

Data Sheet

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| USAID Mission: | Central Asian Republics Regional |
| Program Title: | Health and Population |
| Pillar: | Global Health |
| Strategic Objective: | 176-0320 |
| Status: | Continuing |
| Planned FY 2005 Obligation: | \$1,000,000 CSH; \$775,000 FSA |
| Prior Year Unobligated: | \$370,000 FSA |
| Proposed FY 2006 Obligation: | \$1,000,000 CSH; \$645,000 FSA |
| Year of Initial Obligation: | 2001 |
| Estimated Year of Final Obligation: | 2007 |

Summary: USAID continues to demonstrate progress in health reform in Central Asia. New programs to address HIV/AIDS, tuberculosis (TB), and primary health care will provide strategic technical assistance to help the region's emerging public health systems respond to these challenges. The health program will: reinforce civil society, through its use of non-governmental organizations; support USAID's anti-corruption objectives, through increased transparency of the health sector, including health financing reform; assist with implementation of nine grants from the Global Fund to Fight AIDS, TB, and Malaria (GFATM); respond to the Administration's focus on the global fight against HIV/AIDS; pursue public-private partnerships through Global Development Alliances (GDA); and, promote cross-border responses to regional priorities such as trafficking in persons and in drugs.

Inputs, Outputs, Activities:

FY 2005 Program: Enhance Health Systems Capacity (\$265,000 FSA, \$250,000 FSA carryover, \$120,000 FSA prior year recoveries). USAID will launch its new Quality Public Health and Primary Health Care Program (QPHPHC) to provide technical assistance, training, equipment, and commodities to increase access to and utilization of quality primary health care in the Central Asia Region. Funds will support the regional bodies of the Council of Rectors and Council of Nurses to modernize medical and nursing education, including advocacy for accreditation standards, medical education financing, and work force planning. Funds will be used to help the Councils promote evidence-based medical practices and to begin to address the sustainability of these regional structures. Training and medical education will address family planning and other reproductive health interventions. Funds will also support training and improvements to medical education related to infant health, such as the World Health Organization's (WHO's) Integrated Management of Childhood Illness. Efforts will be linked to related activities on the introduction of the WHO definition of live birth, crucial to reduce infant and child mortality. A global development alliance (GDA) will be used to assist with procurement, installation, training, and use of flow cytometers, key for monitoring HIV/AIDS and introducing antiretroviral treatment. The GDA will work in all countries except Turkmenistan, which has not yet submitted an application to the GFATM. Principal contractors/grantees: John Snow, Inc. (JSI) (prime), Population Services International (PSI) (sub), Abt Associates (sub), and International HIV/AIDS Alliance (sub), to be determined (TBD).

Prevent and Control Infectious Diseases of Major Importance (\$510,000 FSA). A new, five-year regional TB Control Program works to expand DOTS geographically, and strengthen surveillance, laboratory quality, and rational drug management throughout the region. High-level working groups will be established throughout the region to solidify policy changes and improve coordination. Working groups on drug management, laboratory, communication, social mobilization, and prisons will be organized. Funds will provide assistance on preparation of applications for and implementation of TB control grants from the GFATM. USAID's regional funds will support the WHO Regional TB Advisor, who provides policy-level guidance and technical assistance on all components of the TB control program throughout the region. Principal contractors/grantees: Project HOPE (prime), Johns Hopkins University Bloomberg School of Public Health (sub), JSI (sub), New Jersey Medical School National TB Center (sub), and WHO (prime).

Reduce Transmission and Impact of HIV/AIDS (\$1,000,000 CSH). Funds will reinforce drug demand reduction activities under the Drug Demand Reduction Program (DDRP), which targets vulnerable populations with information about the risks of drug use. DDRP works in Uzbekistan, Tajikistan, and Kyrgyzstan, where funds will be used to supplement country budgets and to support development of innovative models that respond to this urgent cross-border threat. Small grants will be provided to non-governmental organizations (NGOs) to reach women who are particularly vulnerable to involvement with drugs. DDRP training targets professionals with modern approaches to reduce demand and address addiction; funds will support regional training for counselors, including psychologists, building on a team approach to address the response to drug use. DDRP also seeks to institutionalize education and training; a drug use prevention education curriculum for vocational schools, aimed at increasing awareness of drugs and drug-related problems, will be piloted throughout Tajikistan. The model curriculum also includes approaches to engage students' families. A related curriculum for drug use prevention in secondary schools in Uzbekistan will be developed. Activities targeting at-risk youth will be expanded, including DDRP's Youth Power Centers, which offer information, education, and activities to help young people at particular risk for drug use make healthy choices about sex and drug use. Four new centers will be opened in the region, and manuals will be developed to support further replication. Principal contractors/grantees: Alliance for Open Society International (prime), Eurasia Foundation (sub), PSI (sub), and Internews (sub).

