

Bureau for Global Health

The Challenge

Bureau for Global Health (GH) central programs support the joint State and USAID performance goal: "Improved global health, including child, maternal, and reproductive health, and the reduction of abortion and disease, especially HIV/AIDS, malaria, and tuberculosis." As a pillar bureau, GH strengthens field operations, develops technical and program innovations, and provides technical leadership on behalf of the Agency. New technical emphases center on the President's Malaria Initiative (PMI) and avian influenza. New major HIV/AIDS programs include the Supply Chain Management System which began in FY 2005, and the New Partners Initiative to start in FY 2006. The advantages of GH's mechanisms to support field missions include pre-positioned contracts and agreements; reduced contracting burden for missions; increased access to world-class expertise; and improved surge capacity to cope with unanticipated needs, such as rapid implementation of the PMI and response to avian influenza.

Objectives, Sectors and Workforce

Assistant Administrator: Kent R. Hill

Program Budget (Appropriations by Objective)	FY 2004	FY 2005	FY 2006	FY 2007	Percent Change FY 04-07	2005 SO Performance Score		Direct SO Admin. Cost Ratio
	(\$000)	(\$000)	(\$000)	(\$000)				
936-001 Family Planning and Reproductive Health	130,200	120,000	108,648	84,637	-35.0%	1.01	Met	0.12
936-002 Maternal Health	14,000	15,082	15,332	20,000	42.9%	1.00	Met	0.09
936-003 Child Health and Nutrition	54,796	52,120	54,064	49,568	-9.5%	1.06	Met	0.15
936-004 AIDS Prevention and Control	144,317	222,432	180,495	180,495	25.1%	1.42	Exceeded	0.06
936-005 Infectious Disease Program	65,460	68,717	55,889	69,769	6.6%	0.97	Met	0.15
Country Total	408,773	478,351	414,428	404,469	-1.1%			

Program Budget (Appropriations by Account)	FY 2004	FY 2005	FY 2006	FY 2007	Percent Change FY 04-07
	(\$000)	(\$000)	(\$000)	(\$000)	
Child Survival and Health Programs Fund	328,806	320,846	298,112	288,153	-12.4%
Development Assistance	1,000	0	0	0	N/A
Global HIV/AIDS Initiative	78,967	157,505	116,316	116,316	47.3%
Total	408,773	478,351	414,428	404,469	-1.1%

Program Budget by Sector and Account	FY 2004	FY 2005	FY 2006	FY 2007	Percent Change FY 04-07
	(\$000)	(\$000)	(\$000)	(\$000)	
Basic Education DA	1,000	0	0	0	N/A
Family Planning / Reproductive Health CSH	130,200	120,000	108,648	84,637	-35.0%
HIV / AIDS CSH	65,350	64,927	64,179	64,179	-1.8%
GHAI GHAI	78,967	157,505	116,316	116,316	47.3%
Child Survival and Maternal Health CSH	66,036	65,516	69,396	69,568	5.3%
Vulnerable Children CSH	1,760	1,686	0	0	N/A
Other Infectious Diseases CSH	65,460	68,717	55,889	69,769	6.6%
Total	408,773	478,351	414,428	404,469	-1.1%

Workforce	FY 2004	FY 2005	FY 2006	FY 2007	Percent Change FY 04-07
US Direct Hires	87	133	133	135	55.2%
US Non Direct Hires	135	111	118	123	-8.9%
Foreign Nationals	0	0	0	0	N/A
Total	222	244	251	258	16.2%

Operating Expense	FY 2004	FY 2005	FY 2006	FY 2007	Percent Change FY 04-07
	(\$000)	(\$000)	(\$000)	(\$000)	
Salaries and benefits	0	0	0	0	N/A
Travel	250	250	250	250	0.0%
Transportation of things	0	0	0	0	N/A
Rent	0	0	0	0	N/A
Security	0	0	0	0	N/A
Equipment	0	0	0	0	N/A
ICASS - Operating Expense only	0	0	0	0	N/A
Other Operating Expense	229	229	181	181	-21.0%
Total OE Budget	479	479	431	431	-10.0%
US direct hire salary and benefits	0	0	0	0	N/A
Program Funded Administrative Expenses				28,706	
Country Total Administrative Budget				29,137	
Percent of Bureau OE Total				100.0%	

Operating Unit Summary

	FY 2004	FY 2005	FY 2006	FY 2007
Program per US Direct Hire (\$000)	4,699	3,597	3,116	2,996
Program per All US (\$000)	1,841	1,960	1,651	1,568
Program per Position (\$000)	1,841	1,960	1,651	1,568
Operating Expense as % of Program Funding				0.1%
Program Funded Admin Expense as % of Total Admin				98.5%
Total Admin Expense as % of Program Funding				7.2%

Other Major Donors:

Bilateral: The United States is by far the leading bilateral donor in the health sector, followed by the United Kingdom, Germany, Canada, and the Netherlands. USAID also works particularly closely with the Japanese Government, including the Ministry of Foreign Affairs and the Japan International Cooperation Agency (JICA). In FY 2005, USAID collaborated with the United Kingdom to create a task force on HIV/AIDS. USAID also has collaborations with Japan, particularly in the areas of polio and health systems support. USAID has a long-standing personnel exchange with JICA and a more recent exchange with the United Kingdom's Department for International Development.

