

## 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>Planned FY 2005 Obligation:</b>	\$68,721,000 CSH
<b>Prior Year Unobligated:</b>	\$750,000 CSH
<b>Proposed FY 2006 Obligation:</b>	\$47,997,000 CSH
<b>Year of Initial Obligation:</b>	1998
<b>Estimated Year of Final Obligation:</b>	2007

**Summary:** The Bureau for Global Health (GH) Infectious Disease objective is to prevent and control the threats posed by infectious diseases, focusing on: testing, improving, and implementing options for tuberculosis (TB) control; implementing disease prevention and treatment efforts; strengthening surveillance systems by enhancing detection capability, information systems, and data-based decision making and response capacity, and slowing the emergence and spread of antimicrobial resistance. GH's infectious disease (ID) team is engaged in the development and expansion of key global initiatives: STOP TB Partnership, TB Global Drug Facility, Roll Back Malaria Partnership, and the Global Fund to Fight AIDS, TB, and Malaria (the "Global Fund"). Technical support from the ID team has helped establish and strengthen programs in 67 countries to reduce morbidity and mortality from TB and malaria, strengthen diseases surveillance systems, and address growing anti-microbial resistance.

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

**FY 2005 Program:** Prevent and Control Infectious Diseases of Major Importance (\$68,721,000).

Across the ID sub-areas, GH will focus the largest share of resources in support of country-level efforts to ensure the delivery of appropriate and effective interventions. Efforts will include promoting appropriate and effective national policies, strengthening country-level human capacities to respond to challenges, strengthening systems for delivery of timely and quality services, promotion of appropriate behaviors and practices at the community and household level, and strengthening capacities for routine monitoring and evaluation of programs, while strengthening the overall quality of services delivered by the private sector. At the global level, GH will work with partners to build consensus on "best practices" for addressing its target areas and coordinate delivery of country level support. Approximately \$10,000,000 will be spent on health systems capacity strengthening activities to improve equity, effectiveness, efficiency, accessibility, and sustainability within the private and public sectors; \$3,000,000 on human resource development of the health workforce and in public health leadership -- an initiative launched in 2005 will focus on strengthening schools of public health in Africa to improve local capacity for responding to malaria, tuberculosis, HIV/AIDS and other public health priorities --; \$15,000,000 on developing new tools for prevention and treatment of malaria and tuberculosis, including development of new treatment therapies for both tuberculosis and malaria and field testing of new malaria vaccine candidates, and \$2,700,000 to support monitoring and evaluation of GH's core program investments.

Improve and implement TB prevention and control programs (\$28,835,000). GH will 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 increase the global cadre of TB professionals. GH will 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 (treatment of multi-drug-resistant-TB, TB/HIV, community based care), and support the development of tools to diagnose TB. Principal Implementers: TB Coalition for Technical Assistance including the Royal Netherlands TB Foundation; the International Union against TB and Lung Disease; American Lung Association, American Thoracic Society, the World Health Organization (WHO), and the Centers for Disease Control and Prevention (CDC), Gorgas Memorial Institute, the National Institutes for Health, Management Sciences For Health, Program for

Appropriate Technology in Health, and U.S. Pharmacopoeia Convention Inc.

Malaria disease prevention, treatment and policy efforts (\$32,064,000). GH will work closely with USAID regional bureaus and missions to implement malaria control activities in association with the Roll Back Malaria Partnership. Three areas will receive focused attention: expanding the availability and use of affordable artemisinin combination therapies (ACTs), including support for expanded agricultural production of the plant that is the natural source of the active pharmaceutical ingredient, and expanding availability of insecticide treated nets for pregnant women and children under five years of age through the commercial sector. These efforts will complement ongoing malaria activities, focused largely in Africa. They will target populations in complex emergencies and sub-regional efforts in South America and Southeast Asia to reduce the spread of drug resistant malaria. The 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 more advanced candidates to enter the pipeline. Principal Implementers: Academy for Educational Development, Group Africa, London School of Hygiene and Tropical Medicine, Camp Dresser & McKee, CDC, Johns Hopkins Program in Education for Gynecology and Obstetrics (JHPIEGO), Management Sciences for Health, Maxygen, The Naval Medical Research Institute, Walter Reed Army Institute of Research, U.S. Pharmacopoeia Convention Inc., University Research Corporation, Malaria Vaccine Initiative, Medicines for Malaria Initiative, and the WHO.

