capacity in 28 more laboratories for HIV diagnostic testing.

Principal partners: Associated Funds Administrators/Botswana, APHL, Baylor University, Georgetown University, Harvard School of Public Health, I-TECH, Ministry of Local Government, Ministry of Health and University of Pennsylvania.

Other Costs: $6,181,723 as of February 2005; $6,606,176 as of April 2005

Strategic information is crucial to measuring the progress made in reaching the 2-7-10 goals of the Emergency Plan. The USG provides support for enhancing the Botswana HIV/AIDS Response Information Management System (BHRIMS), which will generate information on the

national HIV/AIDS response, along with other targeted strategic information activities.

Principal partners: Medical Information Technology Incorporated, Ministry of Health, NACA.

Policy analysis and systems-strengthening activities focus on building sustainable national capacity to address the HIV/AIDS epidemic in Botswana by supporting management training across numerous programs, providing technical assistance to improve the capacity of HIV/AIDS program managers, strengthening districts to engage in a community planning process for HIV/AIDS response, as well as engaging the private sector in AIDS-in-the-workplace activities. Furthermore, the USG is working with PACT to strengthen indigenous FBOs/CBOs/NGOs via a central HIV/AIDS umbrella organization in Botswana that will become a leading partner in the HIV/AIDS fight locally.

Principal partners: Botswana Business Coalition on AIDS (BBCA), Botswana Business Coalition on AIDS (BBCA), Institute of Development Management, Ministry of Health, Ministry of Local Government, National Alliance of State and Territorial AIDS Directors (NASTAD), PACT, United Nations Development Program (UNDP).

Management and staffing activities enable effective implementation of the Emergency Plan including the technical assistance required to execute and manage the Emergency Plan activities. Personnel, travel, management and logistics support in-country are included in these costs.

Of the pending budget of $1,657,680 for Botswana remaining as of February 2005, an additional $449,453 in funding was allocated for strategic information, policy analysis and systems-strengthening activities and management and staffing activities in April 2005. The additional funds will support technical assistance, training, travel, evaluation activities and the expansion of the development of a health human resources plan. An additional twelve individuals will be trained in strategic information. The number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, which include stigma and discrimination reduction programs, will increase by ten and 218 more people will receive training in this area.

$25,000 of Other Costs activities was later reprogrammed to support Prevention activities.

Other Donors, Global Fund Activities, Coordination Mechanisms:

As a middle-income country, Botswana has relatively few other donors. However, significant additional funds and assistance are provided by the African Comprehensive HIV/AIDS Partnerships (ACHAP), the Global Fund and UN agencies. Bristol-Myers Squibb, the EU, China, Cuba, Germany, Japan, Norway, Sweden and the UK provide other support. Donor coordination is accomplished through the Development Partner Forum and Global Fund Country Coordinating Mechanism, both chaired by the Ministry of Finance and Development Planning, the NACA-chaired National HIV/AIDS Partnership Forum, and by various groups at the technical level under NACA and the line Ministries according to the sector.

Program Contacts:

Ambassador Joseph Huggins
Deputy Chief of Mission and Interagency Emergency Plan Coordinator Lois Aroian
HHS/CDC/BOTUSA Director Dr. Peter Kilmarx
State Department Regional Environment and Health Officer Ted Pierce

Time Frame: FY 2005 – FY 2006

SECTION III

FY 2005 SUMMARY BUDGET TABLE - BOTSWANA	USAID	HHS			DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	PMTCT (FY 2004 Funds)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention									
PMTCT	0	740,690	3,445,809	239,191	0	0	0	0	4,425,690
Abstinence/Be Faithful	840,000	266,000	2,141,438	0	0	0	0	0	3,247,438
Blood Safety	0	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	0	0	0	0	0	0
Other Prevention	0	35,000	3,128,409	0	250,000	0	0	0	3,413,409
Prevention Sub-total	*840,000*	*1,041,690*	*8,715,656*	*239,191*	*250,000*	*0*	*0*	*0*	*11,086,537*
Care									
Palliative Care: Basic health care & support	495,000	0	1,244,050	0	0	0	0	0	1,739,050
Palliative Care: TB/HIV	0	10,000	350,000	0	0	0	0	0	360,000
OVC	1,152,729	0	1,020,000	0	0	0	230,000	0	2,402,729
Counseling and Testing	0	3,464,000	3,392,193	0	750,000	0	0	0	7,606,193
Care Sub-total	*1,647,729*	*3,474,000*	*6,006,243*	*0*	*750,000*	*0*	*230,000*	*0*	*12,107,972*
Treatment									
Treatment: ARV Drugs	0	0	9,364,409	0	0	0	0	0	9,364,409
Treatment: ARV Services	0	148,035	846,000	0	0	0	0	0	994,035
Laboratory Infrastructure	0	0	3,170,000	0	0	0	0	0	3,170,000
Treatment Sub-total	*0*	*148,035*	*13,380,409*	*0*	*0*	*0*	*0*	*0*	*13,528,444*
Other Costs									
Strategic Information	0	454,977	1,495,000	0	0	0	0	0	1,949,977
Other/policy analysis and system strengthening	265,000	783,636	1,386,100	0	0	0	0	0	2,434,736
Management and Staffing	0	1,644,059	577,404	0	0	0	0	0	2,221,463
Other Costs Sub-total	*265,000*	*2,882,672*	*3,458,504*	*0*	*0*	*0*	*0*	*0*	*6,606,176*
AGENCY, FUNDING SOURCE TOTALS	**2,752,729**	**7,546,397**	**31,560,812**	**239,191**	**1,000,000**	**0**	**230,000**	**0**	**43,329,129**

Total Budget by Agency	
USAID	2,752,729
HHS	39,346,400
DOD	1,000,000
State	0
Peace Corps	230,000
Labor	0
Total	**43,329,129**

Total GHAI Budget by Agency	
USAID	2,752,729
HHS	31,560,812
DOD	1,000,000
State	0
Peace Corps	230,000
Labor	0
Total	**35,543,541**

Total Funding by Account	
Base (GAP)	7,546,397
GAC (GHAI)	35,543,541
PMTCT	239,191
Total	**43,329,129**

COTE D'IVOIRE

Project Title: **Cote d'Ivoire FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources					
	Notified in February 2005			Current Notification April 2005		NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	
HHS	5,252,988	9,983,071	15,236,059	0	7,835,000	23,071,059
USAID	0	4,176,602	4,176,602	0	3,487,012	7,663,614
DOD	0	0	0	0	29,832	29,832
State	0	0	0	0	0	0
Peace Corps	0	0	0	0	0	0
TOTAL Approved	5,252,988	14,159,673	19,412,661	0	11,351,844	30,764,505
Total FY 2004						13,035,496

* The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Cote d'Ivoire:

- HIV Prevalence in pregnant women: 9.5%
- HIV Prevalence in adults: 7.0% (2004, UNAIDS)
- Estimated Number of HIV-Infected People: 570,000 (2004 UNAIDS)
- Estimated Number of Individuals on Antiretroviral Therapy: 3,723 (9/2004, public sector)
- Estimated Number of AIDS Orphans: 420,000 (2004, UNAIDS)

Targets to Achieve 2-7-10 Goals:

Cote d'Ivoire	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	10,000	10,000
FY 2005**	57,000	23,600
FY 2008	385,000	77,000

* "Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment";
The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.
** FY 2005 targets are in the process of being reviewed based on modified funding allocations.

Program Description:

Cote d'Ivoire is an economic and migratory hub, situated adjacent to Ghana, Guinea, Burkina Faso, Mali, Liberia and the Atlantic Ocean. Almost one-third of the population is made up of immigrants from the subregion and almost half the population of eighteen million persons live in rural areas. For more than two-and-a-half years, Cote d'Ivoire has suffered a grave

political/military and consequent socio-economic crisis, which has divided the country into two zones and stimulated the creation of a special UN peacekeeping mission. In West Africa, Cote d'Ivoire has long been the country with the highest HIV prevalence and a place in which both HIV-1 and HIV-2 viruses are prevalent. A 19% decrease in life expectancy is predicted for 2005 as well as an increase in the adult mortality rate by 53% due to HIV/AIDS. Drawing on data prior to the crisis, the UN estimates 570,000 persons are infected with HIV, with an urban antenatal prevalence rate of 9.5%. An estimated 420,000 children have lost one or both parents to AIDS.

Cote d'Ivoire has a severe, generalized HIV epidemic, which is expected to be exacerbated by the crisis. HIV transmission is primarily through heterosexual or vertical transmission to HIV-exposed infants. Populations at risk for acquiring and/or transmitting HIV include HIV-serodiscordant couples, the uniformed services, commercial sex workers and economically vulnerable young women and girls, truckers and mobile populations, sexually active youth, out-of-school youth and OVC. Two-thirds of sexually active youth aged fifteen to nineteen reported not using a condom during their last sexual encounter. Most (98%) of the 570,000 HIV-infected persons do not know their HIV status. TB continues to be the leading cause of AIDS deaths and 47% of the annual 18,000 patients with newly diagnosed TB are co-infected with HIV.

The following programmatic areas are included in FY 2005 to mitigate the impact of the epidemic in Cote d'Ivoire:

Prevention: $3,337,963 as of February 2005; $6,489,963 as of April 2005

Primary HIV prevention priorities include behavior change among youth to delay sexual debut; decreased cross-generational and coerced sexual relationships; the promotion of fidelity coupled with HIV-testing within sexual partnerships; decreased hospital-related infection through expanded blood safety and injection safety programs; and risk-reduction among high risk populations such as high risk youth, the uniformed services, truckers and commercial sex workers with reduction of the number of sexual partners, consistent use of condoms and increased access to HIV-testing and care services.

Emergency Plan (EP) support complements Global Fund (GFATM) funds and assists the MOH to increase the number of health facilities providing integrated PMTCT services to 114, and linking them to other care and treatment services (expanding coverage from 2% to 20% coverage in two years). The EP supports rural communities and the various faith-based communities to promote abstinence and fidelity, and to fight against gender and HIV-related discrimination within their communities through two new grants and a new subgranting initiative. Existing interventions targeting the uniformed services and sex workers expand to extend geographic coverage of services. Secondary HIV prevention among HIV-infected individuals and serodiscordant couples is also a priority and constitutes one of the links between prevention, care and treatment services.

Of the pending budget of $6,751,844 for Cote D'Ivoire remaining as of February 2005, an additional $3,152,000 in funding was allocated for prevention activities in April 2005. The additional funds will support PMTCT activities, Abstinence and Be Faithful Programs, training

and human resource development for prevention activities, and a new activity working with local journalists to raise awareness of HIV/AIDS. These funds will reach over 4,000,000 people with prevention programs promoting abstinence and/or being faithful, and 30 local organizations will receive capacity building to manage these programs. Funding will enable 5,000 more pregnant women to receive a complete course of antiretroviral prophylaxis in a PMTCT setting, provide 100,000 women with PMTCT services and train at least 60 health care providers.

Principal partners: JHPIEGO, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), HOPE Worldwide (HW), Population Services International (PSI), John Snow International (JSI), Family Health International (FHI), National Blood Transfusion Service/Ministry of Health and Population, Social and Scientific Systems Inc, and International HIV/AIDS Alliance, Drew University, Ministry of Health for fight against AIDS, Ministry of National Education and new grantees TBD after competition.

Care: $4,870,290 as of February 2005; $6,740,290 as of April 2005

Emergency Plan activities improve and expand the quality and geographic coverage of counseling and HIV testing services (CT), and care and support for OVC and PLWHA. Current CT services in Cote d'Ivoire include innovative models but have poor geographic coverage so that more than 98% of the population remains sero-ignorant. The USG is expanding CT services to reach more than 200,000 persons before March 2006 through complementary strategies, expansion of integrated CT at public and other health services (including TB, STI, family planning and hospitals), four mobile units to increase access to rural and mobile populations, and, with matching resources from local government and/or other sources, to establish sustainable youth-friendly VCT services in community settings.

The first strategy promotes identification of persons with advanced HIV disease in urgent need of treatment (including 47% of 18,000 TB cases and more than 50% of 37,000 University Hospital inpatients). The second builds on existing models in Cote d'Ivoire for leveraging of funds to promote sustainability and local ownership. Improved quality of care with improved training and supervision tools incorporating couple counseling and expanding human capacity is also a focus. Existing OVC and home and palliative care services in the community expand with new small grants schemes coupled with technical and management assistance targeting faith and community-based organizations. The USG targets explicitly underserved areas such as rural and crisis afflicted areas. Development of national policy and guidelines for palliative care, community care and OVC care also contributes to assist scale-up of quality standardized services. OVC and PLWHA and other beneficiaries are anticipated to become effective advocates for required legal and policy reform. The EP will support a pilot regional project to promote and evaluate a network of linked social and health services and community-based services to inform the national roll-out model. The Emergency Plan complements HIV and TB GFATM funds and assist the MOH to integrate the HIV and TB programs with the expansion of CT and comprehensive HIV services at TB sites (reaching more than 18,000 TB cases annually) and incorporation of TB screening and referral at all CT services.

Of the pending budget of $6,751,844 for Cote D'Ivoire remaining as of February 2005, an additional $870,000 in funding was allocated for care activities in April 2005. The additional

funds will support and expand OVC and counseling and testing activities. These funds will reach approximately 20,000 OVC and provide counseling and testing services to 25,000 individuals. In addition, 75 individuals will be trained in counseling and testing in eighteen sites.

Cote D'Ivoire also will receive an additional $1,000,000 to provide counseling and testing services to 140,000 more individuals using funding from the Rapid Expansion Fund.

Principal partners: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Population Services International (PSI), JHPIEGO, HOPE Worldwide, International HIV/AIDS Alliance, CARE International, Impact/Family Health International, Ministry of Health and Population, Ministry of Solidarity and new grantees TBD after competition.

Treatment: $6,735,980 as of February 2005; $11,050,812 as of April 2005

The USG has played an integral role in expanding comprehensive HIV treatment in Cote d'Ivoire since the launch of the 1998 national pilot drug access initiative. In 2004 with USG support, the launch of the national treatment access program represented a major milestone in terms of heavily subsidized care, a 13% increase in annual government funding for antiretrovirals (to $1.4 million USD), and the first treatment center outside Abidjan. With FY 2005 funds, the Emergency Plan continues to support the national rollout plan and complement GFATM and other funds. Following FY 2004 evaluations and development of detailed plans, the EP strengthens key systems that are critical to scale-up of quality sustainable treatment services including: HIV commodities management through the national public pharmacy; planning and supervision by the district health team, monitoring through the health management information system and targeted evaluations including the emergence of antiretroviral resistance; in-service and pre-service training for managers and health professionals; and the establishment of a laboratory network to support decentralized HIV services (reducing the workload on the overburdened central USG supported RETRO-CI laboratory which continues to provide the bulk of national HIV testing and monitoring).

With FY 2005 funds, the USG works to rapidly expand service delivery through public, faith-based and private facilities with technical assistance to promote family-care and ensure links to relevant prevention, care and support services. The Emergency Plan will complements GFATM TB funds to integrate HIV treatment services at TB centers and link patients to ongoing HIV services. In 2005 a new twinning partnership will be launched between UCSF and the major teaching hospital to establish a national training and adult referral center of excellence at the infectious diseases institution and integrate HIV services throughout. This center forms the hub of the network for the national treatment program.

USG provides ongoing technical and financial support through small grants to PLWHA and media networks/organizations in order to promote treatment literacy, uptake of counseling and testing and fight gender and HIV-related stigma and discrimination. Overall efforts contribute toward development of a system that can provide a continuum of comprehensive care and treatment services to include antiretroviral drug therapy, psychosocial support and treatment of opportunistic infections.

Of the pending budget of $6,751,844 for Cote D'Ivoire remaining as of February 2005, an additional $714,832 in funding was allocated for treatment activities in April 2005. These additional funds will provide ART treatment for an additional 8,400 individuals and training for at least 75 health care providers.

Cote D'Ivoire will also receive $3,600,000 to provide ART for 18,900 individuals using funding from the Rapid Expansion Fund.

Principal partners: Elizabeth Glaser Pediatric AIDS Foundation, JHPIEGO, Impact/Family Health International, International HIV/AIDS Alliance, HOPE Worldwide, Population Services International, Association of Public Health Labs (APHL), University of California, San Francisco, Management Sciences for Health (MSH), Ministry of Health and Population.

Other Costs: $4,468,428 as of February 2005; $6,483,440 as of April 2005

Strategic Information activities constitute 7% of the overall budget and continue to fill critical information gaps and support coordination and planning with the key Ministries of AIDS, Health and Solidarity (OVC), donors and key stakeholders to identify priorities, use comparative advantages, mobilize resources and maximize their efficient use. FY 2005 support from the Emergency Plan assists Cote d'Ivoire to obtain baseline data, direct program efforts and measure program results. This includes baseline studies, the first population-based national study in more than a decade, the first trend data since the 2002 crisis began (annual national antenatal sentinel surveillance), and the integration of HIV indicators into the national health management information system. The USG, along with other major development partners, will support the ongoing capacity building (critical skilled human resources, informatics and communications infrastructure and systems) required at the key Ministry of Health and AIDS to plan, develop and implement appropriate surveillance and M&E plans and improve the use of data to guide interventions. Support is also directed toward a common system to capture HIV-related information from VCT, PMTCT and treatment to reinforce linkages between the sites and effective use of data at different levels of the health system. Substantial telecommunications and informatics system investment is also required to support M&E, and also provides substantial secondary benefits for networking, access to information, distance-learning, telemedicine possibilities and other benefits. The USG also supports improved monitoring and evaluation of HIV interventions at the community level and supports development of simple data collection tools and training in collection and use of data for subgrantee recipients.

Of the pending budget of $6,751,844 for Cote D'Ivoire remaining as of February 2005, an additional $2,015,012 in funding was allocated for other policy activities in April 2005. The additional funds will support training in the area of strategic information and human capacity building. Funds will also support program management costs for the USG Mission in Cote D'Ivoire. These funds will provide training for 550 individuals.

Principal partners: Partners on Health Reform Measure Evaluation/John Snow Inc., Measure/ORC MACRO, National Institute of Statistics, Ministry of AIDS, and Impact/Family Health International, International HIV/AIDS Alliance, Ministry of Health and Population, Project RETRO-CI.

Cross-cutting activities focus on human and organizational capacity; public-private sector partnerships and leveraging additional resources; improved planning, coordination and advocacy efforts; and addressing HIV- and gender-related stigma and discrimination. The USG works with other partners to support a rapid evaluation of the existing and projected human capacity needs within the health sector in view of the four-year Emergency Plan goals. This is followed by development of a national strategy to address human capacity constraints including a comprehensive training plan. Cross-cutting training activities also include HIV program management, and training of trainers approaches to transfer skills and involve key national health professional training institutions and stakeholders. A national linking organization was also established to provide support small-to-medium capacity community and faith-based organizations to develop their management, planning and overall capacity and strengthen the civil society response to HIV/AIDS in Cote d'Ivoire. These new activities will also allow NGOs working in HIV/AIDS to enhance their work in fighting stigma and discrimination. The USG also provides support to key private and other sector organizations to document and share their best practices to fight HIV/AIDS in the workplace and promote innovative public-private partnerships designed to leverage additional human and financial resources. FY 2005 support will also assist the Ministries of Health and Education to establish HIV programs for their large and socially influential staff in the workplace.

Principal partners: Management Sciences for Health, Policy Project, HIV/AIDS Alliance and Family Health International.

Administrative Costs will support the program management costs to implement and manage the Emergency Plan. HHS personnel, travel, management and logistics support in-country will be included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

While the USG is the largest donor, other development partners and/or funds active in the HIV/AIDS sector include: The Global Fund for HIV, TB and Malaria ($18 million HIV project 2004 - 2005, and $2 million TB project 2005 - 2006 with UNDP as principal agent) and $1.5 million with CARE International as principal agent, the UN (UNAIDS, WHO, UNICEF, UNDP, UNFPA, WFP), and other bilateral partners (the Belgian, Canadian, French, German and Japanese). A large potential source of funding is the World Bank-MAP, which may initiate a program in FY 2005 (US$50 million over five years). USG agencies coordinate in-country through the USG Emergency Plan coordinating committee chaired by the U.S. Ambassador. HHS represents the USG on the Global Fund Country Coordinating Mechanism (CCM) and at most technical forums. The CCM is a strong, multisectoral, participatory forum that brings together 33 members of civil society, public and private sectors and multilateral and bilateral development partners allowing information sharing, deliberation and coordination. This CCM complements the national system of HIV coordination committees stretching from the national HIV council (headed by the President annually) through the regional, district and grassroots village HIV/AIDS Action Committee as well as the various sectoral and technical committees. The Ministry of AIDS has a committee that meets quarterly to improve planning and coordination and includes civil society representatives, bilateral and multilateral partners and the

Ministry of Health and Finance. UNAIDS also chairs a regular coordination forum bringing multilateral and bilateral development partners together. All efforts are made to ensure maximum collaboration with in-country partners.

Program Contact: Ambassador Aubrey Hooks

Time Frame: FY 2005 – FY 2006

SECTION III

FY 2005 SUMMARY BUDGET TABLE - COTE D'IVOIRE	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	1,650,000	258,957	510,000	0	0	0	0	2,418,957
Abstinence/Be Faithful	252,000	90,536	1,430,000	0	0	0	0	1,772,536
Blood Safety	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	0	0	0	0	0
Other Prevention	250,000	188,470	1,860,000	0	0	0	0	2,298,470
Prevention Sub-total	*2,152,000*	*537,963*	*3,800,000*	*0*	*0*	*0*	*0*	*6,489,963*
Care								
Palliative Care: Basic health care & support	800,000	0	720,000	0	0	0	0	1,520,000
Palliative Care: TB/HIV	80,000	80,276	400,000	0	0	0	0	560,276
OVC	970,000	42,507	440,000	0	0	0	0	1,452,507
Counseling and Testing	800,000	62,507	2,345,000	0	0	0	0	3,207,507
Care Sub-total	*2,650,000*	*185,290*	*3,905,000*	*0*	*0*	*0*	*0*	*6,740,290*
Treatment								
Treatment: ARV Drugs	900,000	0	3,500,000	0	0	0	0	4,400,000
Treatment: ARV Services	150,000	329,352	5,198,071	0	0	0	0	5,677,423
Laboratory Infrastructure	0	643,557	315,000	14,832	0	0	0	973,389
Treatment Sub-total	*1,050,000*	*972,909*	*9,013,071*	*14,832*	*0*	*0*	*0*	*11,050,812*
Other Costs								
Strategic Information	981,614	534,260	600,000	0	0	0	0	2,115,874
Other/policy analysis and system strengthening	830,000	184,705	0	0	0	0	0	1,014,705
Management and Staffing	0	2,837,861	500,000	15,000	0	0	0	3,352,861
Other Costs Sub-total	*1,811,614*	*3,556,826*	*1,100,000*	*15,000*	*0*	*0*	*0*	*6,483,440*
AGENCY, FUNDING SOURCE TOTALS	**7,663,614**	**5,252,988**	**17,818,071**	**29,832**	**0**	**0**	**0**	**30,764,505**

Total Budget by Agency	
USAID	7,663,614
HHS	23,071,059
DOD	29,832
State	0
Peace Corps	0
Labor	0
Total	**30,764,505**

Total GHAI Budget by Agency	
USAID	7,663,614
HHS	17,818,071
DOD	29,832
State	0
Peace Corps	0
Labor	0
Total	**25,511,517**

Total Funding by Account	
Base (GAP)	5,252,988
GAC (GHAI)	25,511,517
Total	**30,764,505**

ETHIOPIA

Project Title: **Ethiopia FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources					
	Notified in February 2005			Current Notification April 2005		NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	
HHS	5,799,714	14,011,885	19,811,599	0	9,700,000	29,511,599
USAID	0	40,395,614	40,395,614	0	4,685,000	45,080,614
DOD	0	527,000	527,000	0	0	527,000
State	0	625,000	625,000	0	0	625,000
Peace Corps	0	0	0	0	0	0
TOTAL Approved	5,799,714	55,559,499	61,359,213	0	14,385,000	75,744,213
Total FY 2004						40,990,732

* The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Ethiopia:

- HIV Prevalence in Pregnant Women: 5.0% (2003)
- Estimated Number of HIV-Infected People: 1,380,000 (2003)
- Estimated Number of Individuals on Antiretroviral Therapy: 9,500
- Estimated Number of AIDS Orphans: 379,341 maternal, 331,459 paternal, and 174,080 dual (2003)

Targets to Achieve 2-7-10 Goals:

Ethiopia	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	102,000	15,000
FY 2005**	269,235	27,500
FY 2008	1,050,000	210,000

*** "**Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.

** FY 2005 targets are in the process of being reviewed based on modified funding allocations.

Program Description:

Ethiopia is the second most populous country in sub-Saharan Africa, with a 2003 population estimated at 70 million people from 83 ethnic groups and languages, in an area almost twice the size of Texas. There are nine ethnically-based regions and two special administrative areas, one of which is the capital, Addis Ababa. Approximately 4% of the population lives in Addis Ababa, and another 11% resides in scores of much smaller urban areas throughout the country. Approximately 85% of the population lives in rural areas. Religion plays a major role in the lives of most Ethiopians: approximately 40%-45% of the population adheres to the Ethiopian Orthodox Church; approximately 45% of the population is Muslim; and Evangelical and Pentecostal Protestantism constitute more than 10% of the population. To date, there is remarkable religious tolerance and harmony.

The national adult HIV seroprevalence for 2003 is estimated at 4.4%, with a 12.6% urban rate and a 2.6% rural rate. The new data show some expected variation among the regions, with the capitol of Addis Ababa, the "city states" of Dire Dawa and Harari, and Amhara regions having the highest total prevalence rates. Addis, Dire Dawa, Harari and the region of Afar – with 16.7% urban prevalence rate – are along the Addis-Djibouti Corridor, which is Ethiopia's major route to the sea. In general, HIV in Ethiopia continues to be primarily urban, with wide variation in rural areas. The rural epidemic is heterogeneous with hotspots. General "drivers" of the epidemic are the overall high population growth (2.7%); the very low access to public health services (below 62%); low literacy rates (32.8% total, with only 26.4% for females and 39.3% for males); and the overwhelming poverty of most of the population, with GDP per capita under US$100. Maternal mortality rates are 871 per 100,000 live births, reflecting low utilization rates for antenatal care and labor and delivery services important to PMTCT. Half of Ethiopia's children are underweight for their age and over half are stunted, with recent surveys indicating that orphans affected by HIV and AIDS are relatively more vulnerable. The per capita expenditures for health from all sources (Government, donors and out-of-pocket) are low, $5.60, compared to an average of $12.00 per person in the Africa region.

There are few disaggregated data, but experience from other countries and the limited data on Ethiopia suggest that the groups engaging in high risk behavior or at-risk in Ethiopia are the same as in many other countries. These include transport workers and other mobile men, commercial sex workers, men with disposable incomes, internally displaced people and refugees, in- and out-of-school youth, university students, police and the military. Data from small-scale hospital-based studies show TB/HIV co-infection rates ranging from 25% to 47%. It is conservatively estimated that at least 30% of TB patients are currently co-infected with HIV. Two-thirds of the adult population in the country is estimated to have latent TB infection (LTBI) and hence, LTBI is widespread among HIV-infected individuals, thereby increasing their risk of developing active TB significantly.

The following programmatic areas will be included in the 2005 Country Operational Plan (COP) to mitigate the impact of the epidemic in Ethiopia:

Prevention: $11,591,750 as of February 2005 and as of April 2005

Prevention activities in Ethiopia are targeted at high risk groups, and include abstinence and faithfulness programs, other prevention initiatives, PMTCT and blood and medical injection safety. Abstinence and faithfulness (AB) programs target high- and medium-risk groups in urban and rural areas in all eleven regions. Additional awards for AB activities have been made through Central Programming. Ethiopia-funded AB awards will support development and/or delivery of information, education, and behavioral change messages promoting delay of sexual debut, abstinence, faithfulness and responsible decision-making messages to approximately 750,000 youth, through the training of 600 religious leaders (Orthodox, Muslim, other Christian) and 12,000 youth peer educators. Parents and other community members will also be reached with the AB messages in 200+ communities. Other prevention initiatives focus on HIV prevention education and increased condom use for military personnel, truckers and sex workers. The Addis-Djibouti transport corridor (Ethiopia's primary route to the sea) will continue to receive geographically targeted funding. Efforts will increase condom use among high risk groups by 10%, educate 150,000 military personnel 45,000 police, and reach 320,000 at-risk civilians.

PMTCT programming in Ethiopia began in 2003, with current USG-assisted coverage at fourteen hospitals and thirteen health centers in six regions. Uptake is low: less than 30% of the women who attend antenatal care clinics have chosen to be tested. The Emergency Plan objective for the 2005 COP is to increase the coverage of PMTCT services to health networks in all eleven regions and to increase MTCT uptake to 50%. Only 9% of Ethiopian women deliver their children in health facilities, and Ministry of Health policies do not currently allow administration of prophylaxis (Nevirapine) for the mother and newborn outside of health facilities. During 2005 the USG will undertake advocacy activities with the Ministry of Health to change the policy and to permit administration by trained traditional birth attendants for at-home births. The Emergency Plan 2005 COP funds will provide for infrastructure improvements, technical assistance, clinical materials and supplies, information, education and communications materials and equipment, training, transport and management to support the expansion of PMTCT services into 28 additional hospitals and 28 additional health centers. Funding will also be provided to community- and faith-based organizations to support community mobilization to increase utilization and uptake rates, with particular attention to stigma reduction and increasing participation of husbands in PMTCT.

Over the five-year Emergency Plan period in Ethiopia, Central Programming funds will be used to increase implementation of the new National Blood Safety Plan to a total of eleven regional blood banks and hospital-based blood banks and to assure that infection prevention and the new guidelines are incorporated in all in-service and pre-service training curricula. As part of the 2005 COP, in-country and central funding will also be used to incorporate injection safety measures throughout participating Ministry of Health, military and nongovernmental health networks.

Principal partners: Ethiopian program funding: U.S. Centers for Disease Control and Prevention (CDC), U.S. Department of Defense (DOD), U.S. Agency for International Development (USAID), Ethiopian Ministry of Health (MOH), Ethiopia HIV/AIDS Prevention and Control

Offices (HAPCO), International Orthodox Christian Charities (IOCC), Muslim Development Agency (MDA), Family Health International/IMPACT, The John Hopkins University Center for Communication Program and Health Communication Partnership, Save the Children/USA, JHPIEGO, Intrahealth. O/GAC Central Programming awards include Catholic Relief Services, Pact, Inc., Food for the Hungry International and Samaritan's Purse.

Care: $13,641,316 as of February 2005; $13,976,316 as of April 2005

Care activities in Ethiopia include counseling and testing (CT), basic palliative care, support to integration of TB and HIV programs and support for OVC. Ethiopian policy currently supports only voluntary CT, with services provided in approximately 350 Ministry of Health, military and nongovernmental (non-profit and commercial) facilities nationwide as of mid-2004. The USG has taken the lead in establishing 220 of those sites. The CT strategy for 2005 will include deliberate and focused policy dialogue to permit routine, informed consent testing of high risk groups, including TB and STI patients and active duty military personnel, and will increase attention to assuring quality of all voluntary and routine CT services provided. A modest increase of 20 new USG-initiated CT sites is planned. The testing will result in 246,000 new clients/patients knowing their HIV status by September 2005.

Palliative care activities will comprise delivery of a "preventive care package" of services and support base to HIV-positive individuals and their families, targeted to the needs of asymptomatic, symptomatic and chronically ill/end-of-life population segments. The "package" will assure a continuum of care among households and communities, health centers and hospitals within geographically proximate health networks. The health center is considered the key catalyst for care, and as such will be the focus of training, technical assistance, quality assurance and provision of clinical equipment and supplies during the 2005 COP. At the community level, palliative care activities will include strengthening community- and faith-based organizations to promote "positive living" and to provide psychosocial and spiritual support, bed nets (where appropriate), nutrition and other support to individuals and families affected by HIV and AIDS. Stigma reduction will be addressed through information, education and communication materials targeted to health care providers, caregivers and communities within health networks. USG efforts will reach an additional 270,575 HIV-positive patients with basic palliative care by March 2006. The USG will continue its collaboration with the Ministry of Health and the World Health Organization to integrate Ethiopia's TB and HIV/AIDS programs in pilot sites. The pilot includes provider-initiated clinical and diagnostic HIV counseling and testing for all persons with TB as part of standard TB care; screening of all HIV-infected persons for active TB disease as part of routine quality clinical care of persons infected with HIV; and establishment of a strong patient referral system between TB and HIV programs for HIV-infected persons. Based on the results of the pilot, during the 2005 COP the partners will plan for expansion beginning in 2006.

In the 2005 COP, the USG will continue to leverage use of P.L. 480 Title II resources to provide care and support to OVC in high-prevalence areas within USG-assisted health networks, and to provide non-food subsistence, psychosocial, spiritual and education/skills development support to OVC nationwide through FBOs and NGOs in USG-assisted health networks. The USG and key partners will continue to provide advocacy and education to the nascent OVC Task Force to

promote development of guidelines, norms and standards for OVC care and support in Ethiopia. Activities launched under two central programming awards launched in 2004 are expected to complement these efforts.

Ethiopia will also receive $335,000 in additional funding from the Rapid Expansion Fund to further expand successful and innovative programs that will contribute to treatment. This funding will provide counseling and testing to more than 9,000 individuals and palliative care to more than 25,000 people.

Principal partners: Ethiopia Program Funding to: CDC, DOD, USAID, U.S. Department of State Office of Population, Refugees and Migration (PRM), International Rescue Committee (IRC), Johns Hopkins University Health Communication Programs (JHU/HCP), JHPIEGO, International Training and Education Center on HIV/AIDS (ITECH), IOCC, CRS, Relief Society of Tigray (REST), Management Sciences for Health, Save the Children Federation. OGAC Central Programming awards to: Save the Children, Project Concern International.

Treatment: $25,034,549 as of February 2005; $39,084,549 as of April 2005

Treatment activities in Ethiopia include procurement and distribution of ART, supply chain and laboratory improvement. There are no "stand-alone" PMTCT-Plus programs. Out of an estimated 265,400 individuals of all ages (140,800 females and 124,600 males) that need ART in 2004, there are only about 9,500 individuals on ARVs at 35 hospitals around the country, or about 3.5% of those eligible. The Global Fund (Round 2) is providing ARVs to about 10,000 individuals, and the USG is providing ARVs to 25 hospitals in the eleven regions, covering about 15,000 individuals. The 25 Emergency Plan "first cohort" comprises five military, one police, one private/commercial, one FBO and seventeen public sector hospitals, five of which are Central Medical Centers (CMCs)/university teaching hospitals.

In the 2005 COP, the USG will continue to procure and provide ARVs to its first cohort of 25 hospitals and will share 30 "second cohort" hospitals and patients with the Global Fund, depending on the timing of funding. Approximately 40,000 patients (about 25,000 on USG-financed ARVs, and about 15,000 on other) will be treated. In this shared second cohort, the USG will provide providing primary assistance in pre-service and in-service training, supervision, drug and supply chain management, laboratory improvements and strategic information for ART, and the Global Fund will provide essential drugs (including OI/TB, STI and ARVs), significant equipment and major construction and renovation needs. The USG will also provide training and technical assistance to correctly utilize and maintain the equipment, and to establish patient monitoring systems in which data are accurately recorded and stored for patient evaluation over time. Expanded private sector engagement will be encouraged. Communities will be increasingly involved in ART, assuring treatment adherence and other support as part of the "preventive care package" for persons living with HIV and AIDS.

The USG has also supported site readiness interventions, including modest renovations, procurement of equipment (haematology, computers, limited CD4 machines), and staff training for the laboratories of the 25 USG "first cohort" hospitals. In 2005, the USG will collaborate closely with MOH, Ministry of National Defense (MOND), the GF, and other colleagues to

maintain and advance improvements at these facilities. Additionally, the USG will fill critical gaps not financed by other partners that are necessary to build laboratory capacities at the five regional reference laboratories, the National Defense Laboratory, the Laboratory Technology School and other key actors in the nascent Ethiopian national laboratory network.

ARV drugs for Ethiopia are supplied by international pharmaceutical companies and are limited to drugs that are registered and inspected for quality by Ethiopia's Drug Administration and Control Authority (DACA, the equivalent of the U.S. Food and Drug Administration, or FDA). The USG will maintain its collaboration with DACA. The USG will also collaborate with Ethiopia's two major pharmaceutical and supply services, the MOH Pharmaceutical Administration and Supplies Service (PASS), which handles HIV test kits and TB drugs, and the parastatal Pharmaceuticals and Medical Supplies Import and Wholesale Sales Company (PHARMID) which will manage distribution of USG-financed ARVs and PMTCT supplies. The USG and its partners will continue to work with HAPCO (as the Global Fund Principal Recipient), the MOH, PASS and the Regional Health Bureaus to help rationalize procurement, management, and distribution of HIV test kits, which are provided through a variety of non-USG sources.

Ethiopia will also receive $14,050,000 in additional funding from the Rapid Expansion Fund to provide ART for 25,000 individuals, and to train 220 health workers in the provision of treatment.

Principal partners: CDC, PHARMID, MOH/PASS, DACA and Management Sciences for Health (MSH) Rational Pharmaceutical Management Plus (RPM+) project.

Other Costs: $11,091,598 of February 2005 and as of April 2005

Strategic Information (SI) services will focus on three broad areas: 1) strengthening of the national, as well as USG monitoring and evaluation (M&E) systems, 2) support for programmatic activities e.g., laboratory and logistics management systems, patient monitoring systems, surveillance, targeted evaluations and 3) human capacity development in SI, including strengthening of SI leadership within relevant Ministries.

The major effort in supporting the national M&E system will focus on implementation of the revised National M&E Framework at all levels, down to the community level. In addition to supporting external M&E activities, USG will further develop the country-level internal USG M&E system to provide day-to-day program management support to all participating USG agencies and to support efficient Mission response to higher-level inquiries about program status.

Support for programmatic activities includes continuation of ongoing SI activities such as strengthening the national HIV/AIDS/STI/TB surveillance systems and USG participation on Ministry of Health Technical Working Groups involved in SI. EP support will also be used to implement several support systems, including a laboratory information system at the central and regional laboratories that will support both internal laboratory operations and external quality assurance, and a logistics management system to support effective logistics control of drugs and other essential HIV/AIDS-related commodities such as test kits.

The third area of SI focus in FY 2005 is human capacity development through support for development of SI -related in-service and pre-service courses and increased number of training opportunities at the regional level.

Principal partners for SI: Ministry of Health, HAPCO, Regional Medical Schools, Pharmaceutical Management Plus (RPM+), U.S. Centers for Disease Control and Prevention.

Policy and system strengthening during FY 2005 includes a variety of activities. In policy, the USG will focus on support of the implementation of Global Fund activities and the evaluation of its impact. The USG will continue to support the operations of the Country Coordinating Mechanism Secretariat. In addition, USG will support the System Wide Effect of the Fund evaluation, which focuses on evaluating effects of Global Fund monies on country-level systems.

The EP will undertake an effort to increase the number of new partners, particularly indigenous, which can be involved in USG-Ethiopia-supported activities. To this end, the USG will develop and implement a unified USG communications strategy that will ensure successful delivery of a unified message to all partners and stakeholders. In addition, the USG will fund a Small Grants program in order to attract more local partners, especially smaller CBOs and FBOs.

The Health Network Model provides the fundamental Emergency Plan framework for supporting the continuum of care for HIV/AIDS infected and affected persons across both the formal health care delivery system and communities. The USG will work with partners to support several regional sites to provide a model for health network development. This activity will also involve the award of five regional RFAs for home-based and community care services.

Principal partners for Policy and Systems Strengthening: Ministry of Health, World Health Organization, Abt Associates, JHU/HCP, CDC, Regional Medical Schools and Department of State.

Administrative Costs will support the program and technical assistance required to implement and manage the Emergency Plan activities. USAID, CDC, State and DOD personnel, travel, management and logistics support in-country will be included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The Global Fund is the largest donor in Ethiopia, with funding for HIV/AIDS totaling $645.16 million to date. The USG is the second largest donor. The World Bank's Multicountry HIV/AIDS Program (MAP) provided US$57.9 million in its first phase, which has now been extended through CY 2005; a second phase is under preparation. Other active international donors include WHO, UNICEF, UNAIDS, UNDP, ILO, IOM and WFP. Important bilateral partners are the United Kingdom, Ireland, the Netherlands, Japan and Sweden. There are over 170 national and international NGOs and FBOs active in HIV/AIDS, in the regions and at the national level.

The primary body to assure donor coordination is the HIV/AIDS Prevention and Control Offices (HAPCO), with offices at the federal, regional (11) and district (606) levels. In 2003, HAPCO established a consultative National Partnership Forum, which now has six sub-fora to address specific interest groups, e.g. NGOs, Donors, Media, Religious organizations, PLWHA and Business Coalition. Each sub-forum sends a representative to the overall Forum. To date there are no similar mechanisms at the regional level, although some regional HAPCOs have formed sector-specific working groups.

Ethiopia's Donor Assistance Group also has sub-groups, including an HIV/AIDS Donor Group, which links to the Global Fund's Country Coordinating Mechanism (CCM) and the USG's Emergency Fund.