Multilateral: USAID shares many priority interests with multilateral donors such as the World Bank and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund). GH participates on behalf of USAID in the U.S. Government delegations to the executive bodies of international organizations; USAID also coordinates programmatic activities with international organizations including the U.N. Children's Fund (UNICEF), the World Health Organization (WHO), the Joint U.N. Program on HIV/AIDS (UNAIDS), and the World Bank. For example, the GH Infectious Diseases Division Chief currently serves as the Chair of the STOP TB Partnership Coordinating Board. GH also assumed a leadership position in the new inter-agency Child Survival Partnership, joining UNICEF, the WHO, the World Bank, the Canadian International Development Agency, the Bill and Melinda Gates Foundation, and governments of developing countries themselves. In countries including Ethiopia and Cambodia, this Partnership carried out joint high-level visits that engaged political and religious leaders in the possibility of saving more children's lives from hunger and disease. In each partnership country, GH programs are strengthening coordination with other partners to achieve maximum impact with available resources. GH also plays a leadership

Bureau for Global Health PROGRAM SUMMARY

(in thousands of dollars)

Accounts	FY 2004 Actual	FY 2005 Actual	FY 2006 Current	FY 2007 Request
Child Survival and Health Programs Fund	328,806	318,346	298,112	288,153
CSH - 05 Global War on Terror & Tsunami Relief	0	2,500	0	0
Development Assistance	1,000	0	0	0
Global HIV/AIDS Initiative	78,967	157,505	116,316	116,316
Total Program Funds	408,773	478,351	414,428	404,469

STRATEGIC OBJECTIVE SUMMARY

936-001 Family Planning and Reproductive Health				
CSH	130,200	120,000	108,648	84,637
936-002 Maternal Health				
CSH	14,000	15,082	15,332	20,000
936-003 Child Health and Nutrition				
CSH	53,796	52,120	54,064	49,568
DA	1,000	0	0	0
936-004 AIDS Prevention and Control				
CSH	65,350	64,927	64,179	64,179
GHAI	78,967	157,505	116,316	116,316
936-005 Infectious Disease Program				
CSH	65,460	66,217	55,889	69,769
CSH - 05 Global War on Terror & Tsunami Relief	0	2,500	0	0

Assistant Administrator,
Kent R. Hill

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	Family Planning and Reproductive Health
Pillar:	Global Health
Strategic Objective:	936-001
Status:	Continuing
Planned FY 2006 Obligation:	\$108,648,000 CSH
Prior Year Unobligated:	\$1,222,000 CSH
Proposed FY 2007 Obligation:	\$84,637,000 CSH
Year of Initial Obligation:	1996
Estimated Year of Final Obligation:	2012

Summary: The framework for this global health (GH) strategic objective (SO), adjusted in 2003, has three intermediate results that contribute to its achievement: support provided to the field to implement effective and sustainable reproductive health and family planning (RH/FP) programs; global leadership demonstrated in RH/FP policy, advocacy, and services; and knowledge generated, organized, and communicated in response to field needs. GH supports the key components of effective family planning programs through service delivery, training, performance improvement, contraceptive supply and logistics, health communication, biomedical and social science research, policy analysis and planning, and monitoring and evaluation.

Inputs, Outputs, Activities:

FY 2006 Program:

Reduce unintended pregnancy and improve healthy reproductive behavior (\$108,648,000). The FY 2006 program will continue investments in improving the availability and accessibility of basic family planning services, expanding FP/HIV integration, ensuring contraceptive security, incorporating gender into RH/FP programs, implementing population-health-environment interventions in areas of threatened biodiversity, and addressing issues of health equity. GH plans to obligate approximately \$1.2 million in unobligated prior year funds to technical assistance mechanisms. These funds will be used for the same purpose previously notified as their intended use.

Research and innovation (33%, of which: 40% biomedical, 36% operations research, 24% data collection and monitoring and evaluation): A priority investment in FY 2006 will be to continue to refine and implement models of FP/HIV integration in sub-Saharan Africa. Research and development in microbicides and female barrier methods will continue. GH will explore new approaches for introducing new and underused contraceptive methods, and scaling up family planning programs for national-level impact. GH will evaluate the existing activities in operations and program research and assess future research needs and the best mechanisms to implement these activities. GH will continue to support an evaluation working group to review indicator definitions and improve training modules in order to improve evaluation practices among its contractors and grantees.

Policy (5%): In the policy arena, particular emphasis will be placed on addressing policy barriers to access to RH/FP services by the poor. GH will fund training and technical assistance to help governments prioritize their RH needs, choose interventions, and allocate funds to meet those needs. International leadership at the policy level to actively support and ensure contraceptive security will remain a priority. A particular challenge is how to ensure that FP/RH services and commodities receive adequate funding in the context of decentralization of health care systems, health sector reform, and other systemic changes.

Family planning service delivery (62%): In addition to expanding the use of best practices identified through two large service delivery projects, the new Expanding Service Delivery project has a special focus on increasing access of the poorest segments of developing country populations to FP/RH care, and improving family planning activities in fragile states. In clinical services, attention will be given to increasing availability of and access to modern contraceptive methods, including the under-utilized intrauterine device (IUD) and other long-term and permanent methods. FY 2006 activities will continue to build on the findings from a

GH-funded analysis that demonstrated the role of non-training interventions (e.g., effective supervision) in improving provider performance. Lessons learned from the YouthNet project, such as the importance of involving husbands, parents, and in-laws to delay first births among married adolescents, and the need to involve youth in the design of youth programs, will be scaled up through service delivery projects. GH expects to continue to work in population-environment, to integrate family planning with conservation and natural resource management activities, particularly in biodiversity hotspots. GH will also address the well-documented relationship between gender-based violence and reproductive health outcomes by: increasing the awareness of service providers and communities about gender based violence issues; developing and testing interventions to change norms at the community level; and helping health providers to better serve their clients by improving referral systems. GH will continue to look for opportunities to engage new partners and to establish public-private alliances. A major contract for contraceptive logistics and management will be awarded in FY 2006.

