

## Data Sheet

<b>USAID Mission:</b>	Bureau for Global Health
<b>Program Title:</b>	Infectious Disease Program
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	936-005
<b>Status:</b>	Continuing
<b>Planned FY 2006 Obligation:</b>	\$55,889,000 CSH
<b>Prior Year Unobligated:</b>	\$91,000 CSH
<b>Proposed FY 2007 Obligation:</b>	\$69,769,000 CSH
<b>Year of Initial Obligation:</b>	1998
<b>Estimated Year of Final Obligation:</b>	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		
<b>Through September 30, 2004</b>		
Obligations	258,548	250
Expenditures	193,872	250
Unliquidated	64,676	0
<b>Fiscal Year 2005</b>		
Obligations	68,721	0
Expenditures	57,902	0
<b>Through September 30, 2005</b>		
Obligations	327,269	250
Expenditures	251,774	250
Unliquidated	75,495	0
<b>Prior Year Unobligated Funds</b>		
Obligations	91	0
<b>Planned Fiscal Year 2006 NOA</b>		
Obligations	55,889	0
<b>Total Planned Fiscal Year 2006</b>		
Obligations	55,980	0
<b>Proposed Fiscal Year 2007 NOA</b>		
Obligations	69,769	0
Future Obligations	51,202	0
Est. Total Cost	504,220	250