

Data Sheet

USAID Mission:	Russia
Program Title:	Infectious Diseases, Population, and Child Welfare
Pillar:	Global Health
Strategic Objective:	118-0300
Status:	New in FY 2006
Planned FY 2006 Obligation:	\$2,970,000 CSH; \$19,970,000 FSA
Prior Year Unobligated:	\$3,450,000 CSH; \$516,000 FSA
Proposed FY 2007 Obligation:	\$2,970,000 CSH; \$14,811,000 FSA
Year of Initial Obligation:	2006
Estimated Year of Final Obligation:	2010

Summary: Reflecting Russia's pressing needs as well as the Agency's and USG's concerns, HIV/AIDS prevention, treatment, and care remains a priority focus of USAID's health portfolio. Other USAID activities include tuberculosis (TB) control, support for quality reproductive health/family planning services, and child welfare.

Inputs, Outputs, Activities:

FY 2006 Program:

Address Other Health Vulnerabilities (\$4,775,000 FSA, \$516,000 FSA prior year recoveries). USAID will roll out improved medical and social services and facilitate the development of child welfare standards necessary for building a sustainable system to prevent child negligence and abandonment and reduce the number of children in institutional care. USAID will continue to support its psycho-social assistance to children in crises in the North Caucasus (NC) region. USAID will support the in-school program aimed at promoting healthy lifestyles among youth, and new partnerships with the Ministry of Health in the areas of children and families in crisis. Principal partners: International Exchange and Research Board (IREX), Johns Hopkins University (JHU), United Nations Children's Fund (UNICEF), American International Health Alliance (AIHA).

Prevent and Control Infectious Diseases of Major Importance (\$4,895,000 FSA). The TB control program will continue in eight regions of Russia, including the Russian Far East (RFE). USAID will continue efforts to introduce and expand treatment of multi-drug resistant (MDR) TB, infection control measures, and provision of care to TB patients for possible replication nationwide. The program will also refine TB-related national guidelines. In addition to TB-related activities, model TB/HIV co-infection sub-programs will start in prisons in three regions. USAID will also support vaccination interventions in the RFE as well as Hepatitis B prevention and control interventions in the RFE. Assistance will be provided to strengthen primary health care in the NC. Principal partners: World Health Organization (WHO), Department of Health and Human Services (HHS), International Federation of the Red Cross and Red Crescent Societies (IFRC), University Research Corporation (URC).

Reduce Transmission and Impact of HIV/AIDS (\$7,000,000 FSA, \$2,970,000 CSH). USAID HIV/AIDS prevention and care activities will strategically leverage resources and opportunities of other donors, such as the Global Fund, and will form synergistic partnerships with international organizations such as the United Nations Development Program (UNDP), non-government organizations (NGOs), businesses, and federal, regional, and local governments. The HIV treatment, care, and support initiative will continue in five regions to empower local leaders to help promote multi-sectoral collaboration; establish support for people living with HIV/AIDS; engage and strengthen NGOs working in prevention, care and support; ensure control of HIV transmission; and, build capacity to apply a quality improvement methodology. Finally, the U.S. Government, with USAID technical and financial support will continue the Bratislava Initiative - an agreement between Presidents Bush and Putin to jointly collaborate in addressing the global threat of HIV/AIDS. Principal partners: AIHA, Population Services International (PSI), Transatlantic Partners Against AIDS (TPAA), Centers for Disease Control and Prevention (CDC), the Joint United Nations Program on HIV/AIDS (UNAIDS), UNDP, IFRC, URC.

