

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT  
FY 2004 Congressional Budget Justification

Bureau for Global Health

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## Bureau for Global Health PROGRAM SUMMARY

(in thousands of dollars)

Accounts	FY 2001 Actual	FY 2002 Actual	FY 2003 Prior Request	FY 2004 Request
Child Survival and Health Programs Fund	229,392	322,766	301,000	306,063
Development Assistance	158,323	3,714	3,800	0
<b>Total Program Funds</b>	<b>387,715</b>	<b>326,480</b>	<b>304,800</b>	<b>306,063</b>

STRATEGIC OBJECTIVE SUMMARY				
936-0011 Population and Reproductive Health - New Tech.				
CSH	0	47,173	47,173	40,200
DA	49,559	0	0	0
936-0012 Population & Reproductive Health-Policy				
CSH	0	8,438	8,438	7,700
DA	10,016	0	0	0
936-0013 Population & Reproductive Health - Capacity				
CSH	0	43,924	43,924	37,600
DA	38,508	0	0	0
936-0014 Population & Reproductive Health-Access				
CSH	0	51,265	51,265	44,100
DA	56,490	0	0	0
936-002 Maternal Health				
CSH	14,140	14,883	12,168	11,923
936-003 Child Health and Nutrition				
CSH	96,525	46,434	36,732	47,450
DA	3,750	3,714	3,800	0
936-004 AIDS Prevention and Control				
CSH	77,259	60,085	65,506	85,200
936-005 Infectious Disease Program				
CSH	41,468	50,564	35,794	31,890

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## Bureau for Global Health

**The Development Challenge:** In response to these increasingly difficult health challenges, USAID created the Bureau for Global Health (GH) to serve as the global leader in international public health and as the locus of technical leadership for USAID in health. USAID is recognized as a world leader in global health, including family planning, maternal health/child survival and nutrition, HIV/AIDS, and infectious diseases. As HIV/AIDS and other infectious diseases continue to threaten the health of families and children in developing countries worldwide, USAID works to eliminate these threats and improve the health and livelihoods of people across the globe. Investing in the health of the world's population contributes to global economic growth, reduction of poverty, a sustainable environment, and regional security. In addition to enhancing the lives of people overseas, with special emphasis on women and children, protecting human health and nutrition in developing and transitional countries directly affects public health in the United States by preventing the spread of infectious diseases.

Specifically, GH defines its three main roles as follows:

- High quality technical support to the field
- State-of-the-art research, innovation, and dissemination of innovation
- Global leadership

**The USAID Program:** GH has focused its resources and built its portfolio on the dynamic synergies of these three program elements and continues to expand and improve its programs to meet the changing public health needs and the realities of the field. Over the past year, GH has critically reviewed all its program activities, consolidated and refined approaches as appropriate, and expanded programs to meet new demands. The Bureau's programs are directed toward achievements of the following five strategic objectives:

- Increased use by women and men of voluntary practices of family planning that reduce fertility
- Increased use of key maternal health and nutrition interventions
- Increased use of key child health and nutrition interventions
- 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

**Other Program Elements:** Currently GH has over 222 technical and program experts who manage a wide spectrum of diverse technical projects; provide technical support to USAID missions and field programs; garner support for our programs with stakeholders including the U.S. public and Congress; and nurture and galvanize stronger partnerships with the development community. This global leadership helps to achieve results by influencing the worldwide health agenda, increasing the likelihood of successful health programs, and encouraging the wider global community to adopt new technologies and approaches USAID priority areas.

GH follows a field-driven and field-centered approach to developing and testing new technologies and methodologies. GH develops new cost-effective, field-based tools such as rapid and simple HIV/STD diagnostics, new and improved contraceptive methods, and new approaches to addressing mother-to-child transmission of HIV. Current staff members are dedicated to providing superior technical expertise, information, commodities, and services to support mission and country programs. GH programs are flexible and can respond rapidly to field needs, such as the rapid opening and closing of bilateral programs or rapid responses to emergencies such as hurricanes and earthquakes.

GH has become the repository for state-of-the-art information in biomedical, social science and operational research. It develops, tests, and disseminates new technologies and methodologies that contribute to successful field program implementation. GH is a pioneer in results monitoring and leads the work in the development of tools for program evaluation and trend analysis in the global health sector.

**Other Donors:** USAID has long recognized the valuable role that collaboration among many partners and stakeholders plays in the quest to achieve development objectives. Today, many new public and private partners are joining forces with traditional bilateral and multilateral donors to invest in global health. The international health-related expenditures of the top 10 private U.S. foundations now exceed U.S. government spending in this area. Accordingly, GH has refocused its efforts to develop strategic alliances with new public and private partners to bring substantial resources, ideas, and technologies to address global health issues. USAID has developed new ways of doing business in the development that involve working more closely with non-traditional partners and incorporating commercial sector strategies into global health programs. USAID engages in many successful types of public-private partnerships in its efforts to improve global health. Examples include the Global Alliance for Vaccines and Immunization (GAVI), the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), the Global Alliance for Improved Nutrition (GAIN), the STOP TB Initiative, the Roll Back Malaria Initiative, and the Initiative for Contraceptive Security.

USAID's long-standing partnerships with PVOs and NGOs enable the Agency to pursue its population, maternal health, child survival, HIV/AIDS, and infectious disease objectives in community-based programs worldwide. PVOs and NGOs have unique capabilities in mobilizing communities, reaching into households to change behaviors, working with socially marginalized groups, and helping empower those with limited access to modern health care. Examples of PVO partnership mechanisms include PVO Child Survival Grants and the PVO/NGO Core Fund.

Social marketing has long been an area of strength for USAID health programs. Social marketing helps increase the demand for and utilization of public health products. To improve prospects for sustainability, some GH programs are transitioning to a more commercial or "manufacturer's model" of social marketing. Examples of such partnerships include NetMark and the Commercial Market Strategies (CMS) Project.

The primary objective of direct partnerships with private industry is to facilitate the development of health products of global importance that might not otherwise succeed in the commercial marketplace. Examples of such partnerships include the International AIDS Vaccine Initiative (IAVI) and the Malaria Vaccine Development Program (MVDP) as well as contraceptive development.

## Data Sheet

<b>USAID Mission:</b>	Bureau for Global Health
<b>Program Title:</b>	Population and Reproductive Health - New Tech.
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	936-0011
<b>Status:</b>	Continuing
<b>Proposed FY 2003 Obligation:</b>	\$47,173,000 CSH
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2004 Obligation:</b>	\$40,200,000 CSH
<b>Year of Initial Obligation:</b>	1996
<b>Estimated Completion Date:</b>	2013

**Summary:** Major categories of assistance under this Intermediate Result include:

- Training and technical assistance to service providers;
- Technical assistance to develop and improve logistics, financial, information, and human resource management systems;
- Technical assistance to help design, implement and evaluate communication and behavior change programs in family planning and reproductive health;
- Training of managers and leaders in business skills to ensure program sustainability;
- Leadership and organizational development interventions to improve motivation and performance of managers and service providers;
- Promoting collaboration among relevant FP/RH institutions; and
- Technical assistance to evaluate program results and apply operations research findings.

### **Inputs, Outputs, Activities:**

#### **FY 2003 Program:**

Research and development activities are typically multi-year efforts (\$26,358,000). In the area of contraceptive and microbicide research and development, FY 2003 funds will be used to: (1) initiate or complete Phase I/II/III trials/studies of seven microbicide products, the Two Day Method (TDM) of natural family planning; two new female condoms, and a novel diaphragm. (2) complete studies on improved techniques for vasectomy; (3) continue evaluation of the efficacy of the diaphragm to prevent STIs; (4) scale-up the Standard Days Method (SDM) of natural family planning; (5) study the impact of the Lactational Amenorrhea Method (LAM) on long-term contraceptive use and to introduce the female condom in high-risk groups; and (6) test different strategies to increase male condom use and to assess the safety of reusing the female condom. Principal contractors, grantees, and agencies include Eastern Virginia Medical School, Family Health International, The Population Council, the Program for Appropriate Technology in Health, and Georgetown University.