Principal implementers of the FY 2006 program for the family planning SO include: Abt Associates, Academy for Educational Development, Adventist Development and Relief Agency, American College of Nurse Midwives, American Red Cross, Casals and Associates, Center for African Family Studies, Centers for Disease Control and Prevention, Chemonics International, Conservation International, Constella Health Sciences, Deloitte-Touche, Eastern and Southern Africa Management Institute, Eastern Virginia Medical School, EngenderHealth, Family Health International, Futures Group International, Georgetown University, InterChurch Medical Assistance, International Center for Migration and Health, IntraHealth, Jane Goodall Institute, Johns Hopkins University, John Snow, Inc., Management Sciences for Health, Matrix International Logistics, ORC Macro, Program for Appropriate Technology in Health, Pathfinder, Pfizer Global Pharmaceuticals, Population Reference Bureau, Population Council, Public Health Institute, Project HOPE, Research Triangle Institute, Save the Children, University of North Carolina, University Research Corporation, World Health Organization (WHO), World Vision, World Wildlife Fund, World Learning, and various contraceptive manufacturers. All grants and cooperative agreements with foreign NGOs containing family planning assistance incorporate the clauses that implement the Mexico City Policy.

FY 2007 Program:

Reduce unintended pregnancy and improve healthy reproductive behavior (\$84,637,000, of which: 33% for research, 5% for policy, and 62% for service delivery support). In addition to continuing activities under ongoing awards, GH may award new assistance and acquisition instruments for work in biomedical research, operations and program research, and natural family planning. Efforts will be made to bring in new implementing partners from the private voluntary organization (PVO) and non-governmental organization (NGO) community and to identify promising public-private alliance opportunities. Implementers are as stated for FY 2006, plus new organizations to be determined by competitive procurements.

Performance and Results: In FY 2005 GH provided technical and programmatic leadership at a global level by collaborating with WHO to develop and update several key guidance documents, such as Medical Eligibility Criteria. Contraceptive research results show promise for the availability of additional female barrier methods for family planning (FP) users worldwide. Operations research demonstrated that community-based distribution agents can safely and effectively provide injectable contraceptives in Uganda, which confirms similar findings from other countries. Research also demonstrated that using systematic screening to identify women's needs and integrating services at the provider level increased clinic output by an average of 20% in four countries. GH support to field programs ranged from direct technical assistance to missions by GH staff for strategy development and program assessments, to the shipment of \$83 million worth of contraceptive commodities to 108 recipients in 54 countries, to creating electronic fora for the exchange of information and experience, to improving the sustainability of field programs by building local capacity. Together with mission programs, GH can take credit for measurable advances in FP/RH at a global level in USAID-assisted countries. Data from 25-30 countries show: a 1% increase on average in contraceptive prevalence from 36.0% to 37.2%; an increase in the proportion of births spaced three or more years apart from 47.7% to 48.5%; and a small reduction in the number of mothers who were under 18 years of age when they had their first birth from 23.6% to 23.3%. These data show that FP/RH has met its targets.

US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-001 Family Planning and Reproductive Health		
Through September 30, 2004		
Obligations	416,947	270,625
Expenditures	194,252	270,625
Unliquidated	222,695	0
Fiscal Year 2005		
Obligations	120,000	0
Expenditures	82,633	0
Through September 30, 2005		
Obligations	536,947	270,625
Expenditures	276,885	270,625
Unliquidated	260,062	0
Prior Year Unobligated Funds		
Obligations	1,222	0
Planned Fiscal Year 2006 NOA		
Obligations	108,648	0
Total Planned Fiscal Year 2006		
Obligations	109,870	0
Proposed Fiscal Year 2007 NOA		
Obligations	84,637	0
Future Obligations	1,136,146	0
Est. Total Cost	1,867,600	270,625

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	Maternal Health
Pillar:	Global Health
Strategic Objective:	936-002
Status:	Continuing
Planned FY 2006 Obligation:	\$15,332,000 CSH
Prior Year Unobligated:	\$9,000 CSH
Proposed FY 2007 Obligation:	\$20,000,000 CSH
Year of Initial Obligation:	1995
Estimated Year of Final Obligation:	2012

Summary: The Bureau for Global Health's (GH) Maternal Health strategic objective focuses on technology development and identification and documentation of approaches that improve pregnancy outcomes for mothers and their infants. Through this objective, GH provides global leadership by working with other partners to carry out research and disseminate findings, as well as fostering education and policy dialogue related to critical issues of financing, training and deployment of personnel, rational management of pharmaceuticals, and information systems to improve provision and use of life saving care. GH supports the field by providing tools, technologies, and approaches in designing, implementing, and evaluating maternal health programs in low-resource environments with traditional cultural practices, preference for home birth, and limited institutional capacity in order to improve maternal and newborn survival and health.

Inputs, Outputs, Activities:

FY 2006 Program:

Improve maternal health and nutrition services (\$15,332,000). This program differs from the \$14.6 million notified last year by supporting increased programming in postpartum care and neonatal health.

Quality Maternal and Neonatal Health Services (40%): The centerpiece of GH's maternal health program is support to the field to implement life saving maternal and newborn care. GH supports training of frontline providers, treatment of obstetric complications, and antenatal, birth, postpartum, and newborn care. GH will promote: micronutrient supplementation, de-worming, tetanus toxoid immunization, intermittent preventive treatment of malaria and promotion of insecticide treated nets, syphilis control, and prevention of mother-to-child transmission of HIV. Additionally, GH programs will implement programs expanding clean and safe delivery and rapid treatment of complications, including hemorrhage, infection, hypertensive disorders, obstructed labor, and post abortion complications. Quality improvement programs will be instituted and special initiatives to prevent and treat postpartum hemorrhage and obstetric fistula will continue. Selected women's health problems, such as gender-based violence including rape and traumatic fistula, will be addressed. Principal recipients include: Johns Hopkins Program in International Education for Gynecology and Obstetrics (JHPIEGO)--subs: Save the Children, American College of Nurse-Midwives (ACNM), The Futures Group (TFGI), Academy for Educational Development (AED), and InterChurch Medical Assistance (IMA); AED--subs: Cooperative for Assistance and Relief Everywhere, Catholic Relief Services, World Vision, Cornell University, Tufts University; International Science and Technology Institute--subs: Helen Keller Institute (HKI), AED, Population Services Institute; University of North Carolina/IntraHealth--subs: Abt Associates, Inc., Engender Health, ACNM, and Training Resource Group.

