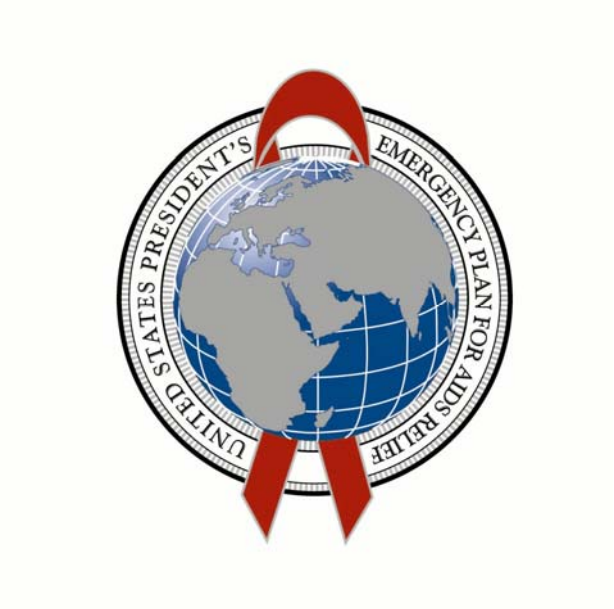

THE U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)

FISCAL YEAR 2008: PEPFAR OPERATIONAL PLAN

June 2008

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LIST OF ACRONYMS

AB	Abstain, Be faithful
ABC	Abstain, Be faithful, correct and consistent use of Condoms
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
APS	Annual Program Statement
ART	Antiretroviral Treatment
ARV	Antiretroviral Drug
AZT	Azidothymidine (Zidovudine)
BCC	Behavior Change Communication
CBO	Community-Based Organization
CCM	Country Coordinating Mechanisms
CDC	Centers for Disease Control and Prevention (of HHS)
CIDA	Canadian International Development Agency
CSH	Child Survival and Health
CT	HIV/AIDS Counseling and Testing
DHS	Demographic Health Survey
DOD	Department of Defense
DOL	Department of Labor
DOS	Department of State
DOTS	Directly-Observed Therapy, Short Course Strategy
EP	Emergency Plan
FBO	Faith-Based Organization
FDA	Food and Drug Administration
FDC	Fixed Dose Combination
GAP	Global AIDS Program (of HHS)
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GH	Bureau of Global Health (of USAID)
GHAI	Global HIV/AIDS Initiative
GHCS	Global Health and Child Survival
HAART	Highly Active Antiretroviral Therapy
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration (of HHS)
HIV	Human Immunodeficiency Virus
HBC	Home-Based Care
HMIS	Health Management Information Systems
IEC	Information, Education and Communication
IDB	Inter-American Development Bank
IDU	Injecting Drug User
ILO	International Labor Organization
IOM	Institute of Medicine
MARPs	Most-At-Risk Populations
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSM	Men Who Have Sex with Men

NGO	Nongovernmental Organizations
NIH	National Institutes of Health (of HHS)
OGAC	Office of the U.S. Global AIDS Coordinator
OHA	Office of HIV/AIDS (of USAID)
OI	Opportunistic Infection
OP	Other Prevention
OVC	Orphans and Vulnerable Children
PAHO	Pan American Health Organization
PC	Peace Corps
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
RT&C	Rapid Testing and Counseling
S/ES	Executive Secretariat (of DOS)
SI	Strategic Information
State	Department of State
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
USG	United States Government
VCT	Voluntary HIV/AIDS Counseling and Testing
WFP	World Food Program
WHO	World Health Organization

SECTION II

INTRODUCTION

This PEPFAR Operational Plan of the President's Emergency Plan for AIDS Relief (PEPFAR) serves as the first PEPFAR Operational Plan for fiscal year (FY) 2008. It is organized into eight sections:

I. List of Acronyms
II. Introduction
III. Focus Country Activities
IV. Other PEPFAR Country Programs
V. Notional Partnership Compacts
VI. Central Programs
VII. International Partners
VIII. Technical Oversight and Management
IX. Strategic Information/Evaluation

Section II, this Introduction, provides a brief overview of this FY 2008 PEPFAR Operational Plan, as well as three summary tables. Table 1 summarizes the overall $5.980 billion FY 2008 PEPFAR budget in terms of sources of funding. Table 2 summarizes this same $5.980 billion FY 2008 PEPFAR budget in terms of planned and approved uses of funding. As of June 2008, the entire $5.980 billion budget has been approved by the U.S. Global AIDS Coordinator (the Coordinator). Table 2 further breaks down the overall budget into the $5.016 billion in funding from the Department of State (State) and the Department of Health and Human Services (HHS) that is the principal subject of this PEPFAR Operational Plan and $965 million that is described in other agencies' congressional justifications and related documents. Table 3 summarizes how the FY 2008 approved activities are distributed among prevention, care, and treatment program areas.

Section III, Focus Country Activities, provides three summary tables (Tables 4, 5, and 6), and fifteen individual country program descriptions. Each country description is followed by a detailed country budget, which shows funding levels as approved by the Coordinator.

Section IV, Other PEPFAR Country Programs, describes funding needed to support PEPFAR bilateral/regional activities in countries outside of the focus countries, followed by brief program descriptions and two summary tables (Tables 7 and 8).

Section V, Notional Partnership Compacts, provides a summary narrative. Section VI, Central Programs, provides a summary table (Table 9), followed by individual central program descriptions. Section VII, International Partners, provides a summary table (Table 10), and describes PEPFAR's contributions to UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). Section VIII, Technical Oversight and Management, provides a summary table (Table 11) and individual program descriptions. Section IX, Strategic Information/Evaluation, provides a summary table (Table 12) followed by a narrative description.

OVERVIEW

This June 2008 PEPFAR Operational Plan serves as the second iteration and will be updated as additional funding is approved by the Coordinator. It follows "The President's Emergency Plan for AIDS Relief – U.S. Five-Year Global HIV/AIDS Strategy" and seeks to have an immediate impact on people and strengthen the capacity of host nations to expand programs**.** In FY 2008, PEPFAR will support care for approximately 8.16 million individuals infected and affected by HIV/AIDS including orphans and vulnerable children (OVCs), and will support antiretroviral treatment (ART) for approximately 1.67 millions individuals.

Section III of this document provides information on each country's contribution to the total number of individuals to be receiving care and antiretroviral treatment using FY 2008 funding.

The FY 2008 PEPFAR budget is $5.980 billion (see Table 1). This FY 2008 PEPFAR Operational Plan describes the planned uses of $5.016 billion of PEPFAR funding (see Table 2) to expand integrated care, treatment and prevention programs in fifteen focus countries and other bilateral country HIV/AIDS programs; to finance central programs that help focus countries achieve their goals; to provide U.S. Government (USG) contributions to international partnerships, including the Joint United Nations Program on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); to fund technical oversight and management, and to develop and maintain PEPFAR's strategic information and evaluation systems.

The planned uses of the remaining $965 million of PEPFAR funding include support for existing bilateral HIV/AIDS programs around the world; international HIV/AIDS research through the HHS National Institutes of Health; HIV vaccine and microbicide research and development through USAID; and TB programs. These programs are described in a variety of congressional budget justification documents and briefing materials of USAID, HHS, Department of Defense (DOD), and State.

The $5.980 billion summarized in this June FY 2008 PEPFAR Operational Plan is composed of the following funding sources:

$ 4,661,930,000	FY 2008 Global Health and Child Survival account (GHCS-State)*
$ 498,925,700	FY 2008 Global Health and Child Survival account (GHCS-USAID)*
$ 34,357,000	FY 2008 Other Foreign Operations accounts (USAID and State)
$ 8,000,000	FY 2008 DOD HIV/AIDS Prevention Program account (DHAPP)
$ 658,387,000	FY 2008 NIH budget (HHS)
$ 118,863,000	FY 2008 Global AIDS Program (CDC/GAP, HHS)
$ 5,980,462,700	**TOTAL**

The FY 2008 figures reflect funds appropriated in the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2008 (Division J, P.L. 110-161); Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act,

2008 (Division G, P.L. 110-161); and Department of Defense Appropriations Act, 2008 (Division A, P.L. 110-116).

*The FY 2008 Department of State, Foreign Operations, and Related Programs Appropriations Act, 2008 (Division J, P.L. 110-161) appropriated all HIV/AIDS funding into one Global Health and Child Survival account with distinctions by agency of apportionment and periods of availability. The portion labeled GHCS-State is apportioned directly to the Department of State and is no year funding. The portion labeled GHCS-USAID is apportioned directly to USAID and is available for two years.

PROGRESS TO DATE

PEPFAR is on its way to achieve its aggressive goals. On many fronts, the process to date has been remarkable, and, as the Institute of Medicine noted, PEPFAR has already achieved what many thought was impossible. In FY 2007, PEPFAR-supported programs reached 57.6 million people with support for prevention of sexual transmission using the ABC approach (Abstain, Be Faithful, correct and consistent use of Condoms). The USG has supplied nearly 1.9 billion condoms worldwide from 2004 through 2007 – as Dr. Peter Piot of UNAIDS has said, more than all other developed countries combined. From FY 2004 through FY 2007, PEPFAR has supported prevention of mother-to-child transmission (PMTCT) for women during more than 10 million pregnancies. For PMTCT clients who have been found to be HIV-positive, antiretroviral prophylaxis has been provided in over 827,000 pregnancies, preventing an estimated 157,000 infant HIV infections. With PEPFAR support, focus countries have scaled up their safe blood programs, and 11 of them can now meet more than half of their annual demand for safe blood – up from just four when PEPFAR started.

PEPFAR has supported HIV counseling and testing for over 33 million people to date, and supported care for more than 6.6 million people infected or affected by HIV/AIDS, including 2.7 million orphans and vulnerable children. Through September 2007, PEPFAR partnerships have supported antiretroviral treatment (ART) for approximately 1.45 million men, women, and children—approximately 1.36 million of whom live in 15 PEPFAR focus countries, and over 1.33 million of whom are in sub-Saharan Africa. Illustrating the broader effect of treatment, PEPFAR treatment support is estimated to save nearly 3.2 million adult years of life through September 2009, and many more beyond that time frame. These additional years of life are ones in which people can play vital roles as parents, teachers, or caregivers.

Please see “The Power of Partnerships: The President’s Emergency Plan for AIDS Relief” for a complete description of progress and achievements during FY 2007.

DISTRIBUTION OF HIV/AIDS FUNDS

The distribution of the FY 2008 PEPFAR funds among prevention, treatment, and care is moving in the direction outlined in the authorization of PEPFAR, while adhering to current evidence-based programming and adjusting to evolving program costs.

See Table 3 for the allocation of funds among program areas for activities that have been approved to date. Twenty-two percent of the budget is allocated to prevention activities; 30% of the budget is allocated to care; and 48% is allocated to treatment. Of note, Abstinence and Be

Faithful (AB) activities account for nearly 8 percent of the total prevention, care, and treatment budget, 34 percent of all prevention activities, and 58% of programs that address prevention of sexual transmission of HIV/AIDS. Activities for orphans and vulnerable children (OVCs) account for 10% of the total prevention, care, and treatment budget.

CONGRESSIONAL NOTIFICATION

This PEPFAR Operational Plan links all sources of funding, some of which are notified and detailed to Congress by other parts of the USG. The PEPFAR Operational Plan provides descriptive material to support notifications to Congress for funds from the Global Health and Child Survival (GHCS-State) account.

Table 1: Sources of Funding FY 2006 – FY 2008
(Dollars in Millions)

The President's Emergency Plan for AIDS Relief
Sources of Funding (dollars in millions)

EXISTING BILATERAL PROGRAMS	2006 Enacted	2007 Enacted	2008 Enacted
USAID Bilateral Programs:	**465**	**441**	**533**
Child Survival HIV/AIDS	347	325	347
Child Survival TB	79	81	152
Other Accounts HIV/AIDS, TB	40	35	34
HIV/AIDS	*27*	*21*	*24*
TB	*12*	*14*	*10*
HHS Bilateral Programs:	**496**	**483**	**482**
CDC Global AIDS Program	123	121	119
NIH HIV/AIDS Research 1/	373	362	364
State/Foreign Military Finance	**2**	**2**	**0**
DOD Bilateral Programs	**5**	**0**	**8**
Sub-total:	**968**	**925**	**1,024**
ADDITIONAL RESOURCES FOR FOCUS COUNTRIES			
U.S. Global AIDS Coordinator's Office (OGAC)	**1,777**	**2,869**	**4,116**
UNAIDS (non-add)	*30*	*30*	*35*
Other Bilateral Programs (non-add)	*50*	*50*	*51*
Global Fund (contributions)**:**	**545**	**724**	**840**
USAID Child Survival	*248*	*248*	*0*
HHS/NIH	*99*	*99*	*295*
Global AIDS Coordinator's Office	*198*	*378*	*546*
Sub-total:	**2,322**	**3,593**	**4,957**
TOTAL, GLOBAL HIV/AIDS & TB	**3,290**	**4,518**	**5,980**

1/ Funding for NIH research is estimated for FY 2008 and may change depending on actual research projects.

Table 2: PEPFAR Budget by Source

FY 2008 Budget Allocations Approved as of June 2008
(Dollars in Thousands)

Programs Included in Operational Plan	USAID/GHCS Estimated	USAID/Other Estimated	DoD/DHAPP Estimated	HHS/GAP & NIH Estimated	State/GHCS	All Accounts
Country Activities	**-**	**-**	**-**	**59,259**	**3,538,579**	**3,597,838**
Focus Countries	-	-	-	59,259	3,387,579	3,446,838
Other PEPFAR Country Programs	-	-	-	-	151,000	151,000
Central Programs	**-**	**-**	**-**	**-**	**433,005**	**433,005**
Abstinence/Faithfulness	-	-	-	-	26,991	26,991
Antiretroviral Therapy	-	-	-	-	105,360	105,360
Orphans and Vulnerable Children	-	-	-	-	24,796	24,796
Safe Blood Supply	-	-	-	-	50,000	50,000
Safe Medical Injections	-	-	-	-	30,686	30,686
Drug Quality Assurance	-	-	-	-	4,200	4,200
New Partner Initiative	-	-	-	-	65,000	65,000
Supply Chain Management	-	-	-	-	25,000	25,000
Technical Leadership and Support	-	-	-	-	98,972	98,972
Twinning	-	-	-	-	2,000	2,000
Strategic Information/Evaluation	-	-	-	-	**10,664**	**10,664**
Technical Oversight and Management	-	-	-	-	**99,421**	**99,421**
OGAC Administrative costs	-	-	-	-	12,895	12,895
Other Agency Administrative Costs*	-	-	-	-	86,526	86,526
Sub-Total	**-**	**-**	**-**	**59,259**	**4,081,669**	**4,140,928**
International Partners	**-**	**-**	**-**	**294,759**	**580,262**	**875,021**
UNAIDS	-	-	-	-	34,717	34,717
Global Fund	-	-	-	294,759	545,545	840,304
Total Including International Partners	**-**	**-**	**-**	**354,018**	**4,661,930**	**5,015,948**

*Only includes additional costs borne by agencies

Programs Described Elsewhere	USAID/GHCS Estimated	USAID/Other Estimated	DoD/DHAPP Estimated	HHS/GAP & NIH Estimated	State/GHAI	All Accounts
Other PEPFAR Programs	302,530	23,964	8,000	59,604	-	394,098
IAVI and Microbicides	44,636	-	-	-	-	44,636
NIH International Research	-	-	-	363,628	-	363,628
Tuberculosis Activities	151,761	10,393	-	-	-	162,154
Sub-Total	**498,926**	**34,357**	**8,000**	**423,232**	**-**	**964,515**
Total Approved FY 2008 PEPFAR Activities	**498,926**	**34,357**	**8,000**	**777,250**	**4,661,930**	**5,980,463**
Funding Pending Approval	-	-	-	-	-	-
Total Planned FY 2008 PEPFAR Activities	**498,926**	**34,357**	**8,000**	**777,250**	**4,661,930**	**5,980,463**

Table 3: Program Summary Budget

Approved as of June 2008

Fiscal Year: 2008

SUMMARY BUDGET TABLE - ALL COUNTRIES	Field Programs Funding Allocated by Program Area							Subtotal: Field Funds by Program Area	Central Funds by Program Area	TOTAL FIELD & CENTRAL DOLLARS ALLOCATED	TOTAL FIELD & CENTRAL: % OF PREVENTION, TREATMENT, & CARE BUDGET	Attributions of Other Funds by Program Area /1	GRAND TOTAL: DOLLARS ALLOCATED TO DATE	GRAND TOTAL: % OF PREVENTION, TREATMENT, & CARE BUDGET APPROVED TO DATE
	USAID	HHS		DOD	State	Peace Corps	Labor							
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account							
Prevention														
PMTCT	103,571,610	1,530,357	96,279,996	4,569,602	3,061,666	0	0	209,013,231	0	209,013,231	6.5%	54,898,925	263,912,156	6.6%
Abstinence/Be Faithful	139,442,212	1,913,561	55,952,291	4,039,280	3,264,999	6,392,400	125,000	211,129,743	26,990,865	238,120,608	7.4%	73,178,419	311,299,027	7.8%
Blood Safety	2,269,450	367,250	2,874,862	940,000	1,116,224	0	0	7,567,786	50,000,000	57,567,786	1.8%	1,659,289	59,227,075	1.5%
Injection Safety	1,663,627	100,150	4,106,030	847,000	107,000	0	0	6,823,807	30,685,996	37,509,803	1.2%	1,496,166	39,005,969	1.0%
Other Prevention	104,278,520	866,798	53,146,439	4,923,830	3,565,886	4,244,600	50,000	171,076,073	0	171,076,073	5.3%	58,089,879	229,165,952	5.7%
Prevention Sub-total	*351,225,419*	*4,778,116*	*212,359,618*	*15,319,712*	*11,115,775*	*10,637,000*	*175,000*	*605,610,640*	*107,676,861*	*713,287,501*	*22.1%*	*189,322,679*	*902,610,180*	*22.6%*
Care														
Palliative Care: Basic health care & support	175,025,115	474,683	93,147,085	6,718,846	2,430,761	2,116,020	0	279,912,510	0	279,912,510	8.7%	76,321,163	356,233,673	8.9%
Palliative Care: TB/HIV	53,084,538	1,861,924	76,901,635	3,018,498	4,080,742	0	0	138,947,337	0	138,947,337	4.3%	30,465,157	169,412,494	4.2%
Orphans & Vulnerable Children	247,983,412	64,170	30,123,708	3,130,000	2,516,502	3,296,500	0	287,114,292	24,796,320	311,910,612	9.66%	87,070,726	398,981,338	10.0%
Counseling and Testing	96,638,508	1,282,400	104,043,687	6,119,499	3,181,469	20,000	175,000	211,460,563	0	211,460,563	6.5%	55,541,735	267,002,298	6.7%
Care Sub-total	*572,731,573*	*3,683,177*	*304,216,115*	*18,986,843*	*12,209,474*	*5,432,520*	*175,000*	*917,434,702*	*24,796,320*	*942,231,022*	*29.2%*	*249,398,781*	*1,191,629,803*	*29.9%*
Treatment														
Treatment: ARV Drugs	358,055,610	30,000	101,768,151	325,000	174,775	0	0	460,353,536	21,015,404	481,368,940	14.9%	100,935,671	582,304,611	14.6%
Treatment: ARV Services	358,560,699	2,040,109	376,785,451	28,565,796	35,945,974	550,000	0	802,448,029	88,544,539	890,992,568	27.6%	175,942,236	1,066,934,804	26.7%
Laboratory Infrastructure	77,306,004	3,433,682	107,698,525	6,735,267	6,956,287	0	0	202,129,765	0	202,129,765	6.3%	44,318,338	246,448,103	6.2%
Treatment Sub-total	*793,922,313*	*5,503,791*	*586,252,127*	*35,626,063*	*43,077,036*	*550,000*	*0*	*1,464,931,330*	*109,559,943*	*1,574,491,273*	*48.7%*	*321,196,244*	*1,895,687,517*	*47.5%*
Subtotal, Prevention, Care, and Treatment	*1,717,879,305*	*13,965,084*	*1,102,827,860*	*69,932,618*	*66,402,285*	*16,619,520*	*350,000*	*2,987,976,672*	*242,033,124*	*3,230,009,796*	*100.0%*	*759,917,704*	*3,989,927,500*	*100.0%*
Other Field Costs Attributed Above /2														
Strategic Information /2	51,850,665	3,336,073	99,388,256	2,734,000	6,548,436	0	0	163,857,430						
Other/policy analysis and system strengthening /2	62,136,149	578,251	48,309,144	2,724,756	3,465,400	800,000	250,000	118,263,700						
Management and Staffing /2	65,135,960	41,379,592	44,779,946	7,949,144	15,281,556	2,214,000	0	176,740,198						
Subtotal: Other Field Costs Attributed Above /2	*179,122,774*	*45,293,916*	*192,477,346*	*13,407,900*	*25,295,392*	*3,014,000*	*250,000*	*458,861,328*						
Other Central Costs Attributed Above /2												*301,056,376*		
AGENCY, FUNDING SOURCE TOTALS	**1,897,002,079**	**59,259,000**	**1,295,305,206**	**83,340,518**	**91,697,677**	**19,633,520**	**600,000**	**3,446,838,000**	**242,033,124**			**301,056,376**	**3,989,927,500**	
Other PEPFAR Countries													**151,000,000**	
AGENCY, FUNDING SOURCE TOTALS including Other PEPFAR Countries													**4,140,927,500**	
International Partners (Costs Not Allocated by Program Area Above)														
Global Fund													545,545,000	
UNAIDS													34,716,500	
Subtotal, Costs Not Allocated by Program Area													***580,261,500***	
TOTAL BUDGET APPROVED AS OF JUNE 2008													**4,721,189,000**	

Prevention, Care, and Treatment Totals from Above by Agency and Account (Excludes International Partners)								Total Budget with International Partners and Other PEPFAR Countries		
Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central	Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	International Partners	Other PEPFAR Countries	Budget by Account Including International Partners and Other PEPFAR Countries
USAID	1,897,002,079	1,897,002,079	160,011,262	2,057,013,341	GAP	59,259,000	0	0	34,510,000	93,769,000
HHS	1,295,305,206	1,354,564,206	238,264,503	1,592,828,709	GHCS - State	3,387,579,000	543,089,500	580,261,500	151,000,000	4,661,930,000
DOD	83,340,518	83,340,518	3,826,554	87,167,072	GHCS - USAID	0	0	0	0	0
State	91,697,677	91,697,677	139,901,239	231,598,916	HHS/NIH	0	0	294,759,000	0	294,759,000
Peace Corps	19,633,520	19,633,520	946,942	20,580,462	**Total**	**3,446,838,000**	**543,089,500**	**875,020,500**	**185,510,000**	**5,050,458,000**
Labor	600,000	600,000	139,000	739,000						
Total	**3,387,579,000**	**3,446,838,000**	**543,089,500**	**3,989,927,500**						

/1 Includes attributions by program area of field and central dollars from the following categories: central procurements, supply chain, technical leadership and support, New Partners Initiative, strategic information, management & staffing, policy analysis, and systems strengthening activities.

/2 These items are attributed by program area in the "Attributions of Other Funds by Program Area" column above.

SECTION III

FOCUS COUNTRY ACTIVITIES

1) Introduction
2) Table 4: FY 2006-2008 Approved Budget Allocations for Focus Countries
3) Table 5: FY 2008 Budget by Country and Agency Receiving Funds
4) Table 6: FY 2008 Budget for Focus Countries by Country and Source of Funds
5) Country Program Descriptions and Detailed Budgets

Introduction: Focus Country Activities

This section provides information about activities and funding levels among the fifteen focus countries. The PEPFAR focus countries are Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam and Zambia.

This section begins with three summary tables, Tables 4-6. Table 4 shows actual allocations of FY 2006, FY 2007 and FY 2008 Focus Country funding approved as of June 2008 by the Coordinator. Table 5 summarizes the FY 2008 approved allocations among countries and among the implementing agencies and Table 6 shows how much of each source of funding is allocated to each country. In FY 2008, Focus Country funding comes from two sources: the GHCS-State account and the HHS GAP account. The FY 2008 funding levels in Table 6 include both field and central funding and are used for GHCS congressional notification purposes.

Following the summary tables are descriptions of the fifteen individual Country PEPFAR Operational Plans approved by the Coordinator as of January 2008. At the end of each country description is a detailed budget showing allocations approved by the Coordinator.

Table 4: FY 2006-2008 Focus Country Budget Allocations

Allocations Approved as of June 2008

Field and Central Program Funding /1

GHCS-State and GAP Appropriations

(In Whole USD)

Country	FY 06 Field Dollars (COP)	FY 06 Central Programs	FY 06 Total	FY 07 Field Dollars (COP)	FY 07 Central Programs	FY 07 Total	FY 08 Field Dollars (COP)	FY 08 Central Programs	FY 08 Total
Botswana	48,547,000	6,378,022	54,925,022	71,600,000	4,614,127	76,214,127	86,047,000	7,112,747	93,159,747
Cote d'Ivoire	35,390,000	11,218,183	46,608,183	73,961,000	10,453,018	84,414,018	106,053,000	14,484,903	120,537,903
Ethiopia	115,300,000	7,657,747	122,957,747	235,981,020	5,792,534	241,773,554	342,800,000	11,739,354	354,539,354
Guyana	19,000,000	2,727,116	21,727,116	26,306,000	2,073,520	28,379,520	21,000,000	2,799,308	23,799,308
Haiti	48,300,000	7,306,667	55,606,667	78,285,000	6,404,732	84,689,732	93,000,000	7,646,286	100,646,286
Kenya	184,071,000	24,198,879	208,269,879	346,039,000	22,090,182	368,129,182	510,000,000	24,794,604	534,794,604
Mozambique	81,937,000	12,481,869	94,418,869	150,739,796	11,249,920	161,989,716	216,037,000	12,587,654	228,624,654
Namibia	53,000,000	4,288,878	57,288,878	88,430,000	2,758,901	91,188,901	104,000,000	4,864,477	108,864,477
Nigeria	141,656,000	21,951,749	163,607,749	285,000,000	19,853,414	304,853,414	423,056,000	24,579,679	447,635,679
Rwanda	61,135,000	10,967,434	72,102,434	92,996,000	10,045,870	103,041,870	111,135,000	12,333,840	123,468,840
South Africa	196,371,000	25,168,430	221,539,430	376,250,000	21,527,008	397,777,008	562,018,000	28,879,685	590,897,685
Tanzania	104,195,000	25,772,925	129,967,925	180,425,310	25,057,017	205,482,327	284,883,000	28,532,559	313,415,559
Uganda	153,040,000	16,835,461	169,875,461	218,700,000	17,926,415	236,626,415	263,040,000	20,595,476	283,635,476
Vietnam	34,069,000	0	34,069,000	65,790,000	0	65,790,000	88,855,000	0	88,855,000
Zambia	118,914,000	30,108,153	149,022,153	184,811,047	31,201,733	216,012,780	234,914,000	34,332,552	269,246,552
Total	**1,394,925,000**	**207,061,513**	**1,601,986,513**	**2,475,314,173**	**191,048,391**	**2,666,362,564**	**3,446,838,000**	**235,283,124**	**3,682,121,124**

NOTES:

1/ Only those central funds that can be attributed directly to Focus Country budgets are included in this table. The entirety of central programs funding is included in Tables 2, 3, and 9.

Table 5: FY 2008 Budget for Focus Countries by Agency Receiving Funds

Allocations Approved as of June 2008

Field and Central Programs /1

(In Whole USD)

	USAID	HHS	DOD	STATE	PEACE CORPS	DOL	TOTAL
Botswana	23,361,700	56,559,047	1,822,000	9,767,000	1,450,000	200,000	93,159,747
Cote d'Ivoire	53,680,731	64,782,172	300,000	1,775,000			120,537,903
Ethiopia	214,136,558	121,196,198	1,529,000	13,956,598	3,721,000		354,539,354
Guyana	14,476,013	8,818,895		104,400		400,000	23,799,308
Haiti	33,872,437	66,473,849		300,000			100,646,286
Kenya	338,361,362	162,219,578	21,293,158	11,877,906	1,042,600		534,794,604
Mozambique	133,628,837	89,727,057	751,000	2,747,760	1,770,000		228,624,654
Namibia	47,908,871	51,749,517	2,665,000	5,335,389	1,205,700		108,864,477
Nigeria	216,385,127	221,285,717	8,164,835	1,800,000			447,635,679
Rwanda	80,217,189	36,945,450	3,192,857	613,344	2,500,000		123,468,840
South Africa	328,190,224	253,066,461	1,250,000	7,528,000	863,000		590,897,685
Tanzania	143,633,956	118,211,780	25,352,444	25,120,279	1,097,100		313,415,559
Uganda	138,377,122	130,470,309	4,038,024	8,654,001	2,096,020		283,635,476
Vietnam	48,011,261	34,166,539	5,377,200	1,300,000			88,855,000
Zambia	153,983,872	99,398,580	7,605,000	4,371,000	3,888,100		269,246,552
TOTAL	**1,968,225,260**	**1,515,071,149**	**83,340,518**	**95,250,677**	**19,633,520**	**600,000**	**3,682,121,124**

1/ Only those central funds that can be attributed directly to Focus Country budgets are included in this table. The entirety of central programs funding is included in Tables 2, 3, and 9.

Table 6: FY 2008 Budget for Focus Countries by Source of Funds

Allocations Approved as of June 2008
(additional Amounts to be Approved at a Later Date)
Field and Central Programs /1
(In Whole USD)

	HHS GAP	GHCS	TOTAL
Botswana	7,547,000	85,612,747	93,159,747
Cote d'Ivoire	5,253,000	115,284,903	120,537,903
Ethiopia	5,800,000	348,739,354	354,539,354
Guyana	1,000,000	22,799,308	23,799,308
Haiti	1,000,000	99,646,286	100,646,286
Kenya	8,121,000	526,673,604	534,794,604
Mozambique	2,337,000	226,287,654	228,624,654
Namibia	1,500,000	107,364,477	108,864,477
Nigeria	3,056,000	444,579,679	447,635,679
Rwanda	1,135,000	122,333,840	123,468,840
South Africa	4,818,000	586,079,685	590,897,685
Tanzania	3,883,000	309,532,559	313,415,559
Uganda	8,040,000	275,595,476	283,635,476
Vietnam	2,855,000	86,000,000	88,855,000
Zambia	2,914,000	266,332,552	269,246,552
TOTAL	**59,259,000**	**3,622,862,124**	**3,682,121,124**

1/Only those central funds that can be attributed directly to Focus Country budgets are included in this table. The entirety of central programs funding is included in Tables 2, 3, and 9.

Project Title: Botswana Fiscal Year 2008 Country PEPFAR Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	1,667,000	**1,667,000**	-	155,000	**155,000**	**1,822,000**	-	**1,822,000**
DOL	-	200,000	**200,000**	-	-	**-**	**200,000**	-	**200,000**
HHS	7,547,000	40,177,000	**47,724,000**	-	3,047,300	**3,047,300**	**50,771,300**	**5,787,747**	**56,559,047**
Peace Corps	-	1,450,000	**1,450,000**	-	-	**-**	**1,450,000**	-	**1,450,000**
State	-	3,246,000	**3,246,000**	-	6,121,000	**6,121,000**	**9,367,000**	**400,000**	**9,767,000**
USAID	-	23,271,000	**23,271,000**	-	(834,300)	**(834,300)**	**22,436,700**	**925,000**	**23,361,700**
TOTAL	**7,547,000**	**70,011,000**	**77,558,000**	**-**	**8,489,000**	**8,489,000**	**86,047,000**	**7,112,747**	**93,159,747**

HIV/AIDS Epidemic in Botswana:
Adults (aged 15-49) HIV Prevalence Rate: 24.1% (UNAIDS, 2006)
Estimated number of People Living with HIV: 270,000 (UNAIDS, 2006)
Estimated number of Orphans due to AIDS: 120,000 (UNAIDS, 2006)

Country Results and Projections to Achieve 2-7-10 Goals:

Botswana	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**52,800**	**32,900**
End of FY 2005**	**69,800**	**37,300**
End of FY 2006***	**149,300**	**67,500**
End of FY 2007****	**224,300**	**90,500**
End of FY 2008*****	**284,510**	**104,882**
End of FY 2009*****	**312,961**	**115,370**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

Botswana has the second highest HIV/AIDS prevalence in the world. According to recent UNAIDS estimates, 24.1 percent of adults aged 15 to 49 are HIV positive. The number of adults living with AIDS is approximately 270,000 and there are 14,000 children younger than 15 years infected with HIV. According to the Botswana 2006 HIV Sentinel Surveillance data, the HIV infection rate among pregnant women aged 15-49 years was 32.4 %. A 2004 national population based survey (BAIS II) confirmed high infection rates in women (29.4%) and men (20%) aged 15-49. There is also a growing problem of orphans and vulnerable children (OVC); UNAIDS

estimates that 120,000 children have been orphaned due to HIV/AIDS. With so many young people infected or affected by the HIV/AIDS, the epidemic is not only a severe health crisis but also a threat to the future development and vitality of Botswana as a nation.

Fortunately, the Government of Botswana (GOB) has made impressive strides in combating HIV/AIDS. The U.S. President's Emergency Plan in Botswana intends to strengthen and expand these advances and to engage civil society more effectively in HIV/AIDS efforts to achieve the 2-7-10 targets.

Prevention: $24,391,085 ($20,440,300 Field; $3,950,785 Central) (31.5% of prevention, care and treatment budget)

Prevention activities in Botswana include prevention of mother-to-child transmission of HIV (PMTCT), preventing sexual transmission through ABC programs, blood safety and injection safety for medical transmission prevention, and other prevention including programs to decrease alcohol abuse. All prevention activities attempt to link with treatment and care programs as much as possible.

Botswana's PMTCT program is the most successful in Africa and provides at least one prophylactic antiretroviral drug for 94% of all of the HIV-infected pregnant women in the country, and 16% received ARV therapy. Based on an assessment conducted in 2007, increasing the number of eligible women receiving ARV therapy during pregnancy, through faster CD4 testing and expedited processes with ARV clinics, is the most significant remaining challenge in PMTCT drug delivery. HIV transmission to infants has been greatly reduced and it is estimated that less than 7% of infants of HIV-infected mothers are HIV-infected themselves. Support in FY 2008 will focus on improving health workers skills at the district level to manage comprehensively the complex issues of pediatric care, especially infant feeding, improving the linkages of PMTCT services to treatment for both mothers and their HIV-infected infants and children, and improving coordination. It will include supplies and training for early infant diagnosis of HIV, linkages with family planning, and studies on the impact of infant feeding practices and infant mortality and stillbirths.

In FY 2007, the PEPFAR program provided strong support for abstinence curricula in schools and a range of programs for youth such as edutainment activities. With FY 2008 funds, the USG will continue to provide support for these efforts, including scale up and monitoring of in-school Life Skills programs for youth and outreach activities of the nationwide, media-based behavior changes communications program, Makgabaneng. The majority of interventions will involve community outreach and work with community nongovernmental organizations (NGOs). In addition, three activities will focus strongly on men. A comprehensive activity will strengthen prevention in major HIV-related clinical and community services, building on efforts in FY 2007. Prevention with positives will be a priority.

In order to strengthen systems for blood collection, testing, storage and handling---as well as systems for safe injection---PEPFAR will continue to provide financial and technical support in FY 2008 to strengthen human capacity, and provide essential supplies, equipment, and facilities.

An assessment of prevention activities was carried out in 2007, and recommendations will be implemented in 2008 through programs to complement the GOB's condom program by promotion in nontraditional condom outlets in rural, underserved areas, development of peer-led HIV prevention activities for persons engaged in high risk behaviors (PEHRBs) through civil

society groups, and new programs of prevention with positives. Support for assessments of capacity to increase access to male circumcision (MC) will be conducted.

Principal Partners: Blossom, Botswana Defense Force (BDF), Botswana Network of People Living with HIV/AIDS (BONEPWA), Family Health International (FHI), Hope Worldwide, John Snow Incorporated, International Training and Education Center (I-TECH), PACT, Makgabeneng, Ministry of Health (MOH), Ministry of Education (MOE), Ministry of Labor and Home Affairs (MOLHA), Ministry of Local Government (MLG), the Supply Chain Management Systems Group (SCMS), Pathfinder International, Population Services International (PSI), Safe Blood for Africa, UNICEF, University of Medicine and Dentistry of New Jersey, and Youth Health Organization (YOHO).

Care: $27,019,000 ($26,644,000 Field; $375,000 Central) (34.9% of prevention, care and treatment budget)

Following assessments of palliative care activities conducted in FY 2007, funding in FY 2008 will go to support twinning activities to strengthen training in community and home based palliative care, strengthen community organizations and NGOs, and support a refugee program.

PEPFAR funds will be used to continue capacity building of health care providers on the co-morbidities of TB and HIV, with emphasis on training, quality assurance and supportive supervision. A new activity will target HIV-infected TB patients. Major challenges include the fact that Botswana lacks a current national medium-long term strategic plan for comprehensive TB, and has inadequate human resources.

In 2007, OVC activities included completion of the National Situation Analysis, development of OVC Guidelines, the Psycho-Social Support National Training manual and increasing support to 30,000 OVCs. In FY 2008 the program will identify additional programs that can go to scale with services including public-private partnerships, and working with NGOs, CBOs and FBOs. The Circles of Support program will be scaled up to ensure that OVC are all enrolled and retained in schools. A major challenge is that OVC implementers are generally small in size and reach.

Voluntary HIV/AIDS counseling and testing (VCT) is provided by a network of Tebelopele VCT centers, other NGOs and community based organizations, and government facilities. VCT services are available throughout Botswana. Adding mobile caravans and work place services helped VCT outreach to expand in 2007 and social marketing and community mobilization intensified to target more couples and men. The emerging challenge in 2008 is to meet the high demand created by these campaigns. In addition, post-test support and prevention services remain inadequate. The growing numbers of HIV infected clients who do not qualify for antiretroviral treatment (ART) need follow up and prevention services. Clear counseling and testing guidelines for children and adolescents are needed and improved provider-initiated testing.

Principal Partners: Academy of Educational Development (AED), American International Health Association, Botswana Christian AIDS Intervention Program, BDF, Catholic Relief Services, Hope Worldwide, Humana People-to-People, I-TECH, the Marang Childcare network, MOE, MOH, MLG, Nurses Association of Botswana, Project Concern International, Tebelopele, UPenn and UNICEF.

Treatment: $25,924,962 ($23,138,000 Field; $2,786,962 Central) (33.5% of prevention, care and treatment budget)

In 2007 PEFAR funds supported antiretroviral (ARV) drugs including pediatric formulations, logistics and warehousing, and strengthening quality assurance and information systems. In FY 2008 PEPFAR funds will continue to support procurement of ARV drugs, strengthen the systems of supply, quality control, medicines registration, as well as inventory management systems through development of a more robust logistics management information system (LMIS) to track commodity flow. Staff training will continue to assure a more efficient distribution of ARVs and related commodities to local government clinics. Human resource capacity continues to be a major challenge. PEPFAR support in FY 2008 will continue expansion of pediatric patient care and training activities, increase facilities, and conduct public health evaluations.

Funding in FY 2007 helped strengthen the laboratory infrastructure in Botswana. In FY 2008 support will continue to help ensure that laboratories have increased space, improved techniques and quality assurance, well-maintained laboratory equipment, a continuous supply of reagents, and an improved standard of practice among laboratory staff. Assistance for supply chain management, which began in FY 2007, will be increased to help improve procurement of supplies and reagents. Support to Botswana Defense Force (BDF) military laboratory services will also be ongoing. Key challenges in FY 08 will include reducing stock outs of essential commodities and supplies by improved and less expensive procurements, reinforcing decentralization, and improving coordination.

Principal Partners: APHL, Associated Funds Administrators/Botswana, Baylor University, BDF, Harvard School of Public Health, I-TECH, MOH, MLG, SCMS, UNHCR

Other Costs: $15,824,700

PEPFAR is supporting development of M&E curricula, training materials, and providing staff for M&E thereby aiding the decentralizing of health information systems and strengthening their management and performance. In FY 2008 support will continue to allow tracking of ARV, to carryout the third AIDS impact survey, conduct new public health evaluations and targeted evaluations. The lack of a national health informatics strategy and limited human resources are challenges.

Staff shortages and capacity building needs remain top priorities in Botswana. In FY 2007, PEPFAR funded an assessment of the health workforce which resulted in a revised human resource plan and policy recommendations. In FY 2008, support will continue for positions directly hired by the government as project posts. Training of health workers will also receive support as well as an evaluation of lay counselor cadre. Civil society organizations will receive support for capacity building and AIDS in the workplace activities will increase.

Principal Partners: American International Health Alliance, Botswana Business Coalition on AIDS, Botswana Network for Ethics, Law and HIV/AIDS (BONELA), Institute of Development Management, MOH, MLG, NACA, National Alliance of State and Territorial AIDS Directors (NASTAD), and University of Medicine and Dentistry of New Jersey.

Management and staffing activities will ensure effective implementation of PEPFAR. In FY 2008, the USG will implement recommendations to re-structure and co-locate the PEPFAR team,

as well as increasing the numbers of other USG agency staff in addition to those hired by CDC. Appropriate numbers of locally employed staff will be recruited to fill staffing needs. Key challenges in FY 2008 will include moving into a new PEPFAR campus, recruitment of new staff, improved communications and more efficient working relations.

Other Donors, Global Fund Activities, Coordinating Mechanisms

Because Botswana is a middle-income country, the GOB bears the largest burden of the cost of HIV/AIDS interventions. However, significant additional funds and assistance are provided by the African Comprehensive HIV/AIDS Partnership (ACHAP---funded by the Bill and Melinda Gates Foundation and the Merck Foundation), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and UN agencies. Bristol-Myers Squibb, the European Union, China, Cuba, Germany, Japan, Norway, Sweden, and the United Kingdom provide other support. The World Bank is currently developing a $70 million HIV/AIDS project which will be funded in FY 2008 through a low interest loan.

Coordination of support is done through the Development Partner Forum and the Global Fund Country Coordinating Mechanism, which both are chaired by the Ministry of Finance and Development Planning. Additional coordination occurs through the National AIDS Coordinating Agency (NACA)-chaired National HIV/AIDS Partnership Forum, and by various sector-specific groups at the technical level, working in NACA and coordinating across other Ministries.

Program Contact: Deputy Chief of Mission, Phillip Drouin, and PEPFAR Coordinator, Jim Allman

Time Frame: FY 2008 – FY 2009

Approved Funding by Program Area: Botswana
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - BOTSWANA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	440,000	770,000	2,400,000		538,000			4,148,000		4,148,000	5.4%
Abstinence/Be Faithful	1,993,000	432,000	6,030,000	330,000	1,300,000	500,000		10,585,000	350,000	10,935,000	14.1%
Blood Safety		100,000						100,000	1,700,000	1,800,000	2.3%
Injection Safety			0					0	1,900,785	1,900,785	2.5%
Other Prevention	2,183,000	193,000	2,392,300	410,000	329,000	100,000		5,607,300		5,607,300	7.3%
Prevention Sub-total	*4,616,000*	*1,495,000*	*10,822,300*	*740,000*	*2,167,000*	*600,000*	*0*	*20,440,300*	*3,950,785*	*24,391,085*	*31.5%*
Care											
Palliative Care: Basic health care & support	2,305,000	159,000	2,992,000		200,000			5,656,000		5,656,000	7.3%
Palliative Care: TB/HIV	1,273,000	912,000	2,008,000	15,000	453,000			4,661,000		4,661,000	6.0%
Orphans & Vulnerable Children	5,447,000	50,000	950,000		129,000	850,000		7,426,000	375,000	7,801,000	10.1%
Counseling and Testing	700,000	350,000	6,825,000	50,000	976,000			8,901,000		8,901,000	11.5%
Care Sub-total	*9,725,000*	*1,471,000*	*12,775,000*	*65,000*	*1,758,000*	*850,000*	*0*	*26,644,000*	*375,000*	*27,019,000*	*34.9%*
Treatment											
Treatment: ARV Drugs	1,580,000	30,000	7,995,000					9,605,000		9,605,000	12.4%
Treatment: ARV Services	1,100,000	409,000	3,082,000		3,300,000			7,891,000	2,786,962	10,677,962	13.8%
Laboratory Infrastructure	2,200,000	600,000	1,400,000	742,000	700,000			5,642,000		5,642,000	7.3%
Treatment Sub-total	*4,880,000*	*1,039,000*	*12,477,000*	*742,000*	*4,000,000*	*0*	*0*	*23,138,000*	*2,786,962*	*25,924,962*	*33.5%*
Subtotal, Prevention, Care, and Treatment	*19,221,000*	*4,005,000*	*36,074,300*	*1,547,000*	*7,925,000*	*1,450,000*	*0*	*70,222,300*	*7,112,747*	*77,335,047*	*100.0%*
Other Costs											
Strategic Information	500,000	500,000	2,023,000	150,000	125,000			3,298,000		3,298,000	
Other/policy analysis and system strengthening	1,750,700	299,000	3,770,000	25,000	800,000		200,000	6,844,700		6,844,700	
Management and Staffing	965,000	2,743,000	1,357,000	100,000	517,000			5,682,000		5,682,000	
Other Costs Sub-total	*3,215,700*	*3,542,000*	*7,150,000*	*275,000*	*1,442,000*	*0*	*200,000*	*15,824,700*	*0*	*15,824,700*	
AGENCY, FUNDING SOURCE TOTALS	**22,436,700**	**7,547,000**	**43,224,300**	**1,822,000**	**9,367,000**	**1,450,000**	**200,000**	**86,047,000**	**7,112,747**	**93,159,747**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	22,436,700	22,436,700	925,000	23,361,700
HHS	43,224,300	50,771,300	5,787,747	56,559,047
DOD	1,822,000	1,822,000	0	1,822,000
State	9,367,000	9,367,000	400,000	9,767,000
Peace Corps	1,450,000	1,450,000	0	1,450,000
Labor	200,000	200,000	0	200,000
Total	**78,500,000**	**86,047,000**	**7,112,747**	**93,159,747**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	7,547,000	0	7,547,000
GHCS - State	78,500,000	7,112,747	85,612,747
Total	**86,047,000**	**7,112,747**	**93,159,747**

COTE D'IVOIRE

Project Title: **Cote d'Ivoire Fiscal Year 2008 Country PEPFAR Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	300,000	**300,000**	-	-	-	**300,000**	-	**300,000**
DOL	-		-	-	-	-	-	-	-
HHS	5,253,000	48,322,269	**53,575,269**	-	(2,428,000)	**(2,428,000)**	**51,147,269**	**13,634,903**	**64,782,172**
Peace Corps	-		-	-	-	-	-	-	-
State	-	250,000	**250,000**	-	1,525,000	**1,525,000**	**1,775,000**	-	**1,775,000**
USAID	-	51,527,731	**51,527,731**	-	1,303,000	**1,303,000**	**52,830,731**	**850,000**	**53,680,731**
TOTAL	**5,253,000**	**100,400,000**	**105,653,000**	-	**400,000**	**400,000**	**106,053,000**	**14,484,903**	**120,537,903**

HIV/AIDS Epidemic in Cote d'Ivoire:

Adults (aged 15-49) HIV Prevalence Rate: 4.7% (AIDS Indicator Survey, 2005)
Estimated Number of People Living with HIV: 750,000
Estimated number of Orphans due to AIDS: 324,000

Country Results and Projections to Achieve 2-7-10 Goals:

Cote d'Ivoire	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**27,100**	**4,500**
End of FY 2005**	**33,800**	**11,100**
End of FY 2006***	**65,200**	**27,600**
End of FY 2007****	**115,500**	**46,000**
End of FY 2008*****	**213,000**	**57,500**
End of FY 2009*****	**385,100**	**80,000**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

Cote d'Ivoire is beginning to emerge from a deep politico-military crisis that for three years divided the territory and impoverished the population. Despite significant hardship and instability, the country remains a regional economic and migratory hub. A significant portion of

the population of 19 million consists of immigrants from the sub-region, and approximately half of the population lives in rural areas. Cote d'Ivoire has the highest national HIV prevalence in West Africa; both HIV-1 and HIV-2 viruses are prevalent. With an overall adult HIV prevalence of 4.7%, Cote d'Ivoire has a generalized epidemic marked by striking gender and geographic differences, early sexual debut, intergenerational and multiple concurrent sexual partnerships, weak knowledge about HIV transmission and prevention, and low condom use. In all age groups, females are far more likely than males to have HIV and prevalence rates peak among women ages 30-34 at 14.9%, vs. 5.6% of men of the same age. Male prevalence may be mitigated by near-universal (96%) circumcision. Geographically, prevalence ranges from 1.7% in the Northwest to near 6% in the South and East and 6.1% in Abidjan. Populations at high risk for acquiring and transmitting HIV include sero-discordant couples, the uniformed services and ex-combatants, people in prostitution, economically vulnerable women and girls, truckers and mobile populations, sexually active youth, and orphans and vulnerable children. Tuberculosis (TB) is the leading cause of AIDS-related deaths; results of HIV counseling and testing among TB patients show that 36% of TB patients tested are co-infected with HIV.

