

Bureau for Global Health

The Development Challenge: The high level of worldwide political and humanitarian interest in international health presents USAID with the opportunity to demonstrate continued leadership in addressing some of the critical problems that plague not only developing nations but also increasingly threaten the entire world. The health field enjoys unprecedented backing from both the Administration and Congress as demonstrated by the President's \$15 billion Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund), and the President's Prevention of Mother-to-Child Transmission Initiative (PMTCT). USAID, through its Bureau for Global Health (GH), is well-positioned to use its expertise, experience and presence in global health to advance the President's agenda in HIV/AIDS, and other infectious diseases, Child Survival and Reproductive Health. The top priorities include:

- Under the leadership of the Global AIDS Coordinator, participate in implementing the USG's expanded AIDS programs, including the continuum of prevention to care;
- Controlling the spread of re-emerging infectious diseases such as tuberculosis and malaria; and
- Moving the fundamentals forward by employing new approaches and improving full-scale access to family planning/reproductive health, child survival, and maternal health.

The USAID Program: GH's three critical functions that provide the framework for programs are:

- **Global leadership.** GH has technical experts who manage a wide spectrum of diverse technical projects; increase understanding of programs with stakeholders, including the U.S. public and Congress; and nurture and galvanize stronger partnerships with the development community. This achieves results by influencing the worldwide health agenda, thereby increasing the likelihood of successful health programs and by encouraging the wider global community, both public and private sectors, to adopt new technologies and approaches and to pursue USAID priorities and goals.
- **Research and innovation.** GH is the Agency's repository for state-of-the-art thinking in biomedical, social science, and operational research for health. GH has expanded the definition of research to include its full application and increased the emphasis on scaling-up proven high-impact interventions.
- **Technical support to the field.** GH follows a field-driven and field-centered approach to technical support to the field, is a pioneer in results monitoring, and leads global work in the development of program evaluation tools and trend analysis for global health. GH programs are flexible and can respond promptly to field needs, such as the rapid opening and closing of bilateral programs or emergencies such as hurricanes, earthquakes and conflicts.

GH conducts these three functions in order to achieve its five strategic objectives, which are:

- Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic;
- Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance;
- Increased use of key child health and nutrition interventions;
- Increased use of key maternal health and nutrition interventions; and
- Voluntary family planning and reproductive health programs advanced and supported worldwide.

Other Program Elements: USAID works with a range of private, public and international partners to implement its programs. GH's greatest investment in the private sector has been in commercial market development; health technologies, social marketing services, products, and materials; and workplace

delivery of basic health services. The role of the U.S. private sector has grown dramatically in recent years, with the top 10 private U.S. foundations now exceeding USG spending in the area of international health. GH has actively sought new ways of doing business with nongovernmental organizations (NGOs) and private sector organizations, mainstreaming Global Development Alliance (GDA)-type alliances and reaching out to faith-based organizations (FBOs). Partnerships with the Jane Goodall Institute, Coca Cola, Exxon-Mobil and other corporations demonstrate the GH's significant work with the private sector.

In FY 2003 alone, GH supported a number of public-private partnerships leveraging more than \$600 million in private sector resources, excluding the Global Fund. In addition, the Global Fund alone leveraged \$940 million in public and private sector resources.

GH centrally-funded AIDS activities will be implemented with a deliberate effort to establish the new partners needed to meet the challenging goals of the President's Emergency Plan for AIDS Relief (PEPFAR). In order to provide for the additional efforts required to start bringing in new partners, including faith-based organizations, for HIV/AIDS work, GH proposes to establish a fund for new USG partners using a portion of FY 04 HIV/AIDS funds. This will enable these new partners to be much stronger and more experienced by the end of PEPFAR programming in FY 08.

GH has sought to better integrate and balance immediate disease-driven interventions with capacity and systems building interventions. Implementing the President's initiative on AIDS, with the additional funding and mandate provided under the Emergency Plan, USAID is working under the leadership of the Global AIDS Coordinator and in close collaboration with other U.S. Government agencies, particularly the Departments of State and Health and Human Services (HHS).

GH has increased our involvement in complex global emergencies. GH has helped identify and control endemic and epidemic diseases, ensure adequate immunization coverage, prevent decline of nutritional status in vulnerable populations, and improve basic water and sanitation in these settings. By combining forces with the Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA) and regional bureaus in such countries as Iraq, Afghanistan, Congo, Sudan, Mozambique, and South Africa.

In FY 2003, USAID took a leading role in developing a consensus for and the establishment of a global child survival partnership with UNICEF, World Bank, Gates Foundation and others that will accelerate the implementation of high impact child health interventions in 42 targeted countries.

Other Donors: USAID is leading a global collaboration among donors and NGOs to increase the awareness of and resources available for contraceptive and condom procurement and distribution. This effort improves the security of supplies of reproductive health commodities and helps meet demand for quality family planning and reproductive health services in developing countries.