Community Practices and Mobilization (15%): GH will continue to support the White Ribbon Alliance to promote the Safe Motherhood Initiative through a global network and will also support education of families and communities about healthy practices in pregnancy and the importance of planning for use of skilled birth attendants and emergency care, if needed, to save mothers' and newborns' lives. Principal recipients include: JHPIEGO Corporation--subs: Save the Children, ACNM, TFGI, AED, and IMA.

Policy for Safe Motherhood (16%): GH fosters policy dialogue to address regulatory barriers and to institutionalize political and financial commitments to maternal and newborn health. Principal recipients include: TFGI--subs: Centre for Development and Population Activities, World Conference of Religions for

Peace, White Ribbon Alliance, Cultural Practice, Initiatives, Inc., Social Sectors Development Strategies, and Sibley International; RTI-subs: Program for Appropriate Technology for Health (PATH), EngenderHealth; International Life Sciences Institute; LTG Associates--sub: TVT; Management Sciences for Health-subs: AED, APUA, Boston University, Harvard, PATH; Jorge Scientific Corporation--subs: TFGI; John Snow, Inc (JSI); and WHO.

Research (29%): GH supports a multi-donor international effort to improve the evidence base for effective, affordable approaches to expand maternal and newborn programs in low resource environments. It supports research on new technologies to measure maternal mortality, determine the burden of maternal morbidity, decrease postpartum hemorrhage, determine the effect of micronutrients on pregnancy outcome, and identify approaches to improve antenatal, delivery and postpartum/newborn services and increase use of skilled birth attendants and essential obstetric care. Principal recipients include: Johns Hopkins University (JHU) and Columbia University Bloomberg School of Public Health-subs: Boston University Center for Health and Development, HKI, International Clinical Epidemiology Network, International Centre for Diarrheal Disease Research, Bangladesh Center for Health and Population Research, and Save the Children; University of Aberdeen--sub: London School of Hygiene and Tropical Medicine, Institute of Tropical Medicine in Antwerp, JHU; University Research Corporation (URC)--subs: Joint Commission Resources, JHU; Abt Associates--subs: URC, Development Associates Incorporated, Tulane University, PATH; Macro Int.--subs: JHU Center for Communication Programs, PATH, Jorge Scientific Corporation, Casals and Associates; The University of North Carolina at Chapel Hill Carolina Population Center-subs: TFGI, JSI, Macro Int., Tulane Univ.; PATH.

FY 2007 Program:

Improve Maternal Health and Nutrition (\$20,000,000). Quality Maternal and Neonatal Health Services (39%): Timely, effective, and equitable care will be promoted through training and quality improvement approaches. The special initiatives to prevent and treat postpartum hemorrhage and provide newborn care will continue to be supported and programs to prevent and repair obstetric fistula will be expanded.

Community Practices and Mobilization (14%): To encourage use of life-saving services, including skilled attendants at delivery, additional work at the community level to increase demand and use of safe delivery and essential obstetric and newborn services will be emphasized.

Policy for Safe Motherhood (16%): Education and policy in critical areas of financing, health system strengthening, human resource recruitment and retention, and dissemination of effective, affordable strategies will continue. Focus will be placed on increasing skilled attendance at delivery and delivery of proven interventions to improve pregnancy outcome and newborn survival, especially for the poor.

Research (31%): GH will continue to support key research activities, particularly identifying and evaluating community-based interventions, ascertaining the burden of maternal morbidity, and analysis of existing data to identify and promote more effective, efficient, equitable, and affordable maternal and neonatal health programming.

Performance and Results: GH contributes to the Millennium Development Goal of decreasing maternal and child mortality. Through research, policy dialogue and technical assistance to improve community-based services, the target of increase in skilled birth attendance by 1% per annum has been met in GH-assisted countries. In addition, there has been documentation of reduction of maternal mortality in a number of GH-assisted countries in the past decade, including seven countries with a reduction of 22% to 52% over ten years. GH support for a special initiative to reduce postpartum hemorrhage has expanded to include global dissemination of standards to promote proven interventions to reduce postpartum hemorrhage in countries throughout the world. GH support for a special initiative in new born care has rapidly increased the number of USAID countries including focused attention on the newborn as part of their health program. This year, GH has expanded programs to repair obstetric fistula in Uganda, Democratic Republic of the Congo, and Bangladesh. By the end of this strategic objective, we anticipate substantial progress toward meeting the maternal health Millennium Development Goal of the Millennium Declaration, reduction of the maternal mortality ratio by 75%.

US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-002 Maternal Health		
Through September 30, 2004		
Obligations	113,195	19,808
Expenditures	95,334	19,808
Unliquidated	17,861	0
Fiscal Year 2005		
Obligations	15,091	0
Expenditures	12,073	0
Through September 30, 2005		
Obligations	128,286	19,808
Expenditures	107,407	19,808
Unliquidated	20,879	0
Prior Year Unobligated Funds		
Obligations	9	0
Planned Fiscal Year 2006 NOA		
Obligations	15,332	0
Total Planned Fiscal Year 2006		
Obligations	15,341	0
Proposed Fiscal Year 2007 NOA		
Obligations	20,000	0
Future Obligations	68,538	0
Est. Total Cost	232,165	19,808

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	Child Health and Nutrition
Pillar:	Global Health
Strategic Objective:	936-003
Status:	Continuing
Planned FY 2006 Obligation:	\$54,064,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2007 Obligation:	\$49,568,000 CSH
Year of Initial Obligation:	1995
Estimated Year of Final Obligation:	2012

Summary: The Bureau for Global Health's (GH) Child Health and Nutrition strategic objective focuses on developing and implementing low-cost, feasible, effective interventions that address the major causes of infant and child malnutrition, morbidity, and mortality. GH invests resources and staff effort in applied and operations research and technology development, support to country programs, and cross-cutting policy and health service delivery factors that affect child health services. Activities are carried out by direct technical leadership and through partnerships with other international organizations and bilateral donors.