Support Family Planning (\$3,300,000 FSA, \$3,450,000 CSH carryover). USAID's support for quality reproductive health services will continue with an emphasis on preventing abortions. The program will focus on risky behavior in youth. A patient-centered coordinated system of care, providing family planning information, services, and contraceptive methods as a part of HIV prevention programs to people living with HIV/AIDS and their partners in three regions will be developed. The system will include AIDS centers, women's consultation centers, youth health centers, maternity houses, sexually transmitted infection (STI) clinics, narcological dispensaries, and NGOs working in the area of prevention. Another activity will decrease abortions and HIV/AIDS, STIs, and related risk behaviors by increasing young peoples' access to age-appropriate and culturally relevant reproductive health and family planning counseling and treatment services in the NC. A nationwide Couples' Campaign will engage men in reproductive decision-making, encourage family preservation, and child spacing. Principal partners: JHU, UNICEF, URC, AIHA.

FY 2007 Program:

Address Other Health Vulnerabilities (\$2,865,000 FSA). USAID will continue to develop a sustainable child abandonment prevention system to reduce the number of neglected children and children in institutional care. Programs addressing youth and families will continue, as will in-school programs aimed at youth. Principal partners: Same as above.

Prevent and Control Infectious Diseases of Major Importance (\$3,975,000 FSA). USAID will continue to strengthen pilot TB programs to serve as the model for greatly expanded World Bank/Government of Russia (GOR) and Global Fund grant programs. USAID will address TB/HIV co-infection, MDR TB treatment, and improvement of patients' compliance to therapy. HIV prevention sub-programs will start in prisons in two regions. Efforts to revive the primary health care system in the NC will be continued. Principal partners: Same as above.

Reduce Transmission and Impact of HIV/AIDS (\$5,321,000 FSA, \$2,970,000 CSH). USAID will work closely with UNAIDS, and the Global Fund. Technical support will continue to be provided to the GOR for implementation of HIV/AIDS and TB Global Fund grants. Additional NGOs will provide prevention services to the most at-risk populations. Access to treatment, care, and support services will increase. Policy and advocacy activities will increase national and local resources for HIV/AIDS programs. Principal partners: Same as above.

Support Family Planning (\$2,650,000 FSA). A new model of medical-social services on reproductive health for vulnerable groups, including vulnerable youth will be developed and piloted in two regions. Principal partners: Same as above.

Performance and Results: USAID leveraged \$210 million in GOR support to address HIV/AIDS and TB in Russia. GOR spending for HIV/AIDS is at \$27 million and is pledged to grow to \$120 million this year, in contrast to the \$4 million reported four years ago. While HIV/AIDS cases rose by 10% from last year, the number of patients treated with antiretrovirals (ARVs) remained below 2,000. However, services and training are in place to quadruple the cases treated in USAID-supported regions. A total of 65 health care facilities and 600 specialists were engaged in a treatment, care, and support initiative in five regions. To address MDR TB, two pilot treatment programs operated in two regions. About 240 patients were enrolled in pilot programs; 78 patients completed treatment, with a success rate exceeding 75%, whereas formerly the vast majority died within two to three years. More than 4,500 health professionals in the civilian and penitentiary systems were trained in TB-related subjects. A system of TB/HIV co-infection control started to operate nationwide. Over 180 child welfare services and 70 policies developed by 200 change agents helped 45,000 children stay in family care. Successful family planning models were replicated in 12 regions, covering 156 facilities. USAID expects a marked reduction in abortion rates, child abandonment rates, and HIV/AIDS and TB incidence in project sites. Social services for at-risk families will be more readily available, and foster programs will become a viable option for children currently in institutions.

US Financing in Thousands of Dollars

Russia

118-0300 Infectious Diseases, Population, and Child Welfare	CSH	FSA
Through September 30, 2004		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
Fiscal Year 2005		
Obligations	0	0
Expenditures	0	0
Through September 30, 2005		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
Prior Year Unobligated Funds		
Obligations	3,450	516
Planned Fiscal Year 2006 NOA		
Obligations	2,970	19,970
Total Planned Fiscal Year 2006		
Obligations	6,420	20,486
Proposed Fiscal Year 2007 NOA		
Obligations	2,970	14,811
Future Obligations	0	0
Est. Total Cost	9,390	35,297