Program Contact: Ambassador Aurelia Brazeal

Time Frame: FY 2005 – FY 2006

FY 2005 SUMMARY BUDGET TABLE - ETHIOPIA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	1,660,000	375,000	960,000	0	0	0	0	2,995,000
Abstinence/Be Faithful	3,750,000	99,350	310,000	0	0	0	0	4,159,350
Blood Safety	0	0	0	100,000	0	0	0	100,000
Injection Safety	0	0	100,000	130,000	0	0	0	230,000
Other Prevention	3,150,000	237,400	720,000	0	0	0	0	4,107,400
Prevention Sub-total	*8,560,000*	*711,750*	*2,090,000*	*230,000*	*0*	*0*	*0*	*11,591,750*
Care								
Palliative Care: Basic health care & support	5,411,300	0	595,000	0	0	0	0	6,006,300
Palliative Care: TB/HIV	432,000	0	138,750	0	0	0	0	570,750
OVC	4,511,086	0	0	0	0	0	0	4,511,086
Counseling and Testing	1,270,000	145,180	1,256,000	142,000	75,000	0	0	2,888,180
Care Sub-total	*11,624,386*	*145,180*	*1,989,750*	*142,000*	*75,000*	*0*	*0*	*13,976,316*
Treatment								
Treatment: ARV Drugs	21,850,000	0	0	0	0	0	0	21,850,000
Treatment: ARV Services	300,000	260,370	13,396,179	0	0	0	0	13,956,549
Laboratory Infrastructure	0	190,000	3,088,000	0	0	0	0	3,278,000
Treatment Sub-total	*22,150,000*	*450,370*	*16,484,179*	*0*	*0*	*0*	*0*	*39,084,549*
Other Costs								
Strategic Information	625,000	824,250	2,150,000	0	0	0	0	3,599,250
Other/policy analysis and system strengthening	331,228	0	650,000	0	200,000	0	0	1,181,228
Management and Staffing	1,790,000	3,668,164	347,956	155,000	350,000	0	0	6,311,120
Other Costs Sub-total	*2,746,228*	*4,492,414*	*3,147,956*	*155,000*	*550,000*	*0*	*0*	*11,091,598*
AGENCY, FUNDING SOURCE TOTALS	**45,080,614**	**5,799,714**	**23,711,885**	**527,000**	**625,000**	**0**	**0**	**75,744,213**

Total Budget by Agency	
USAID	45,080,614
HHS	29,511,599
DOD	527,000
State	625,000
Peace Corps	0
Labor	0
Total	**75,744,213**

Total GHAI Budget by Agency	
USAID	45,080,614
HHS	23,711,885
DOD	527,000
State	625,000
Peace Corps	0
Labor	0
Total	**69,944,499**

Total Funding by Account	
Base (GAP)	5,799,714
GAC (GHAI)	69,944,499
Total	**75,744,213**

GUYANA

Project Title: Guyana FY 2005 Country Operational Plan (COP)

Budget Summary:

	Funding Sources					
	Notified in February 2005			Current Notification April 2005		NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	
HHS	1,000,000	2,727,177	3,727,177	0	1,967,543	5,694,720
USAID	0	8,114,233	8,114,233	0	1,370,000	9,484,233
DOD	0	334,047	334,047	0	0	334,047
State	0	25,000	25,000	0	0	25,000
Peace Corps		215,000	215,000	0	0	215,000
TOTAL Approved	1,000,000	11,415,457	12,415,457	0	3,337,543	15,753,000
Total FY 2004						9,326,543

* The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Guyana:

- HIV Prevalence in Pregnant Women: 3.8%
- Estimated Number of HIV-Infected People: 18,000
- Estimated Number of Individuals on ART: 500 (individuals thru 1 public hospital)
  49 (individuals thru 1 private hospital)
- Estimated Number of AIDS Orphans: 4,000

Targets to Achieve 2-7-10 Goals:

Guyana	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	400	300
FY 2005**	3,225	805
FY 2008	9,000	2,000

* "Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS. Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.
** FY 2005 targets are in the process of being reviewed based on modified funding allocations.

Program Description:

HIV/AIDS is a growing problem in Guyana, though the true extent of the problem is unknown because national sero-prevalence data and AIDS case reporting data is incomplete. By the end of 2001, the Ministry of Health (MOH) had recorded 2,185 cases (cumulative from 1987). The epidemic has become generalized, and females are increasingly affected by the disease, especially in the younger age groups. By 2001, females made up 38% of all reported AIDS cases and, in the 15-24 age group, significantly more females than males have AIDS (MOH). Because of stigma and discrimination, few Guyanese are willing to be tested for HIV.

Heterosexual sex appears to be the primary mode of transmission; males comprise 62% of reported cases of HIV. Studies of persons who practice high risk behaviors indicate that HIV prevalence has reached alarming levels. For example, MOH/CAREC/GTZ studies of female sex workers in 1997 and 2000 found seroprevalence rates of 45% and 31%, respectively (drawing on different sampling frames and methodologies). MOH data for 2000 indicate HIV prevalence of 15.1% for males and 12.0% for females among patients at the Genitourinary Medicine (GUM) Clinic in Georgetown. In 2001, PAHO reported HIV prevalence rates of 30-41% among patients with TB. Though sex-specific seroprevalence data do not exist, women—and especially young women—represent an increasing proportion of the population with AIDS.

Prevention: $3,711,000 as of February 2005 and April 2005

Critical strategic interventions by the USG include the expanded access to PMTCT services, community dialogue and action promoting HIV prevention, reinforcing safer sexual behaviors, reducing stigma, prevention for positives, prevention in most-at-risk populations, condoms available, acceptable and correctly used (when appropriate), blood safety and medical injection safety.

PMTCT will expand to include an additional ten target sites, bringing the total to 42, which includes five major labor and delivery sites responsible for 80% of all annual deliveries. Funds will also support infrastructure development/maintenance, human capacity development and educational materials and equipment.

Abstinence and faithfulness programs focus on both in- and out-of-school youth and will strengthen the capacity of fifteen local non-government and faith-based organizations to provide prevention messages and services. This effort is being accompanied by national behavior-change communication campaigns promoting abstinence and faithfulness including delay of sexual debut, specifically targeting groups such as youth in the last years of primary school and first years of secondary school.

Comprehensive community-based programs are partnering with the education system, health service facilities and community groups to delay the onset of sexual intercourse, decrease risk behavior and increase appropriate use of health services. Teaching abstinence in schools is creating the backbone of efforts of integrating HIV/AIDS education and reproductive health into the school-based Health and Family Life Education (HFLE) series being developed through the Ministry of Education, with Emergency Plan (EP) support. Until HFLE is finalized, education-

sector Peace Corps Volunteers (PCV) will receive training to integrate HIV/AIDS prevention education, with a strong emphasis on promoting the developed abstinence messaging, into the current Life Skills teaching they provide at nearly twenty schools across the country. The MOH Adolescent and Young Adult Health and Wellness Unit (CAYAHWU) is being strengthened to promote participation of parents, teachers, health care workers and communities in promotion of healthy lifestyles, and ensure that children, adolescents and young adults take a lead role in determining youth health policies and initiatives.

Voluntary counseling and testing through eighteen public, private, NGO/FBO and mobile models are serving as an entry point into care and treatment programs. Demand-generation for condom use is being promoted through a social marketing campaign and targeted non-traditional sales points in order to reach the most-at-risk population. Focusing on STI clinics and TB clinics is an important step in targeting prevention among high risk populations.

The blood safety program provides technical assistance and infrastructure strengthening for the National Blood Transfusion Center, two regional centers and a mobile facility. EP funds are also being used to support the creation of hospital transfusion committees to review and standardize uses of blood and blood products, establish national guidelines for blood transfusion services and train for all levels of blood safety.

USG safe medical injection efforts will avert HIV infections in health care settings by ensuring the development and implementation of a safe medical injection and universal precautions program. USG support will also design and develop tools for client-oriented BCC strategy to reduce demand for unnecessary injections and train health workers in injection safety and interpersonal communication.

EP funds are supporting a PLWHA umbrella NGO as well as a board of PLWHA coordinated by the MOH and PMTCT support groups for positives in order to create appropriate prevention methods and their subsequent implementation from providing post-test counseling for positive persons, dealing with disclosure, providing counseling for serodiscordant couples, facilitating peer support groups, implementing focused communication campaigns and supporting the access to key health services.

Principal partners: Family Health International (FHI), CDC, Guyana HIV/AIDS Reduction and Prevention Project (GHARP), American Red Cross, Center for Disaster and Humanitarian Assistance Medicine (CDHAM), Maurice Solomon Accounting, Ministry of Health, Initiatives Inc., Peace Corps, Catholic Relief Services and Comforce.

Care: $3,018,500 as of February 2005; $3,638,500 as of April 2005

Critical strategic interventions by the USG will contribute to the care and support of 3,225 persons in Guyana through the implementation of the FY 2005 Emergency Plan. This includes care and support for PLWHA, those affected by HIV/AIDS and OVC. Direct program funding and twinning programs also work with PLWHA groups such as The Network of Guyanese Living with HIV/AIDS (G+) to establish buddy programs, peer support groups and community

outreach to improve adherence to both TB DOTS and ART as well as delivery of basic hygiene, food, vitamins and transportation fees for PLWHA to meet their daily needs.

EP funds are being used to train home-based care (HBC) volunteers to identify and refer children-in-need to community-based and government services. USG efforts will work in collaboration with the Ministry of Health, Ministry of Labor, Human Services & Social Security, UNICEF and leading NGOs already working with children, to train NGOs, CBOs and FBOs in areas identified through community mapping, the national OVC study and the review of juvenile law currently underway by the Director of Public Prosecution. Anticipated needs include training in the provision of psychosocial support, child participatory program methods, legal aid and protection, succession planning and establishment of mentoring, recreation and community daycare programs. The program works with education partners and is collaborating with the Ministry of Education at the local and national levels to prevent vulnerable children from dropping out of school. A basic package of care for OVC will be developed under the Emergency Plan guidance and customized to the local context, and offered to 600 OVC. This package includes support groups; community gardens in regard to food security; supporting NGOs that focus on short-term in-house support for women and children that fall victim to violence, discrimination, or abandonment; provision of school supplies; and support to half-way house facilities with education materials, school-books, uniforms, meals and psychosocial support.

Guyana will also receive $620,000 in additional funding to support counseling and testing for 1,872 individuals from the Rapid Expansion Fund.

Principal partners: GHARP, FHI, Peace Corps and Maurice Solomon Accounting.

Treatment: $2,439,224 as of February 2005; $5,156,767 as of April, 2005

The critical strategic interventions by the USG will contribute to the treatment of 805 persons on ART in Guyana through the implementation of the FY 2005 Plan. The Central Medical Center (CMC) will offer the most sophisticated technical and medical services in Guyana to support other service delivery facilities, research activities and training facilities and act as the core of the treatment network. Funds will focus on a center of treatment in order to ensure treatment is continuous and of the highest standard.

The Central Medical Center (CMC) is the epicenter of a series of expanding satellite sites. Prior to program expansion beyond the CMC to other regions, the USG will assess facilities slated for the next phase of scale-up. These assessments will determine the facilities' relative absorptive capacity and readiness to deliver high-quality ART and HIV-related services, train staff, monitor patients and mitigate treatment failure.

USG funds will fund technical organizations to increase the capacity of Guyana public hospitals and primary care facilities to deliver effective and expanded HIV/AIDS treatment and care services. By mobilizing the existing MOH regional system to develop a network model comprised of the CMC, district-level hospitals and facilities and local health centers supported

by community-based NGOs will provide quality state-of-the-art HIV care and ARV treatment to PLWHA.

Other strategies include, but are not limited to 1) working with GHARP to develop a regionalized network of care and treatment centers to ensure that community-based care and support programs are linked in order to provide a holistic approach; 2) managing the physician personnel; 3) using the adult HIV expertise to support care delivery through consultation, in-country assignments and continuous quality improvement (CQI) efforts; and 4) providing and supporting clinical training for personnel providing direct services (physicians, nurses, community workers) and laboratory technologists.

The CMC will be equipped with state-of-the-art laboratory equipment. Laboratory service is a cross-cutting program that supports the testing, quality assurance and the clinical management of infected persons. Laboratory services will also follow the network model, with the Central Medical Laboratory at the core. There will be regional and community laboratories of varying capabilities that will support the preparation of samples and coordinate for their transport to the central laboratory.

EP funds are being used to train specialists through the Caribbean Regional HIV/AIDS Training (CHART) initiative and other technical exchanges and twinning opportunities that provide support in HIV primary care and ART monitoring by developing "mentors" and practitioners for facilities. This creates networks of care, clustered around COE and auxiliary facilities offering ART to facilitate a continuum of care for patients. A quality improvement (QI) program will be created at each site to analyze continuously and improve care and treatment. The QI and M&E efforts will generate outcome data that can be used to strengthen care and treatment at the Centers of Excellence and district hospitals. Partners will revise, adopt and finalize national guidelines for the management of HIV clinical care and ART. Furthermore, clinical guidelines and standard operating procedures (SOPs) based on the national guidelines will be prepared to define standards of care and to guide HIV/ART, clinical, pharmacy and laboratory practices (e.g., patient selection process for ART, adherence counseling protocol and laboratory monitoring schedule) at the health facilities/sites.

The pending $1,684,543 in the Guyana budget was allocated to treatment activities in April 2005. These funds will allow for the expansion of treatment services by increasing the number of people receiving antiretroviral therapy and creating a sustainable care and treatment network. These funds will support 630 persons on ART at four treatment sites and 75 at PMTCT-Plus sites, the training of 125 individuals at ART sites and 25 at PMTCT-Plus sites, ten UN physicians, TB treatment for 100 HIV-positive individuals.

Guyana will also receive $1,033,000 to support the treatment of 285 individuals through the Rapid Expansion Fund.

Principal partners: CDC, Comforce, GHARP, FHI, CRS, CDHAM, Macro International, Maurice Solomon Accounting, Francois Xavier Bagnoud Center (FXB).

Other Costs: $3,246,733 as of February 2005 and April 2005

Supportive/Cross Cutting Interventions are focusing on engendering bold leadership through advocacy for leadership among prominent Guyanese, the private sector, tomorrow's leaders and donor and multilateral partners; increasing sustainability of HIV/AIDS program outcomes through targeted human capacity development; improved HIV/AIDS policy, multisectoral coordination; and enhanced capacity of GOG HIV surveillance systems and data for decision-making. USG funds are contributing to an integrated, horizontal, health sector HIS that is a key component of the WHO goal of one monitoring and evaluation system, and to the improvement of the MOH Materials Management Unit capacity to ensure a steady supply of drugs, laboratory supplies, testing supplies and other HIV/AIDS commodities through improvements to infrastructure, transport, information systems and human resource capacity.

Principal partners include GHARP, FHI, University of North Carolina Population Center, FXB, CDC, CDHAM, Macro International, Comforce, Ministry of Health, Crown Agents, University of Michigan School of Public Health, Peace Corps and USAID.

Other Donors, Global Fund Activities, Coordination Mechanisms:

Between 1988 and 2000, the Government of Guyana was the main source of financial support for HIV/AIDS programs. Since then, external funding has surpassed domestic sources of funding by approximately 50 percent. USG Agencies have a close working relationship with the MOH and continues to be the largest source of financial and technical assistance to the national program. The Global Fund recently awarded $27 million to Guyana for a five-year program, as well as funds for malaria and TB. The World Bank will support institutional capacity strengthening, monitoring, evaluation and research, scale up the HIV/AIDS response by line ministries, civil society organizations and the private sector and the expansion of health sector prevention and treatment and care services for HIV/AIDS. In October 2003, The ILO HIV/AIDS Workplace Education Program commenced operation in Guyana, with funding of approximately US$396,762 from the United States Department of Labor (DOL) over a three-year period.

Other donors in Guyana's HIV/AIDS and/or health sector include UNICEF, PAHO, the IDB and bilateral donors. The IDB supports health sector reform and decentralization. The Canadian International Development Agency and its implementing partner, The Canadian Society for International Health, recently launched a program focusing on health information systems and laboratory strengthening for TB and STIs in three regions. UNICEF is supporting the development of a curriculum on Family Life Education for in-school students in Levels 1-3, through the Ministry of Education, and is evaluating the needs of orphans and others affected by HIV/AIDS. The German Agency for Technical Cooperation (GTZ) is supporting a project targeting commercial sex workers, including a condom social marketing campaign.

Finally, President Bharrat Jagdeo initiated the Presidential AIDS Commission in June 2004. It is chaired by the President and includes nine Sector Ministers, representatives from funding agencies and project staff from the Health Sector Development Unit. The Commission's role is to support and supervise the implementation of the National Strategic Plan for HIV/AIDS 2002 – 2006. The Commission will provide strong visibility and accountability for the country's

response and will operate through a Technical Support Unit, and provide funding for NGOs registered to work in HIV/AIDS and support and coordinate interministerial involvement.

Program Contact: Ambassador Roland Bullen; Interagency Coordinator Julia Rehwinkel

Timeframe: FY 2005 – 2006

FY 2005 SUMMARY BUDGET TABLE - GUYANA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	1,300,000	0	125,000	0	0	0	0	1,425,000
Abstinence/Be Faithful	1,200,000	0	0	25,000	0	0	0	1,225,000
Blood Safety	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	10,000	0	0	0	10,000
Other Prevention	950,000	0	0	9,000	0	92,000	0	1,051,000
Prevention Sub-total	*3,450,000*	*0*	*125,000*	*44,000*	*0*	*92,000*	*0*	*3,711,000*
Care								
Palliative Care: Basic health care & support	750,000	0	0	50,000	0	53,750	0	853,750
Palliative Care: TB/HIV	0	0	250,000	15,000	0	0	0	265,000
OVC	450,000	0	0	0	0	53,750	0	503,750
Counseling and Testing	1,620,000	0	350,000	46,000	0	0	0	2,016,000
Care Sub-total	*2,820,000*	*0*	*600,000*	*111,000*	*0*	*107,500*	*0*	*3,638,500*
Treatment								
Treatment: ARV Drugs	750,000	0	0	0	0	0	0	750,000
Treatment: ARV Services	750,000	0	3,039,720	0	0	0	0	3,789,720
Laboratory Infrastructure	0	0	600,000	17,047	0	0	0	617,047
Treatment Sub-total	*1,500,000*	*0*	*3,639,720*	*17,047*	*0*	*0*	*0*	*5,156,767*
Other Costs								
Strategic Information	675,000	0	330,000	22,000	0	0	0	1,027,000
Other/policy analysis and system strengthening	500,000	0	0	0	0	0	0	500,000
Management and Staffing	539,233	1,000,000	0	140,000	25,000	15,500	0	1,719,733
Other Costs Sub-total	*1,714,233*	*1,000,000*	*330,000*	*162,000*	*25,000*	*15,500*	*0*	*3,246,733*
AGENCY, FUNDING SOURCE TOTALS	**9,484,233**	**1,000,000**	**4,694,720**	**334,047**	**25,000**	**215,000**	**0**	**15,753,000**

Total Budget by Agency	
USAID	9,484,233
HHS	5,694,720
DOD	334,047
State	25,000
Peace Corps	215,000
Labor	0
Total	**15,753,000**

Total GHAI Budget by Agency	
USAID	9,484,233
HHS	4,694,720
DOD	334,047
State	25,000
Peace Corps	215,000
Labor	0
Total	**14,753,000**

Total Funding by Account	
Base (GAP)	1,000,000
GAC (GHAI)	14,753,000
Total	**15,753,000**

HAITI

Project Title: **Haiti FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources					
	Notified in February 2005			Current Notification April 2005		NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	
HHS**	1,000,000	19,073,931	20,073,931	0	2,952,000	23,025,931
USAID	0	20,263,000	20,263,000	0	1,806,000	22,069,000
DOD	0	0	0	0	0	0
State	0	0	0	0	0	0
Peace Corps	0	0	0	0	0	0
TOTAL Approved	1,000,000	39,336,931	40,336,931	0	4,758,000	45,094,931
Total FY 2004						20,326,735

* The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Haiti:

- HIV Prevalence in general population 3.1% (USG, 2004)
- Estimated Number of HIV-Infected Persons: between 157,710 and 275,742 (MOH: Project Demographic and Projection Epidemiologic, Nov. 2001, pgs. 21-22)
- Estimated Number of Individuals on Antiretroviral Therapy: 4,417 as of October 6, 2004.
- Estimated Number of AIDS Orphans: 200,000 (UNAIDS)

Targets to Achieve 2-7-10 Goals:

Haiti	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	30,000	4,000
FY 2005**	61,562	9,486
FY 2008	125,000	25,000

* "Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment";
The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.
** FY 2005 targets are in the process of being reviewed based on modified funding allocations.

Program Description:

Haiti is the poorest nation in the Western Hemisphere and has the lowest GDP Per Capita in the Caribbean with $1,860 USD per person. According to the UNDP, seventy-five% of its 8,530,000 people are living at or below the absolute poverty level. Haiti has the highest HIV prevalence of any nation in the Latin America/Caribbean region. The USG estimates that 3.1%

of the population is HIV-infected. Haiti is second only to Brazil in the absolute numbers of HIV-positive persons in the Latin America & Caribbean regions where estimates range between 157,710 and 275,742. The 2000 ANC survey showed a seroprevalence among pregnant women of 4.5%. HIV infection among TB patients is estimated to be at 40% with the TB incidence at 138/100,000. It is estimated that 30,000 Haitians are eligible for ART while only 2,829 persons are actually receiving it.

Despite efforts by the USG team to improve access and availability to ARTs, many barriers remain including limited public health services and weak clinical capacity for ARV therapy delivery. Most Haitians are unaware of their HIV serostatus and lack access to testing and other HIV/AIDS prevention, care, treatment and support services.

HIV in Haiti is transmitted primarily through heterosexual contact, during birth and through high risk populations including commercial sex workers, police and peacekeeping forces. Poverty and unemployment drive the sex industry as well as transactional sex. Several factors including poor socio-economic conditions and lack of health infrastructure contribute to high levels of transmission. Knowledge about HIV/AIDS is fairly high, with 98% of men and 97% of women having heard about HIV/AIDS. However, 38% of women and 19% of men think that nothing can be done to avoid it. This lack of information is particularly pervasive in rural areas and among illiterate people. Half of the women and 71% of men living in urban areas believe that condom use is a very good way to prevent HIV (DHS 2000).

Haiti has a long history of governmental instability with the most recent turnover in government taking place in March 2004. This insecurity, although impeding full implementation of USG plans and causing various delays, has not blocked the roll-out of services and the USG team in Haiti is dedicated to implementation of the Haiti FY 2005 COP to the fullest extent possible.

Prevention: $7,669,931 as of February 2005 and April 2005

Prevention activities in Haiti include: PMTCT, abstinence and faithfulness programs, blood and injection safety and other prevention activities. Of the 20,755 tested from March 2003 to March 2004 at 32 PMTCT centers in Haiti, 4% were found to be HIV-positive. There are now 58 PMTCT sites. USG in Haiti will increase enrollment of pregnant women in PMTCT and PMTCT-Plus program, improve management of enrollees, increase ARV prophylaxis coverage and improve follow-up of HIV-positive mothers and neonates. Emergency Plan activities in FY 2005 to help achieve these goals include support and provision for routine counseling and testing, systematic enrollment into PMTCT programs, provision of prophylactic drugs to women and children, referrals for partners, proper follow-up of neonates and the provision of an effective information system for proper monitoring. In addition, in-service and pre-service training in PMTCT through curriculum adoption and implementation will be supported.

Abstinence and be faithful messages are promoted in Haiti through many NGOs and FBOs using multiple strategies of mass media as well as face-to-face counseling, infotainment, peer education and youth clubs. These activities are being expanded in FY 2005 through support for radio programs, radio soap operas and support of IEC programs for in-school and out-of-school youth, boy scouts and youth groups. Blood safety activities have already begun through Central

Programming and will continue through cooperative agreements with the Blood Safety Unit of the Ministry of Health and WHO/PAHO for provision of technical assistance. The Emergency Plan is also helping to develop national guidelines, train health care personnel and open new blood transfusion services with FY 2005 funding. Injection safety activities are also underway through a centrally-funded cooperative agreement with JSI. Funding will also be used to develop and implement waste management strategies as well as a post-exposure prophylaxis plan. Other prevention activities will focus on prevention activities for MARP (most-at-risk-populations) including support of commercial sex worker clinics and a new anonymous care center for MSMs. Activities are also targeting other high risk groups such as police and peacekeeping forces. Seven million condoms will be purchased and made available to high risk groups through targeted social marketing.

Principle partners for prevention activities include: Management Sciences for Health (MSH), JHPIEGO, Promoteurs Objectif Zéro SIDA (POZ), Population Services International (PSI), Johns Hopkins University (JHU)/Health Communication Programs Project, Academy for Educational Development (AED), Family Health International (FHI)/Youthnet PROJECT, Creative Associates/REMAK Project, Ministry of Health, World Health Organization/Pan American Health Organization (WHO/PAHO), John Snow Inc (JSI) and Fondation de la Santé Reproductive et l'Education Familial (FOSREF).

Care: $10,029,000 as of February 2005 and April, 2005

Care activities in Haiti include palliative care, basic health care and support, TB/HIV, counseling and testing (CT) and support for OVC. It is estimated that some 250,000 to 350,000 Haitians need palliative care. However, hospice and end-of-life care is rare in Haiti. In FY 2005, USG is supporting PLWHA support groups, providing transport services and supporting a cadre of community health workers who will undertake a variety of activities including taking people to appointments and providing home-based psychosocial and other support. Life Extending Treatment packages are being provided to PLWHA at their homes. In addition, pain management is being provided in facilities and at homes. Health care providers are receiving technical training on clinical care of PLWHA as well as sensitivity training to reduce the stigma and discrimination that PLWHA endure in the health care system.

In Haiti, 40% of TB patients are also infected with HIV. Haiti currently has 34 facilities, which offer both VCT services and TB services. However, only seven of these offer a truly integrated package of services. The MOH has hired a TB/HIV coordinator to reinforce coordination between HIV and TB activities. The national plan's goal is to provide routine counseling and testing at TB clinics as well as to engage in active TB case finding. USG supports this national plan and assists in the procurement of laboratory diagnostic kits (PPD) for 20,000 HIV/TB patients.

Currently, two partners support the 40 sites throughout Haiti where people can access counseling and testing, although the quality may vary. FY 2005 funding will allow these two partners to continue to provide financial support and technical assistance to these sites to improve quality of services and provide quality support and supervision. Three new additional sites will also be opened. USG will emphasize the development of linkages between VCT sites to care and

treatment services, and funds will be used to train counselors and health care personnel conducting rapid testing. Based on DHS forecasts, it is estimated that in 2005, there will be 400,000 OVC in Haiti. In FY 2005, USG will provide financial support to partners supporting OVC both in institutions and orphanages and in supported communities and families to care for those children in their households and communities. Provision for education support for OVC is also included.

Principal partners for care activities include**:** FHI, MSH, POZ, Partners in Health (PIH), UNAIDS, CRS, CARE, World Vision, PACT, ITECH and the Ministry of Health.

Treatment: $14,687,000 as of February 2005; $19,445,000 as of April 2005

Treatment activities in Haiti include the procurement and distribution of ART drugs and the improvement of laboratory infrastructure to support care and treatment. For three years, two NGOs, GHESKIO and PIH have been successfully implementing Highly Active Antiretroviral Therapy (HAART) in the country. The USG team in Haiti plans to extend HAART throughout the country toward the objective to reach a total of 3,800 PLWHA by the end of FY 2004 and 9,250 by the end of fiscal year 2005. To achieve this objective, the USG assessed and selected fifteen new sites, including six public hospitals and nine NGOs. International pediatric treatment guidelines for HIV pediatric treatment will be identified and adopted in three pediatric hospitals. Three teaching hospitals will also be provided with funding for equipment and materials support, as well as with support for human resources. In an effort to improve and encourage effective and high performance of ART sites, the USG will establish and manage performance-based contracts. Quality support and supervision and clinical training for ART sites are also a major component of the treatment activities.

Currently, Haiti has no national reference laboratory or national QA/QC program. With FY 2005 funding, the Ministry of Health is being strengthened to serve as a regulatory body for the national QA/QC program. USG also supports the improvement of quality laboratory services throughout the country. Current conditions of many public laboratories in Haiti are suboptimal. The USG team is improving the quality of laboratory services in Haiti by: improving the physical layout of seven laboratories that provided ARV services, providing a basic package of laboratory equipment needed for ARV services and improving knowledge of laboratory personnel by providing several training courses.

Haiti will receive an additional $4,758,000 from the Rapid Expansion Fund to support an increase in ART drug procurement and service provision for PLWHA, resulting in an additional 2,000 patients on ARVs by the end of February 2006.

Principal partners for treatment include: MSH, New Jersey School of Medicine and Dentistry, Ministry of Health, International Training and Education Center for HIV/AIDS (ITECH), Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO), PIH, FHI, University of North Carolina, University of Maryland and Association of Public Health Laboratories (APHL).

Other Costs: $7,951,000 as of February and April 2005

The cross-cutting activities for FY 2005 include strategic information, policy analysis and systems strengthening and management and staffing. Strategic information plans include the DHS, ANC and mini BSS data collection, analysis and dissemination. Lack of trained personnel is a major barrier at all levels in the implementation of a national, comprehensive monitoring and evaluation system. The USG has assessed a paper-based system for monitoring at ARV sites, and will support the development of an electronic medical record at six ARV sites. Funds will also support human resources at ARV sites as well as at the Ministry of Health at both the central and departmental levels. To improve communications systems, internet connections were provided to 22 VCT/PMTCT sites throughout Haiti and this will be further expanded to new sites. In addition, an HMIS survey and facility survey will be conducted in 2005. Policy activities in FY 2005 include the drafting of OVC policy, advocacy for evidence-based appropriate legislative development and packaging of data for decision making.

Principal Partners for crosscutting activities include: Institut Haitien de l'Enfance (IHE), ITECH, Tulane, JSI, MOH, National Alliance of State and Territorial AIDS Directors (NASTAD), FHI, Futures Group and MSH.

Other Donors, Global Fund Activities, Coordination Mechanisms:

While the USG is the largest donor program, the Global Fund has approved a total of $66,905,477 for HIV/AIDS, $14,665,170 for TB and $14,865,557 for Malaria for five years.

Haiti has a number of other development partners that are working in the country on HIV/AIDS issues. In addition to the Global Fund to Fight HIV/AIDS, Malaria and TB, other partners include: PAHO/WHO, UNICEF, UNFPA, UNDP, UNAIDS, CIDA, IDB, the Gates Foundation, the Clinton Foundation and the Turner Foundation.

USAID and CDC represent bilateral partners in the Country Coordinating Mechanism (CCM) of the Global Fund. The USG will promote grants from the MOH to other ministries on the CCM to engage them more fully in HIV/AIDS activities in their respective sectors. The MOH will become the principal recipient for the GF in 2006 under current plans.

Program Contacts: State Department, David Reimer; CDC Country Director Matthew Brown; USAID/PHN Office Chief Chris Barratt

Time Frame: FY 2005 – FY 2006

FY 2005 SUMMARY BUDGET TABLE - HAITI	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	2,122,000	315,931	205,000	0	0	0	0	2,642,931
Abstinence/Be Faithful	2,726,000	0	0	0	0	0	0	2,726,000
Blood Safety	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	0	0	0	0	0
Other Prevention	1,216,000	0	1,085,000	0	0	0	0	2,301,000
Prevention Sub-total	*6,064,000*	*315,931*	*1,290,000*	*0*	*0*	*0*	*0*	*7,669,931*
Care								
Palliative Care: Basic health care & support	2,551,000	0	2,250,000	0	0	0	0	4,801,000
Palliative Care: TB/HIV	750,000	0	500,000	0	0	0	0	1,250,000
OVC	1,843,000	0	0	0	0	0	0	1,843,000
Counseling and Testing	953,000	0	1,182,000	0	0	0	0	2,135,000
Care Sub-total	*6,097,000*	*0*	*3,932,000*	*0*	*0*	*0*	*0*	*10,029,000*
Treatment								
Treatment: ARV Drugs	6,208,000	0	2,752,000	0	0	0	0	8,960,000
Treatment: ARV Services	550,000	0	6,664,000	0	0	0	0	7,214,000
Laboratory Infrastructure	0	0	3,271,000	0	0	0	0	3,271,000
Treatment Sub-total	*6,758,000*	*0*	*12,687,000*	*0*	*0*	*0*	*0*	*19,445,000*
Other Costs								
Strategic Information	200,000	0	2,476,000	0	0	0	0	2,676,000
Other/policy analysis and system strengthening	1,600,000	0	625,000	0	0	0	0	2,225,000
Management and Staffing	1,350,000	684,069	1,015,931	0	0	0	0	3,050,000
Other Costs Sub-total	*3,150,000*	*684,069*	*4,116,931*	*0*	*0*	*0*	*0*	*7,951,000*
AGENCY, FUNDING SOURCE TOTALS	**22,069,000**	**1,000,000**	**22,025,931**	**0**	**0**	**0**	**0**	**45,094,931**

Total Budget by Agency	
USAID	22,069,000
HHS	23,025,931
DOD	0
State	0
Peace Corps	0
Labor	0
Total	**45,094,931**

Total GHAI Budget by Agency	
USAID	22,069,000
HHS	22,025,931
DOD	0
State	0
Peace Corps	0
Labor	0
Total	**44,094,931**

Total Funding by Account	
Base (GAP)	1,000,000
GAC (GHAI)	44,094,931
Total	**45,094,931**

KENYA

Project Title: **Kenya FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources					
	Notified in February 2005			Current Notification April 2005		NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	
HHS**	8,120,403	27,978,817	36,099,220	0	1,925,000	38,024,220
USAID	0	73,136,853	73,136,853	0	8,830,000	81,966,853
DOD	0	4,169,384	4,169,384	0	0	4,169,384
State	0	0	0	0	0	0
Peace Corps	0	1,304,824	1,304,824	0	(850,000)	454,824
TOTAL Approved	8,120,403	106,589,878	114,710,281	0	9,905,000	124,615,281
Total FY 2004						71,359,718

* The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Kenya:

- HIV prevalence rate among pregnant women: 9% (2003)
- Estimated number of HIV-Infected People: 1,100,000 adults aged 15-49
- Estimated Number of individuals on Antiretroviral therapy: 36,000 (includes 27,000 directly supported by USG at 98 distinct sites)
- Estimated number of AIDS orphans: 1,600,000

Targets to Achieve 2-7-10 Goals:

Kenya	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	172,000	38,000
FY 2005**	440,000	48,000
FY 2008	1,250,000	250,000

*** "**Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.

** FY 2005 targets are in the process of being reviewed based on modified funding allocations.

Program Description:

Kenya has a population of nearly 34 million, with 74% residing in rural areas. The country straddles the equator and has 400 km of Indian Ocean coastline. Approximately 80% of the land is arid or semi-arid. The commercial hub of East Africa, Kenya has a highly educated but seriously under-employed population. For example, an estimated 4,000 trained nurses are not in the workforce. This poses a challenge to the nation's economy, but may be a boon to efforts to

scale up care and treatment rapidly for PLWHA. Trends in adult HIV prevalence indicate a mature epidemic that has probably peaked.

The 2003 Kenya Demographic and Health Survey (KDHS) included HIV testing for the first time, with 73.3 % of eligible respondents (76.3% of women, 70.0% of men) tested. The prevalence rate documented (6.7% overall) is significantly lower than those gathered through 2003 ANC sentinel surveillance (9% of pregnant women). The prevalence in adult women tested in the DHS (8.7%) is similar to the pregnant women tested in 42 antenatal care (ANC) clinics for sentinel surveillance (9.0%). The prevalence in men in the KDHS (4.5%) is lower than expected with a higher female-to-male ratio (1:9) than in other Africa surveys. The risk of HIV in young women as compared to men in the KDHS is consistent with other studies demonstrating the vulnerability of young women for HIV infection. Prevalence in urban areas is significantly higher than in rural areas, and there are significant regional and provincial differences.

All other significant health indicators – including total fertility, infant mortality, adult mortality and malnutrition – mark negative trends since the last DHS in 1998. This deterioration in overall health of the population complicates efforts to achieve maximum benefit from antiretroviral therapy and other clinical interventions.

Prevention: $26,391,688 as of February 2005; $26,916,688 as of April 2005

The USG will continue to support PMTCT services for 300,000 pregnant women, 25,000 of whom received a complete course of antiretroviral prophylaxis in a PMTCT setting through the expansion of the number of sites offering PMTCT to 650 and ensuring geographically equitable distribution of sites. Public sector sites have begun expansion through assistance to the Ministry of Health (MOH) and its facilities. Faith-based facilities continue to receive assistance through Catholic Kenya Episcopal Conference and the Protestant Christian Health Association of Kenya networks. Funds continue to contribute to the improved quality of PMTCT services by updating curriculum to meet new WHO guidelines; provide training or retraining of 3,300 service providers; and improve logistics through public and faith-based sectors. Finally, the USG continues to increase awareness of, and demand for, PMTCT using mass media social marketing to inform couples and increase ANC and PMTCT uptake. TV journalists will be trained to produce prime time PMTCT stories.

The Emergency Plan supports efforts to reduce incidence of HIV infection in young people by reaching over 6.5 million youth and their parents through mass media, community level communication, youth centers and other approaches to teach young people about how to avoid HIV infection through abstinence, delay of sexual debut and faithfulness after sexual debut. FBOs and NGOs will be used for community intervention to change social norms that put young people, especially girls, at risk. The Plan will target 500,000 primary, secondary, vocational training institute and university students, and will train over 3,500 principals, teachers, guidance counselors and peer educators in schools to support the implementation of these programs. The USG will fund the printing and distribution of the Kenya Life Skills Manual so that each school has access to this curriculum. FY 2005 funds will also be used to assess the effectiveness of youth intervention models by implementing two pilot demonstrations targeting rural and urban

youth in Nyanza province where HIV incidence is high, especially in young girls; one pilot project promoting faithfulness among married adolescents; and one pilot project in Thika district involving adult mentors. USG will test the effectiveness of models that involve parents, religious and community leaders and adult mentors.

Other prevention activities continue to target the following:

- Reduction of HIV incidence by reaching over 750,000 using over 30 local FBOs and NGOs to implement HIV prevention interventions targeting secondary and university students, teachers and community members;
- Reduction of incidence by reaching over 65,000 Kenyans in underserved groups, including refugees, nomads, the disabled, housegirls and members of the uniformed services, including the military, the National Youth Service, the Police and the Kenya Wildlife Service;
- Reduction of incidence associated with very high risk behaviors by reaching over 5,000 Kenyans engaged in IV drug use, alcohol abuse and commercial sex work, including a new project with "beach boys" who have sex with male tourists in Mombassa;
- Reduction of risky behavior by reaching over five million Kenyans through mass media programs and over one million through community programs focused on self-risk assessment and condom promotion through 200 outlets; and
- Reduction of HIV incidence associated with STIs by training over 600 government and private health workers in improved STI detection and treatment and appropriate ways to promote condom use in high risk patients.

Blood safety programs continue to be another component of prevention activities. USG-Kenya received Central Program funds to work with the National Blood Transfusion Service (NBTS) in order to improve the safety and adequacy of Kenya's blood supply. Funds are used to increase volunteer blood donor pool by 40% annually, from 50,000 units in 2004 to 70,000 in 2005 and 100,000 in 2006; include more low risk adults in diversified donor pool, 5,000 (10% of donations) in 2004 to 14,000 (20%) in 2005; establish quality assurance for blood bank procedures including external proficiency testing of blood specimens and internal quality control at regional blood transfusion centers and selected hospitals and implementation of Standard Operating Procedures; and strengthen partnerships with NGOs including the Kenya Red Cross Society, Hope Worldwide, Lions Clubs and Bloodlink Foundation, in order to train members of 300 institutional partners (including schools, mosques, churches and corporations) and increase the pool of low risk blood donors.

USG will also provide technical assistance with Central Program funding to NBTS in quality assurance and laboratory management, blood tracking and data management, training in blood banking and transfusion medicine, by twinning with U.S. partners, including the American Association of Blood Banks, Emory University and American Red Cross. Other interventions include the establishment of public-private partnerships with 100 corporate partners to educate 10,000 employees about blood donation; contributions to a blood donation program through corporate contributions; and the recruitment of low risk volunteer blood donors to collect an additional 5,000 units of blood in the first year. Central Program funds will also be used to train health care workers in safe medical injection practices and waste management. John Snow International (JSI) will conduct community sensitization to reduce injections demand.

Kenya will receive $525,000 in Rapid Expansion Funds to help improve the capacity of public sector human resource managers to meet the increasing needs for HIV/AIDS care and treatment. These funds in concert with funding within other program areas are expected to provide care to 18,000 HIV-positive patients annually with 300 additional health care workers.

Principal partners: Principal partners: National AIDS and STD Control Program (NASCOP), Kenya Medical Research Institute, Pathfinder, Christian Health Association of Kenya, Family Health International, Population Services International

Care: $ 25,370,930 as of February 2005; $ 31,175,930 as of April 2005

Care activities in Kenya include palliative care, TB/HIV care, counseling and testing (CT) and support to OVC. More than 175,000 people with HIV/AIDS continue to receive palliative care services through the following activities: the provision of a basic HIV care package including cotrimoxazole, multivitamins, prevention and management of opportunistic infections and other medical conditions by partners supporting ART delivery as well as additional programs in areas where ART is not yet available (more than 100,000 people total); augmentation of these services with improved access to safe drinking water, nutritional support where medically indicated; the provision of non-ART services in TB treatment settings to a total of 25,000 PLWHA; and the provision of home and community services that augment health facility associated services where these are available (50,000 additional people) including legal support to protect property and other essential rights of widows and orphans to mitigate their vulnerability when a head of household dies of AIDS, and strengthened community networks of PLWHA for wellness, nutrition, mutual psychosocial support and/or mutual economic security programs.

