

Data Sheet

USAID Mission:	Russia
Program Title:	Health and Child Welfare
Pillar:	Global Health
Strategic Objective:	118-0321
Status:	Continuing
Planned FY 2005 Obligation:	\$3,000,000 CSH; \$19,800,000 FSA
Prior Year Unobligated:	\$60,000 FSA
Proposed FY 2006 Obligation:	\$3,000,000 CSH; \$11,480,000 FSA
Year of Initial Obligation:	2002
Estimated Year of Final Obligation:	2010

Summary: Over the past five years, Russia has experienced one of the world's fastest growing HIV/AIDS epidemics. Therefore, HIV/AIDS prevention is the cornerstone of USAID's health activities, including a multi-pronged approach to combat the epidemic: engaging leadership, mobilizing civil society, improving the public health response, and creating replicable models. USAID's interventions introduced and incorporated the best international practices in health care and child welfare. The strategy is to adapt international guidelines, train practitioners in management and policy skills, and develop the most appropriate interventions. USAID is introducing modern systems of prevention and care as well as improving policies and regulations for infectious diseases, reproductive health, maternal and infant health, primary health care, and child welfare.

Inputs, Outputs, Activities:

FY 2005 Program: Reduce transmission and impact of HIV/AIDS (\$9,900,000 FSA, \$20,000 FSA carryover, \$3,000,000 CSH). USAID's focus will be on prevention. Efforts will continue to strengthen non-governmental organizations (NGOs) working on the HIV/AIDS issue. Programs for HIV orphans will be expanded. Child abandonment prevention, integrated into health services for HIV-infected women, and foster care for abandoned children will be piloted in target regions. Prevention interventions will be aimed at high-risk groups. Moreover, treatment, care, and support services will be increased, including those for the prevention of mother-to-child transmission (PMTCT) of HIV/AIDS. Communication and advocacy campaigns will be launched to reduce high-risk behavior among vulnerable youth. Ongoing training for health care providers will increase the number of those meeting international standards for the delivery of HIV/AIDS treatment services. Finally, USAID will continue to develop areas of HIV intervention in the Russian Far East (RFE). The HIV treatment, care, and support initiative will continue in five regions to empower local leaders to help promote multi-sectoral collaboration; establish support for people living with HIV/AIDS; engage and strengthen NGOs working in prevention, care and support; ensure control of HIV transmission; and, build capacity to apply a quality improvement methodology. Finally, USAID will help address the global threat of HIV/AIDS through the International Health Corps of Russia. Principal grantees: Johns Hopkins University (JHU) (prime), American International Health Alliance (AIHA) (prime), International Exchange and Research Board (IREX) (prime), University Research Corporation (URC) (prime), to be determined (TBD).

Prevent and Control Infectious Diseases of Major Importance (\$3,750,000 FSA, \$40,000 FSA carryover). The tuberculosis (TB) control program will continue in seven regions of Russia, including the RFE. Broad support will be provided to regional governments. Efforts will introduce and expand treatment of multi-drug resistant (MDR) TB and infection control measures for possible replication nationwide. The program will refine TB-related national guidelines. USAID also will support Hepatitis C prevention and control interventions in the RFE. Principal contractors/grantees: World Health Organization (WHO) (prime), Center for Disease Control and Prevention (CDC) (prime), Department of Health and Human Services (DHHS) (prime), International Federation of the Red Cross and Red Crescent Societies (IFRC) (prime).

Improve child survival, health, and nutrition (\$2,570,000 FSA). USAID will improve the quality and quantity of direct medical-social services to reduce the number of children in institutional care. Development of these services, strengthened by policy work and advocacy, will build up an environment for community involvement and stigma reduction to help in social integration. Principal grantees: International Exchange and Research Board (IREX) (prime), Doctors of the World (DOW) (prime), and Kidsave International (sub).