In the area of operations research (\$7,845,000). GH will complete a number of studies in FY 2003, including multi-country studies of: (1) how client-provider interaction affects contraceptive continuation rates, (2) cost-effective strategies to reach sexually-active youth with RH information and services, and (3) strategies for involving men in reproductive health. Strategies to integrate FP/STI/HIV services, such as introducing FP into Voluntary Counseling and Testing (VCT) programs, will be developed and tested. A key focus in FY 2003 will be on the development of effective strategies for translating research results, such as those from the studies and the quality of services mentioned here, into programmatic application. Use of successful tools, such as the Strategic Counseling Tool and the Pregnancy Checklist, that have been shown to improve provider practice will be scaled-up worldwide. Principal contractors, grantees, and agencies currently include The Population Council and Family Health International.

In FY 2003, GH will make two awards aimed at improving the collection, analysis, and presentation of data for use in planning, policymaking, managing, monitoring and evaluating population, health and nutrition programs. One of these awards will be the next iteration of the Demographic and Health

Surveys. It will provide technical leadership and assistance in the design and implementation of a range of data collection methodologies, "translation" of survey and other data into information for use by a range of technical and non-technical audiences, and individual and institutional capacity-building in data collection and use. The second award will continue to develop the state-of-the-art in monitoring and evaluation (M&E) in the health sector, including provision of assistance to USAID missions for development of performance monitoring plans and institutionalization of M&E capacity in developing countries. GH will also continue to provide missions with access to technical assistance for strategy development, project design and evaluation. FY 2003 funding for these activities total \$12,970,000. Principal contractors, grantees, and agencies include ORC Macro International; the University of North Carolina at Chapel Hill (prime), with Tulane University, John Snow Research and Training Institute and ORC Macro International (subs); the U.S. Bureau of the Census, and Centers for Disease Control and Prevention; and LTG Associates (prime) with TvT Associates (sub). New contractors/grantees will be selected by competitive award.

**FY 2004 Program:**

Most of the programs described for FY 2003 funding are multi-year efforts and will continue in FY 2004. These include research and development related to microbicides, female barrier methods, and continued expansion of new natural family planning methods. In addition, new strategies for improving the use of research results and expanding data-based decision making will be implemented, the results of which should be expanded method choices and improved service delivery and quality in developing countries. Data collection will be initiated under the new DHS contract. M&E work will likely focus increasingly on equity, or lack thereof, in the distribution of health improvements. The implications of health reform, decentralization, and "basket" funding schemes on the provision and use of FP/RH services may also be studied.

All family planning agreements will incorporate clauses that implement the President's directive reinstating Mexico City Policy.

**Performance & Results:** In the area of contraceptive research, FDA approval was granted for Lea's Shield, a one-size-fits-all diaphragm-like barrier method that does not require fitting by a medical provider. Other barrier methods and microbicides moved to the next stage of product design and testing. The FDA also approved extending the use life of the Jadelle hormonal implant to five years, thereby providing women with a longer-term, reversible method. Clinical trials of the plastic male condom, eZon, were completed and the product is now being marketed through the private sector. Operations research studies show that natural family planning methods are now more widely known and used: The Standard Days Method, a natural family planning method was introduced into 25 organizations in 10 countries. and Exclusive breastfeeding rates and use of the Lactational Amenorrhoea Method (LAM) have increased significantly in the three countries where LAM has been actively promoted. Findings from other research suggest that contraceptive discontinuation is a good measure of quality of care and that as fertility falls, emphasis should be shifted from trying to attract new users to trying to reduce discontinuation. Research on Afghan refugee populations found the highest levels of unmet need and maternal mortality ever documented. Among the new tools and methodologies developed in FY 2002 is a composite measure of contraceptive security that assesses and ranks countries according to the extent to which individuals are able to choose, obtain, and use quality contraceptives.

Assuming progress continues as expected, these investments will result in: the availability of more and better, and more affordable, contraceptive choices for men and women and more effective microbicides and other methods to prevent HIV/STI; increased condom use for dual protection against unwanted pregnancy and STI/HIV infection; successful service delivery strategies for meeting the needs of underserved populations; and a better understanding of the impact of program investments. The ultimate result will be improved reproductive health for women and men.

## Data Sheet

<b>USAID Mission:</b>	Bureau for Global Health
<b>Program Title:</b>	Family Planning & Reproductive Health-Policy
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	936-0012
<b>Status:</b>	Continuing
<b>Proposed FY 2003 Obligation:</b>	\$8,438,000 CSH
<b>Prior Year Unobligated:</b>	
<b>Proposed FY 2004 Obligation:</b>	\$7,800,000 CSH
<b>Year of Initial Obligation:</b>	1996
<b>Estimated Completion Date:</b>	20013

**Summary:** Major categories of assistance under this Intermediate Result include:

- Developing awareness-raising presentations and resource planning models for use with host-country policymakers;
- Strengthening the ability of local organizations to participate in the policy process;
- Promoting private sector participation in family planning/reproductive health (FP/RH) service delivery; and
- Synthesizing and disseminating research on macro issues in population, reproductive health, and family planning that are confronting the population community.

### **Inputs, Outputs, Activities:**

#### **FY 2003 Program:**

FY 2003 Program: GH will continue to fund the development of strategies to promote family planning in the context of high HIV prevalence, particularly in African countries. It will also work with host-country governments and other donors to assure contraceptive security, both in countries where USAID is phasing-out and in USAID-presence countries where unmet need is rising rapidly. Small grants will be provided to local advocacy groups to enable them to participate in policy-making activities and to train others to advocate for themselves. GH will continue to fund a study by the National Academy of Sciences on transitions to adulthood and their implications for reproductive health. This research will include recommendations for improving FP/RH activities directed at youth. Efforts will also be made to overcome policy barriers to the provision of pregnancy-related hemorrhage care and to support research on global trends in contraceptive use and demand for family planning. Finally, FY 2003 resources will be used to demonstrate the increased impact of a holistic approach to policy action that includes using data in policy decision-making; strengthening policy champions; planning, formulating, and drafting policies; identifying and dealing with operational policy barriers; and building NGO networks.

#### **FY 2004 Program:**

GH policy support will increasingly focus on ensuring the sustainability of FP/RH services and overcoming policy barriers. For example, GH plans to fund training and technical assistance to help governments prioritize their RH needs, chose interventions that best meet those needs, and allocate funds to carry out the chosen interventions. Efforts will also be undertaken to consolidate the lessons learned from the FY 2003 work on operational policy barriers and the implications of broadly replicating such work to improve access to FP/RH services. GH will develop, test, and apply approaches to integrate reproductive health and sexually transmitted infections and HIV policies and services.

Family planning assistance agreements either already include or will include standard clauses to implement the Mexico City Policy, per the Presidential Document entitled "Memorandum of March 28, 2001 for the Acting Administrator of the United States Agency for International Development--Restoration of the Mexico City Policy," (Federal Register: March 29, 2001, Volume 66, Number 61, Pages 17301-17313) attached to Contract Information Bulletin 01-08 (R). GH is monitoring compliance with the Policy.

**Performance & Results:** Over the past year, USAID helped increase the financial resources available for FP/RH and contributed to changes in organizational structures and operational policies to bring about better access to quality services. In FY 2002, USAID/FP/RH programs leveraged over \$5 million in external funds and resources from commercial partners, other donors and foundations to support USAID FP/RH social marketing objectives in seven countries in Asia, Africa and Latin America. In Romania, USAID technical assistance and support for a range of grass-roots networks resulted in oral and injectable contraceptives being included on the list of drugs covered under national health insurance. In Bangladesh, the government approved a plan that will allow 24 non-governmental organizations (NGOs) to run government community health clinics. This is a major step toward induction of NGOs into the public health service system and follows from a successful USAID-supported pilot project involving NGOs running two clinics. Following extensive USAID technical assistance, the government of Malawi adopted a new National Reproductive Health Policy that guides decision-makers, managers, and service providers, in planning and implementing a RH program that addresses service quality and standards, resource allocation, and client rights.