Integrated TB/HIV activities will be implemented in most districts in Kenya including diagnostic testing of TB patients for HIV (most targets and activities included in CT section), screening of patients with HIV for TB, coordinated clinical management of co-infected patients and strengthening of community follow-up to improve tracing of defaulters. Innovations include identifying TB among women in PMTCT settings. Nearly 800 health care workers (HCWs) (and an additional 1,000 community health workers) will be trained, 245 facilities will be strengthened to provide integrated HIV/TB services, 24,370 patients with HIV will receive treatment or preventive therapy for TB, and nearly 20,000 patients will be referred for ART.

Counseling and testing activities continue to include the expansion of diagnostic counseling and testing. Approximately 200,000 patients in hospitals, TB clinics and health facilities will receive testing and counseling in the clinical setting. Health worker attitudes and experience with HIV testing will be evaluated to inform an expansion of testing in clinical settings. Funds will be used for HIV testing of TB patients: Of the 200,000 targets for diagnostic counseling and testing, approximately 45,000 will be TB patients. There is continued support of VCT where approximately 260,000 clients will be served in VCT sites, with an emphasis on reaching underserved populations, such as the deaf, the disabled, nomads and refugees, while also emphasizing “youth friendly” VCT services, including a pilot project to reach young adults in teacher training colleges. With additional funds the USG will assess the level of substance abuse in VCT clients in order to scale up effective interventions to reduce HIV risk associated with

substance abuse, and network "social" VCT sites and medical facilities where HIV-positive clients can access care and treatment as an integral component of the program. In addition, over 2,000 health workers and counselors will be trained in CT, approximately 1,500 in diagnostic counseling and testing and approximately 700 counselors in VCT. An emphasis in training will be in underserved areas.

New and continuing USG supported activities emphasize community-level capacity to develop, implement and sustain responses to the OVC crisis to reach 250,000 children. Significant increases in capacity of currently supported programs are planned, along with developing urgently needed capacity to manage the care and treatment of children who are HIV-positive and on ART. Peace Corps volunteers will be equipped with resources to initiate sustainable responses in isolated areas of the country.

Of the pending budget of $430,000 for Kenya remaining as of February 2005 $280,000 will support an assessment of the impact of food supplementation in ART services and in home-based care programs. The remaining $150,000 will assess the role of alcohol and other substance abuse practices in triggering HIV-related risk behaviors among counseling and testing clients. These findings will help guide future CT programs.

Kenya will receive $5,375,000 in Rapid Expansion Funds to allow for a significant expansion of counseling and testing, palliative care and TB/HIV activities.

Principal partners: NASCOP, Kenya Medical Research Institute, Family Health International, Eastern Deanery AIDS Relief Program, Academy for International Development, World Vision Kenya, Handicap International.

Treatment: $45,427,303 as of February 2005; $49,002,303 as of April 2005

The Emergency Plan funds will provide direct technical support, equipment, supplies and staffing to support treatment for 45,000 people at specifically supported sites (33,000 people including 5,200 at centrally-program supported sites), and these or other sites that have other funds available to support program costs and need only ARVs (about 12,000 people). Although the distinction between general programs and PMTCT-Plus programs is not precise, of this total, an estimated 2,300 will initiate treatment through a designated PMTCT-Plus site. An additional 15,000 people will be treated through programs supported by the Ministry of Health, and using drugs purchased by the government of Kenya. Programs are being expanded in Western Kenya where HIV rates are highest; new sites in Eastern and Central Provinces will improve the equity of access. Overall, an estimated 25% of Kenyans who require ART will access it by April 2006. Treatment for special populations such as women and children will be expanded through the addition of new partners. In all, 150 sites will receive support, most of which are part of well-established networks. There are distinct, but linked, networks between various military sites and various mission facilities. Other sites are being established as network centers (e.g. LVCT site in Embu). All treatment activities are linked very closely to other activities that identify patients (VCT, PMTCT programs) or provide other critical services (such as community and hospice services).

Although much training has already taken place, ongoing training is needed. NASCOP (National AIDS and STI Control Program) continues to receive support to conduct additional trainings; additional needs are addressed primarily by five major partners (Mildmay, JHPEIGO, Family Health International, MEDS and Indiana University) who conduct multidisciplinary trainings in accordance with materials developed by NASCOP and provide site follow-up to ensure that trainings result as immediately as possible in program implementation or improvement. In total, more than 2,800 health care staff will be trained through these programs.

The USG will fund infrastructure improvement, particularly in the MOH. In collaboration with the MOH and Department for International Development (DFID), USG staff has developed standardized designs for new clinics.

With NASCOP and other partners, the USG developed an information campaign related to ART. This campaign is funded largely from DFID and the Global Fund. USG will support Internews, an agency that sends out quality messages about ART by training radio, television and newspaper journalists and by producing informative programs. Funds for NASCOP will also support central staff and operations, operating a network of Provincial Level coordinators, training and updating and printing of guidelines related to HIV care and will continue to support a small number of contracted critical health care workers at priority MOH facilities.

Procurement and distribution of drugs and supplies is conducted by KEMSA (government supply system) and MEDS (Mission for Essential Drugs and Supplies, a faith-based organization that provides medicines to a country-wide network of mission, NGO, public and small community facilities). These complementary organizations continue to be strengthened. ARVs and other pharmaceuticals will be procured and distributed to implementing sites. A small fraction of drug procurement funds are directed toward the Kenyan Medical Research Institute (KEMRI).

USG will support the development of key services to project needs for, procure, distribute and monitor quality of ARVs. These capacities will be strengthened at central governmental sites (national quality control laboratory, pharmacy and poisons board, KEMSA) and MEDS as well as at pharmacies at individual sites providing ART services.

Kenya will receive an addition $3,575,000 from the Rapid Expansion Fund, to support the procurement of antiretroviral and opportunistic infections drugs for 45,000 people, treatment for over 7,000 and contribute to the training of over 400 health care workers in antiretroviral treatment.

Principal partners: NASCOP, Management Sciences for Health, Kenya Medical Research Institute, Mission for Essential Drugs and Supplies, Eastern Deanery AIDS Relief Program, Elizabeth Glaser for Pediatrics AIDS Foundation, AIDS Relief/CRS Consortium

Other Costs: $ 17,520,360 as of February 2005 and as of April 2005

Strategic Information (SI) activities focus on improved interagency SI coordination, enhanced integration of USG SI effort with national-level SI plans, increased capacity of national SI experts to carry out M&E and other SI activities, and improved data collection, analysis, dissemination and use for improved HIV/AIDS policy and program.

Lab Infrastructure will be improved to provide accurate laboratory diagnosis of HIV and TB within the VCT, PMTCT, TB, ART, care and surveillance activities (over 1,500 current points of service). National capacity will be enhanced through training, procurement of equipment and improved infrastructure for better access to ART and HIV care services at lower levels of the health care network through introduction of laboratory testing or specimen referral at 40 new District and Mission Hospitals and selected Health Centers. Quality Assurance will be improved including proficiency testing, validation of results and support supervision at the national and provincial levels as well as to selected districts.

Administrative Costs support the program and technical assistance required to implement and manage the Emergency Plan activities. USAID, HHS, Peace Corps and DOD personnel, travel, management and logistics support in-country will be included in these costs.

Principal partners: NASCOP, Community Housing Foundation, Kenya Medical Research Institute, Measure Evaluation/University of North Carolina Chapel Hill, Academy for Educational Development.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The USG partners with multiple other donors in Kenya, including other international partners, the Government of Kenya and other in-country organizations. HHS/CDC and USAID were represented on committees that drafted Round 1 and 2 applications for the Global Fund, and both agencies are active on the Country Coordinating Mechanism (CCM). HHS/CDC and USAID are also represented on the National AIDS Control Council (NACC) Technical Working Group, which manages the World Bank MAP program for Kenya. U.S. Ambassador Bellamy and the British High Commissioner have met on two occasions to plan follow-through on the U.S.-U.K. initiative announced during President Bush's visit to London in November 2004. In addition, USAID and HHS/CDC have worked closely with the Japanese International Cooperation Agency (JICA) to scale-up treatment and VCT, including mobile VCT.

USG implementing agencies are represented on the major Government of Kenya coordinating councils dealing with funding, programming and technical aspects of HIV/AIDS responses in NACC and NASCOP. CDC and USAID have staff housed in NASCOP. There is close coordination with and technical support provided to technical working groups and task forces (PMTCT, VCT, ART, Blood Safety, Lab, HBC, M&E and Health Sector Reform). Regular meetings are held between Mission leadership and the Minister of Health and/or her senior staff to discuss coordination and Emergency Plan issues. The USG EP interagency coordinator meets regularly with his MOH counterpart and on an as-needed basis with the head of NACC.

Separate informational briefings on the Emergency Plan have been held with (1) FBOs, (2) NGOs, (3) HIV research programs operating in Kenya, (4) all major identified ART program implementers and (5) other bi- and multilateral donors. Development of the 2005 COP and the Kenya Five-Year Emergency Plan strategy involved a consultative process. A joint planning timeline and protocol is under discussion with NACC and NASCOP to assure that the U.S. five-year Emergency Plan for Kenya is developed concurrent with and is fully complementary of the new five-year plan Kenya National AIDS/HIV Strategic Plan.

Program Contact: Ambassador W. M. Bellamy; Interagency Coordinator Warren (Buck) Buckingham

Time Frame: FY 2005 – FY 2006

SECTION III

FY 2005 SUMMARY BUDGET TABLE - KENYA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	6,135,000	292,637	4,275,000	50,000	0	0	0	10,752,637
Abstinence/Be Faithful	5,105,000	1,320,945	1,120,000	35,000	0	0	0	7,580,945
Blood Safety	150,000	190,790	0	0	0	0	0	340,790
Injection Safety	0	142,016	0	0	0	0	0	142,016
Other Prevention	6,835,000	474,300	680,000	25,000	0	86,000	0	8,100,300
Prevention Sub-total	*18,225,000*	*2,420,688*	*6,075,000*	*110,000*	*0*	*86,000*	*0*	*26,916,688*
Care								
Palliative Care: Basic health care & support	9,121,800	640,419	2,180,000	683,700	0	0	0	12,625,919
Palliative Care: TB/HIV	1,870,000	431,350	1,350,000	230,000	0	0	0	3,881,350
OVC	4,200,000	100,000	225,000	75,000	0	5,682	0	4,605,682
Counseling and Testing	3,860,000	1,017,979	4,805,000	380,000	0	0	0	10,062,979
Care Sub-total	*19,051,800*	*2,189,748*	*8,560,000*	*1,368,700*	*0*	*5,682*	*0*	*31,175,930*
Treatment								
Treatment: ARV Drugs	22,594,850	0	800,000	0	0	0	0	23,394,850
Treatment: ARV Services	10,249,060	718,454	6,605,000	2,285,684	0	0	0	19,858,198
Laboratory Infrastructure	2,900,000	454,400	2,394,855	0	0	0	0	5,749,255
Treatment Sub-total	*35,743,910*	*1,172,854*	*9,799,855*	*2,285,684*	*0*	*0*	*0*	*49,002,303*
Other Costs								
Strategic Information	2,512,400	563,800	4,170,000	0	0	0	0	7,246,200
Other/policy analysis and system strengthening	3,035,000	0	200,000	0	0	0	0	3,235,000
Management and Staffing	3,398,743	1,773,313	1,098,962	405,000	0	363,142	0	7,039,160
Other Costs Sub-total	*8,946,143*	*2,337,113*	*5,468,962*	*405,000*	*0*	*363,142*	*0*	*17,520,360*
AGENCY, FUNDING SOURCE TOTALS	**81,966,853**	**8,120,403**	**29,903,817**	**4,169,384**	**0**	**454,824**	**0**	**124,615,281**

Total Budget by Agency	
USAID	81,966,853
HHS	38,024,220
DOD	4,169,384
State	0
Peace Corps	454,824
Labor	0
Total	**124,615,281**

Total GHAI Budget by Agency	
USAID	81,966,853
HHS	29,903,817
DOD	4,169,384
State	0
Peace Corps	454,824
Labor	0
Total	**116,494,878**

Total Funding by Account	
Base (GAP)	8,120,403
GAC (GHAI)	116,494,878
Total	**124,615,281**

MOZAMBIQUE

Project Title: **Mozambique FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources					
	Notified in February 2005			Current Notification April 2005		NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	
HHS	2,336,680	19,345,220	21,681,900	0	1,450,000	23,131,900
USAID	0	25,214,024	25,214,024	0	1,275,000	26,489,024
DOD	0	161,114	161,114	0	0	161,114
State	0	674,000	674,000	0	0	674,000
Peace Corps	0	315,000	315,000	0	0	315,000
TOTAL Approved	2,336,680	45,709,358	48,046,038	0	2,725,000	50,771,038
Total FY 2004						25,528,206

* The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Mozambique:

- HIV Prevalence in Pregnant Women: 14.9% (2004 projection based on 2002 data)
- Estimated Number of HIV-Infected People: 1,400,000 (2004)
- Estimated Number of Individuals on Antiretroviral Therapy: 5,600 (end-FY 2004)
- Estimated Number of AIDS Orphans: 273,000 (2004)

Targets to Achieve 2-7-10 Goals:

Mozambique	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	90,000	8,000
FY 2005	157,937	16,700
FY 2008	550,000	110,000

* "Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.

Program Description:

As part of the boldest international public health effort ever supported by the American people, the U.S. Mission to Mozambique has joined with Mozambicans to turn the tide of the global HIV pandemic in Mozambique. Mozambique has endured great hardships and emerged as a model of economic recovery and peaceful transition following a civil war. The Mozambican people – acting as responsible individuals, families and communities, through churches and mosques or

with their traditional spiritual healers, as business men and women, as parents, teachers and health workers and as leaders at every level – can and will take action on HIV/AIDS to secure a brighter future for their children and the nation.

Mozambique is facing a severe, generalized HIV/AIDS epidemic, but the impact is not uniformly distributed. Areas of high HIV prevalence correspond roughly to areas of high population mobility, including Mozambique's extensive borders and transport corridors from the Indian Ocean ports across Mozambique to South Africa, Zimbabwe and Malawi/Zambia. The highest prevalence rates are found in Beira, in the center of the country. Mozambique is largely rural, with a coastline that extends the equivalent of Maine to Florida. Transportation is difficult and roads are often impassable during the rainy season. By international poverty measures, Mozambique is still among the very poorest countries in the world. With a population of about eighteen million and only 650 doctors (200 of them in the capital city, Maputo), many rural areas in Mozambique have just one physician per 60,000 people. The health infrastructure is poor, and even provincial referral hospitals have limited access to water and electricity. Only about 68% of Mozambicans live within ten kilometers of any type of health facility. Mozambique suffers from co-epidemics of TB and malaria as well as seasonal cholera outbreaks, all of which exacerbate the impact of HIV/AIDS. Given these challenges, the USG program will strike a balance between immediate needs and longer-term capacity to address effectively the HIV/AIDS epidemic in Mozambique.

Prevention: $14,138,946 as of February 2005; $14,313,946 as of April 2005

In FY 2005, the Emergency Plan supports a projected 120 sites for preventing mother-to-child transmission of HIV, serving 390,262 women; 50,734 of who will receive a complete course of antiretroviral prophylaxis. Services at about half of these sites, reaching a minimum of 30,101 new mothers, are directly attributable to USG funds. Twenty-four of these direct sites provide referral to nearby treatment sites and follow-up support to ensure successful antiretroviral therapy for HIV-positive mothers and their HIV-positive children and partners. Training of health workers, laboratory technicians and supervisors, as well as information campaigns to increase use of PMTCT services, are also part of the program. Approximately 23% of prevention funding strengthens and expands programs promoting and supporting abstinence, faithfulness and delay of sexual debut, through community-based in- and out-of-school activities directed at youth, young adults and married couples and through mass media. Efforts to reduce new infections among high risk or high-transmitter groups (such as uniformed personnel, mobile populations and migrant workers), including the USG-supported national behavior change communication program and condom social marketing, are being expanded and targeted to locales where high risk activities take place. A particular new emphasis is an integrated, intensive workplace program for the military and police forces. The private sector workplace program initiated in FY 2004 is rapidly expanding this year. Injection safety promotion is linked with all USG-supported services. With Central Program funding, assistance complementary to this prevention funding request, this program will continue to build the capacity of the national blood transfusion program to promote quality assurance and strengthen access to a safe blood supply.

Of the pending budget of $175,000 for Mozambique remaining as of February 2005, an additional $175,000 in funding was allocated for PMTCT activities in May 2005. The additional funds will be used to develop improved therapeutic feeding options for HIV-infected infants of sero-positive mothers. These improved nutrition options will be integrated into ongoing PMTCT sites to improve the follow-up care and support, in order to keep infants healthy.

Principal partners: Ministry of Health, CARE, Health Alliance International, Population Services International (PSI), World Vision International, Mozambique Foundation for Community Development, Foundation Oswaldo Cruz, Johns Hopkins University, Elizabeth Glaser Pediatric AIDS Foundation, Save the Children US, the National AIDS Council, Project HOPE, JHPIEGO, the Confederation of Mozambique Business Associations, Ministry of Defense, Pathfinder, Food for the Hungry International and Family Health International.

Care: $13,065,580 as of February 2005; $13,415,580 as of April 2005

Emergency Plan funds are being used to scale up delivery of HIV counseling and testing services within Mozambique's integrated HIV/AIDS services networks, strengthen quality assurance and support the transition from traditional voluntary to routine counseling and testing in health service facilities. Activities include assisting the Ministry of Health to establish decentralized training capacity and developing novel approaches to expand counseling and testing services to reach high risk groups. It is expected that approximately 74,100 people will be seen at 44 counseling and testing sites directly supported by the USG in 2005. Increasing access to counseling and testing and effectively linking HIV-positive persons to care and treatment services are critical elements of this program. HIV/AIDS care services are currently provided through 1,224 health units, with no differentiation made between HIV and non-HIV cases in most places. USG efforts directly support delivery of clinical care in eighteen sites, reaching an estimated 13,731 patients, with FY 2005 resources. USG funding also directly reaches 20,000 chronically ill HIV-positive persons with home-based care services linked to clinical care. The program assists the Ministries of Health and of Women and Social Action to create coordinated multilevel and multisectoral referral mechanisms for home-based care, in order to ensure that patients and families in need are reached with the full range of support services available.

FY 2005 Emergency Plan resources also enable faith-based organizations and other NGOs to reach 75,000 OVC directly, ensuring access to current social services (e.g., waiver of school fees, free access to health services for under-fives) and delivering other needed services directly. FY 2005 funding is being used to implement HIV testing of TB patients and provide a package of care to those found to be HIV-positive, to implement routine TB/HIV surveillance and to conduct a combined TB/HIV prevalence and drug resistance study. Support is being initiated for other basic elements of care to improve the health and extend the life of HIV-positive clients, in particular safe water kits to ensure clean drinking water at home.

Under funding from the Rapid Expansion Fund, Mozambique also will receive an additional $350,000 in funds to provide expanded HIV counseling and testing for high risk populations in two provinces, Manica and Sofala. These expanded services will establish seven new counseling and testing sites to reach 9,000 additional individuals. Fifty additional persons will be trained to conduct these services.

Principal partners: Ministry of Health, Health Alliance International (HAI), Population Services International (PSI), World Vision, CARE, Ministry of Defense, World Relief (WRI), Save the Children US (SCF), Foundation Oswaldo Cruz, Columbia University, JHPIEGO and the Foundation for Community Development (FDC).

Treatment: $12,814,804 as of February 2005; $15,014,804 as of April 2005

USG resources for ART in Mozambique are being used to expand ART to a total of seventeen directly assisted integrated HIV/AIDS services network sites, supporting treatment for an estimated 4,962 persons of the total 16,700 persons expected to receive ART nationwide at the end of FY 2005. Of this total on ART, USG funds support provision of pediatric ARV medicines for 2,000 children and second-line ARV formulations for approximately 1,500 patients, as well as branded ARVs for approximately 400 members of the Mozambique Defense Force.

The program is also strengthening the Ministry of Health capacity to manage further expansion of quality ART through improved coordination and training at both central and service delivery levels. Resources are used to strengthen the supply management and logistics systems for ARV medicines and related supplies essential for HIV/AIDS treatment success.

The Emergency Plan activities reinforce laboratory capacity and improve quality assurance to accommodate the rapid scale-up of services, including counseling and testing and ART. In addition, support to establish reference and training centers enables service providers to update their skills continually for improving service delivery and management. Special efforts are being made to develop pediatric diagnosis and treatment services, develop treatment services for TB/HIV co-infection, support the development of access to treatment in military facilities, develop treatment programs for youth and identify public-private partnerships to enhance ART success.

Under funding from the Rapid Expansion Fund, Mozambique also will receive an additional $2,200,000 in funds to provide ART for 3,236 more individuals in nine additional treatment sites. An additional 70 health workers will be trained in the provision of treatment services.

Principal partners: Ministry of Health, John Snow Inc., Association of Public Health Laboratories (APHL), Columbia University, Health Alliance International (HAI), Ministry of Defense and Foundation Oswaldo Cruz.

Other Costs: $8,026,708 as of February 2005 and as of April 2005

USG support continues to strengthen the capability of the Ministry of Health, the National AIDS Council and other agencies, to monitor and evaluate the progress and success of Mozambique's national response to HIV/AIDS and of Emergency Plan achievements. These efforts are directed at developing and implementing routine information management systems for both program reporting and patient tracking; and at ensuring the HIV/AIDS surveillance (prevalence and behavioral), population-based surveys, targeted evaluation and policy-related analysis essential

to an effective response. In addition, FY 2005 resources are used to analyze and publish HIV prevalence data from pregnant women in 2004 as well as related national population estimates.

Principal partners: Ministry of Health, National AIDS Council, Ministry of Women and Coordination of Social Action, other Government of Mozambique agencies, Mailman School of Public Health/Columbia University, John Snow Inc., The Futures Group International, the /Carolina Population Center at the University of North Carolina and the University of California, San Francisco.

The USG is collaborating with the Ministry of Health, WHO and other donors on a national human capacity assessment focused on health workers. This assessment will define staff recruitment, management and retention issues; make practical recommendations to strengthen the capacity of the health sector workforce; and provide a framework for systematic strengthening of the human resources required to provide ART and other HIV/AIDS-related services. Findings will inform the priority uses of the considerable USG resources provided for training and system strengthening. To help increase the number of HIV/AIDS service providers, new initiatives are expanding the number of medical students specializing in HIV/AIDS treatment and set up training programs for medical technicians. FY 2005 resources also enable the National AIDS Council to improve its technical, programmatic and administrative management of the increasing levels of funding being mobilized for Mozambique's national HIV/AIDS response. Support to private sector initiatives expands the number of private businesses implementing sound workplace policies and programs that can prevent new infections in the workforce and ensure that employees and their families access the full range of HIV/AIDS care, treatment and support services.

Principal partners: Ministry of Health, National AIDS Council, Ministry of Defense, JHPIEGO, International Training and Education Center on HIV (ITECH), Abt Associates, Catholic University of Mozambique and the Confederation of Mozambique Business Associations.

Management and staffing funds support the in-country personnel needed for USAID, HHS, State, Defense and Peace Corps. Funds ensure program monitoring and accountability, ensure USG policy and technical leadership within the Mozambique national response, and cover compensation, logistics and office and administrative costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:
Donor partners supporting HIV/AIDS efforts in Mozambique include the United Kingdom, Ireland, Sweden, Denmark, the Netherlands, Norway, Canada, the World Bank, UN agencies and the Global Fund. To ensure harmonized efforts within a single national framework, the USG works closely with the several donor working groups formed to coordinate with the Ministry of Health, the National AIDS Council and the Country Coordinating Mechanism for the Global Fund.

Program Contact: Ambassador Helen La Lime

Time Frame: FY 2005 – FY 2006

SECTION III

FY 2005 SUMMARY BUDGET TABLE - MOZAMBIQUE	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	3,975,000	170,594	1,436,100	0	0	0	0	5,581,694
Abstinence/Be Faithful	3,030,000	0	8,500	0	220,000	120,000	0	3,378,500
Blood Safety	0	99,130	0	0	0	0	0	99,130
Injection Safety	0	96,130	898,800	0	0	0	0	994,930
Other Prevention	3,980,000	69,692	55,000	100,000	40,000	15,000	0	4,259,692
Prevention Sub-total	*10,985,000*	*435,546*	*2,398,400*	*100,000*	*260,000*	*135,000*	*0*	*14,313,946*
Care								
Palliative Care: Basic health care & support	3,138,649	265,758	1,926,945	0	24,000	50,000	0	5,405,352
Palliative Care: TB/HIV	0	20,664	547,700	0	0	0	0	568,364
OVC	3,850,000	0	0	0	56,000	78,000	0	3,984,000
Counseling and Testing	1,678,886	76,664	1,691,200	11,114	0	0	0	3,457,864
Care Sub-total	*8,667,535*	*363,086*	*4,165,845*	*11,114*	*80,000*	*128,000*	*0*	*13,415,580*
Treatment								
Treatment: ARV Drugs	2,525,000	21,555	2,000,000	0	0	0	0	4,546,555
Treatment: ARV Services	1,430,000	73,843	4,818,575	0	0	0	0	6,322,418
Laboratory Infrastructure	0	69,831	4,076,000	0	0	0	0	4,145,831
Treatment Sub-total	*3,955,000*	*165,229*	*10,894,575*	*0*	*0*	*0*	*0*	*15,014,804*
Other Costs								
Strategic Information	1,050,000	154,712	2,061,000	0	0	0	0	3,265,712
Other/policy analysis and system strengthening	631,489	8,185	865,400	0	225,000	0	0	1,730,074
Management and Staffing	1,200,000	1,209,922	410,000	50,000	109,000	52,000	0	3,030,922
Other Costs Sub-total	*2,881,489*	*1,372,819*	*3,336,400*	*50,000*	*334,000*	*52,000*	*0*	*8,026,708*
AGENCY, FUNDING SOURCE TOTALS	**26,489,024**	**2,336,680**	**20,795,220**	**161,114**	**674,000**	**315,000**	**0**	**50,771,038**

Total Budget by Agency	
USAID	26,489,024
HHS	23,131,900
DOD	161,114
State	674,000
Peace Corps	315,000
Labor	0
Total	**50,771,038**

Total GHAI Budget by Agency	
USAID	26,489,024
HHS	20,795,220
DOD	161,114
State	674,000
Peace Corps	315,000
Labor	0
Total	**48,434,358**

Total Funding by Account	
Base (GAP)	2,336,680
GAC (GHAI)	48,434,358
Total	**50,771,038**

NAMIBIA

Project Title: **Namibia FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources					
	Notified in February 2005			Current Notification April 2005		NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	
HHS	1,500,000	13,076,272	14,576,272	0	2,567,971	17,144,243
USAID	0	19,318,725	19,318,725	0	691,949	20,010,674
DOD	0	1,137,278	1,137,278	0	0	1,137,278
State	0	97,841	97,841	0	0	97,841
Peace Corps	0	559,672	559,672	0	11,766	571,438
TOTAL Approved	1,500,000	34,189,788	35,689,788	0	3,271,686	38,961,474
Total FY 2004						21,185,762

* The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Namibia:

- HIV Prevalence in Pregnant Women: 19.7% (National HIV Sentinel Survey, 2004)
- Estimated Number of HIV-infected People: 230,000 (UNAIDS, 2004)
- Estimated Number of Individuals on Antiretroviral Therapy: 5,000 (in public facilities); 3,000 (in private sector)
- Estimated Number of AIDS Orphans: 108,000 (Ministry of Gender Equality and Child Welfare, 2005)

Targets to Achieve 2-7-10 Goals:

Namibia	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	33,000	4,000
FY 2005	117,460	19,000
FY 2008	115,000	23,000

* "Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS. Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.

Program Description:

Namibia has a severe, generalized HIV epidemic that has expanded rapidly. This fact, in addition to an HIV prevalence of 19.7%, has placed Namibia among the top five most affected countries. The first AIDS case was reported in 1986, and ten years later AIDS became the

leading cause of death. Namibia is one of the most sparsely populated countries in Africa with a total population of 1.826 million and has an estimated 230,000 HIV-infected individuals. The HIV sero-prevalence rate among pregnant women has increased rapidly, from 4.2% in 1992 to 22% in 2002, declining to 19.7% in 2004. There is no significant difference between rural and urban antenatal sero-prevalence rates and the overall prevalence of HIV in the general population is estimated at 17.9% (12.5% males, 18.9% females).

HIV transmission is almost exclusively through heterosexual contact or through mother-to-child transmission, and at-risk populations include migrant workers, truckers, the military, young women and girls along transportation routes, commercial sex workers, those who have sex after abusing alcohol, sexually active youth, out-of-school youth and OVC. The TB case rate of 628 cases per 100,000 in Namibia is the highest in the world (WHO, 2003), with HIV co-infection estimated at greater than 50%. TB continues to be the leading cause of death for people with HIV/AIDS, even with the availability of antiretroviral therapy. Additionally, in spite of per capita GDP of $1,173 Namibia has one of the world's highest rates of income disparity, poverty and lack of economic opportunity.

The following programmatic areas will be included in FY 2005 to mitigate the impact of the epidemic in Namibia:

Prevention: $7,970,611 as of February 2005; $7,982,377 as of April 2005

Prevention activities in Namibia include PMTCT, abstinence and faithfulness programs, blood and injection safety and other prevention initiatives. Less than 25% of pregnant women currently receive PMTCT services. By March 2006, the Emergency Plan goal is to increase PMTCT coverage to 40% (i.e., 16,000) of pregnant women and to support full-course ARV prophylaxis for 2,720 HIV-positive pregnant women. Prevention resources provide technical assistance, infrastructure improvements, personnel, counseling facilities, information systems, educational materials and equipment, training, transport and management to support the 24 hospitals currently providing PMTCT services and will expand to reach a further ten hospitals. Abstinence and faithfulness programs, which started in 2001, will be rolled out further by the USG program in twelve of the thirteen regions which constitute Namibia. The Emergency Plan Program will increase the capacity of school-, faith- and work-based programs for youth and families to provide prevention education including delay of sexual debut, abstinence, faithfulness and responsible decision-making.

Population-based door-to-door educational programs will be instituted for the first time in four high-burden regions leveraging resources with the Global Fund. Increasing attention will be given to the promotion of being faithful among the large number of HIV-positive patients visiting health facilities, which to date has been a major missed opportunity. Approximately 100,000 youth, parents, teachers, church leaders and workers and their families will be reached with abstinence and faithfulness messages by March 2006. Other prevention initiatives focus on HIV prevention education and increased condom use for mobile populations, uniformed services, truckers, border officials and sex workers. Efforts will increase condom use by 10%, educate over 10,000 military and police personnel and reach 67,000 at-risk civilians.

Of the total pending budget of $324,047 for Namibia remaining as of February 2005, an $11,766 was allocated for prevention activities in April 2005. Within Abstinence and Be Faithful Prevention programs these funds will support five new Peace Corps Crisis Corps Volunteers (CCVs) who will work with the Regional AIDS Committee in Education (RACE) program to provide HIV/AIDS prevention education. Ten additional community workers will be trained to deliver prevention messages and five HIV service outlets will be supported.

Principal partners: Catholic AIDS Action, Catholic Health Services, Chamber of Mines, Change of Lifestyles (COLS), Development Aid People to People (DAPP), Family Health International/IMPACT, Fresh Ministries, Inc (Track 1), International Training and Education Center on HIV/AIDS (ITECH), Johns Hopkins University/Health Communication Partnership (JHU/HCP), Lifeline-Childline, Lutheran Medical Services, Ministry of Health and Social Services, Namibia Institute of Pathology (NIP), Social Marketing Association of Namibia, Walvis Bay and Sam Nujoma Multipurpose Centers and World Lutheran Federation.

Care: $11,179,584 as of February 2005; $11,659,584 as of April 2005

Care activities in Namibia include counseling and testing (CT), clinical care, palliative care and support for OVC. CT services outside of health facilities were not available in Namibia until 2003 when six freestanding centers were launched. In 2004, the USG supported the introduction of rapid HIV testing, capacity building in CT training and assumed running costs for twelve FBO/NGO centers, including five CT centers previously supported by the EU and seven new centers. In FY 2005, an additional seven CT centers will be established (five freestanding and two mobile) bringing the total to nineteen funded through the Emergency Plan (an additional two will be funded by the GF and one by the EU). CT services will be expanded through the introduction of 200 community counselors and rapid HIV testing for the first time in all 34 public hospitals (both MOHSS and Mission) for a total of 51 CT testing sites. Routine provider-initiated counseling and testing will be promoted for HIV/AIDS-related conditions, including STIs, TB and other OIs, to improve access of PLWHA to prevention, care and treatment. USG assistance to CT will result in 87,000 new clients/patients knowing their HIV status by March 2006.

Linkages between non-ART care and counseling, testing and referral services will be strengthened within and across the network, including the community. Extending palliative care peripherally within the health network from hospitals to health centers and clinics and then to home-based care will be an important priority in 2005. Training capacity will be expanded to strengthen the role of nurses in basic care. Approximately 14,000 HIV-infected individuals will be reached with palliative care services by March 2006. Community-based programs managed by faith-based organizations (FBOs) will be strengthened to increase technical and management capacity, while new partners will be identified to increase service coverage. Directly-Observed Therapy, Short Course (DOTS) service points will be expanded to provide direct support to patients with TB/HIV. OVCs in Namibia are particularly susceptible to HIV (93,100 of a 131,120 total). Namibia has a strong OVC program with a Namibian government funded NAM$10 million OVC Trust Fund. Currently, USG services provide care to approximately

27,000 OVC in nine regions and plans to develop the capacity of new partners to serve OVC. A total of 93,000 OVC served by USG programs will be reached by March 2006.

Namibia will receive an additional $670,000 in care funding from the Rapid Expansion Fund. These funds will provide counseling and testing to over 45,000 people, train 200 health workers in the provision of counseling and testing and support the referral of 4,000 for care within the Namibian health network.

Of the Care funds, $190,000 was reprogrammed to Other Costs to help support a DHS and Health Facility Survey, renovations of the outpatient setting of the Katutura, Oshikati and Rundu hospitals for counseling, treatment and care and provide technical assistance in monitoring and evaluation.

Principal partners: Catholic AIDS Action, Catholic Health Services, Church Alliance for Orphans (CAFO), Council of Churches in Namibia (CCN), Evangelical Lutheran Church in the Republic of Namibia – AIDS Program (ELCAP), Evangelical Lutheran Church in Namibia (ELCIN), Family Health International IMPACT, International Training and Education Center on HIV/AIDS (ITECH), Johns Hopkins University/Health Communication Partnership (JHU/HCP), Lutheran Medical Services, Ministry of Health and Social Services, Ministry of Women Affairs and Child Welfare, Namibia Institute of Pathology (NIP), Philippi Namibia, Potentia, Social Marketing Association of Namibia.

Treatment: $8,418,522 as of February 2005; $10,743,522 as of April 2005

The USG supported initiation of ART services in twelve Ministry of Health and Social Services (MOHSS) and five faith-based hospitals in 2004, which supported more than 4,000 patients on ART as of December 2004. ART sites will be expanded to the remaining seventeen MOHSS hospitals to reach a target of 11,000 patients by March 2006. The high demand for services, however, has created considerable strain on the institutional and financial capacity of the MOHSS, resulting in clinic congestion and long waiting lists for evaluation and treatment. The Ministry of Health and Social Services has purchased essentially all ARV drugs to date, but increasing support is anticipated in early 2005 from the Global Fund for AIDS, TB and Malaria (GFATM), while Bristol-Myers Squibb plans to support 750 patients through 2006 in one region. Access to ART is primarily limited by the lack of counselors and health professionals to support and care for patients and by limitations of hospital infrastructure. The USG is providing technical assistance for national program management, pharmaceutical management and logistics, senior health care personnel, funding for laboratory services, training, infrastructure improvements, information system development and limited ARV drug procurement. Support in FY 2005 will be increased to consolidate services at the existing seventeen sites and expand ART to seventeen additional hospitals. In addition to direct support to the public sector, the USG provides indirect support through the private sector, which provides ART to approximately 3,000 patients.

Namibia will receive $2,425,000 from the Rapid Expansion Fund to support comprehensive ART services for over 11,000 individuals. This includes the purchase of ARV drugs for over 2,500 individuals.

Of the Treatment funds, $100,000 was reallocated to Other Costs to help support a DHS and Health Facility Survey, renovations of the outpatient setting of the Katutura, Oshikati and Rundu hospitals for counseling, treatment and care and provide technical assistance in monitoring and evaluation.

Principal partners: Catholic Health Services, Family Health International/IMPACT, International Training and Education Center for HIV (ITECH), Johns Hopkins University/Health Communication Partnership (JHU/HCP), National Health Training Center, Lutheran Medical Services, Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM+), Ministry of Health and Social Services, Namibia Institute of Pathology (NIP), Potentia and Social Marketing Association of Namibia.

Other Costs: $8,121,071 as of February 2005; $8,575,991 as of April 2005

Strategic Information (SI) services in 2005 will focus on consolidating the USG-supported national health information systems in existing sites and expanding to new sites for PMTCT and ART, strengthening the HIV sentinel surveillance survey protocol for 2006, targeted evaluations to improve program performance, completing the HIV/AIDS component of the Demographic and Health Survey and a national health facility survey. The use of information from program monitoring (e.g., PMTCT, ART, OVC, etc.) will be used to improve reporting, dissemination of results and to assist decision-making to improve overall program performance. SI interventions will improve the capacity of the USG team to monitor progress toward reaching the 2-7-10 goals and of Namibian counterparts to monitor progress toward the achievement of national program goals.

Principal partners: Family Health International/IMPACT, Johns Hopkins University Health Communications Partnership (JHU/HCP), Measure Evaluation, Ministry of Health and Social Services, the National Planning Commission's Central Bureau of Statistics, Research Facilitation Services and Potentia.

Cross-cutting activities will focus on human resource development, organizational capacity building, community mobilization and advocacy and benefit education. Investments in HIV/AIDS integration within pre- and in-service training programs for health care workers and the use of technology for training and communication will result in immediate and longer-term human capacity building. Targeted work with NGOs and FBOs will strengthen organizational capacity and sustainability of HIV/AIDS prevention, care and support efforts. Community Action Forums will be formed as a result of Community Mobilization Activities to increase advocacy, commitment and uptake of VCT, PMTCT and ART services and adherence and leveraging of resources.

Of the pending budget of $324,047 for Namibia remaining as of February 2005, $36,949 was allocated for Other/Policy Analysis & Systems Strengthening to support several local partners to conferences, workshops and other work-related training events. Eight additional individuals will be trained in programs related to policy and/or capacity building programs. In addition,

$127,971 will provide strategic information technical assistance to the Monitoring and Evaluation Unit in the Directorate of Special Programs within the Ministry of Health.

An additional $290,000 was reallocated to Other Costs to support a DHS and Health Facility Survey, renovations of the outpatient setting of the Katutura, Oshikati and Rundu hospitals for counseling, treatment and care and provide technical assistance in monitoring and evaluation.

Principal partners: International Training and Education Center for HIV (ITECH), Family Health International/IMPACT, Family Health International/ Youthnet, Johns Hopkins University Health Communications Partnership (JHU/HCP), Legal Assistance Center/AIDS Law Unit, Lifeline-Childline, Ministry of Health and Social Services, National Health Training Center, Namibia Institute of Pathology (NIP), Potentia, UNAIDS and University of Namibia.

Administrative Costs will support the program and technical assistance required to implement and manage the Emergency Plan activities. DOD, DOS, HHS/CDC, Peace Corp and USAID personnel, travel, management and logistics support in-country will be included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

A total of sixteen other development partners work on HIV/AIDS issues in Namibia. In addition to the GFATM, development partners range from European countries (EC, Germany, Spanish Cooperation, Sweden and Finland), the UN (WHO, UNICEF, UNFPA, UNDP), to Bristol-Myers Squibb. While the USG is the largest donor, the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM) has approved $26 million over two years for HIV/AIDS. GFATM money supports ART and care services, OVC programs, workplace HIV programs, support for home- and community-based care, TB control, VCT, PMTCT-Plus and community outreach services. The National Multisectoral AIDS Coordinating Committee (NAMACOC), supported by the National AIDS Coordination Program (NACOP) as Secretariat, is responsible for donor coordination and implementation of HIV/AIDS activities in the country. The membership of the committee consists of the Secretaries of all government ministries, major development partners (including USG representatives), NGOs, FBOs, trade unions and private sector organizations. The USG, along with the EU are co-chairs of the Partnership Forum (bi- and multilateral agencies that support coordination of HIV/AIDS development partner programs). The USG team will work with the Namibian government to ensure coordination of HIV policy and programs.

