#### **Data Sheet**

**USAID Mission:** Regional Development Mission-Asia (RDM-Asia)

**Program Title:** Regional HIV/AIDS and Infectious Diseases Pillar:

Global Health

Strategic Objective: 498-022 Proposed FY 2004 Obligation: \$16,620,000 CSH

**Prior Year Unobligated:** \$34,000 CSH

Proposed FY 2005 Obligation: \$15,500,000 CSH

Year of Initial Obligation: FY 2000 Year of Final Obligation: FY 2006

Summary: This regional HIV/AIDS program strengthens capacity to conduct disease surveillance, behavior change and communications, training and research, and to provide community-based care and support. It supports efforts to combat HIV/AIDS in countries where USAID does not have a mission; in selected countries where USAID has a mission but where lessons can be learned that will inform other country programs; by multilateral organizations implementing HIV/AIDS activities where objectives are compatible, but USAID capacity is limited; and across borders where no mission has primary responsibility. The regional program strengthens the capacity to address other infectious diseases such as tuberculosis and malaria. In addition to funding country specific activities, the program also funds experts to investigate significant issues in infectious diseases that will inform missions as they develop strategies and design, conduct, and monitor activities.

### Inputs, Outputs, Activities:

#### FY 2004 Program:

HIV/AIDS activities (\$10,380,000 CSH). HIV/AIDS FY 2004 funding breakdown includes \$6,000,000 CSH for programs to be managed by RDM/Asia (\$1,000,000 CSH for Burma, \$1,000,000 CSH for Laos, \$1,500,000 CSH for Thailand, \$2,500,000 CSH for regional programs such as China and Papua New Guinea), and \$4,380,000 CSH for programs to be managed by the ANE bureau in Washington, D.C. Activities in non-presence countries will include completion and initiation of a three-year strategic framework of HIV activities in China; support for social marketing of HIV/AIDS prevention messages and condoms to high-risk groups/areas; provision of outpatient and home based care for people living with HIV/AIDS: implementation of community-wide behavior change communication and sexually transmitted infection interventions; establishment of an HIV program among hill tribes in Chiang Rai Province, Thailand, including support to the Mae Tao Clinic to increase provision of voluntary counseling and testing services, prevention of mother-to-child transmission, and care and support for Burmese migrants; support to the Armed Forces Research Institute to implement HIV/AIDS prevention and behavior change interventions among the military in Kanchanaburi, Thailand; establishment of a model Voluntary Counseling and Testing clinic in Vietnam; and HIV stigma research, analysis, and reporting in Vietnam.

Multi-country and cross-border HIV/AIDS activities will continue support to pilot interventions among cross-border mobile and migrant populations including a "twin-city" border area model in the Greater Mekong sub-region; a "source-destination community linkage" model to address prevention, care and support interventions among Cambodian migrant seafarers at the "destination community" in Thailand, as well as among the migrants' families back in Cambodia (both models have been duplicated within the Asia region); and analysis of the USG-supported Greater Involvement of People Living with HIV/AIDS principle by USAID and implementers in Cambodia, India, Philippines, Vietnam, and Nepal. Other regional/cross-country initiatives will include regional leadership initiatives to help policymakers better understand the dynamics of the epidemic and develop more effective responses; state-of-the-art capacity development in technical and program areas; innovation of new technologies, methodologies, research, and models for HIV/AIDS interventions; and an assessment of regional faith-based advocacy. Principal implementers include Family Health International, the Futures Group International, the International HIV/AIDS Alliance, and Population Services International.

Tuberculosis and malaria (\$5,890,000 CSH). Infectious disease funding breakdown for FY 2004 include \$1,250,000 CSH to be managed by RDM/Asia (\$1,000,000 CSH for Burma, \$250,000 for regional programs), and \$4,640,000 CSH to be managed by ANE/Washington. USAID will build on achievements made in fighting non-infectious diseases such as tuberculosis and malaria. For example, technical assistance will continue to be provided to improve TB-control efforts in countries such as Cambodia, Laos, the Philippines, and Vietnam by developing innovative efforts in specific countries (e.g., improving coordination between tuberculosis and HIV programs in Cambodia; expanding and improving private-sector involvement in treating TB in the Philippines) that have application for other countries; developing country proposals to the Global Fund for AIDS, TB, and Malaria; and planning and conducting more precise studies to determine TB incidence and drug-resistance levels.