Continued progress in these areas will result in more supportive policies for FP/RH in USAID-assisted countries, increases in non-USAID resources for FP/RH, and more efficient and prudent use by host countries of their own funds. The ultimate impact will be improved reproductive health for women and men.



## Data Sheet

**USAID Mission:** Bureau for Global Health

**Program Title:** (Pillar: Global Health )

**Strategic Objective And Number:** Enhance capacity for national programs (public, private, non-governmental organization and community-based institutions) to design, implement, finance 936-0013

**Status:**

**Proposed FY 2003 Obligation and Funding Source:** \$43,924,000 CSH

**Prior Year Unobligated and Funding Source:** \$244,000 CSH

**Proposed FY 2004 Obligation and Funding Source:** \$37,700,000 CSH

**Year of Initial Obligation:** 1996

**Estimated Completion Date:** 2013

**Summary:** Major categories of assistance under this Intermediate Result include:

Training and technical assistance to service providers;

Technical assistance to develop and improve logistics, financial, information, and human resource management systems;

Technical assistance to help design, implement and evaluate communication and behavior change programs in family planning and reproductive health;

Training of managers and leaders in business skills to ensure program sustainability;

Leadership and organizational development interventions to improve motivation and performance of managers and service providers;

Promoting collaboration among relevant FP/RH institutions; and

Technical assistance to evaluate program results and apply operations research findings.

**Inputs, Outputs, Activities:**

**FY 2003 Program:**

FY 2003 Program: The FY 2003 program will seek to increase the quality and quantity of human resources to lead and manage programs as well as provide services. USAID will apply innovative, cost-efficient training methods and strategies, including distance learning, to reach the largest number of providers, leaders and program managers possible. The program will emphasize developing partnerships with host country organizations and building their capacity to provide technical assistance locally and regionally. A network of quality technical assistance firms delivering management and leadership development assistance locally and in south-to-south engagement is being established and will be supported. Assistance will be provided to develop management systems at the district level to ensure the success of decentralization efforts in Indonesia and basic management systems are being introduced to rebuild the Ministry of Health in Afghanistan. GH will continue to support NGO sustainability, emphasizing increased revenues, cost-recovery and effective governance. In FY 2003, GH will begin to implement a new competitive award to provide assistance to field missions in the areas of communication and behavior change.

Principal contractors, grantees and agencies include: Management Sciences for Health; John Snow, Inc.; Pathfinder International; the Public Health Institute; the University of North Carolina (prime) with Abt Associates, EngenderHealth, PATH, Training Resources Group, the American College of Nurse Midwives, and Save the Children (subs); (8) Johns Hopkins University/Center for Communication Programs (prime) with the Academy for Educational Development, Save the Children, The International HIV/AIDS Alliance, Tulane School of Public Health and Tropical Medicine, and University of North Carolina at Chapel Hill (subs); University of Michigan; and JHPIEGO.

**FY 2004 Program:**

In the area of capacity building, USAID expects that FY 2004 funds will support management and human resource assessments of national family planning and reproductive health institutions.

Funds may be used to incorporate innovative approaches, such as distance learning and mentoring, into leadership development courses for leaders and managers of key public and private institutions. Technical assistance products, such as an organizational climate assessment instrument, will be developed to support leadership and management development. USAID will continue its emphasis on improving provider performance through the design of more efficient supervision systems. Under the new communication and behavior change award, funds may be used to further develop programs to influence community and societal norms related to health and family planning choices. In FY 2004, GH will begin implementation of a new competitive award to assist field missions to strengthen private commercial sector 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. GH will also begin implementation of a new award to support credit and technical assistance to private providers.

Family planning assistance agreements either already include or will include standard clauses to implement the Mexico City Policy, per the Presidential Document entitled "Memorandum of March 28, 2001 for the Acting Administrator of the United States Agency for International Development--Restoration of the Mexico City Policy," (Federal Register: March 29, 2001, Volume 66, Number 61, Pages 17301-17313) attached to Contract Information Bulletin 01-08 (R).

**Performance & Results:** In Nicaragua, in Hurricane Mitch-affected areas, three USAID-assisted clinics are now recovering between 85% and 114% of their costs, while increasing the number of clinic visits by more than 40% and the number of family planning visits by 37%. In Turkey, USAID achieved a complete phase-out of USAID contraceptive donations with minimal disruption to services and an increase in the GOT Ministry of Health funding of contraceptives from \$400,00 in 1998 to \$2.4 million in 2000. Additional achievements in Turkey include: a standardized FP/RH training program in 17 medical and 19 midwifery schools; a 38% increase in the number of clinics offering 3 modern family planning methods; the establishment of post-abortion care programs in 37 hospitals and postpartum family planning in 18 hospitals. USAID-supported technical assistance to a Cambodian NGO resulted in increased institutional equity from zero to \$47,167 in 2002, while family planning visits increased by 21% in the same period.

USAID's focus on training and human capacity development will translate into higher quality reproductive health services, reaching a larger number of people per year. Its focus on institutional capacity building through improved management systems and business planning will result in stronger, more sustainable institutions providing these services.

## Data Sheet

**USAID Mission:** Bureau for Global Health

**Program Title:** Population & Reproductive Health-Access (Pillar: Global Health )

**Strategic Objective And Number:** Increased access to, quality of cost-effectiveness of, and motivation to use family planning, breastfeeding, and selected reproductive health informat 936-0014

**Status:** Continuing

**Proposed FY 2003 Obligation and Funding Source:** \$51,265,000 CSH

**Prior Year Unobligated and Funding Source:**

**Proposed FY 2004 Obligation and Funding Source:** \$44,200,000 CSH

**Year of Initial Obligation:** 1996

**Estimated Completion Date:** 2013

**Summary:** Major categories of assistance under this Intermediate Result include:

Expanding service-delivery in the public, private commercial and non-governmental organization (NGO) sectors;

Implementing client-centered services that emphasize voluntarism and informed choice;

Institutionalizing performance improvement systems to strengthen the skills of health care providers and ensuring quality of care in a sustainable manner;

Improving access to contraceptive commodities;

Increasing access to and quality of post-abortion care services (emergency treatment; family planning services; and referral to other reproductive health services);

Fostering the development of community-based organizations that can function as both advocates for, and providers of, quality health information and services;

Increasing private sector participation in the delivery of quality family planning/reproductive health (FP/RH) services by working through professional associations and networks and by increasing FP/RH organizations' access to credit;

Improving the reproductive behavior of youth including delaying first sexual encounter and improving access to information and contraceptives; and

Providing technical assistance to strengthen linkages between FP/RH, HIV and maternal health programs to ensure there are no missed opportunities to improve primary health and service access.

The ultimate beneficiaries are women and men of reproductive age in developing countries who will have greater access to quality FP/RH information and services, and children under five years old whose health will improve because of improved birth spacing.

### **Inputs, Outputs, Activities:**

#### **FY 2003 Program:**

Activities under this Intermediate Result are typically multiyear efforts and it is anticipated that there will be continuity between FY 2003 and FY 2004 activities. In FY 2003, USAID will work to increase the number and quality of FP/RH service delivery points in the public, private commercial and NGO sectors using a client-centered approach that emphasizes informed choice. In the public sector USAID will support the development and institutionalization of management, performance improvement and quality assurance systems. In the commercial sector, USAID will support social marketing programs to heighten awareness of FP/RH issues and increase the availability of related commodities. Private providers will receive information, training and, in some cases, access to credit, to increase their role in the provision of FP/RH services. GH will continue to address barriers to family planning/reproductive health use through behavior change campaigns and through outreach to private providers and pharmacists to improve education and counseling skills. GH will launch a new fund for U.S. private voluntary organizations (PVOs) and non-governmental organizations NGOs. The fund will support technical assistance and training to PVOs and local NGOs to improve their capacity to deliver FP/RH information and services. Resources will also be allocated to applying evidence-based best-practices at country, regional

and national levels. Young adults will continue to be a particular focus. Youth-focused activities address young adults' unique needs to delay sexual debut as well as prevent pregnancy and sexually transmitted infection. In addition, recognizing the impact of the HIV epidemic, a number of pilot activities will integrate family planning and HIV information and services to reach both adolescents and adults.