Program Contact: Ambassador Joyce Barr

Time Frame: FY 2005 – FY 2006

FY 2005 SUMMARY BUDGET TABLE - NAMIBIA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	1,658,390	0	1,039,398	0	0	0	0	2,697,788
Abstinence/Be Faithful	1,877,155	0	499,930	0	0	11,766	0	2,388,851
Blood Safety	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	0	0	0	0	0
Other Prevention	1,393,344	0	307,639	850,206	0	344,549	0	2,895,738
Prevention Sub-total	*4,928,889*	*0*	*1,846,967*	*850,206*	*0*	*356,315*	*0*	*7,982,377*
Care								
Palliative Care: Basic health care & support	1,312,097	0	2,065,444	0	0	0	0	3,377,541
Palliative Care: TB/HIV	24,000	0	295,125	0	0	0	0	319,125
OVC	1,621,012	0	0	0	0	0	0	1,621,012
Counseling and Testing	4,872,588	0	1,469,318	0	0	0	0	6,341,906
Care Sub-total	*7,829,697*	*0*	*3,829,887*	*0*	*0*	*0*	*0*	*11,659,584*
Treatment								
Treatment: ARV Drugs	307,700	0	1,167,053	0	0	0	0	1,474,753
Treatment: ARV Services	2,923,724	0	5,712,847	287,072	0	100,126	0	9,023,769
Laboratory Infrastructure	0	0	245,000	0	0	0	0	245,000
Treatment Sub-total	*3,231,424*	*0*	*7,124,900*	*287,072*	*0*	*100,126*	*0*	*10,743,522*
Other Costs								
Strategic Information	2,209,545	0	816,499	0	0	0	0	3,026,044
Other/policy analysis and system strengthening	601,119	0	1,878,131	0	97,841	0	0	2,577,091
Management and Staffing	1,210,000	1,500,000	147,859	0	0	114,997	0	2,972,856
Other Costs Sub-total	*4,020,664*	*1,500,000*	*2,842,489*	*0*	*97,841*	*114,997*	*0*	*8,575,991*
AGENCY, FUNDING SOURCE TOTALS	**20,010,674**	**1,500,000**	**15,644,243**	**1,137,278**	**97,841**	**571,438**	**0**	**38,961,474**

Total Budget by Agency	
USAID	20,010,674
HHS	17,144,243
DOD	1,137,278
State	97,841
Peace Corps	571,438
Labor	0
Total	**38,961,474**

Total GHAI Budget by Agency	
USAID	20,010,674
HHS	15,644,243
DOD	1,137,278
State	97,841
Peace Corps	571,438
Labor	0
Total	**37,461,474**

Total Funding by Account	
Base (GAP)	1,500,000
GAC (GHAI)	37,461,474
Total	**38,961,474**

NIGERIA

Project Title: **Nigeria FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources					
	Notified in February 2005			Current Notification April 2005		NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	
HHS	3,055,466	25,864,461	28,919,927	0	7,263,999	36,183,926
USAID	0	44,415,115	44,415,115	0	2,750,000	47,165,115
DOD	0	4,749,163	4,749,163	0	0	4,749,163
State	0	74,438	74,438	0	200,000	274,438
DOL	0	0	0	0	611,000	611,000
TOTAL Approved	3,055,466	75,103,177	78,158,643	0	10,824,999	88,983,642
Total FY 2004						55,491,358

* The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Nigeria:

- HIV Prevalence in Pregnant Women: 5.0% (2003)
- Estimated Number of HIV-Infected People: 3,500,000
- Estimated Number of Individuals on Antiretroviral Therapy:
  - 14,300 in public facilities
  - 10,000 in private sector
- Estimated Number of AIDS Orphans: 1,800,000

Targets to Achieve 2-7-10 Goals:

Nigeria	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	28,000	16,000
FY 2005**	522,700	75,628
FY 2008	1,750,000	350,000

*** "**Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.
** FY 2005 targets are in the process of being reviewed based on modified funding allocations.

Program Description:

Nigeria is the largest country in Africa and has at least 135 million citizens, accounting for 47% of West Africa's population. Under the federal system of government, Nigeria has 36 states and

a Federal Capital Territory (FCT); at an average of 3.2 million inhabitants, many states are larger than some African countries. The states are further divided into 774 Local Government Areas (LGAs). Constitutionally, federal, state and local governments have concurrent responsibilities for health, and donor partners working in Nigeria must coordinate and collaborate with health services at each of these levels. In addition, Nigeria has extensive, though poorly regulated, private health services. The military, industry and NGOs are other important sources of health care.

Nigeria has an estimated HIV-infected population between 3.2 and 3.8 million which is projected to increase to 3.7-4.3 million by 2008. In general, urban prevalence (5.1%) is higher than rural prevalence (3.7%). Age-specific prevalence is highest in the 20-24 year age group (5.6%), and is lowest among those 35 years and older (3.1%). The prevalence peak in the 20-24 year age group implies that people are becoming infected at an earlier age. Projections by the Policy Project (2001) indicate that the 134,000 AIDS deaths in 2000 could rise to 572,000 by 2015. By 2015 there could be a projected 4.2 million PLWHA. Between 2003 and 2008, the annual death rate per thousand is projected to rise from approximately 2.38 to 2.58.

Prevention: $14,283,199 as of February 2005 and as of April 2005

Prevention activities in Nigeria include PMTCT, abstinence and faithfulness programs, blood and injection safety and other prevention initiatives including those focused on high risk communities. PMTCT services are well established in four Centers of Excellence (COE) and nine satellite facilities in four focus states. During the next four years, they will further expand and spread statewide into public and private secondary and primary health care facilities that provide the bulk of antenatal care (ANC) services. New focus states will follow the same pattern: the establishment of a COE if none exists and then services moving into primary and secondary facilities throughout the states.

The participation of private sector facilities, especially those run by FBOs, is being enhanced, as is the participation of numerous private maternity clinics run by nurse midwives. Funds support infrastructure improvements, provide personnel, counseling facilities, educational materials and equipment, training, transport and management to support expansion of PMTCT services. Abstinence and faithfulness programs commenced in 2004 and the USG in partnership with the Federal Government of Nigeria (FGON) is further expanding these programs in FY 2005. The Emergency Plan is increasing the capacity of school-based groups, faith-based youth networks and workplace prevention programs. Approximately three million youth, parents, teachers and church leaders will be reached with abstinence and faithfulness messages by 2005. Other prevention initiatives focus on most-at-risk populations (MARP). For example, STOPAIDS, a Nigerian NGO, is focusing their prevention efforts at Mile 3 and Abali major interstate motor marks in Port Harcourt, Rivers State. They are targeting out-of-school youth (ages 13 to 30) in a participatory manner, encouraging them to reduce or eliminate risky behaviors.

No additional funding is slated for this program area in this 3rd Congressional Notification.

Principal partners: Family Health International (FHI), the University of Maryland and the Futures Group International are prime partners. Other core partners include Safe Blood for

Africa Foundation, STOPAIDS, Christian Health Association of Nigeria (CHAN), Catholic Relief Services (CRS) and the Society for Family Health (SFH, a Nigerian NGO).

Care: $17,576,717 as of February 2005; $19,002,804 as of April 2005

Care activities in Nigeria include voluntary counseling and testing (VCT), clinical care, palliative care and support for OVC. Bringing 350,000 persons to ART by 2008 will require providing VCT services to between seven and thirteen million individuals in the next five years (depending on HIV prevalence). The target for 2005 is to test 350,000 clients. To increase uptake of counseling and testing services at the health facility level, USG in partnership with FGON will implement routine testing (based on an opt-out approach) in all collaborating PMTCT/ANC, STI, TB and family planning sites. USG in partnership with FGON will pilot family VCT in four states. If successful, over time the program will be replicated over time in all 22 states. USG in partnership with FGON will also support the development of stand-alone VCT sites, which are linked to treatment and care services. Finally, USG is supporting the FGON's goal of creating user-friendly VCT services, especially for youth and MARP.

The Federal Government of Nigeria (FGON) has acknowledged the need for palliative care and has set national targets for 2010 of 50% of health institutions offering effective quality care and management for HIV/AIDS and at least 20% of all LGAs offering home-based care services to PLWHA in their communities. The USG is working with FGON and its partners to promote access to home-based care and to strengthen networks of health care personnel, community health workers and promoters to provide nursing care and psychosocial support. In addition, USG and its partners are promoting HIV testing within TB facilities and, where necessary, the provision of care and treatment for HIV-positive TB clients. TB facilities will be encouraged to develop linkages with care and treatment as well as other services such as malaria prevention.

The USG is supporting the Federal Ministry of Women Affairs and Youth Development to develop national guidelines and policies that address the needs of OVC. The USG will support a community network to implement a household/family-based strategy for OVC, and also support interventions to advocate and mobilize a broad range of stakeholders to raise awareness of OVC issues.

Nigeria will receive an additional $1,426,087 in Rapid Expansion Funds to strengthen the capacity of local HIV/AIDS organizations and a private-public partnership to support counseling and testing and to train 25 counselors within 25 TB program service delivery sites. The funding will provide counseling and testing among 30,000 most-at-risk populations in six saturation states, reach an additional 100,000 people for counseling and testing through the private-public partnership, and allow for counseling and testing for over 45,000 individuals through the 25 TB program service delivery sites.

Principal partners: German Leprosy Relief Association, University of Maryland, FHI, Harvard University, Society for Family Health, WHO, Catholic Relief Services and Africare.

Treatment: $28,499,566 as of February 2005; $37,131,878 as of April 2005

Treatment activities in Nigeria include antiretroviral therapy (ART) and PMTCT-Plus programs. USG efforts to date have been based in eight of the 25 FGON service sites, located in Oyo, Borno, Lagos, Kano, Anambra, Edo and Plateau States and the FCT. The FGON has recommended expansion of ART programs in five locations where USG currently has activities: Lagos, Edo, Kano and Anambra States and the FCT. The FGON has requested that USG initiate activities in three states in the near term that have HIV prevalence rates above the national average: Niger (7.0%), Cross River (12.0%) and Adamawa (7.6%). Currently, there are no government-sponsored ART programs in these three states. The USG with its partners will also initiate or expand activities in sixteen high or moderate prevalence states through an innovative search for new partners currently operating health care networks. At the same time USG programs will integrate HIV-AIDS patient care with TB DOTS programs in fourteen states and will enhance the ability of the Nigerian military to treat and care for PLWHA in an additional seven states. The support activities outside the sixteen sites negotiated with the FGON in order to build on USG investments in programs that are achieving results.

Of the pending budget of $6,199,999 remaining in February 2005, an additional $5,799,999 in funding was allocated for treatment activities in April 2005. The additional funds will support service delivery sites, improve the national laboratory infrastructure and provide life-saving ART for 16,000 PLWHA.

Nigeria will receive an additional $2,832,313 in Rapid Expansion Funds to increase efforts in counseling and testing and the consequent demand for services. The funds will provide antiretroviral therapy for 1,300 individuals, train 261 individuals in HIV care and develop two new treatment networks in FCT and Kano State—providing care for up to 1,750 patients.

Principal partners: University of Maryland, Harvard University, FHI, DOD

Other Costs: $17,799,161 as of February 2005; $18,565,761 as of April 2005

Funds for Other Costs support strategic information, policy analysis and systems strengthening and management and staffing. Of the pending budget of $6,199,999 remaining in February 2005, an additional $400,000 in funding was allocated for Other Costs activities in April 2005. This $400,000 will support two different initiatives highlighted below.

The Public Affairs Section (PAS) of the U.S. Embassy Nigeria has the second largest public diplomacy program in sub-Saharan Africa and is responsible for press and media relations for the Ambassador, DCM, State Department and eight USG agencies in the U.S. Mission. In order to advance the goals of Emergency Plan, PAS will use $200,000 to coordinate a separate and special public affairs initiative on HIV/AIDS, working with OGAC, Emergency Plan Nigeria stakeholders, Emergency Plan implementing partners, NACA and the SACAs. The initiative will include radio/television/press interviews with Emergency Plan officials and media coverage of Emergency Plan projects. The broad budget profile is for grants to universities and media in the focus states as they expand from six to eleven, sixteen, and then 22 states.

The other $200,000 will support interagency coordination activities for the USG/N team. This will allow information sharing and increased synergy across various program areas. Management and staffing funds will support the program and technical assistance required to implement increasingly complex and integrated Emergency Plan activities within Nigeria.

Nigeria will also receive an additional $366,600 in Rapid Expansion Funds to provide policy analysis and system strengthening to assist a core of about 40 business, labor, government, NGOs, and other appropriate organizations to increase their capacity to provide prevention education and other HIV/AIDS-related services to workers and their families. Through this work the project expects to indirectly reach an additional 100,000 people (averaging 2,500 people per organization), 20,000 of whom are expected to seek counseling and testing.

Principal partners: Nigerian Universities, FGON

Other Donors, Global Fund Activities, Coordination Mechanisms:

USG partners include USAID, HHS/CDC, HHS/NIH, DOS, DOL and DOD. In addition to USG partners, development partners include the Global Fund, World Bank, UNAIDS, DFID, JICA, CIDA, WHO, UNICEF and the CCM (GFATM). Others include ADB, ILO, Italian Cooperation, UNDP, UNDCP, UNFPA and UNIFEM.

A World Bank/IDA five-year credit worth $105 million is available for eighteen states and the FGON. UNICEF has done innovative work in training peer educators among National Youth Service Corps members prior to their community postings. CIDA is preparing to launch a $5 million project to support community-based grants. The Bill and Melinda Gates Foundation is the largest source of private foundation support, in addition to the Ford, Packard and McArthur Foundations. A unique example of donor collaboration is the joint DFID-USAID "Make We Talk" Project that combines community mobilization and mass media communication to prevent HIV transmission in hotspot communities across the nation. The Global Fund has approved $28 million over two years for HIV/AIDS, to support the expansion of ART and PMTCT and the promotion of civil society's role in the HIV/AIDS response.

The National Action Committee for AIDS (NACA) has the primary role in assuring donor coordination. NACA serves as secretariat for the Presidential Action Committee (PAC), and is responsible for coordination, implementation and minimizing duplication and overlap of HIV/AIDS activities in the country. NACA involves representatives of all Nigeria government ministries, major development partners (including USG representatives), NGOs, FBOs, trade unions and private sector organizations. The USG team will work with the Nigeria government to ensure coordination of HIV policies and programs.

Program Contact: Ambassador John Campbell

Time Frame: FY 2005 – FY 2006

FY 2005 SUMMARY BUDGET TABLE - NIGERIA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	1,425,973	0	3,473,089	77,000	0	0	0	4,976,062
Abstinence/Be Faithful	5,743,928	0	0	0	0	0	0	5,743,928
Blood Safety	730,550	0	250,865	0	0	0	0	981,415
Injection Safety	0	0	0	0	0	0	0	0
Other Prevention	2,456,794	0	125,000	0	0	0	0	2,581,794
Prevention Sub-total	*10,357,245*	*0*	*3,848,954*	*77,000*	*0*	*0*	*0*	*14,283,199*
Care								
Palliative Care: Basic health care & support	7,102,525	0	975,325	200,000	0	0	0	8,277,850
Palliative Care: TB/HIV	899,944	0	876,774	200,000	0	0	0	1,976,718
OVC	2,880,547	0	0	0	0	0	0	2,880,547
Counseling and Testing	5,145,750	0	150,000	419,189	0	0	152,750	5,867,689
Care Sub-total	*16,028,766*	*0*	*2,002,099*	*819,189*	*0*	*0*	*152,750*	*19,002,804*
Treatment								
Treatment: ARV Drugs	9,664,250	0	5,200,000	100,000	0	0	0	14,964,250
Treatment: ARV Services	2,568,163	0	8,200,000	767,658	0	0	91,650	11,627,471
Laboratory Infrastructure	272,500	0	9,099,999	1,167,658	0	0	0	10,540,157
Treatment Sub-total	*12,504,913*	*0*	*22,499,999*	*2,035,316*	*0*	*0*	*91,650*	*37,131,878*
Other Costs								
Strategic Information	1,906,465	0	1,282,874	317,658	0	0	0	3,506,997
Other/policy analysis and system strengthening	1,820,000	0	0	0	0	0	366,600	2,186,600
Management and Staffing	4,547,726	3,055,466	3,494,534	1,500,000	274,438	0	0	12,872,164
Other Costs Sub-total	*8,274,191*	*3,055,466*	*4,777,408*	*1,817,658*	*274,438*	*0*	*366,600*	*18,565,761*
AGENCY, FUNDING SOURCE TOTALS	**47,165,115**	**3,055,466**	**33,128,460**	**4,749,163**	**274,438**	**0**	**611,000**	**88,983,642**

Total Budget by Agency	
USAID	47,165,115
HHS	36,183,926
DOD	4,749,163
State	274,438
Peace Corps	0
Labor	611,000
Total	**88,983,642**

Total GHAI Budget by Agency	
USAID	47,165,115
HHS	33,128,460
DOD	4,749,163
State	274,438
Peace Corps	0
Labor	611,000
Total	**85,928,176**

Total Funding by Account	
Base (GAP)	3,055,466
GAC (GHAI)	85,928,176
Total	**88,983,642**

RWANDA

Project Title: **Rwanda FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources						
	Notified in February 2005			Current Notification April 2005			NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	PMTCT**	
HHS	1,134,922	10,117,559	11,252,481	0	2,790,000	0	14,042,481
USAID	0	27,292,701	27,292,701	0	2,072,000	1,300,000	30,664,701
DOD	0	1,474,929	1,474,929	0	0	0	1,474,929
State	0	52,614	52,614	0	0	0	52,614
Peace Corps	0	0	0	0	0	0	0
TOTAL Approved	1,134,922	38,937,803	40,072,725	0	4,862,000	1,300,000	46,234,725
Total FY 2004							27,973,778

* The Global AIDS Program of HHS/CDC
** FY 2003 PMTCT Funds

HIV/AIDS Epidemic in Rwanda:

- HIV Prevalence in Pregnant Women: 5.1% (2004)
- Estimated Number of HIV-Infected People: 170,000-380,000 (2004)
- Estimated Number of Individuals on Antiretroviral Therapy: 5,400 (September 2004)
- Estimated Number of AIDS Orphans: 160,000 (2004)

Targets to Achieve 2-7-10 Goals*

Rwanda	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	20,000	4,000
FY 2005**	42,241	14,135
FY 2008	250,000	50,000

* "Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"
The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.
****** FY 2005 targets are in the process of being reviewed based on modified funding allocations.

Program Description:

Rwanda is the most densely populated country in Africa, with a total population of 8.4 million and an estimated 170,000 to 380,000 HIV-infected individuals. Some 60% of the population lives in poverty and over 90% is involved in agriculture, mostly subsistence farming. During the genocide in 1994, mass rape, sexual torture and psychological trauma were common. The

massive population flows that accompanied and followed the genocide resulted in new urban and rural settlement patterns and uncertainty regarding HIV prevalence rates. New potential populations at risk were created, including a prison population of nearly 100,000 inmates, many of whom will be released from custody in the next two to three years. Despite its difficult recent history, Rwanda is rapidly transitioning from a post-conflict state to a stable, progress-oriented and more democratic country.

In FY 2004, Emergency Plan efforts focused on the rapid deployment of ART, PMTCT and CT sites to provide immediate relief for HIV-infected Rwandans. Activities featured include direct provision of treatment and care by implementing partners, rapid initiation of prevention programs and significant investment in institutional capacity building. In FY 2005, the Emergency Plan in Rwanda will expand direct site support while increasing emphasis on local capacity development and accelerating transition to local program management. The 2005 Country Operational Plan also will enhance coordination with other donors to develop common standards and broader coverage of services.

Two competitive local procurements will focus on building local capacity and engaging local partners. Increased funding for these procurements in each subsequent year and increased capacity will allow an increasing portion of the growing total to be directed to local organizations. The first procurement, focusing on Community Services, will build on the strengths of 1,300 elected community-health workers and expand local capacity in service delivery across most Emergency Plan interventions. It will finance community support (through CBOs and FBOs) of PMTCT, CT, ART, Abstinence and Fidelity, Other Prevention, Palliative/Basic Health Care and OVC services. An implementer will be selected through competition to make subgrants and subcontracts to local organizations and to provide technical assistance to build managerial, financial and technical capacity in the local groups. By the end of the first year, 25% of procurement funds will be managed by local organizations. In the later stages, local organizations will have increased their managerial capacity to the level necessary to manage USG funds directly.

A second procurement for HIV/AIDS Performance-Based Financing will encourage efficient delivery of HIV/AIDS services and strengthen service delivery networks. Rwanda has already successfully introduced performance-based financing mechanisms for non-HIV health services. Applying this same model to the delivery of HIV/AIDS clinical services will encourage more efficient, higher quality service delivery at PMTCT and CT sites. The multiyear procurement will provide TA to the National Department of Health Care (DSS) for the design of the finance mechanism and will build DSS's capacity to coordinate PMTCT/CT service delivery at the decentralized level (these services are currently coordinated by TRAC at the central level). As DSS capacity grows, funding to international partners will decrease and Emergency Plan funds directed to DSS will increase. DSS will contract with district health teams and facilities for the provision of quality services. Financing will be based on productivity and quality-of-service indicators for CT, PMTCT, palliative/basic and possibly ART care. In later stages, district health teams and facilities will have developed the linkages and capacity needed to contract directly with donors for provision of HIV/AIDS services.

The FY 2005 COP places increased attention on strengthening the national, multisectoral response to the epidemic, by strengthening the capacity of new government and nongovernmental partners. Access to treatment, care and prevention will be expanded through support for FBOs and CBOs, as well as through capacity building in GOR entities. The Emergency Plan will directly provide ART services in eight of Rwanda's twelve provinces. Coordination will establish a standard level of care across all donors, implementers and locations in Rwanda.

Prevention: $7,959,400 as of February 2005 and as of April 2005

FY 2005 prevention activities take on a variety of non-clinical initiatives as well as clinical PMTCT, blood safety programs and the promotion of safe medical injection practices.

Rwanda has a strong tradition of abstinence and faithfulness programs, implemented primarily through community- and faith-based organizations at the local level. However, implementation has not been coordinated and messages have not been consistent across programs. The GOR recognizes this lack of coordination and with support from the USG has developed a National Prevention Plan. The Prevention Plan, in conjunction with the National HIV/AIDS Strategic Framework, establishes mechanisms for coordinating messages and efforts at the local and national levels. Radio dramas and audio/video "Abstinence-Be Faithful" materials will be developed and used nationwide through church and faith networks. Emergency Plan support will also significantly expand the prevention campaign within the military.

In FY 2004, a variety of prevention activities were piloted on a local level with significant success. For FY 2005, the most successful pilot programs will be expanded with coordinated local and/or regional prevention activities supported through the Community Service procurement. Through the procurement and other Emergency Plan activities, USG coordinates national mass media campaigns targeting high risk groups (child-headed households, serodiscordant couples, CSWs, police and military) and provide support for national networks. In addition, USG will launch a new Healthy Schools project in collaboration with the Ministry of Education (MINEDUC). Through international TA and direct support, MINEDUC will adapt and implement the existing national prevention curriculum in secondary schools, and support school-based anti-AIDS clubs through small grants.

Clinical prevention has been strengthened on several fronts. The Emergency Plan will support the GOR policy of integrated service delivery, which calls for integration of PMTCT, CT, OI/TB, STI and basic health services for PLWHA into all health centers. New PMTCT/CT sites will be launched in referral areas for ART sites. USG also assists Rwanda in developing and implementing innovative HIV testing programs to reach groups most-at-risk for HIV, both in the hospital and at home for families of PLWHA. Emergency Plan support for rapid planning and implementation of safe medical injection programs in Rwanda will further reduce the burden of HIV transmission. USG will support the National Program for Blood Transfusion (CNTS) to strengthen blood transfusion services rapidly by eliminating infected blood, promoting the appropriate use of transfusions and increasing donations, coverage and quality. No other donors are currently supporting blood safety programs in Rwanda.

Principal partners: Centers for Disease Control and Prevention, Ministry of Education, Family Health International, Population Services International, World Relief, Sanquin Diagnostic Services, National Program for Blood Transfusion--Rwanda, John Snow Inc, Elizabeth Glaser Pediatric AIDS Foundation, IntraHealth, ORISE (Oak Ridge Institute of Science and Education), University Research Council, Treatment and Research AIDS Center.

Care: $10,197,498 as of February 2005; $10,932,498 as of April 2005

In FY 2005, the Emergency Plan supports innovative financing mechanisms to increase access to outpatient care at health centers. Because major barriers to basic/palliative health care are financial, investment in central infrastructure will be complemented by financial support to health centers. The FY 2005 COP expands HIV clinical care services to health centers not yet providing ART. These services include basic care, palliative care (both clinic-based and home-based), treatment of opportunistic infections and activities that improve the health and well-being of PLWHA.

Through the HIV/AIDS Performance-Based Financing procurement, the Emergency Plan will provide mechanisms to cover some HIV outpatient drug costs and other limited costs, such as lab work, at health centers. This program will provide reimbursement to health centers for basic care services, including palliative care and OI treatment for PLWHA. The reimbursement rate and mechanism for basic care will be developed with the help of a resident health financing technical expert in the DSS. Quality of palliative care will be increased through development and implementation of clinical protocols.

The FY 2005 plan incorporates lessons learned and builds on achievements from previous experience with OVC programming. The 2005 COP strengthens governmental systems and community structures, reduce fragmented and duplicative operations, applies a unified approach to meeting the needs of OVC across all implementing partners (i.e., agreement on package of services and its delivery), increase gender equitable service access and produces data on a common set of process and outcome indicators that will feed into the GOR's National Action Plan for OVC. The procurement includes national, regional and community strengthening as well as direct grants to local organizations that support OVC.

The Community Services procurement will also expand home-based care for PLWHA. The implementer will make sub-grants to CBOs and NGOs to support provision of home-based care, enriched nutrition, microeconomic development and basic health care services, including safe water and malaria nets.

In the area of counseling and testing, USG continues its support to the Treatment and Research AIDS Center (TRAC) for training and supervision of CT sites, revision of CT norms and guidelines and national roll-out of CT services. New USG-supported CT/PMTCT sites will be launched to advance USG toward its five-year goal of supporting a minimum of six health centers per district in six of Rwanda's twelve provinces. As part of the new Healthy Schools program, a CT campaign targeting teachers and high school students will be piloted at ten schools in partnership with MINEDUC.

Rwanda also will receive an additional $735,000 to provide counseling and testing services through Intrahealth and Population Services International for 21,400 more individuals using funding from the Rapid Expansion Fund.

Principal partners: Population Services International, Elizabeth Glaser Pediatric AIDS Foundation, Centers for Disease Control and Prevention, Columbia University Mailman School of Public Health, IntraHealth, Ministry of Education, Family Health International, ORISE (Oak Ridge Institute of Science and Education), Treatment and Research AIDS Center, CARE USA, Catholic Relief Services, Drew University and World Relief.

Treatment: $12,220,367 as of February 2005; $16,647,367 as of April 2005

In FY 2005, USG supports the rapid expansion of ARV treatment for HIV-positive individuals in eight provinces and builds the capacity of Rwandan institutions for an accelerated transition to local management of all treatment activities. USG continues its central-level support to the Treatment and Research AIDS Center (TRAC), the Rwandan agency charged with coordination of clinical HIV/AIDS services nationwide. This support focuses on building TRAC's capacity to 1) manage the rapid roll-out of ART services, 2) revise and expand ART norms and guidelines, 3) coordinate reporting and exchange of clinical treatment information between central institutions and service delivery sites and 4) train all ART service providers. To ensure efficient drug procurement, storage and distribution systems, USG provides technical and financial support to CAMERWA, the drug procurement parastatal in Rwanda. The Community Services procurement will support ART facilities to improve ART patient adherence to treatment through Community Service Coordinators at all USG sites. With USG support, the national network of Associations of People Living with HIV/AIDS and ART treatment programs jointly determines the most cost-effective mechanism for improving adherence and assuring equitable financing of adherence support among ART sites.

The Emergency Plan also supports a joint USG-GOR procurement of ARV drugs required for the three major ART programs currently in Rwanda: the Emergency Plan, the Global Fund and the World Bank MAP. These major donors jointly purchase drugs based on their comparative advantages in procurement to reach the maximum possible number of patients, in accordance with GOR's National ARV Procurement Policy. USG support for laboratory infrastructure in FY 2005 focuses on strengthening key reference laboratory functions for HIV-related care and treatment. Support and TA for the NRL will improve laboratory capacity at the national level for HIV/AIDS testing, care and treatment and strengthen a system of regional laboratories.

Rwanda also will receive an additional $4,427,000 through Columbia University, Elizabeth Glaser Pediatric AIDS Foundation and Intrahealth to provide ART for 4,975 more individuals using funding from the Rapid Expansion Fund.

Principal partners: Catholic Relief Services, Columbia University Mailman School of Public Health, Family Health International, Management Sciences for Health, Elizabeth Glaser Pediatric AIDS Foundation, Centers for Disease Control and Prevention, CARE USA, IntraHealth, Drew University, Association of Public Health Laboratories, U.S. Department of

Defense Naval Health Research Center, University Research Council, Treatment and Research AIDS Center.

Other Costs: $9,695,460 as of February 2005; $10,695,460 as of April 2005

The USG continues support to NRL and KHI to strengthen pre-service and in-service training capacity for laboratory technicians throughout the country. Generic standard operating procedures (SOPs) for HIV-related analyses, developed in FY 2004, are being implemented in sites throughout the country and reinforced by on-site adaptation and training. The Emergency Plan also provides management and financial training to key GOR institutions, adds an HIV/AIDS component to nurse pre-service training curriculum and builds capacity for HIV/AIDS program management through an HIV/AIDS Fellowship Program, to be managed by MINEDUC.

The USG assists the Department of Pharmacy in developing a National Drug Authority to address issues such as drug registration, quality assurance, prescribing and dispensing authority and narcotic regulation. Other program elements strengthen HIV/AIDS capacity in CAMERWA (national drug procurement agency), the Minister for HIV/AIDS, CNLS, MIGEPROFE (the Ministry responsible for OVC) and the Ministry of Defense. The DSS supports with a technical advisor to implement performance-based financing of HIVAIDS services. A national policy on HIV/AIDS in the Workplace and a national strategy for HIV/AIDS Public Information are being developed. TRAC will receive technical assistance to develop capacity to create and print patient instructional materials for adherence support. The Ministry of Defense and Rwandan Defense Force are providing significant support to expand services to soldiers and civilians in the communities around defense installations. National HIV surveillance capacity is being enhanced through training and support for new procedures such as drug resistance testing and HIV incidence assays.

Of the pending budget of $1,000,000 for Rwanda remaining as of February 2005, all of it was allocated for other/systems strengthening and policy activities in April 2005. The additional funds will support nurse training activities. Specifically, these funds will support in-service training for nurses in the areas of HIV/AIDS care, including basic health care, health promotion and disease prevention for PLWHA, PMTCT, CT, assessment of common patient presentations and the expanded role of nurses managing ARV care. The funds will also support the Ministry of Health to develop national protocols on the role of nurses in HIV/AIDS palliative and antiretroviral treatment, draft pre-service curricula for nurses on HIV/AIDS care and treatment, and train Ministry of Health nursing faculty in use of new HIV/AIDS care and treatment curriculum. These activities will contribute toward 1,500 first and second level nurses being trained in eleven provinces over four years.

Principal partners: Association of Public Health Laboratories, Centers for Disease Control and Prevention, Columbia University Mailman School of Public Health, Drew University, Management Sciences for Health, Department of Defense, U.S. Department of State, U.S. Agency for International Development, CARE USA, IntraHealth, Tulane University, Ministry of Education, Family Health International, Population Services International, Department of

Defense Naval Health Research Center, Treatment and Research AIDS Center, Measure Evaluation/University of North Carolina and Tulane University.

Other Donors, Global Fund Activities, Coordination Mechanisms:

USG is currently the largest donor for HIV/AIDS in Rwanda, with the Global Fund and the World Bank MAP also sponsoring key programs. Donor activity in Rwanda is coordinated through the HIV/AIDS Donor Cluster, organized under the auspices of UNDP. The Cluster includes fifteen donor entities and representatives from several GOR entities. The USG plays a pivotal role in helping GOR coordinate donor resources, providing ongoing management assistance and capacity building for institutions in the Office of the Minister of State for HIV/AIDS and the Ministry of Health and leading the HIV Donor Cluster. Coordination broadly supports the Rwanda National HIV/AIDS Strategic Plan (2002 – 2006) and the GOR HIV/AIDS Treatment and Care Plan (2003 – 2007). Other development partners working in the area of HIV/AIDS in Rwanda include European countries (UK, Belgian, Dutch, German, French and Swedish entities), UN agencies (WHO, UNICEF, UNFPA, UNDP) and private foundations.

Program Contact: Chargé d'Affaires Henderson Patrick; Ken Miller, DCM

Time Frame: FY 2005 – FY 2006

FY 2005 SUMMARY BUDGET TABLE - RWANDA	USAID		HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	PMTCT (FY 03 Funds)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention									
PMTCT	2,776,717	0	0	204,000	0	0	0	0	2,980,717
Abstinence/Be Faithful	2,458,683	0	0	371,000	0	0	0	0	2,829,683
Blood Safety	0	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	0	0	0	0	0	0
Other Prevention	1,824,000	0	0	0	325,000	0	0	0	2,149,000
Prevention Sub-total	*7,059,400*	*0*	*0*	*575,000*	*325,000*	*0*	*0*	*0*	*7,959,400*
Care									
Palliative Care: Basic health care & support	2,414,744	0	0	493,000	297,900	0	0	0	3,205,644
Palliative Care: TB/HIV	30,000	0	0	434,000	0	0	0	0	464,000
OVC	3,085,524	0	0	0	0	0	0	0	3,085,524
Counseling and Testing	3,323,330	0	0	854,000	0	0	0	0	4,177,330
Care Sub-total	*8,853,598*	*0*	*0*	*1,781,000*	*297,900*	*0*	*0*	*0*	*10,932,498*
Treatment									
Treatment: ARV Drugs	3,425,553	0	0	1,545,000	0	0	0	0	4,970,553
Treatment: ARV Services	4,454,414	1,300,000	0	3,790,000	172,800	0	0	0	9,717,214
Laboratory Infrastructure	150,000	0	0	1,419,000	390,600	0	0	0	1,959,600
Treatment Sub-total	*8,029,967*	*1,300,000*	*0*	*6,754,000*	*563,400*	*0*	*0*	*0*	*16,647,367*
Other Costs									
Strategic Information	650,000	0	0	2,156,435	233,100	0	0	0	3,039,535
Other/policy analysis and system strengthening	2,986,336	0	0	1,086,000	21,000	0	0	0	4,093,336
Management and Staffing	1,785,400	0	1,134,922	555,124	34,529	52,614	0	0	3,562,589
Other Costs Sub-total	*5,421,736*	*0*	*1,134,922*	*3,797,559*	*288,629*	*52,614*	*0*	*0*	*10,695,460*
AGENCY, FUNDING SOURCE TOTALS	**29,364,701**	**1,300,000**	**1,134,922**	**12,907,559**	**1,474,929**	**52,614**	**0**	**0**	**46,234,725**

Total Budget by Agency		
USAID		30,664,701
HHS		14,042,481
DOD		1,474,929
State		52,614
Peace Corps		0
Labor		0
Total		**46,234,725**

Total GHAI Budget by Agency	
USAID	29,364,701
HHS	12,907,559
DOD	1,474,929
State	52,614
Peace Corps	0
Labor	0
Total	**43,799,803**

Total Funding by Account	
Base (GAP)	1,134,922
GAC (GHAI)	43,799,803
PMTCT	1,300,000
Total	**46,234,725**

SOUTH AFRICA

Project Title: **South Africa FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources						
	Notified in February 2005			Current Notification April 2005			NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	PMTCT**	
HHS	4,817,112	33,289,777	38,106,889	0	9,951,460	0	48,058,349
USAID	0	66,064,085	66,064,085	0	7,245,440	878,100	74,187,625
DOD	0	990,916	990,916	0	0	0	990,916
State	0	450,000	450,000	0	0	0	450,000
Peace Corps	0	173,740	173,740	0	0	0	173,740
TOTAL Approved	4,817,112	100,968,518	105,785,630	0	17,196,900	878,100	123,860,630
Total FY 2004							65,424,371

* The Global AIDS Program of HHS/CDC
** FY 2003 PMTCT Funds

HIV/AIDS Epidemic in South Africa:

- HIV Prevalence among Pregnant Women: 27.9%
- Estimated Number of HIV-Infected People: 5.6 million
- Estimated Number of Individuals on Antiretroviral Therapy: 87,000 (42,000 in public facilities)
- Estimated Number of AIDS Orphans: 1.1 million

Targets to Achieve 2-7-10 Goals:

South Africa	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	193,000	20,000
FY 2005**	967,000	107,000
FY 2008	2,500,000	500,000

* "Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State. August 2004.
** FY 2005 targets are in the process of being reviewed based on modified funding allocations.

Program Description

Over the past decade South Africa has transformed itself into an egalitarian democracy, aggressively addressing social and economic challenges and the racial inequalities of its

apartheid past. In spite of a high per capita GDP ($3,443), 40% of South Africans live in poverty. In the first decade of democracy, adult HIV prevalence has risen from less than 3% to an estimated 21.5%. With 5.6 million citizens infected with HIV, South Africa has more infected adults and children than any other country in the world. South Africa's HIV epidemic is generalized and maturing, characterized by: (1) high levels of prevalence and asymptomatic HIV infections; (2) an infection rate that is beginning to plateau but is still high; (3) high infection rates among sexually active young people, other vulnerable and high risk populations (mobile populations, sex workers and their clients and uniformed services) and newborns; (4) vulnerability of women and girls; and (5) important regional variations with antenatal seroprevalence rates ranging from 13.1% to 37.5% in the nine provinces.

Though 75% of PLWHA are asymptomatic, South Africa is witnessing increased levels of immunodeficiency and HIV-associated morbidity, frequently manifested by TB, pneumonia and wasting. The cure rate for TB is low (54% in 2001), and treatment interruption rates remain high (12%) heightening concern for development of Multidrug Resistant TB. AIDS-associated mortality is high (370,000 AIDS deaths in 2003) with large increases in HIV mortality among young adults and children (40% of under-five mortality is associated with HIV in 2000). As mortality increases, so too will AIDS orphans who already number 1.1 million.

The USG Emergency Plan program in South Africa will provide support to public, private and NGO sector HIV activities at the national, provincial and local levels, focusing on the following program areas in FY 2005.

Prevention: $ 23,013,275 as of February 2005 and as of April 2005

Prevention activities in South Africa include PMTCT, abstinence and faithfulness programs, mass and community-based communications programs, blood and injection safety and other prevention initiatives.

As of July 2004, the coverage of PMTCT services was about 55% nationally, with approximately 2,064 PMTCT sites providing some level of service. The Emergency Plan is supporting: (1) the expansion and strengthening of the South African PMTCT program by improving service quality, building the capacity of professional and lay health care workers and by developing effective logistic and information systems; (2) programs that create increased awareness and demand for quality PMTCT service delivery at the community level; and (3) increased integration of PMTCT with other related HIV and PHC services. By September 2005, 50,000 pregnant women will have received PMTCT services with USG assistance.

USG agencies are supporting primary prevention with special emphasis on abstinence and faithfulness activities that are implemented through school- and community-based life-skills education programs. Through both community-based and large-scale NGO/FBO programs the Emergency Plan supports youth and young people to delay sexual debut and practice abstinence, faithfulness and responsible decision-making. In addition, USG agencies have assisted the Department of Health to increase the availability and use of condoms by high risk groups. Other prevention initiatives focus on mass media efforts, safe medical practices and blood supply and HIV prevention education for military personnel, women surviving on transactional sex, prison

inmates and correctional officers, mobile populations, traditional healers, teachers and trade unionists in all nine provinces of South Africa.

Principal partners: USG South Africa partners with over 40 agencies in the prevention program area. South African Government partners include the National Departments of Health, Correctional Services and Defense. International partners include Africare, Salvation Army World Services, Population Council, EngenderHealth, Johns Hopkins University, Hope Worldwide, John Snow Inc., Academy for Educational Development, Family Health International, American Center for International Labor Solidarity, Population Services International and the Elizabeth Glaser Pediatric AIDS Foundation. Local South African partners include Health Systems Trust, Wits Health Consortium, University of Western Cape, Centre for HIV/AIDS Networking, Comprecare, Living Hope Community Center, Kasigio, Nelson Mandela Children's Fund, Soul City and the Nelson Mandela School of Medicine, University of KwaZulu-Natal.

Care: $ 32,048,386 as of February 2005; $36,254,207 as of April 2005

Care activities in South Africa include basic palliative care and support, TB/HIV, support for OVC and counseling and testing (CT).

With 5.6 million HIV-positive individuals, the clinical and palliative care needs of patients suffering from AIDS place a severe strain on health services. Accordingly, the Emergency Plan supports programs to increase the availability and quality of palliative care services, including providing training, technical and financial assistance to NGO, FBO, community-based and home-based care programs, hospice and palliative care organizations as well as public sector health facilities. Emergency Plan-supported care programs will reach over 250,000 HIV-positive individuals in need of care and will provide palliative care training for up to 10,000 professional and lay caregivers.

South Africa has one of the highest estimated TB infection rates in the world with 55% of TB patients HIV-positive. With FY 2005 funding, USG agencies support implementation of best practices to maximize integration of HIV/TB prevention, diagnosis, treatment and management programs and to increase the effectiveness of referral networks between TB and HIV services. Through these programs, USG support provides non-ART clinical care and prophylactic therapy to over 35,000 HIV-infected individuals.