FY 2006 Program: Enhance Health Systems Capacity (\$510,000 FSA). QPHPHC will continue to assist the region, supporting medical and nursing education reforms in the areas of medical education financing, workforce planning, family planning, maternal health, and the promotion of evidence-based medicine. Sustainability will be a focus for the two health councils. Principal contractor: TBD (prime).

Prevent and Control Infectious Diseases of Major Importance (\$135,000 FSA). The TB Control Program will continue to assist the region as described above. USAID will seek other donor funding to support the WHO Regional TB Advisor. Principal contractors/grantees: Project HOPE (prime), Johns Hopkins University Bloomberg School of Public Health (sub), John Snow, Inc. (sub), and New Jersey Medical School National TB Center (sub).

Reduce Transmission and Impact of HIV/AIDS (\$1,000,000 CSH). Regional funds will continue to reinforce drug demand reduction activities undertaken by DDRP in Uzbekistan, Tajikistan and Kyrgyzstan, supporting roll-out of innovative models that respond to this urgent cross-border threat. In Tajikistan and Uzbekistan, DDRP will begin to institutionalize demand reduction education and training, focusing on drug use prevention curricula for vocational and secondary schools. Youth Power Centers will reach increasing numbers of at-risk youth. DDRP will coordinate closely with USAID's regional "CAPACITY" HIV/AIDS control program. Principal contractors/grantees: Alliance for Open Society International (prime), Eurasia Foundation (sub), PSI (sub), and Internews (sub).

Performance and Results: In FY 2004, USAID used regional funds for regional activities and initiatives, such as workshops, trainings, and work with the Council of Rectors on medical education, as well as to supplement ongoing activities in other countries. Challenges include ongoing changes in Ministry of Health leadership; although, in some instances, this has led to increased opportunities for collaboration. New national strategies, policies, legislative frameworks, financing mechanisms, and acceptance of international best practices, such as IMCI, DOTS, and the WHO definition of live births, all point to the progress USAID continues to make in health sector reform throughout the region. There is tremendous momentum and potential. Countries in the region have received nine grants from the GFATM to date; the World Bank and the Asian Development Bank have recently signed loans for health in Uzbekistan based on USAID assistance; the President in Kazakhstan has made health reform a national priority; and other countries continue to pursue roll-out of USAID-supported models and interventions. USAID's health programs in Central Asia are designed to increase the use and quality of primary health care services for underserved populations. In so doing, USAID will meet the challenge posed by the double burden of infectious and non-infectious diseases that increasingly affects the people of Central Asia. This strategy will improve the quality of people's lives and the futures of their countries, furthering the growth of productive, stable democracies in an area of the world vital to U.S. interests. Given the unique challenges faced in certain countries of the region, USAID anticipates need

for an extended life of the health SO in certain countries. Regional funding will continue to reinforce advances made in each.

US Financing in Thousands of Dollars

Central Asian Republics Regional

| 176-0320 Health and Population | CSH | FSA |
|---------------------------------------|-------|-------|
| Through September 30, 2003 | | |
| Obligations | 900 | 3,760 |
| Expenditures | 573 | 2,494 |
| Unliquidated | 327 | 1,266 |
| Fiscal Year 2004 | | |
| Obligations | 2,000 | 425 |
| Expenditures | 371 | 1,092 |
| Through September 30, 2004 | | |
| Obligations | 2,900 | 4,185 |
| Expenditures | 944 | 3,586 |
| Unliquidated | 1,956 | 599 |
| Prior Year Unobligated Funds | | |
| Obligations | 0 | 370 |
| Planned Fiscal Year 2005 NOA | | |
| Obligations | 1,000 | 775 |
| Total Planned Fiscal Year 2005 | | |
| Obligations | 1,000 | 1,145 |
| Proposed Fiscal Year 2006 NOA | | |
| Obligations | 1,000 | 645 |
| Future Obligations | 0 | 400 |
| Est. Total Cost | 4,900 | 6,375 |