The USG is by far the largest supporter of HIV/AIDS efforts; in 2007, USG support represented 70% of the budget dedicated to HIV/AIDS in Côte d'Ivoire. Coordinated by the host government, the interagency PEPFAR team, and implementing partners, the fight against HIV/AIDS in Cote d'Ivoire is steadily moving forward and achieving important gains. Significant results in treatment and care, including care for vulnerable children, are being secured through an emphasis on building local capacity and ensuring sustainability.

The following programmatic areas will be funded in FY 2008 to stem the growth and mitigate the impact of the epidemic in Cote d'Ivoire:

Prevention: $24,169,292 ($16,856,646 Field; $7,312,646 Central) (23.7% of prevention, care and treatment budget)

Primary HIV prevention priorities include a comprehensive abstinence, be faithful, and correct and consistent use of condoms (ABC) prevention approach emphasizing delay of sexual debut, partner reduction, condom use for high-risk groups, stigma reduction, and gender equity. PEPFAR will continue to expand public- and private-sector BCC interventions at the community level and in targeted high-risk populations. Focus will be placed on reinforcing the roles of parents and caregivers in influencing social norms that promote abstinence and fidelity and address risk factors such as alcohol and drug use. Behavior change activities will emphasize delay of sexual debut and acquisition of life skills with positive gender roles for in- and out-of-school children and youth; a decrease in cross-generational and coerced sexual relationships; the promotion of fidelity coupled with HIV testing within sexual partnerships; risk reduction among high-risk populations; and decreased hospital-related infection through expanded blood-safety and injection-safety programs.

Among high-risk populations, interventions will target the uniformed services and ex-combatants, truckers, displaced and mobile populations, people in prostitution and their clients, sexually active youth, and health- and education-sector workers. Activities will be expanded to

promote HIV testing and management of sexually transmitted infections (STIs) among underserved populations. For people in prostitution and truckers, the USG will continue to support services, including static clinics with peer outreach, that provide support, CT, condom-negotiation skills, and STI management, as well as links to health and HIV care, treatment, and social and legal services. These complement and are coordinated with USAID and World Bank regional projects targeting transport routes.

With USG support, the national prevention of mother-to-child transmission (PMTCT) program will expand to additional sites. In addition to HIV testing and ARV prophylaxis, the comprehensive package of interventions promoted at PMTCT sites includes assessment for and provision of ART; low-risk obstetrical practices during delivery; postnatal services; infant-feeding support; cotrimoxazole prophylaxis; infant follow-up and basic pediatric care; infant HIV diagnosis; linkages to community-based care and support, including OVC services; prevention for positives and discordant couples; and program monitoring and quality assurance. The USG will continue the rapid integration of routine HIV testing in health-care facilities, including the integration of PMTCT services in antenatal care through a strengthened family-centered approach.

Principal Partners: Agence Nationale d'Appui au Developpement Rural (ANADER), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Hope Worldwide Cote d'Ivoire (HWCI), Population Services International (PSI), John Snow International (JSI), Johns Hopkins University, JHPIEGO, Family Health International (FHI), CARE International, National Blood Transfusion Service/Ministry of Health, Social and Scientific Systems Inc., Alliance Nationale Contre le SIDA (ANS-CI), ACONDA-VS, Ministry of Education, Projet RETRO-CI, EngenderHealth, ICAP/Columbia University, RIP+ (NPI), Le Soutien (NPI), Geneva Global (NPI).

Care: $24,018,989 ($23,568,989 Field; $450,000 Central) (23.6% of prevention, care and treatment budget)

As scale-up of HIV/AIDS services continues, PEPFAR will improve the quality and expand the geographic coverage of HIV counseling and testing (CT), care, and support for persons living with HIV/AIDS (PLWHA) or affected by HIV/AIDS, including OVC. The country program will ensure that all USG-supported services meet quality standards, contribute to national priorities, and can be taken to scale with available resources. In FY 2008, the USG will prioritize full implementation of routine CT in health facilities, including provider-initiated CT to all TB clinics in the country. USG partners will work with the Ministry of Health (MOH) to finalize the TB screening tool and algorithm for diagnosis of TB among HIV-infected persons.

FY 2008 strategies for improving care will focus on evidence-based, life-saving preventive interventions; training and supervision for care providers; and strengthening of support and links through trained, full-time counselors at all health facilities. Cotrimoxazole will be provided free to all adults with CD4 counts of less than 500 and to children according to WHO guidelines, with targeted provision of insecticide-treated bed nets and clean-water products. Counselors at all antiretroviral treatment (ART) and PMTCT sites will provide HIV-positive clients with a

comprehensive package of HIV prevention interventions for all clients and effective support, follow-up, and referrals to community- and home-based palliative and OVC care services. USG partners will continue to implement comprehensive clinic- and community-based care programs that include clinical monitoring, pain management, nutritional support and counseling, promotion of good hygiene, assessment and management of HIV-related psychosocial problems, end-of-life bereavement care, and succession planning and referrals for OVC.

About 16% of children are OVC (AIS, 2005), including 8% who have lost at least one parent to AIDS. The USG has supported participatory development and dissemination of a national strategic plan and a national OVC policy and M&E plan defining the national priority to support OVC within families and communities. In FY 2008, USG will build on progress in strengthening the capacity of local organizations to identify, assess, and meet the needs of OVC while strengthening systems to coordinate, manage, and track progress at the local, district, and national levels. While supporting direct services for 63,000 OVC, PEPFAR will support the National OVC Program (PNOEV) in mapping OVC needs and services, ensuring strategic placement of providers, and defining and implementing a strategy for rapidly scaling up high-quality, sustainable services. Referral systems will be strengthened through facility-based counselors, and a network model for linking OVC to other health, education, and social services will be replicated. PEPFAR partners will work with national stakeholders (including the Ministry for Technical and Vocational Training and the private sector) to develop strategies for meeting the needs of especially vulnerable children and youth, including older OVC, girls, and young children

Principal Partners: Population Services International (PSI), Johns Hopkins University, National OVC Program (PNOEV)/Ministry of Family and Social Affairs, Hope Worldwide Cote d'Ivoire (HWCI), CARE International, Family Health International (FHI), Ministry of Education, National TB Program/Ministry of Health (MOH), Agence Nationale d'Appui au Developpement Rural (ANADER), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), JHPIEGO, Projet RETRO-CI, Alliance Nationale Contre le SIDA (ANS-CI), ACONDA-VS, Partnership for Supply Chain Management (SCMS), ICAP/Columbia University, Academy for Educational Development (FANTA), PATH, Population Council, Save the Children UK, American International Health Alliance Twinning Center, CDC Lab Coalition, RIP+ (NPI), Le Soutien (NPI), Geneva Global (NPI).

Treatment: $53,488,469 ($46,766,212 Field; $6,722,257 Central) (52.7% of prevention, care and treatment budget)

With USG support, Cote d'Ivoire continues to succeed in scaling up comprehensive HIV/AIDS treatment services nationwide. The National HIV/AIDS Care and Treatment Program expects to meet the PEPFAR five-year target of 77,000 persons under ART by the end of FY 2008, despite significant delays in the second phase of the Global Fund HIV grant that have left the USG as the primary funding source for treatment services and commodities procurement since 2006. At the end of June 2007, 26,878 patients were on ART with direct support from PEPFAR partners, and the Global Fund was supporting an additional 8,580 ART patients. PEPFAR will provide ongoing technical assistance and small grants to enable PLWHA and media organizations and

networks to promote treatment literacy and uptake of HIV counseling and testing, provide peer support, and work to reduce gender- and HIV-related stigma and discrimination.

To achieve these ambitious goals, PEPFAR efforts focus on developing systems that provide a continuum of comprehensive care and treatment services through an innovative family-centered approach, with a treatment package that includes laboratory services, early infant diagnosis, antiretroviral (ARV) drug therapy, adherence support and monitoring, psychosocial support, palliative care, treatment of opportunistic and sexually transmitted infections, ARV-resistance testing, care for HIV-affected families with prevention of further infections, targeted program evaluations, and data management. Additional treatment partners in FY 2007 and the reactivation of Global Fund treatment efforts will allow geographic extension of ART services, especially in the underserved North and West, with careful attention to coordination and quality assurance. The USG will continue to strengthen key systems that are critical for scale-up of quality sustainable treatment services monitoring (including for the emergence of ARV resistance) through a health management information system and targeted evaluations; pre-service and in-service training for health professionals; capacity building for decentralized health authorities; and the establishment of a laboratory network supported by the CDC/Projet RETRO-CI laboratory, which provides a majority of national HIV testing and monitoring.

PEPFAR has consolidated most of its procurements and is working closely with the Public Health Pharmacy (PSP) and USG partners on the specifications of all commodities. First-line ARV drugs are procured by USG and stored regionally, with three-month buffer stocks to avoid stock-outs at PEPFAR-supported service-delivery sites. A key priority for FY 2008 will be ensuring that accurate monthly inventory and dispensing data from every treatment site is received and analyzed at the PSP and is used to inform service-delivery planning decisions by all stakeholders. Supply data will be routinely compared with facility-specific patient records to monitor adherence to MOH prescriptive protocols and to confirm that all commodities are accounted for and distributed where most needed. Supply-chain managers and technical advisers will work closely with the strategic information sector to link these two complementary tracking systems. The USG partners will participate in quarterly updates of national forecasts and joint procurement planning with other commodities suppliers, particularly the new GF principal recipient.

Principal Partners: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), ACONDA-VS, ICAP/Columbia, Johns Hopkins University, Population Services International (PSI), CDC Lab Coalition, Partnership for Supply Chain Management Systems (SCMS), Family Health International (FHI), Agence Nationale d'Appui au Developpement Rural (ANADER), Projet RETRO-CI, Alliance Nationale Contre le SIDA (ANS-CI), University Research Co. (URC).

Other Costs: $18,861,153

PEPFAR continues to work to fill critical information gaps and support coordination and planning with the Ministries of the Fight Against AIDS (MLS), Health (MOH), Education, and Family and Social Affairs (for OVC) as well as donors and other key stakeholders. The USG will continue to support the MOH in developing and strengthening its facility-based health information system as part of a strategic information plan for HIV/AIDS activities in the health

sector. Partners will work collaboratively to improve the quality of information collected at each level by providing training and equipment, harmonizing indicators, developing data-collection tools for community-level use, and developing training manuals. The USG will continue to support technical assistance to disseminate WHO data-collection tools. Additional USG support will assist Cote d'Ivoire in building capacity in skilled human resources, informatics, and communications infrastructure and systems. Support will also be directed toward building a unified M&E system to capture HIV-related information from CT, PMTCT, and ART sites, to reinforce linkages among sites, and to facilitate effective use of data at different levels of the health system.

Cross-cutting activities will focus on building human and organizational capacity; creating and strengthening public-private partnerships and leveraging additional resources; strengthening planning, coordination, and advocacy efforts; and reducing HIV- and gender-related stigma and discrimination. The USG will continue to support the strengthening of the Ivorian government's capacity to train and retain adequate human resources for the delivery of quality HIV/AIDS services. Efforts will include matching of pre-service training with real-world needs; support for the reopening of nursing schools in central and northern regions; and exploration of innovative ways to encourage and deliver continuing education using information technology, print materials, and other accessible media. In collaboration with the national network of PLWHA, the Ministry of Labor, and the Ministry of Professional Teaching, USG implementing partners will explore the possibility of creating a new cadre for PLWHA working as lay counselors, to help sustain their involvement in the HIV/AIDS response. The USG will also provide technical support to the MLS to strengthen the coordination of workplace interventions, the documentation and dissemination of best practices, the standardization of quality assurance and M&E tools, and the implementation of regular participatory program reviews and supervision. In addition, PEPFAR will work to strengthen its engagement with Cote d'Ivoire's private sector.

Principal Partners: TASC 3/John Snow International, Ministry of the Fight Against AIDS (MLS), Family Health International (FHI), Partnership for Supply Chain Management Systems (SCMS), Ministry of Health (MOH), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Projet RETRO-CI, ACONDA-VS, JHPIEGO, ICAP/Columbia University Abt Associates, AIDSTAR, Johns Hopkins University, EngenderHealth, Management Sciences for Health.

Administrative funds will support program-management costs to implement and manage PEPFAR. HHS and USAID personnel, travel, management, and logistics support in country will be included in these costs.

Other Donors, Global Fund Activities, and Coordination Mechanism:

While PEPFAR is by far the largest donor, other development partners active in the HIV/AIDS sector include the Global Fund for HIV, TB and Malaria (originally with UNDP as principal beneficiary serving the North and West of the country, now with CARE International, July 2007-December 2008), the UN and other international organizations (WHO, UNICEF, UNDP, UNFPA, UNAIDS, WFP, MSF, etc.), and to a limited extent other bilateral partners (the Belgian, Canadian, French, German, and Japanese cooperations). A large potential source of funding is the World Bank MAP which continues to be delayed. The PEPFAR Country Coordinator represents the USG on the Global Fund Country Coordinating Mechanism (CCM)

and at most coordination forums, while agency heads (CDC and USAID) represent the USG at technical forums. The Ministry of AIDS' National Strategic HIV/AIDS Plan (2006-2010) provides new forums for coordination that will improve overall communication and programming for HIV/AIDS activities. The UNAIDS theme group has expanded to include the USG to provide a regular coordination forum bringing multilateral and bilateral development partners together. Substantial efforts are being made to promote coordination and collaboration among in-country partners, the host government, and other key stakeholders. As the country's political context stabilizes, the USG team will continue to explore leveraging and wraparound opportunities with other donors and the private sector.

Program Contact: PEPFAR Country Coordinator, Jyoti Schlesinger

Time Frame: FY 2008 – FY 2009

Approved Funding by Program Area: Cote d'Ivoire
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - COTE D'IVOIRE	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	500,000		4,300,000		200,000			5,000,000		5,000,000	4.9%
Abstinence/Be Faithful	2,034,945	550,000	4,621,401		400,000			7,606,346	400,000	8,006,346	7.9%
Blood Safety								0	4,500,000	4,500,000	4.4%
Injection Safety								0	2,412,646	2,412,646	2.4%
Other Prevention	295,300		3,655,000		300,000			4,250,300		4,250,300	4.2%
Prevention Sub-total	*2,830,245*	*550,000*	*12,576,401*	*0*	*900,000*	*0*	*0*	*16,856,646*	*7,312,646*	*24,169,292*	*23.8%*
Care											
Palliative Care: Basic health care & support	2,793,750		3,450,000					6,243,750		6,243,750	6.1%
Palliative Care: TB/HIV		90,000	3,552,781					3,642,781		3,642,781	3.6%
Orphans & Vulnerable Children	4,159,200		5,458,508					9,617,708	450,000	10,067,708	9.9%
Counseling and Testing	501,000	105,000	3,183,750		275,000			4,064,750		4,064,750	4.0%
Care Sub-total	*7,453,950*	*195,000*	*15,645,039*	*0*	*275,000*	*0*	*0*	*23,568,989*	*450,000*	*24,018,989*	*23.6%*
Treatment											
Treatment: ARV Drugs	26,864,486							26,864,486		26,864,486	26.4%
Treatment: ARV Services	1,550,000	575,000	7,252,743		250,000			9,627,743	6,722,257	16,350,000	16.1%
Laboratory Infrastructure	6,672,050		3,601,933					10,273,983		10,273,983	10.1%
Treatment Sub-total	*35,086,536*	*575,000*	*10,854,676*	*0*	*250,000*	*0*	*0*	*46,766,212*	*6,722,257*	*53,488,469*	*52.6%*
Subtotal, Prevention, Care, and Treatment	*45,370,731*	*1,320,000*	*39,076,116*	*0*	*1,425,000*	*0*	*0*	*87,191,847*	*14,484,903*	*101,676,750*	*100.0%*
Other Costs											
Strategic Information	2,300,000	0	3,859,000					6,159,000		6,159,000	
Other/policy analysis and system strengthening	4,060,000		1,050,000	100,000	350,000			5,560,000		5,560,000	
Management and Staffing	1,100,000	3,933,000	1,909,153	200,000				7,142,153		7,142,153	
Other Costs Sub-total	*7,460,000*	*3,933,000*	*6,818,153*	*300,000*	*350,000*	*0*	*0*	*18,861,153*	*0*	*18,861,153*	
AGENCY, FUNDING SOURCE TOTALS	**52,830,731**	**5,253,000**	**45,894,269**	**300,000**	**1,775,000**	**0**	**0**	**106,053,000**	**14,484,903**	**120,537,903**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	52,830,731	52,830,731	850,000	53,680,731
HHS	45,894,269	51,147,269	13,634,903	64,782,172
DOD	300,000	300,000	0	300,000
State	1,775,000	1,775,000	0	1,775,000
Peace Corps	0	0	0	0
Labor	0	0	0	0
Total	**100,800,000**	**106,053,000**	**14,484,903**	**120,537,903**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	5,253,000	0	5,253,000
GHCS - State	100,800,000	14,484,903	115,284,903
Total	**106,053,000**	**14,484,903**	**120,537,903**

ETHIOPIA

Project Title: **Ethiopia Fiscal Year 2008 Country PEPFAR Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	1,529,000	**1,529,000**	-	-	-	**1,529,000**	-	**1,529,000**
DOL	-		-	-	-	-	-	-	-
HHS	5,800,000	105,617,314	**111,417,314**	-	6,278,884	**6,278,884**	**117,696,198**	**3,500,000**	**121,196,198**
Peace Corps	-	3,721,000	**3,721,000**	-	-	-	**3,721,000**	-	**3,721,000**
State	-	10,551,673	**10,551,673**	-	3,404,925	**3,404,925**	**13,956,598**	-	**13,956,598**
USAID	-	183,275,453	**183,275,453**	-	22,621,751	**22,621,751**	**205,897,204**	**8,239,354**	**214,136,558**
TOTAL	**5,800,000**	**304,694,440**	**310,494,440**	-	**32,305,560**	**32,305,560**	**342,800,000**	**11,739,354**	**354,539,354**

HIV/AIDS Epidemic in Ethiopia

Adult HIV Prevalence Rate: 2.1% (Government of Ethiopia (GOE) Single Point Estimate, 2007)
Estimated number of People Living with HIV: 977,394 (GOE Single Point Estimate, 2007)
Estimated number of Orphans due to AIDS: 898,350 (GOE Single Point Estimate, 2007)

Country Results and Projections to Achieve 2-7-10 Goals:

Ethiopia	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**30,600**	**9,500**
End of FY 2005**	**264,100**	**16,200**
End of FY 2006***	**484,100**	**40,000**
End of FY 2007****	**726,600**	**81,800**
End of FY 2008*****	**810,500**	**111,000**
End of FY 2009*****	**1,362,984**	**168,600**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

In May 2007 the Government of Ethiopia (GOE) released a revised national HIV prevalence for Ethiopia of 2.1%. This estimate indicates a low-level generalized epidemic for Ethiopia with the majority of infections occurring in urban settings. In 2007, the estimated urban prevalence is 7.7% and 602,740 persons living with HIV and AIDS (PLWHA) and the estimated rural

prevalence is 0.9% and 374,654 PLWHA. The GOE's revised national HIV prevalence calculations also resulted in a revised estimate for orphans; in 2008, Ethiopia will have almost 5.5 million orphans, 16% of whom were orphaned as a result of HIV/AIDS. As a child's age increases, the likelihood of the child living with both parents decreases. Only 65.2% of 10-14 year-olds and 52% of children 15-17 live with both parents (2005 EDHS).

Ethiopia's national response to the HIV/AIDS epidemic has made significant progress in the past three years. In 2004, PEPFAR reported that only about 9,500 individuals were on antiretroviral therapy (ART) at 35 hospitals, and no health centers, around the country. As of May 2007, there were 265 ART sites operational through out the country, including 117 hospitals (92 public hospitals, 13 private hospitals, and 12 military hospitals), 146 health centers and two non-governmental organization (NGO) clinics. The cumulative number of patients that started on ART was 87,697, while 66,973 were currently on ART, of about which 11% were served at health centers.

PEPFAR funding will be focused on the following programmatic areas to achieve the 2-7-10 targets:

Prevention: $61,915,684 ($50,902,330 Field; $11,013,354 Central) (20.2% of prevention, care and treatment budget)

Ethiopia's single point prevalence data indicate that sexual and medical prevention programs should focus more in urban than rural areas, with due attention to transport corridors, trade hubs, and other areas rural dwellers visit. Population-based EDHS data indicate that HIV prevalence in Ethiopia is driven by risk behaviors among adults, especially those engaged in transactional sex and maintaining multiple, concurrent partnerships. HIV prevalence peaks among women aged 35-39 and men 40-44, suggesting a peak incidence of HIV infections among women in their early 30s and men in their mid-to-late 30s.

Given these data, USG is shifting the Ethiopia sexual prevention behavior change communication portfolio's focus to adult, urban populations and persons engaged in high risk behaviors, while maintaining an appropriate focus on youth and the general population. PEPFAR prevention partners will ensure that messages about monogamy, reduction of sexual partners, and the risks of concurrence are benefiting adult populations. There will be an increased focus on higher risk populations, in particularly the uniformed service, police, refugees, university students, young married adolescents, and mobile, bridge populations along the transport corridors. In FY 2008, the target populations will also include individuals involved in multiple and concurrent sexual partnerships, including divorced and widowed women who engage in informal transactional sex. PEPFAR partners will continue to focus on prevention and treatment of sexually transmitted infections and will provide information and access to condoms at facility and community levels. Addressing male norms and gender issues such as early marriage, sexual exploitation, and cross generational sex will continue to be a top priority. By September 2009, USG will increase community outreach support and behavior change activities.

Ethiopia's medical prevention program includes prevention of mother-to-child transmission (PMTCT), injection safety, and blood safety. The PEPFAR PMTCT program will continue to increase ARV prophylaxis for pregnant women with a goal of reaching 80% of HIV positive women attending antenatal care clinics. USG will support the expansion of PMTCT services, including public and private hospitals, health centers and health posts.

In the area of infection prevention and safe blood practices, USG will expand support and training to private, public and military health facilities. Partners will provide infection prevention training for medical doctors, nurses, nurse midwives and laboratorians and will collaborate with the Global Fund for AIDS, Tuberculosis and Malaria (Global Fund) to ensure an adequate supply of infection prevention materials at health facilities. USG will also increase access to post-exposure prophylaxis for victims of rape. USG will support partners to increase blood collection and ensure a safe and adequate supply of blood products. PEPFAR partners will provide training, equipment and supplies to support Ethiopia's existing blood blanks. For the uniformed services, USG will provide assistance to Ethiopia's national military hospital as well as new regional safe blood distribution and transfusion centers.

Principal Partners: Abt Associates, Academy for Educational Development, Catholic Relief Services, Columbia University, Crown Agents, EngenderHealth, Ethiopian Public Health Association, Family Health International, Federal Ministry of Health, Federal Police, Food for the Hungry, Geneva Global, International Orthodox Christian Charities, International Rescue Committee, IntraHealth International, John Snow, Inc., JHPIEGO, JHU/Center for Communication Programs, Johns Hopkins University Bloomberg School of Public Health, Management Sciences for Health, Ministry of National Defense-Ethiopia, Nazarene Compassionate Ministries, Inc., Pact, Partnership for Supply Chain Management, Population Council, Samaritan's Purse, Save the Children US, United Nations High Commission for Refugees, University of California at San Diego, University of Washington, World Food Program, World Learning, Young Men's Christian Association.

Care: $77,316,607 ($76,590,607 Field; $726,000 Central) (25.2% of prevention, care and treatment budget)

Prior to FY 2006, palliative care support activities in Ethiopia focused mainly on end of life care and distribution of commodities to PLWHA. With the advent of free ART and improved access to HIV/AIDS care services, palliative care is increasingly perceived as a continuum of care. In FY 2008, USG will work with relevant stakeholders and partners to institutionalize the use of opioids for pain management, and will develop and deliver a standard preventive care package for adults and children. Income-generating activities to enable PLWHA to support themselves will be consolidated and expanded in FY 2008.

Priority activities under the TB/HIV collaborative initiative in Ethiopia at public, private and workplace clinics include: 1) screening of all HIV-positive persons attending different clinics for active tuberculosis, 2) provision of TB treatment for cases diagnosed with active tuberculosis, 3) isoniazid preventive therapy for HIV-positive clients found to be free from active TB, 4) screening of all TB patients at the TB clinic for HIV with provider initiated counseling and testing, 5) provision of cotrimoxazole prophylactic treatment for TB/HIV patients, 6) establishing referral linkages to different service areas , and 7) provision of ART for eligible cases and 8) monitoring and evaluation.

Ethiopia has been designated a priority country for food and nutrition programming for PEPFAR. With FY 2008 funding, USG will train and equip service providers to provide nutritional care and support to PLWHA. USG will leverage food resources from USG PL 480 Title II and the World Food Program, and will improve nutrition assessment, counseling and monitoring of HIV-infected persons at all HIV care, ART and PMTCT service sites in the network. PEPFAR Ethiopia will also expand therapeutic feeding by prescription to new facilities.

USG will expand the coverage and depth of services for orphans and vulnerable children (OVC), including leveraging USG PL Title II and the World Food Program food resources. With FY 2008 funding, USG will expand partnerships with parent-teacher associations (PTAs) and Girls' Advisory Committees to increase the number of schools meeting the specific needs of OVC. Additionally, PEPFAR Ethiopia will apply integrated approaches to gender-based violence and impacts of early marriage that will benefit the work of other partners.

Taking into account the current national trend in HIV prevalence, HIV counseling and testing (CT) services will be more focused on most at risk populations. Family centered HIV testing will be widely available to create an opportunity to increase child testing. In FY 2008, PEPFAR will support diverse CT models such as fixed sites, mobile, home-based CT, youth-friendly services, work place, schools, prison, information centers, health integrated, private, etc. Promotion of CT using different media outlets will be strengthened.

Principal Partners: Abt Associates, Academy for Educational Development, Addis Ababa Regional HIV/AIDS Prevention and Control Office, American International Health Alliance Twinning Center, Catholic Relief Services, Columbia University, CARE Ethiopia, Development Alternatives, Inc., Ethiopian Health and Nutrition Research Institute, Family Health International, Federal Ministry of Health, Fintrac, Inc., Geneva Global, International Orthodox Christian Charities, JHPIEGO, Johns Hopkins University Bloomberg School of Public Health, International Rescue Committee, Management Sciences for Health, Nazarene Compassionate Ministries, Inc., Population Council, Population Services International, Project Concern International, Relief Society of Tigray, Royal Netherlands Tuberculosis Association, Save the Children US, University of California at San Diego, University of Connecticut, University of Washington, World Food Program, World Health Organization, World Learning, United Nations High Commission for Refugees, Young Men's Christian Association.

Treatment: $167,348,578 ($138,803,760 Field; $0 Central) (54.6% of prevention, care and treatment budget)

USG is the major partner supporting Ethiopia's national ART program and supports a regionalized ART strategy in which USG partners provide coordinated technical support to the health network in their respective operation zone. In FY 2008, USG will continue to support this geographically focused ART services delivery program, and will additionally support facility accreditation for ART services in all 11 regions. PEPFAR partners will strengthen the nurse-centered care model by upgrading nurses' training to include additional core competencies and certification, and will consolidate and expand mainstreaming of ART in health professionals' pre-service training. USG will strengthen private-public partnerships and civil-military alliances and will undertake targeted evaluations to guide program scale up and support improvements in quality of ART services.

In addition to support ART services, with FY 2008 funding, USG will support the provision of ARV drugs to hospitals and health centers. Other HIV commodities will be provided to selected hospitals and health centers throughout the country. FY 2008 funds will be used to expand technical assistance for procurement and logistics of the supply chain for ARV drugs as well as to procure essential HIV commodities for PMTCT and palliative care programs.

USG also provides substantial support to Ethiopia's national laboratory system. With FY 2008 funds, USG will support and coordinate all laboratory training, quality assurance, and site supervision at ART health networks, and train laboratory professionals on HIV rapid testing,

diagnosis of TB and other opportunistic infections, laboratory monitoring of ART and laboratory quality, and information and logistic management systems.

Principal Partners: Abt Associates, African Network for Care of Children Affected by HIV/AIDS, The Carter Center, Columbia University, Ethiopian Health and Nutrition Research Institute, Ethiopian Medical Association, Ethiopian Public Health Association, Federal Ministry of Health, International Rescue Committee, JHPIEGO, Johns Hopkins University Bloomberg School of Public Health, Johns Hopkins University Center for Communications Programs, Management Sciences for Health, National Association of State and Territorial AIDS Directors, Partnership for Supply Chain Management, Tulane University, University of California at San Diego, University of Connecticut, University of Washington, United Nations High Commission on Refugees, World Health Organization, Association of Public Health Laboratories, American Society for Clinical Pathology.

Other Costs: $47,958,485

With FY 2008 funding, PEPFAR Ethiopia will continue to support activities related to surveillance, health management information systems (HMIS), and monitoring and evaluation. USG surveillance activities will include antenatal, mortality, TB/HIV, sexually transmitted infections and a new effort in HIV case surveillance. In terms of HMIS, USG will strengthen site-level hospital and health center data support by intensifying efforts to fully document information for pre-ART and ART patients, and will provide additional training on data entry, data cleaning, and data analysis techniques for appropriate health facility staff through a variety of venues.

With FY 2008 funds, PEPFAR Ethiopia activities in other health policy and systems strengthening will continue to focus on sustainability, with an emphasis on: 1) systems strengthening, particularly leadership and management of service delivery, 2) human and organizational capacity building; and 3) broadly expanding private sector engagement. USG will continue to participate in and provide support to the Secretariat of the 17 member GFATM Country Coordinating Mechanism (CCM) for Ethiopia's GFATM awards, and will initiate a new activity to provide TA and other support to build capacity of regions and districts to manage GFATM sub-grants. USG will support a wide range of pre- and in-service training programs for health planners, public health officers, physicians, nurses, health officers, pharmacists and lab technologists for improved service delivery.

Principal Partners: Abt Associates, Columbia University, Ethiopian Health and Nutrition Research Institute, Ethiopian Medical Association, Ethiopian Public Health Association, Federal Ministry of Health, International Rescue Committee, JHPIEGO, Johns Hopkins University, John Snow, Inc., Management Sciences for Health, Tulane University, National Alliance of State and Territorial AIDS Directors, The Carter Center, World Health Organization.

USG management and staffing funds will support the in-country personnel needed for the Department of Health and Human Services/Centers for Disease Control and Prevention (CDC), US Agency for International Development (USAID), Department of Defense, Department of State, and the US Peace Corps. Funds will ensure program monitoring and accountability, ensure USG policy and technical leadership, and cover compensation, logistics, and office and administrative costs.

Other Donors, Global Fund Activities, Coordination Mechanism:

The United States is the largest bilateral donor to Ethiopia's health sector, providing the majority of funding for HIV/AIDS prevention, care and treatment. In addition to GFATM, other active international donors include WHO, UNICEF, UNAIDS, UNDP, ILO, IOM, and WFP. Important bilateral partners are the United Kingdom, Ireland, the Netherlands, Canada, Japan, and Sweden. There are over 200 national and international NGOs and FBO active in HIV/AIDS,

The GOE has secured $713,053,234 million from the Global Fund to address HIV/AIDS (66%), Malaria (26%), and TB (9%). The USG participates on the Global Fund Country Coordinating Mechanism and has signed a Memorandum of Understanding to guide joint action. The primary HIV/AIDS coordinating body is HIV/AIDS Prevention and Control Office (HAPCO). In addition to working with HAPCO, the USG meets regularly with key officials of individual Ministries (Health, Defense, Education and Finance and Economic Development) to ensure that USG assistance complements and supports the GOE's plans for prevention, care and treatment.

Program Contact: Deputy Chief of Mission, Deborah Malac

Time Frame: FY 2008 – FY 2009

Approved Funding by Program Area: Ethiopia
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - ETHIOPIA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	11,026,398	37,500	6,010,000		785,249			17,859,147		17,859,147	5.8%
Abstinence/Be Faithful	8,052,187	53,200	3,252,000		359,960			11,717,347	4,480,937	16,198,284	5.3%
Blood Safety		33,700		280,000				313,700	3,500,000	3,813,700	1.2%
Injection Safety			780,000	402,000	107,000			1,289,000	3,032,417	4,321,417	1.4%
Other Prevention	10,544,041	23,300	7,351,750		204,045	1,600,000		19,723,136		19,723,136	6.4%
Prevention Sub-total	*29,622,626*	*147,700*	*17,393,750*	*682,000*	*1,456,254*	*1,600,000*	*0*	*50,902,330*	*11,013,354*	*61,915,684*	*20.2%*
Care											
Palliative Care: Basic health care & support	17,865,982	45,400	2,365,036	200,000	293,621	800,000		21,570,039		21,570,039	7.0%
Palliative Care: TB/HIV	3,337,000	265,451	5,217,230		485,000			9,304,681		9,304,681	3.0%
Orphans & Vulnerable Children	28,856,410				250,311	800,000		29,906,721	726,000	30,632,721	10.0%
Counseling and Testing	7,415,364	61,900	7,922,867		409,035			15,809,166		15,809,166	5.2%
Care Sub-total	*57,474,756*	*372,751*	*15,505,133*	*200,000*	*1,437,967*	*1,600,000*	*0*	*76,590,607*	*726,000*	*77,316,607*	*25.2%*
Treatment											
Treatment: ARV Drugs	44,364,786							44,364,786		44,364,786	14.5%
Treatment: ARV Services	44,604,086	77,300	41,704,662	225,000	8,266,191	0		94,877,239		94,877,239	30.9%
Laboratory Infrastructure	16,437,102	215,051	11,454,400					28,106,553		28,106,553	9.2%
Treatment Sub-total	*105,405,974*	*292,351*	*53,159,062*	*225,000*	*8,266,191*	*0*	*0*	*167,348,578*	*0*	*167,348,578*	*54.6%*
								0			
Subtotal, Prevention, Care, and Treatment	*192,503,356*	*812,802*	*86,057,945*	*1,107,000*	*11,160,412*	*3,200,000*	*0*	*294,841,515*	*11,739,354*	*306,580,869*	*100.0%*
Other Costs											
Strategic Information	1,045,935	609,001	15,225,600	250,000	85,600			17,216,136		17,216,136	
Other/policy analysis and system strengthening	6,239,420	181,251	7,127,953		300,000			13,848,624		13,848,624	
Management and Staffing	6,108,493	4,196,946	3,484,700	172,000	2,410,586	521,000		16,893,725		16,893,725	
Other Costs Sub-total	*13,393,848*	*4,987,198*	*25,838,253*	*422,000*	*2,796,186*	*521,000*	*0*	*47,958,485*	*0*	*47,958,485*	
AGENCY, FUNDING SOURCE TOTALS	**205,897,204**	**5,800,000**	**111,896,198**	**1,529,000**	**13,956,598**	**3,721,000**	**0**	**342,800,000**	**11,739,354**	**354,539,354**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	205,897,204	205,897,204	8,239,354	214,136,558
HHS	111,896,198	117,696,198	3,500,000	121,196,198
DOD	1,529,000	1,529,000	0	1,529,000
State	13,956,598	13,956,598	0	13,956,598
Peace Corps	3,721,000	3,721,000	0	3,721,000
Labor	0	0	0	0
Total	**337,000,000**	**342,800,000**	**11,739,354**	**354,539,354**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	5,800,000	0	5,800,000
GHCS - State	337,000,000	11,739,354	348,739,354
Total	**342,800,000**	**11,739,354**	**354,539,354**

GUYANA

Project Title: **Guyana Fiscal Year 2008 Country PEPFAR Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	-	-	-	-	-	-	-	-
DOL	-	400,000	**400,000**	-	-	-	**400,000**	-	**400,000**
HHS	1,000,000	7,127,535	**8,127,535**	-	(65,000)	**(65,000)**	**8,062,535**	**756,360**	**8,818,895**
Peace Corps	-	-	-	-	-	-	-	-	-
State	-	70,000	**70,000**	-	34,400	**34,400**	**104,400**	-	**104,400**
USAID	-	12,053,065	**12,053,065**	-	380,000	**380,000**	**12,433,065**	**2,042,948**	**14,476,013**
TOTAL	**1,000,000**	**19,650,600**	**20,650,600**	**-**	**349,400**	**349,400**	**21,000,000**	**2,799,308**	**23,799,308**

HIV/AIDS Epidemic in Guyana:

Adult HIV Prevalence Rate: 2.75% (2007 Guyana Epidemiologic Profile)
Estimated number of People Living with HIV: 12,710 (2007 Guyana Epidemiologic Profile)
Estimated number of Orphans due to AIDS: N/A (UNAIDS, 2006)

Country Results and Projections to Achieve 2-7-10 Goals:

Guyana	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**1,215**	**500**
End of FY 2005**	**6,200**	**800**
End of FY 2006***	**3,700**	**1,600**
End of FY 2007****	**5,300**	**2,100**
End of FY 2008*****	**5,550**	**2,300**
End of FY 2009*****	**7,295**	**2,805**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

Available evidence suggests that HIV/AIDS is a major public health problem in Guyana. The HIV/AIDS epidemic is generalized, with HIV prevalence of 1.55% found among pregnant

women attending antenatal care (ANC) clinics in 2006 and a national prevalence of 2.75% (2007 Guyana Epidemiologic Profile). The major exposure category for HIV infection in Guyana is heterosexual contact, accounting for more than 80% of all cases. Overall, the number of AIDS cases in males outnumbers the number of cases in females, except within the younger age groups (15-24), where there are more female than male cases. The most current data show an annual increase in HIV/AIDS-related deaths, and HIV-related illness is currently among the leading causes of death among persons 25-34 years old. Although the HIV/AIDS epidemic is generalized, select high-risk subpopulations in Guyana are disproportionately affected. For instance, the overall prevalence of HIV among women in prostitution was found to be 26.6 percent, with a higher prevalence among those who work in downtown Georgetown. The prevalence of HIV among men who have sex with men (MSM) in one region was 21.2 percent. Miners were also at high risk for HIV infection, with a prevalence of 4% found in 2004 among miners residing in 45 camps in three regions of Guyana. UNAIDS estimates (2005) for Guyana suggest that at the end of 2005, there were approximately 12,000 people living with HIV/AIDS (PLWHA) and 1,200 AIDS-attributable deaths annually.

Prevention: $6,738,393 ($4,095,445 Field; $2,642,948 Central) (36.6% of prevention, care and treatment budget)

The Government of Guyana (GOG) has prioritized national coverage of prevention of mother-to-child transmission (PMTCT) services, using a network system. Currently, there is access to PMTCT services at more than half of the 118 national antenatal care (ANC) sites supported by PEPFAR. The Ministry of Health (MOH) has adopted "opt-out" testing at six public hospitals, which combined provide services to 85% of the women at delivery facilities. To support these goals, PEPFAR will utilize FY 2008 funding to facilitate expansion of PMTCT and follow-up services, monitor and evaluate the PMTCT program, and facilitate referral from the PMTCT program to antiretroviral therapy (ART) services.

USG abstinence and be faithful activities directly support Guyana's National Strategic Plan for HIV/AIDS. The results of the AIDS Indicator Survey (AIS), funded by PEPFAR, show that 74% of females and 64% of males between the ages of 15 and 19 have never had a sexual encounter. Among the 20-24 year olds, there is a sharp decline to 48% and 21% reporting the same behavior respectively. Conversely, 29% of youth aged 15-19 are sexually active.

Based on these findings, PEPFAR in Guyana will use FY 2008 funds to encourage primary and secondary abstinence as well as the delay of sexual debut in schools, youth clubs, religious groups, and other organizations. "Be faithful" messages will complement abstinence messaging in groups of sexually active adults, encouraging mutual fidelity. Interventions will also discourage cross-generational sex and multiple partners among adult males, as studies have shown that cross-generational sex contributes to considerably higher rates of infection among girls and young women than among same-aged male peers.

An important aspect of PEPFAR is to provide assistance to ensure a safe and adequate blood supply. Currently there are nine sites in Guyana (public and private) that perform blood collection and storage services in the country, and 10 that perform blood transfusions. All of the blood collected by public sites is tested at the National Blood Transfusion Service (NBTS)

laboratory in the capital or at regional laboratories. USG will support a new technical assistance provider to upgrade and expand the NBTS.

Based on data from the AIS, health care workers have frequent potential exposures. Only 43% of injection providers have access to post-exposure prophylaxis drugs onsite. Risks to waste handlers underscore the need for waste-disposal site development with sustainable, appropriate technology. FY 2008 funding will support a safe injection program to help prevent the transmission of HIV and other blood-borne diseases through accidental sharps injuries.

Other prevention is critical in Guyana, given that the bulk of existing and new infections continue to be concentrated among high-risk and vulnerable groups. A Behavioral Surveillance Survey and targeted prevalence surveys completed by the USG team in 2003/2004 identified key persons engaged in high risk behavior (PEHRBs): people in prostitution, MSM, PLWHA, and "mobile" persons such as miners, loggers, sugar cane workers, transport industry workers, and migrants crossing the Brazil border. The USG team is supporting both risk elimination and risk reduction, and interventions with PEHRBs will follow the ABC model, with emphasis on faithfulness and correct and consistent condom use and other prevention activities for these groups.

The USG will continue to work through local non-governmental organizations (NGOs) and other partners to train the ranks of the Guyana Defense Forces. In FY 2008, high-risk populations will continue to be reached with combined targeted outreach and referrals to "friendly" clinical care and treatment services. An important component of PEPFAR prevention program is the provision of services for PLWHA and those affected by HIV/AIDS. Reinforcing prevention for positives and for sero-discordant couples helps PLWHA prevent secondary infection and further transmission of HIV.

Principal Partners: Center for Disaster and Humanitarian Assistance Medicine, Comforce, Family Health International (FHI), Maurice Solomon Accounting, Oak Ridge Institute of Science and Education, The Guyana Red Cross Society, University of Michigan School of Public Health, Francois Xavier Bagnoud Center, Ministry of Health, Guyana, and Initiatives Inc.

Care: $4,644,199 ($4,644,199 Field; $0 Central) (25.2% of prevention, care and treatment budget)

The goal of the PEPFAR contribution to the Guyana National Strategy will be to provide the four categories of essential palliative care services to all people infected or affected by HIV/AIDS: clinical care, psychological care, social services, and spiritual care. Currently, there are eight USG-supported, home-based care programs in place. In FY 2008, funds will support training of providers as well as service delivery through NGO and MOH partners.

In addition to basic health/palliative care, FY 2008 funding will support care for tuberculosis (TB)/HIV patients. Guyana has one of the highest TB incidence rates in the Americas; roughly 25-30% of all newly-diagnosed TB cases are co-infected with HIV. The USG will support the Guyana National TB Control Program, which provides care and treatment for all TB cases in the country.

In support of orphans and vulnerable children (OVC), and as defined in Guyana's National Policy, the comprehensive response to OVC includes the following priority areas: socio-economic security, protection, care and support, education, health and nutrition, psychosocial support, legal support, conflict resolution, and education. With FY 2008 funds, the USG will help strengthen the Ministries of Labor, Human Services, Social Security, and Education to coordinate and support preventive and care services to OVC, both in-school and out-of-school, and to enhance referral networks.

PEPFAR's FY 2008 activities will focus on further mobilizing people to access counseling and testing (CT), with a strong emphasis on PEHRBs and males, to boost prevention efforts and to identify those who need treatment. Currently, the USG program includes labor and delivery sites supported through the PMTCT program, which have begun to implement provider-initiated counseling and testing. The USG also supports public-sector CT sites; additional fixed Voluntary Counseling and Testing (VCT) sites operated by NGOs and faith-based organizations (FBOs); and mobile VCT teams that focus on workplace and hard-to-reach communities. PEPFAR's FY 2008 strategy includes the continual integration of provider-initiated CT into the formal health sector, which will be critical for the sustainability of the program and for the most efficient identification of infection.

Principal Partners: Center for Disaster and Humanitarian Assistance Medicine, Comforce, Crown Agents, FHI, Maurice Solomon Accounting, Catholic Relief Services (CRS), United Nations Children's Fund, Francois Xavier Bagnoud Center, and the Ministry of Health, Guyana, and the Ministry of Labor Human Services and Social Security, Guyana.

Treatment: $7,017,706 ($6,861,346 Field; $156,360 Central) (38.1% of prevention, care and treatment budget)

The provision of high quality HIV clinical care and ART access is at the core of the PEPFAR program. Enrolling patients on ART treatment is now limited only by outreach, counseling, and testing. Thus, funding in FY 2008 will focus largely on activities that increase the use of and access to services, including: opt-out HIV testing in labor and delivery of pregnant women; provider-initiated testing in the hospital setting; and expanding geographic coverage and reach of VCT to vulnerable and migratory populations and in workplace settings.