Care and support of OVC is a key component to mitigate the impact of the epidemic in South Africa, where an estimated 1.1 million children have lost at least one parent to HIV and AIDS. USG care and support of OVC in South Africa provide financial and technical assistance to OVC programs focusing on mobilizing community- and faith-based organizations to improve the number and quality of services provided for OVC. These programs encompass the entire care and support continuum, including psychosocial and nutritional support, maximizing OVC access to government benefits and strengthening OVC support through referrals for health care, support groups and training. These programs will provide services to at least 110,000 OVC.

Expanding the availability, access and quality of CT services is a critical component of the USG AIDS program in South Africa. Emergency Plan CT activities support NDOH efforts to expand current CT sites and services. The USG continues to provide CT training for over 2,500 health staff and counselors in all nine provinces as well as training for NGOs, trade unions and employers. All USG CT activities are intentionally linked to clinical care, support and/or treatment activities to assure that individuals testing positive have access to needed services. At least three USG programs have launched mobile CT programs aimed at high risk populations, underserved communities and men. USG-supported testing will result in over 90,000 individuals knowing their HIV status by September 2005.

Of the pending budget of $890,000 for South Africa remaining as of February 2005, an additional $100,000 in funding was allocated for palliative care activities in April 2005. These additional funds will be used to support an evaluation of the costs and effectiveness of home- and community-based care programs, as requested by the South African Department of Social Development.

An additional $500,000 of reprogrammed funds will support OVC activities to assist the needs of child-headed households.

Under the Rapid Expansion Fund, an additional $3,605,821 in funding for South Africa was allocated for care activities in April 2005. This expanded support will allow for another 4,324 patients to receive care and another 47,613 individuals to be counseled and tested for HIV. One of these partners will be bolstering care efforts for co-infected 1,600 HIV/TB patients.

Principal partners: USG South Africa partners with nearly 50 individual agencies in the care and support areas. South African Government partners include the National Departments of Health, Correctional Services, Social Development, and Defense, and the National Health Laboratory Service. International partners include Africare, Catholic Relief Services, Salvation Army World Services, Humana People to People, Population Council, EngenderHealth, Johns Hopkins University, Hope Worldwide, John Snow Inc., Academy for Educational Development, Family Health International, American Center for International Labor Solidarity, Columbia University, Harvard University, Population Services International and the Elizabeth Glaser Pediatric AIDS Foundation. Local South African partners include Right to Care, Hospice and Palliative Care Association of South Africa, Wits Health Consortium, South African National Council of Child and Family Welfare, Broadreach Health Care, Aurum Health Research, Comprecare, Starfish, Nurturing Orphans for AIDS and Humanity (NOAH), HIVCARE, Living Hope Community Center, Nelson Mandela Children's Fund, Tshikululu Social Investments and the Nelson Mandela School of Medicine.

Treatment: $ 33,099,971 as of February 2005; $45,981,528 as of April 2005

In 2003 the SAG took the historic step of developing a comprehensive plan to implement a nationwide ARV treatment program. This plan provides an ideal opportunity for the USG to contribute to the SAG target of universal access to ARV services by 2008. Based on best practices and expertise in the private and public sectors, the USG program is strengthening comprehensive care for HIV-infected people by: (1) scaling-up existing effective programs; (2) initiating new treatment programs; (3) providing direct treatment services; (4) increasing the capacity of the National and Provincial Departments of Health to develop, manage and evaluate AIDS treatment programs, including the training of health workers; and (5) increasing demand for and acceptance of ARV treatment through mass communication campaigns and community mobilization. USG agencies have provided support for at least ten ARV treatment programs operating in the public, private and NGO sectors and providing comprehensive, high quality ARV treatment services to 107,000 individuals. Because the South African Government is committed to purchasing all ARV drugs required for all public sector treatment sites, the USG purchases a limited amount of ARVs for its NGO and private sector programs. Building local human capacity is a key feature of the USG's treatment program, and the USG supports training in ARV therapy for 10,000 service providers.

Of the pending budget of $890,000 for South Africa remaining as of February 2005, an additional $440,000 in funding was allocated for treatment services activities in April 2005. These funds will support two evaluations: (1) cost-effectiveness analysis of treatment delivery models and (2) evaluation of models and practices in delivering care and treatment for HIV-infected children.

Under the Rapid Expansion Fund, an additional $13,294,179 in funding for South Africa was allocated for treatment activities in April 2005. The Rapid Expansion Funds for South Africa include $878,100 of FY 2003 PMTCT Funds. The additional funds will be used to purchase more antiretroviral treatment for 14,173 patients at USG-supported sites in order to meet the targets in South Africa. As part of this expansion as well, an additional 632 health workers will be trained according to national and international standards for the provision of treatment.

Of the Treatment funds, $500,000 was reprogrammed to support Care activities and $352,622 to support Strategic Information activities.

Principal partners: USG South Africa partners with 40 individual agencies in the treatment program areas. South African Government partners include the National Departments of Health, Correctional Services, and Defense, and the National Institute for Communicable Diseases. International partners include American Center for International Labor Solidarity, Catholic Relief Services, Population Council, Absolute Return for Kids (ARK), JHPIEGO, John Snow Inc., Columbia University, Elizabeth Glaser Pediatric AIDS Foundation, Management Sciences for Health, Population Services International and the International Training and Education Center on HIV (I-TECH). Local South African partners include Foundation for Professional Development, Soul City, Right to Care, Wits Health Consortium, Broadreach Health Care, Medical Research Council of South Africa, Aurum Health Research, HIVCARE, the University of KwaZulu-Natal and Africa Center.

Other Costs: $ 17,623,998 as of February 2005; $18,611,620 as of April 2005

The USG is supporting NDOH to design and implement an integrated M&E system. To facilitate the management of the M&E process, the USG has established a single consolidated data warehouse center that will serve as the focal point for all Emergency Plan data collected by the partners. Through collaboration and assistance to the SAG and strengthening of implementing partners' strategic information systems, the USG also supports specific targeted evaluations to improve programs, to identify potential new interventions and to document best practices.

Of the pending budget of $890,000 for South Africa remaining as of February 2005, an additional $350,000 in funding was allocated for strategic information in April 2005. The additional funds will support a cross-sectional quality of service survey of patients, a health service appraisal in one province and expanded cryptococcosis (an AIDS defining illness) surveillance in all nine provinces. An additional 35 individuals will be trained in strategic information.

An additional $352,622 of reprogrammed funds will support the development of a Field Epidemiology and Laboratory Training Program to improve monitoring and evaluation, quality laboratory services and human capacity development activities.

Under the Rapid Expansion Fund, an additional $285,000 in funding for South Africa was allocated for strategic information in April 2005. The additional funds will be used to improve national surveillance for HIV infections, STDs, TB and capacity for local public health laboratories in diagnostic services. An additional 300 health workers will be trained in strategic information.

Principal partners: USG South Africa partners with 20 individual agencies in strategic information, targeted evaluation and management and staffing program areas. South African government partners include the National Departments of Health, Correctional Services, and Defense, South African National Blood Service and the National Institute for Communicable Diseases. International partners include Population Council, JHPIEGO, Macro International, Academy for Educational Development, Harvard University, The Futures Group, University of North Carolina and the National Alliance of State and Territorial AIDS Directors. Local South African partners include Dira Sengwe, Medical Research Council of South Africa, University of KwaZulu-Natal and Wits Health Consortium.

Management and Staffing costs will support the program and technical assistance required to implement and manage Emergency Plan activities. USAID, HHS, PC and DOD personnel, travel, management and logistics support in-country are included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The United States is the largest bilateral donor to South Africa's health sector, having provided a total of $100 million in support in 2004, the majority of which is for HIV/AIDS prevention, care

and treatment. The USG is one of nearly 20 bilateral and multilateral donors providing technical and financial assistance in support of South Africa's HIV and STI Strategic and Comprehensive Plans. In addition to the Global Fund, other major donors include the European Union, the United Kingdom, Belgium, Netherlands, Australia, France, Sweden and Germany. The Global Fund has approved five grants from South Africa, totaling $65 million over two years for AIDS and TB programs. These grants provide funding to expand treatment services in the Western Cape, to provide a broad package of HIV prevention, treatment and care activities in KwaZulu-Natal and to expand the integration of TB and HIV/AIDS services. The primary HIV/AIDS coordinating body is the South African National AIDS Council (SANAC). In addition to working with SANAC, the USG meets regularly with key officials of individual Ministries (Health, Social Development, Treasury, Defense, Education and Correctional Services) to ensure that USG assistance complements and supports the South African Government's plans for prevention, care and treatment.

Program Contact: Ambassador Jendayi E. Frazer or F. Gray Handley, Health Attaché/Interagency Coordinator

Time Frame: FY 2005 – FY 2006

FY 2005 SUMMARY BUDGET TABLE - SOUTH AFRICA	USAID		HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	PMTCT (FY 03 Funds)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention									
PMTCT	3,902,860	0	0	2,610,000	80,916	0	0	0	6,593,776
Abstinence/Be Faithful	7,086,284	0	0	1,404,038	160,000	150,000	0	0	8,800,322
Blood Safety	0	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	0	10,000	0	0	0	10,000
Other Prevention	4,944,459	0	1,000,000	1,524,718	140,000	0	0	0	7,609,177
Prevention Sub-total	*15,933,603*	*0*	*1,000,000*	*5,538,756*	*390,916*	*150,000*	*0*	*0*	*23,013,275*
Care									
Palliative Care: Basic health care & support	8,483,643	0	0	3,011,417	320,000	150,000	73,247	0	12,038,307
Palliative Care: TB/HIV	1,800,281	0	0	640,040	0	0	0	0	2,440,321
OVC	7,996,548	0	0	70,000	50,000	150,000	73,247	0	8,339,795
Counseling and Testing	5,170,062	0	0	8,115,722	150,000	0	0	0	13,435,784
Care Sub-total	*23,450,534*	*0*	*0*	*11,837,179*	*520,000*	*300,000*	*146,494*	*0*	*36,254,207*
Treatment									
Treatment: ARV Drugs	6,717,754	250,000	0	9,644,216	0	0	0	0	16,611,970
Treatment: ARV Services	17,814,650	628,100	0	10,244,562	0	0	27,246	0	28,714,558
Laboratory Infrastructure	0	0	0	655,000	0	0	0	0	655,000
Treatment Sub-total	*24,532,404*	*878,100*	*0*	*20,543,778*	*0*	*0*	*27,246*	*0*	*45,981,528*
Other Costs									
Strategic Information	3,802,984	0	584,355	4,306,524	80,000	0	0	0	8,773,863
Other/policy analysis and system strengthening	615,000	0	0	515,000	0	0	0	0	1,130,000
Management and Staffing	4,975,000	0	3,232,757	500,000	0	0	0	0	8,707,757
Other Costs Sub-total	*9,392,984*	*0*	*3,817,112*	*5,321,524*	*80,000*	*0*	*0*	*0*	*18,611,620*
AGENCY, FUNDING SOURCE TOTALS	**73,309,525**	**878,100**	**4,817,112**	**43,241,237**	**990,916**	**450,000**	**173,740**	**0**	**123,860,630**

Total Budget by Agency		
USAID		74,187,625
HHS		48,058,349
DOD		990,916
State		450,000
Peace Corps		173,740
Labor		0
Total		**123,860,630**

Total GHAI Budget by Agency	
USAID	73,309,525
HHS	43,241,237
DOD	990,916
State	450,000
Peace Corps	173,740
Labor	0
Total	**118,165,418**

Total Funding by Account	
Base (GAP)	4,817,112
GAC (GHAI)	118,165,418
PMTCT	878,100
Total	**123,860,630**

TANZANIA

Project Title: **Tanzania FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources					
	Notified in February 2005			Current Notification April 2005		NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	
HHS	1,365,605	11,504,109	12,869,714	2,516,859	18,869,767	34,256,340
USAID	0	31,973,950	31,973,950	0	12,250,000	44,223,950
DOD	0	3,627,294	3,627,294	0	2,998,400	6,625,694
State	0	261,933	261,933	0	0	261,933
Peace Corps	0	315,910	315,910	0	0	315,910
TOTAL Approved	1,365,605	47,683,196	49,048,801	2,516,859	34,118,167	85,683,827
Total FY 2004						45,791,174

* The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Tanzania:

- HIV Prevalence in Pregnant Women: 9.6% (2003)
- Estimated Number of HIV-Infected People: 1,400,000
- Estimated Number of Individuals on Antiretroviral Therapy: 1,518
- Estimated Number of AIDS Orphans: 980,000

Targets to Achieve 2-7-10 Goals:

Tanzania	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	34,000	11,000
FY 2005**,***	51,250	26,363
FY 2008	750,000	150,000

*** "**Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State
August 2004.

** Given the reduced funding put forth for Tanzania at this time targets may need to be revised at the time of the semi-annual progress report.

*** FY 2005 targets are in the process of being reviewed based on modified funding allocations.

Program Description:

The population of Tanzania is predominantly rural-based with around 23% of Tanzanians living in urban environments and 77% in rural areas. The islands are slightly more urbanized; approximately 35% live in urban areas and 65% in rural areas. Almost two-thirds (62%) of the population of Zanzibar resides on the island of Unguja and 38% on Pemba. Females make up 51% of the population and males, 49%. Life expectancy in Tanzania is 54 years for males and 56 years for females.

Tanzania's mainland faces a generalized HIV/AIDS epidemic, with an 8.8% prevalence rate. Close to 85% of HIV transmission in Tanzania occurs through heterosexual contact, less than 6% through mother-to-child transmission and less than 1% through blood transfusion. HIV is firmly established in Tanzania's urban and rural areas, particularly in high transmission trading centers, border towns and along transport routes. Based on NACP surveillance reports, there continue to be significant regional variations in infection rates. Males and females are differentially affected with peak number of AIDS cases in females between 25-29 years while for males it is between 30-34 years.

The epidemic in Zanzibar is very different from the mainland. HIV prevalence on Unguja and Pemba is estimated at 0.6% for the general population. Although prevalence is low in Zanzibar, the islands remain at risk. HIV prevalence among pregnant women on the islands doubled from 0.3% in 1987 to 0.6% in 1997, with subsequent prevalence holding steady at less than 1% in 2000. Among blood donors, the rate increased from 0.5% in 1987 to 1.5% in 1998. Health indicators in Zanzibar show a high proportion of sexually transmitted infections (STIs), with 60% of STIs occurring among married couples.

The USG program in Tanzania combines the capacities of the Departments of State, Defense and Health and Human Services, with those of the Agency for International Development and Peace Corps to implement an integrated program covering prevention, treatment and care. These entities have come together to create a program that supports existing activities in Tanzania, and allows for a rapid expansion that is both unprecedented and would not be possible were it not for the Emergency Plan. This expansion takes into account expected inputs from the Global Fund, World Bank, bi- and multilateral donors and the Government of Tanzania itself.

The Emergency Plan's focus on implementation through the Network Model has been interpreted in Tanzania as a continuum of care, which includes the clinical network, and adds in the community and higher-level policy makers at each end. Strengthening and expanding health networks and the linkages within and between those networks is a critical aspect of supporting the continuum of care model and achieving the Emergency Plan's goals. The continuum of care model has become the guiding force moving the Tanzania program forward and has been embraced by the Government of Tanzania and donors alike.

Prevention: $11,292,468 as of February 2005; $19,945,468 as of April 2005

In August 2004, Tanzanian President Mkapa addressed the need for a full spectrum of HIV/AIDS prevention interventions in Tanzania. His public endorsement clearly supports

Tanzania's National Multisectoral Strategic Framework on HIV/AIDS, embracing comprehensive prevention approaches and strategies to address the pandemic. Prevention is viewed as a fundamental link to care and treatment and vice versa in a full spectrum of support. Given the level of stigma and discrimination that exists throughout Tanzania, strong emphasis is needed to break negative social norms.

The USG program is well positioned to expand prevention activities in Tanzania and promote strong collaboration among existing interventions. While specifically targeted groups were a focus of prevention activities in Tanzania throughout the 1980s, prevention activities in recent years have focused largely on the general population. There is recognition of a need for a focus on those who participate in high risk activities including commercial sex workers, miners, truck drivers and multiple partner behavior and trans-generational relationships. Emphasis on serodiscordant couples, married and non-married men is included, as well.

Specific activities include supporting the scale-up of coverage of PMTCT services to an additional nine regions, and expanding abstinence programs to reach the growing number of youth who are both in and out of school. The FY 2005 activities also continue the blood and injection safety activities initiated in FY 2004, while increasing the scale of these programs to provide national level coverage of blood safety programs, and integrating injection safety into pre- and in-service training. Prevention activities also include a newly designed national level behavior change program linked to the social marketing of services and commodities, as appropriate.

Of the pending budget of $35,160,026 for Tanzania remaining as of February 2005, an additional $8,653,000 will be used to enhance current programs to support PMTCT activities, Abstinence and Be Faithful programs, training and human resource development for prevention activities and expand hotline services. Some activities supported by this funding include a mass media radio communications campaign reaching one-third of the national population, an expanded nationwide HIV/AIDS commodities distribution system to reach more than 50% of the Tanzanian population, and a toll-free anonymous/confidential help line to reach youth and young adults.

Principal partners: Mbeya, Rukwa and Ruvuma Regional Medical Offices, the Elizabeth Glaser Pediatric AIDS Foundation, AMREF, the Ministries of Health and Social Welfare (Mainland and Zanzibar), KIHUMBE, the Jane Goodall Institute/TACARE, HealthScope/TZ – ISHI, YouthNet, TMARC, Ministry of Health/NACP, PharmAccess, JHPIEGO, Peace Corps, Deloitte, the Academy for Educational Development and Balm in Gilead.

Care: $14,706,240 as of February 2005; $18,555,240 as of April 2005

Palliative care in the context of the EP includes symptom management, opportunistic infection treatment and end-of-life care. Community home-based care is fundamental to delivery of palliative care. FY 2005 EP resources are used to strengthen national and local institutions so as to scale up services for palliative care and HBC across the country, thus ensuring a needed continuum of care for chronically ill and AIDS patients. For home-based care, the USG supports

an approach in which service delivery including the dissemination of basic care packages is provided by a network of government, voluntary sector and private sector partners.

Care also includes care for OVC. The GOT's definition of an "orphan" is a child below the age of 18 who has lost one or both parents. A "vulnerable" child is anyone below the age of 18 years, who is either currently experiencing or likely to experience lack of adequate care and protection. Current estimates indicate that there are between 1.1 million and 1.9 million children orphaned by AIDS in Tanzania. There are significant challenges to scaling up a national response to support OVC in a country as vast and diverse as Tanzania. Institutional capacities are weak: capacity strengthening, human resource development and systems building will be critical to achieving success over the course of the Emergency Plan. In addition to Emergency Plan resources, a number of other donor programs will be providing significant funds for OVC in coming years. In a funding environment where many resources are targeting government, the USG comparative advantage lies in integrating technical assistance for institutional strengthening (of government, private sector and civil society partners) with service delivery resources through grants to civil society.

Of the pending budget of $35,160,026 for Tanzania remaining as of February 2005, an additional $3,524,000 will be used to build on existing care activities. The additional funds will support palliative care activities for basic health needs and HIV testing for TB patients.

Tanzania will receive an additional $325,000 from the Rapid Expansion Fund to supplement ongoing activities to establish thirteen service outlets to provide counseling and testing to approximately 6,000 clients and train 42 health care workers.

Principal partners: Henry Jackson Foundation Medical Research International, KIHUMBE, Family Health International, CARE/Tumaini, Jane Goodall Institute/TACARE, Deloitte, Africare, Pathfinder International, Balm in Gilead, Mbeya, Rukwa and Ruvuma Regional Hospitals, PATH, Pact, AMREF and Ministry of Health/NACP.

Treatment: $17,146,477 as of February 2005; $30,354,644 as of April 2005

Activities to support general access, patient follow-up and the targeting of specific populations for ART by USG efforts initiated in FY 2004 continue in FY 2005. These include ART mass media education programs and services for HIV-positive pregnant women and their family members and the specific improvement of pediatric care. Radio campaigns will be used to provide clear messages on ART and other HIV-related topics, dispelling myths and educating the public on specific service sites offering HIV prevention and care programs.

The primary focus of the treatment activities is the scaling up of clinical treatment services for PLWHA. The initiation of these activities, though slower than expected, is poised to roll out to over 40 sites in 2005. With USG support for training, accreditation, service provision and commodity procurement, including antiretrovirals, treatment services will be vastly expanded by year-end. Treatment, prevention and care serve as mutually supporting activities and provide an opportunity to feed individuals into each cycle as appropriate.

USG efforts in improving pediatric care continue both at the national and local care provider level. This includes strengthening the pediatric components of the National HIV/AIDS Care and Treatment Guidelines and facilitating the training of medical personnel in provision of quality pediatric services.

Additional USG efforts support the integration of home-based care (HBC) providers and dispensary personnel as part of the network of ART, linking them to ART facilities for training and support as a means of providing patient follow-up and assistance in treatment adherence.

Of the pending budget of $35,160,026 for Tanzania remaining as of February 2005, $12,521,167 will be used to expand existing treatment activities. These funds will be used to purchase ARV drugs, provide new training opportunities and improve laboratory infrastructure and operations.

Tanzania also will receive $687,000 in Rapid Expansion Funds to provide ART for 200 children, 300 adults and train 50 health care workers.

Principal partners: JSI/Deliver, Medical Stores Department, Mbeya, Rukwa, Ruvuma Regional Hospitals, Mbeya Referral Hospital, PharmAccess, University Research Corporation, Deloitte, Family Health International, Management Sciences for Health, Muhimbili National Hospital, Elizabeth Glaser Pediatric AIDS Foundation, Catholic Relief Services, Columbia University, Ministry of Health: Diagnostics and Regional Procurement and Supply Office.

Other Costs: $5,903,616 as of February 2005; $16,828,475 as of April 2005

The USG supports a wide range of effort in Tanzania to ensure a sound foundation for all HIV/AIDS activities. These are part of Tanzania's national response to HIV/AIDS, and include policy development, legislative review, stigma reduction and capacity building of public, nongovernmental and private sector organizations involved in the response. These interventions provide necessary linkages between actors, programs and government agencies. Recent achievements have included formulation of the National AIDS Policy, assessment of the impact of the AIDS Policy on laws as a means of safeguarding the rights of PLWHA, and national efforts to build the capacity of Council Multisectoral AIDS Committees which, in an environment of decentralization, will have a central role in building a community and district response to HIV/AIDS.

The USG has long supported cross-cutting processes as a means to improve the policy/institutional environment in which USG HIV/AIDS activities are developed at national and local levels. Examples of government activity include policy development and implementation; capacity building to strengthen strategic leadership and coordination capacity of TACAIDS and ZAC; and technical assistance for Global Fund processes (partnership facilitation; proposal preparation; and start up coordination). For the NGO and FBO sector, this includes strategic leadership and coalition building around critical issues for civil society organizations (FBOs, PLWHA organizations and parliamentary networks).

USG is also actively involved with the GOT on human resource issues. The shortage of trained professionals to provide HIV/AIDS care and the related health programs in Tanzania has been

described as "a crisis." A task force headed by WHO has been identified to work with the GOT, but no national plan has been formulated as yet. This will be an upcoming focal area for the USG and other donors. Training is an essential intervention for improving HIV/AIDS-related services, and it is an integral part of technical assistance offered by various partners. Following a request from NACP, the USG provided technical and financial support to the Ministry of Health/Department of Human Resource for Health Development to develop a strategy for effective training that will involve careful assessment of HIV/AIDS service delivery problems and root causes.

To support the overall achievements of the USG efforts in Tanzania requires a significant level of staffing across the different departments and agencies.

Of the pending budget of $35,160,026 for Tanzania remaining as of February 2005, $10,924,859 will be used to build on the existing management and staffing, policy analysis and system strengthening activities to enable effective implementation of the Emergency Plan including the technical assistance required to execute and manage the Emergency Plan activities.

Principal partners: Ministry of Health (NACP, ZACP, NTLP and NIMR), TACAIDS, Measure/Evaluation, ORC/MARCO, PharmAccess, Management Sciences for Health, Futures Group/Policy Project, Pact, Family Health International, IntraHealth and Balm in Gilead.

Other Donors, Global Fund Activities, Coordination Mechanisms:

USG agencies contribute budget information to the finance offices of the sectoral ministries with which they work, and to the Ministry of Finance, so as to ensure that USG funds are reflected in these documents. Illustrative donor and global initiatives that are currently funding Tanzania's priorities include: the World Bank Tanzania Multisectoral AIDS Project (TMAP) – a five-year $70 million grant to support the NMSF; the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) – Tanzania Mainland and Zanzibar have received awards under Rounds 1, 3 and 4 to date; and the Clinton Foundation HIV/AIDS Initiative – which has pledges of close to $50 million in bilateral funds to support the care and treatment plan.

Major multi- and bilateral donor support is coordinated in Tanzania through the Development Partner Group (DPG)/ HIV/AIDS subgroup. The DPG HIV/AIDS includes representatives from most bilateral and multilateral agencies in Tanzania. The aim of the group is to enhance commitment and coordination among donors' efforts to support the accelerated national response to HIV/AIDS. The USG is an active member of the HIV/AIDS group. The Government of Tanzania established a Global Fund Country Coordinating Mechanism (GFCCM) in response to the GFATM's first call for proposals. The GFCCM, of which the USG is a member, has broad government, voluntary and private sector and donor representation.

Program Contact: Chargé d'Affaires, U.S. Embassy Tanzania, Michael Owen

Time Frame: FY 2005 – FY 2006

SECTION III

FY 2005 SUMMARY BUDGET TABLE - TANZANIA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	3,550,000	153,000	2,590,000	275,000	0	0	0	6,568,000
Abstinence/Be Faithful	3,875,000	0	950,000	30,000	0	0	0	4,855,000
Blood Safety	0	0	1,700,000	0	0	0	0	1,700,000
Injection Safety	250,000	0	250,000	0	0	0	0	500,000
Other Prevention	5,430,000	0	250,000	360,000	0	282,468	0	6,322,468
Prevention Sub-total	*13,105,000*	*153,000*	*5,740,000*	*665,000*	*0*	*282,468*	*0*	*19,945,468*
Care								
Palliative Care: Basic health care & support	4,725,000	0	1,966,240	180,000	0	0	0	6,871,240
Palliative Care: TB/HIV	0	0	1,000,000	0	0	0	0	1,000,000
OVC	4,850,000	0	0	180,000	0	0	0	5,030,000
Counseling and Testing	3,300,000	0	1,400,000	954,000	0	0	0	5,654,000
Care Sub-total	*12,875,000*	*0*	*4,366,240*	*1,314,000*	*0*	*0*	*0*	*18,555,240*
Treatment								
Treatment: ARV Drugs	6,973,950	0	500,000	0	0	0	0	7,473,950
Treatment: ARV Services	4,775,000	0	6,500,000	3,961,694	0	0	0	15,236,694
Laboratory Infrastructure	0	844,000	6,800,000	0	0	0	0	7,644,000
Treatment Sub-total	*11,748,950*	*844,000*	*13,800,000*	*3,961,694*	*0*	*0*	*0*	*30,354,644*
Other Costs								
Strategic Information	1,170,000	643,000	3,470,000	0	0	0	0	5,283,000
Other/policy analysis and system strengthening	4,025,000	0	2,397,636	85,000	0	0	0	6,507,636
Management and Staffing	1,300,000	2,242,464	600,000	600,000	261,933	33,442	0	5,037,839
Other Costs Sub-total	*6,495,000*	*2,885,464*	*6,467,636*	*685,000*	*261,933*	*33,442*	*0*	*16,828,475*
AGENCY, FUNDING SOURCE TOTALS	**44,223,950**	**3,882,464**	**30,373,876**	**6,625,694**	**261,933**	**315,910**	**0**	**85,683,827**

Total Budget by Agency	
USAID	44,223,950
HHS	34,256,340
DOD	6,625,694
State	261,933
Peace Corps	315,910
Labor	0
Total	**85,683,827**

Total GHAI Budget by Agency	
USAID	44,223,950
HHS	30,373,876
DOD	6,625,694
State	261,933
Peace Corps	315,910
Labor	0
Total	**81,801,363**

Total Funding by Account	
Base (GAP)	3,882,464
GAC (GHAI)	81,801,363
Total	**85,683,827**

UGANDA

Project Title: **Uganda FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources						
	Notified in February 2005			Current Notification April 2005			NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	PMTCT**	
HHS	6,743,229	34,177,900	40,921,129	1,295,994	14,707,000	0	56,924,123
USAID	0	66,273,178	66,273,178	0	6,205,000	1,500,000	73,978,178
DOD	0	571,670	571,670	0	0	0	571,670
State	0	781,364	781,364	0	(300,000)	0	481,364
Peace Corps	0	324,888	324,888	0	0	0	324,888
TOTAL Approved	6,743,229	102,129,000	108,872,229	1,295,994	20,612,000	1,500,000	132,280,223
Total FY 2004							80,579,298

* The Global AIDS Program of HHS/CDC
** FY 2003 PMTCT Funds

HIV/AIDS Epidemic in Uganda:

- HIV Prevalence: 7% (preliminary results for people aged 15 – 59 years); 10% ANC Kampala
- Estimated number of HIV-infected people: 530,000 (UNAIDS)
- Estimated number of individuals on Antiretroviral Therapy: 32,000 (2004)
- Estimated number of AIDS orphans: 940,000

Targets to achieve 2-7-10 Goals:

Uganda	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	112, 000	27,000
FY 2005	364,332	92,276
FY 2008**	300,000	60,000

*** "**Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State August 2004.
** The FY 2008 targets, which were set at the beginning of the Emergency Plan, reflect Uganda's planned contribution to the Emergency Plan's goals of two million on treatment and ten million receiving care and support in the fifteen Focus Countries by the end of FY 2008. Uganda expects to surpass its FY 2008 care and treatment goals by the end of FY 2005.

Program Description:

One of the poorest countries in the world and considered to be the historical epicenter of the HIV/AIDS epidemic, Uganda suffers from major problems in its health care system. Yet it remains one of the few countries in the world to have reduced its HIV prevalence rate. Uganda's story is instructive, and the country's success lies in its approaches to fighting the disease in spite of an impoverished setting with a limited health care infrastructure and few resources. Less than half of Ugandans live within five kilometers of a health service unit. Gaps in staffing, facilities, commodities and coordination continue to hinder service delivery. UNAIDS estimates that there are more than 70,000 new infections every year in Uganda, including nearly 16,000 children. Of those infected, 85% are estimated to be adults between the ages of 15 and 49. More than 50% of those infected are women and more than 15% are children. Approximately 5% of those infected have active TB. Life expectancy has dropped to 42 years due to HIV/AIDS (UNAIDS). Uganda also has an estimated two million orphans. However, in spite of all those challenges, Uganda's HIV prevalence declined dramatically from over 20% among women at urban antenatal sites in 1990 to less than 10% today.

Uganda now has a mature, generalized HIV epidemic with a high rate of new infections in serodiscordant couples in stable relationships. In addition, more than 50% of Ugandans are under the age of 15 and a second wave of the epidemic threatens them. Over the next five years, it is projected that the epidemic will deeply affect Uganda's northern region where 1.6 million people are internally displaced. According to HIV surveillance data from antenatal clinics in the conflict area, HIV prevalence is 11.9%, much higher than in other rural areas. In addition, more than 50% of Uganda's population is under the age of 15, and a second wave of the epidemic threatens this generation.

Prevention: $20,386,194 as of February 2005; $20,516,194 as of April 2005

Uganda is well known for its ABC (abstinence, faithfulness and condoms when appropriate) programs and other prevention initiatives. Currently, more than 90% of pregnant women attend antenatal clinics and approximately 17% of women receive PMTCT. In FY 2005, the Emergency Plan goal is to increase coverage to 25% and to move women into PMTCT-Plus programs. Funds will support improving the PMTCT training curricula, improving logistics systems, particularly the availability of test kits and Nevirapine, and increasing service demand. The FY 2005 Emergency Plan support will build on FY 2004 USG commitment to the GOU plan to increase PMTCT sites to 150 and ensure coverage in all 56 districts.

U.S. programming is increasingly emphasizing both A and B. Adolescents are targeted as a key group for abstinence messages and USG programming builds upon existing GOU frameworks, guidelines and initiatives. One of the major USG supported programs is the in-school PIASCY initiative that encourages teachers to discuss HIV/AIDS openly and responsible sexuality with students. USG support has been instrumental in finalizing messages and handbooks for teachers' use, and distributing handbooks to all primary schools in Uganda. FY 2005 U.S. programming builds on this foundation to increase the effectiveness of primary school teachers by strengthening their counseling and guidance skills, and by expanding PIASCY to secondary schools, through age appropriate materials and teacher training. Uganda's First Lady is a charismatic champion of AB programming and a strong supporter of risk avoidance. Her office

is collaborating to articulate a national AB strategy, which is expected to enhance effective planning and coordination of A and B programs. The USG is the only donor of the national school-based abstinence program, and this support will continue in FY 2005. This support, combined with national campaigns and grants to community-based and faith-based organizations, will reach approximately 4.6 million in- and out-of-school youth, teachers, young married couples and others with AB messages. In FY 2005, the Emergency Plan will also support grants to CBOs and FBOs to deliver AB messages through innovative approaches such as music, dance, drama and media. With the largest rate of new infections occurring in married and serodiscordant couples, FY 2005 support will focus on reaching couples, encouraging them to test together in supportive environments and motivating them to disclose their results to each other. National campaigns focusing on faithfulness and testing and behavior change for men will support prevention programs. Prevention with positive interventions such as individual prevention plans, provision of condoms, STI diagnosis and treatment, family planning and linking PMTCT will be part of care programs. Innovative approaches will be expanded to high risk groups, conflict areas and underserved areas. These approaches will reach an estimated three million military, CSWs, PLWHA and other high risk groups. The basic infrastructure for blood and injection safety exists. In FY 2005, guidelines for blood and injection safety will be revised and infrastructure for safe blood transfusion services improved, including education to reduce the need for and practice of unnecessary blood transfusions. An improved and increased blood safety team will collect 175,000 units of blood, counsel and test donors for HIV and refer them to care and treatment, if appropriate.

Of the pending budget of $3,945,994 for Uganda remaining as of February 2005, an additional $130,000 was allocated for prevention activities in April 2005. These funds will support PMTCT activities in the Tororo District Hospital.

Principle partners: Ministry of Education and Sports, Ministry of Health, Straight Talk Foundation, Youth Alive, Catholic Relief Services, PATH, Samaritans Purse, International Youth Forum, Population Services International, Creative Associates International, Inc., Development Associates, Inc., Education Sector HIV/AIDS Worksite Program, Family Health International, International Rescue Committee (IRC), Inter-Religious Council of Uganda (IRCU), John Snow Inc, Johns Hopkins University, The AIDS Support Organization (TASO), Protecting Families Against AIDS (PREFA), Uganda Blood Transfusion Services (UBTS) and faith and community groups at the community level.

Care: $36,450,925 as of February 2005; $41,988,874 as of April 2005

Care activities in Uganda include CT, palliative care including clinical care, integrating HIV/AIDS and TB services and support for OVC. There are strong indigenous NGOs in Uganda with experience in voluntary counseling and testing (VCT), yet service sites are too few and are understaffed and stock-outs of HIV test kits are common. Demand for CT continues to increase, especially with access to treatment. In FY 2005, CT coverage will increase to more than 400 sites, testing 524,834 people by expanding traditional VCT sites, especially in underserved areas. Care and treatment programs will be trained and equipped to offer VCT. Support for the national logistics system will ensure test kits are in place. Routine CT will be initiated in two large teaching hospitals and 32 district hospitals. Programs in two districts will pilot a 100% VCT access approach using a home-based approach to VCT delivery.

Lessons from operational research and innovative approaches such as fingerstick testing will be incorporated into national policies and guidelines. FY 2005 support will include strengthening counselor training, quality assurance and increasing demand. In FY 2005, the Emergency Plan will provide palliative care to 182,187 people expanding service delivery through faith-based facilities and networks, PLWHA networks and traditional healers. National training curricula and materials development will be addressed. Specific activities include improving clinical capacity infrastructure, laboratory equipment and training, staff training and ensuring full supply of appropriate drugs and commodities for treatment of common opportunistic infections.

There is considerable experience in preventive care options and Uganda is, again, pioneering an innovative approach by defining a basic preventive care package for HIV-positive individuals. A key focus in FY 2005 will be to ensure delivery of components of the basic preventive care package, including cotrimoxazole, safe water, long-lasting insecticide treated nets and psychosocial support. In order to reach 6,200 HIV-positive individuals with TB, routine TB screening, treatment and prevention will be integrated into CT facilities and RCT will be integrated into TB treatment sites. Integration of TB/HIV through community initiatives managing TB treatment will also be strengthened. With two million orphans, FY 2005 activities will strengthen the leadership capacity of the Ministry of Gender, Labour and Social development to effectively respond to the crisis, develop a national monitoring and evaluation system in order to capture the full magnitude of the problem and the current response, develop quality assurance tools and support supervision as well as ensure expanded support through civil society and faith-based groups. Efforts to improve the delivery of quality comprehensive services will be addressed through evidenced-based research, job aides and capacity building of local service providers.

Of the pending budget of $3,945,994 for Uganda remaining as of February 2005, an additional $323,999 was allocated for care activities in April 2005. These funds will support palliative care activities for basic health needs, as well as support HIV testing for TB patients.

Uganda also will receive funding from the Rapid Expansion Fund that the Office of the U.S. Global AIDS Coordinator (OGAC) reserved after review of the FY 2005 Country Operational Plans to further expand successful and innovative programs that will contribute to treatment. An additional $5,213,950 will provide counseling and testing to more than 686,000 people; training to 1,183 health workers in the provision of counseling and testing and palliative care; and palliative care to 100,000 people.

Partners: Ministry of Health Uganda (MOH), African Medical and Research Foundation, Africare, The AIDS Information Center (AIC), Integrated Community-based Initiatives (ICOBI), National Medical Stores, AVSI, Baylor College of Medicine, Christian Aid, Hospice Uganda, IRC, IRCU, John Snow, Inc, Joint Clinical Research Center (JCRC), Makerere University, Opportunity International, Plan Uganda, Population Services International (PSI), Research Triangle International (RTI), Salvation Army, Samaritan's Purse, ACDI/VOCA, TASO, Mildmay International, CRS and The Futures Group International.

Treatment: $32,145,478 as of February 2005; $47,355,924 as of April 2005

Treatment activities in Uganda include support for ARV drugs, ARV services, logistics and laboratory services. The Government and donors are faced with difficult choices about who will have access to ART. It is estimated that to provide ART to the over 150,000 Ugandans who need it, Uganda will need $100 million per year over the next few years, rising to over $131 million in 2012. FY 2005 support for ART will expand to 39,000 the number of individuals on ARVs, with particular attention to access for vulnerable groups such as rural populations, OVC and IDPs. Support for logistics and laboratories focuses on strengthening the pharmaceutical and commodities management. The rapid scale-up of ART services has strained a national health system already experiencing constraints due to inadequate human resources. FY 2005 support for a national quality assurance system will include HR capacity building by training 5,000 clinicians, support for infrastructure and equipment to 570 laboratories and supporting policy, guidelines and materials development. More than 20 PLWHA networks will receive grants to support care and treatment, with particular emphasis on supporting adherence. A national communications campaign will also be delivered to ensure ART literacy for HIV-positive individuals and their families. Expanding PMTCT sites to deliver ART will begin in FY 2005 to improve access to pregnant women and their families. Prevention interventions, including partner testing, will be integrated into treatment programs. Other linkages between prevention, care and treatment programs will be supported through grants to more than 40 faith-based organizations.

Of the pending budget of $3,945,994 for Uganda remaining as of February 2005, an additional $962,396 was allocated toward treatment activities. These additional funds will provide new training opportunities and improve laboratory infrastructure.

In addition, Uganda will receive $14,248,050 from the Rapid Expansion Fund to provide ART to 13,563 individuals and to train 710 health workers in the provision of ART. Funds will also be used to strengthen 275 laboratories.

Principal partners: Catholic Relief Services, Mildmay International, Baylor College of Medicine, Elizabeth Glaser Pediatric AIDS Foundation, JCRC, Makerere and Mbarara University Hospitals, Medical Research Council of Uganda, John Snow, Inc., TASO and RTI.

Other costs: $19,889,632 as of February 2005; $22,419,231 as of April 2005

Other activities include support to leadership, human resources, collaboration, coordination and strategic information. In Uganda, there is strong leadership from the President, government, NGOs including faith-based groups and National Guidance and Empowerment Networks (PLWHA). The USG is fortunate to work with a well-established cadre of Ugandan national NGOs, medical schools and universities and government bodies that have an established capacity to receive direct funding and implement effective HIV programs in critical intervention areas, such as ART, care and support, palliative and home-based care, pediatric AIDS, counseling and testing services and research. In FY 2005, the Emergency Plan will build the capacity of the

national and district governments, NGOs, FBOs and PLWHA to supervise, deliver and monitor HIV/AIDS-related services. Building on FY 2004 support, the FY 2005 district model program will provide over 180 grants at the community level, technical assistance for a district granting mechanism, develop eight national NGOs to strengthen delivery of quality services at district level, work with four NGOs to develop 'centers of excellence' at the regional or district level and support over 20 civil society and faith-based groups at community level.