Principal contractors and grantees include: Pathfinder International (prime) with the Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Development Foundation, and ProFamilia/Colombia (subs); EngenderHealth; Save the Children (prime) with the Cooperative for Assistance and Relief Everywhere (CARE), the Adventist Development and Relief Agency, ChildReach/Plan International, and the Program for Appropriate Technology in Health (partners); (4) Management Sciences for Health (prime), with AED, Family Health International, the Centre for African Family Studies, the Federation of African Women Educationalists, and Deloitte Touche Tohmatsu (DTT) (subs); CEDPA; DTT (prime) with The Futures Group International, Abt Associates, Meridian Development Foundation, and Population Services International (PSI) (subs); FHI (prime) with CARE, Research Triangle Institute, Margaret Sanger Center International, and DTT (subs); CARE, AED (prime) with LaLeche League International, PSI, Wellstart International, CARE, Catholic Relief Services, and WorldVision (subs); John Snow International (prime) with Alatech Healthcare Products (sub); and various contraceptive manufacturers (FEI Products, Inc, Leiras Oy, Wyeth-Ayerst International, Ortho-McNeil Pharmaceutical, Pharmacia Worldwide, and Panalpina).

**FY 2004 Program:**

Agreements for activities in the PVO sector, commercial sector and selected activities in performance improvement and service delivery come to an end in FY 2003. Thus the focus of activities in 2004 will be to assure a smooth transition between activities that are ending and start-up agreements. Two new awards (cooperative agreements) are planned. One will strengthen clinical service provision, to include linkages to antenatal and postpartum care, and voluntary counseling and testing for HIV. A second award will be designed to strengthen human capacity for expanded service provision.

Family planning assistance agreements either already include or will include standard clauses to implement the Mexico City Policy, per the Presidential Document entitled "Memorandum of March 28, 2001 for the Acting Administrator of the United States Agency for International Development--Restoration of the Mexico City Policy," (Federal Register: March 29, 2001, Volume 66, Number 61, Pages 17301-17313) attached to Contract Information Bulletin 01-08 (R).

**Performance & Results:** GH supported delivery of FP/RH information and services in 26 countries through public sector programs, 14 countries through private commercial sector programs, and 17 countries through private voluntary and non-governmental organizations' programs. During FY 2002, USAID partnerships with the commercial sector resulted in the provision of 2.3 million couple years of protection (CYP), an increase of 6% over 2001, in India, Jordan, Morocco, Senegal and Uganda. USAID/FP/RH programs leveraged over \$5 million in external funds and resources from commercial partners, other donors and foundations to support USAID FP/RH social marketing objectives in seven countries in Asia, Africa and Latin America. The number of countries with active post-abortion care programs increased from 12 in 2001 to 21 in 2002; results include in-country scale-up to 120 facilities in four provinces in Kenya and, through a new program, to 24 facilities in five provinces in Peru. In Nicaragua, USAID has supported the creation of an effective PVO/NGO network, Nicasalud, to expand access to quality health services in Hurricane Mitch-affected areas. Nicasalud has increased: exclusive breastfeeding from 35 to 62%; the proportion of women delivering with a clinician from 52 to 70%; contraceptive use from 13% to 69% and births spaced at least three years from 21% to 32%.

Continued progress under this program is expected to increase access to and use of reproductive health services by increasing the capacity of every sector to delivery quality information and

services. The focus on strengthening systems and institutions is also expected to help ensure the sustainability of activities undertaken under this program.

## Data Sheet

<b>USAID Mission:</b>	Bureau for Global Health
<b>Program Title:</b>	Health, Infectious Disease and Nutrition
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	936-002
<b>Status:</b>	Continuing
<b>Proposed FY 2003 Obligation:</b>	\$12,168,000 CSH
<b>Prior Year Unobligated:</b>	\$34,000 CSH
<b>Proposed FY 2004 Obligation:</b>	\$11,923,000 CSH
<b>Year of Initial Obligation:</b>	1996
<b>Estimated Completion Date:</b>	20013

**Summary:** The Bureau for Global Health's SO2 focuses on technology development and identification and documentation of approaches that improve pregnancy outcome for mothers and their infants. SO2 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. SO2 supports the field in 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 2003 Program:**

Quality Maternal and Neonatal Health Services (\$5,000,000 CSH). GH supports training of midwives, doctors and nurses in treatment of obstetric complications, and antenatal, birth, postpartum and newborn care. Effective interventions are promoted to include iron folate 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, are taught to birth attendants. Quality assurance programs will be instituted. Funding for the special initiatives to prevent and treat postpartum hemorrhage, the biggest maternal killer, continue. Principle contractors, grantees and cooperative agreement recipients: JHPIEGO Corporation--subcontractors: Center for Development and Population (CEDPA), Johns Hopkins University (JHU), Program for Appropriate Technology in Health (PATH); 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 Inst. (HKI), AED, Population Services Institute; HKI; University of North Carolina/INTRAH-subcontractors: Abt Associates, Inc., Engender Health, American College of Nurse Midwives, Training Resource Group.

Community Practices and Mobilization (\$2,000,000 CSH). GH continues 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 maternity care. In the community, programs are supported that 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. Principle contractors, grantees and cooperative agreement recipients: JHPIEGO Corporation-subcontractors: CEDPA, JHU, PATH; The Futures group-subcontractors: CEDPA, Research Triangle Institute (RTI).

Policy for Safe Motherhood (\$2,273,000 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. Principle

contractors, grantees and cooperative agreement recipients: The Futures group-subcontractors: CEDPA, RTI; International Life Sciences Institute; LTG Associates-subcontractor: TVT; Management Sciences for Health-subcontractors: AED, APUA, Boston University, Harvard, PATH; US Pharmacopeia; Jorge Scientific Corporation-subcontractors: The Futures Group; JohnSnow, Inc. (JSI); Global Health Council; WHO; UNICEF.

Research (\$2,650,000 CSH). GH supports a multi-donor international effort to improve the evidence base for effective, affordable approaches in low resource environments. It continues to support research on new technologies to decrease postpartum hemorrhage, the effect of micronutrients on pregnancy outcome, and approaches to improve antenatal, delivery and postpartum services and increase use of skilled birth attendants and essential obstetric care. Principle contractors, grantees and cooperative agreement recipients: Johns Hopkins University; 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; ORC Macro Int.-subcontractors: Population Council, East West Center; Carolina Population Center-subcontractors: JSI; Tulane; ORC Macro Int..

#### **FY 2004 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 be supported.

Community Practices and Mobilization (\$2,000,000 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 (\$2,300,000 CSH). Advocacy and policy in critical areas of financing, health system strengthening, and dissemination of effective, affordable approaches to increase skilled attendance at delivery and improve pregnancy outcome will be continued.

Research (\$2,600,000 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 & Results:** The Bureau for Global Health 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 achieved in getting international, evidence-based standards of care accepted in ministerial resolutions and national training curricula. Community mobilization activities have brought community representatives and national policy makers together in eighteen countries to promote improved self care and increased access to and use of life-saving services. In the complex emergency in Afghanistan, USAID was able to support a CDC study to document the severity of the problem of maternal mortality--and the wide differentials between urban and rural areas--and rapidly introduce competency-based training for midwives and auxiliary midwives in life-saving skills. GH support for the Safe Motherhood Best Practices international conference provided the first open forum since the launch of the global Safe Motherhood Initiative to promote south-to-south exchange among representatives of 35 nations on approaches for successful, replicable maternal health programs.