USAID will continue to support the Global AIDS Coordinator in the development and implementation of the Global Fund. USAID will continue to use its resources to dramatically increase available resources from the Fund to fight three of the world's most devastating diseases and to rapidly direct those resources to effective prevention, care and treatment programs in the areas most urgently in need of assistance. Also, USAID played a key role in the UN Special Session on Children and the Summit on Sustainable Development on Water, demonstrating its global leadership and commitment to international collaboration.

Bureau for Global Health PROGRAM SUMMARY

(in thousands of dollars)

Accounts	FY 2002 Actual	FY 2003 Actual	FY 2004 Current	FY 2005 Request
Child Survival and Health Programs Fund	322,766	324,900	328,020	299,342
Development Assistance	3,714	0	0	0
Total Program Funds	326,480	324,900	328,020	299,342

STRATEGIC OBJECTIVE SUMMARY				
936-001 Population and Reproductive Health				
CSH	0	137,500	130,000	125,000
936-0011 Population and Reproductive Health - New Tech.				
CSH	47,173	0	0	0
936-0012 Population & Reproductive Health-Policy				
CSH	8,438	0	0	0
936-0013 Population & Reproductive Health - Capacity				
CSH	43,924	0	0	0
936-0014 Population & Reproductive Health-Access				
CSH	51,265	0	0	0
936-002 Maternal Health				
CSH	14,883	14,149	14,000	12,362
936-003 Child Health and Nutrition				
CSH	46,434	55,791	53,410	47,538
DA	3,714	0	0	0
936-004 AIDS Prevention and Control				
CSH	60,085	65,350	65,350	65,442
936-005 Infectious Disease Program				
CSH	50,564	52,110	65,260	49,000

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	Population and Reproductive Health
Pillar:	Global Health
Strategic Objective:	936-001
Proposed FY 2004 Obligation:	\$130,000,000 CSH
Prior Year Unobligated:	\$511,000 CSH
Proposed FY 2005 Obligation:	\$125,000,000 CSH
Year of Initial Obligation:	1996
Year of Final Obligation:	2013

Summary: The Bureau for Global Health's (GH) Population and Reproductive Health Strategic Objective (SO) was revised to focus more explicitly on the unique contributions of the Bureau to the achievement of Agency health objectives. The revised SO is to advance and support voluntary family planning and reproductive health (RH/FP) programs worldwide. Three intermediate results support this objective: global leadership demonstrated in RH/FP policy, advocacy and services; knowledge generated, organized and disseminated; and support provided to the field to implement effective and sustainable RH/FP programs. GH supports the key components of effective family planning programs -- service delivery, training, performance improvement, contraceptive availability and logistics, health communication, biomedical and social science research, policy analysis and planning, and monitoring and evaluation.

Inputs, Outputs, Activities:

FY 2004 Program:

GH continues to explore ways to both advance the state of the art and serve field missions most effectively. Investments in research related to microbicides, female barrier methods, and expansion of new natural family planning methods will continue. In addition, strategies for improving the use of research results and data-based decision making will be implemented, the results of which will expand method choices and improve service delivery and quality in developing countries. The new Demographic and Health Surveys (DHS) contract will initiate its data collection activities. Monitoring and Evaluation (M&E) work will increasingly focus on equity, or lack thereof, in the distribution of health improvements. (\$46 million, of which: \$13M biomedical, \$23M operations research, \$10M data collection/M&E)

GH policy support will increasingly focus on ensuring the sustainability of RH/FP services and overcoming policy barriers. For example, GH will fund training and technical assistance to help governments prioritize their RH needs, and choose interventions and allocate funds to meet those needs. GH will also consolidate the lessons learned from the FY 2003 work on operational policy barriers and apply them more broadly to improve access to RH/FP services. GH will develop, test, and apply approaches to integrate reproductive health and sexually transmitted infections and HIV policies and services and to ensure an adequate and predictable long-term supply of contraceptive commodities. (\$6 million)

GH recognizes that training is not always the best way to improve performance. GH will use FY 2004 funds to support management and human resource assessments of national family planning and reproductive health institutions as one component of a performance improvement approach to overcoming obstacles to improved service delivery. A new award will strengthen human capacity for expanded service provision, including emphasis on more efficient supervision systems as a component of performance improvement. (\$43 million)

In FY 2004, GH will begin implementation of a new competitive award to assist field missions to strengthen private commercial service provision. It will focus on public-private partnerships for service provision and assistance to the public sector to effectively target subsidies to the poor. In addition, a new

competitive award planned for FY 2004 will facilitate field-level access to PVOs for service-delivery support and gender activities. We expect this mechanism to make it easier to work with new development partners. Support will continue for clinic-based FP/RH service provision. (\$35 million)