The Emergency Plan will work with Ministry of Health, Ministry of Public Service, Makerere and other NGOs on staffing recruitment and retention, quality assurance and strategic information. Development of the national care and treatment quality assurance system at the MOH will begin in 2005. FY 2005 support for strengthening government programs capacity to take action on the NSF will focus on leadership development, training and organizational and sustainability workshops with UAC, Parliament, Ministries of Gender, Education and Sports and district governments. Because faith-based organizations have the largest network of hospitals, clinics and community outreach programs throughout Uganda, the Emergency Plan will focus funding and technical assistance to support faith-based interventions in service delivery, training and financial management. FY 2005 support will include innovative methods to involve PLWHA through community PLWHA networks.

Support for policy development and guidelines, clinical, counseling and laboratory in particular, will be through technical fellowships and assistant placements, support to MOH and pilot programs. There is a government HIV/AIDS M&E plan for Uganda, although the plan is not currently operational for data collection, analysis or reporting. HIV data is not fully integrated into the Health Management Information System (HMIS), but is collected directly from sites and transmitted to the MOH. In 2005, the USG Country Team will continue to work with MOH and other partners to pilot full implementation of HMIS in five districts, with a long-term vision to expand nationally. The Emergency Plan will continue support the MOH for HIV ANC sentinel surveillance, with technical assistance to accommodate PMTCT expansion and use of alternative data sources such as blood bank, VCT and population surveys. The MOH, with USG support, is conducting a national HIV/AIDS sero-behavioral survey and will repeat the Health Facilities Survey in 2005 and 2006. The Emergency Plan will continue to support the home-based AIDS Care (HBAC) Project to answer key operational questions about ART laboratory monitoring, impact of ART on HIV transmission and feasibility and success of rural AIDS care.

Of the pending budget of $3,945,994 for Uganda remaining as of February 2005, an additional $2,529,599 in funding was allocated for strategic information, policy analysis and systems-strengthening activities and management and staffing activities in April 2005. These additional funds will support technical assistance, training, travel and evaluation activities. An additional 170 people will be trained in strategic information; USG will provide technical assistance to 22 service outlets; and 25 individuals will be trained in policy and capacity-building programs. In addition, the team will conduct two new evaluation studies. Funds will also be used to strengthen the capacity of the Global Fund.

Principle Partners: MOH, Uganda AIDS Commission (UAC), MRC, Uganda Women's Effort to Save Orphans (UWESO), Straight Talk, THETA, UNASO, Family Planning Association of Uganda, National Guidance and Empowerment Network (PLWHA) and Youth Alive (faith-based focus), Human Capacity Development Project, ARD Inc., Development Associates, Inc.,

Mildmay International, Creative Associates International Inc. and University of California, San Francisco (UCSF).

Management and staffing costs will support the program and technical assistance required to implement and to manage the Emergency Plan activities. USAID, CDC/HHS, DOD, PC and State personnel costs are included.

Other Donors, Global Fund Activities, Coordination Mechanisms:

In addition to Global Fund, HIV/AIDS donors in Uganda include bilateral partners (UK, Ireland, Denmark, Norway, Germany and the Netherlands), UN partners (WHO, UNICEF, UNFPA, UNDP) and other partners such as KFW. While the USG program is the largest donor program in Uganda, Global Fund approved $36 million in its Round 1 funding and more than $100 million in Round 3. Global Fund money supports Uganda's comprehensive approach to prevention, care and treatment of HIV/AIDS. Round 3 funding will support scaling up antiretroviral therapy and interventions for OVC. The national HIV/AIDS coordinating body, the Uganda AID Commission (UAC), established the UN/Bilateral HIV/AIDS Donor Group to facilitate donor coordination and to prevent duplication. Additional coordinating mechanisms for development partners involved in HIV/AIDS activities are the Global Fund National Coordination Committee (NCC) and the Health Development Partners Group. Many development partners, including the USG, participate on national committees such as the National ART Committee, the Health Policy Advisory Committee (HPAC), MOE Coordination Committee and the National Steering Committee. Finally, in 2004, the United States and United Kingdom signed a Joint Statement of Collaboration to increase cooperation in HIV/AIDS.

Program Contact: Ambassador Jimmy Kolker, Deputy Chief of Mission William Fitzgerald

Time Frame: FY 2005 – FY 2006

SECTION III

FY 2005 SUMMARY BUDGET TABLE - UGANDA	USAID		HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	PMTCT (FY 03 Funds)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention									
PMTCT	4,063,061	0	0	1,380,164	0	43,018	0	0	5,486,243
Abstinence/Be Faithful	8,185,580	0	0	105,855	0	24,800	0	0	8,316,235
Blood Safety	42,510	0	0	0	0	0	0	0	42,510
Injection Safety	42,510	0	0	65,466	0	11,250	0	0	119,226
Other Prevention	6,097,221	0	0	295,778	50,000	8,981	100,000	0	6,551,980
Prevention Sub-total	*18,430,882*	*0*	*0*	*1,847,263*	*50,000*	*88,049*	*100,000*	*0*	*20,516,194*
Care									
Palliative Care: Basic health care & support	14,458,535	0	129,599	5,426,518	204,000	32,090	80,000	0	20,330,742
Palliative Care: TB/HIV	1,494,160	0	194,400	1,454,111	0	20,690	0	0	3,163,361
OVC	4,948,113	0	0	0	0	247,234	80,000	0	5,275,347
Counseling and Testing	5,855,417	0	0	7,173,696	97,830	52,481	40,000	0	13,219,424
Care Sub-total	*26,756,225*	*0*	*323,999*	*14,054,325*	*301,830*	*352,495*	*200,000*	*0*	*41,988,874*
Treatment									
Treatment: ARV Drugs	8,250,160	1,000,000	0	12,196,599	0	0	0	0	21,446,759
Treatment: ARV Services	5,827,000	500,000	712,797	7,479,570	149,840	0	0	0	14,669,207
Laboratory Infrastructure	1,973,734	0	1,434,396	7,831,828	0	0	0	0	11,239,958
Treatment Sub-total	*16,050,894*	*1,500,000*	*2,147,193*	*27,507,997*	*149,840*	*0*	*0*	*0*	*47,355,924*
Other Costs									
Strategic Information	4,509,977	0	2,068,031	3,866,515	50,000	20,820	0	0	10,515,343
Other/policy analysis and system strengthening	4,730,200	0	0	1,608,800	0	0	24,888	0	6,363,888
Management and Staffing	2,000,000	0	3,500,000	0	20,000	20,000	0	0	5,540,000
Other Costs Sub-total	*11,240,177*	*0*	*5,568,031*	*5,475,315*	*70,000*	*40,820*	*24,888*	*0*	*22,419,231*
AGENCY, FUNDING SOURCE TOTALS	**72,478,178**	**1,500,000**	**8,039,223**	**48,884,900**	**571,670**	**481,364**	**324,888**	**0**	**132,280,223**

Total Budget by Agency		
USAID		73,978,178
HHS		56,924,123
DOD		571,670
State		481,364
Peace Corps		324,888
Labor		0
Total		**132,280,223**

Total GHAI Budget by Agency	
USAID	72,478,178
HHS	48,884,900
DOD	571,670
State	481,364
Peace Corps	324,888
Labor	0
Total	**122,741,000**

Total Funding by Account	
Base (GAP)	8,039,223
GAC (GHAI)	122,741,000
PMTCT	1,500,000
Total	**132,280,223**

VIETNAM

Project Title: **Vietnam FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources						
	Notified in February 2005			Current Notification April 2005			NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	PMTCT**	
HHS	1,455,000	5,663,689	7,118,689	1,399,885	696,426	0	9,215,000
USAID	0	12,470,000	12,470,000	0	2,891,100	675,900	16,037,000
DOD	0	1,350,000	1,350,000	0	75,000	0	1,425,000
Labor	0	725,000	725,000	0	20,000	0	745,000
State	0	0	0	0	153,000	0	153,000
TOTAL Approved	1,455,000	20,208,689	21,663,689	1,399,885	3,835,526	675,900	27,575,000
Total FY 2004							17,354,885

* The Global AIDS Program of HHS/CDC
** FY 2003 PMTCT Funds

HIV/AIDS Epidemic in Vietnam:

- HIV Prevalence in Pregnant Women: 0.3% (2003)
- Estimated Number of HIV-Infected People: 215,000
- Estimated Number of Individuals on Antiretroviral Therapy: 100 (in public facilities); Unknown (in private sector)
- Estimated Number of AIDS Orphans: Unknown

Targets to Achieve 2-7-10 Goals*

Vietnam	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004**	2,000	1,000
FY 2005***	9,200	1,250
FY 2008	110,000	22,000

* Targets may be revised.
** "Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.
*** FY 2005 targets are in the process of being reviewed based on modified funding allocations.

Program Description:

Vietnam is a densely populated country with a total population of 82 million and an estimated 215,000 HIV-infected individuals. The HIV prevalence rate among pregnant women has thus far

remained low, at approximately 0.3%, while rates for general population males are at least 2.3 times higher than that of females. There are great differences in prevalence between provinces, with much higher prevalence reported in provinces with significant numbers of injecting drug users (IDUs), and with Ho Chi Minh City (HCMC) having by far the largest number of infected people at approximately 50,000 (est. 2004).

Vietnam has a concentrated epidemic, with HIV transmission primarily still occurring among most-at-risk populations (MARP—examples include IDUs, sex workers and men who have sex with men), with the highest prevalence among IDUs (60% of all reported HIV/AIDS cases). Vietnam is a high-burden TB country, and HIV prevalence among TB patients is high (3.7% nationally; 10% in HCMC, 2003) and has been rising steadily. Vietnam remains a poor country, with per capita GDP of $2,500 in 2003. However, per capita GDP has risen rapidly from $98 in 1990, and this manifests itself in high economic activity, especially in major urban areas. This has led to a large movement of people from rural to urban areas and subsequent increases in high risk behavior associated with this demographic change.

The following programmatic areas will be included in the USG FY 2005 Emergency Plan activities to mitigate the impact of the epidemic in Vietnam:

Prevention: $5,397,500 as of February 2005; $6,284,500 as of April 2005

Prevention activities in Vietnam follow a two-pronged approach: (1) activities focusing on abstinence-be faithful (AB) messages, and (2) targeted behavior change interventions with MARP. AB messages are communicated through media, school-based programs and work-place programs. These programs target youth and general population men. Targeted behavior change interventions with MARP include peer-based outreach, consistent condom use messages, injection safety and PMTCT.

The Emergency Plan includes support for government and NGO infrastructure improvements, providing personnel, establishing or improving counseling facilities, providing educational materials and providing training. Activities focus on HIV prevention education and behavior change. USG partners work to promote local and civil society HIV/AIDS efforts in certain policy areas such as HIV in the workplace and PLWHA.

The DOL/SMARTWORKS project has developed curricula for training in the workplace, which is an initial step in engaging the private sector in a response to HIV/AIDS. The USG also seeks to partner with the American Chamber of Commerce in taking a leadership role to build capacity of the private sector in addressing HIV/AIDS issues. Community outreach efforts will reach 484,000 MARP and their sex partners by March 2006. Non-AB mass media messages will reach 3,602,000 individuals by March 2006. AB-focused activities center on increasing the capacity of government and NGOs, including faith-based organizations (FBOs) such as World Vision and a local FBO, Mai Hoa, to provide programs for youth, families and military personnel in prevention education that includes delay of sexual debut, abstinence and being faithful to one partner. Community outreach efforts will reach 473,300 youth, workers and military personnel with AB messages by March 2006. The AB mass media campaign will reach 18,525,000 by March 2006. Other donors, including the Global Fund to fight AIDS, Tuberculosis and Malaria

(GFATM), are or will be heavily involved in blood and injection safety and PMTCT. Even so, the Emergency Plan will support expansion of PMTCT programs in four key provinces.

Of the pending budget of $3,336,311 for Vietnam remaining as of February 2005, an additional $887,000 in funding was allocated for prevention activities in April 2005. These additional funds will support HIV prevention and care programming for high risk individuals and HIV-positive individuals. The funding will enable 500 individuals to be reached through the prevention programs and 50 individuals to be trained. The additional funds will also support technical assistance for prevention programs.

Principal partners: Academy for Educational Development (AED), CARE, Family Health International (FHI), Ho Chi Minh City Department of Health, Ho Chi Minh City People's AIDS Committee, International Office of Migration (IOM), Mai Hoa, Medicines du Monde (MdM), Ministry of Defense, Ministry of Health, Ministry of Labor, War Invalids and Social Affairs, PACT, POLICY Project, Population Services International (PSI), Save the Children, STI and HIV/AIDS Prevention Center (SHAPC), World Vision, UNESCO and UNAIDS.

Care: $6,305,189 as of February 2005; $7,671,000 as of April 2005

Care activities in Vietnam include counseling and testing (CT), clinical care, palliative care and support for OVC. In Vietnam, the CT model supported by the government is one of voluntary counseling and testing (VCT). VCT services are still limited and the Emergency Plan will support existing VCT and open new sites (58 government, two military and eight NGO facilities). This support will promote and provide testing, training and quality assurance and will use peer-based outreach to reach a greater number of MARP, as well as increasing catchments areas and intake of general population clients. The testing will result in 47,950 new clients/patients knowing their status by March 2006.

HIV clinical care and support activities focus on improving the capacity to provide non-antiretroviral therapy (ART) HIV and opportunistic infection (OI) care and treatment, and linking non-ART care to counseling, testing and referral services. Non-ART clinical care will reach approximately 29,832 HIV-infected individuals by March 2006. Palliative care activities focus on clinic-based activities through government, as well as home- and community-based programs through NGOs, including FBOs.

Due to the concentrated nature of the epidemic in Vietnam the OVC population is believed to still be quite small. Therefore, in FY 2005 the Emergency Plan is supporting a comprehensive assessment of OVC, with an outcome goal of strengthening community mobilization to support OVC, as well as creating linkages with the care network system. The Emergency Plan promotes collaboration between TB and HIV programs, including improved referral of TB patients to HIV/AIDS services, including testing and referral of HIV/AIDS patients for TB testing, especially before beginning ARV therapy.

Of the pending budget of $3,336,311 for Vietnam remaining as of February 2005, an additional $1,365,811 in funding was allocated for care activities in April 2005. The additional funds will support development of a clinical palliative care curriculum that will enable clinicians

nationwide will be trained to both provide and teach palliative care. The funds will also provide assistance with writing national policies and guidelines on palliative care. In addition, a model community-based palliative home care program will be established, in collaboration with a Vietnam-based NGO. The funding will enable 500 individuals to receive palliative care services and 60 individuals to be trained. These additional funds will also support technical assistance for care programs.

Principal partners: CARE, Center for Community Health and Development, FHI, Harvard, Ho Chi Minh City Department of Health, Ho Chi Minh City People's AIDS Committee, ITECH, Mai Hoa, MdM, Ministry of Defense, Ministry of Health, PACT, POLICY Project, PSI, Save the Children, WHO, World Vision, World Wide Orphans (WWO), UN Volunteers and UNAIDS.

Treatment: $3,256,000 as of February 2005; $6,713,500 as of April 2005

Treatment activities are focused on ART. WHO and other experts estimate 20,000 to 25,000 HIV-infected adults and children currently meet the criteria for ART. Technical capacity for effective HIV treatment is limited but increasing rapidly. While USG-supported regional training programs have assisted the Government of the Socialist Republic of Vietnam (GVN) in training physicians in over 40 provinces, the number of providers who can adequately treat People Living with HIV/AIDS (PLWHA) is still insufficient. Training focuses on HIV diagnosis, prevention, occupational exposure, universal precautions, PMTCT, diagnosis and treatment of OIs and basic antiretroviral therapies. Specialized training including individual clinical mentoring, ongoing close supervision and working with specific vulnerable populations is being supported.

Model outpatient programs in both the public and private sectors, which can form a framework for outpatient ART, are already underway in 25 provinces. Emergency Plan support for ART includes: ARV drug procurement; establishment of effective drug procurement and dispersal systems; policy and guidelines development; building adequate laboratory infrastructure; enhanced human capacity; and effective monitoring and evaluation systems.

In addition, mechanisms to link treatment, care and support systems will ensure a comprehensive approach that allows the most effective treatment of the patient. A phased approach consistent with the Ministry of Health (MOH)-approved 3 x 5 Plan and other sectors and donors is planned. Effective ART is promoted in the public sector at central, regional and provincial programs in high prevalence urban provinces with existing capacity. At the same time, international nongovernmental organization (INGO) medical clinics are scaling-up ART services at the local level in the hardest hit districts. This combined approach will allow the Emergency Plan, with other partners, to provide treatment to 5,672 PLWHA by March 2006.

Of the pending budget of $3,336,311 for Vietnam remaining as of February 2005, an additional $957,500 in funding was allocated for treatment activities in April 2005. The additional funds will be used to purchase more antiretroviral treatment for USG-supported sites to meet the targets for Vietnam. In addition, the funds will support training for physicians nationwide to both provide and teach locally relevant pediatric HIV care and ARV therapy by experienced HIV clinician-educators familiar with Vietnam. Training will be focused on the six provinces and

institutions where USG-supported ARV therapy will be initiated. As a result of this funding, 173 additional individuals will receive ART and 50 individuals will be trained. These additional funds will also support additional technical assistance for treatment programs.

Vietnam will also receive an additional $2,500,000 to expand treatment to approximately 2500 more individuals using funding from the Rapid Expansion Fund.

Principal partners: CARE, FHI, Harvard, Ho Chi Minh City Department of Health, Ho Chi Minh City People's AIDS Committee, ITECH, MdM, Ministry of Defense, Ministry of Health, PACT, World Vision and WWO.

Other Costs: $6,705,000 as of February 2005; $6,906,000 as of April 2005

Strategic Information (SI) activities focus on coordination and implementation of HIV sentinel surveillance, behavioral surveillance, the AIDS Indicator Survey (AIS), support for household inclusion for HIV/AIDS indicators in the National Health Accounts HIV Sub-analysis, operations research to implement and evaluate the impact of a program to reduce HIV-related stigma and discrimination in the health care setting, and to increase the utilization of HIV-related services by PLWHA. Funding also supports the expansion of evaluation of existing USG-supported programs concentrating on VCT, outpatient clinical care, peer outreach for prevention and linkage and referral systems. In addition, funding supports the Government of Vietnam to monitor the emergence of ARV drug resistance, and to build information management systems capacity with respect to HIV/AIDS programs through the Hanoi School of Public Health.

Of the pending budget of $3,336,311 for Vietnam remaining as of February 2005, an additional $126,000 funding was allocated for management and policy activities in April 2005. The additional funds will provide infrastructure support to the Ministry of Health and support overall USG coordination of the Emergency Plan.

Vietnam will also receive an additional $75,000 from the Rapid Expansion Fund to provide essential support for the establishment of a national PLWHA network that will build on and support existing activities.

Principal partners: DHS Macro, FHI, Hanoi School of Public Health, MEASURE/UNC, Ministry of Defense, Ministry of Health and Population Council.

Cross-cutting policy and coordination activities focus on coordination among multilateral and bilateral donors on PMTCT, VCT, ART access and men's sexual health initiatives to maximize program impact. Funding supports ongoing groundbreaking initiatives to increase advocacy for and among PLWHA both nationally and in focus provinces. USG funds also assist in policy development and enforcement regarding rights-based approaches to HIV/AIDS in the workplace, in the health system and in communities. Local human capacity to respond to a dynamic HIV/AIDS epidemic will be strengthened through leadership development, curricula development for the National Ho Chi Minh Political Academy for national and provincial political cadres, UN-coordinated mainstreaming of HIV/AIDS education and stigma and discrimination reduction in donor-supported activities across sectors. USG funds also support

civil society advocacy to the National Party for greater involvement of the private sector and local non-government sector through coordinated efforts spearheaded by the UN.

Principal partners: AED, CARE, Hanoi School of Public Health, Harvard University, International Center for Research on Women (ICRW), Institute for Social Development Studies (ISDS), Pathfinder, POLICY Project, Save the Children, UNAIDS, UNDP and WHO.

Agency Management and Staffing costs support the technical assistance and program management required to manage for results under the Emergency Plan. Costs include technical, management and administrative/support staffing, operational research, office operations and rent, travel and logistics.

Other Donors, Global Fund Activities, Coordination Mechanisms:

There are roughly 30 INGOs, over five government-sanctioned technical local NGOs, seven UN organizations, five major bilateral agencies and the Global Fund concentrating resources on HIV/AIDS programs in Vietnam. International organizations include faith-based (e.g. World Vision, ADRA), general development (e.g. CARE, FHI) and specialized consulting firms (e.g. Abt. Associates). Local non-government organizations include specialized research organizations, program design and implementation organizations and community-based organizations. The UN organizations working in HIV/AIDS include UNAIDS, WHO, UNICEF, UNODC, UNFPA, UNESCO, UNV, ILO and UNDP. The Government of Vietnam won awards on Rounds 1, 2 and 3 for the Global Fund, Round 1 including $12 million for HIV/AIDS programs. The principal recipient is the MOH, and to date, roughly $2.5 million have been disbursed to the MOH. Global Fund support will go to prevention, care and treatment programs directed by the MOH in 20 provinces.

During the summer of 2003, the National AIDS Standing Bureau, the multisectoral coordinating body for HIV/AIDS activities, was dismantled in favor of relegating HIV/AIDS coordination to the Department of Preventive Medicine and AIDS Control of the AIDS Division of the MOH. The MOH, under the supervision of the Deputy Prime Minister, is now in charge of coordinating activities and donor assistance in HIV/AIDS. Amongst donors and major organizations working in HIV/AIDS, the Community of Concerned Partners is a donor committee led by the UN Resident Coordinator and UNAIDS which responds to policy and strategy issues on an ad hoc basis. The USG team works closely with the Ministry of Health, other ministries (including Defense and Labor) and the Community of Concerned Partners in addition to the UN to coordinate on major supported activities.

Program Contact: Vietnam Emergency Plan Country Liaison Nahoko Nakayama

Timeframe: FY 2005- FY 2006

FY 2005 SUMMARY BUDGET TABLE - VIETNAM	USAID		HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	PMTCT (FY 03 Funds)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention									
PMTCT	120,000	0	202,000	250,000	20,000	0	0	0	592,000
Abstinence/Be Faithful	805,000	0	147,000	625,000	230,000	0	0	202,000	2,009,000
Blood Safety	0	0	0	0	0	0	0	0	0
Injection Safety	0	0	0	50,000	0	0	0	0	50,000
Other Prevention	2,735,000	0	138,000	362,500	0	0	0	398,000	3,633,500
Prevention Sub-total	*3,660,000*	*0*	*487,000*	*1,287,500*	*250,000*	*0*	*0*	*600,000*	*6,284,500*
Care									
Palliative Care: Basic health care & support	3,078,000	0	158,000	1,465,000	290,000	0	0	0	4,991,000
Palliative Care: TB/HIV	150,000	0	89,000	320,000	0	0	0	0	559,000
OVC	334,000	0	115,000	190,000	0	0	0	0	639,000
Counseling and Testing	602,000	0	227,500	587,500	65,000	0	0	0	1,482,000
Care Sub-total	*4,164,000*	*0*	*589,500*	*2,562,500*	*355,000*	*0*	*0*	*0*	*7,671,000*
Treatment									
Treatment: ARV Drugs	2,486,100	675,900	0	0	0	0	0	0	3,162,000
Treatment: ARV Services	929,000	0	120,500	1,355,000	295,000	0	0	0	2,699,500
Laboratory Infrastructure	27,000	0	110,000	350,000	365,000	0	0	0	852,000
Treatment Sub-total	*3,442,100*	*675,900*	*230,500*	*1,705,000*	*660,000*	*0*	*0*	*0*	*6,713,500*
Other Costs									
Strategic Information	1,550,000	0	344,885	445,115	25,000	0	0	0	2,365,000
Other/policy analysis and system strengthening	1,535,000	0	103,000	360,000	0	0	0	110,000	2,108,000
Management and Staffing	1,010,000	0	1,100,000	0	135,000	153,000	0	35,000	2,433,000
Other Costs Sub-total	*4,095,000*	*0*	*1,547,885*	*805,115*	*160,000*	*153,000*	*0*	*145,000*	*6,906,000*
AGENCY, FUNDING SOURCE TOTALS	**15,361,100**	**675,900**	**2,854,885**	**6,360,115**	**1,425,000**	**153,000**	**0**	**745,000**	**27,575,000**

Total Budget by Agency		
USAID		16,037,000
HHS		9,215,000
DOD		1,425,000
State		153,000
Peace Corps		0
Labor		745,000
Total		**27,575,000**

Total GHAI Budget by Agency	
USAID	15,361,100
HHS	6,360,115
DOD	1,425,000
State	153,000
Peace Corps	0
Labor	745,000
Total	**24,044,215**

Total Funding by Account	
Base (GAP)	2,854,885
GAC (GHAI)	24,044,215
PMTCT	675,900
Total	**27,575,000**

ZAMBIA

Project Title: **Zambia FY 2005 Country Operational Plan (COP)**

Budget Summary:

	Funding Sources					
	Notified in February 2005			Current Notification April 2005		NEW TOTAL
Implementing Agency	GAP*	GHAI	TOTAL	GAP*	GHAI	
HHS	2,913,855	15,144,249	18,058,104	0	8,960,000	27,018,104
USAID	0	58,539,792	58,539,792	0	9,735,000	68,274,792
DOD	0	5,262,000	5,262,000	0	427,244	5,689,244
State	0	580,000	580,000	0	160,000	740,000
Peace Corps	0	1,023,000	1,023,000	0	0	1,023,000
TOTAL Approved	2,913,855	80,549,041	83,462,896	0	19,282,244	102,745,140
Total FY 2004						57,933,801

* The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Zambia:

- HIV Prevalence rate among Pregnant Women in 22 sentinel sites: 19.1% (2002)
- Estimated Number of HIV-Infected People: 920,000 adults and 90,000 children (2004)
- Estimated Number of Individuals on Antiretroviral Therapy: 11,095 (in public facilities) and 2,460 (private sector) (2004)
- Estimated Number of AIDS Orphans: 630,000 (2004)

Targets to Achieve 2-7-10 Goals:

Zambia	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004*	302,000	15,000
FY 2005	385,451	66,200
FY 2008	600,000	120,000

* "Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS. Submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, August 2004.

Program Description:

Zambia is facing its most critical health, development and humanitarian crisis to date. An estimated 15.6% of the adult population is infected with HIV (18% of adult women and 13% of adult males); 920,000 Zambian adults and 90,000 children are living with HIV/AIDS in a total

population of ten million people. This means that one in every ten Zambians is infected with HIV. In urban areas one out of four adults is infected (23.1% HIV prevalence); a staggering one-third of the adult population in border towns has HIV/AIDS; and in rural areas the rate is 10.8%. The infection rate among pregnant women in 22 sentinel sites is 19.1%. Antenatal surveillance trends since 1994 indicate that the epidemic has remained at fairly consistent levels over the last decade. Despite this plateau in the growth of the HIV infection rate, the repercussions of the HIV/AIDS epidemic continue to loom over the nation with 750,000 individuals having died from AIDS to date, leaving behind an estimated 630,000 orphans, and the continuing loss of 89,000 persons from AIDS every year (UNAIDS, 2004).

Although Zambia's HIV/AIDS epidemic is mostly transmitted through heterosexual contact and from mother to child, there are clearly identifiable high risk groups that warrant special attention: commercial sex workers and their clients and partners; uniformed personnel including military and police forces; long distance truck drivers; bus drivers; fish camp traders; migrant workers; and serodiscordant couples. Discordant couples, where one partner is sero-positive and the other is sero-negative, constitute a major source of new cases and are estimated to make up 21% of all married couples in the major urban areas. Deployments and long separations from their families place members of the Zambian Defense Force (ZDF) at high risk for exposure to HIV. At present, the USG, through the Emergency Plan, is the only donor significantly contributing to the HIV/AIDS efforts in the Zambian military. Fishmongers barter fish for sex to local traders. Refugees do not have access to prevention, treatment, and care services available to the general population. Prisoners are exposed to rape and sexual abuse from other prisoners and have limited access to HIV/AIDS services, HIV/AIDS messages or condoms. OVC are particularly vulnerable to property-grabbing, homelessness, sexual exploitation, violence, abuse, and a life of abject poverty. Youth are another high risk group, with 11.2% of females aged 15-24 years and 3.0% of males in the same age group being HIV-positive, resulting from an early age of sexual debut (mean age of 17.0 years), multiple and/or trans- generational partners. Since 1985, the number of TB cases has increased dramatically (by a factor of five). By the year 2000, the AIDS epidemic had driven TB rates to 512 cases per 100,000 people. It is estimated that over 50% of TB cases are co-infected with HIV.

To combat this scourge, the Government of the Republic of Zambia (GRZ) has committed itself to battling the epidemic by rapidly expanding prevention, treatment and care services in the public sector as well as coordinating with private entities through the provision of ARVs to private clinics. Although the GRZ's efforts are notable, there are numerous opportunities and formidable challenges to meeting the 2-7-10 goals for Zambia.

Emergency Plan funding will be focused on the following programmatic areas to achieve the 2-7-10 targets:

Prevention: $19,938,600 as of February 2005; $20,918,600 as of April 2005

Prevention activities in Zambia include increasing access to quality PMTCT services; promoting healthy behavior for youth through abstinence and faithfulness programs; encouraging fidelity among adults; improving blood and injection safety practices in health facilities; and providing services, condoms and behavior change interventions targeted at high risk populations to reduce

HIV transmission. For PMTCT, the USG will assist the GRZ to meet their target of providing a complete course of antiretroviral prophylaxis to 70% of HIV-positive pregnant women (increasing treatment from the current rate of 30%). The USG will improve the quality of existing PMTCT programs, fully integrate PMTCT with other maternal and child health services, and increase access to quality PMTCT service by establishing new PMTCT sites across the country, including areas that serve military personnel. For FY 2005, the USG will provide support to 200 PMTCT sites in nine provinces.

The Emergency Plan in Zambia will promote abstinence and faithfulness for youth and encourage fidelity among adults by providing funding for 632 FBO/CBO outreach programs, performing groups, programs targeting youth (including those implemented in communities and primary and secondary schools), public and private workplace programs, and community mobilization and behavior change communication programs.

Blood and injection safety practices will be strengthened to prevent HIV transmission. These interventions will include ten post-exposure prophylaxis programs for at-risk health care professionals, and training for 325 Zambian Defense Force and 740 MOH medical service personnel. More thorough blood screening processes will be supported at 90 blood transfusion centers. Other prevention activities will focus on providing funding for 129 outreach programs, 1,825 condom outlets, and behavior change interventions at border, transit corridors, truck stops, urban centers, bars, nightclubs and fishing communities. These interventions will target 45,813 high risk individuals such as commercial sex workers, police, military, refugees and prisoners to reduce HIV transmission.

Of the pending budget of $1,282,244 for Zambia remaining as of February 2005, an additional $980,000 in funding was allocated for prevention activities in April 2005. The additional funds will support HIV programs for refugee populations and promote AB messages for agricultural farmers, small traders and NGOs in rural areas. The funding will enable 195,000 individuals to be reached with HIV/AIDS prevention programs that promote abstinence and be faithful messages.

Principal partners: Johns Hopkins University, Boston University, Population Services International, Catholic Relief Services, Elizabeth Glaser Pediatric AIDS Foundation, Academy for Educational Development, Family Health International, Project Concern International, American Institutes for Research, John Snow Inc., Chemonics International, University of Zambia, National Arts Council of Zambia, Zambia National Blood Transfusion Service and Zambia University Teaching Hospital.

Care: $25,373,504 as of February 2005; $27,628,504 as of April 2005

Care activities in Zambia include Counseling and Testing, Palliative Care/Basic Health Care, Palliative Care/TB-HIV and Support to OVC. The USG will also focus efforts on delivering integrated TB/HIV services, and expanding the breadth and depth of programs supporting OVC.

Only 9% of adult Zambians have ever been tested. For this reason, a primary emphasis of the USG in Zambia will be to increase access to and improve the quality of Counseling and Testing

services, including mobile CT that reaches underserved populations as well as linking TB and STI patients with CT services. For FY 2005, the USG in Zambia will provide support to 298 CT sites in all nine provinces to reach 414,616 people with CT services. The USG will work to strengthen 250 service delivery sites, and the capacity of FBOs, the Zambian public sector, the military and workplace programs to deliver quality Palliative Care/Basic Health Services through home-based, hospice, clinical and hospital care. We will help these institutions establish effective networks and referral linkages to other care and treatment services. The USG in Zambia will receive South-to-South Palliative Care technical support through the Twinning Center and regional palliative care institutions. These activities will reach 170,605 HIV-positive individuals in 250 service delivery sites with nursing/medical care, treatment of OIs, pain relief, nutritional supplements, psycho-social support, referral to ART and ART adherence, pediatric and family support, and training of caregivers and service providers. To address the high proportion of TB and HIV co-infection, the USG in Zambia will work to integrate TB and HIV services. OVC will also receive unprecedented attention in the form of improved access to educational opportunities, provision of food and shelter, psycho-social support, health care, livelihood training, access to microfinance and training to caregivers. It is expected that 334,100 OVC will benefit from 211 programs in FY 2005.

Of the pending budget of $1,282,244 for Zambia remaining as of February 2005, an additional $255,000 in funding was allocated in April 2005 and $100,000 was reprogrammed to support care activities. The additional funds will provide palliative care for prison inmates. Through this funding, Catholic Relief Services will work with existing organizations to extend services to this group. In addition, funding will help start up innovative small projects in palliative care, counseling and testing, and capacity building for new local partners. The funding will provide palliative care services and/or treatment for TB to over 3,000 individuals and train 80 individuals.

In addition, Zambia will also receive $1,900,000 in Rapid Expansion Funds to rapidly scale-up Counseling and Testing services. These funds will provide counseling and testing services to over 145,000 individuals and train 94 individuals.

Principal partners: World Vision International, Churches Health Association of Zambia, Catholic Relief Services, Christian Reformed World Relief Committee, Project Concern International, John Snow Training and Research Institute, Johns Hopkins University, Family Health International, World Health Organization, Opportunity International, CARE International, American Institutes for Research, International Executive Service Corps, Population Services International, Pact, Crown Agents, University Teaching Hospital-Lusaka (UTH) and WHO.

Treatment: $18,845,000 as of February 2005; $34,992,244 as of April 2005

As of September 2004, 53 government and mission health facilities provide ART. It is estimated that approximately 13,555 persons currently receive ART (11,095 and 2,460 in the public and private sectors respectively). The U.S. program will provide assistance to ensure that the maximum possible number of Zambians receives this life-extending therapy. In addition to the $34,992,244 allocated to treatment, substantial Central Programming resources are directed to treatment. Efforts will focus on scaling up treatment services at the national, provincial and

district levels within the public sector as well as within faith-based facilities, workplace programs and private medical settings. This will be accomplished by increasing demand for ART, procuring ARVs for the public sector, training health care providers in provision of quality ART services, creating effective service delivery networks and linkages, strengthening laboratory, logistics and health information management systems, and implementing ART adherence activities. In FY 2005, the USG in Zambia is doubling the amount for ARV procurement from FY 2004 totals to $4,000,000 and will provide technical support for ARV logistics. To strengthen and expand ART service delivery, the USG will support infrastructure and development of referral systems for new ART sites in four military hospitals, and will support 92 service delivery sites including the George Health Clinic in Lusaka, the University Teaching Hospital, provincial and district public sector facilities, two additional mission hospitals, and private workplace clinical facilities. The University Teaching Hospital and other service delivery sites will benefit from twinning with several U.S.-based universities including Columbia University for Pediatric ART. In total, Emergency Plan support in Zambia will directly enable 41,165 individuals to receive ART, including 30,100 new clients.

Of the pending budget of $1,282,244 for Zambia remaining as of February 2005, an additional $47,244 in funding was allocated for prevention activities in April 2005. The additional funds will support HIV prevention and care programming for high risk individuals and HIV-positive individuals. The funding will enable 500 individuals to be reached through the prevention programs and 50 individual to be trained.

In addition, Zambia will also receive an additional $16,100,000 from the Rapid Expansion Fund to rapidly scale-up ARV treatment. These funds will provide ART to over 40,000 individuals and provide training to over 3,000 individuals.

Principal partners: Abt Associates, John Snow Inc., Johns Hopkins University, JHPIEGO, Boston University, Columbia University, Family Health International, Catholic Relief Services, Elizabeth Glaser Pediatric AIDS Foundation, Academy for Educational Development, Tropical Diseases Research Center, Regional Procurement Support Office, Chest Disease Laboratory and the University Teaching Hospital, Lusaka.

Other Costs: $19,305,792 as of February 2005; $19,205,792 as of April 2005

The US in Zambia will support strategic information, policy analysis and systems strengthening, and management and staffing. In the area of strategic information, funds will be allocated to strengthen local health management information systems, expand use of quality program data for policy development and program management, and improve national coordination in HIV/AIDS monitoring and evaluation activities. The Emergency Plan will support the Zambia Sexual Behavior and AIDS Indicator Survey, an electronic smartcard for patient tracking, the national M&E system, a verbal autopsy study and preparation for a national HIV prevalence study.

Policy and advocacy efforts will be expanded to reduce stigma and discrimination within communities and in the workplace, create strong leadership in the fight against HIV/AIDS among traditional, religious and political leaders, and increase financial and human resources available to provide quality HIV/AIDS prevention, care and treatment services.

The human capacity crisis will be addressed through supporting the GRZ's established rural retention scheme, which places physicians in underserved areas, and through training health care providers in short- and long-term educational programs. Upon completion of these programs, the trainees will directly provide HIV/AIDS treatment and care services. The U.S. in Zambia will work closely with Zambian leaders to inspire a national movement in the fight against AIDS that breaks down existing barriers to health-seeking and eliminates stigma associated with HIV/AIDS. Sub-grants and technical support will be provided to HIV-positive people's networks, and to influential community and national leaders for HIV/AIDS prevention, care and treatment advocacy.

Of the funds for Other Costs, $100,000 was reprogrammed to support Care activities.

Principal partners: John Snow Research and Training Institute, Family Health International, University of North Carolina, Macro International, Abt Associates, Project Concern International, Elizabeth Glaser Pediatric AIDS Foundation, World Vision International, Pact, Journalists Against AIDS in Zambia, National AIDS Council, Zambia University Teaching Hospital (Lusaka), Ministry of Health and the Ministry of Finance and National Planning.

Other Donors, Global Fund Activities, Coordination Mechanisms:

To date, the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) has provided $42 million over two years; $2 million and $1.1 million were for ARV and STI drug procurement respectively. Zambia expects to receive its Round 4 GFATM funding in January 2005. Other major donors supporting HIV/AIDS prevention, care and treatment are the World Bank, providing $42 million over five years to strengthen PMTCT programs, workplace prevention programs, community response to AIDS, and the National HIV/AIDS Council, and UNICEF which is providing $4 million to improve services for OVC. Another major partner is British DFID, which is providing £3 million in 2004 to support programming in the areas of PMTCT, workplace prevention and treatment programs, condoms and STI drug procurement.

Coordination among the USG, other donors, GFATM and other cooperating partners takes place in a variety of forums. For example, the U.S. is one of two bilateral donor representatives on the GFATM Country Coordinating Mechanism. Furthermore, the USG has members participating in the various national sector coordinating committees, national technical HIV/AIDS working groups and the UNAIDS Expanded Theme Group.

Program Contact: Ambassador Martin Brennan

Time Frame: FY 2005 – FY 2006

SECTION III

FY 2005 SUMMARY BUDGET TABLE - ZAMBIA	USAID	HHS		DOD	State	Peace Corps	Labor	PROGRAM AREA TOTALS
Program Area	GAC (GHAI account)	Base (GAP account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	GAC (GHAI account)	
Prevention								
PMTCT	3,000,000	0	3,004,000	500,000	0	0	0	6,504,000
Abstinence/Be Faithful	5,800,000	0	90,000	0	125,000	0	0	6,015,000
Blood Safety	0	0	0	50,000	0	0	0	50,000
Injection Safety	0	0	0	400,000	0	0	0	400,000
Other Prevention	6,839,300	350,000	590,000	90,300	80,000	0	0	7,949,600
Prevention Sub-total	*15,639,300*	*350,000*	*3,684,000*	*1,040,300*	*205,000*	*0*	*0*	*20,918,600*
Care								
Palliative Care: Basic health care & support	8,810,148	0	500,000	714,000	180,000	0	0	10,204,148
Palliative Care: TB/HIV	75,000	0	1,315,000	0	0	0	0	1,390,000
OVC	5,638,856	0	0	250,000	0	0	0	5,888,856
Counseling and Testing	8,406,500	0	700,000	1,039,000	0	0	0	10,145,500
Care Sub-total	*22,930,504*	*0*	*2,515,000*	*2,003,000*	*180,000*	*0*	*0*	*27,628,504*
Treatment								
Treatment: ARV Drugs	5,760,000	0	0	0	0	0	0	5,760,000
Treatment: ARV Services	13,755,000	0	11,620,000	500,000	0	0	0	25,875,000
Laboratory Infrastructure	0	0	1,900,000	1,307,244	150,000	0	0	3,357,244
Treatment Sub-total	*19,515,000*	*0*	*13,520,000*	*1,807,244*	*150,000*	*0*	*0*	*34,992,244*
Other Costs								
Strategic Information	1,860,000	0	3,355,000	75,000	0	0	0	5,290,000
Other/policy analysis and system strengthening	5,194,988	0	700,000	538,700	0	933,000	0	7,366,688
Management and Staffing	3,135,000	2,563,855	330,249	225,000	205,000	90,000	0	6,549,104
Other Costs Sub-total	*10,189,988*	*2,563,855*	*4,385,249*	*838,700*	*205,000*	*1,023,000*	*0*	*19,205,792*
AGENCY, FUNDING SOURCE TOTALS	**68,274,792**	**2,913,855**	**24,104,249**	**5,689,244**	**740,000**	**1,023,000**	**0**	**102,745,140**

Total Budget by Agency	
USAID	68,274,792
HHS	27,018,104
DOD	5,689,244
State	740,000
Peace Corps	1,023,000
Labor	0
Total	**102,745,140**

Total GHAI Budget by Agency	
USAID	68,274,792
HHS	24,104,249
DOD	5,689,244
State	740,000
Peace Corps	1,023,000
Labor	0
Total	**99,831,285**

Total Funding by Account	
Base (GAP)	2,913,855
GAC (GHAI)	99,831,285
Total	**102,745,140**

OTHER PEPFAR COUNTRY PROGRAMS

INTRODUCTION

Final allocations to increase budgets for bilateral and regional programs as a result of the Emergency Plan outside of the Focus Countries had not been decided by the February 2005 Congressional Notification. Funding decisions have now been made and this section presents information about the 24 bilateral and five regional programs that are receiving increased resources for HIV/AIDS activities. In FY 2003, before the start of the Emergency Plan, the HIV/AIDS budgets for the five regional and the 24 bilateral programs in the proposal totaled $163,116,770. In FY 2004 we provided an additional $28.6 million to the same five regional and seven of the 24 bilateral programs for a total of $191.7 million. The FY 2005 proposal adds $36.5 million of GHAI funds, $14.3 million of CSH funds, as well as a net total of $ 6,869,564 in ESF, FSA and AEEB funds to the FY 2003 base for a new total of $220.8 million.