Inputs, Outputs, Activities:

FY 2006 Program:

Improve child survival, health, and nutrition (\$54,064,000). Applied and operations research and technology development (15%): GH continues research that sets global and Agency direction in program areas of highest impact: research on newborn care and prevention; detection and treatment of life-threatening newborn infections; micronutrient research (zinc supplementation as a risk-reduction intervention, zinc treatment of pneumonia, newborn dosing with vitamin A); and evaluation of community-based care of severe pneumonia. Operations research will evaluate: linking maternal and newborn care to PMTCT and linking HIV-exposed and positive children to routine child health services; community and home care for malaria and pneumonia; combined maternal and newborn post-partum care; and the effects of introducing zinc treatment for child diarrhea on overall treatment of children. Research will identify determinants of declining use of oral rehydration therapy (ORT). Technology development will include devices for providing pre-loaded injectable antibiotics and resuscitation devices for sick newborns, field methods for determining vitamin A status, and new methods for injection waste. Principal implementers: WHO, Johns Hopkins, Boston University, International Science and Technology Institute (ISTI), and Program for Applied Technologies in Health.

Technical support to country programs (41%): Support to field programming is the central element of GH's programming. This approach connects GH's global technical leadership role with USAID's unique field presence. Areas of concentration will be revitalizing ORT, introducing and expanding community-based pneumonia treatment and point-of-use water treatment; introducing zinc treatment and expanding vitamin A supplementation programs; expanding proven program approaches to increase breastfeeding and effective infant and child feeding; and promoting improved newborn routine care and treatment when ill. Principal implementers: UNICEF, WHO, Academy for Educational Development, ISTI, the PVO CORE Group, John Snow Inc., and Management Sciences for Health (MSH).

Improving cross-cutting policy and health service delivery factors (10%): GH's child health SO invests in health system and policy approaches that directly support the delivery or increased use of key child health interventions; resource analyses of funding patterns for child survival; drug and commodity management approaches that increase the availability of drugs and supplies; financing approaches that remove cost barriers for poor families; approaches that improve the quality of services, and the development of data that guide programs (Demographic and Health Surveys). Principal implementers: Abt Associates, MSH, MACRO Inc., United States Pharmacopoeia Convention, University of North Carolina, University Research Corporation, Masimax, and WHO.

Improving community-based programs (32%): The Child Survival and Health grants program supports the participation of NGO and FBO partners in child survival and health programs, coordinates with USAID field missions, provides a way to reach underserved and vulnerable populations, identifies successful community-based approaches, and introduces new interventions such as zinc treatment of diarrhea and improved identification and treatment of newborn infections. Recent quantitative assessments produced estimates of significant numbers of child lives saved as a result of changes in use of key child survival interventions by these programs.

Global leadership (2%): GH will work with the global Partnership for Maternal, Newborn, and Child Health and other member organizations: the World Bank, CIDA, DfID, WHO, UNICEF, the Gates Foundation, NGOs, and governments, supporting progress in child survival in high mortality countries.

FY 2007 Program:

Improve child survival, health, and nutrition (\$49,568,000). Applied and operations research and technology development (14%): GH will accelerate its research investment in newborn survival and in micronutrient interventions. Operations research will be expanded in Africa on connecting routine mother and child health care to HIV/AIDS programming to benefit of HIV-infected mothers, children, and communities.

Technical support to country programs (42%): GH will accelerate support to country programs in areas that include routine newborn care and care of sick newborns, new micronutrient interventions, point-of-use safe water technologies, new strategies for immunization, and adaptation and transfer of program approaches for community treatment of sick children (with diarrhea, pneumonia, and fever). GH will partner with countries with declining rates to identify the determinants of these declines and develop, implement, and evaluate program strategies to reverse declines.

Improving cross-cutting policy and health service delivery factors (11%): Focused investments in this area will include increasing availability of essential drugs for newborn and child health, tracking resource levels for child survival at country level, assuring that the growing number of insurance and financing approaches support appropriate child health services, and improving the availability of information to evaluate progress in child health and nutrition at global, national, and local levels.

Improving community-based programs (30%): The Child Survival and Health grants program will continue to serve unreached children, promote community and local government services, and bring new health interventions to the level of families. It will play a key role in developing the continuity of services required for HIV-positive women and their infants.

Global leadership (3%): GH will actively engage with the members of the global Partnership for Maternal, Newborn, and Child Health to support countries to plan, coordinate, and monitor approaches to accelerate progress in child survival.

Performance and Results: GH has expanded its work to introduce high impact program approaches, including point-of-use water and essential newborn care linked with safe motherhood programs. GH continues to provide technical support to mission and country programs in immunization and vitamin A supplementation. Twelve countries have undertaken POU water programs (five moving to scale) and 32 have semi-annual national vitamin A supplementation. USAID was the first global agency to call attention to the decline in use of ORT. GH is working with missions and partners to reverse this decline. GH provides key technical inputs to guide the U.S. investment in the Global Alliance for Vaccines & Immunization and other global partnerships. GH continues on the cutting edge of issues affecting child health programming, working at the interface with pediatric AIDS and mother-to-child transmission of HIV, identifying the most effective child health approaches in fragile states, and supporting research on micronutrients, newborn health, childhood infections, and barriers to utilization of child health services. At the end of this program, GH will have contributed to sustained increases in child immunization, reduction or elimination of vitamin A deficiency, and reduction of diarrhea mortality through ORT, zinc treatment, and safe household water, each in at least 20 countries.