Strengthening disease surveillance systems (\$2,960,000). GH will strengthen infectious disease surveillance at the national, regional and global level. Complementary efforts will support programs that identify obstacles and target capacity development of health workers at the district level as part of detection and response within a disease surveillance system. Epidemiology capacity will be strengthened in country by supporting the development of field-based training programs as well as regional and international networks. Principal Implementers: Abt Associates, Academy for Educational Development, CDC, the Program for Appropriate Technology in Health, Training in Epidemiology and Public Health Interventions Network, and WHO.

Slow the emergence and spread of antimicrobial resistance (AMR) (\$4,862,000). 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 use of antimicrobial drugs. GH will provide technical assistance to the Global TB Drug Facility, beneficiary countries, and USAID country programs to develop and strengthen drug management and logistics capacity. Principal Implementers: CDC, International Clinical Epidemiology Network, Johns Hopkins University, Management Sciences For Health, U.S. Pharmacopoeia Convention Inc., and WHO.

**FY 2006 Program:** Prevent and Control Infectious Diseases of Major Importance (\$47,997,000). GH's infectious diseases program will focus its efforts on maintaining its program support for TB and malaria, with priority on ensuring adequate technical support in Africa and technical assistance in high-burden TB countries. Specifically, GH will continue to support programs to increase the uptake and financial sustainability of the supply of insecticide treated materials, the availability and use of affordable artemisinin combination therapies (ACTs), and adequate country-level capacity to plan for and use indoor residual spray for prevention of malaria. GH will continue to support the expansion of DOTS treatment, the increase in case detection rates for TB, and the development and dissemination of best practices regarding TB prevention and control, including the treatment of multiple drug resistant TB. GH will support the Roll Back Malaria Partnership, the STOP TB Partnership, the Global Plan to Stop TB, the Global Drug Facility, CDC, and WHO, among many other partners and implementers.

**Performance and Results:** GH's progress in the implementation of an impact-oriented infectious disease strategy has been impressive. At the global level, the GH's ID team has been and will continue to be proactive in engaging in the development and expansion of key global initiatives such as the STOP TB Partnership, the TB Global Drug Facility, the Roll Back Malaria Partnership and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. At the national level, technical support from the ID team has been instrumental in the establishment, strengthening and expanding programs in 67 countries to reduce morbidity and mortality from TB and malaria, strengthen diseases surveillance systems and address the growing problem of anti-microbial resistance. At the end of this program, it is expected that the burden of

TB and malaria will be reduced by half worldwide (over 1997 levels); that the threat posed by the emergence and spread of antimicrobial resistance will be significantly reduced as national programs in USAID assisted countries better plan for and manage the quality and use of drugs; and that there is an increased capacity in target USAID countries for disease surveillance and response.

**U.S. Financing**  
(in thousands of dollars)

**936-005 Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance**

	Obligations		Expenditures		Unliquidated	
Through September 30, 2003	194,588	CSH	142,704	CSH	51,884	CSH
	250	DA	250	DA	0	DA
	0	ESF	0	ESF	0	ESF
	0	IDA	0	IDA	0	IDA
	0	TI	0	TI	0	TI
Fiscal Year 2004	63,960	CSH	51,168	CSH		
	0	DA	0	DA		
	0	ESF	0	ESF		
	0	IDA	0	IDA		
	0	TI	0	TI		
Through September 30, 2004	258,548	CSH	193,872	CSH	64,676	CSH
	250	DA	250	DA	0	DA
	0	ESF	0	ESF	0	ESF
	0	IDA	0	IDA	0	IDA
	0	TI	0	TI	0	TI
Prior Year Unobligated Funds	750	CSH				
	0	DA				
	0	ESF				
	0	IDA				
	0	TI				
Planned Fiscal Year 2005 NOA	68,721	CSH				
	0	DA				
	0	ESF				
	0	IDA				
	0	TI				
Total Planned Fiscal Year 2005	69,471	CSH				
	0	DA				
	0	ESF				
	0	IDA				
	0	TI				
			Future Obligations		Est. Total Cost	
Proposed Fiscal Year 2006 NOA	47,997	CSH	28,204	CSH	404,220	CSH
	0	DA	0	DA	250	DA
	0	ESF	0	ESF	0	ESF
	0	IDA	0	IDA	0	IDA
	0	TI	0	TI	0	TI