## Data Sheet

**USAID Mission:** Bureau for Global Health

**Program Title:** (Pillar: Global Health )

**Strategic Objective And Number:** Increased use of key child health and nutrition interventions  
936-003

**Status:** Continuing

**Proposed FY 2003 Obligation and Funding Source:** \$40,532,000 CSH

**Prior Year Unobligated and Funding Source:** \$74,000 CSH

**Proposed FY 2004 Obligation and Funding Source:** \$64,070,000 CSH

**Year of Initial Obligation:** 1995

**Estimated Completion Date:** 2013

**Summary:** The Bureau for Global Health's SO3 focuses on developing low-cost, feasible, effective interventions that address the major causes of infant and child malnutrition, morbidity, and mortality and 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 2003 Program:**

Applied and operations research and technology development (\$6,891,000 CSD). During FY 2003 GH will continue its support for research through U.S. universities, international organizations including WHO, 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 and pneumonia in children. Additional research will include developing and evaluating technologies (including injectable antibiotics in UniJect injection devices) and program approaches to improve 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, ICDDR/B, Johns Hopkins University, International Life Sciences Institute, Boston University, PATH.

Technical support to country programs (\$14,997,000 CSD). During FY 2003 GH will dedicate most of its resources and effort to assisting program efforts in priority USAID-assisted countries. This technical assistance will largely focus on core technical areas including: strengthening routine immunization capabilities, including helping countries that receive GAVI grants 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; 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 be increased emphasis on in support of countries affected by crisis. Principal contractors, grantees, and cooperating agencies include: Partnership for Child Health Care, Academy for Educational Development, Management Science for Health, John Snow Inc., Helen Keller International, ISTI, the PVO CORE Group (World Vision), Camp, Dresser & McKee, Save the Children.



Improving key cross-cutting policy and health service delivery system factors (\$5,268,000 CSD). A limited portion of resources will be used in cost-shared 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; application of simple quality improvement techniques to child health care delivery; use of Demographic and Health Surveys and other measurement approaches to monitor coverage and impact; and expanded application of modern techniques in communication to promote healthy practices like breastfeeding. Principal contractors, grantees, and cooperating agencies include: Abt Associates, MSH, MACRO Inc., Jorge Scientific Corp.

Improving community-based programs (\$13,376,000 CSD): Management responsibility for the long-standing Child Survival Grants Program was transferred from DCHA/PVC to GH in 2002. GH will continue to support U.S. PVOs to carry out effective, quality child and maternal health and family planning programs.

**FY 2004 Program:**

Applied and operations research and technology development (\$\_\_\_\_\_ [17% of request] of CSD). 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 supplements as diarrhea treatment will be concluded and applied in programming.

Technical support to country programs (\$\_\_\_\_\_ [37% of request] of CSD). This core area of SO3 function will continue with increased effort in expanding effective treatment for pneumonia, improving basic care of newborns and providing treatment for life-threatening newborn illness, and continuing improvement in addressing micronutrient deficiency and malnutrition.

Improving key cross-cutting policy and health service delivery system factors (\$6,) of CSD). 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. GH's new communication project will increase emphasis on communication and promotion of improved child health care practices.

Improving community-based programs (\$\_\_\_\_\_ [33% of request] of CSD): GH will continue to support U.S. PVO programs in family planning and maternal and child health emphasizing partnerships and collaboration with USAID Missions and other partners to increase impact and sustainability of improved health gains.

**Performance & Results:** GH has played a major continuing role in the development and implementation of key child health and nutrition interventions. The GH-initiated "Boost Immunization" initiative, combined with GH's leadership and technical roles in the Global Alliance for Vaccines and Immunization, have contributed to revitalization of immunization programs and increased coverage in USAID-assisted countries. Through micronutrient research, 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 has also 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 and to effective on-the-ground programs that have yielded measurable improvements in children's survival, health, and nutrition.

## Data Sheet

<b>USAID Mission:</b>	Bureau for Global Health
<b>Program Title:</b>	AIDS Prevention and Control
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	936-004
<b>Status:</b>	Continuing
<b>Proposed FY 2003 Obligation:</b>	\$65,506,000 CSH
<b>Prior Year Unobligated:</b>	\$1,080,000 CSH
<b>Proposed FY 2004 Obligation:</b>	\$85,200,000 CSH
<b>Year of Initial Obligation:</b>	1996
<b>Estimated Completion Date:</b>	2013

**Summary:** The Bureau for Global Health's HIV/AIDS program ranges from preventing people from contracting HIV to caring for and treating people living with AIDS. While concentrating efforts on 23 "priority" countries, USAID provides HIV/AIDS assistance to more than 50 countries worldwide.

### Inputs, Outputs, Activities:

#### FY 2003 Program:

Prevention (\$29,406,000 CSH). Prevention is the cornerstone of USAID's strategy to fight the war on AIDS. The terrible impact on families, societies and economies will continue and the war won't be winnable if we do not prevent the next wave of people from getting infected with HIV. The key elements of USAID's HIV/AIDS strategy are changing behavior to avoid or decrease risk (through mass media and interpersonal communications), prevention of mother-to-child transmission of HIV, diagnosis and treatment of sexually transmitted infections, and voluntary counseling and testing. USAID uses a fully-balanced "ABC" approach to prevention: promotion of abstinence, being faithful to one partner/behavior change, and use of condoms among high-risk populations. (Also see mother-to-child transmission and Children sections.) Principal contractors, grantees, and cooperating agencies include: Family Health International (FHI), Population Services International, Johns Hopkins University and Population Council.

System Strengthening and Policy (\$15,000,000 CSH). The overall capacity of the health system is a major limitation in the fight against AIDS. USAID believes it is critical to invest significantly in the development of service systems and human capacity to deliver key prevention and care services and also in the policies that support these activities. Critical effort is now being invested in USAID increasing its technical support to missions and host country governments on strategic design, program implementation and results reporting. USAID also assists Country Coordinating Mechanisms, which develop and implement proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Principal contractors, grantees, and cooperating agencies include: The Futures Group International, Management Sciences for Health (MSH), University of North Carolina, ABT Associates and Social & Scientific Systems.

Care and Treatment (\$8,000,000 CSH). USAID is increasing its investment in care and treatment activities. Three antiretroviral treatment sites have begun work in Ghana, Rwanda, and Kenya. These are to be treatment models which governments and the private sector can scale up to the national level in "low resource" settings. Non-antiretroviral care and treatment is also critically important. It can significantly extend the life of those with AIDS, even in the absence of antiretroviral treatment, and can be scaled-up within current infrastructure constraints to extend lifespan for millions already infected.

USAID is currently funding 25 care and treatment programs in 14 countries. These programs treat tuberculosis and other opportunistic infections; provide psychosocial and palliative care; and meet the nutritional needs of affected households, Principal contractors, grantee, and cooperating agencies include: FHI and MSH.

Children (\$6,500,000 CSH). More than 75 USAID-supported projects in 24 countries are helping communities provide care, counseling, psychological support and economic strengthening activities, as

well as assistance such as food, school fees, shelter and clothing to children affected by AIDS. Principal contractors, grantees, and cooperating agencies include: FHI.

Preventing Mother to Child Transmission of HIV (\$5,900,000 CSH). Eleven countries currently have USAID-supported programs to prevent HIV transmission from a mother to her baby. The President's International Mother and Child HIV Prevention Initiative will dramatically expand the number of programs and number of countries where pregnant women and their families can access these services. USAID expects an additional \$100 million for the second year of the program. Principal contractors, grantees, and cooperating agencies include: Elizabeth Glaser Pediatric AIDS Foundation, Columbia University, Population Council, FHI and Population Services International.

Surveillance (\$700,000 CSH). Surveillance is an important component of USAID's expanded response. It is critical to monitor trends in seroprevalence, as well as monitoring changes in behavior, to measure results from prevention programs. Principal contractors, grantees, and cooperating agencies include: US Bureau of Census, FHI, University of North Carolina.

The Global Fund to Fight AIDS, TB and Malaria is an international public-private partnership with pledges totaling over 2.2 billion. The U.S. pledge of \$500 million makes it the largest contributor. The Global Fund complements bilateral and multilateral assistance programs for the three diseases, but it is a financing not program implementing mechanism. Bilateral support is critical to the success of the Global Fund. USAID has been essential to the board of the Global Fund, and the role of USAID mission staff to assist at the country level will become more critical as Global Fund projects move from proposal to implementation.