US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-003 Child Health and Nutrition		
Through September 30, 2004		
Obligations	433,503	94,012
Expenditures	373,426	94,012
Unliquidated	60,077	0
Fiscal Year 2005		
Obligations	52,292	0
Expenditures	42,066	0
Through September 30, 2005		
Obligations	485,795	94,012
Expenditures	415,492	94,012
Unliquidated	70,303	0
Prior Year Unobligated Funds		
Obligations	0	0
Planned Fiscal Year 2006 NOA		
Obligations	54,064	0
Total Planned Fiscal Year 2006		
Obligations	54,064	0
Proposed Fiscal Year 2007 NOA		
Obligations	49,568	0
Future Obligations	73,388	0
Est. Total Cost	662,815	94,012

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	AIDS Prevention and Control
Pillar:	Global Health
Strategic Objective:	936-004
Status:	Continuing
Planned FY 2006 Obligation:	\$64,179,000 CSH; \$116,316,000 GHAI
Prior Year Unobligated:	\$25,720,000 CSH; \$54,638,000 GHAI
Proposed FY 2007 Obligation:	\$64,179,000 CSH; \$116,316,000 GHAI
Year of Initial Obligation:	1996
Estimated Year of Final Obligation:	2012

Summary: The Global Health Bureau's (GH) AIDS Prevention and Mitigation strategic objective (SO) focuses on the prevention of new HIV/AIDS infections and the mitigation of the impact of the epidemic by providing treatment, care, and support to individuals and families affected by HIV/AIDS. In 2005, GH continued providing technical, programmatic, and staff support to the Office of the Global AIDS Coordinator (OGAC) and continued to support, guide, and provide technical assistance for the Emergency Plan, currently operating in more than 100 countries around the world with a special focus on 15 severely affected focus countries, 12 of which are in Africa. GH awarded the Supply Chain Management contract to provide a lifeline of essential drugs and supplies to fight HIV/AIDS in the Emergency Plan's 15 focus countries. The Supply Chain Management System project is a consortium of 15 separate institutions from the private sector, non-profit, and faith-based community, and is well connected to existing delivery and purchasing systems in the developing world. It will provide up to \$500 million for medicine and supplies over three years so that millions of people infected with HIV/AIDS can receive life-prolonging drug treatment. GH has contributed technical leadership from all offices through staff, technical assistance, and other direct support to U.S. Government field units in the more than 100 countries around the world. In addition to GH's support to OGAC, the bureau has continued to provide technical assistance and guidance to USAID field programs in the 85 non-priority countries. Generally, focus country efforts are supported with Global HIV/AIDS Initiative (GHAI) funds, while CSH funds support efforts for non-focus countries.

Inputs, Outputs, Activities:

FY 2006 Program:

Reduce Transmission and Impact of HIV/AIDS (\$64,179,000 CSH funding, \$116,316,000 GHAI funding). The activities of this objective will continue to focus on guiding and implementing USAID's response to the Emergency Plan. GH partnerships with NGOs, faith-based organizations (FBOs), community-based organizations, bilateral and multilateral donors including the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) (funded through GHAI), World Bank, and the Global Fund to Fight AIDS, Tuberculosis and Malaria are longstanding and exemplary. Increasing efforts are continuing to expand cooperation with FBOs and the private sector, both of which are invaluable in combating HIV/AIDS. GH has developed innovative and successful programming mechanisms which can be used as models for scaling up activities.

To meet the President's objectives of supporting anti-retroviral treatment for at least two million HIV-infected persons, preventing seven million new infections, and providing support and care for 10 million persons infected with or affected by HIV, USAID will continue to expand both existing services in FY 2006 and pursue a long-range approach to planning for national coverage by establishing or improving the quality of care at additional service sites to achieve the 2008 targets. GH centrally-funded AIDS activities will be implemented in the field in concert with a deliberate effort to work with the new partners needed to meet the challenges of the Emergency Plan. To this end, GH plans to establish a new USG partners fund, to include Community-Based Organizations and FBOs, in FY 2006. GH will also focus on providing a lifeline of essential drugs and supplies to fight HIV/AIDS in the Emergency Plan countries through its newly awarded contract, the Supply Chain Management System project.

GH programs will support the implementation of the Emergency Plan's Five Year Global HIV/AIDS Strategy

by:

- Providing a lifeline of essential drugs and supplies to fight HIV/AIDS in the Emergency Plan's 15 focus countries through its newly awarded contract, the Supply Chain Management System project;
- Harmonizing program priorities in non-priority countries with Emergency Plan targets;
- Amplifying the USAID response by increasingly working with international partners, including UNAIDS, WHO and the Global Fund;
- Identifying "best practices" in prevention, care, and treatment which are being scaled-up;
- Working to establish one USG-wide strategic information system to report on results;
- Supporting integrated HIV/AIDS prevention, treatment, and care services;
- Developing sustainable HIV/AIDS health care networks;
- Employing the prevention lessons learned from the "ABC" model (abstinence, be faithful and, as appropriate, correctly and consistently use condoms);
- Combating stigma and denial;
- Seeking new strategies to encourage HIV/AIDS testing;
- Actively supporting the involvement of people infected with and affected by HIV/AIDS;
- Focusing significant Agency resources on the focus countries where USAID has missions; and
- Encouraging and strengthening faith-based and community-based non-governmental organizations.

For care, support, and treatment programs, the principal implementing organizations include: Catholic Relief Services; Christian Aid; CARE; Family Health International; HOPE Worldwide; Opportunity International/Habitat for Humanity; Pact, Inc; Save the Children; World Concern; UNAIDS; U.S. Peace Corps; and Population Council, with the following sub: the Futures Group International; Institute of Tropical Medicine; Management Sciences for Health; Population Services International; Program for Appropriate Technology in Health (PATH); and University of North Carolina.