Priority areas of investment for this SO include, first, planning for graduation from USAID reproductive health/family planning assistance in selected countries, with an emphasis on ensuring strong institutional capacity and contraceptive security. Second, as more USAID missions choose to implement their RH/FP programs through country-specific rather than central mechanisms, it becomes increasingly important to be able to learn from their experiences. We will capture those lessons and ensure that effective approaches are incorporated into all field-based programs. Third, operationalizing FP/HIV integration becomes imperative, particularly in Africa, as HIV continues to dominate the policy and programmatic agenda in health. Recent USAID-funded analyses have shown that adding family planning to prevention of mother-to-child transmission of HIV (PMTCT) activities can save the lives of thousands of women and children and significantly reduce the number of orphans. We will continue to invest in incorporating family planning information and services into voluntary counseling and testing and PMTCT activities.

Principal contractors, grantees, and agencies include: new partners to be determined through competition, plus Academy for Educational Development, Adventist Development and Relief Agency, American College of Nurse Midwives, American Red Cross, Center for African Family Studies, Casals and Associates, CDC, Conservation International, Constella Health Sciences, Deloitte-Touche, Eastern Virginia Medical School, EngenderHealth, Family Health International, Futures Group International, Georgetown University, IntrahHealth, Jane Goodall Institute, John Snow, Inc., Johns Hopkins University, Management Sciences for Health, ORC Macro, Program for Appropriate Technology in Health, Pathfinder, Population Reference Bureau, Population Council, Public Health Institute, Project Hope, Research Triangle Institute, Save the Children, University of North Carolina, World Health Organization (WHO), World Vision, World Wildlife Fund, and various contraceptive manufacturers. All family planning assistance agreements incorporate clauses that implement the President's directive restoring the Mexico City policy.

FY 2005 Program:

In FY 2005, GH plans to give greater emphasis to the health benefits of family planning by focusing, for example, on the contribution of birth spacing to improving maternal and child health, the impact of family planning on reducing abortion, the impact of post-abortion care on reducing maternal mortality and morbidity, and offering family planning as a component of PMTCT programming. We will also further strengthen public/private partnerships. To improve prospects for sustainability, some GH programs will transition to a model of social marketing that is more focused on building local capacity, strengthening existing markets, and fostering competition. GH plans to continue to develop and strengthen initiatives to engage individuals, families, communities, and nations in healthy decision-making and to address gender issues in order to improve family planning use and health outcomes. (\$125 million, of which: \$44M for research, \$6M for policy, \$41M for capacity building, and \$34M for service delivery)

Performance and Results: Accomplishments in FY 2003 includes: 1) expanded access to RH/FP services in biodiversity hotspots in Madagascar and the Philippines through partnerships with Conservation International, the World Wildlife Fund, and the Jane Goodall Institute; 2) led efforts in forging international consensus on updated clinical standards, reflected in WHO's Medical Eligibility Criteria, which expand access to FP by reducing barriers to interuterine device use and adding Standard Days natural FP method as a modern method. 3) gained Food and Drug Administration (FDA) approval for a new cervical barrier device and a two-rod hormonal method approved to extend use from three to five years (both were developed with USAID support); 4) development, production, and distribution of new FP/HIV Integration Technical Guidelines for the Field resulted in global recognition of family planning's role in more effective HIV and PMTCT programming. 5) Eight evidence-based best practices, developed and tested with GH core funds, are being applied and scaled-up, and use documented in Egypt to strengthen integrated health programming. These include use of: a comprehensive post-abortion care model; a pregnancy checklist to screen new FP users; optimal birth-spacing guidelines in Ministry of Health norms, training, and Information, Education and Communications (IEC) materials; an

incentive system using quality of care indicators; support for women's empowerment through micro-credit and literacy programs linked to RH/FP; adolescent RH services; and, performance improvement tools.

US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-001 Population and Reproductive Health		
Through September 30, 2002		
Obligations	150,556	270,625
Expenditures	112,063	270,625
Unliquidated	38,493	0
Fiscal Year 2003		
Obligations	136,989	0
Expenditures	82,189	0
Through September 30, 2003		
Obligations	287,545	270,625
Expenditures	194,252	270,625
Unliquidated	93,293	0
Prior Year Unobligated Funds		
Obligations	511	0
Planned Fiscal Year 2004 NOA		
Obligations	130,000	0
Total Planned Fiscal Year 2004		
Obligations	130,511	0
Proposed Fiscal Year 2005 NOA		
Obligations	125,000	0
Future Obligations	1,335,156	0
Est. Total Cost	1,878,212	270,625

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	Maternal Health
Pillar:	Global Health
Strategic Objective:	936-002
Proposed FY 2004 Obligation:	\$14,000,000 CSH
Prior Year Unobligated:	\$399,000 CSH
Proposed FY 2005 Obligation:	\$12,362,000 CSH
Year of Initial Obligation:	1996
Year of Final Obligation:	2013

Summary: The Bureau for Global Health's (GH) Maternal Health strategic objective, Increase use of key maternal health and nutrition intervention, focuses on technology development and identification and documentation of approaches that improve pregnancy outcome for mothers and their infants. This SO provides global leadership by working with other partners to carry out research and disseminate findings, as well as fostering advocacy and policy dialogue related to critical issues of financing, training and deployment of personnel, rational management of pharmaceuticals, and information systems. It 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.