#### **FY 2004 Program:**

Prevention (\$38,300,000 CSH). Prevention will continue to be the priority in USAID's strategy to step up the war on AIDS, continuing the "ABC" strategies outlined above, to document successes and facilitate the spread and application of lessons learned. (Also see Preventing Mother to Child Transmission of HIV and Children sections.)

System Strengthening and Policy (\$17,000,000 CSH). Strategic planning and evaluation of national programs, technical assistance to missions, and collaboration with international and host country partners will continue to be a focus. USAID will also support increased human and systems capacity building needed to manage expanded national HIV/AIDS programs. In addition, USAID is planning new links to existing provider networks (for example, medical associations and faith-based organizations) and enhancing their capacity to do new tasks.

Care and Treatment (\$12,800,000 CSH). Increase the number of antiretroviral treatment sites. Introductory programs in Rwanda, Ghana, and Kenya will provide the model for additional country-level programs. The expanded scope and scale of non-care and treatment programs will continue to include programs to treat tuberculosis and other opportunistic infections; provide psychosocial and palliative care; and meet the nutritional needs of affected households, in order to extend healthy life of those already infected with HIV.

Children (\$8,600,000 CSH). Continue to support projects that help communities provide care, counseling, psychological support and economic strengthening activities, as well as material assistance such as food, school fees, shelter and clothing to children affected by AIDS. USAID is bringing in new community and faith-based partners to assist in these endeavors, and expand on successful model programs in additional communities.

Preventing Mother-to-Child Transmission of HIV (\$7,700,000 CSH). Increase the number of countries supporting programs to prevent transmission of HIV from a mother to her baby. Through the President's International Mother and Child HIV Prevention initiative, USAID and the Department of Health and Human Services plan new and expanded programs to prevent mother-to-child transmission of HIV at a national level in 14 countries. USAID expects to receive an additional \$150 million in 2004 to carry out the third year of this initiative.

Surveillance (\$900,000 CSH). Increase the number of countries with second generation surveillance systems in place. Data frequency and quality improvements will be made in all priority countries over the next two years.

**Performance & Results:** USAID has helped alter the course of national HIV/AIDS epidemics in Uganda, Cambodia, Zambia, Bolivia, and Senegal. USAID measures its results through a monitoring and evaluation reporting system that uses standardized indicators to track similar results over time and among countries.

In FY 2001, all 23 missions in intensive focus countries identified HIV/AIDS as a part of their health or youth strategic objectives. Of these 23 missions, 30% exceeded their targets and another 61% met their targets. Only two missions did not meet their targets.

USAID has a general target for reducing the transmission and impact of HIV/AIDS, which is that at least 85% of strategic objectives in this area will meet or exceed their targets for the year with no more than 10% not met and 5% or fewer not assessed. The Agency succeeded in meeting its general target for HIV/AIDS activities. Ninety-one percent of the missions met or exceeded their targets, 9% did not meet their targets, and no mission did not assess its performance in 2001.

## Data Sheet

<b>USAID Mission:</b>	Bureau for Global Health
<b>Program Title:</b>	AIDS Prevention and Control
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	936-004
<b>Status:</b>	Continuing
<b>Proposed FY 2003 Obligation:</b>	\$65,506,000 CSH
<b>Prior Year Unobligated:</b>	\$1,080,000 CSH
<b>Proposed FY 2004 Obligation:</b>	\$85,200,000 CSH
<b>Year of Initial Obligation:</b>	1996
<b>Estimated Completion Date:</b>	2013

**Summary:** The Bureau for Global Health's HIV/AIDS program ranges from preventing people from contracting HIV to caring for and treating people living with AIDS. While concentrating efforts on 23 "priority" countries, USAID provides HIV/AIDS assistance to more than 50 countries worldwide.

### Inputs, Outputs, Activities:

#### FY 2003 Program:

Prevention (\$29,406,000 CSH). Prevention is the cornerstone of USAID's strategy to fight the war on AIDS. This war will not be won and the impact on families, societies and economies will increase, if we do not prevent the next wave of people from getting infected with HIV. The largest component of the budget is dedicated to the prevention of the spread of HIV. The key elements of USAID's HIV/AIDS strategy are changing behavior to decrease risk (through mass media and interpersonal communications), prevention of mother-to-child transmission of HIV, diagnosis and treatment of sexually transmitted infections, and voluntary counseling and testing. USAID uses a fully-balanced "ABC" approach to prevention: promotion of abstinence, faithfulness to one partner, and use of condoms among high-risk populations. (Also see mother-to-child transmission and Children sections.) Principal contractors, grantees, and cooperating agencies include: Family Health International (FHI), Population Services International, Johns Hopkins University and Population Council.

System Strengthening and Policy (\$15,000,000 CSH). The overall capacity of the health system is a major limitation in the fight against AIDS. USAID believes it is critical to invest significantly in the development of service systems and human capacity to deliver key prevention and care services and also ensure that policies support these activities. USAID is also increasing its technical support to missions and host country governments on strategic design, program implementation and results reporting. USAID also assists Country Coordinating Mechanisms, which develop and implement proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Principal contractors, grantees, and cooperating agencies include: The Futures Group International, Management Sciences for Health (MSH), University of North Carolina, ABT Associates and Social & Scientific Systems.

Care and Treatment (\$8,000,000 CSH). Antiretrovirals will be included in USAID's care and treatment activities through three introductory sites in Ghana, Rwanda, and Kenya. USAID is creating antiretroviral treatment models which governments and the private sector can scale up to the national level in "low resource" settings. USAID funds 25 care and treatment programs in 14 countries. These programs treat tuberculosis and other opportunistic infections; provide psychosocial and palliative care; and meet the nutritional needs of affected households, which can significantly extend the life of those with AIDS, even in the absence of antiretroviral treatment. Principal contractors, grantee, and cooperating agencies include: FHI and MSH.

Children (\$6,500,000 CSH). More than 75 USAID-supported projects in 24 countries are helping communities provide care, counseling, psychological support and economic strengthening activities, as

well as assistance such as food, school fees, shelter and clothing to children affected by AIDS. Principal contractors, grantees, and cooperating agencies include: FHI.

Preventing Mother to Child Transmission of HIV (\$5,900,000 CSH). Eleven countries currently have USAID-supported programs to prevent HIV transmission from a mother to her baby. The President's International Mother and Child HIV Prevention Initiative will dramatically expand the number of programs and number of countries where pregnant women and their families can access these services. Principal contractors, grantees, and cooperating agencies include: Elizabeth Glaser Pediatric AIDS Foundation, Columbia University, Population Council, FHI and Population Services International.

Surveillance (\$700,000 CSH). Surveillance is an important component of USAID's expanded response. It is critical to monitor trends in seroprevalence, as well as monitoring changes in behavior, to measure results from prevention programs. Principal contractors, grantees, and cooperating agencies include: US Bureau of Census, FHI, University of North Carolina.

The Global Fund to Fight AIDS, TB and Malaria is an international public-private partnership with pledges totaling over 2.2 billion. The U.S. pledge of \$500 million makes it the largest contributor. The Global Fund complements bilateral and multilateral assistance programs for the three diseases. USAID has been essential to the board of the Global Fund, and USAID mission staff assist at the country level.

#### **FY 2004 Program:**

Prevention (\$38,300,000 CSH). Prevention will continue to be the priority in USAID's strategy to step up the war on AIDS, continuing the "ABC" strategies outlined above. (Also see Preventing Mother to Child Transmission of HIV and Children sections.)

System Strengthening and Policy (\$17,000,000 CSH). Strategic planning and evaluation of national programs, technical assistance to missions, and collaboration with international and host country partners will continue to be a focus. USAID will also support increased human and systems capacity building needed to manage expanded national HIV/AIDS programs. In addition, USAID is planning new links to existing provider networks (for example, medical associations and faith-based organizations) and enhancing their capacity to do new tasks.