The USG, along with the MOH and other donors, will build on early successes in order to strengthen a single national system of forecasting, procurement, transport, and monitoring of drugs and commodities. In FY 2008, all partners will adopt a long-term strategy establishing the parameters of warehousing, procurement, and final storage and management at point-of-service. Furthermore, the USG will support the development of a single, national information system to monitor and inform forecasting and procurement. These records will support the morbidity method in order to calculate items needed as well as to support clinical activities. Throughout FY 2008, the USG will address skills transfer through on-site training, as well as local, regional, and South to South training opportunities.

Prior to USG involvement, Guyana had limited capacity to conduct HIV surveillance, diagnose HIV infection, monitor patients on ART, and diagnose opportunistic and sexually transmitted infections. Since PEPFAR began work in Guyana, a national algorithm for diagnosing HIV using rapid HIV tests has been implemented, and CD4 testing essential for staging disease has become available. In fiscal year 2007, the USG will help define the appropriate location and site for testing for opportunistic infections.

Principal Partners: The Partnership for Supply Chain Management, Catholic Relief Services (CRS), Comforce, FHI, and Francois Xavier Bagnoud Center.

Other Costs: $5,399,010

Cross-cutting PEPFAR activities in Guyana include strategic information, policy development, systems strengthening, and management and staffing. Strategic information is crucial to measuring the progress made in reaching PEPFAR's 2-7-10 goals. The USG team will continue to work in close partnership with the GOG to support the development of strategic information systems for Guyana's HIV/AIDS sector. These activities will complement and support the strategic goals of the new national monitoring and evaluation (M&E) plan and national strategic plan for HIV/AIDS (2006-2010). The USG team also will work with the GOG in FY 2008 to implement a national sero-prevalence study, the Demographic and Health Survey Plus.

In fiscal year 2006, efforts in Guyana focused on policy and system strengthening across the workplace, private, public, and NGO/FBO sector in order to increase these sectors' capacity for leadership, administration, financial management and transparency, and technical strength. With fiscal year 2007 funds, the USG team will strengthen the HIV/AIDS human resource system and create conditions that foster retention, improve performance, and facilitate supervision (i.e., through leadership development workshops).

Other Donors, Global Fund Activities, Coordinating Mechanism:

Many other organizations are involved in providing assistance in the fight against HIV/AIDS in Guyana. The largest donor is the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), which has provided approximately $27.2 million for the period of 2004-2008, to support prevention, treatment, care, and support; strengthening of surveillance systems; enhanced laboratory capacity; and reduction of stigma and discrimination, among other activities. The World Bank, providing $10 million over the same four-year period, will focus its support on institutional capacity strengthening, monitoring, evaluation, and research. The Canadian International Development Agency (CIDA) completed its HIV/AIDS activity in 2007 with a grant that has provided US $5 million since 2003. Various bodies of the United Nations, including UNAIDS, UNDP, UNICEF, UNFPA, and WHO/PAHO also provide important assistance. Lastly, the Caribbean Epidemiological Center (CAREC) and Caribbean Community (CARICOM) play a major role in laboratory support and drafting of legislation.

In addition, Guyana's Presidential AIDS Commission was initiated at the behest of President Bharrat Jagdeo in June 2004. It is chaired by the President of Guyana and includes nine Sector Ministers, representatives from funding agencies, and project staff from the Health Sector

Development Unit. The Commission's role is to support and supervise the implementation of the National Strategic Plan for HIV/AIDS 2007-2011.

Program Contact: Ambassador David Robinson; Julia Roberts, USAID Guyana; La Mar Hasbrouke, US Centers for Disease Control; Jim Geenen, US Peace Corps; Steven Stanley, MLO/DOD

Time Frame: Fiscal year 2008 – Fiscal year 2009

Approved Funding by Program Area: Guyana
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - GUYANA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	200,000		277,123					477,123		477,123	2.6%
Abstinence/Be Faithful	1,617,781		343,624	0	14,400	0	125,000	2,100,805	184,386	2,285,191	12.4%
Blood Safety			0					0	1,250,000	1,250,000	6.8%
Injection Safety				0				0	1,208,562	1,208,562	6.6%
Other Prevention	1,425,767		41,750	0			50,000	1,517,517		1,517,517	8.2%
Prevention Sub-total	*3,243,548*	*0*	*662,497*	*0*	*14,400*	*0*	*175,000*	*4,095,445*	*2,642,948*	*6,738,393*	*36.6%*
Care											
Palliative Care: Basic health care & support	1,555,865		469,147	0		0		2,025,012		2,025,012	11.0%
Palliative Care: TB/HIV	100,000		253,863	0				353,863		353,863	1.9%
Orphans & Vulnerable Children	881,716		41,700			0		923,416	0	923,416	5.0%
Counseling and Testing	1,015,513		151,395	0			175,000	1,341,908		1,341,908	7.3%
Care Sub-total	*3,553,094*	*0*	*916,105*	*0*	*0*	*0*	*175,000*	*4,644,199*	*0*	*4,644,199*	*25.2%*
Treatment											
Treatment: ARV Drugs	2,250,000							2,250,000	27,832	2,277,832	12.4%
Treatment: ARV Services	200,000		3,070,047		20,000			3,290,047	128,528	3,418,575	18.6%
Laboratory Infrastructure	146,650	190,000	984,649	0				1,321,299		1,321,299	7.2%
Treatment Sub-total	*2,596,650*	*190,000*	*4,054,696*	*0*	*20,000*	*0*	*0*	*6,861,346*	*156,360*	*7,017,706*	*38.1%*
Subtotal, Prevention, Care, and Treatment	*9,393,292*	*190,000*	*5,633,298*	*0*	*34,400*	*0*	*350,000*	*15,600,990*	*2,799,308*	*18,400,298*	*100.0%*
Other Costs											
Strategic Information	1,400,000		582,200	0				1,982,200		1,982,200	
Other/policy analysis and system strengthening	1,139,773	10,000	324,458	0			50,000	1,524,231		1,524,231	
Management and Staffing	500,000	800,000	522,579	0	70,000	0		1,892,579		1,892,579	
Other Costs Sub-total	*3,039,773*	*810,000*	*1,429,237*	*0*	*70,000*	*0*	*50,000*	*5,399,010*	*0*	*5,399,010*	
AGENCY, FUNDING SOURCE TOTALS	**12,433,065**	**1,000,000**	**7,062,535**	**0**	**104,400**	**0**	**400,000**	**21,000,000**	**2,799,308**	**23,799,308**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	12,433,065	12,433,065	2,042,948	14,476,013
HHS	7,062,535	8,062,535	756,360	8,818,895
DOD	0	0	0	0
State	104,400	104,400	0	104,400
Peace Corps	0	0	0	0
Labor	400,000	400,000	0	400,000
Total	**20,000,000**	**21,000,000**	**2,799,308**	**23,799,308**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	1,000,000	0	1,000,000
GHCS - State	20,000,000	2,799,308	22,799,308
Total	**21,000,000**	**2,799,308**	**23,799,308**

HAITI

Project Title: **Haiti Fiscal Year 2008 Country PEPFAR Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-		-	-	-	-	-	-	-
DOL	-	200,000	**200,000**	-	(200,000)	**(200,000)**	-	-	-
HHS	1,000,000	63,612,000	**64,612,000**	-	(2,962,000)	**(2,962,000)**	**61,650,000**	**4,823,849**	**66,473,849**
Peace Corps	-		-	-	-	-	-	-	-
State	-		-	-	300,000	**300,000**	**300,000**	-	**300,000**
USAID	-	27,350,000	**27,350,000**	-	3,700,000	**3,700,000**	**31,050,000**	**2,822,437**	**33,872,437**
TOTAL	**1,000,000**	**91,162,000**	**92,162,000**	-	**838,000**	**838,000**	**93,000,000**	**7,646,286**	**100,646,286**

HIV/AIDS Epidemic in Haiti:

Adults (aged 15-49) HIV Prevalence Rate: 3.8% (UNAIDS,2006)
Estimated number of People Living with HIV: 190,000 (UNAIDS, 2006)
Estimated number of Orphans due to AIDS: 200,000 (UNAIDS/WHO, 2002)

Country Results and Projections to Achieve 2-7-10 Goals:

Haiti	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**30,100**	**2,800**
End of FY 2005**	**57,100**	**4,300**
End of FY 2006***	**77,200**	**8,000**
End of FY 2007****	**113,100**	**12,900**
End of FY 2008*****	**150,000**	**20,000**
End of FY 2009*****	**187,000**	**28,500**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

An estimated 3.8% of the Haitian population is infected with HIV (53% of adult women and 47% of adult males); 180,000 Haitian adults aged 15 and older and 10,000 Haitian children aged 0 to 14 are living with HIV/AIDS, in a total population of 8.5 million people (UNAIDS, 2006.) The repercussions of an epidemic that started in Haiti in 1980-1981 continue to be felt

throughout the nation, with 16,000 individuals having died from AIDS in 2005 (UNAIDS, 2006). Haiti has by far the highest incidence of tuberculosis (TB) in Latin America and the Caribbean (LAC) region, with a rate of 306 cases per 100,000; an estimated 20% of these TB patients are infected with HIV.

Although the Haitian AIDS epidemic is mostly transmitted through heterosexual contact and from mother to child, there are clearly identifiable high-risk groups that warrant special attention: people in prostitution and their clients and partners; migrant workers in the agricultural, fishing, and construction sectors, factory workers in duty-free zones, truck and bus drivers and other men who work away from home for long periods; uniformed personnel, including members of the police force, border, and customs agencies; and HIV-discordant couples. Orphans and vulnerable children (OVC) are particularly vulnerable to property-grabbing, homelessness, sexual exploitation, violence, abuse, and a life of abject poverty. Youth are another high-risk group; 3.1% of females aged 15-24 years and 1.1% of males in the same age group are HIV-positive, resulting from an early age of sexual debut (DHS 2005; CERA/FHI, 2000) and multiple sex partners, often through transactional sex as a means to pay for school or to support other family members. Condom use is low among both youth and adults.

Of the 38,000 Haitians eligible for antiretroviral therapy (ART), approximately 12,900 were receiving it as of September 2007 through support from the PEPFAR and the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria (Global Fund). There are sufficient drugs and laboratory commodities for screening and follow-up testing for twice this number; with significant PEPFAR and Global Fund support, Haiti's National AIDS Program can offer all HIV/AIDS services free of charge. The principal barriers to expanding high quality ART services to more eligible people are underdeveloped laboratory and clinical infrastructure, inadequate human resources, weak administrative and managerial systems, and poor roads and transportation systems.

In FY 2008, PEPFAR funding will focus on the following programmatic areas to achieve the 2-7-10 targets:

Prevention: $18,037,781 ($11,250,000 Field; $6,787,781 Central) (20.9% of prevention, care and treatment budget)

Prevention activities in Haiti include prevention of mother-to-child transmission (PMTCT), abstinence and faithfulness programs, other behavioral prevention interventions, including those that focus on high-risk populations, and blood and injection safety programs. In FY 2008, the USG will strengthen the scope, quality and sustainability of PMTCT services. PEPFAR will continue to support technical capacity-building and technical and managerial training for PMTCT staff; it also will build the capacity of faith-based organizations (FBOs), community-based organizations (CBOs), and other non-governmental organizations (NGOs) to deliver high-quality, sustainable PMTCT services nationwide. Post-natal PMTCT interventions will be linked with OVC programs to support children under five, in order to maximize HIV-free child survival for all children born to HIV-positive women.

The USG will continue to support high-quality behavior change programs, including life skills programs for in-school and out-of-school youth and faithfulness messages for married couples, particularly husbands who travel from home for work reasons. In FY 2008, the USG will strengthen its ongoing activities, including training and monitoring of youth peer educators in after-school clubs, church youth groups, and church couples' groups regarding ways to deliver messages about abstinence and being faithful. PEPFAR also will train community health agents to inform, educate and mobilize communities around HIV/AIDS prevention. Prevention activities will provide strong linkages to HIV/AIDS care and support services.

Efforts to reduce new infections among high-risk or high-transmitter groups, including the USG-supported national behavior change communication program and condom social marketing, will be expanded and targeted to locales where high-risk activities take place (brothels, duty-free factory zones, agricultural plantations, and university campuses). A special emphasis will be placed on these activities in key border towns with a high volume of movement between Haiti and the Dominican Republic. Counseling and testing (CT) and sexually transmitted infection (STI) services are available at a number of prevention and outreach centers, to help ensure that those who test HIV-positive receive care and support services. In addition, greater emphasis will be placed on integrating prevention with positives into the clinical setting.

In order to strengthen systems for blood collection, testing, storage, and handling, the USG will provide support to strengthen GOH policies, systems, and human capacity and provide essential supplies and equipment for blood.

Principal Partners: Academy for Educational Development (AED), American Red Cross, Educational Development Center (EDC), Food for the Hungry, Foundation for Reproductive and Family Health (FOSREF), International Training and Education Center (I-TECH), John Snow Incorporated (JSI), Haitian Ministry of Health (MOH), Management Sciences for Health, Plan International, Partnership for Supply Chain Management, Promoteurs Objectif Zerosida (POZ), Population Services International (PSI), ServeHAITI, Inc, USAID Central Contraceptive Logistics, World Concern, World Health Organization/Pan American Health Organization (WHO/PAHO), World Hope International, World Relief, and World Vision.

Care: $27,805,826 ($27,250,000 Field; $555,826 Central) (32.2% of prevention, care and treatment budget)

Care activities in Haiti include CT, basic palliative care, support to integrate TB and HIV programs, and support for OVC. The CT strategy for FY 2008 will include training and re-training of counselors, with an emphasis on specialized counseling for pregnant women and high-risk populations. It also will include the application of an HIV counseling curriculum developed for pre-service training of nurses, psychologists, and social workers. The "opt-out" strategy for HIV testing will be implemented for all pregnant women in CT sites; those who test positive will be referred to PMTCT services and a greater effort to follow up with these women will be made, ensuring that they receive antiretroviral (ARV) prophylaxis appropriately. Additionally, the USG plans to initiate new CT sites in FY 2008.

Palliative care activities will be expanded in FY 2008, and comprise a package of care services and community support to HIV-positive individuals and their families, targeted to meet the needs of asymptomatic, symptomatic, and chronically ill/end-of-life populations. HIV/AIDS care and treatment centers are the focus of enrollment and care for all HIV-positive individuals. USG partners will emphasize high-quality clinical care for HIV/AIDS patients, specifically the management of opportunistic infections, nutritional assessment, and counseling and support for both adult and pediatric patients, following national and World Health Organization (WHO) guidelines for integrated management of adult illness (IMAI) and integrated management of childhood illness (IMCI). Clinical palliative care services for HIV-positive children will be incorporated into selected sites. These sites will be supported through human capacity strengthening; technical assistance; quality assurance; provision of palliative care drugs and supplies; and laboratory tests, supplies, and equipment.

At the community level, PEPFAR will support palliative care activities linked to the HIV/AIDS prevention, care, and treatment centers. USG partners will strengthen CBOs and FBOs to promote "positive living" and provide psychosocial, spiritual, nutritional, and other support to individuals and families affected by HIV/AIDS. The USG will continue to leverage use of the World Food Program (WFP)'s food assistance program in Haiti, with distribution of food to targeted individuals and families living with HIV/AIDS. People living with HIV/AIDS (PLWHA) support groups play an important role in providing palliative care, education, and support for treatment adherence at both the clinic and community levels. Stigma reduction efforts will target health care providers, caregivers, and communities surrounding HIV/AIDS care and treatment sites. Care and treatment sites located in towns along the Haiti/Dominican Republic border will work closely with sister hospitals in the Dominican Republic to ensure effective referral systems and cooperation in palliative care services.

In FY 2008, the USG will continue its work to integrate Haiti's TB and HIV/AIDS programs. The strategy for TB/HIV integration includes provider-initiated clinical and diagnostic HIV counseling and testing for all persons with TB as part of standard TB care; screening of all HIV-infected persons for active TB disease as part of the routine clinical care of HIV-positive persons at palliative care sites; and establishment of a strong patient referral system between TB clinics and HIV/AIDS care and treatment centers for HIV-infected persons.

In FY 2008, the USG will support FBOs and NGOs in working with OVC to provide a basic package of care and support, including potable water, immunization, access to health care and psychosocial support, provision of school fees and supplies, dietary assessment and nutritional support, HIV prevention and life skill programs, and assistance with income generating activities for foster families and care-givers. PEPFAR will continue to leverage use of P.L. 480 Title II resources to provide food assistance to OVC in USG-supported health networks. Priority will be given to providing basic child survival interventions for under-five OVC. FY 2008 funds will address the vulnerability to HIV/AIDS of the increasing number of abandoned and homeless children on the streets of Port-au-Prince and other major cities. The USG will support advocacy and policy/legal changes on such OVC issues as inheritance rights, guardianship responsibilities, permission/authority for HIV testing of orphans when parents have died of AIDS, privacy rights, and protection from stigma and discrimination at school. The USG also supports and participates in a fledgling National Forum on OVC and HIV/AIDS.

Principal Partners: Catholic Relief Services (CRS), Food and Nutrition Technical Assistance (FANTA), Foundation for Reproductive and Family Health (FOSREF), Group Haitien d'Etude du Sindrome de Karposi et Autres Infections Opportunistes (GHESKIO), Haitian Ministry of Health, International Child Care, International Training and Education Center on HIV (I-TECH)/Health Resources and Services Administration (HRSA), Management Sciences for Health, Partners in Health/Zanmi Lasante (PIH/ZL), Partnership for Supply Chain Management, Plan International, Population Services International (PSI), Promoteurs Objectif ZEROSIDA (POZ), USAID Central Contraceptive Logistics, ServeHAITI, Inc, World Concern, World Hope International and World Vision.

Treatment: $40,322,679 ($40,020 Field; $302,679 Central) (46.8% of prevention, care and treatment budget)

Treatment activities in Haiti include the provision of ARV drugs and services, as well as laboratory support. A national scale-up of the provision of free ART services began in 2003 with a Global Fund grant and has continued with joint Global Fund/USG support since 2004. With FY 2007 funds, the USG and Global Fund will work to ensure a safe and secure supply of ARV drugs in Haiti by procuring and distributing ARV drugs, installing a security system at a new central warehouse tied to the MOH commodities warehouse, and training warehouse and site staff on supply chain and stock management and quality assurance. PEPFAR will improve AIDS treatment for children and adults, working with local and international technical assistance partners to develop guidelines, policies, and curricula; conduct pre-service and in-service trainings of clinicians; and supervise service delivery sites for quality assurance, quality control (QA/QC), and continuous quality improvement. FY 2008 funding will expand the number of adult treatment sites as well as those providing pediatric diagnostic and treatment services.

The USG will continue to strengthen the national laboratory infrastructure in FY 2008. PEPFAR funding will help ensure that laboratories have increased space, improved QA/QC systems and processes, well-maintained laboratory equipment, a continuous supply of reagents, and an improved standard of practice among laboratory staff. Support also will be provided to upgrade laboratory capacity in pediatric diagnostic procedures at both the central and peripheral levels of the national laboratory system. Greater emphasis will be placed on increasing diagnostic capacity for opportunistic infections, including tuberculosis. In addition, the USG will support more in-depth pre-service training, including praticums and internships for laboratorians, increasing professional development through hands-on experience and one-on-one mentoring.

Principal Partners: Centers for Disease Control (CDC), Catholic Relief Services (CRS), Group Haitien d'Etude du Syndrome de Karposi et Infections Opportunistes (GHESKIO), International Child Care (ICC), International Training and Education Center on HIV (I-TECH)/ Human Resources and Services Administration (HRSA), Management Sciences for Health (MSH), Ministry of Health (MOH), New York AIDS Institute, Partners in Health/Zanmi Lasante (PIH/ZL), and Partners for Supply Chain Management (PFSCM).

Other costs: $14,480,000

The USG will continue to monitor and evaluate the progress of Haiti's national response to HIV/AIDS and PEPFAR and Global Fund achievements. These efforts will be directed at developing and implementing routine information management systems for reporting on both programs and patients at the facility and non-facility level, as well as ensuring the continuation of HIV/AIDS surveillance (biological and behavioral) via population-based surveys. Additionally, the USG will support targeted evaluations and policy-related data analyses, which are essential for an effective response to the HIV/AIDS epidemic.

The USG will collaborate with the MOH, Pan American Health Organization (PAHO), and other donors to develop a national human capacity assessment focused on HIV/AIDS health care providers. Findings will inform the process of prioritizing the uses of USG resources for training and system strengthening. USG-supported initiatives in FY 2007 will expand the number of nurses, psychologists, and social workers specializing in HIV/AIDS treatment and care, through pre-service training; in addition, a degree program for medical technicians will be developed at a Haitian university. FY 2008 resources will continue to support the revitalization of the National AIDS Council to improve its technical, programmatic, and administrative management of the increasing levels of funding being mobilized by Haiti's national HIV/AIDS response.

Principal Partners: Group Haitien d'Etude du Sindrome de Karposi et Autres Infections Opportunistes (GHESKIO), John Snow Incorporated/Measure Project (JSI/Measure), Institut Haitien d'Enfance (IHE), International Child Care (ICC), International Training and Education Center on HIV (I-TECH)/ Human Resources and Services Administration (HRSA), Ministry of Health (MOH), National Association of State and Territorial AIDS Directors (NASTAD) and Tulane University, American Council on Education, and RTI Capacity.

Management and staffing funds will support the in-country personnel needs for HHS/CDC and USAID. Funds will ensure program monitoring and accountability, ensure USG policy and technical leadership within the Haiti national response, and cover compensation, logistics, office, and administrative costs.

Other Donors, Global Fund Activities, Coordination Mechanism:

The USG is the largest bilateral donor to Haiti's health sector. The other major donor in the health sector is the Global Fund, which has awarded Haiti two five-year AIDS grants ($65 million in Round 1 and $50 million in Round 5), and grants for malaria ($7.5 million) and tuberculosis ($6.5 million) in Round 3. Other donors who contribute to the fight against AIDS include the European Union, France, Canada, Brazil, and UN agencies, including UNICEF, UNFPA and WHO/PAHO. The USG meets regularly with the principal recipient of the Global Fund in order to carry out joint planning and review of implementing partners/sub-recipients' activities, to preclude any duplication of funding and/or reporting of results. The National AIDS Council has the mandate to be Haiti's primary HIV/AIDS coordinating body; however, during the past three years of political unrest and transitional government, the National AIDS Council has not been able to function. The new Minister of Health has identified as one of his priorities the revitalization of this national coordinating body, and the USG will support this effort in FY 2008. During this three-year period, the Country Coordinating Mechanism (CCM) of the Global Fund has provided a national forum for information sharing and participation in AIDS

programming and planning by other non-health Ministries, as well as by civil society groups and associations of PLWHA. The USG is a voting member of the CCM and participates fully in all meetings, discussions, and decisions. Additionally, the USG meets regularly with key officials of individual Ministries (Health, Education, Women's Affairs, Sports and Youth, and Social Welfare) to ensure that USG support complements and supports the overall Haitian plan for HIV/AIDS prevention, care, and treatment.

Program Contact: PEPFAR Country Coordinator, Judith Timyan

Time Frame: FY 2008 – FY 2009

Approved Funding by Program Area: Haiti
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - HAITI	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	1,650,000		2,850,000					4,500,000		4,500,000	5.2%
Abstinence/Be Faithful	2,750,000		700,000				0	3,450,000	1,666,611	5,116,611	5.9%
Blood Safety								0	3,500,000	3,500,000	4.1%
Injection Safety								0	1,621,170	1,621,170	1.9%
Other Prevention	2,100,000		1,200,000				0	3,300,000		3,300,000	3.8%
Prevention Sub-total	*6,500,000*	*0*	*4,750,000*	*0*	*0*	*0*	*0*	*11,250,000*	*6,787,781*	*18,037,781*	*20.9%*
Care											
Palliative Care: Basic health care & support	6,150,000		4,500,000					10,650,000		10,650,000	12.4%
Palliative Care: TB/HIV	300,000		3,200,000					3,500,000		3,500,000	4.1%
Orphans & Vulnerable Children	4,800,000		3,250,000					8,050,000	555,826	8,605,826	10.0%
Counseling and Testing	950,000		3,800,000		300,000			5,050,000		5,050,000	5.9%
Care Sub-total	*12,200,000*	*0*	*14,750,000*	*0*	*300,000*	*0*	*0*	*27,250,000*	*555,826*	*27,805,826*	*32.3%*
Treatment											
Treatment: ARV Drugs	2,560,000							2,560,000	302,679	2,862,679	3.3%
Treatment: ARV Services	2,850,000		26,210,000					29,060,000		29,060,000	33.7%
Laboratory Infrastructure	2,995,000		5,405,000					8,400,000		8,400,000	9.7%
Treatment Sub-total	*8,405,000*	*0*	*31,615,000*	*0*	*0*	*0*	*0*	*40,020,000*	*302,679*	*40,322,679*	*46.8%*
Subtotal, Prevention, Care, and Treatment	*27,105,000*	*0*	*51,115,000*	*0*	*300,000*	*0*	*0*	*78,520,000*	*7,646,286*	*86,166,286*	*100.0%*
Other Costs											
Strategic Information	1,100,000		4,250,000					5,350,000		5,350,000	
Other/policy analysis and system strengthening	1,340,000		2,165,000					3,505,000		3,505,000	
Management and Staffing	1,505,000	1,000,000	3,120,000					5,625,000		5,625,000	
Other Costs Sub-total	*3,945,000*	*1,000,000*	*9,535,000*	*0*	*0*	*0*	*0*	*14,480,000*	*0*	*14,480,000*	
AGENCY, FUNDING SOURCE TOTALS	**31,050,000**	**1,000,000**	**60,650,000**	**0**	**300,000**	**0**	**0**	**93,000,000**	**7,646,286**	**100,646,286**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	31,050,000	31,050,000	2,822,437	33,872,437
HHS	60,650,000	61,650,000	4,823,849	66,473,849
DOD	0	0	0	0
State	300,000	300,000	0	300,000
Peace Corps	0	0	0	0
Labor	0	0	0	0
Total	**92,000,000**	**93,000,000**	**7,646,286**	**100,646,286**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	1,000,000	0	1,000,000
GHCS - State	92,000,000	7,646,286	99,646,286
Total	**93,000,000**	**7,646,286**	**100,646,286**

KENYA

Project Title: Kenya 2008 Country PEPFAR Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	21,200,658	**21,200,658**	-	92,500	**92,500**	**21,293,158**	-	**21,293,158**
DOL	-		-	-	-	-	-	-	-
HHS	8,121,000	138,847,788	**146,968,788**	-	(1,297,500)	**(1,297,500)**	**145,671,288**	**16,548,290**	**162,219,578**
Peace Corps	-	1,042,600	**1,042,600**	-	-	-	**1,042,600**		**1,042,600**
State	-	3,798,000	**3,798,000**	-	8,079,906	**8,079,906**	**11,877,906**		**11,877,906**
USAID	-	325,070,048	**325,070,048**	-	5,045,000	**5,045,000**	**330,115,048**	**8,246,314**	**338,361,362**
TOTAL	**8,121,000**	**489,959,094**	**498,080,094**	**-**	**11,919,906**	**11,919,906**	**510,000,000**	**24,794,604**	**534,794,604**

HIV Epidemic in Kenya:

Adult (aged 15-49) HIV Prevalence Rate: 6.1% (UNAIDS, 2006)
Estimated number of People Living with HIV: 1,300,000 (UNAIDS, 2006)
Estimated number of Orphans due to AIDS: 1,100,000 (UNAIDS, 2006)

Country Results and Projections to Achieve 2-7-10 Goals:

Kenya	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**172,200**	**17,100**
End of FY 2005**	**397,000**	**44,700**
End of FY 2006***	**546,000**	**97,800**
End of FY 2007****	**743,600**	**166,400**
End of FY 2008*****	**697,661**	**169,260**
End of FY 2009*****	**1,105,300**	**250,000**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

Kenya has a severe generalized epidemic with estimated adult HIV prevalence of 6.1%, translating into 1.2 million HIV-infected individuals over age 15 and approximately 150,000 aged 15 and under. While the rate of new infections appears to have decreased, HIV-related

mortality remains high, and an estimated 80,000 Kenyans died of AIDS in 2006. Deaths to date have left 1.1 million children orphaned by AIDS. The Kenyan epidemic varies significantly from region to region, with Nyanza Province affected by prevalence rates approximating those in some Southern Africa nations. Women are nearly twice as likely as men to be infected.

Although the majority of HIV transmission in Kenya now occurs through heterosexual contact in the general population, certain groups including intravenous drug users, uniformed personnel, HIV-infected partners in discordant relationships, men who have sex with men, long-distance transport workers, and people in prostitution require special prevention interventions.

In preparing the final PEPFAR Operational Plan for the first phase of PEPFAR, the USG has placed increased emphasis on prevention, including new opportunities such as male circumcision and an innovative public-private partnership for healthy youth, and on health and mitigation interventions that can delay the need for antiretroviral treatment (ART) by slowing disease progression.

All PEPFAR funding for Kenya is carefully and strategically targeted to the following interventions in support of country-level and global 2-7-10 targets.

Prevention: $106,571,603 ($95,686,375 Field; $10,885,228 Central) (22.0% of prevention, care and treatment budget)

The PEPFAR prevention portfolio for Kenya includes medical/technical interventions to improve blood safety, reduce exposure through safer medical injection, and prevention of mother-to-child transmission (PMTCT). The longer-standing sexual transmission interventions include abstinence and be faithful programs (AB) and condoms and other prevention activities.

FY 2008 funding for PMTCT will enable PEPFAR to expand the number of sites providing HIV testing and counseling. Women who test positive will receive a full course of prophylaxis to interrupt vertical transmission, with the majority receiving more efficacious regimens including AZT. This intervention will keep infants from being infected with HIV, and women will receive ART. The USG will also provide training and/or supportive supervision to health workers.

FY 2008 funding will support significant improvements in blood safety and injection practices. The USG will continue to work with Kenya's six regional blood transfusion centers and four satellite centers to ensure safe blood is collected. A major innovation in 2008 will be providing HIV test results to donors, consistent with our commitment to the Government of Kenya (GOK) goal of universal access to HIV counseling and testing (CT). Safe injection practices will achieve national scale in 2008, will be implemented in all provinces of Kenya, and key staff will be trained in injection safety in priority districts. The GOK will continue to complement USG efforts with significant procurement of auto-disable syringes.

The more visible elements of the prevention portfolio involve efforts to reduce sexual transmission, which remains the source of at least 90% of new infections in Kenya. USG Kenyas's theme for 2008 planning was "No Missed Opportunities," and all PEPFAR programs, particularly those focused on care and treatment, will be increasingly effective partners in

prevention. All partners receiving funding for work with orphans and vulnerable children (OVC) will ensure access to age-appropriate prevention programs in light of the high risk of OVC acquiring HIV infection. Funding for the AB portfolio has increased to provide funding for the healthy youth initiative. In addition new interventions will be identified by the consortium of public and private, and local and international partners committed to the initiative. The combination of increased funding and new programming approaches will result in a large increase in the number of young people reached with AB messages and improved linkages with other prevention programs for reaching sexually active adults.

The USG has increased FY 2008 funding for other behavioral prevention programs. These activities include rapidly expanding access to male circumcision services, with a focus on very high prevalence Nyanza Province where the majority of men are not circumcised, and to expanding access to evidence-based prevention for people in prostitution. Rapid expansion of positive prevention programs to support those already infected – especially the 50% of couples who live in discordant relationships – is also planned. The USG will also link alcohol prevention to many prevention efforts.

Care: $135,507,515 ($132,003,819 Field; $3,503,696 Central) (28.0% of prevention, care and treatment budget)

Kenya's care and mitigation efforts include CT, closely linked to prevention and treatment programs; tuberculosis (TB)/HIV programs to identify and care for those who are co-infected; support for OVC),; effective programs to integrate TB and HIV programs for rapid diagnosis of HIV among those with TB and vice versa, and treatment of TB among those who are HIV positive; and community-support and mitigation services to strengthen households affected by AIDS, health services to prevent and treat opportunistic infections (OIs), prevention with positives; and end-of-life care when treatment fails or is unavailable.

With strong U.S. technical and financial support, Kenya continues to provide global leadership in expanding CT services beyond traditional voluntary counseling and testing (VCT). To support the MOH goal of reaching 80% coverage by 2010, the USG will rapidly expand family counseling and testing by providing CT services to OVC, sexual partners of individuals who already know their HIV status, and family members of patients receiving care and treatment services. As per Ministry of Health (MOH) and WHO guidelines, provider-initiated CT in medical settings will also be a priority area. CT activities (including testing in TB and PMTCT programs) will be supported by improved laboratory infrastructure and purchase of required stocks of HIV rapid test kits.

FY 2008 innovations in the OVC program include the requirement that all OVC programs introduce age-appropriate HIV prevention support, and expansion of the *Mwangalizi* Project. This project, launched with FY 2007, recruits and trains HIV positive adults who are successfully managing their own treatment to be "accompagnateurs" for children without consistent care managers in their own homes. Working closely with the Department of Children's Services, we will expect all PEPFAR implementing partners to offer more robust responses that seek to integrate prevention as well as meet all six GOK priority OVC services: health, nutrition, education, protection, psychosocial support, and shelter.

FY 2008 funding has increase for palliative care (which includes community support/mitigation services as well as clinical care other than ART and hospice), a deliberate response to the unmet needs of Kenyans struggling with the effects of HIV and AIDS. Funds will be used to provide wider use of cotrimoxazole prophylaxis, improved linkages between community and clinic settings, and greater availability of medications to prevent and treat OIs. GOK nutritionists will be trained about the interaction between nutrition and HIV, the impact of poor nutrition on disease progression, the role of diet and micronutrients in improving treatment outcomes, and options for nutritional support. Efforts to improve home-based care (HBC) will continue to expand, with a special emphasis on promoting consistent implementation of the sound guidelines promulgated by the MOH and wider availability of better equipped HBC kits.

TB/HIV programs will provide TB treatment and cotrimoxazole prophylaxis to co-infected Kenyans. In some parts of the country, over 90% of TB patients are also HIV positive, and diagnostic HIV testing in TB care settings has become the standard of care so that as many individuals as possible are referred to care and treatment. USG uniformed services programs will increase emphasis on TB diagnosis among the military and in prisons and other institutional settings where both guards and inmates are at increased risk. In FY 2008, the USG will continue to expand to include TB centers in mission hospitals, to scale up diagnostic CT nationally, and to roll out additional TB sites where ART is offered.

Treatment: $241,327,394 ($230,921,714 Field; $10,405,680 Central) (49.9% of prevention, care and treatment budget)

Dramatic expansion of access to ART in Kenya continues with 166,400 people (including at least 15,251 children) on antiretroviral (ARV) drugs by September 2007. In less than four years, ART has shifted from a peripheral interest to the very heart of the PEPFAR program. The combined country and headquarters-allocated budget for ARV drugs, ART, and laboratory infrastructure – supplemented by host government, Global Fund, and other sources – will make continuous, high-quality treatment available to virtually all who need it by the end of the 2008 implementation period. Treatment priorities include maintaining procurement of generic ARV drugs at over 70% of the value of all purchases and accommodating maturing treatment profiles by doubling the percentage of drug procurement committed to second-line regimens.

This final phase of further scale up will be closely coordinated through the National AIDS and STI Control Programme (NASCOP) within MOH. Consistent with USG Kenya's Five-Year Strategy, USG inputs include assistance with planning and development of strategies, policies and guidelines; support for centralized activities such as drug procurement and delivery, training, and enhancement of laboratory capacity; direct and indirect support is provided to nearly all ART sites in Kenya through collaboration with NASCOP.

Turning earlier investments in pediatric treatment into greatly increased numbers of children on ART will be a top priority, with a special emphasis on very young children. In light of the Clinton Foundation commitment to procure all pediatric ARV drugs, the USG will emphasize greatly expanded early infant diagnosis.

Strengthened support for health systems will be a continuing priority. Larger PEPFAR partners will strengthen sites within a region and the relationships between those sites, will improve regional functions such as quality assurance, and will offer supportive supervision to networked sites. Networks are now well defined in all regions and are overseen by NASCOP Provincial ART Officers (PARTOs). PARTOs, most of whom are physicians, determine which sites become treatment centers, provide supervision, work to strengthen treatment networks, and conduct periodic meetings where health care providers can share experiences and receive continuing medical education. Investments in this area prioritize procurement and human resources to expand laboratory services in Kenya, with an increasing number of facilities receiving quality assurance and training for personnel.

All treatment programs will be supported to expand Positive Prevention programs. Clinicians will continue involvement in a multi-country demonstration project, patients will be employed and trained to facilitate prevention support groups, partner testing will be expanded, and HIV positive children will receive age-appropriate HIV prevention interventions linked to their clinical care.

Other Costs: $51,388,092

Resources invested in Other Costs primarily fulfill USG's commitment to effective management and monitoring of the substantial American investment in the response to AIDS in Kenya. Funding allocated to strategic information (SI) includes targeted allocations to increase the capacity of both the MOH and the National AIDS Control Council (NACC) to implement one monitoring and evaluation framework. Data collected from USG programs strengthens the national system. The USG will complete analysis and begin application of results from the 2007 Kenya AIDS Indicator Survey, which includes an unprecedented number of biomarkers. In addition to partially funding the important 2008 Kenya Demographic and Health Survey, the USG will continue support to the already strong annual surveillance efforts conducted in antenatal clinics and among patients with sexually transmitted infections (STIs).

The USG also invests in systems strengthening and policy analysis. The USG provides contract employees needed to fill critical vacancies in PEPFAR-supported health settings. In addition, the USG will continue to support networks of people living with HIV/AIDS (PLWHA) – including positive teachers, religious leaders, Muslim women, and ART patients – so that they can provide mutual support to one another and become effective participants in the policy councils of their nation to promote accountability, efficiency, and transparency. USG personnel will be actively engaged in trying to assure that Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria (Global Fund) resources are used wisely and efficiently in Kenya. The USG will continue technical and financial assistance to implement revised administrative structures to support Global Fund planning, procurement, and programming while equipping PLWHA and civil society representatives to effectively participate in the Country Coordinating Mechanism (CCM).

Following a Staffing for Results exercise conducted for 2008 operational, Mission management and heads of agencies responded to concerns about workload of American and Kenyan USG

employees who oversee PEPFAR. Critical technical and administrative staffing gaps were identified and are accommodated within the FY 2008 management and staffing budget.

Other Donors, Global Fund Activities, Coordination Mechanism:

The USG is the main donor to HIV interventions in Kenya, exceeding the combined inputs of other donors by a factor of eight. The United Kingdom's Department for International Development is the next largest bilateral donor and the World Bank is the largest multilateral funder. Other development partners particularly active in the response to AIDS in Kenya include the Japanese International Cooperation Agency and the German Development Corporation.

The Global Fund has approved HIV grants totaling nearly $130M, with approximately $49M disbursed to the GOK as of September 28, 2007. The USG participates in the Global Fund CCM and all relevant Interagency Coordinating Committees dealing with HIV and other health issues. USG technical staff also works closely with both the multi-sectoral NACC and NASCOP.

Other donors, and in some cases the GOK, may perceive PEPFAR as so large that they can reduce their HIV commitments. USG Kenya has added a position for External Relations and Policy in the Coordination Office to redouble our efforts in donor coordination and public diplomacy to ensure all parties understand that HIV cannot be the exclusive purview of USG.

The USG and other development partners are vitally interested in assuring that Kenya receives maximum resources from the Global Fund and that it has the capacity to use those resources rapidly and effectively. For that reason, FY 2008 efforts will include continued and expanded focus and resources on defining the best systems for planning and using these important funds to prevent new infections and prolong the lives of Kenya already infected with HIV. As noted above, a priority for 2008 will be equipping PLWHA and civil society representatives to be optimally effective participants in the CCM.

Program Contact: PEPFAR Country Coordinator Warren Buckingham

Time Frame: FY 2008 – FY 2009

Approved Funding by Program Area: Kenya
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - KENYA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	16,114,417	437,700	10,230,438	2,121,145	318,675			29,222,375		29,222,375	6.0%
Abstinence/Be Faithful	21,510,650	588,400	12,016,750	655,000	200,000	880,200		35,851,000	3,742,618	39,593,618	8.2%
Blood Safety	1,010,000	177,150	1,212,850		450,000			2,850,000	4,500,000	7,350,000	1.5%
Injection Safety		100,150	414,850					515,000	2,642,610	3,157,610	0.7%
Other Prevention	14,400,000	494,800	11,008,200	345,000	1,000,000			27,248,000		27,248,000	5.6%
Prevention Sub-total	*53,035,067*	*1,798,200*	*34,883,088*	*3,121,145*	*1,968,675*	*880,200*	-	*95,686,375*	*10,885,228*	*106,571,603*	*22.0%*
Care											
Palliative Care: Basic health care & support	30,725,000		8,447,000	1,150,000	649,769			40,971,769		40,971,769	8.5%
Palliative Care: TB/HIV	6,115,000	375,150	10,377,000	1,400,000	800,000			19,067,150		19,067,150	3.9%
Orphans & Vulnerable Children	39,850,000		1,050,000	1,000,000	550,000			42,450,000	3,503,696	45,953,696	9.5%
Counseling and Testing	13,650,000	639,900	13,125,000	1,900,000	200,000			29,514,900		29,514,900	6.1%
Care Sub-total	*90,340,000*	*1,015,050*	*32,999,000*	*5,450,000*	*2,199,769*	-	-	*132,003,819*	*3,503,696*	*135,507,515*	*28.0%*
Treatment											
Treatment: ARV Drugs	108,400,000		2,500,000					110,900,000		110,900,000	22.9%
Treatment: ARV Services	37,200,000	725,550	42,615,450	8,720,714	3,110,000			92,371,714	10,405,680	102,777,394	21.3%
Laboratory Infrastructure	15,270,000	1,218,900	6,536,100	1,875,000	2,750,000			27,650,000		27,650,000	5.7%
Treatment Sub-total	*160,870,000*	*1,944,450*	*51,651,550*	*10,595,714*	*5,860,000*	-	-	*230,921,714*	*10,405,680*	*241,327,394*	*49.9%*
Subtotal, Prevention, Care, and Treatment	*304,245,067*	*4,757,700*	*119,533,638*	*19,166,859*	*10,028,444*	*880,200*	-	*458,611,908*	*24,794,604*	*483,406,512*	*100.0%*
Other Costs											
Strategic Information	8,373,000	663,100	9,256,900	757,000				19,050,000		19,050,000	
Other/policy analysis and system strengthening	9,905,000		3,370,000		350,000			13,625,000		13,625,000	
Management and Staffing	7,591,981	2,700,200	5,389,750	1,369,299	1,499,462	162,400		18,713,092		18,713,092	
Other Costs Sub-total	*25,869,981*	*3,363,300*	*18,016,650*	*2,126,299*	*1,849,462*	*162,400*	-	*51,388,092*	-	*51,388,092*	
AGENCY, FUNDING SOURCE TOTALS	**330,115,048**	**8,121,000**	**137,550,288**	**21,293,158**	**11,877,906**	**1,042,600**	**-**	**510,000,000**	**24,794,604**	**534,794,604**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	330,115,048	330,115,048	8,246,314	338,361,362
HHS	137,550,288	145,671,288	16,548,290	162,219,578
DOD	21,293,158	21,293,158	0	21,293,158
State	11,877,906	11,877,906	0	11,877,906
Peace Corps	1,042,600	1,042,600	0	1,042,600
Labor	0	0	0	0
Total	**501,879,000**	**510,000,000**	**24,794,604**	**534,794,604**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	8,121,000	0	8,121,000
GHCS - State	501,879,000	24,794,604	526,673,604
Total	**510,000,000**	**24,794,604**	**534,794,604**

MOZAMBIQUE

Project Title: **Mozambique FY 2008 Country PEPFAR Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	751,000	**751,000**	-	-	-	**751,000**	-	**751,000**
DOL	-		-	-	-	-	-	-	-
HHS	2,337,000	81,590,057	**83,927,057**	-	-	-	**83,927,057**	**5,800,000**	**89,727,057**
Peace Corps	-	1,770,000	**1,770,000**	-	-	-	**1,770,000**	-	**1,770,000**
State	-	1,367,760	**1,367,760**	-	380,000	**380,000**	**1,747,760**	**1,000,000**	**2,747,760**
USAID	-	127,841,183	**127,841,183**	-	-	-	**127,841,183**	**5,787,654**	**133,628,837**
TOTAL	**2,337,000**	**213,320,000**	**215,657,000**	**-**	**380,000**	**380,000**	**216,037,000**	**12,587,654**	**228,624,654**

HIV/AIDS Epidemic in Mozambique:

Adults (aged 15-49) HIV Prevalence Rate: 16.1% (UNAIDS, 2006)
Estimated number of People Living with HIV: 1,800,000 (UNAIDS, 2006)
Estimated number of Orphans due to AIDS: 510,000 (UNAIDS, 2006)

Country Results and Projections to Achieve 2-7-10 Goals:

Mozambique	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**74,200**	**5,200**
End of FY 2005**	**187,500**	**16,200**
End of FY 2006***	**323,400**	**34,200**
End of FY 2007****	**669,000**	**78,200**
End of FY 2008*****	**540,357**	**123,315**
End of FY 2009*****	**793,981**	**156,820**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

Mozambique has a severe, generalized HIV/AIDS epidemic. HIV prevalence among men and women aged 15-49 is estimated at 16%, with a projected 1.8 million Mozambicans living with HIV/AIDS in 2005. Areas of high HIV prevalence correspond roughly to areas of high population mobility. Mozambique has high rates of high-risk behavior, and current norms are deeply interwoven in cultural, social, and economic patterns. Compared with many other focus countries, Mozambique has a lower age of sexual debut, a smaller proportion of young unmarried adults abstaining from sex, a higher proportion of young adults with multiple sex partners, lower use of condoms with higher-risk partners, and a lower rate of HIV testing.

Mozambique's national response has made progress in the last year; however, scarcity of skilled human resources and inadequate institutional capacity and infrastructure persist. With a population of more than 20 million and an estimated 650 doctors, many rural areas in Mozambique have just one physician per 60,000 people. Health infrastructure is poor, and even many provincial referral hospitals have limited access to water and electricity. Only about half of Mozambicans have access to a health facility. Co-epidemics of tuberculosis (TB) and malaria exacerbate the impact of HIV/AIDS. The USG will continue to pursue a balance between meeting immediate needs and building long-term capacity to effectively address the HIV/AIDS epidemic in Mozambique. The President's Malaria Initiative in Mozambique and Millennium Challenge Corporation will provide complementary resources that will link to this USG program.

PEPFAR funding will be focused on the following programmatic areas to achieve the 2-7-10 targets:

Prevention: $48,481,956 ($42,852,042 Field; $5,629,914 Central) (24.8% of prevention, care and treatment budget)

PEPFAR activities in Mozambique that prevent the spread of HIV will continue to include programs that (1) prevent mother-to-child transmission (PMTCT), (2) promote abstinence, faithfulness, and delay of sexual debut (AB), (3) specifically target high-risk or high-transmitter groups with condoms and other prevention measures, and (4) ensure blood, biomedical, and injection safety. Activities this year will also include program assessments to determine the next steps for a Mozambican response to HIV/AIDS.