Reduce unintended pregnancy and improve healthy reproductive behavior (\$3,580,000 FSA). Comprehensive models of family-centered maternity care, newborns' care, exclusive breastfeeding, and client-centered family planning will be integrated in 14 Russian regions. An activity on integration of family planning and HIV prevention counseling in prisons will begin, with a focus on females and juveniles. Principal contractors/grantees: John Snow Inc. (prime), Johns Hopkins University (JHU) (prime), International Federation of the Red Cross and Red Crescent Societies (IFRC) (prime), Department of Health and Human Services (DHHS) (prime).

FY 2006 Program: Reduce transmission and impact of HIV/AIDS (\$7,430,000 FSA, \$3,000,000 CSH). USAID-supported partnerships will reach 1,000 patients per region with antiretroviral (ARV) drugs. Technical support will be increased to the Government of Russia (GOR) for implementation of HIV/AIDS and TB Global Fund grants. More NGOs will provide prevention services to the most at-risk populations. Access to treatment, care, and support services will increase. Work with high-risk youth will result in a decrease in risky behavior. Policy and advocacy activities will increase national and local resources for HIV/AIDS programs. PMTCT efforts will be further replicated. Regional models of abandonment prevention for HIV/AIDS-affected children will be in place in target areas. Policy efforts will aid legislation on foster care and mainstreaming for HIV orphans. Principal grantees: JHU (prime), AIHA (prime), IREX (prime), URC (prime), TBD.

Prevent and control infectious diseases (\$2,750,000 FSA). Efforts will continue to strengthen pilot TB programs to serve as the model for a greatly expanded World Bank/GOR program. USAID will work with its implementing partners to address TB/HIV co-infection, multi-drug resistant TB treatment, and Hepatitis C prevention. Principal contractors/grantees: WHO (prime), CDC (prime), DHHS (prime), IFRC (prime).

Improve child survival, health, and nutrition (\$1,300,000 FSA). New abandonment prevention policies and strategies will be introduced, and these will provide authorities nationwide with instruments for reforming child and family welfare systems. Principal grantees: IREX (prime), DOW (prime), Kidsave International (sub).

Performance and Results: USAID's assistance resulted in great progress in the magnitude, nature, and effectiveness of Russia's response to HIV/AIDS and TB. USAID leveraged over \$210 million in GOR support to address these problems. GOR spending for HIV/AIDS is at \$27 million, as contrasted to the \$4 million reported four years ago, and support is growing for further increases for HIV/AIDS. While HIV/AIDS cases rose by 10% from last year, the number of patients treated with antiretrovirals (ARVs) remained below 2000. However, services and training are in place to triple and quadruple the cases treated in USAID-supported regions. A total of 65 health care facilities and 600 specialists were engaged in a treatment, care, and support initiative in five regions. To address MDR TB, a pilot treatment program, the first of its kind, operated in one region. About 155 patients took part in the pilot program. Of these, 78 patients completed treatment, with a success rate exceeding 75%, whereas formerly the fatality rate was 100%. More than 4,000 health professionals in the civilian and penitentiary systems were trained in TB-related subjects. Over 180 child welfare services and 70 policies developed by 200 change agents helped 45,000 children stay in family care. Successful family planning models were replicated in 12 regions, covering 156 facilities, to deliver services to women and their children.

US Financing in Thousands of Dollars

Russia

118-0321 Health and Child Welfare	CSH	FSA
Through September 30, 2003		
Obligations	3,000	28,715
Expenditures	186	9,947
Unliquidated	2,814	18,768
Fiscal Year 2004		
Obligations	7,500	17,560
Expenditures	1,091	14,522
Through September 30, 2004		
Obligations	10,500	46,275
Expenditures	1,277	24,469
Unliquidated	9,223	21,806
Prior Year Unobligated Funds		
Obligations	0	60
Planned Fiscal Year 2005 NOA		
Obligations	3,000	19,800
Total Planned Fiscal Year 2005		
Obligations	3,000	19,860
Proposed Fiscal Year 2006 NOA		
Obligations	3,000	11,480
Future Obligations	0	0
Est. Total Cost	16,500	77,615