Care and Treatment (\$12,800,000 CSH). Increase the number of antiretroviral treatment sites. Introductory programs in Rwanda, Ghana, and Kenya will provide the model for additional country-level programs. Care and treatment programs will continue to include programs to treat tuberculosis and other opportunistic infections; provide psychosocial and palliative care; and meet the nutritional needs of affected households.

Children (\$8,600,000 CSH). Continue to support projects that help communities provide care, counseling, psychological support and economic strengthening activities, as well as material assistance such as food, school fees, shelter and clothing to children affected by AIDS. USAID is bringing in new community and faith-based partners to assist in these endeavors, and expand on successful model programs in additional communities.

Preventing Mother-to-Child Transmission of HIV (\$7,700,000 CSH). Increase the number of countries supporting programs to prevent transmission of HIV from a mother to her baby. Through the President's International Mother and Child HIV Prevention initiative, USAID and the Department of Health and Human Services plan new and expanded programs to prevent mother-to-child transmission of HIV at a national level in 14 countries. USAID expects to receive an additional \$100 million to carry out this initiative.

Surveillance (\$900,000 CSH). Increase the number of countries with second generation surveillance systems in place. Data frequency and quality improvements will be made in all priority countries over the next two years.

**Performance & Results:** USAID has helped alter the course of national HIV/AIDS epidemics in Uganda, Cambodia, Zambia, Bolivia, and Senegal. USAID measures its results through a monitoring and

evaluation reporting system that uses standardized indicators to track similar results over time and among countries.

## 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>Proposed FY 2003 Obligation:</b>	\$35,794,000 CSH
<b>Prior Year Unobligated:</b>	\$68,000 CSH
<b>Proposed FY 2004 Obligation:</b>	\$43,136,000 CSH
<b>Year of Initial Obligation:</b>	1998
<b>Estimated Completion Date:</b>	2013

**Summary:** The Bureau for Global Health's Infectious Disease Program is a multi-year effort to reduce the threat of infectious diseases of major public health importance by: designing, testing, improving and implementing tuberculosis prevention and control programs; developing, and implementing new malaria disease prevention, treatment and policy efforts; strengthening disease surveillance systems to better detect diseases and respond appropriately; and develop strategies to slow the emergence and spread of antimicrobial resistance.

### **Inputs, Outputs, Activities:**

#### **FY 2003 Program:**

Improve and implement tuberculosis (TB) prevention and control programs (\$ 13,700,000 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 MDR-TB, TB/HIV, community based care), and support the development of tools to diagnosis TB rapidly. Principal Implementers: TB Coalition for Technical Assistance, The Centers for Disease Control and Prevention, Gorgas Memorial Institute, The National Institutes for Health, Management Sciences For Health, Program for Appropriate Technology in Health, U.S. Pharmacopoeia Convention Inc., and The World Health Organization (WHO).

Malaria disease prevention, treatment and policy efforts (\$13,250,000 CSH). 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 2003 private sector partnerships for commercial marketing of affordable insecticide treated bednets will be expanded throughout the African Region. GH will also expand a coordinated effort to institute newly developed treatment guidelines and policies for malaria in pregnant women and improve policies and drug use practices. 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, 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 (\$3,844,000 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. 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) (\$5,000,000 CSH). 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, along with beneficiary countries to develop and strengthen drug management and logistics capacity, along with USAID programs. Principal Implementers: The Centers for Disease Control and Prevention, International Clinical Epidemiology Network, Johns Hopkins University, Management Sciences For Health, U.S. Pharmacopoeia Convention Inc., and WHO.

**FY 2004 Program:**

Improve and implement TB prevention and control programs (\$16,450,000 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.

Malaria disease prevention, treatment and policy efforts (\$15,700,000 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.

Strengthening disease surveillance systems (\$4,950,000 CSH). 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 (\$6,036,000 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.

**Performance & 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 El Salvador reaching a national cure rate of 80% and Kazakhstan where the national TB mortality rate had decreased by 30%. Malaria prevention efforts are expanding the availability of bednets through a public-private partnership with 13 African and international manufacturers and distributors to produce and distribute inexpensive insecticide treated bednets. Taxes and tariffs on bednets have been eliminated in three more African countries and bednet marketing campaigns have been introduced. USAID has influenced the TB Global Drug Facility to include approaches that will strengthen pharmaceutical management in countries in order to minimize the development and spread of drug resistance. 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

936-0011 Population and Reproductive Health - New Tech.	CSH	DA
<b>Through September 30, 2001</b>		
Obligations	0	270,625
Expenditures	0	267,100
Unliquidated	0	3,525
<b>Fiscal Year 2002</b>		
Obligations	44,670	0
Expenditures	18,535	0
<b>Through September 30, 2002</b>		
Obligations	44,670	270,625
Expenditures	18,535	267,100
Unliquidated	26,135	3,525
<b>Prior Year Unobligated Funds</b>		
Obligations	0	0
<b>Planned Fiscal Year 2003 NOA</b>		
Obligations	47,173	0
<b>Total Planned Fiscal Year 2003</b>		
Obligations	47,173	0
<b>Proposed Fiscal Year 2004 NOA</b>		
Obligations	40,200	0
Future Obligations	283,564	0
Est. Total Cost	415,607	270,625

## US Financing in Thousands of Dollars

Bureau for Global Health

936-0012 Population & Reproductive Health-Policy	CSH	DA
<b>Through September 30, 2001</b>		
Obligations	0	50,217
Expenditures	0	47,285
Unliquidated	0	2,932
<b>Fiscal Year 2002</b>		
Obligations	8,697	150
Expenditures	3,175	0
<b>Through September 30, 2002</b>		
Obligations	8,697	50,367
Expenditures	3,175	47,285
Unliquidated	5,522	3,082
<b>Prior Year Unobligated Funds</b>		
Obligations	0	0
<b>Planned Fiscal Year 2003 NOA</b>		
Obligations	8,438	0
<b>Total Planned Fiscal Year 2003</b>		
Obligations	8,438	0
<b>Proposed Fiscal Year 2004 NOA</b>		
Obligations	7,700	0
Future Obligations	52,526	0
Est. Total Cost	77,361	50,367

## US Financing in Thousands of Dollars

Bureau for Global Health

936-0013 Population & Reproductive Health - Capacity	CSH	DA
<b>Through September 30, 2001</b>		
Obligations	0	287,748
Expenditures	0	279,720
Unliquidated	0	8,028
<b>Fiscal Year 2002</b>		
Obligations	47,699	0
Expenditures	15,528	0
<b>Through September 30, 2002</b>		
Obligations	47,699	287,748
Expenditures	15,528	279,720
Unliquidated	32,171	8,028
<b>Prior Year Unobligated Funds</b>		
Obligations	244	0
<b>Planned Fiscal Year 2003 NOA</b>		
Obligations	43,924	0
<b>Total Planned Fiscal Year 2003</b>		
Obligations	44,168	0
<b>Proposed Fiscal Year 2004 NOA</b>		
Obligations	37,600	0
Future Obligations	382,252	0
Est. Total Cost	511,719	287,748

## US Financing in Thousands of Dollars

Bureau for Global Health

936-0014 Population & Reproductive Health- Access	CSH	DA
<b>Through September 30, 2001</b>		
Obligations	0	759,540
Expenditures	0	748,940
Unliquidated	0	10,600
<b>Fiscal Year 2002</b>		
Obligations	49,490	0
Expenditures	16,155	0
<b>Through September 30, 2002</b>		
Obligations	49,490	759,540
Expenditures	16,155	748,940
Unliquidated	33,335	10,600
<b>Prior Year Unobligated Funds</b>		
Obligations	0	0
<b>Planned Fiscal Year 2003 NOA</b>		
Obligations	51,265	0
<b>Total Planned Fiscal Year 2003</b>		
Obligations	51,265	0
<b>Proposed Fiscal Year 2004 NOA</b>		
Obligations	44,100	0
Future Obligations	357,003	0
Est. Total Cost	501,858	759,540