The principal implementing organizations for prevention programs include: Family Health International; Fresh Ministries; HOPE Worldwide; International Youth Foundation; International HIV/AIDS Alliance; Population Services International; Pact, Inc; Internews Network, Inc; Population Council; UNAIDS; World Relief; and TvT Global Health and Development, with the following sub: John Snow, Inc.; University of Washington; University Research Corporation; U.S Census Bureau; U.S. Peace Corps; and Elizabeth Glaser Pediatric AIDS Foundation, with the following sub: the Futures Group International; Program for Appropriate Technology in Health (PATH); Management Sciences for Health; International Center for Research on Women; University of Alabama at Birmingham; Tulane University; and Local Voices with the following sub: Journalists Against AIDS in Nigeria (JAAIDS); Medical Service Corporation International (MSCI) with the following sub: the Salvation Army; the National Association of Evangelicals; and Empower America.

FY 2007 Program:

Reduce Transmission and Impact of HIV/AIDS (\$64,179,000 CSH funding, \$116,316,000 GHAI funding). The anticipated increases in HIV/AIDS resources will allow continued scaling up of interventions in prevention, treatment, care and support in order to achieve USAID's contribution toward the 2008 goals set forth in the Emergency Plan's Five Year Global HIV/AIDS Strategy in both the focus countries and also in the 85 other bilateral countries where USAID works. GH resources will continue to support this scaling-up in the field, with specific attention to the non-focus countries of the Emergency Plan.

Performance and Results: The following is a partial list of USAID accomplishments in FY 2005 in both Emergency Plan priority and other bilateral countries:

The Emergency Plan and other bilateral countries demonstrated measurable progress.. Both the treatment and care 2004 long-term goals were exceeded during the reporting period ending March 2005. At the end of two years of implementation, the Emergency Plan supported treatment for approximately 401,000 people in the 15 focus countries. The Emergency Plan also provided support for treatment for approximately 70,000 additional people through U.S. bilateral programs in other countries, for a worldwide total of approximately 471,000 people receiving bilateral treatment support from the U.S. In FY 2005, the Emergency Plan supported care for nearly 3 million people in the focus countries, including 1.2 million orphans and vulnerable children and over 1.7 million people living with HIV/AIDS. The prevention goal will

be evaluated in tri-annual snapshots starting in 2006. Until then, only annual targets of persons reached with prevention messages are available.

In FY 2005, with international partnerships funding, USAID continued to support IAVI's preclinical vaccine development and clinical trial site development, training, and quality assurance in developing countries. Additionally, USAID continued to support the development of microbicides. In FY 2005, a majority of USAID's support for microbicides consisted of supporting the on-going human effectiveness trials of four microbicide candidates.

GH is also very involved in providing global leadership to the HIV/AIDS community. During FY 2005, GH contributed to the development of international guidelines in several areas, including tuberculosis and HIV/AIDS, pediatric AIDS, prevention of mother-to child transmission, adult ART, HIV test kit selection, vaccine and microbicide research and development, and others. GH was involved in coordinating and providing technical assistance to our global partners including: UNAIDS, WHO GFATM, UNICEF, and the World Bank.

In 2006, USAID will contribute to achieving the Emergency Plan targets of 860,000 on ART, 1.9 million infections prevented, and 4.3 million receiving care and support services, supported by GH activities.

GH activities will contribute to the achievement of the Emergency Plan targets by 2008.

US Financing in Thousands of Dollars

Bureau for Global Health

936-004 AIDS Prevention and Control	CSH	DA	GHAI
Through September 30, 2004			
Obligations	425,263	37,452	0
Expenditures	181,819	37,452	0
Unliquidated	243,444	0	0
Fiscal Year 2005			
Obligations	64,827	0	126,269
Expenditures	51,862	0	2,453
Through September 30, 2005			
Obligations	490,090	37,452	126,269
Expenditures	233,681	37,452	2,453
Unliquidated	256,409	0	123,816
Prior Year Unobligated Funds			
Obligations	25,720	0	54,638
Planned Fiscal Year 2006 NOA			
Obligations	64,179	0	116,316
Total Planned Fiscal Year 2006			
Obligations	89,899	0	170,954
Proposed Fiscal Year 2007 NOA			
Obligations	64,179	0	116,316
Future Obligations	11,685,450	0	1,525,843
Est. Total Cost	12,329,618	37,452	1,939,382

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	Infectious Disease Program
Pillar:	Global Health
Strategic Objective:	936-005
Status:	Continuing
Planned FY 2006 Obligation:	\$55,889,000 CSH
Prior Year Unobligated:	\$91,000 CSH
Proposed FY 2007 Obligation:	\$69,769,000 CSH
Year of Initial Obligation:	1998
Estimated Year of Final Obligation:	2012

Summary: The Bureau for Global Health (GH) Infectious Disease (ID) objective is increased use of effective interventions to reduce the threat of infectious diseases of major public health importance. This involves testing, improving, and implementing new field options; implementing and scaling up best-practice approaches for prevention and treatment of IDs, particularly tuberculosis, malaria, avian influenza, and neglected diseases; support to a new partnership to address neglected diseases; strengthening disease surveillance systems by enhancing detection capability, improving information systems, and implementing data-based decision making and response capacity; and slowing the emergence and spread of antimicrobial resistance.

Inputs, Outputs, Activities:

FY 2006 Program:

Prevent and Control Infectious Diseases Of Major Importance (\$55,889,000). Crosscutting areas: Building capacity of health systems to deliver commodities and services and improve equity, effectiveness, efficiency, accessibility, and sustainability within the private and public sectors is critical for meeting all ID objectives. Equally important are investments in human resource development of the health workforce and in public health leadership. Across the ID sub-areas, GH focuses resources on country-level efforts to deliver appropriate and effective interventions to populations at risk.

Improve and implement TB prevention and control programs (50%): GH will provide direct assistance to over 30 national TB control programs to build in-country political commitment and local capacity to implement and sustain the Directly Observed Treatment, Short Course (DOTS) Strategy. Regional training programs will increase the global cadre of TB professionals. GH will provide direct funding and technical support to the STOP TB Partnership and the new Global Plan to Stop TB (2006-2015). Continued support will be provided for studies on TB treatment protocols, clinical trials for new TB drugs, tools to diagnose TB, and clinical trial site capacity building.