PMTCT sites will provide referral to nearby treatment and support programs to ensure successful antiretroviral therapy (ART) for HIV-infected mothers and their HIV-infected children and partners. Depending on the site, other programs may provide wrap-around services such as nutrition education, birth spacing, postnatal care, and malaria prevention and treatment. During FY 2008, the USG will continue technical support for coordination, policy oversight, and updating of national guidelines and training materials on PMTCT.

With FY 2008 funds, the USG will strengthen efforts to promote abstinence and delay sexual debut among youth; reduce multiple partnerships and promote fidelity among adults in committed relationships; and improve and expand activities that directly address behaviors, norms, and contextual factors that lead to new infections. These AB activities will promote more equitable gender norms and behaviors, including reduction in gender-based violence and

coercion. Partners will continue to reach Mozambicans with AB messages through peer-to-peer youth groups, parent-teacher-child discussions, pastor networks and other community-based programs. New mass media activities will include community radio programs that create a supportive environment for adopting AB behaviors. Finally, training programs will expand the cadre of individuals to lead and promote AB activities.

Medical transmission prevention programs will improve blood safety, infection control, and injection safety. In FY 2008, technical assistance and training will focus on implementing a standards-based approach for infection prevention and control. Additionally, the USG will continue to procure equipment to further upgrade remaining reference blood banks. Injection safety technical assistance will expand to new health facilities, and additional Mozambican health workers will be trained to support injection safety.

With FY 2008 funds, the USG will continue its support of condom procurement for free distribution through public facilities. USG funds will also maintain condom social marketing and behavior change communication activities that focus on the most-at-risk and high-transmitter population groups, including migrant workers and uniformed service members, specifically young police and military recruits. Besides large scale media and local mobilization campaigns, USG funds will sustain ongoing capacity building for private sector HIV/AIDS workplace programs. The USG will provide technical support for MOH efforts to develop new policy, services and prevention messages for male circumcision.

Principal Partners: MOH, Health Alliance International, Population Services International, Food for the Hungry, World Vision, Columbia University, Foundation for Community Development, Johns Hopkins University, John Snow Inc., Family Health International, Elizabeth Glaser Pediatric AIDS Foundation, World Relief, Samaritan's Purse, Academy for Educational Development, Constella Group, EngenderHealth, and AID for Development People to People, Mozambique.

Care: $52,209,319 ($49,751,579 Field; $2,457,740 Central) (26.7% of prevention, care and treatment budget)

The USG will build on the achievements of the last four years to deliver care by (1) mobilizing and supporting local responses, (2) standardizing essential services for orphans and vulnerable children (OVC), and (3) strengthening the enabling environment and government response. In FY 2008, local CBOs and FBOs will continue to receive training and mentoring to strengthen their operations and monitoring capacity. With FY 2008 funds, USG partners will continue to expand the delivery of palliative care to people living with HIV/AIDS (PLWHA) at facility and community levels and advance policy initiatives through direct service delivery and capacity building. This year, the USG will provide more pediatric palliative care in coordination with PTMCT and OVC programs. Additionally, the USG will work closely with the MOH, partners and other stakeholders to create a better system for ensuring that both adults and children living with HIV have access to prophylaxis medicines to prevent opportunistic infections, as well as better diagnosis and treatment. A Mozambican nurses' association will continue to receive technical and financial support to complete training of accredited home-based care (HBC) trainers, who will in turn train volunteers.

In FY 2008, USG resources will help complete the transition to provider-initiated HIV/AIDS counseling and testing (CT) in clinical settings, with an emphasis on integrating CT services in TB clinics, youth-friendly health services, and antenatal care clinics (ANC). The quality-control program will be completely rolled-out to all provincial capitals and HIV test-kit distribution will be integrated into the national distribution system with USG technical assistance by the end of this fiscal year. In addition, CT and national blood transfusion program staff are planning to introduce CT and blood donor notification in blood banks in FY 2008.

In FY 2008, USG-funded technical assistance and training will strengthen the integrated TB/HIV program by expanding HIV counseling and testing for TB patients, strengthening referral mechanisms between TB and HIV services, improving TB screening for HIV-infected patients, and reinforcing infection control in health settings. All USG-funded ART partners will provide a minimum package of TB/HIV services.

In FY 2008, the USG will continue to provide OVC with six essential services: safety and security, education, health, food and nutrition, psychosocial support and mental health, and civil rights and responsibilities. This will be accomplished through direct collaboration with CBOs, FBOs, and local communities. This fiscal year, attention will be directed at additional focus provinces where coverage is low yet the opportunity for linkages with other prevention, care and treatment programs is encouraging. This year's OVC funding will improve and ensure the quality services USG offers to OVC, disseminate programmatic lessons learned across all partners providing OVC services, enhance coordination with other non-PEPFAR programming such as the President's Malaria Initiative, and continue to bolster the institutional and programmatic capacity of partners providing OVC services.

Principal Partners: MOH, Health Alliance International, World Vision, CARE International, World Relief, Columbia University, Foundation for Community Development, World Food Program, Project HOPE, Partnership for Supply Chain Management, Family Health International, Africare, Save the Children US, Vanderbilt University, Academy for Educational Development, and Population Services International.

Treatment: $95,039,669 ($90,539,669 Field; $4,500,000 Central) (48.6% of prevention, care and treatment budget)

In FY 2008, the USG will continue to provide technical assistance and training to strengthen pharmaceutical logistics information and control systems to ensure a reliable supply of antiretroviral (ARV) drugs for all sites delivering treatment services. FY 2008 funds will continue to procure FDA-approved ARV drugs, including those for adults on first and second-line treatments, adults with TB/HIV co-infection, and infants and children on first and second-line pediatric ARV formulations. Additionally, the USG will assist with the start-up of modern warehousing operations and their direct management by MOH staff.

FY 2008 funds will enable USG partners to support ART, including pediatric treatment, and the strengthening of national human resource capacity, infrastructure, and support systems to deliver these services. The USG will support the development of regional pediatric reference centers,

and will initiate or expand pediatric ART at all USG-supported ART sites. FY 2008 funds will provide training for nurses and other health workers, renovation and construction of health and training facilities, and technical assistance and training to improve ARV procurement, distribution, and storage.

The USG will expand capacity at clinical laboratories to support implementation of the ART program in FY 2008. Additional Mozambican technicians will receive training to manage and supervise the CD4 and HIV serology quality assurance programs. USG-funded technical assistance will also assist in the development of strategic plans for a national laboratory network and for pre- and in-service training of laboratory technicians.

Principal Partners: MOH, Partnership for Supply Chain Management, University of Washington Population Services International, Association of Public Health Laboratories, Elizabeth Glaser Pediatric AIDS Foundation, Columbia University, Health Alliance International, Federal University of Rio de Janeiro, World Food Program, American International Health Alliance, Family Health International, Vanderbilt University, World Vision, and the American Society for Microbiology.

Other Costs: $32,893,710

As Mozambique rapidly scales up its HIV/AIDS program, strengthening human resources and institutional capacity will be vital for the success of the National HIV/AIDS Strategy. FY 2008 funds will support pre-service courses and training material revisions, expand the training information system database, procure essential training equipment, and aid in development of a national HIV workforce policy. Technical assistance will continue to strengthen the capacity of national leadership and improve coordination of the HIV/AIDS response. Technical assistance and twinning will strengthen the capacity of Mozambican NGOs and the professional nursing association. Technical assistance will also be provided for Global Fund implementation and workplace HIV policies and programs.

The USG will continue to support strategic information activities that improve Mozambique's capacity to measure and interpret the impact of HIV/AIDS on the population, including and AIDS indicator survey. The USG will also support public health evaluations to measure and improve the quality of national care, prevention, and treatment services and compare costs of different models to deliver HIV care.

Principal Partners: MOH, American International Health Alliance, Johns Hopkins University, University of Washington, Abt Associates, Academy for Educational Development, and Catholic University of Mozambique, National AIDS Council, Ministry of Women and Social Action, Constella Group, Association of Public Health Laboratories, UNICEF, New York AIDS Institute, and University of North Carolina, Carolina Population Center.

FY 2008 funds will support the in-country personnel needed for USAID, HHS/CDC, Department of State, and Peace Corps. Funds will ensure program monitoring, accountability and oversight; ensure USG policy and technical leadership; and cover compensation, logistics, and office and administrative costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

Donors supporting HIV/AIDS efforts include the United Kingdom, Ireland, Sweden, Denmark, the Netherlands, Norway, Canada, the European Union, World Bank, UN agencies, and the Global Fund. Coordination of activities is facilitated by the HIV/AIDS Partners Forum and the Health Sector-wide Approach (SWAp) Working Group. The USG actively participates in the SWAp, most notably the HIV/AIDS Working Group. The Global Fund Country Coordination Mechanism is linked to existing structures to streamline management.

Program Contact: PEPFAR Coordinator Irene Benech

Time Frame: FY 2008 – FY 2009

Approved Funding by Program Area: Mozambique
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - MOZAMBIQUE	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	13,247,216		6,160,210					19,407,426		19,407,426	9.9%
Abstinence/Be Faithful	10,388,253		682,343		748,665	620,000		12,439,261	1,536,921	13,976,182	7.1%
Blood Safety			10,000					10,000	2,300,000	2,310,000	1.2%
Injection Safety			1,150,000					1,150,000	1,792,993	2,942,993	1.5%
Other Prevention	8,632,600		739,420	50,000	123,335	300,000		9,845,355		9,845,355	5.0%
Prevention Sub-total	*32,268,069*	*0*	*8,741,973*	*50,000*	*872,000*	*920,000*	*0*	*42,852,042*	*5,629,914*	*48,481,956*	*24.8%*
Care											
Palliative Care: Basic health care & support	11,822,512		3,863,955		50,000	100,000		15,836,467		15,836,467	8.1%
Palliative Care: TB/HIV	2,635,883		3,249,117					5,885,000		5,885,000	3.0%
Orphans & Vulnerable Children	17,049,000				25,000	100,000		17,174,000	2,457,740	19,631,740	10.0%
Counseling and Testing	6,859,954		3,996,158					10,856,112		10,856,112	5.5%
Care Sub-total	*38,367,349*	*0*	*11,109,230*	*0*	*75,000*	*200,000*	*0*	*49,751,579*	*2,457,740*	*52,209,319*	*26.7%*
Treatment											
Treatment: ARV Drugs	20,517,161		123,247					20,640,408		20,640,408	10.5%
Treatment: ARV Services	22,121,684		35,388,392	276,000	155,000	550,000		58,491,076	4,500,000	62,991,076	32.2%
Laboratory Infrastructure	2,530,000		8,878,185					11,408,185		11,408,185	5.8%
Treatment Sub-total	*45,168,845*	*0*	*44,389,824*	*276,000*	*155,000*	*550,000*	*0*	*90,539,669*	*4,500,000*	*95,039,669*	*48.6%*
Subtotal, Prevention, Care, and Treatment	*115,804,263*	*0*	*64,241,027*	*326,000*	*1,102,000*	*1,670,000*	*0*	*183,143,290*	*12,587,654*	*195,730,944*	*100.0%*
Other Costs											
Strategic Information	2,200,000		6,656,710	175,000				9,031,710		9,031,710	
Other/policy analysis and system strengthening	2,230,000		5,806,200		343,800			8,380,000		8,380,000	
Management and Staffing	7,606,920	2,337,000	4,886,120	250,000	301,960	100,000		15,482,000		15,482,000	
Other Costs Sub-total	*12,036,920*	*2,337,000*	*17,349,030*	*425,000*	*645,760*	*100,000*	*0*	*32,893,710*	*0*	*32,893,710*	
AGENCY, FUNDING SOURCE TOTALS	**127,841,183**	**2,337,000**	**81,590,057**	**751,000**	**1,747,760**	**1,770,000**	**0**	**216,037,000**	**12,587,654**	**228,624,654**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	127,841,183	127,841,183	5,787,654	133,628,837
HHS	81,590,057	83,927,057	5,800,000	89,727,057
DOD	751,000	751,000	0	751,000
State	1,747,760	1,747,760	1,000,000	2,747,760
Peace Corps	1,770,000	1,770,000	0	1,770,000
Labor	0	0	0	0
Total	**213,700,000**	**216,037,000**	**12,587,654**	**228,624,654**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	2,337,000	0	2,337,000
GHCS - State	213,700,000	12,587,654	226,287,654
Total	**216,037,000**	**12,587,654**	**228,624,654**

NAMIBIA

Project Title: Namibia Fiscal Year 2008 Country PEPFAR Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	2,665,000	**2,665,000**	-	-	-	**2,665,000**	-	**2,665,000**
DOL	-		-	-	-	-	-	-	-
HHS	1,500,000	50,199,517	**51,699,517**	-	(1,650,000)	**(1,650,000)**	**50,049,517**	**1,700,000**	**51,749,517**
Peace Corps	-	1,205,700	**1,205,700**	-	-	-	**1,205,700**		**1,205,700**
State	-	2,425,000	**2,425,000**	-	2,910,389	**2,910,389**	**5,335,389**		**5,335,389**
USAID	-	45,877,758	**45,877,758**	-	(1,133,364)	**(1,133,364)**	**44,744,394**	**3,164,477**	**47,908,871**
TOTAL	**1,500,000**	**102,372,975**	**103,872,975**	-	**127,025**	**127,025**	**104,000,000**	**4,864,477**	**108,864,477**

HIV/AIDS Epidemic in Namibia:

Adults (aged 15-49) HIV Prevalence Rate: 19.6% (UNAIDS, 2006)
Estimated number of People Living with HIV: 230,000 (UNAIDS, 2006)
Estimated number of Orphans due to AIDS: 85,000 (UNAIDS, 2006)

Country Results and Projections to Achieve 2-7-10 Goals:

Namibia	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**96,900**	**4,000**
End of FY 2005**	**146,300**	**14,300**
End of FY 2006***	**142,700**	**26,300**
End of FY 2007****	**163,900**	**43,700**
End of FY 2008*****	**150,998**	**46,530**
End of FY 2009*****	**201,085**	**64,240**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

Namibia has a severe, generalized HIV epidemic with an estimated 230,000 HIV-infected individuals. Namibia's HIV prevalence of 19.9% in pregnant women is one of the highest in the world. HIV transmission is largely through heterosexual contact and/or through mother-to-child transmission. Social, economic and cultural factors such as population migrations, disempowered women, alcohol, stigma, multiple concurrent partners, and lack of male circumcision help drive the epidemic.

The tuberculosis (TB) case rate of 765 cases per 100,000 in Namibia is one of the highest in the world (MOHSS 2006), with HIV co-infection estimated at 67% and an increasing number of MDR cases. TB continues to be the leading cause of death for people with HIV/AIDS, even with the availability of antiretroviral therapy. Additionally, Namibia has the world's highest rate of unequal income distribution (Gini Coefficient of 70.9), high levels of poverty and food insecurity, and a lack of economic opportunity. Building human capacity, increasing the quality of services, and planning sustainable response strategies will be important considerations in FY 2008.

The following programmatic areas will be included in FY 2008 to mitigate the impact of the epidemic in Namibia:

Prevention: $24,633,349 ($21,104,318 Field; $3,529,031 Central) (28.1 of prevention, care and treatment budget)

Prevention activities will continue to focus on increasing abstinence and delayed sexual debut, faithfulness and partner reduction, and consistent condom use when appropriate. New and scaled-up programs this year will address harmful male norms; Prevention with Positives; the role of alcohol abuse in HIV transmission and treatment adherence; integrating prevention interventions into existing structures such as the schools, the military and facility-based care; and addressing risk factors contributing to cross-generational and transactional sex. In recognizing the need to prevent new infections, strategies have been developed to determine the local and national drivers of Namibia's epidemic through incidence testing, a data triangulation exercise, and work with the Ministry of Health and Social Services (MOHSS) and UNAIDS to complete a national prevention assessment. Based on these analyses, appropriate and targeted behavior change interventions will be refocused. Interventions will include a range of behavior change messages targeted at populations engaged in high risk behaviors and those traditionally underserved, and will be developed with significant input from HIV-positive individuals and service consumers. Programs developed to target specifically populations engaged in high risk behaviors will be a key prevention strategy, as will population-based, door-to-door educational programs that will continue to be expanded in coordination with the Government of Namibia (GON) and the Global Fund to Fight HIV/AIDS, TB, and Malaria (Global Fund).

Currently the national prevention of mother-to-child transmission (PMTCT) guidelines are being reviewed and updated and should be published by the end of calendar year 2007. The antiretroviral (ARV) prophylaxis regimen for HIV-positive mothers will be strengthened to short-course AZT beginning at 28 weeks of pregnancy, plus a seven-day course of AZT/3TC to the mothers at the onset of labor and to the baby for seven days postpartum, in addition to single dose Nevirapine. During FY 2008 the USG will continue to provide rapid test kits, ARV drugs, laboratory testing, personnel, training, management support and technical assistance to support the medical facilities providing PMTCT.

Care: $31,291,885 ($29,956,439 Field; $1,335,446 Central) (35.7% of prevention, care and treatment budget)

Care activities will continue to focus on supporting Namibia's policy shift to the Integrated Management of Adult Illness (IMAI) practices; increasing counseling and testing (CT) services using rapid test technology; ensuring OVC are identified and provided with a full package of quality services; expanding access to facility-based and community-based palliative care; and

increasing linkages between TB and HIV testing and care services. Partners will strategically rollout CT services based on local assessments and government guidance. Health facilities will promote routine provider-initiated CT for HIV to improve timely linkage of people living with HIV/AIDS (PLWHA) to prevention, care, and treatment services. CT services in health facilities will expand in FY 2008, through training of additional clinic-based community counselors. In These additional counselors, supported through PEPFAR funds, will allow MOHSS' initial foray into providing CT in outreach and correctional settings for the first time.

All partners will continue to strengthen linkages between care, CT, and referral services. To enhance the quality of services delivered and to abide by recent guidance on palliative care, the PEPFAR team plans to work closely with partners in community-based settings to implement basic standards of care and quality assurance, to integrate palliative care into a national standard for community home-based care, and to strengthen bi-directional referral systems with facilities. Health care providers will focus on improving the quality of palliative care and anti-retroviral therapy (ART), including the preventive care package. TB activities will focus on the integration of HIV/TB services by increasing HIV testing of TB patients and TB testing of ART patients, and by improving bi-directional linkages to HIV/TB care and treatment. Other TB/HIV activities will help improve timely detection and treatment of TB by strengthening linkages between laboratories and health facilities, and by increasing DOTS service points to improve adherence to TB treatment.

With a population of approximately 189,396 OVC in Namibia, PEPFAR support will continue to focus on identifying OVC and delivering a minimum package of quality services to them. Building on work completed in FY 2007 defining the minimum standards of quality OVC services, the PEPFAR team will work with partners in FY 2008 to implement and evaluate these standards of service. Income-generating activities for OVC and their care providers will be expanded and evaluated as a joint economic development and prevention intervention, and support for the education of OVC will increase in coverage and services.

Treatment: $31,707,063 ($31,707,063 Field; $0 Central) (36.2% of prevention, care and treatment budget)

In FY 2008, PEPFAR support will focus on treatment activities that decentralize services, improve quality, support procurement and supply chain management of ARV drugs and related commodities, and shift tasks in order to continue to expand coverage to more rural sites, build human capacity and deliver quality services. Particular emphasis will be placed on building laboratory capacity and quality assurance, including timeliness of specimen transport and electronic communication of results between laboratories and facilities. Recruitment of contracted doctors, nurses, and pharmacists will be paired with expansion of scholarships for training of new professionals and human resource planners. In addition, a Masters in Public Health program will be developed with concentrations in general management and finance, policy development, monitoring and evaluation, and nutrition. The USG will continue to provide technical advisors who work alongside government and community counterparts to build capacity in program management, monitoring and evaluation, health information systems, palliative care, treatment, prevention, tuberculosis, laboratory services and technical writing.

Other Costs: $21,232,180

In FY 2008, technical and financial support will expand and strengthen the USG-supported national health management information systems (HMIS) to make them more relevant to service

providers and policy makers while enhancing a system that is sustainable in the presence of support from PEPFAR and other donors. HIV surveillance for transmission of drug-resistant HIV in the general population and multi-drug resistant TB (MDR-TB) will be expanded in FY 2008. With the consensus of the MOHSS and in line with the host government's priorities, the USG will help build capacity for evaluations of public health evaluation programs in order to document impact at the population level.

The USG will continue to support the MOHSS in its monitoring and evaluation of the national HIV/AIDS response through technical assistance and material support. In FY 2008, the USG and MOHSS are planning a population-based AIDS Indicator Survey (AIS) for the collection of behavioral and sero-status data. In addition to the AIS, the USG Strategic Information team, working with the MOHSS, UNAIDS and the Global Fund, will also undertake a national prevention assessment, a situational assessment of Male Circumcision in Namibia with a costing and impact component, and a Service Provision Assessment.

Programs addressing cross-cutting issues in the government and civil society will continue to provide training on human resource development, organizational capacity building, and community mobilization and advocacy, and education on available benefits. Scholarships for Namibian students will be sustained at a high level in the continuing effort to address Namibia's severe human resource shortages in medical and allied health professions. The integration of HIV/AIDS into existing pre-service training programs for health care workers and continued use and expansion of digital video conferencing will reduce costs and expand expertise on human resource burdens due to training while expanding the skills of new and existing health care providers. Community Action Forums will help bring HIV into the mainstream and support a full range of HIV/AIDS services at the community level. Government and business partners will initiate and expand workplace HIV/AIDS programs, while national and local HIV/AIDS umbrella organizations for the public and private sectors will be strengthened in order to expand their effectiveness in reaching PLWHA, fighting stigma and bringing HIV/AIDS issues to a broader audience.

Administrative Costs will support both basic program operations, and the technical assistance required to implement and manage FY 2008's PEPFAR activities carried out by the five USG agencies in Namibia: DOD, DOS, HHS/CDC, Peace Corps and USAID. Operational costs will include personnel, travel, management, and logistics support in-country.

Other Donors, Global Fund Activities, Coordination Mechanisms

The Global Fund is the second largest donor (behind the USG) in the fight against HIV/AIDS, and Namibia is currently utilizing a round two, phase two grant of $47 million. Other development partners include the European Union, the GTZ, and UN agencies, including the WHO, UNAIDS, UNICEF, UNFPA and the UNDP. Global Fund funding supports ART and care services, OVC programs, workplace HIV programs, support for community-based care, TB control, CT, PMTCT-Plus and community outreach services. The USG has been asked to co-chair the UN Partnership Forum which provides an HIV/AIDS partner coordination mechanism among development partners, and has recently become a member of the Global Fund's Country Coordinating Mechanism.

The USG also sits on the National AIDS Executive Committee (NAEC), chaired by the Deputy Permanent Secretary of MOHSS, which coordinates implementation of HIV/AIDS activities throughout Namibia. The National Multi-Sectoral AIDS Coordinating Committee

(NAMACOC), supported by the National AIDS Coordination Program (NACOP) as Secretariat, is responsible for multi-sectoral leadership and coordination. The membership of the committee consists of the Secretaries of all government ministries, major development partners, NGOs, FBOs, trade unions and private sector organizations. The USG team will continue to work with the Namibian government and other development partners to maximize resources, ensure coordination of HIV policies and programs, and to promote sustainability of programs.

Program Contact: Ambassador Denise Mathieu, DCM Eric Benjaminson, and PEPFAR Coordinator Dennis Weeks.

Time Frame: FY 2008 – FY 2009

Approved Funding by Program Area: Namibia
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - NAMIBIA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	1,719,138		3,548,465					5,267,603		5,267,603	6.0%
Abstinence/Be Faithful	5,177,611		4,690,344	267,500	17,025	197,600		10,350,080		10,350,080	11.8%
Blood Safety								0	2,000,000	2,000,000	2.3%
Injection Safety								0	1,529,031	1,529,031	1.7%
Other Prevention	2,873,661		2,051,574	287,500		273,900		5,486,635		5,486,635	6.3%
Prevention Sub-total	*9,770,410*	*0*	*10,290,383*	*555,000*	*17,025*	*471,500*	*0*	*21,104,318*	*3,529,031*	*24,633,349*	*28.1%*
Care											
Palliative Care: Basic health care & support	5,845,264		3,998,774	200,000		137,500		10,181,538		10,181,538	11.6%
Palliative Care: TB/HIV	1,627,545		1,919,254					3,546,799		3,546,799	4.0%
Orphans & Vulnerable Children	7,230,815					317,900		7,548,715	1,335,446	8,884,161	10.1%
Counseling and Testing	5,332,119		2,847,268	500,000				8,679,387		8,679,387	9.9%
Care Sub-total	*20,035,743*	*0*	*8,765,296*	*700,000*	*0*	*455,400*	*0*	*29,956,439*	*1,335,446*	*31,291,885*	*35.7%*
Treatment											
Treatment: ARV Drugs	2,777,688		4,152,489					6,930,177		6,930,177	7.9%
Treatment: ARV Services	2,578,894		15,181,628	587,000	3,793,364			22,140,886		22,140,886	25.3%
Laboratory Infrastructure	450,000		1,936,000	250,000				2,636,000		2,636,000	3.0%
Treatment Sub-total	*5,806,582*	*0*	*21,270,117*	*837,000*	*3,793,364*	*0*	*0*	*31,707,063*	*0*	*31,707,063*	*36.2%*
Subtotal, Prevention, Care, and Treatment	*35,612,735*	*0*	*40,325,796*	*2,092,000*	*3,810,389*	*926,900*	*0*	*82,767,820*	*4,864,477*	*87,632,297*	*100.0%*
Other Costs											
Strategic Information	3,240,696		3,443,476	128,000	100,000			6,912,172		6,912,172	
Other/policy analysis and system strengthening	3,098,624		3,707,963	140,000	515,000			7,461,587		7,461,587	
Management and Staffing	2,792,339	1,500,000	1,072,282	305,000	910,000	278,800		6,858,421		6,858,421	
Other Costs Sub-total	*9,131,659*	*1,500,000*	*8,223,721*	*573,000*	*1,525,000*	*278,800*	*0*	*21,232,180*	*0*	*21,232,180*	
AGENCY, FUNDING SOURCE TOTALS	**44,744,394**	**1,500,000**	**48,549,517**	**2,665,000**	**5,335,389**	**1,205,700**	**0**	**104,000,000**	**4,864,477**	**108,864,477**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	44,744,394	44,744,394	3,164,477	47,908,871
HHS	48,549,517	50,049,517	1,700,000	51,749,517
DOD	2,665,000	2,665,000	0	2,665,000
State	5,335,389	5,335,389	0	5,335,389
Peace Corps	1,205,700	1,205,700	0	1,205,700
Labor	0	0	0	0
Total	**102,500,000**	**104,000,000**	**4,864,477**	**108,864,477**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	1,500,000	0	1,500,000
GHCS - State	102,500,000	4,864,477	107,364,477
Total	**104,000,000**	**4,864,477**	**108,864,477**

NIGERIA

Project Title: **Nigeria Fiscal Year 2008 Country PEPFAR Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	7,808,435	**7,808,435**	-	356,400	**356,400**	**8,164,835**	-	**8,164,835**
DOL	-		-	-	-	-	-	-	-
HHS	3,056,000	192,121,623	**195,177,623**	-	7,777,095	**7,777,095**	**202,954,718**	**18,330,999**	**221,285,717**
Peace Corps	-		-	-	-	-	-	-	-
State	-	65,000	**65,000**	-	1,735,000	**1,735,000**	**1,800,000**	-	**1,800,000**
USAID	-	194,315,808	**194,315,808**	-	15,820,639	**15,820,639**	**210,136,447**	**6,248,680**	**216,385,127**
TOTAL	**3,056,000**	**394,310,866**	**397,366,866**	-	**25,689,134**	**25,689,134**	**423,056,000**	**24,579,679**	**447,635,679**

HIV/AIDS Epidemic in Nigeria:

Adults (aged 15-49) HIV Prevalence Rate d– end 2005: 4.4% (National ANC Survey, 2005)
Estimated number of People Living with HIV: 3.9 Million (National ANC Survey, 2005)
Estimated number of Orphans due to AIDS: 930,000 (UNAIDS, 2006)

Country Results and Projections to Achieve 2-7-10 Goals:

Nigeria	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**43,800**	**13,500**
End of FY 2005**	**67,900**	**28,500**
End of FY 2006***	**234,600**	**67,100**
End of FY 2007****	**282,000**	**126,400**
End of FY 2008*****	**1,216,243**	**196,625**
End of FY 2009*****	**1,802,449**	**327,250**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

Nigeria is not only populous (137 million), but also ethnically and culturally diverse. Under the federal system of government, Nigeria has six geo-political zones, 774 local government areas (LGAs), 36 states and a Federal Capital Territory (FCT). At an average of 3.2 million inhabitants, many states are larger than some African countries. The combination of Nigeria's large population and estimated HIV prevalence of 4.4% (Federal Ministry of Health, 2005) result

in an estimated 3.9 million inhabitants infected with HIV. In addition, Nigeria has one of the highest tuberculosis (TB) burdens (290/100,000 population, WHO 2006) in the world and the largest TB burden in Africa. Many TB cases go undetected despite increasing TB detection rates and TB program coverage.

Nigeria has a generalized HIV epidemic, however, prevalence varies widely across states and rural and urban areas. Concentrated HIV/AIDS epidemics occur in particular geographic regions and within certain segments of the population. The USG Nigeria program will support a population level prevalence survey in late 2007 to clearly define the variability in prevalence. Nigeria's epidemic is largely fueled by heterosexual and mother-to-child transmission, but there are clearly identifiable risk groups that are similar to those in many other African countries. HIV prevalence peaks among 20 to 24 year olds, indicating people are becoming infected at an earlier age. While prevalence estimates imply that the stage is set for the next and larger wave of the epidemic to transpire over the next decade, the USG will work to counter such a situation with intensified and targeted prevention activities. By 2015, an estimated 16.2% of the total population under 15 years of age will be orphaned from any cause, up from only 5.2% in 2000.

In this context, PEPFAR funding will be focused on the following program areas that contribute to the 2-7-10 targets.

Prevention: $77,821,539 ($68,204,629 Field; $9,616,910 Central) (19.1% of prevention, care and treatment budget)

Prevention activities in Nigeria include prevention of mother to child transmission (PMTCT), abstinence and be faithful (AB) programs, blood and injection safety, and prevention initiatives focused on high risk populations. In FY 2008, the USG will expand support to PMTCT centers and will continue to dialogue with the Government of Nigeria (GON) to expand services to the rural areas where most women give birth. In six states, USG will reach every LGA (analogous to US counties), providing PMTCT services in at least one outlet. This expansion of services, not possible in Nigeria 3 years ago, builds on PEPFAR PMTCT networks and the GON National Scale-Up Plan. USG is leveraging resources for laboratory commodities for Early Infant Diagnosis (EID) and therapeutic feeding products for pregnant and lactating women. USG will continue training health workers to provide PMTCT services.

USG Nigeria will continue to support high-quality, targeted behavioral change programs to deliver abstinence and be faithful messages. USG implementing partners provide a range of services that target the specific needs of different risk groups, providing them with a meaningful set of prevention skills. to help further inform the prevention needs of the population and to quickly get essential sexual transmission prevention services to populations in need. USG will emphasize changing male norms and behaviors and "be faithful" messages. Mass media messages, such as the popular and successful national "ZIP UP" campaign will continue, coupled with other prevention activities to strengthen the overall messaging occurring in a geographic area and improve the effectiveness of the mass media messaging. USG will continue to provide institutional capacity building to local civil society organizations (CSOs), non-governmental organizations (NGOs) and faith based organizations (FBOs) to deliver accurate, high-quality AB messages.

Prevention activities will be incorporated into all care and treatment activities, particularly counseling and testing (CT) services. Strategies for discordant couples have been developed, and couples counseling will be expanded and will continue to provide targeted prevention

messages. Efforts to reduce new infections among high-risk and high-transmission communities will continue, with messages specifically targeted for each individual risk group. USG will provide syndromic management services for sexually transmitted infections to persons engaged in high risk behaviors (PEHRBs), to help prevent HIV infection.

The blood supply in Nigeria remains a major source for the transmission of HIV and other pathogens despite great gains made by the National Blood Transfusion Service (NBTS) in 2007. In FY 2008, the USG continues its commitment towards ensuring that all clinical settings funded by the USG will have the capacity to screen all transfused blood for HIV. Additionally, all treatment partners will screen blood through the NBTS regional centers and reduce emergency transfusions at these sites. Clinical service outlets will benefit from safe injection activities, and USG partners will promote universal precautions in all clinical settings.

Principal Partners: Family Health International/GHAIN, Harvard University School of Public Health/APIN+, University of Maryland/ACTION, Partnership for Supply Chain Management, Catholic Relief Services/7 Dioceses, AIDSTAR, Project Search, PDHC, Society for Family Health, Management Sciences for Health (MSH)/Leadership Management and Sustainability (LMS), USAID/Annual Program Statement Solicitation, Center for Development and Population Activities, Population Council, U.S. Department of Defense, Columbia University/ICAP, John Snow Incorporated/MMIS, Nigerian Federal Ministry of Health, Safe Blood for Africa Foundation, NBTS

Care: $109,155,705 ($108,523,935 Field; $631,770 Central) (26.8% of prevention, care and treatment budget)

Care activities in Nigeria include CT, palliative care, TB/HIV, and support for orphans and vulnerable children (OVC). Meeting PEPFAR and GON goals for HIV clinical service provision requires providing CT services to millions of individuals in the coming years. In FY 2008, the USG will continue to support and expand all available modes of CT in a variety of settings including clinical service outlets, stand-alone voluntary CT sites, mobile testing services, and EID scale up. The national CT campaign, branded Heart-to-Heart, will continue to expand nationally recognized services beyond USG sites, and has been incorporated into all USG CT partner activities. All HIV testing represents an opportunity for both the delivery of prevention messages for all clients and referral to care and treatment for those found to be HIV infected. USG implementing partners will focus on integrating prevention messages and strengthening linkages to services in FY 2008. Provider-initiated, routine counseling and testing will be expanded in FY 2008.

With PEPFAR support, the GON has made progress in establishing a basic package of services for HIV positive people and their relatives. In FY 2008, care services, including opportunistic infection management, laboratory follow up, management of sexually transmitted infections, and referral to a care network will be provided to all HIV positive patients identified in USG programs. People affected by HIV/AIDS will receive support services, home based care kits, and access to psychosocial support. USG Nigeria will promote access to home-based care and strengthen networks of health care personnel, community health workers and promoters to provide nursing care and psychosocial support and to link OVC to specialized services.

TB/HIV activities have been prioritized in FY 2008, and the USG will implement provider-initiated routine HIV testing within TB facilities for all individuals, regardless of their TB status. As part of the LGA Coverage strategy, at least one TB service outlet in each LGA in six states

will provide HIV testing services. USG Nigeria believes that this initiative will greatly increase access to services for adults and children co-infected with HIV and tuberculosis, expanding services from secondary to primary level facilities and from urban/semi-urban to rural establishments. In FY 2008, USG will continue working with implementing partners to ensure that all facilities offering antiretroviral treatment (ART) also have co-located government TB services available. USG will also conduct a national TB resistance and HIV survey to assess tuberculosis diagnostics and service provision.

Children have been identified as a priority in FY 2008, with increased focus on PMTCT outcomes; provision of EID; prioritization of scale up of treatment services to children; the provision of pediatric tuberculosis services; prevention initiatives focused on school aged children; nutrition and education programs, and direct services for OVCs and their care providers. The USG will continue to support the Federal Ministry of Women Affairs and Youth Development to disseminate national guidelines and policies which address the needs of OVC and their caretakers. Improved access to a variety of educational choices, based on need, will be available to OVCs building on a broad USAID educational program being implemented in Nigeria. Nutritional supplements consisting of high protein, locally produced crops will be distributed to children with the highest need. The USG will also support interventions to advocate among, and to mobilize, a broad range of stakeholders to raise awareness of OVC issues. In FY 2008, USG Nigeria will continue to scale up clinical care services for OVCs that include prevention and management of opportunistic infections as well as ART for eligible children.

Principal Partners: Society for Family Health, Catholic Relief Services, USAID Annual Program Statement Solicitation, Christian Aid, Winrock, Family Health International/GHAIN, Harvard University School of Public Health/APIN+ and University of Maryland/ACTION, ABE/Link, MARKETS, AIDSTAR, Partnership for Supply Chain Management, Department of Defense, Center for Development and Population Activities, Christian Aid, and Federal Ministry of Women Affairs and Youth Development

Treatment: $220,728,650 ($206,397,651 Field; $14,330,999 Central) (54.1% of prevention, care and treatment budget)

Treatment activities in Nigeria include the provision of antiretroviral drugs and services to eligible patients, as well as laboratory support for the diagnosis and monitoring of HIV positive patients identified through USG Nigeria activities. Funds will be used to purchase FDA approved or tentatively approved generic antiretroviral drugs, whenever possible, in an effort to maximize the number of Nigerians receiving treatment, and the USG leverages GON and other development partners for pediatric drugs. Pediatric treatment services have been prioritized in FY 2008. Harmonization, quality of service, reduced target costs and cost leveraging continue to be mainstays of the Nigeria treatment program, with standardized services and health care worker training provided across all implementing partners. .

In FY 2007, PEPFAR supported a revision of the Nigeria National Treatment Guidelines to provide more durable first line treatment options, which will be employed in FY 2008. The USG supports logistics management activities, a key component of antiretroviral drugs delivery, through the on-going development of a Logistics Management Information System and an Inventory Control System. Staff in all sites will be trained in all aspects necessary to maintain a

safe and secure supply of high-quality pharmaceutical products in a cost-effective and accountable way.

As treatment services continue to increase in FY 2008, laboratories will focus on maintaining high quality services. In addition, the USG will continue to emphasize actualization of networks of care with a tiered approach to service delivery. Discussions with GON counterparts on improving cost efficiencies have been very successful to date and will continue in FY 2008, with the hope of further reducing overall treatment costs and making routine monitoring available to all antiretroviral treatment patients.

Principal Partners: Management Systems for Health/LMS, Family Health International/GHAIN, Harvard University School of Public Health/APIN+, CRS/AIDS Relief, University of Maryland/ACTION, Columbia University/ICAP and U.S. Department of Defense.

Other Costs: $39,929,785

In the FY 2008 Country PEPFAR Operational Plan, USG Nigeria will continue to strengthen the capacity of the GON to provide comprehensive antiretroviral treatment and to build the systems and structures that will support this countrywide effort. A key component of this effort includes improving the policy environment underpinning the provision of prevention, care and treatment services. Monitoring and evaluation practices will also be strengthened to effectively measure progress in these program areas.

Activities to strengthen the GON's provision of comprehensive antiretroviral treatment will include improving antiretroviral commodity forecasting and procurement in the national system, surveillance, patient management and monitoring systems, targeted evaluations and population-based surveys. In addition to supporting the development and dissemination of guidelines and policies necessary to direct the provision of prevention, care, and treatment, specific legislation influencing HIV/AIDS activities (such as those dealing with stigma and discrimination and the transformation of the National and State Action Committees on AIDS into a Federal Agency) will be supported in the National Assembly. Other national agencies, such as the National Agency for Food, Drug Administration and Control, Medical Laboratory Science Counsel of Nigeria, the National Central Public Health Laboratory and the Nigerian Institute for Medical Research will be supported in their AIDS related activities. The Global Fund Country Coordinating Mechanism (CCM) will also be supported with this funding.

USG Nigeria will also utilize funds in this program area to collect qualitative and quantitative data to monitor all partners' performance. Information necessary to report on PEPFAR indicators will be collected, compiled, analyzed and used for programmatic decision making.

Principal Partners: Family Health International/GHAIN, University of Maryland/ACTION and The Futures Group/ENHANSE.

Management and staffing funds will support the in-country personnel needed for USAID, HHS/CDC, Department of State, and DOD. Funds will ensure effective program management, monitoring and accountability; adherence to USG policy while working under the leadership of the Nigerian national response, and cover office and administrative costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The United States is the largest bilateral donor to the Nigeria health sector, having provided a total of $339 million in support during FY07, the majority of which is for HIV/AIDS prevention, care, and treatment. The USG in-country agencies include USAID, HHS/CDC, HHS/NIH, Department of State, and Department of Defense. In addition to USG agencies, development partners include the Global Fund; World Bank; the Clinton Foundation and UNITAID; UNAIDS; DFID; JICA; CIDA; WHO; and UNICEF. Others include the African Development Bank, International Labour Organisation (ILO), Italian Cooperation, UNDP, UNDCP, UNFPA, and UNIFEM. The primary HIV/AIDS coordinating body is the National Agency for the Control of AIDS (NACA). In addition to regular planning with NACA and the Federal Ministry of Health, the USG team holds one of two bilateral seats on the Country Coordinating Mechanism for the GF. The USG is also the current Chair of the Development Partners Group for HIV/AIDS, which is the primary donor coordination body for multilateral and bilateral organizations providing HIV support.

The USG will continue to leverage funding from both the Global Fund and the Clinton Foundation. The Global Fund has approved five HIV/AIDS and TB grants for Nigeria, totaling approximately $100 million in lifetime awards to support the expansion of TB services, ART, PMTCT and the promotion of civil society's role in the HIV/AIDS response.

Program Contact: PEPFAR Coordinator, Jennifer Graetz

Time Frame: FY 2008 – FY 2009

Approved Funding by Program Area: Nigeria
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - NIGERIA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	9,192,342		13,410,000	270,000	550,000			23,422,342		23,422,342	5.7%
Abstinence/Be Faithful	23,626,176		2,607,000	605,000				26,838,176	835,000	27,673,176	6.8%
Blood Safety	1,225,000		700,000	60,000				1,985,000	5,000,000	6,985,000	1.7%
Injection Safety	761,611		912,000	45,000				1,718,611	3,781,910	5,500,521	1.3%
Other Prevention	8,175,750		5,439,750	475,000	150,000			14,240,500		14,240,500	3.5%
Prevention Sub-total	*42,980,879*	*0*	*23,068,750*	*1,455,000*	*700,000*	*0*	*0*	*68,204,629*	*9,616,910*	*77,821,539*	*19.1%*
Care											
Palliative Care: Basic health care & support	12,357,313		17,928,655	475,000				30,760,968		30,760,968	7.5%
Palliative Care: TB/HIV	8,719,745		9,572,000	258,094	410,000			18,959,839		18,959,839	4.7%
Orphans & Vulnerable Children	28,730,107		10,379,500	270,000				39,379,607	631,770	40,011,377	9.8%
Counseling and Testing	11,001,521		8,127,000	295,000				19,423,521		19,423,521	4.8%
Care Sub-total	*60,808,686*	*0*	*46,007,155*	*1,298,094*	*410,000*	*0*	*0*	*108,523,935*	*631,770*	*109,155,705*	*26.8%*
Treatment											
Treatment: ARV Drugs	47,531,344		39,100,077	325,000				86,956,421	10,198,927	97,155,348	23.8%
Treatment: ARV Services	30,038,840		50,191,946	650,000	410,000			81,290,786	4,132,072	85,422,858	21.0%
Laboratory Infrastructure	10,258,754		26,891,690	1,000,000				38,150,444		38,150,444	9.4%
Treatment Sub-total	*87,828,938*	*0*	*116,183,713*	*1,975,000*	*410,000*	*0*	*0*	*206,397,651*	*14,330,999*	*220,728,650*	*54.1%*
Subtotal, Prevention, Care, and Treatment	*191,618,503*	*0*	*185,259,618*	*4,728,094*	*1,520,000*	*0*	*0*	*383,126,215*	*24,579,679*	*407,705,894*	*100.0%*
Other Costs											
Strategic Information	9,007,296		10,330,000	769,000				20,106,296		20,106,296	
Other/policy analysis and system strengthening	6,090,000		1,050,000	250,000	200,000			7,590,000		7,590,000	
Management and Staffing	3,420,648	3,056,000	3,259,100	2,417,741	80,000			12,233,489		12,233,489	
Other Costs Sub-total	*18,517,944*	*3,056,000*	*14,639,100*	*3,436,741*	*280,000*	*0*	*0*	*39,929,785*	*0*	*39,929,785*	
AGENCY, FUNDING SOURCE TOTALS	**210,136,447**	**3,056,000**	**199,898,718**	**8,164,835**	**1,800,000**	**0**	**0**	**423,056,000**	**24,579,679**	**447,635,679**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	210,136,447	210,136,447	6,248,680	216,385,127
HHS	199,898,718	202,954,718	18,330,999	221,285,717
DOD	8,164,835	8,164,835	0	8,164,835
State	1,800,000	1,800,000	0	1,800,000
Peace Corps	0	0	0	0
Labor	0	0	0	0
Total	**420,000,000**	**423,056,000**	**24,579,679**	**447,635,679**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	3,056,000	0	3,056,000
GHCS - State	420,000,000	24,579,679	444,579,679
Total	**423,056,000**	**24,579,679**	**447,635,679**

RWANDA

Project Title: **Rwanda Fiscal Year 2008 Country PEPFAR Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	3,192,857	**3,192,857**	-	-	-	**3,192,857**	-	**3,192,857**
DOL	-		-	-	-	-	-	-	-
HHS	1,135,000	25,303,503	**26,438,503**	-	-	-	**26,438,503**	**10,506,947**	**36,945,450**
Peace Corps	-	2,500,000	**2,500,000**	-	-	-	**2,500,000**	-	**2,500,000**
State	-	413,344	**413,344**	-	200,000	**200,000**	**613,344**	-	**613,344**
USAID	-	78,190,296	**78,190,296**	-	200,000	**200,000**	**78,390,296**	**1,826,893**	**80,217,189**
TOTAL	**1,135,000**	**109,600,000**	**110,735,000**	**-**	**400,000**	**400,000**	**111,135,000**	**12,333,840**	**123,468,840**

HIV/AIDS Epidemic in Rwanda:

Adults (aged 15-49) HIV Prevalence Rate: 3.1% (UNAIDS, 2006)
Estimated number of People Living with HIV: 190,000 (UNAIDS, 2006)
Estimated number of Orphans due to AIDS: 210,000 (UNAIDS, 2006)

Country Results and Projections to Achieve 2-7-10 Goals:

Rwanda	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**17,860**	**4,300**
End of FY 2005**	**89,700**	**15,900**
End of FY 2006***	**100,800**	**30,000**
End of FY 2007****	**102,700**	**44,400**
End of FY 2008*****	**156,095**	**51,760**
End of FY 2009*****	**198,085**	**63,750**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

Rwanda is one of the most densely populated countries in sub-Saharan Africa. Thirteen years after genocide, Rwanda still faces multiple health and development challenges. An estimated 3.1% of the adult population is infected with HIV (3.6% of adult women and 2.3% of adult

males). Out of a total population of nine million, 160,000 Rwandan adults and 27,000 children are living with HIV (UNAIDS). The repercussions of genocide, combined with HIV, have resulted in more than 210,000 orphans and a continuing loss of approximately 21,000 persons to HIV-related illness each year.