Inputs, Outputs, Activities:

FY 2004 Program:

Quality Maternal and Neonatal Health Services. (\$5,600,000 CSH; \$399,000 CSH Carryover) GH will support training of midwives, doctors and nurses in treatment of obstetric complications, and antenatal, birth, postpartum and newborn care. Effective interventions will be promoted, including micronutrient supplementation, tetanus toxoid immunization, intermittent preventive treatment of malaria and promotion of insecticide treated nets, syphilis control, and prevention of maternal-to-child-transmission of HIV. Clean and safe delivery and rapid treatment of complications, including hemorrhage, infection, hypertensive disorders, obstructed labor and post-abortion complications, will be taught to birth attendants. Quality improvement programs will be instituted and special initiatives to prevent and treat postpartum hemorrhage, the biggest maternal killer, continue. Selected women's health problems, such as fistula and reproductive cancers, will be addressed. Principal contractors, grantees and cooperative agreement recipients: new partners to be determined through competition, plus Academy for Educational Development (AED)--subcontractors: Cooperative for Assistance and Relief Everywhere, Catholic Relief Services, World Vision, Cornell University, Tufts University; International Science and Technology Institute--subcontractors: Helen Keller Institute (HKI), AED, Population Services Institute; additional and new major contractor(s) and recipient(s) to be determined through a competitive process.

Community Practices and Mobilization. (\$2,800,000 CSH) GH will continue to support the White Ribbon Alliance to promote the Safe Motherhood Initiative through a global network to create demand for and use of life-saving maternal and newborn care. In the community, programs will continue to promote good nutrition, infection prevention, avoidance of harmful practices, use of skilled birth attendants, and rapid use of services in the event of a life-threatening complication. Principal contractors, grantees and cooperative agreement recipients: new partners to be determined through competition, plus The Futures Group International (TFGI)--subcontractors: Center for Development and Population Activities (CEDPA), Research Triangle Institute; and additional and new major recipient(s) to be determined through a competitive process.

Policy for Safe Motherhood. (\$2,240,000 CSH) GH fosters policy dialogue to institutionalize political and financial commitments to maternal and newborn health. Special attention is focused on supporting

national standards of practice so that they are based on current scientific evidence and identifying and addressing regulatory barriers to provision of life-saving care by mid-level providers. Principal contractors, grantees and cooperative agreement recipients: TFGI--subcontractors: CEDPA, RTI; International Life Sciences Institute; Management Sciences for Health--subcontractors: AED, Alliance for the Prudent Use of Antibiotics, Boston University, Harvard, Program for Appropriate Technology in Health (PATH); US Pharmacopeia; Jorge Scientific Corporation--subcontractor: TFGI; John Snow, Inc. (JSI); Global Health Council; and WHO.

Research. (\$3,360,000 CSH) GH supports a multi-donor international effort to improve the evidence base for effective, affordable approaches in low-resource environments. It supports research on: new technologies to decrease postpartum hemorrhage, the effect of micronutrients on pregnancy outcome, and approaches to improve antenatal, delivery and postpartum newborn services and increase use of skilled birth attendants and essential obstetric care. Principal contractors, grantees and cooperative agreement recipients: Johns Hopkins University (JHU) & Columbia University Bloomberg School of Public Health--subcontractors: Boston University/Center for Health and Development, HKI, International Clinical Epidemiology Network, ICDDR,B, Center for Health and Population Research, and Save the Children/USA; University of Aberdeen--subcontractors: London School of Hygiene and Tropical Medicine, Institute of Tropical Medicine in Antwerp, JHU; University Research Corporation (URC)--subcontractors: Joint Commission Resources, JHU; Abt Associates--subcontractors: URC, Development Associates Incorporated, Tulane University, PATH; Macro Int.--subcontractors: JHU Center for Communication Programs, PATH, Jorge Scientific Corporation, Casals & Associates, Inc.; The University of North Carolina at Chapel Hill Carolina Population Center--subcontractors: TFGI, JSI, Macro Int., Tulane Univ.

FY 2005 Program:

Quality Maternal and Neonatal Health Services. (\$5,000,000 CSH) Timely, effective and compassionate care will be promoted through training and quality assurance approaches. The special initiative to prevent and treat postpartum hemorrhage in order to achieve rapid reduction in maternal mortality will continue to be supported. Intensive effort will be focused on bringing services to the community level.

