

## 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>Proposed FY 2004 Obligation:</b>	\$65,300,000 CSH
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2005 Obligation:</b>	\$49,000,000 CSH
<b>Year of Initial Obligation:</b>	1998
<b>Year of Final Obligation:</b>	2013

**Summary:** The Bureau for Global Health's (GH) Infectious Disease Program SO is a multi-year effort to reduce the threat of infectious diseases of major public health importance. USAID's progress in the implementation of an impact-oriented infectious disease strategy has been impressive. At the global level, GH's ID team has been proactive in engaging in the development and expansion of key global initiatives such as the STOP TB Partnership, the TB Global Drug Facility, the Roll Back Malaria Partnership and the Global Fund to Fight AIDS, Tuberculosis and Malaria. At the national level, technical support from the ID team has been instrumental in the establishment, strengthening and expanding programs in 67 countries to reduce morbidity and mortality from TB and malaria, strengthen diseases surveillance systems and address the growing problem of anti-microbial resistance.

### Inputs, Outputs, Activities:

#### FY 2004 Program:

Improve and implement tuberculosis (TB) prevention and control programs. GH will continue to provide direct assistance to more than 30 national TB control programs with the objective of building in-country political commitment and local capacity to implement and sustain effective TB control efforts, such as the Directly Observed Treatment, Short Course (DOTS) Strategy. Regional training programs will complement these efforts by increasing the global cadre of TB professionals. GH will continue to support the STOP TB Partnership and the Global Plan to Stop TB, directly support and provide technical assistance to the Global Drug Facility, develop and disseminate best practices regarding TB prevention and control (e.g., treatment of MDR-TB, TB/HIV, community based care), and support the development of tools to diagnosis TB rapidly. Principal Implementers: TB Coalition for Technical Assistance including the Royal Netherlands TB Foundation; the International Union against TB and Lung Disease; American Lung Association, American Thoracic Society, the World Health Organization (WHO), and the Centers for Disease Control and Prevention (CDC), Gorgas Memorial Institute, and The National Institutes for Health, Management Sciences For Health, Program for Appropriate Technology in Health, U.S. Pharmacopoeia Convention Inc.

Malaria disease prevention, treatment and policy efforts. GH will continue to work closely with USAID regional bureaus and missions to expand malaria control activities in association with the Roll Back Malaria Partnership. In FY 2004, GH will expand a coordinated effort to increase access and use of key preventive and curative interventions, in particular those high impact interventions targeted for pregnant women and infants. These expanded efforts will compliment ongoing malaria activities and will be focused largely in Africa, but will also target populations in complex emergencies and sub-regional efforts in South America and Southeast Asia to reduce the spread of drug resistant malaria. The most promising new malaria vaccine currently in field trials will continue to be evaluated in Kenya through a public-private partnership, and new knowledge will enable even more advanced candidates to enter the pipeline. A new initiative will focus on strengthening Schools of Public Health in Africa to improve local capacity for malaria, TB, HIV/AIDS and other public health priorities. Principal Implementers: Academy for Educational Development, Group Africa, London School of Hygiene and Tropical Medicine, Camp Dresser & McKee, The Centers for Disease Control and Prevention, JHPIEGO Corporation, Management Sciences for

Health, Maxygen, The Naval Medical Research Institute, Walter Reed Army Institute of Research, U.S. Pharmacopoeia Convention Inc., University Research Corporation, and The World Health Organization.

Strengthening disease surveillance systems. GH will continue to support The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) efforts to strengthen infectious disease surveillance at the national, regional and global level. Complimentary efforts will support programs that identify obstacles and target capacity development of health workers at the district level as a key part of timely detection and response within a disease surveillance system. Epidemiology capacity will be strengthened by supporting the development of field-based training programs at the country level, as well as reinforcing regional and international networks. GH will continue working with the European Office of WHO on the regional dissemination of USAID's experience with strengthening immunization, disease and health information systems. Principal Implementers: Abt Associates, Academy for Educational Development, The Centers for Disease Control and Prevention, The Program for Appropriate Technology in Health, Training in Epidemiology and Public Health Interventions Network, and WHO.

Slow the emergence and spread of antimicrobial resistance (AMR). Building upon the recently developed WHO Global Strategy for the Containment of Antimicrobial Resistance, the AMR activities will focus on global and country-level antimicrobial resistance advocacy, and the development of an intervention package(s) to support the appropriate and judicious use of antimicrobial drugs. The Global TB Drug Facility will continue to receive direct technical assistance, as well as beneficiary countries, to develop and strengthen drug management and logistics capacity, along with USAID country programs. Principal Implementers: CDC, International Clinical Epidemiology Network, Johns Hopkins University, Management Sciences For Health, U.S. Pharmacopoeia Convention Inc., and WHO.

**FY 2005 Program:**

Improve and implement TB prevention and control programs. TB activities will further support national implementation of TB prevention and control measures at the community level, while expanding efforts to address the lack of TB technical expertise in the developed and developing world.

Malaria disease prevention, treatment and policy efforts. Malaria programs will further expand the availability of insecticide treated bednets, improve policy and practices regarding effective treatment and prevention of malaria in pregnant women, further accelerate vaccine development and strengthen Schools of Public Health.

Strengthening disease surveillance systems. GH will work closely with USAID Missions and host countries to address critical constraints to effective disease surveillance and disseminate best practices.

Slow the emergence and spread of antimicrobial resistance. GH will continue to implement and expand the application of appropriate drug management practices, especially within the purview of global disease trust funds, and to reduce the spread of antimicrobial resistance.

**Performance and Results:** GH has significantly contributed to the STOP TB Partnership, a very effective advocacy partnership contributing to the adoption of the DOTS Strategy in more than 150 countries. GH has provided ongoing technical support to 30 countries, which have expanded TB services and improved cure rates, such as in India, where technical support has enabled the national TB program to expand DOTS to 21 million people in Harayana State. As a result, case detection rates for TB reached 64% and a treatment success rate reached 83%. Malaria team support has been instrumental in 20 African countries (6 additional over the last year) implementing revised treatment policies. Over 54 million children under five benefit from this policy change; in addition, 15 African countries (7 additional over last year) are implementing Intermittent Preventive Treatment (IPT) in pregnancy. Over 7 million pregnant women benefit from this policy change. Financial support for the Global TB Drug Facility (GDF) has created pooled purchasing power and contributed to the decline of average international prices for a full course of TB treatment by 30% to about \$10, and facilitated the provisions of drugs to more than 1.6 million patients. GH's efforts will directly contribute to increased access to and use of life-saving interventions for the prevention and control of malaria and tuberculosis.

## US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-005 Infectious Disease Program		
<b>Through September 30, 2002</b>		
Obligations	142,480	250
Expenditures	101,018	250
Unliquidated	41,462	0
<b>Fiscal Year 2003</b>		
Obligations	52,108	0
Expenditures	41,686	0
<b>Through September 30, 2003</b>		
Obligations	194,588	250
Expenditures	142,704	250
Unliquidated	51,884	0
<b>Prior Year Unobligated Funds</b>		
Obligations	2	0
<b>Planned Fiscal Year 2004 NOA</b>		
Obligations	65,260	0
<b>Total Planned Fiscal Year 2004</b>		
Obligations	65,262	0
<b>Proposed Fiscal Year 2005 NOA</b>		
Obligations	49,000	0
Future Obligations	95,370	0
Est. Total Cost	404,220	250