Rwanda's epidemic is primarily driven by heterosexual contact and mother-to-child transmission. Populations most at risk for HIV in Rwanda include people in prostitution, their clients and partners; military and police personnel; long distance truck-drivers, refugees, genocide widows, prisoners, and discordant couples. Discordant couples are estimated to make up 2.2% of all married couples. There are a high number of Rwandans incarcerated for various crimes, including genocide. Current data from prison testing show that the prevalence among incarcerated populations is approximately 7.5%. Although the median age of sexual debut for Rwandan males (20.8 years) and females (20.3 years) is relatively late, youth remain a high-risk group. The estimated 210,000 Rwandan orphans face unique challenges of sexual exploitation, violence, abuse, food insecurity and poverty. Furthermore, as in many African societies, cross-generational sex poses significant risk for young girls. WHO estimates that 26% of adult TB cases are also co-infected, indicating that TB remains a significant problem in Rwanda.

In FY 2008, PEPFAR funding will be focused on the following programmatic areas to achieve the 2-7-10 targets:

Prevention: $23,769,699 ($17,782,191 Field; $5,987,508 Central) (22.9% of prevention, care and treatment budget)

Prevention activities include prevention of mother-to-child transmission (PMTCT), abstinence and faithfulness (AB) programs, condom and other prevention strategies, blood and injection safety, and other behavioral initiatives including those that focus on most at risk populations. In FY 2008, the USG will partner with the Government of Rwanda (GOR), the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria (Global Fund), and health districts to strengthen the scope, quality and sustainability of PMTCT services in a decentralized health system. The program will continue to emphasize the tracing of women and their children after birth to follow-up HIV-exposed infants and mothers. The program will also increase the proportion of HIV infected pregnant women eligible for antiretroviral treatment (ART), and will support the opening of new PMTCT sites. The PMTCT program will integrate performance-based financing approaches to improve the quality of services and promote sustainability. Substantial resources will be devoted to providing nutrition support to infants during the weaning period and to pregnant and lactating women at risk of malnutrition. Finally, the program will strengthen its linkages with MCH and IMCI programs to ensure the continuum of care and reduce morbidity and mortality among HIV-exposed infants.

PEPFAR emphasizes abstinence and faithfulness programs to stem the spread of HIV and supports the Rwanda 2005-2009 National Prevention Plan. AB programming targets persons engaged in high risk behaviors and the general population with AB messages. In FY 2008, the USG will continue to program significant AB resources through local Rwandan faith-based organizations (FBOs) and community-based organizations (CBOs) and will ensure that training curricula, mass media spots, and other materials address the links between alcohol abuse, gender-

based violence and HIV. The USG will also reinforce the capacity of the Rwanda National Police to address gender based violence, and will address transactional sex, coercive and cross-generational sex and discordant couples in order to positively influence societal norms and community standards of behavior. In FY 2008, there will be an increasing focus on high risk youth, people in prostitution, and other persons engaged in high risk behaviors.

The USG will expand efforts to reduce new infections among persons engaged in high risk behaviors (such as people in prostitution, military, police, and, importantly, discordant couples) through counseling and testing (CT), condom social marketing and distribution, peer education and mass media prevention messaging.

Significant new prevention initiatives are being refined or proposed in FY 2008. First, the USG will engage with the Rwanda Defense Force (RDF) and Ministry of Health (MOH) to launch a voluntary male circumcision program for members of the Rwandan military. Contingent upon the commitment of the MOH and the RDF, PEPFAR will provide technical assistance to train health care providers in safe circumcision and infection control. Second, PEPFAR will scale up prevention for people in prostitution through services for sexually transmitted infections (STIs), evaluations, and development of model best practices for Rwanda and other focus countries. Through an innovative public-private partnership, the USG will work with a local brewery to promote prevention among farm workers. Finally, several activities with the coffee, dairy, food distribution and ecotourism sectors will be implemented to incorporate HIV prevention activities and reach diverse populations.

In order to strengthen blood collection, testing, storage and handling systems, the USG will support Rwanda's National Program for Blood Transfusion for infrastructure and capacity building. In FY 2008, the USG will maintain blood transfusion service outlets at district hospitals and will increase the number of blood units collected safely. USG support will help the National Blood Transfusion Program to increase the production of plasma, platelets, and red cells. USG safe injection activities will reduce the burden of HIV transmission due to unsafe and unnecessary medical injections, and contact with infectious medical waste. The USG will support procurement of safe injection equipment, and biosafety equipment and a comprehensive training component for all levels of medical providers.

Principal Partners: National Blood Transfusion Program (CNTS), American Association of Blood Banks (AABB), John Snow, Inc.-MMIS, Columbia University, Partnership for Supply Chain Management (SCMS), Catholic Relief Services, Drew University, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Family Health International (FHI), IntraHealth International, Community Habitat Finance, World Relief, Population Services International (PSI) , Basics, TRAC.

Care: $34,391,750 ($33,266,557 Field; $1,125,193 Central) (33.2% of prevention, care and treatment budget)

Care activities include HIV counseling and testing (CT), basic palliative care, support for TB/HIV integration, and support to orphans and vulnerable children (OVC). The USG will integrate the President's Malaria Initiative (PMI) activities and other funding streams to provide

a comprehensive set of services, including insecticide-treated bednets for people living with HIV/AIDS (PLWHA) The USG will expand the CT program to increase levels of provider-initiated HIV testing and counseling (PITC) and through routine testing of all maternity clients. In addition, the USG will pursue a family-centered approach to CT, explicitly supporting policies and protocols for CT of youth and discordant couples. As pre-marital testing is scaled up in Rwanda, USG partners will work with FBOs to make this service more widely available. Persons engaged in high risk behaviors, including the military, prisoners, refugees, and people in prostitutions, will be reached through mobile and outreach testing activities. To reach the highest at-risk youth, the USG will support comprehensive CT services at urban youth centers.

The USG will work to ensure that all PLWHA receive support through a comprehensive network of district hospitals, health centers and community services. Clinical activities will include prevention and treatment of opportunistic infections and STIs, positive living and prevention counseling for PLWHA, nutritional counseling and assistance, support for treatment adherence, CD4 testing, general clinical staging and monitoring, family planning support and linkages to community services. The USG will work with the GOR to assure that a policy on pain management is developed and implemented. Community and home-based palliative care interventions will focus on spiritual and emotional support, home-based care kits, bed nets, cotrimoxazole prophylaxis and treatment of opportunistic infections, counseling on hygiene and nutrition, and care for vulnerable children. Linking community service partners with clinical partners will be emphasized. The USG will leverage Food for Peace/Title II resources to provide nutritional support for OVC and PLWHA.

In FY 2008, the USG will continue to support integration of TB/HIV services in collaboration with the Global Fund. The program will also improve systems to track co-infected patients. All TB patients will be routinely offered HIV testing and PLWHAs will be routinely screened for TB to treat co-infected individuals. TB infection control systems will be improved in USG supported district hospitals.

Rwanda has one of the highest proportions of orphans in the world. The USG will target support towards child-headed households and the most vulnerable orphans, investing significant new resources for OVC in FY 2008. Critical to these efforts will be leveraging other partners' investments. USG implementing partners will increase national capacity to respond to OVC priorities such as policy and legal reform, government and civil society coordination, and monitoring of services. The USG will support national efforts to identify and register OVC. The USG will assess OVC needs to provide a menu of services including education, health, psychosocial support, nutrition, and economic interventions to beneficiaries in USG-supported districts. HIV prevention messages will continue to be integrated into OVC programs.

Principal Partners: CHF International, PSI, UNHCR, World Relief, Management Sciences for Health, IntraHealth, EGPAF, FHI, Drew University, Africare, SCMS, Columbia University, TRAC, Catholic Relief Service, Advocat Sans Frontier.

Treatment: $45,425,268 ($40,204,129 Field; $5,221,139 Central) (43.9% of prevention, care and treatment budget)

Treatment activities include the provision of antiretroviral treatment (ART) programs as well as laboratory support. In FY 2008, the USG will assist the MOH to increase program quality and sustainability through national and district-level support. The USG will strengthen district-level capacity to plan, implement and monitor HIV treatment programs through technical and financial assistance including integration of performance-based financing approaches. Pediatric HIV technical expertise will be strengthened. The USG will continue to provide technical and financial assistance to ensure an adequate drug supply. Quality of services will be strengthened through clinical mentoring and capacity building for in-service and pre-service care. Pediatric HIV treatment will also be supported through centers of excellence and integration with PMTCT, integrated management of child illness programs, and family planning. Finally, a more strategic approach to ART will be supported including, task shifting, decentralization of services, and targeted use of viral load testing.

USG technical support for laboratory infrastructure in FY 2008 will focus on key reference laboratory functions, including training, quality assurance, and developing in-country expertise for HIV-related care and treatment. Bio-safety in the USG supported sites will be strengthened. USG resources will strengthen the national laboratory network through district level capacity building for HIV-related laboratory testing. Enhanced support for pre-service training at the Kigali Health Institute and at the National Reference Laboratory will assure sustained laboratory capacity for the future. The USG will support the National Reference Laboratory to obtain WHO accreditation.

Principal partners: CRS, ICAP, Drew University. EGPAF, FHI, IntraHealth, Laboratory Coalition Partners, MSH, MOH, NRL, SCMS.

Other Costs: $19,882,123

The MOH, CNLS and its district structures will receive USG assistance to strengthen capacity to plan, coordinate, monitor and report on the progress of the national response. This will cover the improvement of decentralized reporting and feedback systems for HIV-related activities. The USG will support HIV surveillance, facilities surveys, and policy-related analysis in FY 2008.

The USG supports interventions to improve human capacity and strengthen systems required to achieve 2-7-10 goals. Human capacity interventions include an HIV/AIDS fellowship program, an MPH and PhD program, support to the Butare University Medical School, the Field Epidemiology and Laboratory Training Program (FELTP), the Sustainable Management Development Program (SMDP), and in-service and pre-service nurse training programs at the five national nursing schools. The USG will provide a package of support to the MOH at central and district levels for strengthening supervision and quality of clinical services. 23 of 30 health districts will receive a uniform comprehensive support package. Performance based financing is a critical systems strengthening strategy supported by the USG, and is integrated across clinical and community services to enhance performance and strengthen decentralized management capacity. Moreover, the USG will place a strong emphasis on reduction of gender-based violence by working with the Rwandan national police and the larger health system to ensure appropriate responses to gender-based violence and sexual assault.

Principal partners: MOH, CHF, IntraHealth, Avocats Sans Frontier, Voxiva, Constella, TRAC, MSH

Management and staffing funds will support in-country personnel for USAID, HHS/CDC, Department of State, Peace Corps and Department of Defense. Funds will ensure program monitoring and accountability, including active USG co-management with the GOR. Management and staffing costs will cover compensation, logistics, and office and administrative costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The United States is the largest HIV/AIDS bilateral donor in Rwanda, having provided over $100 million in 2007. Other major donors include the Global Fund, the Clinton Foundation, and governments of Belgium, Germany, Luxembourg. The Global Fund has awarded eight grants to Rwanda totaling $239 million for AIDS, TB, and malaria programs. The CNLS is the primary HIV/AIDS coordinating body. The Executive Secretary of CNLS chairs the PEPFAR Steering Committee, the GOR-USG co-management mechanism to ensure that USG program support complements the Rwandan national HIV/AIDS plan.

Program Contact: Deputy Chief of Mission, Cheryl Sim

Time Frame: FY 2008 – FY 2009

Approved Funding by Program Area: Rwanda
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - RWANDA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	4,122,716		1,917,276	138,457	234,742			6,413,191		6,413,191	6.2%
Abstinence/Be Faithful	3,975,000		1,390,000	80,000	20,000	1,800,000		7,265,000	701,700	7,966,700	7.7%
Blood Safety								0	3,500,000	3,500,000	3.4%
Injection Safety								0	1,785,808	1,785,808	1.7%
Other Prevention	2,710,000		340,000	344,000	10,000	700,000		4,104,000		4,104,000	4.0%
Prevention Sub-total	*10,807,716*	*0*	*3,647,276*	*562,457*	*264,742*	*2,500,000*	*0*	*17,782,191*	*5,987,508*	*23,769,699*	*22.9%*
Care											
Palliative Care: Basic health care & support	9,726,176		1,836,092	306,686	17,371			11,886,325		11,886,325	11.5%
Palliative Care: TB/HIV	1,718,951		3,283,329	65,404	34,742			5,102,426		5,102,426	4.9%
Orphans & Vulnerable Children	11,835,000							11,835,000	1,125,193	12,960,193	12.5%
Counseling and Testing	2,644,843		1,204,044	552,229	41,690			4,442,806		4,442,806	4.3%
Care Sub-total	*25,924,970*	*0*	*6,323,465*	*924,319*	*93,803*	*0*	*0*	*33,266,557*	*1,125,193*	*34,391,750*	*33.2%*
Treatment											
Treatment: ARV Drugs	10,250,000							10,250,000		10,250,000	9.9%
Treatment: ARV Services	16,999,260		5,423,221	1,286,325	218,875			23,927,681	5,221,139	29,148,820	28.1%
Laboratory Infrastructure	3,526,448		2,500,000					6,026,448		6,026,448	5.8%
Treatment Sub-total	*30,775,708*	*0*	*7,923,221*	*1,286,325*	*218,875*	*0*	*0*	*40,204,129*	*5,221,139*	*45,425,268*	*43.9%*
Subtotal, Prevention, Care, and Treatment	*67,508,394*	*0*	*17,893,962*	*2,773,101*	*577,420*	*2,500,000*	*0*	*91,252,877*	*12,333,840*	*103,586,717*	*100.0%*
Other Costs											
Strategic Information	3,176,472		2,717,940					5,894,412		5,894,412	
Other/policy analysis and system strengthening	3,986,578		1,900,000	259,756				6,146,334		6,146,334	
Management and Staffing	3,718,852	1,135,000	2,791,601	160,000	35,924			7,841,377		7,841,377	
Other Costs Sub-total	*10,881,902*	*1,135,000*	*7,409,541*	*419,756*	*35,924*	*0*	*0*	*19,882,123*	*0*	*19,882,123*	
AGENCY, FUNDING SOURCE TOTALS	**78,390,296**	**1,135,000**	**25,303,503**	**3,192,857**	**613,344**	**2,500,000**	**0**	**111,135,000**	**12,333,840**	**123,468,840**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	78,390,296	78,390,296	1,826,893	80,217,189
HHS	25,303,503	26,438,503	10,506,947	36,945,450
DOD	3,192,857	3,192,857	0	3,192,857
State	613,344	613,344	0	613,344
Peace Corps	2,500,000	2,500,000	0	2,500,000
Labor	0	0	0	0
Total	**110,000,000**	**111,135,000**	**12,333,840**	**123,468,840**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	1,135,000	0	1,135,000
GHCS - State	110,000,000	12,333,840	122,333,840
Total	**111,135,000**	**12,333,840**	**123,468,840**

SOUTH AFRICA

Project Title: **South Africa Fiscal Year 2008 Country PEPFAR Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	1,250,000	**1,250,000**	-	-	-	**1,250,000**	-	**1,250,000**
DOL	-		-	-	-	-	-	-	-
HHS	4,818,000	225,531,638	**230,349,638**	-	700,000	**700,000**	**231,049,638**	**22,016,823**	**253,066,461**
Peace Corps	-	863,000	**863,000**	-	-	-	**863,000**	-	**863,000**
State	-	1,800,000	**1,800,000**	-	5,728,000	**5,728,000**	**7,528,000**	-	**7,528,000**
USAID	-	321,327,362	**321,327,362**	-	-	-	**321,327,362**	**6,862,862**	**328,190,224**
TOTAL	**4,818,000**	**550,772,000**	**555,590,000**	**-**	**6,428,000**	**6,428,000**	**562,018,000**	**28,879,685**	**590,897,685**

HIV/AIDS Epidemic in South Africa:

Adults (aged 15-49) HIV Prevalence Rate: 18.8% (UNAIDS, 2006)
Estimated number of People Living with HIV: 5,500,000 (UNAIDS 2006)
Estimated number of Orphans due to AIDS: 1,200,000 (UNAIDS, 2006)

Country Results and Projections to Achieve 2-7-10 Goals:

South Africa	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**599,900**	**12,200**
End of FY 2005**	**548,200**	**93,000**
End of FY 2006***	**763,200**	**210,300**
End of FY 2007****	**1,349,500**	**329,000**
End of FY 2008*****	**1,799,960**	**380,000**
End of FY 2009*****	**2,272,700**	**500,000**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

Over the past 12 years, South Africa has transformed itself into an egalitarian democracy, aggressively addressing social and economic challenges and the racial inequalities of its apartheid past. Despite a relatively high per capita GDP ($3,480), 40% of South Africans live in poverty. Since achieving democracy, the country's adult HIV prevalence has risen from less than 3% to an estimated 16% for the 15-49 age group. With 5.5 million citizens infected with HIV, South Africa has one of the highest numbers of infected adults and children in the world. South Africa's HIV epidemic is generalized and maturing, characterized by: (1) high levels of prevalence and asymptomatic HIV infections; (2) an infection rate that may be beginning to plateau, but is still extremely high; (3) high infection rates among sexually active young people, other vulnerable and high-risk populations (mobile populations, people in prostitution and their clients, and uniformed services), and newborns; (4) vulnerability of women and girls; and (5) important regional variations, with antenatal seroprevalence rates ranging from 15.7% to 39.1% in the nine provinces.

Though 75% of people living with HIV are asymptomatic, South Africa is witnessing increased levels of immunodeficiency and HIV-associated morbidity, frequently manifested by tuberculosis (TB), pneumonia, and wasting. The cure rate for TB is low (56.3% in 2006), and treatment default rates remain high (9.9%), which heightens concerns regarding the development of both multi-drug-resistant TB (MDR-TB), and the more recently seen extensively drug-resistant TB (XDR-TB). 58% of TB patients in SA are co-infected with HIV. AIDS-associated mortality rates are high (336,000 AIDS deaths in 2005), with large increases in HIV mortality among young adults and children. As mortality increases, so too will the number of children who have lost one or both parents, currently estimated to be 3.4 million (an estimated 1.2 million due to AIDS).

In fiscal year 2008, PEPFAR funding will be focused on the following programmatic areas to achieve the 2-7-10 targets:

Prevention: $100,006,585 ($90,244,340 Field; $9,762,245 Central) (18.7% of prevention, care and treatment budget)

Prevention activities in South Africa include prevention of mother-to-child transmission (PMTCT), abstinence and faithfulness programs, blood and injection safety, and condoms and other prevention initiatives. In FY 2008, the PEPFAR PMTCT program will continue to support the national PMTCT program by addressing some of the inherent programmatic gaps in service delivery. These include ongoing support and supervision for health care providers and community health care workers; the promotion of provider-initiated counseling and testing; providing follow-up for mother-baby pairs post delivery; quality improvement; ensuring integration of PMTCT into maternal, child and women's health services; community outreach and referral into wellness and treatment programs for HIV-infected mothers and exposed infants; and scale-up of early infant diagnosis services. In FY 2008, PEPFAR will work with partners to ensure finalization of policy and guideline development, updating health care workers, and providing site specific support to ensure readiness and implementation of the new PMTCT policy to provide all HIV-infected pregnant women with dual therapy.

USG agencies will support primary prevention activities, with special emphasis on abstinence and being faithful. Through both community-based and large-scale NGO/faith-based organization (FBO) programs, PEPFAR will support young people to delay sexual debut and practice abstinence, faithfulness, responsible decision-making and the avoidance of multiple concurrent partnerships. At the same time, the USG will initiate new prevention activities targeting key adult populations. The lynchpin of these efforts will be a high visibility, multi-level, multi-media campaign to increase understanding of the risks associated with multiple and concurrent partners.

With FY 2008 funding, the USG will significantly expand coverage to populations of persons engaged in high risk behaviors (PEHRBs), with an emphasis on persons in prostitution and men who have sex with men. The USG will significantly increase support to NGO consortia in three major cities that provide linked drug treatment and comprehensive prevention and other HIV services for drug-using PEHRBs and will broaden this activity to include non-drug using PEHRBs. The USG will continue to support ongoing prevention efforts in correctional facilities, with sex workers and clients in inner city Johannesburg and selected mining communities. The USG will also continue to assist the South African National Defense Force (SANDF) in providing comprehensive coverage of the armed forces, with special attention to the role of alcohol in sexual risk-taking.

The USG will also expand programming for alcohol abuse; intensify prevention for migrant and mobile populations; target the 11 "high transmission" districts, with a focus on adult male behaviors and the vulnerability of young women; and continue to scale up and improve post-exposure prophylaxis services for rape survivors in partnership with the US President's Women's Justice and Empowerment Initiative. PEPFAR is in ongoing consultations with the Government of South Africa (GSA) and UNAIDS on male circumcision (MC). FY 2008 funds are budgeted for an MC technical advisor at the National Department of Health (NDOH), development of policies and guidelines, provision of safe clinical male circumcision, and creating and disseminating prevention messages in the context of MC. Training and service delivery activities will not be launched unless the GSA provides official approval.

Principal Partners: South African Government partners include the National Department of Health (NDOH), Department of Provincial and Local Governments (DPLG), Department of Correctional Services (DCS), Department of Education (DOE), SANDF, South African National Blood Service (SANBS), the National Institute for Communicable Diseases (NICD) and the National Health Laboratory Service (NHLS). International partners include the American Association of Blood Banks, Africare, Absolute Return for Kids, BroadReach, CARE International, Salvation Army World Services, Columbia University, Population Council, JHPIEGO, Humana People to People, EngenderHealth, Training Institute for Primary Health Care, Genesis Trust, Johns Hopkins University, Hope Worldwide, John Snow, Inc., Academy for Educational Development, Family Health International, PATH, Partnership for Supply Chain Management, Research Triangle Institute, Pathfinder International, Medical Care Development International, Health Policy Initiative, University Research Corporation, Harvard School of Public Health, Fresh Ministries, and the Elizabeth Glaser Pediatric AIDS Foundation. Local South African partners include the Medical Research Council, University of Pretoria, Africa Centre for Health and Population Studies, Aurum Health Institute, Health Systems Trust, Human

Sciences Research Council, Mothers 2 Mothers, Soul City, Kagiso, Wits Health Consortium, University of Western Cape, South African Clothing & Textile Workers' Union, CompreCare, GRIP Intervention Program, Ingwavuma Orphan Care, Living Hope Community Center, Muslim AIDS Project, the Nelson Mandela School of Medicine, Leonie Selvan Communications, LifeLine, Muslim AIDS Program, Mpilonhle, Ingwavuma Orphan Care, GoLD, Scripture Union, Living Hope, Salesian Mission, TB Care Association, University of KwaZulu-Natal, Scripture Union, St. Mary's Hospital, Stellenbosch University-Desmond Tutu TB Center, Perinatal HIV Research Unit, Reproductive Health Research Unit,Youth for Christ-South Africa, and Ubuntu Education Fund.

Care: $170,400,460 ($168,576,111 Field; $1,824,349 Central) (31.9% of prevention, care and treatment budget)

Care activities in South Africa include basic palliative care and support, TB/HIV, support for orphans and vulnerable children (OVC), and counseling and testing (CT). With 5.5 million HIV-infected individuals, the clinical and palliative care needs of patients suffering from AIDS place a severe strain on health services. Accordingly, PEPFAR supports programs to increase the availability and quality of palliative care services, including the provision of training, technical and financial assistance. Services are provided through the public sector health facilities, hospice and palliative care organizations, NGOs, FBOs, community-based, and home-based care programs.

South Africa has one of the highest estimated TB infection rates in the world: 58% of all TB patients are also HIV-infected. In FY 2008, activities will aim to provide additional technical and financial resources for provincial and district health management teams to increase the effectiveness of referral networks between TB and HIV services and to improve the mechanisms of TB and HIV program collaboration. The USG will continue to support the development of a National TB Reference Lab to improve diagnosis of TB among People Living with HIV/AIDS (PLWHA). Additional laboratory activities will focus on quality assurance, expansion of TB culture and drug susceptibility testing, and supporting improvements in information systems and testing technology. Public-private partnerships will continue to expand access to TB/HIV services among people living with HIV (PLWHA). Efforts to better understand the interaction between TB, HIV and drug resistance extent of these threats and to control them will be accelerated through 2008.

Care and support of OVC is a key component in efforts to mitigate the impact of the epidemic in South Africa, where an estimated 1.2 million children have lost one or both parents to AIDS. USG will provide financial and technical assistance to OVC programs focusing on mobilizing community and FBOs to improve the number and quality of services provided for OVC. These programs encompass the entire care and support continuum, including psychosocial and nutritional support, maximizing OVC access to GSA benefits, and strengthening OVC support through referrals for health care, support groups, and training.

Expanding the availability, access, and quality of CT services is a critical component of the USG HIV/AIDS program in South Africa. As the majority of CT services are provided in public facilities, PEPFAR will continue to support NDOH efforts to expand CT sites and services. All

USG CT activities are intentionally linked to clinical care and support and treatment activities in order to ensure that individuals who test HIV positive have access to needed services. Many USG programs have mobile CT programs targeting high-risk populations, underserved communities, and men.

Principal Partners: South African Government partners include the NDOH, DPLG, DCS, Department of Social Development (DSD), SANDF, NICD and NHLS. International partners include Africare, CARE International, Catholic Relief Services, Salvation Army World Services, Boston University, Humana People to People, Medical Care Development International, Population Council, EngenderHealth, Johns Hopkins University, JHPIEGO, National Association of State and Territorial AIDS Directors, Hope Worldwide, Management Sciences for Health, John Snow, Inc., Family Health International, Columbia University, Harvard University, Pathfinder International, Population Services International, and the Elizabeth Glaser Pediatric AIDS Foundation. Local South African partners include: the Medical Research Council, Hospice Palliative Care Association of South Africa, Africa Center for Health and Population Studies, GRIP Intervention Program, Perinatal HIV Research Unit, National Association of Childcare Workers Reproductive Health Research Unit, Medical Research Council, South African National Council of Child and Family Welfare, Foundation for Professional Development, BroadReach Healthcare, Aurum Health Institute, Ingwavuma Orphan Care, CompreCare, Starfish, Nurturing Orphans for AIDS and Humanity, South African Catholic Bishops Conference, South African Clothing & Textile Workers' Union, LifeLine, Mpilonhle, McCord Hospital. St. Mary's Hospital, Right To Care , Project Support Association of Southern Africa, HIVCare, Training Institute for Primary Health Care, Living Hope Community Center, the Nelson Mandela School of Medicine, Xstrata Coal SA & Re-Action!, World Vision South Africa, and Stellenbosch University-Desmond Tutu TB Center.

Treatment: $264,327,084 ($247,033,993 Field; $17,293,091 Central) (49.4% of prevention, care and treatment budget)

In 2003, the GSA took the historic step of developing a comprehensive plan to implement a nationwide antiretroviral treatment (ART) program. In May 2007, the NDOH released the new *HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011* (NSP). This plan has provided an ideal opportunity for the USG to contribute to the GSA's target of universal access to ARV services by 2009. The USG program will strengthen comprehensive care for HIV-infected people, including scaling up existing effective programs; initiating new treatment programs; providing direct treatment services; increasing the capacity of the National and provincial Departments of Health to develop, manage, and evaluate AIDS treatment programs, and increasing demand for, acceptance of, and compliance with ART regimens through treatment literacy campaigns and community mobilization.

Principal Partners: South African government partners include the NDOH, DCS, SANDF, NICD and NHLS. International partners include Africare, Boston University, Catholic Relief Services, Population Council, Family Health International, Absolute Return for Kids, JHPIEGO, John Snow, Inc., Partnership for Supply Chain Management, Johns Hopkins University, Pathfinder International, Columbia University, Elizabeth Glaser Pediatric AIDS Foundation, Management Sciences for Health, International Training and Education Center on HIV, and

University Research Corporation. Local South African partners include Foundation for Professional Development, Africa Center for Health and Population Studies, Health Science Academy, McCord Hospital, St. Mary's Hospital, South African Clothing and Textile Workers Union, Soul City, Perinatal HIV Research Unit, Reproductive Health Research Unit, BroadReach Healthcare, Right to Care, Medical Research Council, Xstrata Coal SA & Re-Action!, Aurum Health Institute, Toga Laboratories, HIVCare, TB Care Association, and the University of KwaZulu-Natal.

Other Costs: $56,163,556

The USG will support the NDOH in designing and implementing an integrated monitoring and evaluation (M&E) system. To facilitate the management of the PEPFAR monitoring and reporting process, the USG has implemented a single consolidated data warehouse that serves as the focal point for all PEPFAR data collected by partners. By collaborating with and assisting the GSA to strengthen the implementing partners' strategic information systems, the USG also will support specific public health evaluations (in order to improve prevention, care, and treatment programs), identify potential new interventions, and document best practices. The USG also will support the DSD in strengthening its M&E system to identify and track OVC.

Principal Partners: South African Government partners include the NDOH, DCS, DSD, SANDF, and the NICD. International partners include Population Council, JHPIEGO, American International Health Alliance, Health Policy Initiative, Harvard University, , and the National Alliance of State and Territorial AIDS Directors. Local South African partners include Human Sciences Research Council, Foundation for Professional Development, Khulisa Management Services, Medical Research Council, University of Pretoria, University of KwaZulu-Natal, Perinatal HIV Research Unit and Reproductive Health Research Unit.

Management and Staffing costs will support both the program and the technical assistance required to implement and manage PEPFAR activities. Department of State, USAID, HHS/CDC, Peace Corps and Department of Defense personnel, travel, management, and logistics support in-country are included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanism:

The USG is the largest bilateral donor to South Africa's health sector. It is one of nearly 20 bilateral and multilateral donors providing technical and financial assistance in support of South Africa's NSP. In addition to the Global Fund, other major donors include the European Union, the United Kingdom, Belgium, the Netherlands, Australia, France, Sweden, and Germany. The Global Fund has entered into agreements for two grants from South Africa for AIDS and TB programs. The primary HIV/AIDS coordinating body is the South African National AIDS Council (SANAC). The USG meets regularly with key officials of individual Ministries (Health, Social Development, Treasury, Defense, Education, and Correctional Services), to ensure that USG assistance complements and supports the South African Government's plans for prevention, care, and treatment. The USG and implementing partners also meet with South African Government officials at the provincial level to ensure synergy with provincial priorities and activities.

Program Contact: Health Attache Mary Fanning, PEPFAR Coordinator Marsha Singer

Time Frame: Fiscal Year 2008 – Fiscal Year 2009

Approved Funding by Program Area: South Africa
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - SOUTH AFRICA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	16,245,130		16,705,140	50,000				33,000,270		33,000,270	6.2%
Abstinence/Be Faithful	19,480,850		12,953,000	100,000		290,000		32,823,850	5,038,513	37,862,363	7.1%
Blood Safety			291,000					291,000	2,500,000	2,791,000	0.5%
Injection Safety			48,500					48,500	2,223,732	2,272,232	0.4%
Other Prevention	12,804,220		10,651,500	275,000	350,000			24,080,720		24,080,720	4.5%
Prevention Sub-total	*48,530,200*	*0*	*40,649,140*	*425,000*	*350,000*	*290,000*	*0*	*90,244,340*	*9,762,245*	*100,006,585*	*18.7%*
Care											
Palliative Care: Basic health care & support	25,663,250		18,882,410	100,000	500,000	150,000		45,295,660		45,295,660	8.5%
Palliative Care: TB/HIV	16,106,850		16,331,384		100,000			32,538,234		32,538,234	6.1%
Orphans & Vulnerable Children	44,845,200		4,263,000	150,000	1,000,000	290,000		50,548,200	1,824,349	52,372,549	9.8%
Counseling and Testing	11,501,200		28,117,817	50,000	505,000	20,000		40,194,017		40,194,017	7.5%
Care Sub-total	*98,116,500*	*0*	*67,594,611*	*300,000*	*2,105,000*	*460,000*	*0*	*168,576,111*	*1,824,349*	*170,400,460*	*31.9%*
Treatment											
Treatment: ARV Drugs	17,551,402		22,593,710					40,145,112	3,191,217	43,336,329	8.1%
Treatment: ARV Services	137,902,360		55,410,771	125,000	573,000			194,011,131	14,101,874	208,113,005	38.9%
Laboratory Infrastructure			12,877,750					12,877,750		12,877,750	2.4%
Treatment Sub-total	*155,453,762*	*0*	*90,882,231*	*125,000*	*573,000*	*0*	*0*	*247,033,993*	*17,293,091*	*264,327,084*	*49.4%*
Subtotal, Prevention, Care, and Treatment	*302,100,462*	*0*	*199,125,982*	*850,000*	*3,028,000*	*750,000*	*0*	*505,854,444*	*28,879,685*	*534,734,129*	*100.0%*
Other Costs											
Strategic Information	6,766,400		12,299,938	50,000	4,000,000			23,116,338		23,116,338	
Other/policy analysis and system strengthening	2,682,500		7,783,000	50,000				10,515,500		10,515,500	
Management and Staffing	9,778,000	4,818,000	7,022,718	300,000	500,000	113,000		22,531,718		22,531,718	
Other Costs Sub-total	*19,226,900*	*4,818,000*	*27,105,656*	*400,000*	*4,500,000*	*113,000*	*0*	*56,163,556*	*0*	*56,163,556*	
AGENCY, FUNDING SOURCE TOTALS	**321,327,362**	**4,818,000**	**226,231,638**	**1,250,000**	**7,528,000**	**863,000**	**0**	**562,018,000**	**28,879,685**	**590,897,685**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	321,327,362	321,327,362	6,862,862	328,190,224
HHS	226,231,638	231,049,638	22,016,823	253,066,461
DOD	1,250,000	1,250,000	0	1,250,000
State	7,528,000	7,528,000	0	7,528,000
Peace Corps	863,000	863,000	0	863,000
Labor	0	0	0	0
Total	**557,200,000**	**562,018,000**	**28,879,685**	**590,897,685**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	4,818,000	0	4,818,000
GHCS - State	557,200,000	28,879,685	586,079,685
Total	**562,018,000**	**28,879,685**	**590,897,685**

TANZANIA

Project Title: Tanzania Fiscal Year 2008 Country PEPFAR Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	24,050,444	**24,050,444**	-	1,302,000	**1,302,000**	**25,352,444**	**-**	**25,352,444**
DOL	-		**-**	-	-	**-**	**-**	**-**	**-**
HHS	3,883,000	87,914,452	**91,797,452**	-	2,945,000	**2,945,000**	**94,742,452**	**23,469,328**	**118,211,780**
Peace Corps	-	1,097,100	**1,097,100**	-	-	**-**	**1,097,100**	**-**	**1,097,100**
State	-	10,220,111	**10,220,111**	-	14,400,168	**14,400,168**	**24,620,279**	**500,000**	**25,120,279**
USAID	-	133,189,606	**133,189,606**	-	5,881,119	**5,881,119**	**139,070,725**	**4,563,231**	**143,633,956**
TOTAL	**3,883,000**	**256,471,713**	**260,354,713**	**-**	**24,528,287**	**24,528,287**	**284,883,000**	**28,532,559**	**313,415,559**

HIV/AIDS Epidemic in Tanzania:

Adults (aged 15-49) HIV Prevalence Rate: 6.5% (UNAIDS, 2006)
Estimated number of People Living with HIV: 1,400,000 (UNAIDS, 2006)
Estimated number of Orphans due to AIDS: 1,100,000 (UNAIDS, 2006)

Country Results and Projections to Achieve 2-7-10 Goals:

Tanzania	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**25,600**	**1,500**
End of FY 2005**	**413,000**	**14,700**
End of FY 2006***	**568,800**	**44,300**
End of FY 2007****	**745,400**	**96,700**
End of FY 2008*****	**804,510**	**148,658**
End of FY 2009*****	**1,088,205**	**209,111**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

Tanzania is facing its most critical health and development crisis to date. The mainland faces a generalized HIV/AIDS epidemic, with an estimated 7% prevalence rate among those aged 15 and 49 years of age, with females having a slightly higher rate (7.7%) than males (6.3%).

Zanzibar has a concentrated HIV epidemic. While only 0.6% of the general population is infected with HIV, there is a prevalence rate of 26% among injecting drug users (IDU). According to the Ministry of Health and Social Welfare (MOHSW), in 2005, about 50% of all smear-positive tuberculosis (TB) patients were HIV-positive.

Of the 38 million Tanzanians, an estimated 1.5 million individuals are living with HIV; approximately 10% are children. An estimated 140,000 Tanzanians die each year, resulting in disruption of family structures and an increase in the estimated 1.1 million HIV orphans and vulnerable children (OVC) in Tanzania. About 80% of HIV transmission in Tanzania occurs through heterosexual contact, approximately 18% through mother-to-child transmission, and 1.8% through medical transmission or traditional practices. There continues to be a significant difference in the prevalence among urban (10.9%) and rural (5.3%) areas of the country. There is no single HIV epidemic in Tanzania; rather, there are probably several localized HIV epidemics with poorly understood dynamics.

In the general population, social and behavioral norms such as multiple and concurrent partners and trans-generational sex are factors affecting the ongoing spread of HIV. Approximately 27% of sexually active men report having two or more sexual partners in the past year, and almost 10% of sexually active 15- to 19-year-old females had sex in the past year with a male partner who was 10 or more years older. In addition, there are identified high-risk groups that warrant more aggressive targeting, including: military and uniformed services, individuals involved in prostitution, mobile populations (e.g., truckers and communities along the transport corridors), and a growing urban population of IDUs. Youth are another high-risk group, with 4% of women aged 15-24 years and 3.4% of men in the same age group being HIV positive.

PEPFAR funding will be focused on the following areas to achieve the 2-7-10 targets:

Prevention: $61,175,494 ($51,828,785 Field; $9,346,709 Central) (22.3% of prevention, care and treatment budget)

Prevention activities in Tanzania include prevention of mother-to-child transmission (PMTCT), abstinence and faithfulness (AB) programs, blood and injection safety, and other behavioral prevention initiatives, including those that focus on high-risk populations. In FY 2008, USG will continue to partner with the Government of Tanzania (GOT) to rapidly expand comprehensive PMTCT through regionalization of implementing partners, with USG treatment partners leading the scale-up and support of quality PMTCT services within their assigned geographic regions. Regionalization will expand coverage dramatically, strengthen linkages between treatment and PMTCT services, and support an integrated approach to care and treatment. FY 2008 funds will support expansion of PMTCT to additional sites where pregnant women will receive PMTCT services, including counseling and testing. Finally, the USG will strengthen efforts to follow children born to HIV-positive mothers with an expansion of early infant diagnosis, identification of these children at routine health visits, provision of cotrimoxazole to HIV-exposed infants, and nutritional support, if needed. Finally, the USG will support a Government of Tanzania feasibility study introducing male circumcision as a medical prevention intervention.

The USG will continue to support high-quality behavioral change programs, including life-skills training, community outreach, and support for standardized messaging in accordance with the GOT National HIV/AIDS Communications and Advocacy Strategy. In FY 2008, the USG will continue to strengthen prevention programming with youth, particularly in addressing primary and secondary abstinence, delayed sexual debut, and the development of personal risk reduction strategies. Youth programming will also focus more intensively on "gatekeepers" such as teachers, parents, and community, and religious leaders to foster a more supportive and enabling environment. Additionally, the AB portfolio will bring to scale programs targeting youth and adults with strengthened 'B' activities addressing socio-cultural and gender norms that promote high risk behaviors such as multiple partners, trans-generational sex, gender-based violence, and increased sexual risk related to alcohol use/abuse as well as other substance abuse.

In FY 2008, the USG will strengthen and scale up efforts to reduce new infections among higher risk populations such as truckers, individuals involved in prostitution, uniform service members, high-risk youth, migrant populations, substance abusers, including injecting drug users, and communities that live in close proximity to these focus populations. This will be the primary focus of prevention in Zanzibar. Behavior change communication will include peer education programs, interpersonal communications, and other activities that directly interface with target groups in high HIV transmission areas. USG partners will increase the variety of "edutainment" methods used and increase the social marketing of condoms and associated behavior change. .

Finally, in order to prevent medical transmission, the USG will strengthen systems for blood collection, testing, storage and handling. The USG is providing financial and technical support to strengthen the National Blood Transfusion Service (NBTS). With FY 2008 funds, the USG will support the scale up of the Infection Prevention and Control – Injection Safety programs to additional health centers and dispensaries in Tanzania.

Principal Partners: American Red Cross, Adventis Development and Relief Agency, Academy for Educational Development, AIDSRelief, American Association of Blood Banks, AMREF, Balm in Gilead, Columbia University, Elizabeth Glaser Pediatric AIDS Foundation, EngenderHealth, Deloitte Consulting Limited, Family Health International, Harvard University School of Public Health, International Rescue Committee, JHPIEGO, Kikundi Huduma Majumbani, Mbeya Referral Hospital, Mbeya Regional Medical Office, National AIDS Control Programme (NACP), PharmAccess, Rukwa and Ruvuma Regional Medical Offices, Selian Lutheran Hospital, University of Medicine and Dentistry, New Jersey, University Research Corporation, World Vision International, and Zanzibar AIDS Control Programme (ZAC)

Care: $71,437,171 ($69,507,400 Field; $1,929,771 Central) (26.0% of prevention, care and treatment budget)

Care activities in Tanzania include counseling and testing (CT), basic palliative care, support for integrating TB and HIV programs, and support for orphans and vulnerable children (OVC). In FY 2008, the USG CT program will focus on continued rollout of provider-initiated testing and counseling, increased training on the new national testing algorithm, continued advocacy for a transition to finger-prick-based HIV testing, continued demand creation for the estimated 93% of uninfected Tanzanians, and increased access to CT services, particularly in high prevalence

areas.

Palliative care activities will comprise delivery of a basic package of care services to HIV-positive individuals and their families. At health facilities, clinical care will include basic pain and symptom management, opportunistic infection prevention and treatment, referrals for TB screening, and monitoring for treatment side effects and adherence. At the community level, palliative care activities will include strengthening community- and faith-based organizations to provide psychological and social support, prevention services, distribution of condoms, safe water, insecticide treated nets, and other support to individuals and families affected by HIV. Linking community care activities to health facilities for continuity of care will be a strong focus in FY 2008. Stigma reduction will be addressed through peer education and community sensitization tools; the participation of people living with HIV/AIDS (PLWHAs) in designing and administering care services; and linking PLWHA with support groups that work with community leaders.

The USG will continue to assist and advise the GOT in the screening, diagnosis, and treatment of TB disease among PLWHA, including strengthening laboratory capacity for TB diagnosis, and supporting TB infection control in clinics/hospitals with a focus on HIV treatment sites. The USG will support the improvement of overall diagnostic capabilities, offer screening for TB infection in HIV Care and Treatment Center (CTC) sites, and train clinicians in TB case management. It will also support the integration of initiation of antiretroviral treatment in TB clinics to catch infected persons early.

Support in FY 2008 will dramatically scale up the number of OVC served by USG-supported programs, with a focus on self-sufficiency of OVC while continuing to ensure high coverage, comprehensiveness, and quality of services. The USG works with all the major donors to assure availability of services in all districts by the end of 2009.

Principal Partners: African Palliative Care Association, Africare, Axios, Columbia University, Deloitte Consulting Limited, Family Health International, IntraHealth International, Mbeya HIV/AIDS Network, Mildmay International, NACP, National Tuberculosis and Leprosy Control Programme, Pact, Partnership for Supply Chain Management (SCMS), Pastoral Activities and Services for People with AIDS, Pathfinder International, Program for Appropriate Technology in Health, Salvation Army, and Selian Hospital.

Treatment: $142,135,813 ($124,879,734 Field; $17,256,079 Central) (51.7% of prevention, care and treatment budget)

Treatment activities in Tanzania include the provision of free antiretroviral (ARV) drug and services, laboratory support and the management of opportunistic infections. Continuing to benefit from the regionalization of treatment partners, this USG-funded program has grown to 124 treatment sites, with 71,584 patients on treatment at the end of March 2007. With FY 2008 funds, the USG will support the GOT focus of expanding to health centers to decongest hospitals and increase equity by moving services to rural populations, providing improved identification of pediatric cases and referrals for services, improved linkages with other programs to ensure and enhance a continuum of care, and improved quality of treatment services at all levels.

The USG collaborates with the MOHSW and its partners to strengthen laboratory infrastructure and capacity for HIV diagnosis, disease staging, therapeutic monitoring, and expanding infant diagnosis of HIV. In FY 2008, the USG will continue to improve laboratory services by implementing a standardized laboratory information system in regional hospital laboratories; renovating regional and district laboratories; supporting in-service and pre-service training; and strengthening the national quality assurance program. With FY 2008 funding, the USG will also provide training in HIV testing methods.

Principal Partners: Bugando Medical Centre, Catholic Relief Services, Columbia University, Deloitte Consulting Limited, Elizabeth Glaser Pediatric AIDS Foundation, Harvard University School of Public Health, Mbeya Referral Hospital, Mbeya, Rukwa, and Ruvuma Regional Medical Offices, SCMS, Pastoral Activities & Services for People with AIDS, PharmAccess, Regional Procurement Support Office, Selian Lutheran Hospital, University of Washington, and University Research Corporation.

Other Costs: $38,667,081

In FY 2008, the USG will strengthen human and infrastructural capacity to conduct strategic information activities at the national and sub-national levels, including: harmonization of indicators and data systems; collection, analysis and timely reporting of quality data; and promotion of data use for planning and implementation. Data quality will be improved through the adoption of tools, implementation of data assessments, and training. Under the umbrella of NACP and Tanzania AIDS Commission, program and survey data will be triangulated and linked with the Global Fund Five-Year Evaluation. Finally, FY 2008 funds will enable the USG to strengthen national monitoring through the use of computer and cell phone technology to transmit data from local to central levels, ensuring complete and quality data on a timely basis.

The success and sustainability of PEPFAR activities in Tanzania depend largely on crosscutting programs that encompass human capacity development, systems strengthening, policy, and stigma reduction. The USG will work to improve the skills of existing service providers, reduce turnover, increase the number of well-trained new providers, and overhaul select human resource systems that limit the effectiveness and productivity of workers. In addition, the USG will concentrate on strengthening leaders and national organizations to accelerate the pace of program implementation. Finally, the USG will make certain that key policies affecting the success of our programs, such as those related to use of lay workers for HIV testing, are approved and executed.

Principal Partners: American International Health Alliance, Family Health International, IntraHealth, Macro International, Management Sciences for Health, Ministry of Health, NACP, National Institute for Medical Research, Pathfinder International, Policy Project, University of North Carolina, University of Washington, World Health Organization, and ZAC.

Management and staffing funds will support the in-country personnel needed for USAID, HHS/OS, HHS/CDC, State, DOD and the Peace Corps. Working cooperatively, these agencies have developed innovative approaches and management structures that ensure program

monitoring and accountability, capture the programming advantages of partner agencies, and ensure USG policy and technical leadership within the Tanzanian national response.