Community Practices and Mobilization. (\$2,500,000 CSH) 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 care services will be emphasized.

Policy for Safe Motherhood. (\$1,862,000 CSH) Advocacy and policy in critical areas of financing, health system strengthening, 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.

Research. (\$3,000,000 CSH) GH will continue to add to the knowledge base by supporting key research activities and analysis of existing data to identify and promote more effective, efficient and affordable maternal and neonatal health programming.

Performance and Results: GH continues to play a leadership role in development and promotion of key maternal and newborn health interventions. Through research, policy dialogue and technical assistance it has contributed to increases in skilled birth attendance in USAID-assisted countries and reduction of maternal mortality in several countries in the past decade. In the last year, success has been documented in substantial reduction of maternal mortality in Guatemala. Community planning for obstetrical emergencies has improved in Nicaragua and Indonesia. Research studies in India and Ethiopia have provided insight into the ways in which community and family members can learn home-based life-saving skills. Continuous quality improvement approaches have resulted in improved care for women in labor. Experiments with user fees in very resource-poor environments have demonstrated the linkage between prepayment programs and improved skilled attendance at birth. GH support for a special initiative to reduce postpartum hemorrhage has resulted in introduction of services in four African countries and adoption of a joint statement by the International Confederation of Gynecologists and Obstetricians and the International Confederation of Midwives to promote proven interventions to reduce postpartum hemorrhage in member countries throughout the world.

US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-002 Maternal Health		
Through September 30, 2002		
Obligations	85,445	19,808
Expenditures	73,134	19,808
Unliquidated	12,311	0
Fiscal Year 2003		
Obligations	13,750	0
Expenditures	11,000	0
Through September 30, 2003		
Obligations	99,195	19,808
Expenditures	84,134	19,808
Unliquidated	15,061	0
Prior Year Unobligated Funds		
Obligations	399	0
Planned Fiscal Year 2004 NOA		
Obligations	14,000	0
Total Planned Fiscal Year 2004		
Obligations	14,399	0
Proposed Fiscal Year 2005 NOA		
Obligations	12,362	0
Future Obligations	106,209	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
Proposed FY 2004 Obligation:	\$53,410,000 CSH
Prior Year Unobligated:	\$797,000 CSH
Proposed FY 2005 Obligation:	\$47,538,000 CSH
Year of Initial Obligation:	1995
Year of Final Obligation:	2013

Summary: The Bureau for Global Health's (GH) Child Health and Nutrition strategic objective, Increased use of key child health and nutrition intervention, focuses on developing low-cost, feasible, effective interventions that address the major causes of infant and child malnutrition, morbidity, and mortality and on supporting their widest possible implementation in developing countries. It achieves this by investing resources and staff effort in applied and operations research and technology development, technical support to country programs, and addressing cross-cutting policy and health service delivery factors that directly affect child health services. These activities are carried out through direct technical leadership and through partnerships with other international organizations and bilateral donors.

Inputs, Outputs, Activities:

FY 2004 Program:

Applied and operations research and technology development. (\$7,334,000 CSH, \$797,000 CSH carryover) During FY 2004, GH will support approximately 10 research activities through U.S. universities, international organizations including the World Health Organization (WHO) and United Nations Children's Fund (UNICEF), and developing country researchers. Micronutrient research will include assessment of effects of vitamin A on newborn mortality and zinc supplementation on infant and under-five mortality. Another major research area will be new vaccines to prevent major causes of diarrhea in children. Additional research will include developing and evaluating technologies (such as injectable antibiotics in UniJect injection devices) and program approaches to improve maternal and newborn survival. Operations research (with UNICEF) will develop and evaluate program approaches to implement community treatment of pneumonia in West African countries. Principal contractors, grantees, and cooperating agencies include: World Health Organization, Johns Hopkins University, International Science and Technology Institute, Boston University, and PATH.

Technical support to country programs. (\$21,683,000 CSH) During FY 2004, GH will dedicate the largest portion of its resources and effort to assisting program efforts in priority USAID-assisted countries. This technical assistance will focus largely on core technical areas including: strengthening routine immunization capabilities, including helping countries that receive Global Alliance for Vaccines and Immunization (GAVI) grants to apply those resources most effectively; improving the effectiveness of polio eradication efforts in countries with continuing virus transmission; improving the care of children with diarrhea, pneumonia, and other common child illnesses, with particular focus on care in primary facilities, communities, and households and on the role of private sector providers. The technical assistance will also focus on improving nutrition through promotion of breastfeeding and appropriate complementary feeding, and especially on expanding vitamin A and other micronutrient fortification and supplementation programs; and applying known interventions (such as tetanus immunization and improved immediate care of newborns) in expanded programs to reduce newborn mortality. There will also be increased emphasis on supporting countries affected by crisis. Principal contractors, grantees, and cooperating agencies include: UNICEF, WHO, The Academy for Educational Development, the International Science and Technology Institute (ISTI), the PVO CORE Group (World Vision), and additional and new partners to implement awarded agreements for child health and for immunization.