Tables 8 and 9 are summary tables which show funding levels among the 24 bilateral and five regional programs that are receiving an increase in funding for HIV/AIDS activities as a result of the Emergency Plan. Countries not receiving a plus up from their FY03 budget baselines are intentionally omitted from Tables 8 and 9 and from the ensuing program descriptions due to space limitations. Table 8 shows the total amount of funding that these countries or regions received from all sources in FY 2003 and FY 2004, as well as the total planned allocations for FY 2005. Table 9 shows planned allocations for FY 2005 in greater detail, by indicating the amount of funding that these countries or regions are receiving, the funding account or type, and its distribution among implementing agencies. Following the tables is a description of how the additional funds will be used in each country or region.

TABLE 8: FY 2003, 2004 & 2005 Funding TOTALS for Other PEPFAR Countries

Countries in this table only reflect those receiving plus-ups and are not an exhaustive list of Other PEPFAR Countries

Countries Covered	2003	2004	2005	Country Total including Regional Funding		
	TOTAL ($)	TOTAL ($)	TOTAL ($)	FY 2003 ($)	FY 2004 ($)	FY 2005 ($)
Angola	**5,047,000**	**6,047,000**	**5,383,000**			
Barbados	**0**	**0**	**250,000**			
Brazil	**8,311,000**	**8,050,000**	**8,750,000**			
Cambodia	**16,025,000**	**16,800,000**	**17,400,000**	**16,575,000**	**16,800,000**	**17,666,444**
Caribbean Regional	**6,800,000**	**7,233,000**	**7,956,500**			
Central American Regional****	**5,180,000**	**6,680,000**	**7,156,000**			
China **	**2,101,000**	**3,000,000**	**3,450,000**	**4,101,000**	**5,000,000**	**7,467,258**
Djibouti	**0**	**0**	**334,000**			
Dominican Republic	**5,300,000**	**5,300,000**	**5,569,500**			
DR Congo	**5,951,000**	**5,579,000**	**7,000,000**			
E&E Regional***	**250,000**	**1,043,000**	**1,011,000**			
Ghana	**7,000,000**	**7,000,000**	**7,300,000**			
Honduras	**4,200,000**	**5,700,000**	**5,908,000**			
India	**16,575,000**	**20,500,000**	**26,600,000**	**16,575,000**	**20,500,000**	**26,649,160**
Indonesia	**9,000,000**	**9,000,000**	**9,700,000**			
Liberia	**0**	**0**	**1,171,000**			
Madagascar	**2,000,000**	**2,000,000**	**2,300,000**			
Malawi	**15,315,000**	**14,436,168**	**14,999,668**			
Morocco	**0**	**0**	**300,000**			
Panama	**0**	**0**	**61,500**			
Russia	**6,744,000**	**10,078,000**	**13,900,000**			
Senegal	**6,611,000**	**6,580,000**	**7,080,000**			
South East Asia Regional	**10,200,000**	**18,600,000**	**14,692,998**			
Regional Programs	*3,950,000*	*11,350,000*	*5,231,086*			
Burma	*1,000,000*	*2,000,000*	*1,000,000*			
Cambodia	*0*	*0*	*266,444*			
China	*2,000,000*	*2,000,000*	*4,017,258*			
India	*0*	*0*	*49,160*			
Laos	*1,000,000*	*1,000,000*	*1,124,537*			
Thailand	*1,500,000*	*1,500,000*	*1,719,854*			
PNG	*750,000*	*750,000*	*1,000,000*			
Vietnam	*0*	*0*	*284,659*			
Southern Africa Regional	**3,150,000**	**7,150,000**	**13,052,000**			
*Lesotho **	*1,750,000*	*3,750,000*	*6,501,000*			
*Swaziland **	*1,400,000*	*3,400,000*	*6,551,000*			
Sudan	**0**	**3,000,000**	**4,000,000**			
Thailand **	**5,709,770**	**5,709,770**	**5,859,770**	**7,209,770**	**7,209,770**	**7,579,624**
Ukraine	**4,017,000**	**5,454,000**	**6,774,000**			
Uzbekistan	**887,000**	**250,000**	**2,340,000**			
Zimbabwe	**16,743,000**	**16,561,398**	**20,561,398**			
TOTAL	**163,116,770**	**191,751,336**	**220,860,334**			

* For USAID and HHS, funded out of Southern Africa Regional.

** For USAID, funded out of South East Regional, covering Burma, China, Laos, PNG, Thailand and regional activities.
For HHS, funded out of Asia Regional, including Cambodia, China, India, Laso, Thailand and Vietnam.

*** For USAID, E&E Regional includes Bosnia, Bulgaria, Croatia, Macedonia, Romania and Serbia.

**** For USAID, Central American Regional includes Belize, Costa Rica, El Salvador, Guatemala, Nicaragua and Panama.
For HHS, it includes Belize, El Salvador, Guatemala, Honduras, Nicaragua and Panama.

TABLE 9: FY 2005 Funding for Other Bilateral Programs, by Agency and Account

Countries in this table only reflect those receiving plus-ups and are not an exhaustive list of Other PEPFAR Countries

Countries Covered	HHS			USAID						P/Corps	DOD	FY 2005
	GHAI	CDC BASE	TOTAL	CSH BASE	CSH Plus Up+	GHAI	ESF	FSA/AEEB	TOTAL	GHAI	GHAI	TOTAL
Angola	500,000	1,547,000	**2,047,000**	2,500,000	136,000	200,000	0	0	**2,836,000**	**0**	**500,000**	**5,383,000**
Barbados	0	0	**0**	0	0	0	0	0	**0**	**0**	**250,000**	**250,000**
Brazil	500,000	2,000,000	**2,500,000**	6,250,000	0	0	0	0	**6,250,000**	**0**	**0**	**8,750,000**
Cambodia	600,000	2,000,000	**2,600,000**	13,800,000	500,000	500,000	0	0	**14,800,000**	**0**	**0**	**17,400,000**
Caribbean Regional	1,700,000	1,500,000	**3,200,000**	3,733,000	962,000	0	0	0	**4,695,000**	**61,500**	**0**	**7,956,500**
Central American Reg ****	1,000,000	250,000	**1,250,000**	4,950,000	456,000	500,000	0	0	**5,906,000**	**0**	**0**	**7,156,000**
Regional/Scale Up	0	0	**0**	*1,157,000*	*74,500*	*151,358*	0	0	***1,382,858***	**0**	**0**	**1,382,858**
Belize	0	0	**0**	*154,000*	*26,500*	*106,857*	0	0	***287,357***	**0**	**0**	**287,357**
Costa Rica	0	0	**0**	*141,000*	*13,000*	*3,357*	0	0	***157,357***	**0**	**0**	**157,357**
El Salvador	0	0	**0**	*856,000*	*84,000*	*53,981*	0	0	***993,981***	**0**	**0**	**993,981**
Guatemala	0	0	**0**	*1,332,000*	*79,500*	*68,863*	0	0	***1,480,363***	**0**	**0**	**1,480,363**
Nicaragua	0	0	**0**	*720,000*	*96,500*	*63,055*	0	0	***879,555***	**0**	**0**	**879,555**
Panama	0	0	**0**	*590,000*	*82,000*	*52,529*	0	0	***724,529***	**0**	**0**	**724,529**
China **	450,000	3,000,000	**3,450,000**	0	0	0	0	0	**0**	**0**	**0**	**3,450,000**
Djibouti	0	0	**0**	0	0	0	84,000	0	**84,000**	**0**	**250,000**	**334,000**
Dominican Republic	0	0	**0**	5,258,000	0	0	0	0	**5,258,000**	**61,500**	**250,000**	**5,569,500**
DR Congo	1,200,000	1,800,000	**3,000,000**	4,000,000	0	0	0	0	**4,000,000**	**0**	**0**	**7,000,000**
E&E Regional ***	0	0	**0**	250,000	0	300,000	0	461,000	**1,011,000**	**0**	**0**	**1,011,000**
Ghana	0	0	**0**	7,000,000	0	0	0	0	**7,000,000**	**0**	**300,000**	**7,300,000**
Honduras	0	0	**0**	4,200,000	958,000	500,000	0	0	**5,658,000**	**0**	**250,000**	**5,908,000**
India	2,600,000	3,000,000	**5,600,000**	13,500,000	2,600,000	4,400,000	0	0	**20,500,000**	**0**	**500,000**	**26,600,000**
Indonesia	0	0	**0**	9,000,000	400,000	0	0	0	**9,400,000**	**0**	**300,000**	**9,700,000**
Liberia	0	0	**0**	0	471,000	700,000	0	0	**1,171,000**	**0**	**0**	**1,171,000**
Madagascar	0	0	**0**	2,000,000	0	300,000	0	0	**2,300,000**	**0**	**0**	**2,300,000**
Malawi	1,000,000	2,436,168	**3,436,168**	11,500,000	0	0	0	0	**11,500,000**	**63,500**	**0**	**14,999,668**
Morocco	0	0	**0**	0	0	0	0	0	**0**	**50,000**	**250,000**	**300,000**
Panama	0	0	**0**	0	0	0	0	0	**0**	**61,500**	**0**	**61,500**
Russia	0	0	**0**	3,000,000	0	0	0	10,900,000	**13,900,000**	**0**		**13,900,000**
Senegal	0	580,000	**580,000**	6,000,000	0	0	0	0	**6,000,000**	**0**	**500,000**	**7,080,000**
South East Asia Regional	550,000	999,998	**1,549,998**	9,200,000	3,943,000	0	0	0	**13,143,000**	**0**	**0**	**14,692,998**
Regional Programs	*21,000*	*367,086*	***388,086***	*2,950,000*	*1,893,000*	*0*	*0*	*0*	***4,843,000***	***0***	***0***	**5,231,086**
Burma	*0*	*0*	***0***	*1,000,000*	*0*	*0*	*0*	*0*	***1,000,000***	***0***	***0***	**1,000,000**
Cambodia	*76,000*	*190,444*	***266,444***	*0*	*0*	*0*	*0*	*0*	**0**	**0**	**0**	**266,444**
China	*136,000*	*81,258*	***217,258***	*2,000,000*	*1,800,000*	*0*	*0*	*0*	**3,800,000**	**0**	**0**	**4,017,258**
India	*33,000*	*16,160*	***49,160***		*0*	*0*	*0*	*0*	**0**	**0**	**0**	**49,160**
Laos	*78,000*	*46,537*	***124,537***	*1,000,000*	*0*	*0*	*0*	*0*	**1,000,000**	**0**	**0**	**1,124,537**
Thailand	*65,000*	*154,854*	***219,854***	*1,500,000*		*0*	*0*	*0*	**1,500,000**	**0**	**0**	**1,719,854**
PNG	*0*	*0*	***0***	*750,000*	*250,000*	*0*	*0*	*0*	**1,000,000**	**0**	**0**	**1,000,000**
Vietnam	*141,000*	*143,659*	***284,659***	*0*	*0*	*0*	*0*	*0*	**0**	**0**	**0**	**284,659**
Southern Africa Regional	2,800,000	350,000	**3,150,000**	2,800,000	2,000,000	5,000,000	0	0	**9,800,000**	**102,000**	**0**	**13,052,000**
*Lesotho **	*1,400,000*	*150,000*	***1,550,000***	*1,600,000*	*1,000,000*	*2,300,000*	*0*	*0*	***4,900,000***	***51,000***	***0***	**6,501,000**
*Swaziland **	*1,400,000*	*200,000*	***1,600,000***	*1,200,000*	*1,000,000*	*2,700,000*	*0*	*0*	***4,900,000***	***51,000***	***0***	**6,551,000**
Sudan	1,000,000	0	**1,000,000**	0	1,500,000	1,500,000	0	0	**3,000,000**	**0**	**0**	**4,000,000**
Thailand **	0	5,709,770	**5,709,770**	0	0	0	0	0	**0**	**150,000**	**0**	**5,859,770**
Ukraine	0	0	**0**	1,750,000	448,000	500,000	0	1,526,000	**4,224,000**	**50,000**	**0**	**4,274,000**
Uzbekistan	0	0	**0**	0	0	0	0	2,090,000	**2,090,000**	**0**	**250,000**	**2,340,000**
Zimbabwe	2,400,000	6,661,398	**9,061,398**	9,900,000	0	1,600,000	0	0	**11,500,000**	**0**	**0**	**20,561,398**
TOTAL	**16,300,000**	**31,834,334**	**48,134,334**	**120,591,000**	**14,374,000**	**16,000,000**	**84,000**	**14,977,000**	**166,026,000**	**600,000**	**3,600,000**	**218,360,334**

+' Increased USAID CSH funding for HIV/AIDS

* For USAID, funded out of Southern Africa Regional.

** For USAID, funded out of South East Asia Regional which covers Burma, China, Laos, Thailand, Papua New Guinea, and regional activities. For HHS, includes Cambodia, China, India, Thailand, Vietnam, and Laos.

*** For USAID, includes Bosnia, Bulgaria, Croatia, Macedonia, Romania, and Serbia.

SUMMARY PROGRAM DESCRIPTIONS

The funding amounts specified in the following program descriptions refer only to the amount of plus ups and are not necessarily the entire funding level for a given country. Furthermore, generally only GHAI or CSH plus ups are listed, as these represent allocations formally reported upon as part of the Emergency Plan. In two instances, Russia and Ukraine, FSA plus ups are specified due to the size of the plus ups and the high visibility of these programs.

Angola:
USAID (GHAI $200,000, CSH Plus Up $136,000): Continue focusing on high risk groups by expanding VCT centers in areas with high risk populations and documented high levels of HIV/AIDS prevalence, strengthen outreach activities around VCT centers in order to reach the surrounding civilian population, and with additional resources carry out a pilot project on PMTCT.
HHS (GHAI $500,000): Provide technical assistance for surveillance, laboratory and HIV counseling and testing activities to the Ministry of Health and NGOs, and repeat the antenatal sentinel surveillance in Angola.
DOD (GHAI $500,000): Support the previously existing program with the Angolan Armed Forces (FAA), including a comprehensive program of mass education, peer counseling, counseling and testing centers, STD treatment, and procurement, installation and training of FAA personnel in HIV screening and diagnostic laboratory equipment, and develop comprehensive monitoring and evaluation programs in partnership with the FAA.

Barbados:
DOD (GHAI $250,000): Assist in the development of a comprehensive HIV/AIDS prevention program and HIV/AIDS policies, including a needs assessment focusing on the qualification of trainers, development of educational materials, the marketing/material development of a mass awareness/advocacy campaign, training of peer educators and VCT counselors, and provision of equipment.

Brazil:
HHS (GHAI $500,000): Assist the Brazilian National AIDS Program (NAP) to scale up a new HIV diagnostic laboratory system using rapid HIV tests in all five regions, including assistance to: develop and refine national protocols for the use of rapid testing and counseling (RT & C) in Brazil; develop a M&E system for scaling up RT & C; and, strengthen the infrastructure and capacity for standardized training, logistics system and surveillance in prevention programs. In addition, enhance the Public Health Laboratory Surveillance Network capacity, in order to monitor HIV drug resistance and establish quality assurance protocols, and support South-to-South collaboration to strengthen and coordinate technical assistance for Angola in the areas of building laboratory infrastructure and capacity, HIV counseling and testing, blood safety and monitoring and evaluation.

Cambodia:
USAID (GHAI $500,000, CSH Plus Up $500,000): Support the expansion of the continuum of care and treatment services, including antiretroviral therapy (ART) and the treatment of opportunistic infections (OI) for PLWHA.

HHS (GHAI $600,000): Provide support for training, renovation, equipment and test kits to expand HIV testing to 30 additional sites; and establish blood centers in five rural provinces that do not have blood banks, support technical staff and the development of M&E training programs within the provinces, support implementation of PMTCT in seventeen sites and expansion of drug abuse surveillance activities in two cities – Sihanoukville and Battambang.

Caribbean Regional Program:

USAID (GHAI $0, CSH Plus Up $962,000): Reduce transmission and impact of HIV/AIDS in select countries through community-based and national scale prevention efforts focused primarily on most-at-risk populations within each island nation, including referral mechanisms to prevention, care, treatment and support services. Prevention and treatment services will include increasing the number of trained counselors providing counseling and testing services, training clinical health care providers in the PMTCT services, and the care and treatment of HIV-infected patients, including the use of antiretroviral medications. If funding allows, provide focused technical assistance at a sub-regional and national level to ensure logistics and delivery systems are functioning to facilitate availability of adequate supply of drugs (particularly antiretrovirals and drugs for opportunistic infections) and health commodities and supplies (particularly HIV test kits).

HHS (GHAI $1,700,000): Support the Caribbean Epidemiology Center surveillance and epidemiology programs, enhance laboratory capacity to support HIV care and treatment through consultations and training to implement HIV rapid testing, CD4 cell counting, viral load testing, surveillance for HIV resistance, quality control activities for the diagnosis of TB, and support the coordination of M&E and HIV counseling and testing activities in the region. A significant portion of this funding will provide targeted technical assistance (TA) to two Global Fund HIV/AIDS grants in the region (CARICOM and OECS). This one-time funding for TA will serve to improve the performance of the Global Fund grants. Because of the interdependence between the Emergency Plan and Global Fund programs, this targeted TA will also significantly improve the effectiveness and efficiency of the Emergency Plan programs in the region.

Peace Corps (GHAI $61,500): Respond to the critical needs of youth and their communities through skills training, health education, counseling, literacy, organization and youth development, work with the National AIDS Program of the Ministries of Health and NGOs with HIV/AIDS, working with D.I.R.E.C.T. (Delivering Immediate Relief, Education, Care and Treatment), a U.K.-based international organization that is working to facilitate access to treatment, care and support services for PLWHA in developing countries; continue to conduct HIV/AIDS in the workplace seminars with women on the industrial sites; assist with the promotion of VCT for young persons and other vulnerable groups; assist in strengthening groups of PLWHA; assist in bringing together all organizations that are involved in HIV/AIDS education in an attempt to strengthen collaboration among the various actors; and seek ways to engage youth in healthy lifestyle activities via the use of sports.

Central American Regional:

USAID (GHAI $500,000, CSH Plus Up $456,000): Strengthen prevention programs to focus on interpersonal behavior change, building upon lessons learned in working with vulnerable groups to improve interpersonal behavior change approaches and develop new ones, integrate the prevention program with policy reform interventions and human rights and stigma reduction activities, improve the comprehensive care and support provided to PLWHA in the region,

support community-based prevention programs, and provide complementary assistance to strengthening implementation of Global Fund activities in the region. Because of the interdependence between the Emergency Plan and Global Fund programs, this targeted TA will also significantly improve the effectiveness and efficiency of the Emergency Plan programs in the region.
HHS (GHAI $1,000,000): Support operations to the regional program and a bilateral support program in Honduras, support the National AIDS Program in Belize and the development of antiretroviral treatment surveillance programs in two to three countries in the region.

China:
HHS (GHAI $450,000): Support development of a comprehensive prevention program in three to four additional provinces in 2005 and planning for ten additional provinces, including the development of a provincial AIDS sentinel surveillance network with case-finding capacity and support for project management of all AIDS programs; and support the development of care and treatment operations in rural settings.

Djibouti:
DOD (GHAI $250,000): Expand surveillance capabilities in conjunction with the Djiboutian military, train laboratory workers and other health care workers, establish infection control programs in the major hospitals and clinics and renovate and equip laboratory facilities.

Dominican Republic:
Peace Corps (GHAI $61,500): Continue working in communities in the area of prevention education, using the training/resource HIV/AIDS manual they developed with PCVs in Haiti, engage the youth population in HIV/AIDS issues by establishing sustainable peer education groups, carry out three more regional conferences for purposes of training peer educators and forming networks between these youth educators, and follow up with shorter workshops during which peer educator groups share their work experiences, and increase and improve PCV efforts to create linkages between youth peer educators and dependable health care providers that are or can be sensitive to adolescent needs.
DOD (GHAI $250,000): Engage with the military to train military physicians in HIV prevention, care and treatment; develop HIV testing policies for active duty military personnel and their beneficiaries; establish policies to care for and treat HIV-positive service members, establish an HIV staging clinic, conduct patient education, psychological and social support and expand laboratory capabilities.

DR Congo:
HHS (GHAI $1,200,000): Provide technical assistance to support family-centered PMTCT services and the development of a uniform monitoring and evaluation system for all HIV/TB activities, and provide assistance to expand laboratory support for increasing PMTCT, treatment and blood safety services outside of Kinshasa.

E&E Regional (Bosnia, Bulgaria, Croatia, Macedonia, Romania and Serbia):
USAID (GHAI $300,000, CSH Plus Up $0): USAID primarily funds prevention interventions and care and treatment. Regional funding is especially important in South Eastern Europe where USAID will phase out in the next few years and where we must invest to leave a legacy of

sustainable NGO institutions, viable Global Fund programs, and rational, coherent government policies. Additional U.S. funding will be used to: (1) develop a module within the Generic PMTCT Curriculum that would address specific issues related to intravenous drug use and addiction; (2) translate and adapt training materials for comprehensive palliative care; (3) develop a basic curricula and related training materials on infectious diseases, especially TB and HIV/AIDS, for use in medical and nursing schools through the NIS; and (4) translate and adapt curricula and training materials to address TB co-infection.

Ghana:
DOD (GHAI $300,000): Fund the establishment of seven new HIV/STD counseling and testing facilities to provide national military HIV diagnostic services, support training of laboratory personnel, support ARV delivery to soldiers and families and expand clinical care facilities.

Honduras:
USAID (GHAI $500,000, CSH Plus Up $958,000): Fund prevention and care programs for high risk groups, private sector provision of condoms, mass media education programs, as well as HIV prevalence and behavior monitoring activities with an emphasis on high risk groups. In addition, a portion of this funding will be utilized to provide targeted technical assistance (TA) to the Global Fund HIV/AIDS grant. This one-time funding for TA will serve to help develop the new proposal Honduras is required to submit as a result of tentative approval by the Global Fund Board of the grant's extension into its second phase and to improve the performance of the Global Fund grant. Because of the interdependence between the Emergency Plan and Global Fund programs, this targeted TA will also significantly improve the effectiveness and efficiency of the Emergency Plan programs in the country.
DOD (GHAI $250,000): Establish relations with the Honduran military to train military physicians in the care of HIV patients, expand laboratory facilities, conduct mass awareness and peer to peer education efforts, as well as establishing HIV/STD counseling and testing facilities.

India:
USAID (GHAI $4,400,000, CSH Plus Up $2,600,000): Support the expansion of critically needed community-based care and treatment services in the States of Maharashtra and Tamil Nadu.
HHS (GHAI $2,600,000): Expand support to strengthen the capacity to care for PLWHA and to prevent new HIV infections, evaluate the functionality of existing patient information systems in the government sector and expand these systems in Andhra Pradesh and Tamil Nadu to include key data on patients who are on antiretroviral treatment under the Government of India's treatment program, and help develop standards for HIV diagnostic testing and accreditation of laboratories.
DOD (GHAI $500,000): Support continued relations with the Indian Armed Forces in the following areas: HIV counseling and testing, peer education, mass awareness and laboratory technician training. With expanded resources, conduct seroprevalence surveys, behavioral intervention surveys, expanded access to STD treatment, enhanced infection control programs and assist the Indian Armed Forces in development of comprehensive HIV policies and strategies for its service members.

Indonesia:
USAID (GHAI $0, CSH Plus Up $400,000): Support the expansion of HIV prevention intervention coverage for vulnerable populations and care and treatment services for PLWHA.
DOD (GHAI $300,000): Partner with the Indonesian military to initiate and monitor the effectiveness of peer-to-peer education efforts, mass awareness campaigns, health care worker training, expansion of laboratory services and renovation of extant clinical facilities.

Liberia:
USAID (GHAI $700,000, CSH Plus Up $471,000): Focus on prevention, including partner reduction and consistent use of condoms for high risk groups (including the military, ex-combatants, sex workers and youth) as part of a comprehensive ABC program as well as support for VCT and support for community-based care for PLWHA including palliative care.

Madagascar:
USAID (GHAI $300,000, CSH Plus Up $0): Expand and deepen prevention and care programs through greater involvement of faith-based organizations, and increase the engagement of local NGOs and associations; and strengthen capacity and to carry out appropriate, high quality prevention and care programs and provide referrals to treatment for PLWHA, including antiretroviral therapy.

Malawi:
HHS (GHAI $1,000,000): Support a national center for training counselors in order to expand quality CT services and for the development of a training program for HIV care and treatment, purchase lab equipment and supplies for the National Reference Laboratory, and continue to increase capacity to improve strategic information.
Peace Corps (GHAI $63,500): Expand Volunteer activities in promotion and outreach of Prevention and Care services such as PMTCT and VCT; and Volunteer Activity Support and Training activities designed to build the capacity of CBOs, NGOs and FBOs to deliver services to high risk populations.

Morocco:
Peace Corps (GHAI $50,000): Support dissemination of HIV/AIDS information, especially in rural areas, continue collaborating with the Ministry of Health, the Youth Secretariat, and Moroccan NGOs, and create a Peace Corps HIV/AIDS Communication Action Committee (CAC) to assist in planning and implementing HIV/AIDS activities.
DOD (GHAI $250,000): Establish a partnership with the Moroccan military to start peer-to-peer education, mass awareness in a culturally appropriate context, train military physicians and support infection control efforts.

Panama:
Peace Corps (GHAI $61,500): Continue training events and seminars that focus on women and youth, including sessions on life skills, HIV/AIDS education and prevention, peer education and training of trainers, and extend the effectiveness of the training by providing support in the field for the recently trained trainers in implementing preventative HIV/AIDS health talks in their communities.

Russia:
USAID (CSH Plus Up $0, FSA $10,900,000): Support the public policy arena and support and care for PLWHA, particularly orphans, expand the AIDS Orphans program to launch broad-based foster care and a larger NGO partnership program to test models of treatment care and support for AIDS orphans, and with additional U.S. funding advance the public policy, regulatory and legislative agenda and provide organizational support to the new National PLWHA Coalition.

Senegal:
DOD (GHAI $500,000): Develop comprehensive infection control programs with the Senegalese military, as well as expand HIV/STD testing services, develop infrastructure to facilitate ARV services for the military, and work with the Senegalese military to collect strategic information regarding HIV and monitoring and evaluation metrics.

South East Asia Regional:
USAID-China, Laos, Thailand and Papua New Guinea (GHAI $0, CSH Plus Up $3,943,000): USAID funds prevention interventions to most-at-risk populations, support services for PLWHA, behavioral surveillance activities, operations research and policy and advocacy. With additional funds, support the expansion of coverage of prevention and care services for PLWHA; and HIV/TB integration and monitoring and prevention of ART resistance.
HHS-Cambodia, China, India, Laos, Thailand and Vietnam (GHAI $550,000): Provide technical assistance in and launch ARV resistance surveillance programs, support the development of MSM prevention programming, and develop a pilot comprehensive cross-border treatment and prevention program that includes HIV counseling and testing, HIV testing of TB patients and linkage of TB patients with HIV care.

Southern Africa Regional:
Lesotho: *USAID (GHAI $2,300,000, CSH Plus Up $1,000,000):* Support integrated project models with the potential to be taken to scale by other donors and to inform policy at the national level, and carry out prevention with linkages to expanded CT access (including family-based models), PMTCT, OVC with links to palliative care and treatment scale-up including pediatric care and treatment. Also, develop national Behavior Change Communications strategies in both countries and umbrella grants to FBOs and CBOs for implementation; partner reduction and fidelity for adults; delay for youth; reach and include men; and links to care and treatment with an emphasis on mobilizing local leaders and groups. Lastly, provide Care and Treatment Scale-up, including a second senior epidemiologist to MOHSW for SI, M and E and treatment support; conduct lab assessment; conduct assessment of HBC; technical support for palliative care and OVC scale-up; and workforce and training capacity assessment.
HHS (GHAI $1,400,000): Assist to expand their clinical and laboratory capacity and to promote wellness programs, HIV counseling and testing, treatment of opportunistic infections and provision of antiretrovirals. Provide technical assistance to address the urgent need to empower women and reduce sexual violence.
Peace Corps (GHAI $51,000): Technical training to strengthen services for OVC and expand community-based palliative care and prevention activities; and support and training for capacity building of CBO, NGO and FBO service providers to develop appropriate AIDS prevention, care and support educational materials.

Swaziland: *USAID (GHAI $2,700,000, CSH Plus Up $1,000,000):* Support integrated project models with the potential to be taken to scale by other donors and to inform policy at the national level, and carry out prevention with linkages to expanded CT access (including family-based models), PMTCT, OVC with links to palliative care and treatment scale-up including pediatric care and treatment. Also, develop national Behavior Change Communications strategies in both countries and umbrella grants to FBOs and CBOs for implementation; partner reduction and fidelity for adults; delay for youth; reach and include men; and links to care and treatment with an emphasis on mobilizing local leaders and groups. Lastly, provide Care and Treatment Scale-up, including a second senior epidemiologist to MOHSW for SI, M and E and treatment support; conduct lab assessment; conduct assessment of HBC; technical support for palliative care and OVC scale-up; and workforce and training capacity assessment.
HHS (GHAI $1,400,000): Assist countries to expand their clinical and laboratory capacity, and to promote wellness programs, HIV counseling and testing, treatment of opportunistic infections and provision of antiretrovirals. Provide support to implement model youth focused prevention efforts that reach remote areas and improve PMTCT and treatment services in rural settings.
Peace Corps (GHAI $51,000): Support and training for capacity building of CBO, NGO and FBO service providers; scholarships and training for OVC, especially girls; and technical training for volunteers and host country counterparts in community-based palliative care.

Sudan:
USAID (GHAI $1,500,000, CSH Plus Up $1,500,000): Build institutional strengthening and national capacities through the CDC Interagency Agreement, focus service delivery exclusively on prevention through targeted BCC (REDSO Safe-T-Stop program and others).
HHS (GHAI $1,000,000): Continue to support HIV counseling and testing services, laboratory services, care and treatment, PMTCT, and the preparation and dissemination of blood and injection safety guidelines.

Thailand:
Peace Corps (GHAI $150,000): Expand training resource materials, disseminate information to PCVs, assist staff with training sessions, focus on increasing networking opportunities with international and local organizations to gather information and resources and to discover established activities in which Volunteers and their partners might be able to get involved in their communities. In addition, support PLWHA groups to learn, develop or improve income-generating projects, provide outreach and care for orphans and children of parents infected with HIV, assist with home visits and programs for long-term care planning for the children, and collaborate with local NGOs and public health stations to provide HIV/AIDS education for students in secondary schools based on curricula provided by the Ministry of Public Health and/or local NGOs.

Ukraine:
USAID (GHAI $500,000, CSH Plus Up $448,000, FSA Plus Up $2,500,000): Advance anti-stigma and discrimination activities; ramp up HIV prevention interventions especially PMTCT services; and address poor quality treatment and care especially among HIV-affected children.
Peace Corps (GHAI $50,000): Continue to collaborate with Ukrainian and international donor organizations working on HIV/AIDS education and prevention programs, continues to assist the Ministry of Education of Ukraine in identifying Ukrainian and/or Russian language HIV/AIDS

educational materials that the Ministry of Education might be able to incorporate into their Secondary School Education Program; and initiate a Youth Development project which will incorporate HIV/AIDS education in the goals of the sector.

Uzbekistan:
DOD (GHAI $250,000): Support a comprehensive HIV/STD prevalence survey in Samarkand and Tashkent, as well as expand efforts to reduce HIV infection in the injection drug-using population; partner with the Uzbek military in performing knowledge, attitude and practice surveys; as well as expanding laboratory facilities, training health care workers at all levels, improving infection control.

Zimbabwe:
USAID (GHAI $1,600,000, CSH Plus Up $0): Expand the recently initiated PMTCT program, focusing on increasing the uptake for ARV therapy among pregnant women and explore a routine testing policy for counseling and testing pregnant women; expand the ARV program in continued collaboration with the CDC, by funding ART for additional patients and providing training in ART provision and management for health workers; provide additional support to eleven NGOs in building community capacity to identify and care for Zimbabwe's rapidly expanding OVC population with education assistance, psychosocial support and income-generating and food security activities; and provide additional resources to FBOs to increase their capacity to provide leadership and reduce the stigma surrounding AIDS.
HHS (GHAI $2,400,000): Support operational evaluation and improvement of prevention programs, an increase in the number of primary care counselors, private sector ARV training, laboratory services, public and private sector partnerships, the implementation of a national monitoring and evaluation system, and the expansion of HIV counseling and testing. Also support the development of a model child health follow-up, an integrated system of PMTCT follow-up with existing vaccination system and the development of an electronic health record/clinical OI/ARV monitoring system.

CENTRAL PROGRAMS

1) Introduction
2) Table 10: FY 2005 Budget for Central Programs – by Agency Implementing Activity
3) Summary Program Descriptions

INTRODUCTION

This section summarizes funding provided for central programs to support activities in the Focus Countries (Table 10), and provides individual narrative descriptions for the central programs. Central programs are financed by GHAI and FY 2004 PMTCT funds.

The antiretroviral therapy, safe medical injections, safe blood supply, abstinence/faithfulness and OVC programs are ongoing programs receiving their second year of funding. Supply chain management is a contract that is being competitively procured in 2005. Quality assurance (for pharmaceuticals) and Twinning (linking US- and Focus Country institutions) programs were announced in FY 2004 but were just getting underway in early 2005. Technical Leadership and Support and New Partners Initiative are new activities for FY 2005.

The amount of funding for central programs increased by $47,442,000 as compared to the amount notified in February 2005. This includes just over $2 million for the Technical Leadership and Support program and $45 million for the New Partners Initiative. A program description is added for the New Partners Initiative.

Table 10

FY 2005 BUDGET FOR CENTRAL PROGRAMS
By Agency Implementing Activity
($, thousands)

Activity	USAID Allocated	HHS Allocated	STATE Allocated	TOTAL Allocated
Abstinence/Faithfulness *	10,500			**10,500**
Anti-Retroviral Therapy **	-	94,100		**94,100**
New Partners Initiative	45,000			**45,000**
Orphans and Vulnerable Children *	9,750			**9,750**
Quality Assurance **	-	3,700		**3,700**
Safe Blood Supply **		50,000		**50,000**
Safe-Injections **	15,395	14,805		**30,200**
Supply Chain Management **	15,000			**15,000**
Techical Leadership and Support***	4,000	9,233	3,442	**16,675**
Twinning **		4,000		**4,000**
TOTAL	**99,645**	**175,838**	**3,442**	**278,925**

* Previously notified to Congress on 12/13/04.

** Previously notified to Congress on 2/16/05. ART includes $23,019,000 in FY04 PTMCT funds

*** HHS includes $2,233,000 of FY 2004 PMTCT funds.

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Abstinence and Be Faithful

Budget: FY 2005 GHAI: $10,500,000

Implementing Mechanism: USAID Grants to FBOs and U.S.- and non-U.S. NGOs

USAID grants with Nongovernmental Organizations (NGOs) and Faith-Based Organizations (FBOs) include: Catholic Relief Services, Food for the Hungry, Fresh Ministries, Hope Worldwide, International Youth Federation, PATH and Salesian Missions. Two additional agreements with other partners are under negotiation as well.

Contact Person(s): Dr. Victor Barbiero (USAID/GH/OHA)

Program Description:

This program provides central support for several multicountry grants to NGOs, including faith-based groups, to: (a) expand programming to delay sexual activity and increase "secondary abstinence" among young people; and (b) to promote safer behavior, especially mutual fidelity and partner reduction, among both youth and the general population. Specific activities include:

- Providing skills-based HIV education for young people;
- Stimulating broad social discourse on safer behaviors;
- Strengthening the role of parents;
- Promoting initiatives to address sexual coercion; and
- Targeting early intervention with at-risk youth.

These interventions complement other prevention, care and treatment activities. Efforts include the expansion of culturally appropriate prevention programming for young people, emphasizing "Abstinence" and "Be Faithful" messages, in order to achieve more balanced national prevention programs. In FY 2004, USAID grantees selected through a competitive bidding process provided services in six of the fifteen Focus Countries: Guyana, Kenya, Mozambique, Rwanda, Tanzania and Haiti. The USAID grantees are partnering with a number of local organizations, including: The Tanzanian; Anglican Church of Kenya (ACK) Western Diocese; Kenya Students Christian Fellowship (KSCF); Guyana Red Cross Societies; and Fellowship of Christian Unions (FOCUS).

FY 2005 Program:

The FY 2005 funding will continue to provide central support for several multicountry grants to NGOs and FBOs to scale up the Emergency Plan's ongoing youth-oriented AIDS prevention strategies. Additional funds are needed to continue second-year funding for two FY 2004 Abstinence and Be Faithful grants, and to start several FY 2005 grants, which will expand services to fourteen of the fifteen Focus Countries. The FY 2005 funding will be used to finance and expand the promotion of primary and secondary abstinence before

marriage, faithfulness in marriage and monogamous relationships (AB) and avoidance of unhealthy sexual behaviors among youth.

By March 31, 2006, these grants are projected to reach over three million youth aged 10-24 years old with abstinence and be faithful messages in fourteen Focus Countries, contributing to the Emergency Plan's goal to prevent seven million new infections.

Time Frame: FY 2004 – FY 2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Antiretroviral Therapy (ART)

Budget:		
	FY 2005 GHAI:	$71,081,000
	FY 2004 PMTCT:	$23,019,000
	Total:	$94,100,000

Implementing Mechanism: HHS Cooperative Agreements with Nongovernmental Organizations (NGOs) include: Catholic Relief Services, Columbia University, Elizabeth Glaser Pediatric AIDS Foundation and Harvard University.

Contact Person(s): Tedd Ellerbrock (HHS/CDC/GAP) and Thurma Goldman (HHS/HRSA/HAB)

Program Description:

FY 2004 Emergency Plan funds provided central support to four U.S. organizations working in twelve of the fifteen Emergency Plan Focus Countries. The Department of Health and Human Services (HHS) awarded grants, which were selected based on a competitive bid, to the Mailman School of Public Health of Columbia University, the Elizabeth Glaser Pediatric AIDS Foundation, Harvard University School of Public Health and AIDSRelief (formerly, the Catholic Relief Services Consortium). These grantees have sub-contracted with local in-country organizations, such as: Ministries of Health; faith-based hospitals in nine countries; Muhimbili National Hospital, Tanzania; Moi Teaching and Referral Hospital, Kenya; University of Transkei, South Africa; and Lusaka Health District, Lusaka, Zambia.

The grant recipients are engaged in providing: (a) clinical HIV care, including ART; (b) drug and health commodities management, (c) lab services for diagnosing HIV infection and opportunistic infections (OI); (d) training of health care workers, (e) community mobilization and (f) monitoring and evaluation. Areas of focus include:

- Providing comprehensive HIV care, including ART and diagnosing and treating TB and other HIV-related opportunistic infections (OI);
- Selecting and procuring the appropriate ART drugs in accordance with U.S. and local Government policies;
- Ensuring the availability and appropriate use of laboratory capabilities for diagnosing HIV infection and OI; and,
- Providing training to increase capacity of local staff and encourage local ownership.

As of February 2005, grantees are expected to have started at least 46,000 patients on ART at approximately 150 medical facilities in twelve countries through this program.

FY 2005 Program:

HHS will use FY 2005 funding to provide HIV care and treatment for those enrolled in the program as of February 2005. Funding for scientific and technical advice, assistance and monitoring for this program, as well as management and administrative costs associated with the program are reflected in the headquarters and technical assistance description.

This program will contribute to the Emergency Plan's goals to treat two million people and to provide care for ten million people.