USAID partners will initiate standardized surveillance for drug-resistant malaria in Cambodia, Laos, and Thailand and complete initial assessments of anti-malarial-drug use in Cambodia and anti-malarial drug quality in Cambodia, Laos, Thailand, and Vietnam. This information is being used for changing national drug policy to improve the treatment of multi drug-resistant malaria; and identification of specific factors related to poor use and quality of anti-malarial drugs that contribute to the emergence of drug resistance and which are key for designing and focusing interventions on the most-affected populations and geographic areas. Efforts to improve the involvement of communities in malaria control have been initiated in Thailand, and access to insecticide-treated bednets and rapid tests for detecting malaria has been expanded in Cambodia. Principal implementers are the Kenan Institute Asia, Management Sciences for Health, the U.S. Pharmacopoeia, and the WHO.

Child survival activities (\$350,000 CSH). RDM/Asia will manage a small child survival activity in Laos through this program.

#### FY 2005 Program:

HIV/AIDS activities (\$9,200,000 CSH). HIV/AIDS FY 2005 funding breakdown includes \$1,000,000 CSH for Burma, \$1,000,000 CSH for Laos, \$1,500,000 CSH for Thailand, \$5,700,000 CSH for regional programs such as China and Papua New Guinea. The program will continue to support activities in non-presence countries; multi-country and cross-border activities in South and South East Asia; international and multilateral health organizations; and short-term HIV/AIDS and infectious disease experts assisting missions and the ANE Bureau. USAID will also develop and apply new interventions to address populations most at risk for HIV/AIDS and other priority infectious diseases. Principal implementers are Family Health International, the Futures Group International, the International HIV/AIDS Alliance, the Kenan Institute Asia, Management Sciences for Health, the U.S. Pharmacopoeia, and the WHO.

Tuberculosis, malaria and other infectious diseases (\$5,800,000 CSH). Infectious disease funding breakdown for FY 2005 include \$1,000,000 CSH for Burma, \$500,000 CSH for Laos, and \$4,300,000 CSH for regional activities.

Child survival activities (\$500,000 CSH). RDM/Asia will also manage a small polio activity for the region through this program.

**Performance and Results:** USAID has helped improve monitoring of priority diseases and access to key services across the region. USAID provided essential support to socially market HIV/AIDS prevention messages and condoms to high-risk groups in Burma, Laos, and Thailand. In Phakant, Kachin, Burma, USAID provided outpatient and home based care for people living with HIV/AIDS and helped to construct a hospice. USAID has also made significant progress on tuberculosis and malaria. For example, USAID implementers provided technical assistance to improve TB-control efforts in countries such as Cambodia, Laos, Philippines, and Vietnam and initiated standardized surveillance for drug-resistant malaria in Cambodia, Laos, and Thailand. Overall, USAID support is enabling national and regional partners to better understand these diseases, strengthen monitoring capabilities, and expand prevention and treatment services.

# **US Financing in Thousands of Dollars**

## Regional Development Mission-Asia (RDM-Asia)

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498-022 Regional HIV/AIDS and Infectious Diseases	сѕн	ESF
Through September 30, 2002		
Obligations	32,045	1,783
Expenditures	11,828	751
Unliquidated	20,217	1,032
Fiscal Year 2003		
Obligations	8,568	0
Expenditures	12,036	1,032
Through September 30, 2003		
Obligations	40,613	1,783
Expenditures	23,864	1,783
Unliquidated	16,749	0
Prior Year Unobligated Funds		
Obligations	34	0
Planned Fiscal Year 2004 NOA		
Obligations	16,620	0
Total Planned Fiscal Year 2004		
Obligations	16,654	0
Proposed Fiscal Year 2005 NOA		
Obligations	15,500	0
Future Obligations	27,150	0
Est. Total Cost	99,917	1,783