Other Donors, Global Fund Activities, Coordination Mechanisms

The United States is the largest bilateral donor for HIV/AIDS in Tanzania. In addition to the Global Fund to Fight HIV/AIDS, TB, and Malaria, other major donors include: the World Bank, Royal Netherlands Embassy, Canadian Cooperation Office and Japan International Cooperation Agency. The total amount of the Global Fund awards for both the mainland and Zanzibar is $510 million, approximately $325 million of which is for HIV/AIDS.

The primary coordinating bodies for HIV/AIDS are the Tanzania Commission on AIDS on the Tanzania mainland and the Zanzibar AIDS Commission on the island of Zanzibar. In addition to working with NACP, the USG meets regularly with key officials of individual Ministries to ensure that USG assistance supports the GOT goals within each program area.

Internally, the US Ambassador is responsible for the overall leadership of the PEPFAR/Tanzania program. He is supported by the Deputy Chief of Mission (DCM), the PEPFAR Country Coordinator (PCC) and four Agency Heads. Chaired by the PCC, the Interagency HIV Coordinating Committee (IHCC) meets bi-weekly to provide overall program direction and strategy. The PCC also chairs a weekly Management and Operations (M&O) meeting to address program implementation and interagency coordination and collaboration. The M&O team is comprised of one senior management advisor from each agency, each of the four Strategic Unit leads and the Strategic Information Liaison.

Program Contact: PEPFAR Coordinator, Tracy Carson

Time Frame: FY 2008 – FY 2009

Approved Funding by Program Area: Tanzania
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - TANZANIA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	13,804,253	37,635	7,105,458	1,300,000	100,000			22,347,346		22,347,346	8.1%
Abstinence/Be Faithful	11,310,000	289,961	2,371,000	1,538,780		40,300		15,550,041	2,633,460	18,183,501	6.6%
Blood Safety	34,450	56,400	661,012		666,224			1,418,086	4,500,000	5,918,086	2.2%
Injection Safety	393,016		600,680					993,696	2,213,249	3,206,945	1.2%
Other Prevention	8,970,786	7,800	1,516,200	967,330		57,500		11,519,616		11,519,616	4.2%
Prevention Sub-total	*34,512,505*	*391,796*	*12,254,350*	*3,806,110*	*766,224*	*97,800*	*0*	*51,828,785*	*9,346,709*	*61,175,494*	*22.3%*
Care											
Palliative Care: Basic health care & support	11,503,530	74,300	5,732,700	2,233,160		370,700		19,914,390		19,914,390	7.2%
Palliative Care: TB/HIV	2,775,000	89,000	4,033,000	600,000	900,000			8,397,000		8,397,000	3.1%
Orphans & Vulnerable Children	19,230,000		2,350,000	1,360,000		346,000		23,286,000	1,929,771	25,215,771	9.2%
Counseling and Testing	10,147,600	42,600	5,905,540	1,439,270	375,000			17,910,010		17,910,010	6.5%
Care Sub-total	*43,656,130*	*205,900*	*18,021,240*	*5,632,430*	*1,275,000*	*716,700*	*0*	*69,507,400*	*1,929,771*	*71,437,171*	*26.0%*
Treatment											
Treatment: ARV Drugs	23,918,743							23,918,743		23,918,743	8.7%
Treatment: ARV Services	22,659,554	150,829	42,854,064	14,292,000	13,504,544			93,460,991	17,256,079	110,717,070	40.3%
Laboratory Infrastructure	0	164,398	6,114,315	300,000	921,287			7,500,000		7,500,000	2.7%
Treatment Sub-total	*46,578,297*	*315,227*	*48,968,379*	*14,592,000*	*14,425,831*	*0*	*0*	*124,879,734*	*17,256,079*	*142,135,813*	*51.7%*
Subtotal, Prevention, Care, and Treatment	*124,746,932*	*912,923*	*79,243,969*	*24,030,540*	*16,467,055*	*814,500*	*0*	*246,215,919*	*28,532,559*	*274,748,478*	*100.0%*
Other Costs											
Strategic Information	2,400,000	167,910	4,485,100	30,000	600,000			7,683,010		7,683,010	
Other/policy analysis and system strengthening	6,328,417	88,000	3,938,983		306,600			10,662,000		10,662,000	
Management and Staffing	5,595,376	2,714,167	3,191,400	1,291,904	7,246,624	282,600		20,322,071		20,322,071	
Other Costs Sub-total	*14,323,793*	*2,970,077*	*11,615,483*	*1,321,904*	*8,153,224*	*282,600*	*0*	*38,667,081*	*0*	*38,667,081*	
AGENCY, FUNDING SOURCE TOTALS	**139,070,725**	**3,883,000**	**90,859,452**	**25,352,444**	**24,620,279**	**1,097,100**	**0**	**284,883,000**	**28,532,559**	**313,415,559**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	139,070,725	139,070,725	4,563,231	143,633,956
HHS	90,859,452	94,742,452	23,469,328	118,211,780
DOD	25,352,444	25,352,444	0	25,352,444
State	24,620,279	24,620,279	0	24,620,279
Peace Corps	1,097,100	1,097,100	0	1,097,100
Labor	0	0	0	0
Total	**281,000,000**	**284,883,000**	**28,032,559**	**312,915,559**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	3,883,000	0	3,883,000
GHCS - State	281,000,000	28,532,559	309,532,559
Total	**284,883,000**	**28,532,559**	**313,415,559**

UGANDA

Project Title: **Uganda Fiscal Year 2008 Country PEPFAR Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	4,038,024	**4,038,024**	-	-	**-**	**4,038,024**	**-**	**4,038,024**
DOL	-		**-**	-	-	**-**	**-**	**-**	**-**
HHS	8,040,000	111,900,247	**119,940,247**	-	765,387	**765,387**	**120,705,634**	**9,764,675**	**130,470,309**
Peace Corps	-	2,096,020	**2,096,020**	-	-	**-**	**2,096,020**	**-**	**2,096,020**
State	-	4,081,390	**4,081,390**	-	3,172,611	**3,172,611**	**7,254,001**	**1,400,000**	**8,654,001**
USAID	-	128,646,321	**128,646,321**	-	300,000	**300,000**	**128,946,321**	**9,430,801**	**138,377,122**
TOTAL	**8,040,000**	**250,762,002**	**258,802,002**	**-**	**4,237,998**	**4,237,998**	**263,040,000**	**20,595,476**	**283,635,476**

HIV/AIDS Epidemic in Uganda:

Adults (aged 15-49) HIV Prevalence Rate – end 2003: 6.4% (Uganda HIV/AIDS Sero Behavioral Survey 2005)
Estimated number of People Living with HIV: 1,100,000 (UDHS 2006)
Estimated number of Orphans due to AIDS: 1,000,000 (2001 Situation Analysis, 2004 Household Survey)

Country Results and Projections to Achieve 2-7-10 Goals:

Uganda	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**252,500**	**33,000**
End of FY 2005**	**371,200**	**67,500**
End of FY 2006***	**511,800**	**89,200**
End of FY 2007****	**722,300**	**106,000**
End of FY 2008*****	**657,698**	**120,000**
End of FY 2009*****	**914,090**	**141,101**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

The results of the recently released Uganda HIV Sero Behavioral Survey (UHSBS), revealed an adult HIV prevalence of 6.4%. Approximately 1.1 million Ugandans are HIV positive, of which approximately 100,000 are children under the age of 18. Women, urban dwellers and those living in the conflict regions are the most severely affected. Forty percent of those who are HIV positive have an HIV negative spouse. HIV incidence in Uganda's mature epidemic is showing signs of stagnating, rather than declining and recent data suggests that the epidemic has shifted into older age groups. More than one million people have died and there are an estimated one million orphans as a direct result of HIV/AIDS.

All HIV positive Ugandans require access to comprehensive care and support services. In view of a severely burdened public health system, the USG is supporting faith-based networks, civil society, and the private sector to complement the public sector and play a key role in ensuring the delivery of services and essential commodities. An estimated 250,000 people in Uganda are currently in need of antiretroviral treatment (ART). Of these, approximately 105,000 are receiving ART with the USG directly supporting ART for 66,000 in 144 service outlets throughout the country as of March 31, 2007. The USG is the largest provider of pediatric AIDS treatment services in the country, supporting approximately 7,000 pediatric patients.

As a result of the HIV/AIDS epidemic, Uganda is among the 22 countries in the world with the highest tuberculosis (TB) burden. TB remains the leading cause of morbidity and mortality for people living with HIV/AIDS (PLWHA). In FY 2008, a key goal for PEPFAR in Uganda will be to increase the number of HIV positive TB patients receiving palliative care (PC) and ART. PEPFAR funding will focus on the following programmatic areas to achieve the Plan's 2-7-10 targets.

Prevention: $54,750,912 ($44,567,851 Field; $10,183,061 Central) (22.4% of prevention, care and treatment budget)

The Government of Uganda (GOU) 2007-2012 National Strategic Plan (NSP), which is based on epidemiological data and analysis, emphasizes HIV prevention. Sexual transmission accounts for 76% of all new infections, followed by mother to child transmission at 22%. The main driver of the epidemic is identified as high risk sex, defined as having multiple concurrent partners and unprotected sex. GOU prevention priorities include behavior change for risk reduction and risk avoidance; improving counseling and testing uptake; increasing condom availability; integrating HIV prevention into care and treatment; post-exposure prophylaxis; preventing sexually transmitted infection (STIs), and promoting of protective social norms.

In FY 2008, the USG will support HIV prevention strategies that target the general population (particularly men), discordant couples, and high-risk groups, including at-risk youth, and support prevention strategies that address the social and gender norms that underlie risky sexual behavior using mass media, interpersonal communication, and community mobilization.

Given positive trends among young people toward delayed sexual debut and increased abstinence, the USG will continue to strengthen abstinence programs through school-based and out of school programs. In addition, the USG will strengthen its focus on most at-risk

populations, including people in prostitution, truck drivers, fishermen, and Internally Displaced Persons (IDPs). USG will address areas with highest prevalence, including urban areas and the Northern districts where armed conflict have contributed to high risk sex, including forced sex. USG will continue to target members of the Uganda People's Defense Forces (estimated 24% prevalence) and their families. Projects will also educate and advocate against alcohol consumption. USG will focus prevention strategies on discordant couples, including couple testing and mutual disclosure, and consistent and correct condom use both amongst discordant couples and with casual partners.

USG will collaborate with an increased number of partners to target HIV-positive mothers and their families with prevention of mother-to-child transmission (PMTCT) services. Routine opt-out counseling and testing (CT) using rapid HIV test kits with same day results will be integrated in all maternal and child health (MCH) services to increase coverage and reduce drop out and increase eligible HIV-positive pregnant women's access to ART. Lay counselors will be used to increase capacity for CT in health care setting. Districts' capacity to provide quality PMTCT services will be strengthened using routine supervision and support. Community-led approaches such as behavior change communication and social mobilization will be used to address social and behavioral factors affecting the uptake of PMTCT and MCH services.

The NSP includes Medical Male Circumcision as an effective prevention intervention. Results of the USG-supported assessment, using WHO-developed tools, will be available and disseminated in mid 2008. USG support in 2008 will take better shape as these results become known. In FY 2008, the USG will continue support for the Blood Safety program, consolidating past achievements and bridging gaps in service delivery. Program strategies include improving service provider skills; behavior change and communication; improving the logistics system to ensure full supply of injection commodities; and improving medical waste management.

Principal Partners: CORE Initiative, Catholic Relief Services, Center for Disease Control, Commodity Security Logistics, Deloitte and Touche, Family Health Internationals, International Medial Corps, Inter-Religious Council of Uganda, Joint Clinical Research Center, John Snow International, Northern Uganda Malaria, AIDS and TB Program, Uganda Program for Human and Holistic Development, Johns Hopkins University Center for Communication, Makerere University Walter Reed Project, Makerere University Faculty of Medicine, International Study Center-Clinical and Laboratory Training in HIV/AIDS, Ministry of Health, National Medical Stores, Partnership for Supply Chain Management, Peace Corps, Population Services International, Protecting Families Against AIDS, Regional Center for Quality Health Care, Research Triangle International, Straight Talk, Rakai Institute of Public Health, Pediatric Infectious Disease Clinic, The AIDS Support Organization, Elizabeth Glazer Pediatric AIDS Foundation, Private Sector, Presidential Initiative on AIDS Strategy for Communication to Youth and US Department of Defense.

Care: $81,877,668 ($77,729,928 Field; $4,147,740 Central) (33.5% of prevention, care and treatment budget)

Care activities in Uganda include CT, PC, support for integrated TB care and treatment, and assistance to orphans and vulnerable children (OVC,). The 2002 Demographic Health Survey

reported that 70% of the population wanted to know their HIV status, but only 10% had access to CT services. FY 2008 will emphasize using innovative approaches to increase the access and utilization of CT by those who engage in high risk behaviors, including mobile populations; children, adolescents, and couples. As part of the overall strategy, the USG will build the capacity of health workers and support the training and use of alternative manpower including PLWHAs to bridge the human resources gap. Public-private partnerships to make CT accessible in the work place will be strengthened. District-wide door-to-door CT will be initiated in high prevalence districts. USG will support MOH and partners to roll out Routine Counseling and Testing initially in regional hospitals and progressively to the lower health centers. The USG implementing partners will also support the MOH's "Know Your Status" campaign using media, advocacy, interpersonal communication, and national testing days, and by mobilizing national and district leadership.

USG support for PLWHA includes a broad range of services to address the continuum of illness ranging from management of opportunistic infections, psychosocial support, home based care, nutrition, basic preventive care, TB management, pain and symptom control, and spiritual care, to culturally appropriate terminal care. The USG will continue to utilize various community based structures for delivery of care and referral at the community level. Access to the basic preventive health package, which includes two long-lasting insecticide treated mosquito nets, a water safety vessel and chlorine solution, condoms as appropriate, and prevention for positives educational materials, will be expanded through both the public and private sectors.

In FY 2008, USG will continue to support the implementation of the national TB/ HIV integration policy and communication strategy through training of health care providers. The USG will support the National HIV/AIDS/TB Collaboration Committee to develop implementation plans, provide support supervision, and facilitate working relationships between the National TB and Leprosy Program and the AIDS Control Program. The USG will support districts to set up TB/HIV integration committees, integrate TB/HIV activities in health plans and develop structures to provide support supervision to health facilities. The USG will further provide technical support to health facilities to establish infection control committees, implement infection control procedures, and provide HIV screening for TB patients. The USG will support the training of health workers in TB diagnostics, CT for TB patients and TB suspects, routine TB screening for clients that test HIV-positive, and the provision of palliative care and treatment for co-infected patients.

Of the one million children directly affected by HIV/AIDS, an estimated 110,000 children age 0-14 are HIV positive. Approximately 43,000 of them are eligible for treatment, but only about 11,000 are on ART. Most HIV-infected children are also in need of other services such as food and education. The USG, in close partnership with the GOU, will support the newly-established Civil Society Fund for AIDS, TB and Malaria to provide grants for OVC programming; dissemination of a quality standards guiding tool for applying national standards in OVC core program areas; and strengthening networks between pediatric care and treatment programs and community based OVC services. In FY 2008, the USG will support the GOU to conduct an OVC situation analysis to obtain data needed to develop stronger OVC programs.

Principal Partners: AIDS Enhancement Capacity, African Education Initiative Girls Scholarship, AIDS Information Center, African Medical Research Foundation, APEP Food Security Nutrition, CORE Initiative, Catholic Relief Services, Center for Disease Control, Chemonics International, Deloitte and Touche, Family Health International, Hospice Africa, International HIV/AIDS Alliance, International Medical Corps, Inter-Religious Council of Uganda, Joint Clinical Research Center, The AIDS Support Organization, Northern Uganda Malaria, AIDS and TB Program, Uganda Program for Human and Holistic Development, John Hopkins University Center for Communication, Makerere University Walter Reed Project, Makerere University Faculty of Medicine, Ministry of Health, Partnership for Supply Chain Management, Peace Corps, Population Services International, Research Triangle International, Rakai Institute of Public Health, Pediatric Infectious Disease Clinic, Private Sector, US Department of Defense, US Department of State, Uganda Viral Research Institute and World Vision International.

Treatment: $107,521,759 ($101,257,084 Field; $6,264,675 Central) (44.0% of prevention, care and treatment budget)

Treatment activities in Uganda include the provision of ART services, which are strongly supported by laboratory infrastructure development. Uganda, with support from the USG, is making significant progress towards its target of providing ART for 250,000 people. Uganda is in the process of revising the National ART policy, which will increase the number of people in need of ART from 250,000 to over 350,000. In direct response, the USG will support expansion of clinical space in rural health centers, train additional health workers to provide ART, and build the capacity of local governments to increase access to ART. The USG will also scale up financial and technical support to workplaces, faith based institutions and private for-profit health providers to provide ART. A key focus will be to facilitate linkages and referrals between health facilities, between the community and health facilities, and within the community. The USG will support programs that build capacity of PLWHA groups to support linkages between facility- and community-based care services, provide adherence counseling and support, increase ART literacy, identify HIV-infected children in the community and link them to services, and improve prevention-with-positives efforts.

USG will consolidate laboratory gains made to date with particular emphasis on management, coordination, and quality assurance activities. Laboratory data collection and reporting will be supported to include more laboratories for the improvement of service provision. National programs, such as the rapid HIV test training roll-out will be expanded to include new laboratory techniques for patient monitoring and treatment. The laboratory rehabilitation program at lower health facilities will be expanded. Training and re-training activities will continue with increased emphasis on management and quality assurance. Finally, FY 2008 funding will continue to support the established Ugandan procurement structures and increase local institutions' capacity with technical assistance in forecasting, distribution logistics, and warehousing of commodities.

Principal Partners: African Medical Research Foundation, Catholic Relief Service, Center for Disease Control, Chemonics International, Engender Health, Hospice Africa, International HIV/AIDS Alliance, Inter-Religious Council of Uganda, Joint Clinical Research Center, The AIDS Support Organization, Northern Uganda Malaria, AIDS and TB Program, Uganda

Program for Human and Holistic Development, Johns Hopkins University Center for Communication, Makerere University Walter Reed Project, Makerere University Faculty of Medicine, Mildmay International, Ministry of Health, Medical Research Council, Management Science for Health, New York AIDS Institute, National Medical Stores, Regional Center for Quality Health Care, Regional Procurement Support Office, Rakai Institute of Public Health, Pediatric Infectious Disease Clinic, National Drug Authority, Elizabeth Glazer Pediatric AIDS Foundation, Private Sector, University Research Corporation, US Department of Defense, Uganda Viral Research Institute.

Other Costs: $39,485,137

PEPFAR Uganda supports a variety of strategic information activities including routine data collection at district and national levels. A central component involves building the capacity of national and local government, civil society and faith-based organizations to develop and implement effective monitoring and evaluation systems. Partners are trained in data collection, analysis and use of data in decision making for more effective and efficient program management. The USG is actively engaged in strengthening routine health services data collection through MOH's Health Management Information System; sentinel surveillance rounds in antenatal and sexually transmitted disease clinics; information systems development and strengthening of national/implementing partner service delivery sites; and technical assistance to the GOU for the analysis and dissemination of population based surveys and on-going public health evaluations.

In FY08, USG will continue to ameliorate the human resources crisis by enhancing the capacity for human resource policy and planning at central and district levels; strengthening systems for effective performance-based health workforce development; and identifying and promoting health workforce management practices for improved performance and retention.

Principal Partners: John Snow International, Social and Scientific Systems, New York AIDS Institute, Ministry of Health, Macro International, Makerere University Institute of Public Health, Medical Research Council, The AIDS Support Organization, and the University of California San Francisco, Ministry of Health, Uganda AIDS Commission, Ministry of Defense, and JHPIEGO.

Management and staffing funds will support the in-country personnel for USAID, Department of Health and Human Services, Department of State, Department of Defense, and Peace Corps. Funds will ensure program monitoring and accountability, ensure USG policy and technical leadership within Uganda's national response, and cover compensation, logistics, and office and administrative costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The United States is the largest bilateral donor, contributing about 80% to Uganda's HIV/AIDS national response. In addition to the Global Fund to Fight HIV/AIDS, TB, and Malaria (Global Fund), other major donors include DANIDA, DFID, and Irish AID.

The USG works collaboratively with other AIDS development partners, including UNAIDS, to support the Uganda AIDS Commission (UAC) to lead the national response and in collaboration with UAC, DFID, and Irish AID, established the Civil Society Fund (CSF) to administer grants to civil society for prevention and care programming. Round 3 Phase 2 Global Fund OVC resources and pending Round 7 HIV Global Fund HIV resources for civil society are also to be programmed to go through the CSF. To ensure the GOU's national priorities are supported, the USG meets regularly with officials from the MOH and other relevant ministries and the PEPFAR Advisory Committee, which was established by the President's Office and consists of all key national HIV/AIDS stakeholders.

Internally, the US Ambassador is responsible for the overall leadership of the PEPFAR Uganda program. He is supported by the Deputy Chief of Mission, the PEPFAR Country Coordinator, four Agency Heads, the Country Team, and interagency technical working groups.

Program Contact: PEPFAR Coordinator, Premila Bartlett

Time Frame: FY 2008 – FY 2009

Approved Funding by Program Area: Uganda
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - UGANDA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	6,750,000	200,000	9,123,936	100,000	60,000			16,233,936		16,233,936	6.6%
Abstinence/Be Faithful	11,632,172		2,279,829	188,000	29,949	221,600		14,351,550	2,890,477	17,242,027	7.1%
Blood Safety								0	4,900,000	4,900,000	2.0%
Injection Safety	382,500		200,000	50,000				632,500	2,392,584	3,025,084	1.2%
Other Prevention	10,207,066		2,040,093	315,000	374,506	413,200		13,349,865		13,349,865	5.5%
Prevention Sub-total	*28,971,738*	*200,000*	*13,643,858*	*653,000*	*464,455*	*634,800*	*0*	*44,567,851*	*10,183,061*	*54,750,912*	*22.4%*
Care											
Palliative Care: Basic health care & support	15,767,565		10,234,343	569,000	470,000	557,820		27,598,728		27,598,728	11.3%
Palliative Care: TB/HIV	4,728,564		4,305,000	100,000	340,000			9,473,564		9,473,564	3.9%
Orphans & Vulnerable Children	18,453,253		2,336,000	350,000	262,191	592,600		21,994,044	4,147,740	26,141,784	10.7%
Counseling and Testing	7,085,000		11,090,848	438,000	49,744			18,663,592		18,663,592	7.6%
Care Sub-total	*46,034,382*	*0*	*27,966,191*	*1,457,000*	*1,121,935*	*1,150,420*	*0*	*77,729,928*	*4,147,740*	*81,877,668*	*33.5%*
Treatment											
Treatment: ARV Drugs	10,840,000		25,091,628	0	174,775			36,106,403	3,094,749	39,201,152	16.1%
Treatment: ARV Services	23,674,364		21,455,457	863,757	950,000			46,943,578	3,169,926	50,113,504	20.5%
Laboratory Infrastructure	3,300,000	981,732	10,972,104	368,267	2,585,000			18,207,103		18,207,103	7.5%
Treatment Sub-total	*37,814,364*	*981,732*	*57,519,189*	*1,232,024*	*3,709,775*	*0*	*0*	*101,257,084*	*6,264,675*	*107,521,759*	*44.0%*
Subtotal, Prevention, Care, and Treatment	*112,820,484*	*1,181,732*	*99,129,238*	*3,342,024*	*5,296,165*	*1,785,220*	*0*	*223,554,863*	*20,595,476*	*244,150,339*	*100.0%*
Other Costs											
Strategic Information	6,710,866	899,504	6,644,950	225,000	1,637,836			16,118,156		16,118,156	
Other/policy analysis and system strengthening	4,106,587		3,266,587					7,373,174		7,373,174	
Management and Staffing	5,308,384	5,958,764	3,624,859	471,000	320,000	310,800		15,993,807		15,993,807	
Other Costs Sub-total	*16,125,837*	*6,858,268*	*13,536,396*	*696,000*	*1,957,836*	*310,800*	*0*	*39,485,137*	*0*	*39,485,137*	
AGENCY, FUNDING SOURCE TOTALS	**128,946,321**	**8,040,000**	**112,665,634**	**4,038,024**	**7,254,001**	**2,096,020**	**0**	**263,040,000**	**20,595,476**	**283,635,476**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	128,946,321	128,946,321	9,430,801	138,377,122
HHS	112,665,634	120,705,634	9,764,675	130,470,309
DOD	4,038,024	4,038,024	0	4,038,024
State	7,254,001	7,254,001	1,400,000	8,654,001
Peace Corps	2,096,020	2,096,020	0	2,096,020
Labor	0	0	0	0
Total	**255,000,000**	**263,040,000**	**20,595,476**	**283,635,476**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	8,040,000	0	8,040,000
GHCS - State	255,000,000	20,595,476	275,595,476
Total	**263,040,000**	**20,595,476**	**283,635,476**

VIETNAM

Project Title: **Vietnam Fiscal Year 2008 Country PEPFAR Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	3,342,200	**3,342,200**	-	2,035,000	**2,035,000**	**5,377,200**	-	**5,377,200**
DOL	-		-	-	-	-	-	-	-
HHS	2,611,543	31,311,539	**33,923,082**	243,457	-	**243,457**	**34,166,539**	-	**34,166,539**
Peace Corps	-		-	-	-	-	-	-	-
State	-		-	-	1,300,000	**1,300,000**	**1,300,000**	-	**1,300,000**
USAID	-	47,493,591	**47,493,591**	-	517,670	**517,670**	**48,011,261**	-	**48,011,261**
TOTAL	**2,611,543**	**82,147,330**	**84,758,873**	**243,457**	**3,852,670**	**4,096,127**	**88,855,000**	-	**88,855,000**

HIV/AIDS Epidemic in Vietnam

Adults (aged 15-49) HIV Prevalence Rate: 0.53% (UNAIDS, 2006)
Estimated number of People Living with HIV: 260,000 (UNAIDS, 2006)
Estimated number of Orphans due to AIDS: No official estimate available

Country Results and Projections to Achieve 2-7-10 Goals:

Vietnam	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**1,020**	**-**
End of FY 2005**	**13,100**	**700**
End of FY 2006***	**26,200**	**6,600**
End of FY 2007****	**47,400**	**11,700**
End of FY 2008*****	**68,513**	**17,000**
End of FY 2009*****	**108,795**	**22,000**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

Vietnam, a densely populated country of 85.2 million, has an estimated 280,000 people living with HIV/AIDS (PLWHA) and an estimated overall population prevalence of 0.53% (UNAIDS, 2006). Several provinces with significant numbers of injecting drug users (IDUs) report

prevalence rates above 1%. PEPFAR operates a comprehensive service delivery system in seven high-prevalence "focus" provinces: Hanoi, Ho Chi Minh City, Haiphong, Quang Ninh, An Giang, Can Tho, and recently-added Nghe An. In FY 2008, PEPFAR will expand into an eighth focus province, Son La. PEPFAR Vietnam also supports a tiered level of services based on epidemiologic need and other donor support in a total of 32 provinces. In this concentrated epidemic, transmission occurs primarily among persons engaged in high risk behaviors (PEHRBs) which includes IDUs, persons in prostitution, and men who have sex with men (MSM). The highest prevalence is among IDUs who represent 50%-60% of all reported cases. The number of IDUs who are HIV-infected was estimated to be 23.1% in 2006, reaching as high as 50-60% in some provinces. Vietnam is also one of 22 "high-burden" tuberculosis (TB) countries. HIV prevalence among TB patients is 4.9% nationally and has been rising steadily.

PEPFAR funding in FY 2008 will focus on the following programmatic areas to fulfill its contributions to the global 2-7-10 targets:

Prevention: $20,941,972 (28.6% of prevention, care and treatment budget)

The PEPFAR prevention portfolio in Vietnam includes intensive and targeted behavior change through abstinence and be faithful (AB) interventions, focused work in condoms and other prevention activities, prevention of mother-to-child transmission (PMTCT), injection safety, and blood safety.

Since the HIV/AIDS epidemic in Vietnam is fueled primarily by injection drug use, a substantial percentage of the annual PEPFAR investment in HIV/AIDS prevention is devoted to addressing this issue, in addition to preventing HIV/AIDS through sexual transmission. Given Vietnam's large population and highly concentrated epidemic, AB programming will be focused on meeting the prevention needs of 60,000 high-risk youth, including street youth and young people in vocational and urban university settings. Programming will support partner reduction activities with a campaign targeting prospective clients of persons in prostitution. A key component of the AB program is technical assistance to reinforce protective sexual norms for in-school youth through HIV/AIDS education programs.

The PEPFAR team in Vietnam has prioritized the integration of addiction and relapse prevention services into its existing outreach programs for IDU, persons engaged in prostitution, and men who have sex with men (MSM) for FY 2008. To establish a more structured and targeted approach to prevent drug use, other prevention activities will promote norms among IDUs that discourage initiating others into drug use by integrating the evidence-based Break the Cycle model into existing IDU outreach programs. FY 2008 activities will continue to focus on targeted programs for high-risk youth and to address HIV-related drug and sexual risks. PEPFAR will expand condom social marketing efforts to raise the risk perceptions associated with multiple sexual partnerships and transactional sex, and improve access to condoms and risk reduction education in non-traditional venues, including massage parlors and karaoke bars.

Positive prevention will be addressed by mainstreaming prevention activities into care and treatment efforts, including the integration of specific risk reduction counseling for HIV-positive individuals and discordant couples into HIV counseling and testing services. FY 2008 activities will continue to expand to faith-based organizations, including organizing Buddhists and

Catholics into interfaith teams to provide care and support in the home and community, and to address the complex issues related to prevention, stigma and discrimination.

Efforts in PMTCT will continue to focus on coordination of services and capacity building at national, provincial, and community levels, as well as strengthening linkages across all levels. PEPFAR support will expand services to both focus and non-focus provinces and continue to improve services at existing sites, with particular concentration on community outreach and the referral network between PMTCT, pediatric, and adult out-patient clinics.

In collaboration with the Ministry of Health's Vietnam Administration for HIV/AIDS Control (VAAC) and the World Health Organization (WHO), PEPFAR will help develop national injection safety guidelines, provide training related to dissemination of these guidelines, and procure sharps disposal equipment for eight focus provinces. PEPFAR's blood safety efforts are conducted in collaboration with the Ministry of Defense (MOD), which maintains a health care system independent of the MOH. This support will continue in FY 2008 in additional military hospitals, with training in blood safety.

Principal Partners: Vietnam's Ministry of Health, local Provincial AIDS Centers, Vietnam's Ministry of Defense, University of Hawaii, Pact/Community Reach Vietnam, Family Health International, Constella Futures Group/Health Policy Initiative, United Nations Resident Coordinator, and To Be Determined partners in the Abstinence/Be Faithful and Condoms and Other Prevention program areas.

Care: $26,475,670 (36.2% of prevention, care and treatment budget)

Care and support efforts in Vietnam include counseling and testing (CT), clinical and home-based care, integration of TB and HIV treatment for co-infected patients, and support to orphans and vulnerable children (OVC).

The PEPFAR team continues to provide key technical assistance to MOH for national CT guideline development. FY 2008 activities will also support expansion of CT coverage and introduction of new interventions for MARPs in the highest prevalence provinces. Upstream and downstream support for CT in selected IDU rehabilitation centers will be expanded to additional urban centers. PEPFAR will also continue to advocate for approval of rapid test HIV confirmatory testing.

In FY 2008, PEPFAR will support collaborative work between the Government of Vietnam (GVN) and other implementing partners to build comprehensive care services from the community to the provincial levels. Together, PEPFAR partners will develop a minimum package of services, ensuring quality and consistency across sites. HIV clinical care and support activities will focus on improving the capacity to provide care and treatment for opportunistic infections, symptomatic and other disease prevention and care, and linking this care to CT and referral services.

As part of its policy focus in palliative care, PEPFAR will work closely with the GVN to implement national palliative care guidelines approved in 2006. Based on the results of an FY 2006 pilot program, PEPFAR will support comprehensive, integrated HIV prevention, treatment

and pre- and post-release services for residents of government drug rehabilitation centers. These services will be coordinated with PEPFAR-trained case managers. Comprehensive psychosocial support, including addiction counseling, will be provided to residents re-entering the community.

The TB/HIV program allocation will be increased in FY 2008 and will address improved collaboration between TB and HIV programs in focus provinces to assure routine, standardized HIV testing of TB patients, TB screening of PLWHA, and referral of HIV-infected persons to diagnosis and TB care. PEPFAR will also strengthen linkages between TB clinics, pediatric and adult ART clinics, and PMTCT. In FY 2008, PEPFAR will also continue an assessment of TB infection control practices in PEPFAR-supported HIV/AIDS care and treatment sites, and work closely with private pharmacies and clinicians to promote collaborative public-private management of TB/HIV patients.

The number of children living with and affected by HIV/AIDS in Vietnam remains relatively low, with no accurate estimates of HIV/AIDS cases among children. Current services for orphans and vulnerable children (OVC) are minimal. PEPFAR will support development of a multi-sectoral plan for family-centered, community-based alternatives to institutional care and effective child protection systems. In FY 2008, support for OVC services will increase and ensure that each child identified by PEPFAR has access to OGAC's six essential services: health, nutrition, education, protection, psychosocial support, and shelter. The program will further integrate OVC into care and support programs in clinics as well as in the home and community. PEPFAR will support development of community-reintegration programs for abandoned and institutionalized children, which can serve as national models for implementation.

Principal Partners: Vietnam's Ministry of Health, local Provincial AIDS Centers, Vietnam's Ministry of Defense, University of Hawaii, Pact/Community Reach Vietnam, Family Health International, Constella Futures Group/Health Policy Initiative, United Nations Resident Coordinator, and Vietnam-CDC-Harvard Medical School AIDS Partnership follow-on.

Treatment: $25,800,000 (35.2% of prevention, care and treatment budget)

In FY 2008, PEPFAR support for treatment includes the establishment of effective drug procurement and dispersal systems; scale-up of ART in both adult and pediatric sites; strengthening of laboratory infrastructure; enhancement of human capacity; and more effective monitoring and evaluation systems.

Currently, 60 sites in six focus provinces are providing PEPFAR-supported adult, pediatric, and PMTCT-plus services for 12,800 PLWHA. In FY 2008, PEPFAR will continue to increase access to ARV services for adults and children in its focus provinces. District-based clinics will provide a basic package of services and act as magnet clinics for surrounding communities. PEPFAR will expand comprehensive, integrated HIV prevention, treatment, and pre- and post-release services for residents from IDU rehabilitation centers, based upon results from a pilot program initiated in FY 2006. To assure quality services and long-term sustainability, PEPFAR will continue to develop human capacity through clinical mentoring, ongoing supervision, and the development and implementation of a national training curriculum. Special attention will be given to education in addiction treatment, the interaction of substance abuse and ART, nursing,

pharmaceutical, and social support to improve the quality of services, with health care workers trained to deliver ART services.

A key focus of PEPFAR's laboratory program will be capacity building through procurement of equipment for clinical testing, establishing service contracts for maintaining key equipment, training, and strengthening donor partnerships. A high priority is improving MOH's capacity for commodity management by supporting the creation of an importation committee and inventory management system. In FY 2008, PEPFAR will also support DNA PCR and specimen collection using dried blood spot testing for infant diagnosis. PEPFAR will support MOD, in developing a reference laboratory in Ho Chi Minh City which will handle specimens from clinical centers covering both military and civilian populations.

Principal Partners: Vietnam's Ministry of Health, Ho Chi Minh City Provincial AIDS Committee, National Institute of Hygiene and Epidemiology, Vietnam's Ministry of Defense, Vietnam-CDC-Harvard Medical School AIDS Partnership follow-on, Management Sciences for Health, Partnership for Supply Chain Management, University of Hawaii, Pact/Community Reach Vietnam, Family Health International, Constella Futures Group/Health Policy Initiative, and the Armed Forces Research Institute for Medical Sciences.

Other Costs: $15,637,358

Strategic information (SI) is a key priority area in GVN's National HIV/AIDS Strategy. Through the development of a certificate-based training curriculum, PEPFAR provides critical building blocks for SI institutional and human capacity. In FY 2008, PEPFAR will continue to offer technical assistance (TA) and training for evidence-based analysis and data for decision-making. PEPFAR will also support collection and improvement of data necessary for program decision making through TA for national and specialized surveillance activities, validation of estimations and projections, PEHRB size estimates, and routine health information system infrastructure. Program effectiveness will be measured through a targeted assessment of PEPFAR in-country support and institutionalization of program monitoring and data management systems.

PEPFAR's investment in policy and systems strengthening interventions will primarily assist GVN in coordinating national HIV/AIDS activities including HIV/AIDS training for key government leaders. Sustainable systems will be developed through human resource capacity building and infrastructure strengthening at national, provincial, and district levels. PEPFAR activities in FY 2008 will address stigma and discrimination, civil society development, and implementation of the GVN National HIV/AIDS Law. PEPFAR will link program efforts through support to coordination committees in the areas of prevention, care, and treatment. Activities will also focus on developing standards of practice and certification of private health care providers in HIV/AIDS prevention, care and treatment. FY 2008 activities include development of an anti-stigma and anti-discrimination strategy across PEPFAR programs. Support for the greater involvement of people living with HIV/AIDS will continue through the expansion of PLWHA organizations and the further development of a national PLWHA network. Direct advocacy and policy development support will be provided for key military leadership and government leaders to benefit from regional HIV/AIDS policy trainings.

USG investment in management and staffing supports personnel to fill key technical and administrative staffing gaps across three U.S. government agencies, USAID, HHS/CDC, and DOD. These positions will ensure that USG is able to provide strong HIV/AIDS program management and monitoring assistance, as well as policy and technical leadership, to GVN.

Principal Partners: Vietnam's Ministry of Health, Ho Chi Minh City Provincial AIDS Committee, Hanoi School of Public Health, National Institute of Hygiene and Epidemiology, Vietnam's Ministry of Defense, Pact/Community Reach Vietnam, University of North Carolina/MEASURE Evaluation, UNAIDS, ORC/MACRO, Family Health International, Constella Futures Group/Health Policy Initiative, and To Be Determined partners focused on SI training and applications development.

Other Donors, Global Fund Activities, Coordination Mechanisms

The United States is the leading donor for HIV/AIDS interventions in Vietnam, providing $65.8 million in FY 2007. The second-largest source of support is the Global Fund to Fight HIV/AIDS, TB, and Malaria. In 2004, the Global Fund (GF) received $12 million in Round 1 funding for an HIV/AIDS program that ends in June 2008. Its target is to support 4,200 patients on ART by FY 2008 and to strengthen care, counseling, and support to PLWHA across the country. MOH, the principal recipient and implementing partner for the GF, has targeted 20 provinces for program implementation. PEPFAR provides direct support to Global Fund grant implementation as 1) a voting member on the country coordinating mechanism; 2) a provider of in-country technical assistance for grant application development; 3) a provider of financial and technical support to the Vietnam GF team through our implementing partners; and 4) a provider of technical support for on-site assistance to GF-supported care and treatment clinics.

In all, there are approximately 30 international non-governmental organizations (NGOs) and seven government-sanctioned local NGOs, nine United Nations organizations, five major bilateral agencies, and the GF, providing resources for HIV/AIDS programs in Vietnam. International organizations include faith-based groups and general development and specialized consulting firms. Local NGOs include specialized research organizations, program design and implementation organizations, and community-based organizations. Since 2005, the U.S. Ambassador has led an international group of donors in coordinating technical programming, program management, and policy intervention related to HIV/AIDS.

In August 2005, the Prime Minister of Vietnam established VAAC within the MOH to coordinate and oversee all HIV/AIDS activities including PEPFAR. The PEPFAR team meets regularly with key officials of VAAC and other departments within the MOH to ensure that PEPFAR programming not only complements but also strengthens the host government's national response for prevention, care, and treatment of HIV/AIDS.

Program Contact: PEPFAR Coordinator, Jim Sarn

Time Frame: FY 2008 – FY 2009

Approved Funding by Program Area: Vietnam
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - VIETNAM	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	810,000	47,522	2,554,950	240,000				3,652,472		3,652,472	5.0%
Abstinence/Be Faithful	2,186,871							2,186,871		2,186,871	3.0%
Blood Safety				600,000				600,000		600,000	0.8%
Injection Safety	126,500							126,500		126,500	0.2%
Other Prevention	10,754,329	147,898	2,018,902	955,000	500,000			14,376,129		14,376,129	19.6%
Prevention Sub-total	*13,877,700*	*195,420*	*4,573,852*	*1,795,000*	*500,000*	*0*	*0*	*20,941,972*	*0*	*20,941,972*	*28.6%*
Care											
Palliative Care: Basic health care & support	6,787,044	195,983	7,191,973	675,000	250,000			15,100,000		15,100,000	20.6%
Palliative Care: TB/HIV	847,000	130,323	1,850,677	80,000				2,908,000		2,908,000	4.0%
Orphans & Vulnerable Children	2,658,500	14,170	45,000					2,717,670	0	2,717,670	3.7%
Counseling and Testing	2,865,000	83,000	2,507,000	295,000				5,750,000		5,750,000	7.9%
Care Sub-total	*13,157,544*	*423,476*	*11,594,650*	*1,050,000*	*250,000*	*0*	*0*	*26,475,670*	*0*	*26,475,670*	*36.2%*
Treatment											
Treatment: ARV Drugs	11,650,000							11,650,000		11,650,000	15.9%
Treatment: ARV Services	3,127,500	102,430	6,080,070	1,240,000				10,550,000		10,550,000	14.4%
Laboratory Infrastructure	100,000	63,601	2,836,399	600,000				3,600,000		3,600,000	4.9%
Treatment Sub-total	*14,877,500*	*166,031*	*8,916,469*	*1,840,000*	*0*	*0*	*0*	*25,800,000*	*0*	*25,800,000*	*35.2%*
Subtotal, Prevention, Care, and Treatment	*41,912,744*	*784,927*	*25,084,971*	*4,685,000*	*750,000*	*0*	*0*	*73,217,642*	*0*	*73,217,642*	*100.0%*
Other Costs											
Strategic Information	1,750,000	496,558	3,553,442					5,800,000		5,800,000	
Other/policy analysis and system strengthening	1,898,000		1,474,000	180,000	50,000			3,602,000		3,602,000	
Management and Staffing	2,450,517	1,573,515	1,199,126	512,200	500,000			6,235,358		6,235,358	
Other Costs Sub-total	*6,098,517*	*2,070,073*	*6,226,568*	*692,200*	*550,000*	*0*	*0*	*15,637,358*	*0*	*15,637,358*	
AGENCY, FUNDING SOURCE TOTALS	**48,011,261**	**2,855,000**	**31,311,539**	**5,377,200**	**1,300,000**	**0**	**0**	**88,855,000**	**0**	**88,855,000**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	48,011,261	48,011,261	0	48,011,261
HHS	31,311,539	34,166,539	0	34,166,539
DOD	5,377,200	5,377,200	0	5,377,200
State	1,300,000	1,300,000	0	1,300,000
Peace Corps	0	0	0	0
Labor	0	0	0	0
Total	**86,000,000**	**88,855,000**	**0**	**88,855,000**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	2,855,000	0	2,855,000
GHCS - State	86,000,000	0	86,000,000
Total	**88,855,000**	**0**	**88,855,000**

ZAMBIA

Project Title: Zambia Fiscal Year 2008 Country PEPFAR Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Total Funding		
	Allocated as of February 2008			Allocated June 2008			Allocated as of June 2008		
Implementing Agency	GAP	GHCS - State	Subtotal: Field Programs Funding	GAP	GHCS - State	Subtotal: Field Programs Funding	New Subtotal: Field Programs Funding	Subtotal: GHCS Central Programs	Grand Total: Field & Central Funding
DOD	-	7,105,000	**7,105,000**	-	500,000	**500,000**	**7,605,000**	**-**	**7,605,000**
DOL	-		**-**	-	-	**-**	**-**	**-**	**-**
HHS	2,914,000	71,401,000	**74,315,000**	-	963,558	**963,558**	**75,278,558**	**24,120,022**	**99,398,580**
Peace Corps	-	3,888,100	**3,888,100**	-	-	**-**	**3,888,100**	**-**	**3,888,100**
State	-	1,570,000	**1,570,000**	-	2,801,000	**2,801,000**	**4,371,000**	**-**	**4,371,000**
USAID	-	141,121,342	**141,121,342**	-	2,650,000	**2,650,000**	**143,771,342**	**10,212,530**	**153,983,872**
TOTAL	**2,914,000**	**225,085,442**	**227,999,442**	**-**	**6,914,558**	**6,914,558**	**234,914,000**	**34,332,552**	**269,246,552**

HIV/AIDS Epidemic in Zambia:

Adults (aged 15-49) HIV Prevalence Rate: 17% (UNAIDS, 2006)
Estimated number of People Living with HIV: 1,100,000 (UNAIDS, 2006)
Estimated number of Orphans due to AIDS: 710,000 (UNAIDS, 2006)

Country Results and Projections to Achieve 2-7-10 Goals:

Zambia	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**300,300**	**13,600**
End of FY 2005**	**321,300**	**36,000**
End of FY 2006***	**467,700**	**71,500**
End of FY 2007****	**627,000**	**122,700**
End of FY 2008*****	**607,666**	**120,000**
End of FY 2009*****	**823,361**	**228,450**

* "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005.

** "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, February 2006.

*** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007.

**** "The Power of Partnerships: The President's Emergency Plan for AIDS Relief." 2008 Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, January 2008.

***** Projections from FY 2008 Country Operational Plan

Program Description/Country Context:

Zambia is facing a critical health, development, and humanitarian crisis. An estimated 15.6% of the adult population is infected with HIV; in a total population of 11.7 million people, 920,000 Zambian adults and children live with HIV/AIDS, and 98,000 lives are lost each year (UNAIDS, 2006). Women represent over half of those infected with HIV. In addition, it is estimated that

over 50% of tuberculosis (TB) and HIV cases are co-infected with both diseases. The Government of Zambia (GOZ) estimates that the country has 1.2 million orphans, of which 801,000 are orphaned by AIDS.

In Zambia, HIV is primarily transmitted through heterosexual sexual activity and from mother to child; there are, however, clearly identifiable high risk groups that warrant special attention: HIV discordant couples; sex trade workers and their clients and partners; long distance truck drivers and bus drivers; migrant fish camp traders and agricultural workers; prisoners; refugees; and members of the military and police forces. HIV sero-discordant couples are estimated to make up 21% of all married couples. The strong relationships between gender inequality, alcohol and substance abuse, high risk sexual behavior, and sexual violence fuel the transmission of HIV. Those diagnosed with sexually transmitted infections are especially susceptible. Orphans and vulnerable children (OVC) are at risk of homelessness due to property grabbing by relatives, sexual exploitation, and physical abuse. Adolescent youth are also at risk, particularly girls aged 15-24 years, who are nearly twice as likely to be HIV positive as males in the same age group.

PEPFAR funding for FY 2008 will be focused on the following programmatic areas to achieve the 2-7-10 targets:

Prevention: $57,332,157 ($48,853,416 Field; $8,478,741 Central) (25.1% of prevention, care and treatment budget)

Prevention activities in Zambia include increasing access to quality prevention of mother-to-child transmission (PMTCT) services; promoting healthy behavior for youth through abstinence and faithfulness programs; encouraging fidelity among adults; improving blood and injection safety practices in health facilities; and providing counseling and testing services, condoms, and behavior change interventions including activities targeted at high risk populations to reduce HIV transmission.