Improving key cross-cutting policy and health service delivery system factors. (\$5,421,000 CSH) A limited portion of resources will be used in activities addressing elements of policy, resource allocation, health systems, and promotion of healthy behaviors essential for increased availability and use of key child health and nutrition interventions. These include analyses of resource availability (including the role of private sector providers) in selected countries, as well as evaluation of mutual health insurance schemes in poor communities; identification of steps to improve availability and use of key child health drugs in health systems and communities. They will also include application of simple quality improvement techniques to child health care delivery, and use of Demographic and Health Surveys and other measurement approaches to monitor coverage and impact. Principal contractors, grantees, and cooperating agencies include: Abt Associates, Management Sciences for Health, MACRO Inc., United States Pharmacopoeia Convention, University Research Company, Jorge Scientific Corp, and WHO.

Improving community-based programs. (\$16,262,000 CSH) Management responsibility for the long-standing Child Survival Grants Program was transferred from the Democracy, Conflict and Humanitarian Assistance Bureau to GH in FY 2002. GH will continue to support U.S. PVOs to carry out effective, high-quality child and maternal health, tuberculosis, and family planning programs.

Global Leadership: (\$2,710,000 CSH) GH will further develop the new Global Child Survival Partnership by helping to accelerate country-level implementation of high-impact child health interventions.

FY 2005 Program:

Applied and operations research and technology development. (\$7,130,000 CSH) Research in micronutrients, vaccines, and newborn survival will continue; it is expected that at least one new vaccine will be in field trial, and evaluation of zinc supplementation as a mortality reduction intervention will be concluded and findings applied in programming. Principal contractors and grantees will be the same as those mentioned in FY 2004.

Technical support to country programs. (\$20,204,000 CSH) There will be increased efforts to expand effective treatment for pneumonia, improve basic care of newborns and treatment for life-threatening newborn illness, and continued improvement in addressing micronutrient deficiency and malnutrition. Principal contractors and grantees will include those mentioned in FY 2004, as well as several additional or new partners added through competitive grant and procurement actions.

Improving key cross-cutting policy and health service delivery system. (\$3,565,000 CSH) Continued activities in this area will especially emphasize the mobilization of private sector and community resources and new strategies to increase the availability of key drugs and commodities. Principal contractors and grantees will be the same as those mentioned in FY 2004.

Improving community-based programs. (\$14,261,000 CSH) GH will continue to support U.S. PVO programs in family planning, tuberculosis, and maternal and child health, emphasizing partnerships and collaboration with USAID Missions and other partners to increase impact and sustainability of improved health. Principal partners will include Private Voluntary Organizations (PVOs) having continuing multi-year grants and about sixteen additional and/or new PVO grantees determined by competition.

Global Leadership. (\$2,378,000 CSH) GH will continue to work with UNICEF, WHO, the World Bank, the Gates Foundation, and other partners to expand and accelerate coverage of key effective interventions in priority countries.

Performance and Results: GH has played a major continuing role in the development and implementation of key child health and nutrition interventions. GH's leadership and technical roles in GAVI have contributed to revitalization of immunization programs and increased coverage in USAID-assisted countries. USAID-supported micronutrient research, the development of international partnerships, and direct support to country programs have led to increased coverage of vitamin A and development of zinc treatment for diarrhea. GH also has led in directing attention and resources to key areas of unmet need in child health, including community treatment of pneumonia and simple approaches

to improve newborn survival. GH's efforts directly contribute to global resource mobilization for child health and to effective on-the-ground programs that have yielded measurable improvements in children's survival, health, and nutrition. GH's efforts to bring in new partners and increase support to PVOs have improved the technical impact of these efforts and helped to expand their reach.

US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-003 Child Health and Nutrition		
Through September 30, 2002		
Obligations	325,379	94,012
Expenditures	287,303	90,967
Unliquidated	38,076	3,045
Fiscal Year 2003		
Obligations	54,994	0
Expenditures	43,995	0
Through September 30, 2003		
Obligations	380,373	94,012
Expenditures	331,298	90,967
Unliquidated	49,075	3,045
Prior Year Unobligated Funds		
Obligations	797	0
Planned Fiscal Year 2004 NOA		
Obligations	53,410	0
Total Planned Fiscal Year 2004		
Obligations	54,207	0
Proposed Fiscal Year 2005 NOA		
Obligations	47,538	0
Future Obligations	180,226	0
Est. Total Cost	662,344	94,012