## US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-002 Maternal Health		
<b>Through September 30, 2001</b>		
Obligations	70,572	19,808
Expenditures	58,411	19,808
Unliquidated	12,161	0
<b>Fiscal Year 2002</b>		
Obligations	15,327	0
Expenditures	2,716	0
<b>Through September 30, 2002</b>		
Obligations	85,899	19,808
Expenditures	61,127	19,808
Unliquidated	24,772	0
<b>Prior Year Unobligated Funds</b>		
Obligations	34	0
<b>Planned Fiscal Year 2003 NOA</b>		
Obligations	12,168	0
<b>Total Planned Fiscal Year 2003</b>		
Obligations	12,202	0
<b>Proposed Fiscal Year 2004 NOA</b>		
Obligations	11,923	0
Future Obligations	122,119	0
Est. Total Cost	232,143	19,808

## US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-003 Child Health and Nutrition		
<b>Through September 30, 2001</b>		
Obligations	278,945	88,572
Expenditures	271,677	83,204
Unliquidated	7,268	5,368
<b>Fiscal Year 2002</b>		
Obligations	46,949	1,726
Expenditures	1,580	0
<b>Through September 30, 2002</b>		
Obligations	325,894	90,298
Expenditures	273,257	83,204
Unliquidated	52,637	7,094
<b>Prior Year Unobligated Funds</b>		
Obligations	74	0
<b>Planned Fiscal Year 2003 NOA</b>		
Obligations	36,732	3,800
<b>Total Planned Fiscal Year 2003</b>		
Obligations	36,806	3,800
<b>Proposed Fiscal Year 2004 NOA</b>		
Obligations	47,450	0
Future Obligations	242,333	0
Est. Total Cost	652,483	94,098

## US Financing in Thousands of Dollars

Bureau for Global Health

936-004 AIDS Prevention and Control	CSH	DA
<b>Through September 30, 2001</b>		
Obligations	235,814	37,452
Expenditures	181,819	37,452
Unliquidated	53,995	0
<b>Fiscal Year 2002</b>		
Obligations	60,435	0
Expenditures	0	0
<b>Through September 30, 2002</b>		
Obligations	296,249	37,452
Expenditures	181,819	37,452
Unliquidated	114,430	0
<b>Prior Year Unobligated Funds</b>		
Obligations	1,080	0
<b>Planned Fiscal Year 2003 NOA</b>		
Obligations	65,506	0
<b>Total Planned Fiscal Year 2003</b>		
Obligations	66,586	0
<b>Proposed Fiscal Year 2004 NOA</b>		
Obligations	85,200	0
Future Obligations	3,491,779	0
Est. Total Cost	3,939,814	37,452



## US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-005 Infectious Disease Program		
<b>Through September 30, 2001</b>		
Obligations	91,916	250
Expenditures	58,263	250
Unliquidated	33,653	0
<b>Fiscal Year 2002</b>		
Obligations	51,303	0
Expenditures	11,891	0
<b>Through September 30, 2002</b>		
Obligations	143,219	250
Expenditures	70,154	250
Unliquidated	73,065	0
<b>Prior Year Unobligated Funds</b>		
Obligations	68	0
<b>Planned Fiscal Year 2003 NOA</b>		
Obligations	35,794	0
<b>Total Planned Fiscal Year 2003</b>		
Obligations	35,862	0
<b>Proposed Fiscal Year 2004 NOA</b>		
Obligations	31,890	0
Future Obligations	192,761	0
Est. Total Cost	403,732	250

**BUREAU FOR GLOBAL HEALTH**  
**FY 2004 Congressional Budget Justification**  
**Notified Levels for FY 2003**  
(In Thousands of Dollars)

SO Number	Title	Account	FY 2003 Total Planned Budget	FY 2003 CBJ Notification by FY 2003 CBJ
936-001.1	New and improved technologies and approaches for contraceptive methods and family planning identified, developed, tested, evaluated and disseminated	CSH	47,173	0*
936-001.2	Improved policy environment and increased global resources for planning programs	CSH	8,438	0*
936-001.3	Enhanced capacity for national programs (public, private, non-governmental organizations and community-based institutions) to design, implement, finance, and evaluate sustainable family planning programs	CSH <b>CSH</b>	43,924 <b>244 co</b>	0*
936-001.4	Increased access to, quality of, cost-effectiveness of, and motivation to use family planning, breastfeeding, and selected reproductive health information and services	CSH	51,265	0*
936-002	Increased use of key maternal health and nutrition interventions	CSH <b>CSH</b>	12,168 <b>34 co</b>	0*
936-003	Increased use of key child health and nutrition interventions	CSH <b>CSH</b> DA	36,732 <b>74 co</b> 3,800	0* 0*
936-004	Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic	CSH <b>CSH</b>	65,506 <b>1,080 co</b>	0*
936-005	Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance **Of which Pakistan	CSH <b>CSH</b>	35,794 <b>68 co</b>	0*

\* Preveiously notified

\*\* Separate notification required.

Bold denotes change.

**BUREAU FOR GLOBAL HEALTH**  
**FY 2004 Congressional Budget Justification**  
**Notified Levels for FY 2004**  
(In Thousands of Dollars)

<b>SO Number</b>	<b>Title</b>	<b>Account</b>	<b>Notified by FY 2004 CBJ</b>
936-001.1	New and improved technologies and approaches for contraceptive methods and family planning identified, developed, tested, evaluated and disseminated	CSH	40,200
936-001.2	Improved policy environment and increased global resources for planning programs	CSH	7,700
936-001.3	Enhanced capacity for national programs (public, private, non-governmental organizations and community-based institutions) to design, implement, finance, and evaluate sustainable family planning programs	CSH	37,600
936-001.4	Increased access to, quality of, cost-effectiveness of, and motivation to use family planning, breastfeeding, and selected reproductive health information and services	CSH	44,100
936-002	Increased use of key maternal health and nutrition interventions	CSH	11,923
936-003	Increased use of key child health and nutrition interventions	CSH	47,450
936-004	Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic	CSH	85,200
936-005	Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance **Of which Pakistan	CSH	31,890

Bureau for Global Health  
FY 2003 Congressional Budget Justification  
Acronym List

AED	Academy for Educational Development
AIDS	Acquired Immune Defiant Syndrome
AIN	Integrated Child Care
AMR	Antimicrobial Resistance
ARI	Acute Respiratory Infection
ARV	Anti-Retroviral Vaccines
CARE	Cooperative for Assistance and Relief Everywhere
CDC	Centers for Disease Control and Prevention
CEDPA	Center for Development and Population Activities
CSH	Child Survival and Health
DAI	Development Alternatives International
DHS	Demographic and Health Survey
DOTS	Directly Observed Treatment, Short Course
DTT	Deloitte Touche Tohmatsu
ESF	Economic Support Fund
FP	Family Planning
GAIN	Global Alliance for Improved Nutrition
GAVI	Global Alliance for Vaccines and Immunizations
GH	Global Health
HIV	Human Immune Deficient Virus
HKI	Helen Keller International
IAMI	International AIDS Vaccine Initiative
ICDDR.B	International Center for Diarrhea Disease Research/Bangladesh
ILSI	International Life Sciences Institute
IMCI	Integrated Management of Childhood Illness
IR	Intermediate Results
JHU	Johns Hopkins University
MSH	Management Sciences for Health
MTCT	Mother-to-child HIV Transmission
NGO	Non Governmental Organization
OVC	orphans and vulnerable children
PATH	Program for Appropriate Technology in Health
PHN	Population, Health, and Nutrition
PSI	Population Services International
PVO	Private Voluntary Organization
RH	Reproductive Health
RTI	Research Triangle Institute
SIGN	Safe Injection Global Network
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TRG	Triangle Research Group
U.S.	United States
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URC	University Research Corporation
USAID	United States Agency for International Development
USG	United States Government
VOA	Voice of America
WHO	World Health Organization