Time Frame: FY 2004-FY 2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Blood Transfusion Safety

Budget: FY 2005 GHAI: $50,000,000

Implementing Mechanism: HHS/CDC Cooperative Agreements with National Blood Transfusion Services or Ministries of Health in fourteen Focus Countries (Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zambia) and with five technical assistance organizations (American Association of Blood Banks; Sanquin Blood Consulting; Safe Blood for Africa; Social and Scientific Systems, Inc.; and the World Health Organization).

Contact Person(s): Kenneth Clark (HHS/CDC/GAP)

Program Description:

FY 2004 Emergency Plan funds provided central support for Focus Countries to develop nationally-directed, regionalized blood systems that address all the processes of a well-functioning system of blood supply, including blood-donor screening and testing; blood collection, preparation and storage; blood-product transportation and distribution; appropriate transfusion practice and blood utilization; physician and blood-banking technologist training; and quality assurance, monitoring and evaluation.

The process for funding the Focus Countries began in FY 2004. Each of the countries, as part of the initial funding application process, included an assessment of its needs in each of the six program objective areas: 1) infrastructure, 2) donor recruitment and blood collection, 3) testing, 4) transfusion practice and blood utilization, 5) training and 6) monitoring and evaluation. Each country submitted background information to HHS/CDC on its current transfusion system, and has developed a comprehensive plan that addresses these six objectives. The plans have been individualized for each country. However, emphasis in the first year was generally on infrastructure development (buildings, testing equipment) and on the completeness of blood supplies testing for HIV and hepatitis.

Because National Blood Transfusion Services or Ministries of Health need technical assistance, the Emergency Plan supports expert blood safety organizations to provide guidance, advice and training. An expert organization is paired with each country's National Blood Transfusion Service to provide the needed guidance and technical assistance. The technical assistance organizations helped advise the Ministries of Health on building renovation, equipment selection and testing strategies in FY 2004.

FY 2005 Program:

Through the coordinated efforts of the National Blood Transfusion Services in the Focus Countries and the assistance of the expert blood-transfusion organizations, each of the Focus Countries will continue work to develop an organized, high-quality blood transfusion

system that will produce an adequate supply of safe blood. The emphasis for FY 2005 activities will be further infrastructure development, complete blood supply testing for HIV and hepatitis and development of blood donor recruitment networks. The technical assistance organizations will continue to offer guidance and training in these areas.

This program will contribute to the Emergency Plan's goal to prevent seven million new infections.

Time Frame: FY 2004-FY 2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Orphans and Vulnerable Children Affected by HIV/AIDS

Budget: FY 2005 GHAI: $ 9,750,000

Implementing Mechanism: USAID Cooperative Agreements to NGOs and FBOs

USAID cooperative agreements with Nongovernmental Organizations (NGOs) and Faith-based Organizations (FBOs) include: Africare, AVSI, CARE, Catholic Relief Services, Christian Aid, Christian Children's Fund, Hope Worldwide South Africa, Opportunity International, Plan USA-HACI, Project Concern International, Project HOPE, Salvation Army, Save the Children and World Concern. One additional agreement with an additional partner is still in negotiation.

Contact Person(s): Dr. Victor Barbiero (USAID/GH/OHA)

Program Description:

This Emergency Plan-funded Annual Program Statement (APS) continues to target programs that work in multiple countries to increase care and support to OVC affected by HIV. The objectives of the programs supported through this APS are to provide comprehensive and compassionate care to improve the quality of life for OVC; and to strengthen and improve the quality of OVC programs through the implementation, evaluation and replication of best practices in the area of OVC programming. The projects funded under this Annual Program Statement support one or more of the following strategic approaches:

- Strengthening the capacity of families to cope with their problems;
- Mobilizing and strengthening community-based responses;
- Increasing the capacity of children and young people to meet their own needs;
- Ensuring governments develop appropriate policies, including legal and programmatic frameworks, as well as essential services for the most vulnerable children;
- Raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS;
- Developing, evaluating, disseminating and applying best practices;
- Creating strong partnerships with local in-country organizations; and
- Forming public-private alliances.

Based on a competitive bid, USAID grantees are providing services in the following Focus Countries: Botswana, Cote D'Ivoire, Ethiopia, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zambia.

FY 2005 Program:

Through FY 2005 funding, NGOs and FBOs are collaborating with locally-based organizations to scale up activities and programs that:

1) Support OVC in the areas of microfinance programs for caregivers of OVC;
2) Increase capacity of children and youth to meet their own needs;
3) Strengthen the capacity of local organizations to provide care for OVC;
4) Work toward reducing the stigma and discrimination of OVC and their caregivers; and
5) Increase OVC access to essential programs and services, specifically in education, psychosocial support, health and livelihood training.

This program will contribute to the Emergency Plan's goal of providing care and support for ten million people. At least 262,160 OVC will be reached in FY 2005 alone.

Time Frame: FY 2004 – FY 2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Quality Assurance for Supply Chain Management

Budget: FY 2005 GHAI: $3,700,000

Implementing Mechanism: HHS direct expenses and contracts

Contact Person: Beverly Corey (HHS/FDA) and Tara Sussman (HHS/OGHA)

Program Description:

In FY 2004 and in direct support of the President's Emergency Plan for AIDS Relief (the Emergency Plan), the Department of Health and Human Services' (HHS) Food and Drug Administration (FDA) implemented a new, expedited process to help ensure that the United States could provide safe, effective and quality manufactured antiretroviral drugs to the fifteen developing countries designated under the Emergency Plan. HHS/FDA published guidance for the pharmaceutical industry encouraging sponsors to submit applications for approval (or tentative approval, if U.S. patents blocked issuance of approval for U.S. marketing) of fixed dose combinations (FDC)[1] of or co-packaged versions of previously HHS/FDA-approved FDC or single-entity antiretroviral therapies for the treatment of human immunodeficiency virus (HIV). Drugs approved or tentatively approved under the new expedited process described in the new guidance will meet all FDA standards for drug safety, efficacy and manufacturing quality.

HHS/FDA's involvement includes the following activities:

- Outreach Activities: HHS/FDA is developing and implementing comprehensive outreach programs that target drug manufacturers and national drug regulatory authorities in Focus Countries. These programs include: training for general marketing application review process; current good manufacturing practices, review and standards for active pharmaceutical ingredients, and monitoring post-authorization drug safety and manufacturing reporting.
- Application Activities: HHS/FDA is expediting the review of new and generic drug marketing applications under the Emergency Plan. Generally, a priority review designation provides for the review of a new drug marketing application in six months or less and the legal standard for review of a generic drug application is 180 days. However, under the new Emergency Plan policy, the application (new drug or generic) would be reviewed within approximately eight weeks. HHS/FDA reviewers are working closely with potential drug marketing application sponsors to foster the development and submission under the Emergency Plan of well-documented, quality marketing applications that have the highest chance for a successful review.

[1] New products that combine already-approved individual HIV/AIDS therapies into a single dosage are known as fixed dose combinations (FDCs).

- Inspections: HHS/FDA is conducting pre-approval current Good Clinical Practices inspections of Bioequivalence Studies to ensure veracity of bioequivalence data and current good manufacturing practices inspections of drug manufacturing sites to ensure drug product quality during manufacturing.
- Post-marketing Activities: HHS/FDA is monitoring the drug products distributed under the Emergency Plan to help ensure continued drug safety.

In addition, HHS is sponsoring a technical assistance conference for regulatory agencies from the Emergency Plan Focus Countries. The purpose is to educate and support these government agencies in their interpretation and evaluation of the findings and outcomes of the HHS/FDA approval process. The expected result will be to accelerate the time from HHS/FDA approval to actual procurement and distribution of ARVs in countries receiving the Emergency Plan support.

FY 2005 Program:

FY 2005 funding will be used to finance the following HIV drug marketing application review and inspection activities necessary for the purchase of drugs for the Emergency Plan:

- The review of approximately five new drug and thirteen generic drug marketing applications;
- 39 pre-approval inspections of active pharmaceutical ingredients manufacturing facilities;
- 18 pre-approval inspections of finished dosage manufacturing facilities;
- 39 pre-approval inspections of bioequivalence studies;
- 10 inspections to target manufacturing problems

Furthermore, in FY 2005 HHS will provide strategic support to ARV producers who would like to participate in the HHS/FDA approval process but need help to do so effectively. Such support will consist of providing guidance in interpreting and complying with the requirements of the HHS/FDA application process. The expected result of this work will be an increase in the number of drug products available in an accelerated manner to be purchased with the Emergency Plan funds to treat HIV-infected persons.

Time Frame: FY 2004 – FY 2005

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Safe Medical Injections

Budget: FY 2005: GHAI $15,395,000 – USAID
$14,805,000 – HHS/CDC
Total: $30,200,000

Implementing Mechanism: USAID Task Order Proposal Requests through existing Indefinite Quantity Contracts, including John Snow Inc., University Research Corporation, Chemonics International, Initiatives, Inc. and HHS/CDC Cooperative Agreement with John Snow, Inc.

Contact Person(s): Glenn Post (USAID/GH/OHA); Kenneth Clark (HHS/CDC)

Program Description:

FY 2004 Emergency Plan funds provided central support for injection-safety activities through an integrated approach that includes improving the safety of medical practices through technical innovations; developing behavioral change communications, education and training; providing sufficient quantities of injection materials, including needles, syringes and soap; and strengthening logistical systems and management USAID manages this program in Ethiopia, Guyana, Mozambique, Namibia, Nigeria, Uganda and Zambia. HHS manages the program in Haiti, Botswana, Rwanda, Cote d'Ivoire, Kenya, South Africa and Tanzania.
The principal activities in FY 2004 were:

- Performed a rapid initial assessment of the current injection practices within each country;
- Developed a national plan for the safe and appropriate use of injections or strengthen existing plan in each country;
- Designed and field-tested a project to enhance injection safety in selected area(s) of each country;
- Developed and implemented a strategy for wider public understanding and support for the availability of safe medical injections in each country.

FY 2005 Program:

In FY 2005, the program will continue implementing a strategy for wider public understanding and support for the availability of safe medical injections in the fifteen Emergency Plan Focus Countries. It will also begin expansion of injection safety activities to cover the population of each country, ensuring proper procurement and management of safe medical injection equipment and supplies, including provision of single-use syringes where appropriate, as well as waste management of sharps.
Specific activities will be to:

- Train traditional and non-traditional health care workers to observe universal precautions and proper injection-safety practices including waste disposal of sharps;

- Develop behavioral and communication strategies for health care workers in both the formal and informal health care sectors to improve injection safety practices;
- Provide necessary equipment, supplies and funding for interventions in the pilot districts; and
- Establish a rapid scale-up strategy for the final national plan and begin national scale up.

Time Frame: FY 2004-FY 2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Supply Chain Management

Budget: FY 2005 GHAI: $15,000,000

Implementing Mechanism: Competitively awarded contract – TBD

Contact Person(s): Carl Hawkins (USAID/BGH/PRH)

Program Description:

An effective supply chain management system is critical to ensure the delivery of essential drugs, supplies and medical equipment for a comprehensive HIV/AIDS program. Under this solicitation the Government will seek a contractor to perform specified tasks necessary for implementing a safe, secure, reliable and sustainable procurement and supply chain management system for pharmaceuticals and other medical products needed to provide care and treatment of persons with HIV/AIDS and related infections. Additional services include: implementing a management information system, providing procurements services, providing freight forwarding and related services and enhancing in-country capacity.

FY 2005 Program:

In FY 2005, funding will be used to award and implement the Supply Chain Management System. This activity will help create, enhance and promote a secure and sustainable supply chain management system that is reliable and coordinated with complementary programs. Efforts will be targeted toward ensuring an uninterrupted supply of high quality, low cost products that flow through an accountable system.

This project will assist the fifteen Focus Countries in the President's Emergency Plan for AIDS Relief to achieve individual country treatment targets as described in each country's operational plan.

Time Frame: FY 2004-FY 2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Technical Leadership and Support

Budget:	FY 2005: GHAI	$14,442,000
	FY 2004 PMTCT	$ 2,233,000
	Total:	$16,675,000

Implementing Mechanism: USAID, HHS and State Department contracts and grants

Contact Person(s): Michele Moloney-Kitts (OGAC), Timothy Mastro (HHS/CDC), Thurma Glodman (HHS/HRSA) and Constance Carrino (USAID/GH/OHA)

Program Description:

This program funds technical assistance and other activities to further Emergency Plan policy and programmatic objectives, in the field, at headquarters and internationally. It utilizes existing contractual mechanisms within USAID, HHS and the State Department to the maximum extent possible.

- HHS uses the **University Technical Assistance Projects (UTAP)** as a cooperative agreement program that funds ten Universities in order to provide technical assistance to ministries of health and other organizations working on HIV/AIDS prevention, care and treatment programs in 25 countries in Africa, the Caribbean, South America and Asia that are participating in the U.S. Department of Health and Human Services/ Centers for Disease Control and Prevention's (HHS/CDC) Global AIDS Program (GAP). Established in 2002, the purpose of UTAP is to augment and expand HHS/CDC's efforts to provide technical assistance to GAP countries in the development, implementation and evaluation of HIV prevention programs, care and treatment programs and the necessary infrastructure (e.g., laboratory services) to support prevention and care programs and services. The ten universities include: University of North Carolina at Chapel Hill, University of California, San Francisco, University of Maryland, University of Medical and Dentistry of New Jersey, Tulane University, Johns Hopkins University, Columbia University, Baylor College of Medicine, Harvard University and Howard University.
- HHS uses **The International Training and Education Center on HIV (I-TECH)** to train health care workers in countries and regions hardest hit by the AIDS epidemic, particularly in Botswana, Ethiopia, Haiti, Namibia, South Africa and Guyana. I-TECH was established in 2002 by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) in collaboration with the HHS Centers for Disease Control and Prevention (HHS/CDC). ITECH is part of the University of Washington, in partnership with University of California, San Francisco.
- USAID uses several of its standing contracts and grants to facilitate access to technical expertise for program design, strategy development, and general support of field programs and policy development. For example, OGAC has called upon USAID to use these standing contracts and grants to provide teams to help countries prepare their Country Operational Plans.

- OGAC will also use a variety of mechanisms to support policy development, international conferences and workshops to further Emergency Plan goals.

FY 2005 Program

In FY 2005, HHS will continue to work with UTAP to provide technical assistance support to Focus Countries and other Emergency Plan countries in the support of several headquarters activities such as monitoring and evaluation. HHS will also continue to work with ITECH to provide technical assistance to build capacity for prevention, care and treatment of HIV/AIDS.

Technical leadership and support funds will be used by USAID to support both short- and long-term consultants for the provision of technical assistance to Focus Countries. Specific activities will assist countries in: preparing or updating strategies; drafting and developing the annual Country Operational Plans; developing, drafting and implementing OGAC evaluations; providing meeting facilitation needs; and supporting periodic scientific reports and analyses.

OGAC will use technical leadership and support funds to support the development of: comprehensive country training plans for prevention, treatment, care and support developed and coordinated across all implementing partners and with host country counterparts; workforce management strategies to deal with HIV/AIDS issues, including support for workforce planning, sustained performance/quality assurance in both the public and private sectors, and expanded roles and retention of qualified staff; and better indicators, monitoring and evaluation approaches to track the progress and impact of investments in human capacity to reach Emergency Plan goals.

During FY 2004, technical leadership and support funds helped to accomplish the following: provision of short-term consultants (consultant to develop the New Partners Initiative; consultant to develop the Supply Chain Management RFA; and funding for a senior coordinator to OGAC); assistance in preparing strategies and drafting/development of the FY 2005 Country Operational Plans on site; developing and implementing evaluations; meeting facilitation; and support for periodic scientific reports and analyses.

Time Frame: FY 2004-FY 2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: Twinning Center

Budget: FY 2005 GHAI: $4,000,000

Implementing Mechanism: Cooperative Agreement with the American International Health Alliance (AIHA)

Contact Person(s): Robert Soliz (HHS/HRSA/HAB)

Program Description:

Two of the strategies outlined by President Bush in the Emergency Plan for AIDS Relief to build human and institutional capacity in the fifteen Focus Countries are twinning and volunteer activities, which will be implemented through a Twinning Center and a Volunteer Health Care Corps. The Cooperative Agreement for the Twinning Center was awarded to the American International Health Alliance using funds. The Twinning Center will provide technical assistance to twinning organizations between U.S.-based organizations and Focus Country-based organizations and will administer the Volunteer Health Care Corps, which will involve recruiting, maintaining and placing volunteers within the twinning partnerships. The Twinning Center will broker and facilitate relationships between twinning partners and plan and fund logistics for volunteers. The twinning plan will build upon existing relationships between U.S. and target country institutions as well as initiate new twinning partnerships. It is expected that in later years, twinning partnerships will involve Focus Country organizations twinning with each other, and possibly involve regional country organizations twinning with Focus Country organizations.

Within the first funding cycle (October 2004 - February 2005), the program is examining and building upon projects described in the Emergency Plan 2005 Country Operational Plans. Based on their Country Operational Plans and expressed interest in the Twinning Center, the countries to be visited and assessed during the first year are: Zambia, Ethiopia, Uganda, South Africa and Kenya.

This program will contribute to the Emergency Plan's goals of treating two million people, of preventing seven million new infections and offering care and support to ten million people.

FY 2005 Program:

The Twinning Center received HHS funding beginning October 2004, for five months, and is being funded for an additional year beginning in March 2005. It is expected that the twinning center will develop approximately five twinning programs in five Focus Countries during the first year of funding (ending February 28, 2005), and 28 twinning partnerships during the second year of funding in three additional Focus Countries (ending February 28, 2006), although the Twinning Center may develop additional twinning programs in other

Focus Countries if feasible. Overall, the Twinning Center plans to develop 160 twinning partnerships and place 600 long-term volunteers in the fifteen Focus Countries over the course of five years.

Time Frame: FY 2005-FY 2006

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2005

Project Title: New Partners Initiative (NPI)

Budget: FY 2005 GHAI: $45,000,000

Implementing Mechanisms: USAID Cooperative Agreements with Nongovernmental Organizations (NGO) and Indefinite Quantity Contracts (IQC)

Contact Person(s): Michael Miller (USAID/GH/DAA)

Program Description:

> The New Partners Initiative (NPI) is a means to increase the number of partners by establishing a competitive grants process for organizations with the desire and the ability to help implement the President's Emergency Plan, but which may have little or no experience in working with the Federal Government. NPI will increase the total number of PEPFAR implementing partner organizations and improve their capacity to respond effectively to help meet the President's goals. Additionally, the initiative will develop indigenous capacity so affected countries can address AIDS on their own and decrease dependence on foreign organizations and foreign skills.

USAID will use FY 2005 funding to initiate the following actions in order to establish NPI:

- Survey or inventory potential participants working in affected countries to inform development of NPI;
- Identify potential new partners from among private and voluntary organizations, faith-based organizations, community-based organizations and other non-profit entities with the desire and the ability to help implement the Emergency Plan but with limited or no experience in working with the Federal Government through current solicitation promotion practices;
- Improve the capacity of potential new partners to respond effectively by making available technical and capacity-building assistance through both the Annual Program Statement and Request for Application procurement mechanisms; and
- Develop indigenous capacity in affected countries to address AIDS by providing technical and capacity-building assistance.

The activities of the new partners selected through NPI will be integrated into, managed and directed by the individual country team mechanisms.

This program will contribute to achieving the prevention and care goals of the Emergency Plan in the fifteen Focus Countries.

Time Frame: FY 2005 – FY 2008

RAPID EXPANSION FUND

As compared to the February 2005 Congressional Notification, the Rapid Expansion Fund line item of the Emergency Plan budget has been reduced to zero as all funds have been distributed to the Country Activities and Central Programs line items of the Emergency Plan budget.

The Office of the U.S. Global AIDS Coordinator (OGAC) reserved $117 million in FY 2005 funding for Focus Country and central programs to expand the successful and innovative programs that contribute to treatment, either directly by providing antiretroviral treatment or by expanding activities that increase capacity to provide treatment in the future. The Coordinator determined the final allocation of resources among Focus Countries and central programs through a competitive process. Focus Countries competed for the funds by proposing programs in the following categories:

- Antiretroviral therapy: $65 million
- Counseling and testing: $29 million
- Network strengthening: $15 million
- Innovative Human Capacity Development: $8 million

The competition was completed in April 2005 and all funds were subsequently allocated to country managed programs. Please see Section III, Focus Country Activities, for a description of how the Rapid Expansion Funds are being used to expand country managed programs.

SECTION VII

INTERNATIONAL PARTNERS

1) Introduction
2) Table 11: International Partners
3) Program Descriptions

INTERNATIONAL PARTNERS

INTRODUCTION

This section describes the U.S Government's contributions to UNAIDS, the Global Fund and WHO. Table 11 shows the allocation of funds, followed by program descriptions.

TABLE 11

INTERNATIONAL PARTNERS
Funding Sources ($, thousands)

	USAID	HHS	STATE	DOD	PC	Total
UNAIDS			27,000			27,000
GLOBAL FUND*	335,800	99,200				435,000
WHO GRANT			2,000			2,000
TOTAL	**335,800**	**99,200**	**29,000**	**0**	**0**	**464,000**

* Part of USAID contribution ($87.8 million) is from FY 2004 CSH

EMERGENCY PLAN INTERNATIONAL PARTNERS: FY 2005

Project Title: Joint United Nations Program on HIV/AIDS (UNAIDS)

Budget: FY 2005 GHAI: $27,000,000

Implementing Mechanism: Public International Organization (PIO) Grant

Contact Person(s): Dr. Victor Barbiero (USAID/GH/OHA)

Program Description:

The main objective of the PIO grant is to increase significantly UNAIDS' effort to scale up the global response to HIV/AIDS with particular emphasis at the country level. This global response seeks to prevent the transmission of HIV/AIDS, provide care and support, reducing individual and community vulnerability to HIV/AIDS and mitigate the impact of the epidemic. To achieve these goals, UNAIDS implements activities that:

- ***Catalyze action and strengthen capacity at country level*** in the priority areas identified by the Programme Coordinating Board (PCB) including monitoring and evaluation, resource mobilization and expansion of civil society involvement; technical assistance and interventions related to security, stability and humanitarian responses;
- ***Improve the scope and quality of UN support to national partners***, through strengthened UN Theme Groups on AIDS, better coordination at regional level, increasing staff capacity in key areas, and development of more coordinated UN programs in line with national priorities and objectives;
- ***Increase the accountability of UNAIDS at country level*** through support for country-level reviews of national HIV/AIDS responses, development of joint UN programs to support countries' responses, and having Theme Groups report annually to PCB.
- ***Strengthen capacity of countries to gather, analyze and use strategic information*** related to the epidemic and, in particular, on progress in achieving the goals and targets of the Declaration of Commitment. This includes the Country Response Information System (CRIS), which will be operational in all countries by the end of 2005;
- ***Expand the response of the development sector to HIV/AIDS***, particularly with respect to human capacity depletion, food security, governance, OVC and the impact of the epidemic on the public sector (education in particular), as well as on women and girls;
- ***Sustain leadership on HIV/AIDS at all levels;*** *and*
- ***Forge partnerships*** with political and social leaders to ensure full implementation of the Declaration of Commitment and to realize the related Millennium Development Goals.

EMERGENCY PLAN INTERNATIONAL PARTNERS: FY 2005

Project Title: The Global Fund to Fight AIDS, Tuberculosis and Malaria

Budget:	FY 2005: CSH	$248,000,000
	FY 2004: CSH carryover	$87,800,000
	FY 2005: NIH	$99,200,000
	Maximum U.S. contribution:	$435,000,000

Implementing Mechanism: USAID/HHS grant to the World Bank acting as Trustee

Contact Person(s): Pam Pearson (Office of the U.S. Global AIDS Coordinator)

Program Description:

Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria, a new international foundation, was conceived to be an integral part of the Administration's global strategy against the epidemic. The initial authorization of the Leadership Act and subsequent appropriations have stipulated terms for USG contributions to the Global Fund, most notably that USG funds may not constitute more than thirty-three percent of their total contributions. Provisions also require additional withholdings of funds if the Global Fund is found to have provided financial assistance to the governments of states that consistently support terrorism, or for excessive administrative expenses and salaries.

The Global Fund, created in December 2001, has the legal personality of a public-private, non-profit foundation, headquartered in Geneva, Switzerland, that operates as a provider of grants to combat HIV/AIDS, TB and malaria. The Fund does not generate these grants out of its Geneva Secretariat, nor does it work exclusively through governments. Instead, proposals arise out of committees (termed "Country Coordinating Mechanisms") that are intended to consist of local NGOs, governments, the private sector, donors and (not least) people living with the diseases. The entities that receive Global Fund grants can be public, private or international organizations. The role of the Global Fund Secretariat in Geneva is limited to monitoring the performance of grants and sending periodic disbursements of grant money on a quarterly basis from the Fund's trustee account at the World Bank. Under the "Fund model," the Secretariat should not disburse new funds until the grant recipient can demonstrate results from previous tranches of money.

Funding takes place in so-called "rounds," wherein the Fund Board issues an invitation for grant proposals, and then votes on those proposals determined by an independent review panel to be technically sound. Grants normally cover five years, but the Board's initial approval of funding for a grant covers only the first two years. The Board has thus far completed four rounds of grant financing, and made commitments of $3.1 billion to 300 grants (for their first two years of operation) in 130 countries; Projected five-year funding of current grants total $8.1 billion through 2009 (including the Round 4 grants approved in June 2004). A fifth round of grants is scheduled to come before the Board in late September 2005.

FY 2005 Program:

The highest funding priority is the renewal of the years three-through-five, or "Phase 2," of previously approved projects. In addition, the Global Fund's Board approved the launching of a fifth round of proposals, scheduled to be initiated in September 2005. The United States' maximum contribution in FY 2005 is $435 million composed of both new funding and funding carried over from FY 2004.

Time Frame: FY 2005 – FY 2006

EMERGENCY PLAN INTERNATIONAL PARTNERS: FY 2005

Project Title: World Health Organization (WHO)

Budget: FY 2005 GHAI: $2,000,000

Implementing Mechanism: Public International Organization (PIO) Grant

Contact Person(s): Amy Bloom, Ph.D. (USAID/GH/OHA)

Program Description:

The USG and WHO seek to coordinate and consolidate TB and HIV activities for greater joint impact. In 2005, WHO, CDC, USAID and national staff worked together to assess the degree of TB/HIV collaboration in six specific countries, to define each country's needs and to plot out the activities required to address those needs. The approach will focus 70% of funds on two countries, Ethiopia and Kenya, while the remainder will be used to prepare similar approaches in Namibia, Rwanda, Tanzania, and Uganda. Expanded WHO-USG collaboration is expected in these latter four countries.

FY 2005 Emergency Plan funds will be used to address the following activities:

- Relieve policy bottlenecks at the country level
    - WHO will work with its partners and counterparts in host country governments to ensure that TB/HIV policies and standard operating procedures are rapidly developed and disseminated in all six countries
- Expand HIV testing of TB patients, prevention and care for opportunistic infections (OI) and/or ART
    - Foster collaboration among all stakeholders in all six countries to expand provider-initiated clinical and diagnostic HIV counseling and testing for all TB patients; improve prevention, recognition and treatment of OIs among HIV-positive TB patients; and establish an effective patient referral system from TB- and general health clinics to ART clinics
- Screen and treat PLWHA for TB
    - Expand TB screening and treatment as well as latent infection treatment for PLWHA through training on TB for HIV and general health workers
    - Design, develop, implement and evaluate networks that will enable PLWHA to attend TB-related services with minimal additional financial and opportunity costs with adherence counseling and support
    - Develop and disseminate district-based referral directories for dispensaries, health centers, and hospitals to facilities in both the public and private sectors to facilitate referral of TB suspects and cases to HIV testing sites and screening of HIV-infected individuals for TB
- Strengthen monitoring and evaluation of TB/HIV activities
    - Share examples and methods developed at global- and at country-level

  - Develop country-appropriate tools and systems through technical assistance to capture the information required to show that TB/HIV collaborative activities improve TB and HIV/AIDS control
- Enhance regional/district response to TB/HIV
  - Intensify in-country coordination among different stakeholders to increase effective technical assistance, supervision and support to the district level in order to empower effective implementation of TB/HIV activities
- Develop and roll out TB/HIV training materials
  - Engage the key implementing partners--CDC (Division of TB Elimination and Global AIDS Program) and WHO (Stop TB and IMAI)--to develop and roll out TB/HIV training materials and facilitate consistency of training efforts at regional levels in all six countries

Time Frame: FY 2005 – FY 2006

SECTION VIII

TECHNICAL OVERSIGHT AND MANAGEMENT HEADQUARTERS (HQ)

1) Introduction
2) Table 12: FY 2005 Technical Oversight and Management Expenses, Headquarters, by Agency Implementing activity
3) Program Descriptions

INTRODUCTION

This section provides a summary of funding allocations for technical oversight and management costs, mostly borne at headquarters, in Table 12, as well as summary descriptions for GAC, USAID, HHS and other agencies.

Note that these expenses do not include the established operating expenses dedicated to previously existing HIV/AIDS activities of the various agencies involved in the Emergency Plan. Rather, these are costs solely associated with the expansion of programs and reporting occasioned by the Emergency Plan.

Table 12

FY 2005 TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES
HEADQUARTERS (HQ)
By Agency Implementing Activity ($, thousands)

	USAID	HHS	STATE	DOD	PC	Total
Technical Oversight & Management	16,400	29,000	8,747	1,250	300	55,697
TOTAL	**16,400**	**29,000**	**8,747**	**1,250**	**300**	**55,697**

EMERGENCY PLAN TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2005

Project Title: USAID Technical Oversight and Management

Budget: FY 2005 GHAI: $16,400,000

Implementing Mechanism: Direct expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Paul Mahanna (USAID)

Program Description:

Under the direction of the U.S. Global AIDS Coordinator's Office, the U.S. Agency for International Development (USAID) is a partner in the unified USG effort to implement the President's Emergency Plan for AIDS Relief (the Emergency Plan).

USAID headquarters offices and field staff support the implementation of the Emergency Plan in the following ways:

- **Supporting operations of field offices** (e.g., hiring 29 new field staff to provide increased capacity, especially in procurement and technical areas);
- **Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs** (e.g., OVC and abstinence/faithfulness);
- **Providing technical assistance to country programs** (e.g., paying the expenses of USAID program and technical experts when they travel to Focus Countries).
- **Coordinating agency activities with those of other USG agencies implementing the Emergency Plan** (e.g., joint planning, monitoring and evaluation, legal consultation; participation on core teams and technical working groups; policy and budget coordination).

Time Frame: FY 2004—2006

EMERGENCY PLAN TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2005

Project Title: HHS Technical Oversight and Management

Budget: FY 2005 GHAI: $29,000,000

Implementing Mechanism: Direct expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Michael Johnson/Tara Sussman (HHS/OGHA)

Program Description:

Under the direction of the U.S. Global AIDS Coordinator's Office, the Department of Health and Human Services (HHS) is a partner in the unified USG effort to implement the President's Emergency Plan for AIDS Relief (the Emergency Plan). HHS includes several agencies that are key players in the Emergency Plan such as the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH) and the Food and Drug Administration. HHS efforts are being coordinated out of the Office of the Secretary/Office of Global Health Affairs (OGHA).

HHS headquarters offices support Emergency Plan implementation by:

- **Supporting operations of field offices** (e.g., increased support for procurement and grants, human resources management, financial management, information resources management, communications, management analysis services, facilities planning and management, security, rent and utilities and agency crosscutting activities to implement the Emergency Plan);
- **Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs** (e.g., antiretroviral treatment, blood safety programs, twinning program);
- **Providing technical assistance to country programs** (e.g., through direct assistance by HHS program and scientific experts from a variety disciplines including medical officers/physicians, health scientists, epidemiologists, public health advisors, AIDS education and training experts, statisticians and informaticians);
- **Coordinating agency activities with those of other USG agencies implementing the Emergency Plan** (e.g., joint planning, monitoring and evaluation, legal consultation, participation on core teams and technical working groups, policy and budget coordination).

Time Frame: FY 2004—2006

EMERGENCY PLAN TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2005

Project Title: Other Agency Technical Oversight and Management

Budget:		
	FY 2005 GHAI for OGAC	$8,747,456
	FY 2005 GHAI for Other	$1,550,000
	Total GHAI	$10,297,456

Implementing Mechanism: Direct expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Kenneth Schofield (OGAC)

Program Description:

- **Office of the U.S. Global AIDS Coordinator (OGAC):** OGAC is responsible for coordinating and overseeing the President's Emergency Plan for AIDS Relief (the Emergency Plan). OGAC seeks to work with leaders throughout the world to combat HIV/AIDS by promoting integrated prevention, treatment and care interventions with an urgent focus on countries that are among the most afflicted nations in the world. To reach these goals, OGAC activities include:
  - Supporting operations of field offices;
  - Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs;
  - Providing technical assistance to country programs; and
  - Coordinating agency activities with those of other USG agencies implementing the Emergency Plan.

  OGAC expenses include personnel; travel and transportation; rent, communications and utilities; printing and reproduction; other services, supplies and materials; and equipment.

- **Peace Corps:** Peace Corps volunteers work with local community-based organizations and individuals to build capacity and mobilize communities around HIV/AIDS prevention, care and treatment activities with governmental and nongovernmental agencies, faith-based organizations, youth, PLWHA and others. Headquarters expenses include a program coordinator and technical advisor.

- **Department of Defense (DOD):** The DOD supports military-to-military HIV/AIDS awareness and prevention education, as well as the development of policies for dealing with HIV/AIDS in a military setting. Funding will be utilized to hire:
  - Local staff in five posts overseas to act as HIV/AIDS coordinators for DOD;
  - Seven specialists to help with HIV/AIDS programming;
  - One procurement specialist; and
  - Travel and support costs.

- **Department of State (STATE), non-OGAC:** This includes such items as ICASS expenses related to Emergency Plan activities carried out in the field.

Time Frame: FY 2004—2006

STRATEGIC INFORMATION/EVALUATION

1) Introduction
2) Table 13: Strategic Information/Evaluation Budget
3) Project Description

INTRODUCTION

This section provides information in Table 13 for the allocation of funds to agencies for the strategic information system that is used to monitor program performance, including tracking progress toward goals and evaluating interventions for efficacy, and to provide descriptive information about Emergency Plan activities. It also provides a narrative for this allocation.

TABLE 13

FY 2005 STRATEGIC INFORMATION/EVALUATION
Funding by Implementing Agency ($)

AGENCY	TOTAL BUDGET
USAID	**13,460,000**
HHS	
CDC	**10,480,000**
HRSA	**400,000**
NIH	**2,000,000**
HHS Subtotal	**12,880,000**
STATE	
BUCEN*	**2,060,000**
STATE/HIU**	**200,000**
STATE/OGAC***	**1,500,000**
DOS Subtotal	**3,760,000**
DOD	**200,000**
PEACE CORPS	**200,000**
TOTAL SI BUDGET	**30,500,000**

* These funds will be obligated in the Department of State's accounting system and will pay for U.S. Bureau of the Census (BUCEN) services provided to the Coordinator's Office.

** DOS Humanitarian Information Unit (HIU).

*** DOS Office of the Global AIDS Coordinator.

EMERGENCY PLAN STRATEGIC INFORMATION/EVALUATION: FY 2005

Project Title: Strategic Information/Evaluation

Budget: FY 2005 GHAI: $30,500,000

Implementing Mechanism: USG Agency (HHS, USAID, DOD, Census Bureau, State Department, Peace Corps) Cooperative Agreements, Contracts and Grants.

Contact Person(s): Kathy Marconi (OGAC) and Sara Pacque-Margolis (OGAC)

Program Description:

Strategic Information activities support the Emergency Plan HIV surveillance, management information, program monitoring and targeted evaluation systems. Headquarter agencies provide technical assistance, training, analysis and knowledge management of HIV information to complement the strategic information activities budgeted by USG country offices for Focus Country efforts. They also support strategic information capacity building in non-Focus Countries with USG bilateral programs. The Emergency Plan implementing agencies are instrumental in coordinating the development of and training on international guidelines with UNAIDS, WHO, the Global Fund, World Bank and other international donors.

FY 2005 Program:

In 2005 USG headquarter agencies are collaboratively working on eight Strategic Information/Evaluation focus areas. Each agency is responsible for specific tasks in these eight areas while coordination on definitions, measurement, and results occurs with WHO, UNAIDS, The Global Fund, The World Bank and other international groups. The eight focus areas are:

1. Indicators and Results: The Emergency Plan evaluation framework includes program outputs (number of service outlets/programs, number of people served, number of people trained), outcomes (changes in behavior for HIV prevention and service coverage for care and treatment) and impact (changes in HIV prevalence, rates, morbidity and mortality). USAID and HHS/CDC are leading an interagency workgroup to refine existing indicators and associated definitions for the Focus Countries and define a limited set of indicators for all Emergency Country Plan reporting. In collaboration with WHO, UNAIDS and The Global Fund they are also updating international HIV indicators (from which USG indicators are drawn). Additionally, the Census Bureau is taking the lead on Emergency Plan program data editing and cleaning.

2. Surveillance and Surveys: Antenatal clinic sentinel surveillance is completed for all Focus Countries and population-based surveys either completed or conducted in the fifteen countries. Population surveys, funded through USAID, include the HIV section of the Demographic Health Survey (DHS) and the AIDS Indicator Surveys. The U.S. Census Bureau is responsible for estimating infections averted from surveillance and other information. It will begin by December 2005 to do this for countries with both

baseline and current prevalence estimates. The U.S. Census Bureau is also responsible for working with international collaborators on SAVVY – Sample Vital Registration and Verbal Autopsy, a less costly method of assessing proportional mortality due to HIV/AIDS. In addition, working with countries, HHS/CDC is initiating surveillance pilots that address HIV drug resistance surveillance and recent infection surveillance. HHS/CDC in collaboration with the World Health Organization has developed a strategy for conducting surveillance of ARV resistance starting with baseline estimates of the prevalence of HIVDR. A promising new assay for the detection of recent infection in resource-constrained settings, the BED-capture enzyme immunoassay measures the increasing proportion of HIV-IgG after seroconversion. HHS/CDC is working with UNAIDS to develop methods for national level estimates of incidence and to conduct training of laboratory personnel.

3. Institute of Medicine Evaluation Study: The Emergency Plan authorizing legislation calls for Congress, *Not later than three years after the date of the enactment of this Act, The Institute of Medicine shall publish findings comparing the success rates of the various programs and methods used under the strategy described in subsection (a) to reduce, prevent and treat HIV/AIDS, TB and malaria.* (Sec. 101 (c) (1) The Institute has constituted an independent, external expert scientific review panel and plans to conduct field work in 2005 and provide an interim report in May 2006 that addresses a variety of measures of program and methodological areas.

4. Health Management Information Systems (HMIS): Management Information Systems are a key component to the success of the Emergency Plan. An interagency workgroup led by HHS/CDC and USAID are focusing in 2005 on the following areas:
    - The HIV planning and reporting databases of the USG, including the multiagency headquarters database – Country Operational Plan and Results Reports (COPR) – and USG country databases. To this end the HMIS workgroup is supporting Focus Country MIS assessments and strategic planning and building an inventory of HMIS investments in the Emergency Plan.
    - HIV facility-based information systems for national and USG partners. To this end, the MIS workgroup has supported WHO's publication of *Interim Patient Monitoring Guidelines for HIV Care and Antiretroviral Therapy*. These internationally agreed-upon guidelines set clinical recordkeeping standards that enable the rapid scale-up of effective HIV chronic care, treatment and prevention and facilitate standardized reporting. The workgroup provides technical advice and support to USG country offices and their partners in developing their record keeping systems.
    - Promotion of International Standards for HIV Information Systems and drafting of international confidentiality patient guidelines.

5. Support to the Field: USG agencies provide technical support on SI to the field through headquarters SI liaisons and through indicators and results, surveillance, HMIS and SI capacity building workgroups. In 2005 the DOD and Peace Corps are incorporating their surveillance, monitoring and evaluation activities into the Emergency Plan and training will begin for all Emergency Plan countries on results reporting.

6. SI Capacity Building: A scarcity of monitoring and evaluation and surveillance expertise exists throughout the world. To assure that skilled individuals can collect required surveillance, monitoring and evaluation information a series of trainings are being supported. In early FY 2005 three regional monitoring and evaluation workshops were conducted with USG and UNAIDS field offices and country monitoring and evaluation representatives. A fourth workshop is being planned for Asia, along with distance learning modules. A series of surveillance training co-sponsored with international groups is occurring, including four three-day regional workshops on estimates and projections for Focus Countries. Additionally, monitoring and evaluation listservs and websites are being supported and improved for distance-based communication and learning. The USG contributes to the support of the UNAIDS HIV Monitoring and Evaluation Reference Group which creates international measures and definitions as well as other UNAIDS technical working groups.

7. Cross-cutting Items: In 2005 this area focuses on adapting strategic information strategies for countries with concentrated epidemics, including surveillance protocols and evaluation measures.

8. Targeted Evaluations: A number of targeted evaluations are part of USG 2005 Focus Country operational plans. To complement these studies, USG headquarters is funding the following two-year targeted evaluations to begin in late FY 2005: best practices in monitoring ART resistance, ARV adherence support and best practices, estimating the cost of ARV treatment, measuring the impact of PMTCT programs on HIV prevalence rates in infants; the effectiveness of abstinence interventions for youth, effective components of OVC programs targeted to children affected by HIV and palliative care programs and outcomes.

Time Frame: FY 2004 – 2006