Expanding and increasing prevention efforts will be a cornerstone of FY 2008 funding in Zambia. The USG will continue to improve the quality of existing PMTCT programs, fully integrate PMTCT with other maternal and child health services, and increase access to high quality PMTCT services, including in areas that serve military personnel. In addition, the USG will intensify prevention efforts with messages targeting youth, military, uniformed services, prisoners, and refugees. These activities will train individuals to promote a comprehensive ABC approach (abstain, be faithful, and correct and consistent use of condoms), targeting high-risk populations. Support will result in behavior change interventions and the establishment of condom outlets at targeted sites, reaching high risk groups such as HIV discordant couples, people in prostitution, police, military, refugees, victims of sexual violence, and prisoners. Blood and injection safety practices will be strengthened to prevent HIV transmission through transfusions and injuries. The USG will continue to provide Post Exposure Prophylaxis protocols and guidelines in all antiretroviral therapy (ART) sites.

Principal Partners: Academy for Educational Development, American Institutes for Research, Boston University, CARE International, Catholic Medical Mission Board, Chemonics International, Churches Health Association of Zambia, Cooperative League of the USA, Development Alternatives, Inc., Elizabeth Glaser Pediatric AIDS Foundation, Family Health

International, International Youth Foundation, JHPIEGO, Johns Hopkins University, John Snow Research and Training Institute, Kara Counselling Centre, Luapula Foundation, Mothers 2 Mothers, Nazarene Compassionate Ministries, Pact Inc., Partnership for Supply Chain Management, Peace Corps Population Services International, Program for Appropriate Technology in Health, Project Concern International, Research Triangle Institute, Tulane University, United Nations Children's Fund, United Nations High Commissioner for Refugees, University Teaching Hospital (Lusaka), , World Vision International, Zambia Ministry of Health (MoH), Zambia National Blood Transfusion Service

Care: $68,679,258 ($62,945,469 Field; $5,733,789 Central) (30.1% of prevention, care and treatment budget)

Care activities in Zambia include counseling and testing (CT), provision of basic health care and support, delivery of integrated TB/HIV services, and expanded programs supporting OVC.

In FY 2008, the USG will emphasize improving the quality of CT services and placing high priority on effective networks and referral linkages to other care and treatment services. Palliative care activities will reach HIV-positive individuals at service delivery sites by providing nursing/medical care, treatment of opportunistic infections, pain relief, nutritional supplements, psycho-social support, referral to ART and ART adherence programs, pediatric and family support, and training of caregivers and service providers. To address the high proportion of TB and HIV co-infection, the USG will continue to enhance the linkage between TB and HIV services. PEPFAR support will provide OVC with improved access to educational opportunities, provision of food and shelter, psychosocial support, health care, livelihood training, access to microfinance, and training for caregivers.

Principal Partners: American Institutes of Research, American International Health Alliance, CARE International, Catholic Medical Mission Board, Catholic Relief Services, Christian Aid, Columbia University Mailman School of Public Health, Cooperative League of the USA, Development Aid from People to People Zambia, Educational Development Center, Elizabeth Glaser Pediatric AIDS Foundation, Family Health International, HOPE Worldwide Zambia, JHPIEGO, John Snow Research and Training Institute, Johns Hopkins University, Kara Counseling Centre, Luapula Foundation, Nazarene Compassionate Ministries, Opportunity International, Partnership for Supply Chain Management, PLAN International, Population Services International, Project Concern International, Research Triangle Institute, Tulane University, United Nations High Commissioner for Refugees, University Teaching Hospital (Lusaka), World Concern, and World Vision International.

Treatment: $102,176,179 ($82,056,157 Field; $20,120,022 Central) (44.8% of prevention, care and treatment budget)

As of March 31, 2007, Zambia has 293 ART centers which are receiving USG support, either directly in the form of technical assistance or indirectly through procurements of ARV drugs and overall national system strengthening activities, with over 118,000 individuals receiving ART in the public sector. The USG will continue to collaborate with the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) to coordinate the purchase of antiretroviral drugs (ARVs) for the public sector. Through this collaboration, the Global Fund will purchase

appropriate, approved first line regimens (comprised of generic ARVs), while the USG will procure second line ARVs, pediatric formulations, and one first line drug.

In FY 2008, the USG will continue to provide comprehensive ART services to public and private sector hospitals, clinic sites, and provincial and district public sector facilities. In addition to ART procurement, the USG will support comprehensive care and treatment services for infants and children; health care provider training on provision of quality ART services; strengthened effective service delivery networks and linkages; strengthened laboratory, logistics, and health information management systems; and implementation of ART adherence activities. Zambia's human resource crisis will be addressed by supporting the MoH with human resource planning and management, hiring, and seconding key technical staff to provide HIV/AIDS service

Principal Partners: Abt Associates, Academy for Educational Development, American International Health Alliance, American Society for Microbiology, Catholic Relief Services, Chest Diseases Laboratory, Columbia Mailman School of Public Health, Elizabeth Glaser Pediatric AIDS Foundation, Family Health International, JHPIEGO, John Snow, Inc., Partnership for Supply Chain Management, Tropical Diseases Research Centre, Tulane University, University of Nebraska (Lincoln), University Teaching Hospital (Lusaka), World Vision International, and Zambia Ministry of Health.

Other Costs: $41,058,958

To promote sustainability, PEPFAR funding will support strategic information, policy analysis and systems strengthening, and management and staffing. FY 2008 funds will strengthen local health management information systems, expand use of quality program data for policy development and program management, upgrade quality assurance procedures, provide essential training and support, build the capacity of local partners to implement and sustain programs, provide technical assistance in developing sustainable monitoring and evaluation systems and information and communication technology.

The USG will expand policy and advocacy efforts to reduce stigma and discrimination within communities and in the workplace, encourage strong national and local leadership among traditional, religious, and political leaders, and increase financial and human resources for HIV prevention, care, and treatment services. Sub-grants and technical support will be provided to HIV-positive people's networks and to community and national leaders for HIV/AIDS prevention, care, and treatment advocacy.

Principal Partners: Abt Associates, Academy for Educational Development, Catholic Relief Services, Central Statistics Office, Elizabeth Glaser Pediatric AIDS Foundation, JHPIEGO, John Snow, Inc., John Snow Research and Training Institute, Macro International, National Association of State and Territorial AIDS Directors, National HIV/AIDS/TB/STI Council, Partnership for Supply Chain Management, Project Concern International, Tropical Diseases Research Centre, University of North Carolina Chapel Hill, University of Zambia, U.S. Department of Defense, Vanderbilt University, Zambia Ministry of Health and Zambia National HIV/AIDS/STI/TB Council.

Management and staffing funds will support the in-country personnel needed for USAID, Department of Health and Human Services, State Department, Department of Defense, and the Peace Corps. Funding will support program monitoring and accountability, ensure USG policy and technical leadership within the Zambia national response, and cover compensation, logistics, and office and administrative costs.

Other Donors, Global Fund Activities, Coordination Mechanisms

To date, the Global Fund to Fight HIV/AIDS, TB, and Malaria has provided a total of $477.9 million to Zambia in Round One and Round Four funding, of which $346.5 million is for HIV/AIDS activities. Nearly half of the funds go through the MoH for public sector services, including $10.4 million of Round Four monies that will be used for ARV procurement. Other major donors working in the HIV/AIDS sector are the World Bank (whose Multi-Country HIV/AIDS Program is scheduled to close at the end of 2007) and UNICEF, as well as the British Department for International Development (DFID), which supports PMTCT, workplace prevention and treatment programs, condoms, and sexually transmitted infection drug procurement.

The USG shares the donor seat on the Global Fund Country Coordinating Mechanism and participates in the various national sector coordinating committees, national technical HIV/AIDS working groups, the UNAIDS Expanded Theme Group, and the GRZ Partnership Forum. The USG and DFID serve as the co-chairs in the UNAIDS Cooperating Partners on HIV/AIDS Group.

Program Contact: PEPFAR Coordinator, Cristina Garces

Time Frame: FY 2008 – FY 2009

Approved Funding by Program Area: Zambia
Approved as of January 2008
Fiscal Year: 2008

FY 2008 SUMMARY BUDGET TABLE - ZAMBIA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHCS account	GAP (HHS Base) account	GHCS account	GHCS account	GHCS account	GHCS account	GHCS account		GHCS account		
Prevention											
PMTCT	7,750,000		9,687,000	350,000	275,000			18,062,000		18,062,000	7.9%
Abstinence/Be Faithful	13,706,716		2,015,000	275,000	175,000	1,842,700		18,014,416	2,530,242	20,544,658	9.0%
Blood Safety								0	4,000,000	4,000,000	1.8%
Injection Safety				350,000				350,000	1,948,499	2,298,499	1.0%
Other Prevention	8,202,000		2,700,000	500,000	225,000	800,000		12,427,000		12,427,000	5.4%
Prevention Sub-total	*29,658,716*	*0*	*14,402,000*	*1,475,000*	*675,000*	*2,642,700*	*0*	*48,853,416*	*8,478,741*	*57,332,157*	*25.1%*
Care											
Palliative Care: Basic health care & support	14,156,864		1,255,000	810,000				16,221,864		16,221,864	7.1%
Palliative Care: TB/HIV	2,800,000		7,496,000	500,000	811,000			11,607,000		11,607,000	5.1%
Orphans & Vulnerable Children	13,957,211				300,000			14,257,211	5,733,789	19,991,000	8.8%
Counseling and Testing	14,969,394		5,240,000	600,000	50,000			20,859,394		20,859,394	9.1%
Care Sub-total	*45,883,469*	*0*	*13,991,000*	*1,910,000*	*1,161,000*	*0*	*0*	*62,945,469*	*5,733,789*	*68,679,258*	*30.1%*
Treatment											
Treatment: ARV Drugs	27,000,000		212,000					27,212,000		27,212,000	11.9%
Treatment: ARV Services	11,954,157		20,865,000	300,000	1,395,000			34,514,157	20,120,022	54,634,179	23.9%
Laboratory Infrastructure	13,420,000		5,310,000	1,600,000				20,330,000		20,330,000	8.9%
Treatment Sub-total	*52,374,157*	*0*	*26,387,000*	*1,900,000*	*1,395,000*	*0*	*0*	*82,056,157*	*20,120,022*	*102,176,179*	*44.8%*
Subtotal, Prevention, Care, and Treatment	*127,916,342*	*0*	*54,780,000*	*5,285,000*	*3,231,000*	*2,642,700*	*0*	*193,855,042*	*34,332,552*	*228,187,594*	*100.0%*
Other Costs											
Strategic Information	1,880,000		14,060,000	200,000				16,140,000		16,140,000	
Other/policy analysis and system strengthening	7,280,550		1,575,000	1,720,000	250,000	800,000		11,625,550		11,625,550	
Management and Staffing	6,694,450	2,914,000	1,949,558	400,000	890,000	445,400		13,293,408		13,293,408	
Other Costs Sub-total	*15,855,000*	*2,914,000*	*17,584,558*	*2,320,000*	*1,140,000*	*1,245,400*	*0*	*41,058,958*	*0*	*41,058,958*	
AGENCY, FUNDING SOURCE TOTALS	**143,771,342**	**2,914,000**	**72,364,558**	**7,605,000**	**4,371,000**	**3,888,100**	**0**	**234,914,000**	**34,332,552**	**269,246,552**	

Agency	Subtotal Field Programs Budget by Agency: GHCS Only	Subtotal Field Programs Budget by Agency: GHCS & GAP	Subtotal Central Programs Budget by Agency: GHCS	Total Budget by Agency: Field & Central
USAID	143,771,342	143,771,342	10,212,530	153,983,872
HHS	72,364,558	75,278,558	24,120,022	99,398,580
DOD	7,605,000	7,605,000	0	7,605,000
State	4,371,000	4,371,000	0	4,371,000
Peace Corps	3,888,100	3,888,100	0	3,888,100
Labor	0	0	0	0
Total	**232,000,000**	**234,914,000**	**34,332,552**	**269,246,552**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	2,914,000	0	2,914,000
GHCS - State	232,000,000	34,332,552	266,332,552
Total	**234,914,000**	**34,332,552**	**269,246,552**

SECTION IV

OTHER PEPFAR COUNTRIES

1) Introduction
2) Table 7: FY 2006-2008 Funding for Other PEPFAR Countries
3) Table 8: FY 2008 GHCS-State Funding for Other PEPFAR Countries, by Agency and Account
4) Summary Program Descriptions

Introduction: Other PEPFAR Countries

Tables 7 & 8 in this section are summary tables which show funding levels for the other bilateral PEPFAR country/regional programs,

Table 7 shows the total approved HIV/AIDS allocations for these countries or regions from all sources in fiscal years 2006-2008. The FY 2008 funding for these countries from USAID, HHS, Department of Defense (DOD), Department of Labor (DOL) is described in a variety of congressional budget justification documents and briefing materials.

Table 8 shows approved allocations for FY 2008 in greater detail, by indicating the amount of funding that these countries or regions are receiving by funding source, and the agency of implementation. Following the tables is a description of how the approved GHSC-State funding will be used in each country or region.

Table 7: FY 2006-2008 Funding for Other PEPFAR Countries

Table 7 shows the total approved allocations for these countries or regions from all sources, FY 2006 through FY 2008.

	FY 2006	FY 2007	FY 2008
	Total Funding All Sources	Total Funding All Sources	Total Funding All Sources
AFRICA			
Algeria	-	-	75,000
Angola	5,516,000	6,140,000	6,964,360
Benin	2,277,000	2,340,000	2,288,800
Burkina Faso	-	-	100,000
Burundi	2,117,000	2,680,000	4,031,650
Cameroon	-	660,000	2,017,677
Comoros, Union of	-	-	75,000
Congo Brazzaville	175,000	-	-
Djibouti	325,000	300,000	150,000
Democratic Republic of the Congo	9,260,000	10,775,000	15,413,330
Gabon	191,700	-	150,000
Gambia, the	150,000	-	53,681
Ghana	7,291,000	6,630,000	7,455,450
Guinea	2,375,000	2,658,000	2,033,800
Lesotho	7,001,000	9,550,000	13,127,910
Liberia	1,689,000	2,360,000	3,478,130
Madagascar	2,352,000	2,030,000	2,010,850
Malawi	16,369,500	18,887,000	23,862,300
Mali	4,130,000	4,290,000	4,821,700
Mauritania	-	-	105,800
Niger	-	-	50,000
Sao Tome	50,000	-	-
Senegal	6,314,668	5,816,000	4,560,700
Sierra Leone	300,000	480,000	650,000
Sudan	5,628,000	6,885,000	9,541,869
Swaziland	7,051,000	9,000,000	12,731,960
Zimbabwe	21,957,000	23,471,000	26,366,350
Central African Regional Surveillance	387,000	-	828,109
East Africa Regional	5,141,000	2,800,000	2,777,320
Southern Africa Regional	3,251,000	3,261,000	2,333,800
West Africa Regional	7,964,000	2,280,000	2,975,700
AFR Regional	2,311,000	2,013,000	991,900
Subtotal, Africa	**121,573,868**	**125,306,000**	**152,023,146**
LATIN AMERICA & the CARIBBEAN			
Bahamas	-	-	100,000
Belize	180,500	485,000	481,234
Bolivia	990,000	1,000,000	-
Brazil	2,000,000	2,500,000	2,000,000
Caribbean Regional	9,284,272	9,070,000	10,403,425
Central America Regional	3,049,300	1,219,000	3,019,932
Costa Rica	154,000	242,000	337,246
Dom. Republic	6,449,500	6,538,000	7,203,425
El Salvador	2,029,000	2,166,000	2,361,342
Guatemala	2,698,500	3,364,000	3,363,650
Honduras	5,906,000	5,750,000	5,999,500
Jamaica	1,485,000	1,300,000	1,490,280
LAC Regional	659,200	509,000	1,587,950
Mexico	2,970,000	2,200,000	2,182,180
Nicaragua	1,806,500	2,177,000	2,576,850
Panama	672,000	458,000	495,950
Peru	1,584,000	1,200,000	1,549,956
Trinidad and Tobago	-	-	231,396
Subtotal, Latin America & the Caribbean	**41,917,772**	**40,178,000**	**45,384,316**

Table 7: FY 2006-2008 Funding for Other PEPFAR Countries (ctd.)

Table 7 shows the total approved allocations for these countries or regions from all sources, FY 2006 through FY 2008.

	FY 2006	FY 2007	FY 2008
	Total Funding All Sources	Total Funding All Sources	Total Funding All Sources
ASIA & the NEAR EAST			
Afghanistan	-	-	1,000,000
Bangladesh	2,376,000	2,673,000	2,678,130
Burma	2,100,000	2,100,000	2,082,990
Cambodia	19,252,000	19,002,000	17,898,750
China	9,250,000	9,750,000	9,959,500
EAP Regional		610,000	-
East Timor	50,000	-	-
Egypt	2,186,000	1,488,000	-
India	29,585,000	29,935,000	29,829,900
Indonesia	8,220,000	8,566,000	7,937,225
Jordan	297,000	500,000	75,000
Laos	1,000,000	1,000,000	991,900
Morocco	-	-	100,000
Nepal	7,376,000	6,000,000	4,959,500
Pakistan	1,330,000	5,220,000	1,983,800
Papua New Guinea	1,135,000	1,500,000	2,479,750
Philippines	990,000	990,000	991,900
South and East Asia Regional (RDMA)	5,087,000	3,450,000	2,719,750
Thailand	7,590,000	7,110,000	6,491,900
United Arab Emirates	-	-	25,000
Yemen	-	-	88,000
Asia Regional (ANE Regional)	1,078,000	1,089,000	1,299,735
Subtotal, Asia & the Near East	**98,902,000**	**100,983,000**	**93,592,730**
EUROPE & EURASIA			
Albania	288,730	-	97,800
Armenia	105,000	-	-
Estonia	44,000	-	-
Europe & Eurasia (E&E) Regional	1,480,409	565,264	446,355
Georgia	1,689,480	1,520,000	961,130
Kazakhstan	1,199,000	1,220,000	950,000
Kyrgyzstan	1,265,500	1,020,000	721,000
Romania	300,000	-	-
Russia	13,955,000	14,600,000	12,000,000
Serbia/Montenegro	171,000	-	-
Tajikistan	1,257,000	1,154,000	889,057
Turkmenistan	222,000	657,000	275,000
Ukraine	5,027,000	6,744,000	5,850,000
Uzbekistan	1,205,000	1,200,000	790,000
Central Asia Regional	1,238,000	1,238,000	-
Subtotal, Europe & Eurasia	**29,447,119**	**29,918,264**	**22,980,342**
Indirect country support/unallocated	1,816,922	-	3,434,200
TOTAL Other BILATERAL	**293,657,681**	**296,385,264**	**317,414,734**

Table 8: FY 2008 Funding for Other PEPFAR Countries, by Agency and Account

Table 8 shows the total approved allocations for these countries or regions from all sources, FY 2008, by agency and account.

	FY 2008 Total Approved to Date (All Sources)	FY 2008 Total Approved to Date GHCS - State	Peace Corps	DOD			DOL	HHS/ CDC			HHS/ HRSA	HHS/ OGHA	USAID					STATE
			GHCS - State	GHCS - State	DHAPP	Subtotal	GHCS - State	GHCS - State	GAP	Subtotal	GHCS - State	GHCS - State	GHCS - USAID	ESF	FSA	GHCS - State	Subtotal	GHCS - State
Afghanistan	1,000,000	500,000				-		250,000		250,000				500,000		250,000	750,000	
Africa Regional	991,900	-				-				-			991,900				991,900	
Albania	97,800	-		-	97,800	97,800		-	-	-			-			-	-	
Algeria	75,000	-		-	75,000	75,000		-	-	-			-			-	-	
Angola	6,964,360	1,052,000		500,000		500,000		542,000	1,548,000	2,090,000			4,364,360			10,000	4,374,360	
Asia & Near East Regional	1,299,735	-				-				-			1,299,735				1,299,735	
Bahamas	100,000	-		-	100,000	100,000		-	-	-			-			-	-	
Bangladesh	2,678,130	-				-				-			2,678,130				2,678,130	
Belize	481,234	20,000	20,000			-				-			461,234				461,234	
Benin	2,288,800	-			305,000	305,000				-			1,983,800				1,983,800	
Bolivia	-	-				-				-							-	
Brazil	2,000,000	1,000,000				-		300,000	1,000,000	1,300,000		200,000				500,000	500,000	
Burkina Faso	100,000	-			100,000	100,000				-							-	
Burma	2,082,990	-				-				-			2,082,990				2,082,990	
Burundi	4,031,650	-			560,000	560,000				-			3,471,650				3,471,650	
Cambodia	17,898,750	2,500,000				-		975,000	3,000,000	3,975,000			12,398,750			1,525,000	13,923,750	
Cameroon	2,017,677	500,000	50,000		29,827	29,827		450,000		450,000			1,487,850				1,487,850	
Caribbean Regional	10,403,425	3,200,000	61,500			-		2,926,000	1,500,000	4,426,000			5,703,425				5,703,425	212,500
Central African Regional Suveillance	828,109	-		-	828,109	828,109		-	-	-			-			-	-	
Central America Regional	3,019,932	414,000				-		214,000	525,000	739,000			2,080,932			200,000	2,280,932	
Central Asia Regional	-	-				-				-							-	
China	9,959,500	2,000,000				-		1,000,000	3,000,000	4,000,000			4,959,500			1,000,000	5,959,500	
Costa Rica	337,246	-				-				-			337,246				337,246	
Dem Republic of the Congo	15,413,330	2,385,000		400,000		400,000		1,414,923	2,415,000	3,829,923			10,613,330				10,613,330	570,077
Djibouti	150,000	150,000		150,000		150,000				-							-	
Dominican Republic	7,203,425	1,500,000	137,885	297,000		297,000		1,065,115		1,065,115			5,703,425				5,703,425	
East Africa Regional	2,777,320	-				-				-			2,777,320				2,777,320	
Egypt	-	-				-				-							-	
El Salvador	2,361,342	20,000	20,000		175,000	175,000				-			2,166,342				2,166,342	
Europe & Eurasia	446,355	-				-				-			446,355				446,355	
Gabon	150,000	-		-	150,000	150,000		-	-	-			-			-	-	
Gambia	53,681	-		-	53,681	53,681		-	-	-			-			-	-	
Georgia	961,130	-		-	111,130	111,130		-	-	-			-		850,000	-	850,000	
Ghana	7,455,450	2,000,000	164,000	150,000		150,000		150,000	-	150,000			5,455,450			1,486,000	6,941,450	50,000
Guatemala	3,363,650	-				-			-	-			3,363,650				3,363,650	
Guinea	2,033,800	-			50,000	50,000				-			1,983,800				1,983,800	
Honduras	5,999,500	1,000,000	50,000	250,000		250,000		170,000		170,000			4,999,500			530,000	5,529,500	
India	29,829,900	6,000,000		627,300		627,300	200,000	2,940,805	3,000,000	5,940,805	1,100,000		20,829,900			1,131,895	21,961,795	
Indonesia	7,937,225	250,000		250,000		250,000				-			7,687,225				7,687,225	
Jamaica	1,490,280	300,000	50,000			-		250,000		250,000			1,190,280				1,190,280	
Jordan	75,000	-			75,000	75,000				-							-	
Kazakhstan	950,000	-			150,000	150,000				-					800,000		800,000	
Kyrgyzstan	721,000	-			46,000	46,000				-					675,000		675,000	
Latin America and the Caribbean Regional	1,587,950	-				-				-			1,587,950				1,587,950	
Laos	991,900	-				-				-			991,900				991,900	

Table 8: FY 2008 Funding for Other PEPFAR Countries, Agy and Acct (ctd.)

Table 8 shows the total approved allocations for these countries or regions from all sources, FY 2008, by agency and account.

	FY 2008 Total Approved to Date (All Sources)	FY 2008 Total Approved to Date GHCS - State	Peace Corps	DOD			DOL	HHS/ CDC			HHS/ HRSA	HHS/ OGHA	USAID					STATE
			GHCS - State	GHCS - State	DHAPP	Subtotal	GHCS - State	GHCS - State	GAP	Subtotal	GHCS - State	GHCS - State	GHCS - USAID	ESF	FSA	GHCS - State	Subtotal	GHCS - State
Lesotho	13,127,910	3,150,000	93,800	600,000		600,000	280,000	1,331,364	1,150,000	2,481,364	100,000		8,827,910			341,000	9,168,910	403,836
Liberia	3,478,130	800,000		350,000		350,000				-			2,678,130			450,000	3,128,130	
Madagascar	2,010,850	500,000	50,000		23,000	23,000				-			1,487,850			450,000	1,937,850	
Malawi	23,862,300	3,948,000	460,000	150,000		150,000		1,710,000	3,052,000	4,762,000	1,200,000		16,862,300			198,000	17,060,300	230,000
Mali	4,821,700	1,450,000			346,000	346,000		1,450,000	50,000	1,500,000			2,975,700				2,975,700	
Mauritania	105,800	-		-	105,800	105,800		-	-	-			-			-	-	
Mexico	2,182,180	-				-				-			2,182,180				2,182,180	
Morocco	100,000	-		-	100,000	100,000		-	-	-			-			-	-	
Nepal	4,959,500	-				-				-			4,959,500				4,959,500	
Nicaragua	2,576,850	500,000	20,000			-		300,000		300,000			2,076,850			180,000	2,256,850	
Niger	50,000	-		-	50,000	50,000		-	-	-			-			-	-	
Pakistan	1,983,800	-				-				-			1,983,800				1,983,800	
Panama	495,950	-				-				-			495,950				495,950	
Papua New Guinea	2,479,750	-				-				-			2,479,750				2,479,750	
Peru	1,549,956	20,000	20,000		300,000	300,000				-			1,229,956				1,229,956	
Philippines	991,900	-				-				-			991,900				991,900	
Russia	12,000,000	3,500,000				-		750,000	500,000	1,250,000	1,070,000				8,000,000	1,680,000	9,680,000	
Senegal	4,560,700	1,535,000		300,000		300,000		300,000	50,000	350,000			2,975,700			935,000	3,910,700	
Sierra Leone	650,000	500,000			150,000	150,000		250,000		250,000						250,000	250,000	
South & East Asia Regional	2,719,750	240,000				-		120,000		120,000			2,479,750			120,000	2,599,750	
Southern Africa Regional	2,333,800	-				-			350,000	350,000			1,983,800				1,983,800	
Sudan	9,541,869	2,536,000				-		2,536,000	500,000	3,036,000			505,869	6,000,000			6,505,869	
Swaziland	12,731,960	3,200,000	144,000	444,000		444,000	200,000	1,775,887	1,200,000	2,975,887	100,000		8,331,960				8,331,960	536,113
Tajikistan	889,057	-			165,057	165,057				-					724,000		724,000	
Thailand	6,491,900	500,000				-		250,000	5,000,000	5,250,000			991,900			250,000	1,241,900	
Trinidad & Tobago	231,396	-		-	231,396	231,396		-	-	-			-			-	-	
Turkmenistan	275,000	-				-				-					275,000		275,000	
Union of Comoros	75,000	-		-	75,000	75,000		-	-	-			-			-	-	
United Arab Emirates	25,000	-		-	25,000	25,000		-	-	-			-			-	-	
Ukraine	5,850,000	500,000	200,000	200,000		200,000				-					5,350,000	100,000	5,450,000	
Uzbekistan	790,000	-				-				-					790,000		790,000	
West Africa Regional	2,975,700	-				-				-			2,975,700				2,975,700	
Yemen	88,000	-		-	88,000	88,000		-	-	-			-			-	-	
Zimbabwe	26,366,350	3,330,000		50,000		50,000			6,670,000	6,670,000			16,366,350			3,230,000	19,596,350	50,000
Indirect country support/unallocated DHAPP	3,434,200	-		-	3,434,200	3,434,200		-	-	-			-			-	-	
GRAND TOTAL	317,414,734	51,000,000	1,541,185	4,718,300	8,000,000	12,718,300	680,000	23,611,094	34,510,000	58,121,094	3,570,000	200,000	199,940,734	6,500,000	17,464,000	14,816,895	238,721,629	1,862,526

Summary Program Descriptions: Other PEPFAR Countries

Afghanistan (Total GHCS-State: $500,000)

HHS/CDC ($250,000): Review of current Strategic Information (SI) activities. In collaboration with World Bank and the Global Fund, a national HIV SI strategy focusing on surveillance and monitoring & evaluation will be developed. Technical assistance (TA) will be provided for conducting HIV surveillance activities such as surveillance among most-at-risk populations. Other surveillance TA, such as blood safety surveillance, will be identified based on the strategy and needs of the Ministry of Health.

USAID ($250,000): Resolve bottlenecks in the HIV program by providing technical assistance and capacity building to strengthen management and provide organizational support for the implementation of WB and GFATM programs. Additionally, USAID has had a primary role in assisting with the development of the Disease Early Warning System (DEWS) and technical assistance will be provided to enhance and strengthen the surveillance and detection of HIV/AIDS via DEWS in collaboration with the National AIDS Control Program.

Angola (Total GHCS-State: $1,052,000)

USAID ($10,000): Through support to management and staffing, technical assistance will be provided or facilitated in the areas of Abstinence and Be Faithful (AB), condoms and other prevention, policy strengthening, prevention of vertical transmission, and strategic information.

HHS/CDC ($542,000): HIV/Sexually Transmitted Infections surveillance activities include supporting a basic monitoring and evaluation course to build capacity of these activities within the Angolan Ministry of Health; improving voluntary counseling and testing reporting; consulting on the development of a strategic information plan for Angola; continuing antenatal clinic surveillance; and adding surveillance activities for Tuberculosis (TB)/HIV. Through support to management and staffing, technical assistance will be provided or facilitated in the areas of blood safety, TB/HIV and laboratory strengthening.

DOD ($500,000): Provide technical assistance to conduct surveys on Knowledge, Attitudes and Practices among military personnel to increase evidence-based interventions for this high-risk population. Continue efforts to promote abstinence, fidelity and correct, consistent condom use through the training of activists within the Angolan forces, tailor educational materials and institutionalize a behavior change program for the military.

Belize (Total GHCS-State: $20,000)

Peace Corps ($20,000): HIV and AIDS Prevention (HVOP) targeting both in-school and out-of-school youth with messages of HIV prevention, including correct and consistent condom use, basic sexual health education, behavior change, drug use prevention and goal setting.

Brazil (Total GHCS-State: $1,000,000)

HHS/CDC ($300,000): Support for the following activities: development and implementation of a survey designed for querying high school students and teachers about their knowledge, behavior and attitudes related to HIV and AIDS; expenses related to a monitoring and evaluation training course for twenty students; implementation of a monitoring system for prevention of mother-to-child transmission of HIV.

USAID ($500,000): Develop income generation activities, increase access to job/life skills training, and create health interventions for people living with HIV/AIDS in Sao Paulo, Salvador, and Brasilia. This project will increase the range of palliative care options that will bolster the social and economic well being of PLWHA, through fostering linkages to the private sector, as well as social service agencies in order to address the unique needs of this increasingly healthy and active population.

HHS/OGHA ($200,000): Support the staffing of the Health Attaché, which serves as Program Coordinator by facilitating the development and implementation of a unified Emergency Plan program for Brazil. This includes coordinating HIV/AIDS activities/programming in-country with relevant implementing agencies (including the U.S. Agency for International Development, Peace Corps, and the Department of Defense), with the host Government, and with the Office of the Global AIDS Coordinator and participating in setting program priorities and budget planning with colleagues in the U.S. Embassy, PEPFAR HQ, and with host-country HIV/AIDS leadership.

Cambodia (Total GHCS-State: $2,500,000)

USAID ($1,525,000): Continue focusing on high risk groups by expanding targeted social marketing and behavior change communications activities in areas with high risk populations and documented high levels of HIV/AIDS prevalence; strengthen community outreach and venue-based ABC (Abstinence, Be faithful and the correct and consistent use of Condoms for populations engaged in high-risk behaviors) communications; education activities/messages aimed at increasing the demand for appropriate health services, reducing stigma associated with their use; and changing male behavioral norms around multiple sexual partners and low condom use outside of stable relationships. In addition, funds will support the USG Strategic Information Advisor.

HHS/CDC ($975,000): Continue working with the Ministry of Health (MOH) to expand laboratory capacity for HIV care and treatment and to improve its quality; to improve the ability of the MOH to collect information about the HIV epidemic and its HIV programs, and to work with the MOH to develop sound strategies and policies for HIV program activities. In addition, funds will be used for scale-up of Prevention of Mother-to-Child Transmission (PMTCT), tuberculosis (TB)/HIV, antiretroviral treatment (ART) services, laboratory services in support of HIV care and treatment, and program monitoring and evaluation in four provinces. Funding will also be used to continue the improvement of diagnosis and care for people co-infected with TB and HIV.

Cameroon (Total GHCS-State: $500,000)

HHS/CDC ($450,000): Provide technical assistance to the Cameroon Ministry of Public Health for infant HIV diagnosis including: laboratory support, data management, guidelines for infant follow-up, and program monitoring; promotion of linkages to care and treatment for HIV-infected infants; and provision of technical assistance for PMTCT program evaluation. Funds will also provide technical assistance to the Cameroon Ministry of Public Health to conduct routine annual HIV surveillance among antenatal clinic attendees following best international practices, as well as to assist in strengthening laboratory capacity by developing validated HIV diagnostic testing algorithms, and review national guidelines on HIV diagnostic testing.

Peace Corps ($50,000): Build upon existing pre-service and in-service trainings to strengthen Host Country Nationals (HCN) and Peace Corps Volunteer (PCV) knowledge and skills in the areas of behavior change communication, Life Skills and HIV/AIDS-related stigma reduction. Funds will also be used for the production/reproduction of support materials for PCVs and HCNs to improve effective community HIV/AIDS interventions on a broader scale and for VAST grants (up to $2,000) and mini-grants (up to $500) that will be made available for community-based interventions and activities.

Caribbean Regional Program (Total GHCS-State: $3,200,000)

HHS/CDC ($2,926,000): Improve capacity to generate and use HIV-related strategic information in at least ten of the highest prevalence countries by 2011. Assist in implementing same-visit HIV testing in all 21 regional member countries by 2011. Assist in increasing the coverage and quality of care and treatment in ten countries including five high burden countries by 2011. Enhance laboratory capacity and HIV/AIDS clinical monitoring in at least ten of the highest prevalence Caribbean countries by 2011.

Peace Corps ($61,500): Support the expansion of the Peace Corps' role in the regional response, which focuses on capacity building for organizations working with young people and targeted HIV prevention interventions with at-risk youth. This approach complements the work of other USG agencies working on the Emergency Plan with MARPs (people in prostitution and MSM). In the Eastern Caribbean, the Global Fund supports care for PLWA.

DOS (GHCS-State: $212,500): The Ambassadors Quick Impact Prevention Program for US Embassies in the Caribbean enables in-country Ambassadors to raise the profile of HIV/AIDS issues. In particular, the Small Grants Program focuses on behavior change programs, stigma and discrimination, and HIV education. For example, the Ambassador's Small Grants Program recipient in Trinidad and Tobago targets assistance to leaders of civil society organizations (CSO)engaged in HIV/AIDS. Through 4 day-long workshops, CSO leaders will learn how to design, develop, deliver, and evaluate efforts to better mobilize resources and raise funds. These funds will be used to support 9 countries within the Caribbean Region.

Central America Regional Program (Total GHCS-State: $414,000)

HHS/CDC ($214,000): Support activities in the third component of the Central American Regional HIV/AIDS strategy of comprehensive care, more specifically, HIV/TB co-infection.

The surveillance and strategic information project is an ongoing project to strengthen data collection capacity for TB/HIV co-infection with a focus on improving surveillance systems in Guatemala, El Salvador, Nicaragua and Panama, and to a lesser extent in Belize and Costa Rica.

USAID ($200,000): Provide technical assistance (TA) to national strategic planning processes and support the implementation of Global Fund projects in order to improve the HIV/tuberculosis policy environment. Technical assistance will focus on strengthening Central American government, Global Fund, and non-governmental organizations' capacity and to increase political visibility and support for HIV/TB co-infection detection and treatment. The project's supported activities will increase management skills of the Central American governments and the Global Fund to better address TB/HIV co-infection.

China (Total GHCS-State: $2,000,000)

HHS/CDC ($1,000,000): Support development of a comprehensive prevention program, including improvement of the provincial AIDS surveillance network with case-finding capacity, strengthening of linkages within the existing infrastructure to provide care, support and treatment for AIDS patients in China, with particular emphasis in rural settings.

USAID ($1,000,000): Support the minimum package of services for the most-at-risk population, the comprehensive prevention model for positives, technical and organizational capacity building of local community-based and non-governmental organizations and advocacy and policy activities.

Democratic Republic of the Congo (Total GHCS-State: $2,385,000)

HHS/CDC ($1,414,923): Provide technical assistance to support family-centered HIV services; the development of a uniform monitoring and evaluation system for all HIV/TB activities; provide assistance to expand laboratory support for increasing HIV care and treatment.

DOD (*$400,000*): Provide training of master trainers and peer educators; "troop level" HIV/AIDS prevention education and behavior change communication; rehabilitation, equipment and training for VCT centers including reinforcing HIV laboratory diagnostic capabilities; and testing of military personnel.

DOS ($570,077): Support programs and initiation of public dialogue on key prevention and testing messages; develop a robust HIV prevention curriculum for English teachers to deliver at all levels of ESL teaching in high schools; support community groups to implement preventive programs; develop a radio and television serial drama addressing HIV prevention and testing, building off the success of the Congolese musicians' CD dedicated to HIV/AIDS prevention and testing.

Djibouti (Total GHCS-State: $150,000)

DOD ($150,000): Support HIVAIDS workshops focused on training Armed Forces of Djibouti (FAD) doctors on ARV and HIV/AIDS Care, PMTCT and on treatment of HIV/STD.

Additionally, funding will be used for peer education training programs, a mass awareness campaign around behavior change communication, and construction of a nutrition center for HIV positive women.

Dominican Republic (Total GHCS-State: $1,500,000)

HHS/CDC ($1,065,115): Continue to coordinate and support implementation of a two-year plan to gather strategic information and strengthen existing HIV/AIDS systems. Assess and improve HIV testing policies, procedures and guidelines (in both prenatal and general population settings) on a national level, as well as training of laboratory staff. Provide assistance to National AIDS Program regarding long-term national epidemiological surveillance plan, HIV/AIDS case reporting, and support for epidemiological and behavioral information gathering.

Peace Corps ($137,885): Continue the successful Escojo strategy, with an emphasis on sustainability. Peace Corps volunteers and community-based NGOs operate on community, regional, and national levels, focusing on peer education, promoting healthy life choices by individual youths and the groups they form. Provide training to peer educators, including education on correct, consistent condom use as appropriate. Bring sensitization and anti-discrimination messages to communities.

DOD ($297,000): Continue to support the previously existing Dominican Armed Forces (DAF) HIV/AIDS program through prevention programs, and condom social marketing. Procure and distribute condoms within DAF. Enhance voluntary counseling and testing (VCT) programs within DAF. Procure CD4 machine, laboratory supplies and test kits for DAF labs, to support testing for HIV/AIDS and other sexually-transmitted diseases. Continue to support the Committee for the Prevention and Control of HIV/AIDS in the Armed Forces and National Police of Latin America and the Caribbean. Continue to support two Centers of Health in the Dominican Air Force for the management of STI/HIV/AIDS- and tuberculosis-related programs.

El Salvador (Total GHCS-State: $20,000)

Peace Corps ($20,000): Develop, plan and execute a four-day counterpart and PCV workshop on HIV/AIDS prevention and transmission education. Additionally, a manual produced by the APCD and local partners will be reproduced and made available to participants.

Ghana (Total GHCS-State: $2,000,000)

USAID ($1,486,000): Support 22 clinics providing specialized services for most-at-risk populations; strengthen logistics systems nationwide to deliver antiretrovirals and test kits; and train and support local NGOs in best practices in HIV/AIDS prevention. Through the USAID/West Africa Regional Office, cross-border activities will be financed to target most-at-risk groups in urban centers in Togo and Burkina Faso.

Peace Corps ($164,000): Train all Peace Corps Volunteers and their Ghanaian counterparts in prevention and home-based care activities. Develop a small grants fund for Volunteers and communities to implement prevention programs and provide basic support to bedridden People

Living with HIV/AIDS (PLWHA) and assist them to access palliative care and antiretroviral treatment (ART).

DOD ($150,000): Support the prevention program jointly developed by the Ghana Armed Forces and USG implementing partners, with an additional focus analysis of data generated by the program. Strengthen the counseling and testing program for the military, civil employees and family members through training and hiring of counselors.

HHS/CDC ($150,000): Support to the Government of Ghana to develop in-country capacity in surveillance of HIV incidence.

DOS ($50,000): Using the Ambassador's Self-Help Program as a model, focus on support for groups catering for Orphans and Vulnerable Children (OVC), including developing income generating activities and increasing access to palliative care and ART, and to support alternatives to prostitution for at-risk women through economic strengthening activities.

Honduras (Total GHCS-State: $1,000,000)

USAID ($530,000): Provide technical assistance to the Honduran Ministry of Health to improve the quality of care and treatment services for people living with HIV/AIDS, including counseling and clinical services, and to strengthen supply chain management for antiretroviral medications and other HIV-related commodities. This technical assistance will complement and strengthen existing Global Fund efforts to expand the Ministry of Health's HIV/AIDS care and treatment program.

HHS/CDC ($170,000): Strengthen TB/HIV co-infection projects in collaboration with the Honduran Ministry of Health. This will primarily involve conducting an assessment of current TB/HIV co-infection efforts to identify gaps and provide technical assistance to strengthen the program based on these findings. Funds will also be used to carry out focused qualitative analyses of recent behavioral surveillance survey findings in order to strengthen interventions for priority most-at-risk populations.

DOD ($250,000): Provide HIV/AIDS prevention services to the Honduran military. This activity is part of a coordinated effort between DOD, UNFPA and UNAIDS to provide direct behavior change and prevention education to Honduran soldiers, their superiors, and their family members.

Peace Corps ($50,000): Train volunteers and their Honduran counterparts in methodologies and activities related to HIV/AIDS prevention, gender, and support groups for PLWHA. A portion of these funds will be made available to PCVs as small grants to implement related activities within the communities where they work.

India (Total GHCS-State: $6,000,000)

USAID ($1,131,895): Support the Government of India's (GOI) national roll-out of services for Prevention of Mother-to-Child Transmission (PMTCT). Contribute to India's program for

antiretroviral treatment (ART) and care and support by a) training and technical assistance to build capacity in the State of Karnataka for high-quality antiretroviral (ARV) service delivery in 14 districts; and b) supporting home-based care and community-based programs for Orphans and Vulnerable Children (OVC) in Tamil Nadu and Maharashtra. Strengthen national and state systems through technical assistance to the National AIDS Control Organization (NACO) and the State AIDS Control Societies (SACS) to strengthen the monitoring and evaluation system. Supports staff (the Coordinator and Program Management Assistant) for PEPFAR.

HHS ($4,040,805; CDC $2,940,805 HRSA $1,100,000): Continue to provide intense technical assistance in policy and program implementation to support the GOI and the State governments in the national roll-out of ARV, Integrated Counseling and Testing, and care and support services. Provide training, guidance for curriculum development and operational guidelines, and ongoing supervision for delivery of HIV/AIDS services through the public and private sector; support consultants to NACO and the SACS to provide technical assistance for PMTCT, communication, counseling and testing, ARV, care and support and monitoring and evaluation, including support for State-based epidemiologists. HHS/CDC will continue to support the Center of Excellence for HIV/AIDS treatment and care at the Government Hospital for Thoracic Medicine (GHTM), Chennai, Tamil Nadu. HHS/HRSA will provide support for capacity building in HIV/AIDS treatment and care, delivered through a comprehensive training program at the National Training Center based at GHTM, which trains health care providers at a national level, including a Fellowship Program in HIV/AIDS.

DOD ($627,300): Continue to support the program with the Armed Forces Medical Services (AFMS) to deliver HIV prevention, care and treatment services. Focus on upgrading AFMS laboratory services through procuring equipment and test kits (CD4 and PCR), and supporting training workshops for peer educators and health care providers. Fund the participation of key military personnel in training programs and international exchanges.

DOL ($200,000): Support technical assistance and policy development at the national and state level on workplace programs, working with NACO, industry associations, corporate management, and unions.

Indonesia (Total GHCS-State: $250,000)

DOD ($250,000): Funds will support an ongoing program with military counterparts, including procurement of commodities for HIV screening supplies as well as training of health care providers to improve delivery of HIV services.

Jamaica (Total GHCS-State: $300,000)

HHS/CDC ($250,000): Support a CDC program on epidemiology, within the national program geared at preventing and controlling HIV/AIDS and other sexually transmitted infections.

Peace Corps ($50,000): Hold a train-the-trainer workshop for PCVs and their project partners, introducing them to resources and training methods that they can use to increase HIV-AIDS awareness in their communities. Provide funding (via the VAST program) for small-scale

HIV/AIDS awareness projects, which PCVs will develop and monitor alongside their communities.

Lesotho (Total GHCS-State: $3,150,000)

DOD ($600,000): Support the Lesotho Defense Forces, their dependents, civilian employees, and surrounding civilian communities, including training in Prevention of Mother-to-Child Transmission (PMTCT), support for infant feeding, prevention activities to military at all bases, provision of equipment and supplies for tuberculosis(TB)/HIV palliative care services, supplies and technical support for a mobile health care clinic, support for health management information systems, provision of antiretroviral (ARV) therapy management training, training for laboratory personnel, and support for strategic information collection and management and staffing. Conduct an HIV bio-behavioral survey as well as a small survey of current practices in male circumcision in Lesotho.

USAID ($341,000): Improve access to TB diagnosis, quality patient-centered care, and integration of TB and HIV services through social mobilization and community participation. Second a Personal Services Contractor to the Department of State to act as the PEPFAR Coordinator for the Lesotho PEPFAR Team. Contribute to Lesotho's HIV/AIDS national strategy by facilitating a coordinated USG HIV/AIDS response in collaboration with other donor groups and implementing partners in country.

DOL ($280,000): Continue building on the existing HIV/AIDS workplace education program by utilizing existing collaborative arrangements with the Ministry of Labor and Employment, the employers and workers' organizations, and the network of non-governmental organizations to expand policy development to overcome HIV/AIDS employment-related stigma and discrimination and promote prevention through behavior change education and referral of workers to voluntary counseling and testing and treatment services in new target enterprises, as well as employees in the supply chain of those enterprises.