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	AIDS Prevention and Control
Pillar:	Global Health
Strategic Objective:	936-004
Proposed FY 2004 Obligation:	\$65,350,000 CSH
Prior Year Unobligated:	\$1,686,000 CSH
Proposed FY 2005 Obligation:	\$65,442,000 CSH
Year of Initial Obligation:	1996
Year of Final Obligation:	2013

Summary: The activities of the Global Health Bureau's (GH) AIDS Prevention and Control SO "Increased use if improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic", are being integrated into the President's Emergency Plan for AIDS Relief (PEPFAR) under the purview of the Office of the Global AIDS Coordinator. It focuses on its three aspects of AIDS control: treatment, care, and prevention. The President's Emergency Plan for AIDS Relief (PEPFAR) has accelerated activity through increased funding and promises results in 14 countries, 12 in Africa and two in the Caribbean region, with a 15th country to be selected. PEPFAR sets forth new and ambitious targets in the focus countries: two million individuals treated; seven million new infections averted; and ten million persons receiving care and support, including orphans and vulnerable children. In addition to work in 12 focus countries, there are USAID-supported HIV/AIDS programs (either country-specific or regional) in 75 additional countries, which this strategic objective contributes to.

Inputs, Outputs, Activities:

FY 2004 Program:

USAID has an established record in achieving national impact in child survival, family planning, HIV AIDS and nutrition through food aid in resource-poor countries. GH partnerships with non-governmental organizations (NGOs), faith-based organizations (FBOs), community-based organizations, bilateral and multilateral donors including World Health Organization (WHO), Joint United Nations Program on HIV/AIDS (UNAIDS), World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria are longstanding and exemplary. Increasing efforts are underway to expand cooperation with FBOs and the private sector, both of which are invaluable in combating HIV/AIDS.

To meet the President's AIDS objectives above, USAID, in collaboration with other U. S. Government agencies and with the approval of the Global AIDS Coordinator will expand existing services and pursue a long-range approach to plan for large scale or national coverage when possible by establishing or improving the quality of care at additional service sites to achieve the 2008 targets. GH centrally-funded AIDS activities will support the field to meet the challenges of PEPFAR. Under a new rapid funding mechanism (designated Track 1 by the AIDS Coordinator's Office at State) new U.S. Government partners, including FBOs, will implement multi-country programs to complement the existing central programs. GH programs will address the following program elements in both focus and non-focus countries under the PEPFAR initiative:

In care, support and treatment: (\$52,342,000 CSH, \$843,000 CSH C/O)

- Collaborative planning, policy dialogue, and consensus building at the country level;
- Scale-up (including quality improvement) of HIV diagnostic services;
- Outreach to hard-to-reach populations and rural communities;
- Comprehensive package of care for HIV infected individuals;
- Baseline assessments to determine the spectrum of opportunistic infections in Initiative countries;

- Nutritional support to maintain health and support recovery from infection;
- Commodity procurement and logistics mechanisms for Anti-Retroviral Vaccines (ARV) and drugs and supplies for opportunistic infections and palliative care;
- Human capacity development that addresses current and future needs through both pre-service and in-service training;
- Health systems strengthening: client follow-up and adherence strategies, laboratory strengthening, medical information systems, drug management and pharmacy control systems;
- Community network expansion and development of new networks, where needed;
- Care and support for orphans;
- Access to education;
- Counseling and social-psychological support;
- Community capacity building, including micro-enterprise development;
- Food security and nutritional support;
- Stigma reduction;
- Legal support, including inheritance planning and the rights of widows to inherit property;
- Integration with programs providing prevention, care and treatment to adults living with HIV/AIDS; and
- Provision of health services.

The principal implementing organizations include: additional and new partners selected competitively, plus PACT, Inc; Family Health International; International AIDS Vaccine Initiative (IAVI); Joint United Nations Program on HIV/AIDS (UNAIDS); U.S. Peace Corps; Population Council with the following subcontractors: The Future Group International, Population Services International; Program for Appropriate Technology in Health (PATH); Management Sciences for Health; Institute of Tropical Medicine; University of North Carolina.

In prevention: (\$13,008,000 CSH, \$843,000 CSH C/O)

- Increase emphasis on male involvement, responsibility and partner reduction
- Deliver behavior change messages (ABC -abstinence, be faithful, correct and consistent condom use, as appropriate) through mass media and community-based channels including FBOs
- Build on existing condom distribution efforts to help promote correct and consistent condom use with non-regular partners and by discordant couples;
- Expand programs to increase self-efficacy of girls and women, and to reduce gender vulnerability and sexual violence (including trafficking); and
- Continue to reduce stigma in order to improve prevention strategies.

The principal implementing organizations include: additional and new partners to be determined through competition, plus Family Health International; International HIV/AIDS Alliance; UNAIDS; Internews Network, Inc; TvT Global Health and Development; U.S Census Bureau; U.S. Peace Corps; Elizabeth Glaser Pediatric AIDS Foundation. Subcontractors are: 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; Journalists Against AIDS in Nigeria (JAAIDS); University of Washington; Population Services International; Private Agencies Collaborating Together (PACT Inc); Population Council.