Principal Implementers: Primes: KNCV Tuberculosis Foundation; International Union against TB and Lung Disease; WHO; Centers for Disease Control and Prevention (CDC); National Institutes for Health; Management Sciences for Health (MSH); U.S. Pharmacopoeia Convention Inc, and the Alliance for TB Drug Development; Program for Appropriate Technology in Health (PATH). Subs: American Thoracic Society, Family Health International, Japanese Association for Tuberculosis; Gorgas Memorial Institute.

Malaria disease prevention, treatment and policy (37%): In FY 2006, GH will lead Interagency U.S. Government efforts to scale up key prevention and control efforts for rapid impact in Angola, Tanzania, and Uganda under the President's Malaria Initiative (PMI); GH will also begin preparation to launch the PMI in the next set of countries for 2007. Outside the PMI, GH will work with USAID regional bureaus and missions to implement malaria control activities in association with the Roll Back Malaria Partnership. A new program to provide support to countries to implementation indoor residual spraying operations will be competed and awarded in FY 2006. The promising new malaria vaccine currently in field trials will be evaluated in Kenya through a public-private partnership. Support will also be given for developing new malaria drugs.

Principal Implementers: Primes: Academy for Educational Development (AED); CDC; Research Triangle Institute; Johns Hopkins Program in Education for Gynecology and Obstetrics; MSH; Naval Medical Research Institute; Walter Reed Army Institute of Research; U.S. Pharmacopoeia Convention Inc.; University Research Corporation; Malaria Vaccine Initiative; Medicines for Malaria Venture; and the WHO. Subs: Group Africa; London School of Hygiene and Tropical Medicine.

Strengthening disease surveillance systems and slowing the emergence and spread of antimicrobial resistance (AMR) (13%): GH will strengthen infectious disease surveillance at the national, regional, and global level. Complementary efforts will support programs that identify obstacles and target capacity development of health workers at the district level as part of detection and response within a disease surveillance system. Epidemiology capacity will be strengthened in country by supporting the development of field-based training programs as well as regional and international networks.

Principal Implementers: Primes: Abt Associates; AED; CDC; Training in Epidemiology and Public Health Interventions Network; and WHO. Subs: PATH

The AMR activities will focus on global and country-level AMR advocacy and the development of an intervention package(s) to support the appropriate use of antimicrobial drugs. GH will provide technical assistance to the Global TB Drug Facility (GDF), beneficiary countries, and USAID country programs to develop and strengthen drug management and logistics capacity.

Principal Implementers: Primes: CDC; Johns Hopkins University; MSH; U.S. Pharmacopoeia Convention Inc.; and WHO. Subs: International Clinical Epidemiology Network.

Supplemental Appropriations (outside this SO funding): Detect the emergence and control the potential spread of Avian Influenza (AI) (\$30,000,000): Using Supplemental Appropriations, GH will provide extensive technical support to USAID missions and regional bureaus to build local capacity to monitor and contain the spread of the virus. GH will also support efforts to improve animal husbandry and change cultural practices. In FY 2006, funds for cross-cutting issues, including supporting the WHO's capacity to monitor and respond to outbreaks, and supporting the Food and Agriculture Organization's (FAO's) ability to improve agricultural containment, will be managed by GH. Principal Implementers: WHO and the FAO.

International Partnerships (outside this SO funding): Provide support to control the spread of neglected diseases (\$15,000,000): Although funded with international partnership funds, GH will manage an additional \$15 million for neglected diseases. GH will work with external partners and the neglected disease community to begin an integrated program to control neglected diseases, including major helminth infections, schistosomiasis, lymphatic filariasis, onchocerciasis, trachoma, leprosy, and guinea worm. This program will establish a new, single public/private partnership, bringing together several established partnerships. It will focus on work at the community level, including mass treatment with drugs.

FY 2007 Program:

Prevent and Control Infectious Diseases Of Major Importance (\$69,769,000). The ID program will focus on support for TB (40%), malaria (49%), surveillance, and anti-microbial resistance (11%). GH will support programs to increase the uptake and financial sustainability of the supply of insecticide treated materials, the availability and use of affordable artemisinin combination therapies, and adequate country-level capacity to plan for and use indoor residual spraying in areas of unstable and epidemic malaria. GH will provide technical assistance in high burden TB countries, and support the expansion of DOTS treatment, increase the case detection rates for TB, and disseminate best practices regarding TB prevention and control, including the treatment of multiple drug resistant TB.

In addition, GH anticipates managing \$50 million for avian influenza, with priority on the provision of technical support at global and country levels. GH will manage an additional \$15 million for neglected diseases. The PMI will expand from three to seven countries in Africa.

Performance and Results: Four months after its announcement, the PMI is operational, with key interventions for quick scale up in three countries already identified for implementation in FY 2006.

Household ownership of insecticide treated nets increased to 23% (up from 15% in FY 04) in the 18 countries with USAID-supported malaria programs. In TB control, seven out of 36 countries with USAID support reached the global target of 70% TB case detection, and nine achieved the global target of 85% treatment success. The GH ID team worked closely with other partners to expand the effectiveness of key global partnerships.

US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-005 Infectious Disease Program		
Through September 30, 2004		
Obligations	258,548	250
Expenditures	193,872	250
Unliquidated	64,676	0
Fiscal Year 2005		
Obligations	68,721	0
Expenditures	57,902	0
Through September 30, 2005		
Obligations	327,269	250
Expenditures	251,774	250
Unliquidated	75,495	0
Prior Year Unobligated Funds		
Obligations	91	0
Planned Fiscal Year 2006 NOA		
Obligations	55,889	0
Total Planned Fiscal Year 2006		
Obligations	55,980	0
Proposed Fiscal Year 2007 NOA		
Obligations	69,769	0
Future Obligations	51,202	0
Est. Total Cost	504,220	250