FY 2005 Program:

The anticipated increases in the U.S Government HIV/AIDS resources will allow continued scaling-up of interventions in prevention (\$13,089,000 CSH), treatment (\$35,993,000 CSH), care (\$9,816,000 CSH) and support (\$6,544,000 CSH) in order to achieve the goals set forth in the focus countries of the PEPFAR initiative as well as continuing prevention, treatment and care programs in the rest of the countries where USAID supports HIV AIDS activities:

Performance and Results: The following is a partial list of accomplishments in FY 2003:

- Leveraged private sector partnership with Coca Cola to strengthen prevention messages and distribute materials related to these messages;
- Launched USAID's antiretroviral treatment programs in Ghana, Rwanda and Kenya (IMPACT);
- NGO support toolkit: 820 NGOs and CBOs were provided technical assistance through meetings and workshops;
- Reached 475,000 people in 14 countries with communication for behavior change;
- Resource requirements for scaling up ARV programs estimated for PEPFAR focus countries;
- In 54 countries, AIDS program efforts were examined to understand the needs for further program interventions; and
- Development and review of 34 HIV/AIDS country strategies.

US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-004 AIDS Prevention and Control		
Through September 30, 2002		
Obligations	296,249	37,452
Expenditures	181,819	37,452
Unliquidated	114,430	0
Fiscal Year 2003		
Obligations	63,664	0
Expenditures	0	0
Through September 30, 2003		
Obligations	359,913	37,452
Expenditures	181,819	37,452
Unliquidated	178,094	0
Prior Year Unobligated Funds		
Obligations	1,686	0
Planned Fiscal Year 2004 NOA		
Obligations	65,350	0
Total Planned Fiscal Year 2004		
Obligations	67,036	0
Proposed Fiscal Year 2005 NOA		
Obligations	65,442	0
Future Obligations	3,495,387	0
Est. Total Cost	3,987,778	37,452

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	Infectious Disease Program
Pillar:	Global Health
Strategic Objective:	936-005
Proposed FY 2004 Obligation:	\$65,260,000 CSH
Prior Year Unobligated:	\$2,000 CSH
Proposed FY 2005 Obligation:	\$49,000,000 CSH
Year of Initial Obligation:	1998
Year of Final Obligation:	2013

Summary: The Bureau for Global Health's (GH) Infectious Disease Program strategic objective, "Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance" 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 infectious diseases (ID) team has been proactive in engaging in the development and expansion of key global initiatives such as the STOP Tuberculosis 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. (\$26,700,000 CSH). 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 multi-drug-resistant-TB, TB/HIV, community based care), and support the development of tools to diagnose TB rapidly. The principal implementing organizations include: 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, the National Institutes for Health, Management Sciences For Health, Program for Appropriate Technology in Health, and U.S. Pharmacopoeia Convention Inc.

Malaria disease prevention, treatment and policy efforts. (\$29,110,000 CSH). GH will continue to work closely with USAID regional bureaus and missions to implement 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 efforts will complement ongoing malaria activities and will be focused largely in Africa, they 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. The principal implementing

organizations include: Academy for Educational Development, Group Africa, London School of Hygiene and Tropical Medicine, Camp Dresser & McKee, CDC, Johns Hopkins Program in Education for Gynecology and Obstetrics (JHPIEGO), 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. (\$3,625,000 CSH). 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. Complementary 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. The European Office of WHO will disseminate USAID's experience in strengthening immunization, disease and health information systems. The principal implementing organizations include: Abt Associates, Academy for Educational Development, CDC, 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). (\$5,825,000). 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. GH will provide direct technical assistance to the Global TB Drug Facility, beneficiary countries, and USAID country programs to develop and strengthen drug management and logistics capacity. The principal implementing organizations include: 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. (\$15,000,000 CSH). 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. Principal contractors and grantees will be the same as those mentioned in FY 2004.

Malaria disease prevention, treatment and policy efforts. (\$17,000,000 CSH). 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. Principal contractors and grantees will be the same as those mentioned in FY 2004.

Strengthening disease surveillance systems. (\$7,500,000 CSH) GH will work closely with USAID Missions and host countries to address critical constraints to effective disease surveillance and disseminate best practices. Principal contractors and grantees will be the same as those mentioned in FY 2004.

Slow the emergence and spread of antimicrobial resistance. (\$9,500,000 CSH). 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. Principal contractors and grantees will be the same as those mentioned in FY 2004.

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 these treatment policies; in addition, 15 African countries (7 additional over last year) are implementing intermittent preventive treatment 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.

US Financing in Thousands of Dollars

Bureau for Global Health

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