DOS ($403,836): Provide office space and equipment for eight staff whose offices will be in the US Embassy and housing-related support for five staff who will either be direct hires, personnel services contractors or institutional contractors. Cover the International Cooperative Administrative Support Services (ICASS) and local non-ICASS support costs of the Coordinator, and the ICASS costs of State-hired Locally Employed Staff. Provide grant money to the Embassy's Special Self-Help Project for grass roots HIV-related efforts. Support for the PEPFAR Secretariat to cover costs of PEPFAR-initiated conferences, workshops, as well as travel costs for staff and local counterparts to selected conferences.

HHS ($1,431,364; CDC $1,331,364 HRSA $100,000): Provide continued support and technical assistance for broad based laboratory strengthening and quality assurance, development of comprehensive strategic information systems and integrated tuberculosis (TB)//HIV activities including the development and implementation of a multi-drug resistant TB survey. Expansion and improvement of voluntary counseling and testing services, improved quality assurance and increased provider initiated services.

Peace Corps ($93,800): Provide Community Initiative HIV/AIDS Small Grants for prevention, care and support activities that volunteers can access on behalf of their communities, provide capacity training for volunteers and counterparts to acquire knowledge and skills to work with traditional leaders, orphaned and vulnerable children, and support groups for people living with HIV/AIDS, continue to provide printed materials to support the Ministry of Education's pilot of a Life Skills Curriculum targeting primary and secondary school students.

Liberia (Total GHCS-State: $800,000)

USAID ($450,000): Support an integrated prevention and care Basic Package of Health Services (BPHS), with a focus on strengthening delivery of the basic health care. The standard HIV/AIDS services in the BPHS will include HIV/AIDS education at the health facility and community levels; syndromic management of sexually transmitted infections (STI); quality counseling and testing for STI clients, TB clients, suspected AIDS cases among in-patient clients and PMTCT for ANC clients and their partners; and universal protection and injection and blood safety.

DOD ($350,000): Establish and administer an HIV/AIDS awareness program for the 2,000 soldiers of the nascent Armed Forces of Liberia (AFL). Funding will pay for formation, training, counseling and administration of the new program. This would include the services of a non-governmental organization to run aid in running the program. Additionally, $100,000 in Military Health Affairs (MHA) Foreign Military Financing (FMF) will fund the purchase of diagnostic laboratory equipment, material to establish an office and purchase a vehicle."

Madagascar (Total GHCS-State: $500,000)

Peace Corps ($50,000): Expand pre-service and in-service HIV/AIDS training for approximately 100 PCVs and counterparts in the health, education and environment sectors. Provide small community-initiated projects and community-focused training activities, which will be divided between Abstinence/Be Faithful (HVAB) activities and Condoms and Other Prevention (HVOP) program areas, and will support age appropriate activities that increase knowledge and skills in HIV/AIDS through community outreach and education, awareness campaigns, and sponsorship of life skills efforts targeted at girls' and other youth organizations.

USAID ($450,000): Scale up Madagascar's innovative and successful behavior change interventions that reach young adults with HIV/AIDS information and services with appropriately tailored abstinence, be faithful, and be consistent (ABC) messages.

Malawi (Total GHCS-State: $3,948,000.00)

USAID ($198,000): Support capacity building to strengthen Malawi's Country Coordinating Mechanism to provide oversight to Global Fund grants for AIDS, Tuberculosis (TB) and Malaria.

HHS ($2,910,000; CDC $1,710,000 HRSA $1,200,000): Provide technical assistance and support for surveillance, health information systems, laboratory, and HIV counseling and testing

activities to the Ministry of Health, the National AIDS Commission, and non-governmental organizations (NGOs). Support a national Strategic Information (SI) Technical Advisor, a national HIV Counseling and Testing Technical Advisor and national training centers for providers of counseling and testing, care, and treatment services. Strengthen blood safety, support alcohol and HIV prevention policy development and support the national public health reference lab and HIV surveillance activities. Support a center of excellence in care and treatment for pregnant mothers and infants and include a lab-based pediatric diagnosis and care program. Support strengthening of a decentralized monitoring and evaluation system for HIV/AIDS.

Peace Corps ($460,000): Continue supporting technical assistance for life skills in promoting Abstinence and Be Faithful (AB) messaging, and home-based care activities and trainings. Continue and expand capacity and system strengthening for district level government and community based organizations via technical assistance from Peace Corps Response Volunteers (formerly known as Crisis Corps Volunteers). Continue funding an HIV/AIDS Coordinator. Support for a community-initiated small grants funding program (VAST: Volunteer Activity Support and Training) in areas of AB and basic health care and support. Support a vehicle, full-time driver and part-time program assistant for the Coordinator.

DOD ($150,000): Continue supporting the targeted prevention program jointly developed by the Malawi Defense Force (MDF) and USG Malawi, which focuses on AB behavior change messages and C (the correct and consistent use of Condoms for populations engaged in high-risk behaviors) education and uptake, among military families. Also continue training programs focused on increasing the effectiveness of the MDF's health programs by training MDF health workers in Prevention of Mother-to-Child Transmission and SI skills.

DOS ($230,000): Support for the Ambassadors Small Grants Fund for HIV/AIDS through PEPFAR for community-led initiatives to prevent the spread of HIV/AIDS particularly among orphans and vulnerable children. Continue to support salary, benefits and travel costs for the HIV/AIDS Country Coordinator who coordinates the implementation of Malawi's PEPFAR program across all US agencies. Support a part-time program assistant for the Coordinator.

Mali (Total GHCS-State: $1,450,000)

HHS/CDC ($1,450,000): Support three main program areas in Mali: HIV prevention, surveillance, and laboratory strengthening. CDC will maintain its current level of support for two local community-based organizations (ASDAP and Soutoura), which provide comprehensive prevention and community health services to MARPs, particularly adolescents and young adults of both genders, and people in prostitution and their clients. To strengthen surveillance, CDC will provide technical assistance to the Malian government for two major epidemiological surveys, an Integrated HIV/STI Prevalence and Behavioral Survey (ISBS) and a National HIV and Syphilis Sentinel Surveillance Survey. Funds will also support a range of activities at the National Public Health Research Institute (INSRP) laboratory, as well as operations of the CDC office in Bamako, Mali.

Nicaragua (GHSC-State Total: $500,000)
HHS/CDC ($300,000): Conduct a Behavioral Surveillance Survey with biomarkers among high risk populations in Nicaragua.

USAID ($180,000): Support on-going Behavior Change Communication Project, which undertakes BCC activities among high risk populations (focusing on MSM, people in prostitution and their clients).

Peace Corps ($20,000): Work with youth and training of youth leaders regarding HIV/AIDS.

Peru (Total GHCS-State: $20,000)
Peace Corps ($20,000): Build HIV/AIDS awareness in three high-risk departments (equivalent of states) in northern Peru, and to develop and implement HIV/AIDS prevention activities on the local (municipal district) level. These activities build on and will be carried out in close collaboration with HIV/AIDS prevention activities being funded and/or implemented by USAID, international and local NGOs, and the Peruvian Ministry of Health.

Russia (Total GHCS-State: $3,500,000):
USAID ($1,680,000): Continue work to support outreach to Injecting Drug Users (IDUs), persons in prostitution and their clients, prisoners and at-risk youth; to engage non-governmental organizations in other prevention activities and strengthening the capacity of religious organizations to deliver appropriate prevention messages and address stigma and discrimination; and to support the Russian Orthodox Church program of compassionate palliative care for People Living With AIDS (PLWAs).

HHS ($1,820,000; CDC $750,000 HRSA $1,070,000): Support for developing a more unified strategic information system, which includes integrated biologic and behavioral studies among persons engaged in high-risk behaviors and HIV incidence testing; expanding national capacity for collection, analysis and use of strategic information; continuing a collaboration with UNAIDS to establish the "Three Ones" in Russia (one national plan, one national coordinating authority, one national monitoring and evaluation system in each of the host countries in which organizations work). Funds will also support twinning with US experts to advance antiretroviral treatment services, tuberculosis and palliative care, including technical assistance to optimize treatment for HIV and opportunistic infections and improve clinical care and patient adherence; training in these areas for institutional, clinic and home-based care providers; and technical assistance to institutionalize screening for TB, enhance the quality of TB diagnostics and treatment, and integrate TB, HIV and primary care services for PLWAs.

Senegal (Total GHCS-State: $1,535,000)
USAID ($935,000): Implement a comprehensive Behavior Change Communication (BCC) program through NGOs and CBOs targeting the general population in the highest-prevalence southern regions of the country; to support 3 stand-alone VCT centers as well as the VCT services integrated into 31 district health centers; to support networks of PLWHA by reinforcing their institutional capacity and advocacy role to decrease stigmatization and discrimination; and

funds to reinforce the logistics system for AIDS and STI drugs, condoms, and laboratory commodities at the national, regional, and district levels (in 6 regions) by training stock managers and laboratory personnel.

HHS/CDC ($300,000): Conduct an HIV sentinel surveillance in all 11 regions of the country in 32 sites (15 urban and 17 rural sites). The survey will target pregnant women attending antenatal clinics; sample size is 14,100 women. Implementation of the survey will require the purchase of laboratory supplies and test kits for all survey sites and the central laboratory, training of health personnel, laboratory testing, data entry, data analysis, report writing and dissemination of the survey results in all 11 regions.

DOD ($300,000): Continue DOD's support of Senegalese Armed Forces (SAF) with the help of GHCS funds. The Department of Defense HIV/AIDS Prevention Program (DHAPP) and SAF will be using FY08 GHCS funds to continue their work with military personnel in a variety of program areas designed to efficiently reach the target goals set out in November of 2007.

Sierra Leone (Total GHCS-State: $500,000)

USAID ($250,000): Integrate HIV/AIDS education with existing community platforms and will contribute to awareness building around prevention and treatment. USAID will award a grant that will adopt an overall integrated approach to HIV within the context of maternal and child health and nutrition.

HHS/CDC ($250,000): Strengthen the Sierra Leone health system for improved and reliable HIV/STD surveillance assessment. This includes analysis of laboratory capacity and infrastructure to help determine the need for laboratory equipment and the level of technical assistance for training and supervision. These efforts will improve diagnosis, testing, data collection and quality assurance measures.

South and East Asia Regional (Total GHCS-State: $240,000)

HHS/CDC ($120,000)/USAID ($120,000): Jointly coordinated technical assistance to initiate newly developed innovative behavior change activities targeting most-at-risk populations (MARPs) in HIV hotspots. The chosen hotspots for initiating these activities are in Laos, which falls within both the USAID and the CDC regional program mandates. These jointly-programmed activities will serve to strengthen the U.S. government (USG) approach on behavior change communications (BCC), as part of the USG minimum package of services (MPS) for MARPs.

Sudan (Total GHCS-State: $2,536,000)

HHS/CDC ($2,536,000): Provide technical assistance in HIV surveillance to both the Government of Southern Sudan and Government of National Unity. Provide technical assistance for laboratory and HIV counseling and testing activities to the South Sudan Ministry of Health and the South Sudan AIDS Committee and non-governmental organizations, and strengthen the antenatal sentinel surveillance in Sudan. Provide technical assistance to Prevention of Mother-to-Child Transmission (PMTCT) activities.

Swaziland (Total GHCS-State: $3,200,000)

HHS ($1,875,887; CDC $1,775,887 HRSA $100,000): Continued support for both client-initiated counseling and testing (CT), while providing a higher level of technical assistance and funding to increased emphasis on health provider-initiated CT. Provide technical assistance and funding to strengthen integration of Tuberculosis (TB) and HIV program activities. Support implementation of a national laboratory strategy and provide technical assistance towards improved lab infrastructure, management and quality assurance systems in and across the program areas of Prevention of Mother-to-Child Transmission (PMTCT), CT, Antiretroviral Treatment (ART) and TB. Support multiple program monitoring and evaluation activities and improve epidemic tracking and monitoring of National, PEPFAR, and Global Fund programs. Funding will also support and enhance the role of nurses in HIV/AIDS care as part of the human capacity development program in Swaziland, through Georgetown University's Nursing Capacity Building Program.

DOS ($536,113): Support office-related costs for all seven PEPFAR-funded staff, salary and benefits costs for two Foreign Service Nationals (FSNs) (a Program Assistant and an Administrative Assistant), International Cooperative Administrative Support Services (ICASS), capital security costs and other local support costs for the Coordinator and FSNs. Cover design and implementation of security and other structural upgrades to PEPFAR office building.

DOD ($444,000): Program support to the Umbutfo Swaziland Defense Force (USDF), their dependents, civilian employees and surrounding civilian communities. This includes prevention activities to the military at all bases, provision of a facility for HIV palliative care services, provision and support of a mobile health care clinic, provision of ART management training, training for laboratory personnel, support for strategic information and management and staffing. Salary, benefits and local support for a DOD program specialist who will be based at the USDF HQ.

DOL ($200,000): Build on the foundation already established by the DOL Workplace Education Project. Develop comprehensive workplace-based prevention and education programs addressing behavior change and promote, offer, or refer for counseling and testing and care and support services.

Peace Corps ($144,000): Continue to work with traditional leadership in rural areas in HIV/AIDS prevention, mitigation, and support by fostering improved communication and understanding of community challenges regarding HIV. Continue to work on abstinence-focused programs for youth. Volunteer Activity Support Training (VAST) funds help Peace Corps Volunteers support HIV-prevention activities at youth camps, workshops and community gatherings. Continue working with the Anglican Church to facilitate parish-level trainings on HIV prevention, with emphasis on abstinence and fidelity and stigma reduction.

Thailand (Total GHCS-State: $500,000)

HHS/CDC ($250,000): Strengthen technical support for a continuum of prevention and care model targeting Men who Have Sex with Men (MSM) in four provinces with high HIV burden in MSM populations. Closely coordinate with USAID in expanding the comprehensive prevention model for positives.

USAID ($250,000): Expand the comprehensive prevention model for positives, develop a curriculum for the prevention for positive Injecting Drug Users pilot, and expand technical and organizational capacity building support to most-at-risk outreach groups at CDC implementing sites.

Ukraine (Total GHCS-State: $500,000)

USAID ($100,000): Coordinate USG assistance in HIV/AIDS; draft annual USG program plans and description for Mini-Country Operation Plan; monitor program progress toward planned achievements; coordinate reporting on USG program results.

Peace Corps ($200,000): Continue to target young people in small towns and villages by working with local community leaders to improve general awareness of HIV and risky behaviors, including drug use, which facilitate HIV transmission.

DOD ($200,000): Strengthen delivery of counseling and testing services and continue to integrate Abstinence and Be Faithful (AB) promotion into counseling and testing activities at military installations.

Zimbabwe (Total GHCS-State: $3,330,000)

USAID ($3,230,000): Support the Supply Chain Management Systems (SCMS) mechanism to provide for procurement of life-saving antiretroviral drugs. Cover the purchase cost, insurance, and freight for these drugs to Zimbabwe. Provide HIV rapid test kits and related laboratory equipment and reagents, necessary to assure continued monitoring of patients on antiretroviral therapy, as well as training and technical assistance for commodity logistics management.

DOS ($50,000): Support the US Embassy/Zimbabwe Public Affairs Section to strengthen media outreach on HIV/AIDS, create venues for discussions by visiting HIV/AIDS professionals aimed at the larger non-scientific audience, especially policy makers and journalists, and develop and execute public diplomacy initiatives aimed at promoting the sharing of knowledge and skills between Zimbabweans and their counterparts in the United States.

DOD ($50,000): Support continued technical assistance and training for HIV counseling and testing of Zimbabwean military personnel as well as support for data collection, analysis, and synthesis to enable military planners working on the HIV/AIDS program to better target resources.

SECTION V

NOTIONAL PARTNERSHIP COMPACT COUNTRY FUNDING

1) Summary Program Description

PEPFAR Notional Partnership Compact Country Funding: FY 2008

Project Title: Notional Partnership Compact Country Funding

Budget: FY 2008 GHCS-State: $100,000,000

Implementing Mechanism: Will utilize multiple PEPFAR agency contract and grant mechanisms

Contact Person(s): Rebecca Hooper (S/GAC)

Program Description:

Reflecting the paradigm shift from a 'donor-recipient' relationship to one of partnership embodied by PEPFAR, the U.S. Government will work with host governments to develop Partnership Compacts based in mutual trust and respect with obligations and responsibilities for all partners. Compacts will be pursued with countries with significant HIV/AIDS burdens in which the US Government has a significant on-the-ground presence and where US Government resources would play a significant role and have a comparative advantage in the fight against HIV/AIDS. A country's progress on financial or policy parameters will not be a pre-condition for developing a Compact, and continued efforts in countries currently receiving resources will not be conditioned on Compacts. Rather, Compacts will serve as a framework for moving forward together to save as many lives as possible with the resources that are available. Compacts will be structured to promote deeper integration of HIV/AIDS services into health systems, seeking to promote sustainability by ensuring that HIV/AIDS programs build capacity and benefit health systems overall. Additional PEPFAR resources under Compacts will not necessarily be provided through governments, but will be provided in support of multisectoral national HIV/AIDS plans. Compacts must be tailored to local circumstances, so their development will be led by US Government personnel in-country, who have relationships with key government counterparts. Compacts are anticipated in both PEPFAR's current focus countries and in additional countries, and will link new USG resources to host country commitments in two key areas:

1. Financial commitment

Resources differ dramatically from country to country, based on each nation's level of development. Almost every nation severely affected by HIV/AIDS can do more. For example, in the 2005 Abuja Declaration, African governments committed themselves to devote at least 15% of their budgets to health; only a few have reached this level. Several current focus countries have significant resource allocations to HIV/AIDS, yet nearly all can do more. In some countries, "more" can be measured in hundreds of thousands of dollars, in others millions, tens of millions or more. It is important that resources for HIV/AIDS do not offset other health or development areas, and this will be reflected in the Compacts.

2. Policy commitment

Policy changes can create an environment conducive to an effective health and HIV/AIDS response, ensuring that available resources are optimally used to save as many lives as possible. While agreements would vary from one country to another, key issues addressed might include:

Workforce: Regulations and policies that allow effective task-shifting for health care workers.

Gender: Regulations and policies to limit gender-based violence and discrimination, prevent transgenerational sex, and protect women's inheritance rights.

Orphans: Regulations and policies to protect the inheritance rights of children.

HIV-specific: Regulations and policies that promote diagnostic counseling and testing, pediatric diagnosis, rapid, tariff-free regulatory procedures for drugs and commodities, and full inclusion of people living with HIV/AIDS in a multisectoral national response.

FY 2008 Program:

With an estimated $100,000,000 PEPFAR will work toward implementing the partnership compact model in a small subset of PEPFAR countries with the opportunity for increasing impact.

Partnership Compacts must each outline annual goals in prevention, treatment and care. Prevention, treatment and care of individuals, families, communities and nations affected by HIV/AIDS will be central to every Partnership Compact. The Partnership Compact must outline projected achievements in each area, progress toward which the USG and partners will review annually. For the second phase of PEPFAR, the President has proposed support for treatment for 2.5 million people, prevention of 12 million new infections, and care for 12 million people infected or affected by HIV/AIDS, including five million orphans and vulnerable children.

Time Frame: FY 2008 – FY 2009

SECTION VI

CENTRAL PROGRAMS

2) Introduction
3) Table 9: FY 2008 Budget for Central Programs by Agency Implementing Activity
4) Summary Program Descriptions

Introduction: Central Programs

This section summarizes initial funding planned for central programs to support activities in the focus countries (Table 9), and provides individual narrative descriptions for each program. These programs are funded with FY 2008 GHCS-STATE funds.

The antiretroviral therapy, safe medical injections, safe blood supply, abstinence/faithfulness and OVC programs are ongoing programs receiving their fourth year of funding. Supply chain management is a contract that was competitively procured during FY 2005 and is in its fourth year of funding. Drug Quality Assurance and Twinning (linking US-and Focus Country institutions) programs were announced in FY 2004 and began implementation in early FY 2005. Technical Leadership and Support and the New Partners Initiative were new activities during FY 2005 and are in their fourth year of programming in FY 2008.

Table 9: FY 2008 Budget for Central Programs

Allocations Approved as of June 2008

GHCS-State by Agency Implementing Activity

(In Whole USD)

Activity	USAID Allocated	HHS Allocated	STATE Allocated	DOD Allocated	TOTAL Allocated
Abstinence/Faithfulness	26,990,865				**26,990,865**
Anti-Retroviral Therapy		105,359,943			**105,359,943**
New Partners Initiative			65,000,000		**65,000,000**
Orphans and Vulnerable Children	24,796,320				**24,796,320**
Drug Quality Assurance		4,200,000			**4,200,000**
Safe Blood Supply	3,750,000	42,950,000	3,300,000		**50,000,000**
Safe-Injections	15,685,996	15,000,000			**30,685,996**
Supply Chain Management	25,000,000				**25,000,000**
Technical Leadership and Support	19,279,040	21,823,884	57,619,139	250,000	**98,972,063**
Twinning		2,000,000			**2,000,000**
TOTAL	**115,502,221**	**191,333,827**	**125,919,139**	**250,000**	**433,005,187**

PEPFAR CENTRAL PROGRAMS: FY 2008

Project Title: Abstinence and Be Faithful (AB)

Budget: FY 2008 GHCS-State: $26,990,865

Implementing Mechanism: USAID grants with Non-governmental Organizations (NGOs) and Community/Faith-Based Organizations (CBOs/FBOs) include the following organizations: Adventist Development Relief Agency (ADRA), American Red Cross, Catholic Relief Services (CRS), Children's AIDS Fund, Food for the Hungry, HOPE Worldwide South Africa, International Youth Federation, Pact, Program for Appropriate Technology in Health (PATH), Salesian Missions, Samaritan's Purse, World Relief, and World Vision.

Contact Person(s): John Crowley (USAID/GH)

Program Description:

This program provides central funding for multi-country grants to NGOs to expand programs that promote avoidance of risky behavior: i.e., delaying sexual activity, increasing "secondary abstinence" among young people; and promoting mutual fidelity and partner reduction, among both youth and the general population. Specific activities include the following:

- Providing skills-based HIV education for young people;
- Stimulating community discourse on healthy norms and behaviors;
- Strengthening the role of parents and other protective influences;
- Promoting initiatives to address sexual coercion and gender-based violence; and,
- Targeting early intervention with at-risk youth.

There are 14 cooperative agreements awarded to carry out AB activities. These 14 Partners work with over 30 local faith-based organizations such as Anglican Church of Kenya Western Diocese, Fellowship of Christian Unions, Kenya Students Christian Fellowship, as well as many secular indigenous community-based organizations. Programs supported include culturally appropriate prevention activities for young people emphasizing "Abstinence" and "Be Faithful" (AB) messages, as well as medically accurate information about condoms for older and at-risk youth and referrals to health providers where at-risk youth can obtain other HIV services. These efforts complement ongoing USAID-funded prevention programs that target risky adult behaviors and contribute to the overall national prevention programs.

In FY 2007 partners provided HIV/AIDS prevention education that emphasized abstinence and/or fidelity through a variety of HIV and AIDS prevention strategies including peer education, life skills training, as well as the promotion of safer norms and behaviors. During FY 2007, partners also contributed to the expansion of cross-country technical leadership and knowledge through the sharing of sound practices and experiences. As integrated programs at the country level, partners continued to implement community outreach programs promoting abstinence and/or being faithful with a majority of beneficiaries receiving abstinence messages.

With the feedback from the FY2006 AB program evaluation, partners continued to adjust programming to reflect the evaluation findings and were asked to outline steps taken in response to the evaluator's recommendations. For each program, partners detailed the addition of information on partner reduction, fidelity, condom use, or cross-generational and transactional sex. Additionally, partners were asked to describe how they planned to ensure sexually active youth, or those who may become sexually active, are referred to comprehensive programs as recommended in agency guidance.

FY 2008 Program:

With an estimated forty percent of all new infections occurring in youth aged 15-24, FY 2008 funding will continue to scale up youth-oriented AB prevention programs in 14 PEPFAR focus countries and improve on the quality of their delivery. Activities will continue to expand the promotion of primary and secondary abstinence, faithfulness, monogamous relationships, and avoidance of unhealthy sexual behaviors among youth. Many partners are focusing on expanding their program to reach more parents, men, and other adults who act as barriers to abstinence and fidelity and affect the environment in which youth make decisions. All of these programs are expected to continue to achieve their targets, thereby contributing to the PEPFAR goal of preventing seven million new infections.

Time Frame: FY 2008 – FY 2009

PEPFAR CENTRAL PROGRAMS: FY 2008

Project Title: Antiretroviral Treatment (ART)

Budget: FY 2008 GHCS-State: $105,359,943

Implementing Mechanism: HHS Cooperative Agreements with Non-governmental Organizations (NGO), including Columbia University, Elizabeth Glaser Pediatric AIDS Foundation, Harvard University, and AIDSRelief.

Contact Person(s): Ted Ellerbrock (HHS/CDC/GAP) and Barbara Aranda-Naranjo (HHS/HRSA/HAB)

Program Description:
PEPFAR funds provide central support to four U.S. organizations working in 13 of the 15 PEPFAR focus countries. These Department of Health and Human Services (HHS) awarded grants, which were selected based on competitive bidding, to the Mailman School of Public Health of Columbia University, the Elizabeth Glaser Pediatric AIDS Foundation, Harvard University School of Public Health, and AIDSRelief (formerly, the Catholic Relief Services Consortium) have sub-contracted with local in-country organizations, such as: Ministries of Health; faith-based hospitals in nine countries; Muhimbili National Hospital, Tanzania; Moi Teaching and Referral Hospital, Kenya; University of Transkei, South Africa; and Lusaka Health District, Lusaka, Zambia.

The grant recipients are engaged in providing clinical HIV care, including ART, drug and health commodities management, laboratory services for diagnosing HIV infection and opportunistic infections, training of health care workers, community services, and monitoring and evaluation. Areas of focus include the following:

- Providing comprehensive HIV care, including ART, and diagnosing and treating TB and other HIV-related opportunistic infections;
- Selecting and procuring the appropriate ART drugs in accordance with U.S. and host government policies;
- Ensuring the availability and appropriate use of laboratory services for diagnosing HIV infection and opportunistic infections; and
- Providing training to increase capacity of local staff and encourage local ownership.

As of September 30, 2007, more than 339,000 patients were on ART at 565 medical facilities in 13 countries through this program. As of January 2008, the number of patients receiving ART through this program is projected to increase to approximately 400,000. Further expansion is dependent on the receipt of funding from country budgets.

FY 2008 Program:

HHS will use FY 2008 funding to provide HIV care and treatment for those enrolled in the program through February 2009. Funding for scientific and technical advice, assistance, and monitoring for this program and management and administrative costs associated with the program are reflected in the technical oversight and management.

This program will contribute to achieving critical PEPFAR goals, including supporting treatment for two million HIV-infected individuals.

Time Frame: FY 2008 – FY 2009

PEPFAR CENTRAL PROGRAMS: FY 2008

Project Title: Orphans and Vulnerable Children (OVCs) Affected by HIV/AIDS

Budget: FY 2008 GHCS-State: $24,796,320

Implementing Mechanism: USAID cooperative agreements with Non-Governmental Organizations (NGOs) and Community/Faith-based Organizations (CBOs/FBOs), including the following: Africare, Association of Volunteers in International Service (AVSI), CARE USA, Catholic Relief Services (CRS), Christian Aid, Christian Children's Fund, Family Health International (FHI), HOPE Worldwide South Africa, Opportunity International, Plan USA, Project Concern International, Project HOPE, Salvation Army, Save the Children, and World Concern.

Contact Person(s): John Crowley (USAID/GH/ISD)

Program Description:

This PEPFAR-funded program continues to fund activities in multiple countries that increase care and support to OVCs affected by HIV. The activities supported through this program provide essential services and comprehensive care to improve the quality of life for OVCs, and aim to strengthen the quality of OVC programs through the implementation, evaluation, and replication of best practices. These projects support one or more of the following strategic approaches:

- Strengthening the capacity of families and caregivers to cope and address OVC needs;
- Mobilizing and strengthening community-based responses;
- Increasing the capacity of children and young people to meet their own needs;
- Building host government capacity to develop appropriate policies, including legal and programmatic frameworks, as well as essential services for the most vulnerable children;
- Raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS while minimizing stigma;
- Developing, evaluating, disseminating and applying sound practices;
- Creating strong partnerships with local in-country organizations; and,
- Forming public-private alliances.

There are 15 cooperative agreements awarded to carry to OVC activities. In FY 2007, these 15 partners provided care and support to OVCs with a wide range of psychosocial, food and nutrition, educational, recreational, and protection services through the mobilization and capacity building of local organizations. During FY 2007, partners contributed to the expansion of cross-country technical leadership and knowledge through the sharing of sound practices and experiences. As integrated programs at the country level, partners continued to implement a strategy of reaching communities primarily through their local community/faith-based partners. This has proven effective in engaging sustainable, community-based responses by using a trusted and established mechanism within a community. In Haiti, for example, one partner works through a network of children's safety

net organizations that help link OVC caregivers with other local groups such as agricultural and nutrition programs in addition to partnering with FBOs.

FY 2008 Program:

In FY 2008, funding will support OVC partners to carry on collaboration with locally-based organizations to implement and scale up activities that:

- Strengthen the capacity of families and caregivers to address OVC needs in their local context
- Support OVCs through microfinance programs for caregivers of OVCs;
- Increase capacity of children and youth to meet their own needs;
- Strengthen the capacity of local organizations to provide care for OVCs;
- Work toward reducing the stigma and discrimination of OVCs and their caregivers; and,
- Increase OVC access to essential programs and services, specifically in education, psychosocial support, health and livelihood training.

Partners will continue to work with schools, local government and social programs to help identify vulnerable children and to establish links for support including referrals for home based care, food/nutrition, and psychosocial needs. With all 15 partners entering their third full year of implementation, program activities will continue to reach more OVC, while an emphasis on quality will help ensure that interventions are truly making a measurable difference in the lives of children affected by HIV/AIDS.

This program will contribute to achieving the PEPFAR goal of supporting care for ten million people infected or affected by HIV/AIDS, including orphans and other vulnerable children.

Time Frame: FY 2008 – FY 2009

PEPFAR CENTRAL PROGRAMS: FY 2008

Project Title: Blood Transfusion Safety

Budget: FY 2008 GHCS-State: $50,000,000

Implementing Mechanism: HHS/CDC Cooperative Agreements with National Blood Transfusion Services or Ministries of Health in 14 focus countries (Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zambia) and with five technical assistance organizations (American Association of Blood Banks; Sanquin Blood Consulting; Safe Blood for Africa; Social and Scientific Systems, Inc.; and the World Health Organization). Funding also supports technical assistance to these 19 grantees from the Atlanta headquarters-based CDC Blood Safety team.

Contact Person(s): Lawrence Marum, HHS/CDC/NCHHSTP/DGA/HPB

Program Description:

PEPFAR Track 1 funds have supported blood safety activities in 14 Focus countries in FY 2005, FY 2006 and FY 2007. These funds have supported the development of centralized national blood transfusion services. These national services are designed to manage the national blood supply through direct implementation or via oversight of parastatal organizations (e.g., Red Cross Societies). National Blood Transfusion Service (NBTS) partners (and their partners) are responsible for blood donor recruitment; blood collections; appropriate laboratory screening for transfusion-transmissible infections (TTI); proper processing, storage (e.g., cold chain) and distribution of blood; and training for clinicians, laboratory technicians and other associated healthcare workers in the appropriate handling, screening and use of blood and blood products. In addition to these technical activities, NBTS partners are responsible for developing human capacity to manage these administrative and technical systems, and ensure that adequate records are kept to conduct routine and annual monitoring and evaluation (M&E) and reporting.

The PEPFAR-funded blood safety program also supports expert blood safety organizations to provide guidance, advice, and training to NBTS and Ministry of Health partners. The technical assistance program pairs internationally recognized blood safety organizations with an NBTS partner. The technical assistance (TA) providers advise the NBTS partners in seven main technical areas: 1) Policy development; 2) Infrastructure (limited to advising on facility design and equipment selection, not construction); 3) Blood collections; 4) Laboratory screening of blood and the production of blood components; 5) Transfusion and blood utilization practices; 6) Training; and 7) Monitoring & Evaluation.

FY 2008 Program:

In FY08, PEPFAR funds will continue to support coordinated efforts by National Blood Transfusion Service grantees and the expert blood transfusion technical assistance providers, to build on progress made in years 1-3 (FY 2005-2007) to strengthen national blood systems and improve the safety and availability of blood nationwide. Technical

emphasis areas for FY 2008 will include, but not be limited to, improving hemovigilance systems; strengthening links to counseling and testing through provision of or referral for results counseling for HIV testing; mapping service delivery areas to streamline cold chain dependent logistics; continuing on-going renovation projects; linking blood safety surveillance activities with anemia surveillance sites being established by the President's Malaria Initiative; and conducting high-level analyses on five years worth of blood safety indicator data collected with a new data collection tool. Initiation of a task order to assist with assessment and planning for non-focus countries in FY 2008 will begin to share lessons learned and provide a start for the provision of safer blood in these countries, consistent with the health covenants in the reauthorization of PEPFAR.

This program will contribute to achieving the critical PEPFAR goal of prevention of seven million new HIV infections through the elimination of HIV transmission by unsafe blood transfusion and will also contribute to system strengthening of national systems for care and laboratory services.

Time Frame: FY 2008-FY 2009

PEPFAR CENTRAL PROGRAMS: FY 2008

Project Title: Safe Medical Injections

Budget: FY 2008 GHCS-State: $30,685,996

Implementing Mechanism: USAID Task Order Proposal Requests through existing Indefinite Quantity Contracts, including John Snow Inc., University Research Co. LLC , Chemonics International, Initiatives, Inc.

Contact Person(s): Robert Ferris, Megan Gerson, Glenn Post, & David Stanton (USAID)

Program Description:

PEPFAR funds provided central support for injection safety activities in FY 2007 through an integrated approach that included improving the safety of medical practices through technical innovations; developing behavior change communications, education and training campaigns; providing sufficient quantities of injection materials, including needles, and syringes; strengthening logistical systems and management; and strengthening waste management systems for sharps.

In FY 2007, this program area experienced a significant reduction in funding. Despite the cutbacks, injection safety partners continued activities in safe injection by supporting commodity management and limited procurement support, including the procurement and distribution of syringes for medical use in PEPFAR focus countries. They also continued capacity building and training in injection practices, supply management, waste handling, and interpersonal communications; reduced the excessive use of injectable pharmaceuticals; developed a standardized system for sharps disposal; and conducted a formal assessment of injection safety and healthcare waste management practices using standardized tools.

FY 2008 Program:

In FY 2008, the USG will continue to implement strategies for wider public understanding and support for the availability of safe medical injections in the PEPFAR focus countries; decrease the frequency of unnecessary and unsafe injections; improve the supply and distribution systems for commodities needed for safe injections; and improve waste management of sharps. Focus will be on prioritizing sharps procedures with highest risk of HIV transmission (e.g., phlebotomy) and cost-effective strategies (e.g., ensuring availability of sharps containers at point of sharps use).

This program will contribute to achieving the PEPFAR goal of supporting prevention of seven million new HIV infections.

Time Frame: FY 2008 - FY 2009

PEPFAR CENTRAL PROGRAMS: FY 2008

Project Title: Drug Quality Assurance

Budget: FY 2008 GHCS-State: $4,200,000

Implementing Mechanism: HHS/FDA direct expenses and contracts.

Contact Person: Beverly Corey (HHS/FDA) and HHS/OGHA Liaison

Program Description:

When the PEPFAR program was inaugurated, the Food and Drug Administration (FDA) was challenged to develop a process that would help assure that anti-retroviral medications purchased with PEPFAR dollars were quality products and that would also help keep the costs of these products as low as possible. Knowing the plethora of counterfeit products and substandard products available for purchase in developing economies, the leadership of PEPFAR wanted to assure that the products distributed under its auspice were going to help those who took them and were not going to exacerbate the overarching disease problem by contributing to the development of viral resistance to the medications.

In direct support of the President's Emergency Plan for AIDS Relief (PEPFAR), the Department of Health and Human Services' (HHS) Food and Drug Administration implemented an expedited process to help ensure that the United States can provide safe, effective, and quality manufactured antiretroviral drugs to the 15 focus countries. HHS/FDA published guidance for the pharmaceutical industry that encouraged sponsors to submit applications for approval (or tentative approval, if U.S. patents blocked issuance of approval for U.S. marketing) of fixed dose combinations (FDCs – new products that combine already-approved individual HIV/AIDS therapies into a single dosage) or co-packaged versions of previously HHS/FDA-approved FDCs or single-entity antiretroviral therapies for the treatment of human immunodeficiency virus (HIV). Drugs approved or tentatively approved under this expedited process meet all FDA standards for drug safety, efficacy, and manufacturing quality.

HHS/FDA's involvement includes the following activities:

In order to address this challenge, FDA developed a special initiative that was widely publicized and made open to any drug manufacturer in the world who wished to participate. The initiative involves four main components:

- **Manufacturer Assistance:** FDA works intensively with manufacturers who have not interacted with FDA previously to help them prepare a high quality FDA marketing application and to help them prepare for the requisite FDA inspections of their clinical trials or bioequivalence trials and for the inspection of their manufacturing facilities.
- **Priority Application Review:** Due to the significant global public health impact of these products, FDA prioritizes the review of these marketing submissions and, to date,

has met its announced commitment to complete the reviews in an expedited fashion after submission of a high-quality application.

- **"Tentative" Approvals:** FDA reviews the submitted marketing applications to ensure that the products meet all of FDA's standards for safety, effectiveness, and manufacturing quality. If an application meets these standards, and there are no existing patent and/or marketing exclusivity protections that prevent the approval of the product in the U.S., the application receives a full approval. If, however, another company's existing patents and/or marketing exclusivity prohibits FDA from approving the product for marketing in the U.S., FDA issues a "tentative approval". The "tentative approval" signifies that the product meets all safety, effectiveness, and manufacturing quality standards for marketing in the U.S., but the existing patents and/or marketing exclusivity prevent its approval for marketing in the U.S. With either a full approval or a "tentative approval," a company can tender its product for purchase under the PEPFAR program in the PEPFAR focus countries. In this manner, the only products being offered under this program to the focus countries are products that meet the scientific and manufacturing standards for products we would offer our own citizens.
- **Cooperation with Other National Drug Regulatory Agencies and the World Health Organization (WHO):** Finally, FDA has engaged proactively with its counterpart national drug regulatory agencies in the PEPFAR focus countries and with the WHO Pre-Qualification Unit to help them understand the initiative and the science behind FDA's regulatory decisions. As a result, they can more readily utilize the FDA efforts in their local registration decisions. FDA has entered into a Confidentiality Agreement with the WHO Pre-Qualification Unit so that the WHO can immediately add those products FDA has either "approved" or "tentatively approved" to its PQ list without having to re-review them, thus saving WHO resources. Often being on the WHO PQ list helps with national registration of these products.
- **Outreach Activities:** HHS/FDA is developing and implementing comprehensive outreach programs that target drug manufacturers and national drug regulatory authorities in focus countries. These programs include training in the general marketing application review process; disseminating current good manufacturing practices, review and standards for active pharmaceutical ingredients; and monitoring post-authorization drug safety and manufacturing reporting.

In addition, in FY 2007 HHS/FDA sponsored two technical assistance drug regulatory forums for regulatory agencies that included PEPFAR focus countries. The purpose continues to be to educate and support these government agencies in their interpretation and evaluation of the findings and outcomes of the HHS/FDA approval process with the goal of reducing the time to actually register, procure, and distribute antiretrovirals (ARVs) in countries receiving PEPFAR support following HHS/FDA approval.

Noted Accomplishments:

- Since December 2004, HHS/FDA has approved or tentatively approved 57 antiretroviral therapies under the PEPFAR expedited review program. These products are listed on the FDA website at www.fda.gov/oia/pepfar.htm.

- From FY-2005 through 2007, FDA conducted a total of 80 pre-approval inspections associated with PEPFAR applications. These were 26 Active Pharmaceutical Ingredient, 16 Finished Dosage Pharmaceutical, and 38 Bioequivalence/GCP inspections.
- In August 2007, the first fixed-dose anti-HIV product designed to treat children under the age of 12 years (pediatric triple-fixed-dose combination tablet of lamivudine, stavudine and nevirapine) was tentatively approved.
- As of March 31, 2007, PEPFAR supported life-saving anti-retroviral treatment for over 1.1 million men, women and children in 15 focus countries in sub-Saharan Africa, Asia and the Caribbean. Because of the FDA PEPFAR work, it is estimated that approximately $107 million has been saved during the first nine months of 2007 alone in the purchase of anti-retroviral products.
- In addition, FDA continues to work to strengthen the knowledge and training of in-country, national drug regulatory authorities in the PEPFAR focus countries, alone and in collaboration with each other, so that they can better help assure the quality of the medical products available to their citizens. Since 2005, FDA has held five drug regulatory fora for international regulatory authorities. Fourteen of the 15 focus countries attended the first forum and some countries have been able to send colleagues to subsequent fora in an attempt to train multiple members of their staffs.

FY 2008 Program:

FY 2008 funding will be used to continue to finance the following HIV drug marketing application review and inspection activities necessary for the evaluation of drugs for PEPFAR:

- The review of new drug and generic drug marketing applications;
- Pre-approval inspections of active pharmaceutical ingredients manufacturing facilities;
- Pre-approval inspections of finished dosage manufacturing facilities;
- Pre-approval inspections of bioequivalence studies; and,
- For cause inspections to target manufacturing problems.

Funds may also be required to facilitate activities related to providing consultation and documentation to the World Health Organization (WHO), and to facilitate listing of FDA approved and tentatively approved products on the WHO Prequalification drug website.

In addition, HHS/FDA will plan and attempt to provide regional in-country training to support registration by local drug regulatory authorities of ARVs that have been tentatively approved by HHS/FDA so that they can be procured and distributed to patients in those countries.

This program will contribute to achieving critical PEPFAR goals, including supporting prevention of seven million new HIV infections and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2008—FY 2009

PEPFAR CENTRAL PROGRAMS: FY 2008

Project Title: New Partners Initiative (NPI)

Budget: FY 2008 GHCS-State: $65,000,000

Implementing Mechanisms:
USAID Cooperative Agreements, HHS/CDC, and HHS/HRSA awards with Non-Governmental Organizations and Community/Faith-based Organizations (C/FBOs) include the following: American Refugee Committee International, Baptist Aids Response Agency, CAMFED USA Foundation, Children's Emergency Relief International, Comprehensive HIV/AIDS Management Programme, Handicap International Rwanda, Integrated Community Based Initiatives, Matibabu Foundation Kenya, Sophumelela Clinic Inc., Tearfund UK, THETA, St. Boniface Haiti Foundation, Inc., Woord en Daad, and World Conference on Religions for Peace.

Contact Person(s): Susan Adams (OGAC), Kevin Ryan (CDC), Blanch Brown (HHS/HRSA), Megan Petersen (USAID/GH), Maggie Wynne (HHS/OGHA)

Program Description:
NPI is a means to increase the number of PEPFAR partners by establishing a competitive grants process for organizations with the desire and the ability to help implement the President's Emergency Plan, but which may have little or no experience in working with the federal government. NPI will increase the total number of EP implementing partner organizations and, importantly, improve their capacity to respond effectively to help meet the President's goals. Additionally, the initiative will develop indigenous capacity so that affected countries and communities can address HIV/AIDS on their own toward long-term sustainability.

In coordination with OGAC, USAID will initiate the following actions in order to continue NPI implementation:

- Issue Cooperative Agreements to six of the 14 new partners in Round Two and a to-be-determined number in Round Three. (During the second round of NPI, 14 new partners were selected out of 471 concept papers submitted to USAID.);
- Manage Round Three process through the Annual Program Statement; and
- Improve the capacity and implementation of new partners, including indigenous partners in affected countries, to respond effectively by making available post-award technical (TA) and capacity-building (CB) assistance through an identified partner, competent in providing both TA and CB.

In coordination with OGAC, HHS/CDC and HHS/HRSA will initiate the following actions in order to continue NPI implementation:

- Issue awards to seven of the 14 new partners in Round Two and a to-be-determined number in Round Three.
- Improve the capacity and implementation of new partners, including indigenous partners in affected countries, to respond effectively by making available post-award technical

(TA) and capacity-building (CB) assistance through an identified partner, competent in providing both TA and CB.

FY 2008 Program:
The 14 partners identified from Round Two will implement prevention and care programs in six of the PEPFAR focus countries. Post-award activities, including program implementation, will incorporate technical and capacity building assistance such as:

- Conducting needs assessments of the partners to identify priority areas for organizational and technical assistance;
- Reviewing activities, strategies, implementation steps, and outcomes for consistency with the priorities, goals and strategies of PEPFAR;
- Reviewing geographic scale and beneficiaries to ensure that the programs reflect priority needs (e.g., difficult or underserved populations) and are targeted with appropriate strategies;
- Developing clear plans for devolution to indigenous service providers and promotion of sustainability;
- Ensuring that programs are applying evidence-based strategies, reflect best practices and are consistent with national guidelines and policies;
- Developing and implementing a monitoring and evaluation plan to ensure quality;
- Ensuring a high level of involvement of local partners in program implementation and building their capacity; and
- Ensuring sufficient organizational and technical assistance to allow new partners to compete for USG funding as prime partners.

Additionally, in FY2008, PEPFAR expects to compete and select additional new partners in Round Three through a competitive process.

This program will contribute to achieving critical PEPFAR goals, including supporting prevention of seven million new HIV infections and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2008 – FY 2009

PEPFAR CENTRAL PROGRAMS: FY 2008

Project Title: Supply Chain Management System

Budget: FY 2008 GHCS-State: $25,000,000

Implementing Mechanism: The Partnership for Supply Chain Management

Contact Person(s): Carl Hawkins (USAID/GH)

Program Description:

In order to sustain the number of patients being treated and tested for HIV, the Supply Chain Management System (SCMS) will continue to deliver high-quality supplies to PEPFAR programs while building the capacity of in-country organizations to maintain sustainable procurement and distribution systems. SCMS is ensuring the lowest priced, highest-quality drugs are available for antiretroviral treatment and care programs.

During FY 2007, SCMS continued to scale up its efforts in all 15 PEPFAR focus countries and supported the USG programs through commodity procurement, technical assistance or coordination of key stakeholders and donors. To date, SCMS has an established field presence in all PEPFAR focus countries and delivered more than 760,000 patient years of ARV treatment. Over 90% of the ARVs procured by SCMS were generic FDA-approved or FDA tentatively approved.

Additionally, SCMS contributes to the coordination of significant, donor-funded initiatives, such as the World Health Organization/Joint United Nations Programme on HIV/AIDS (UNAIDS) effort to prepare a global demand forecast for antiretroviral drugs (ARVs) through 2008. As the technical secretariat of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, and PEPFAR's joint procurement planning initiative, SCMS facilitates national procurement planning and supply chain management of HIV/AIDS commodities in several countries.

FY 2008 Program:

SCMS will continue to build an uninterrupted supply of commodities while building capacity for long-term sustainable procurement and distribution. With FY 2008 funds, SCMS will continue to: improve procurement and distribution; support countries that experience unforeseen stock-outs; coordinate with international organizations to increase efficiency; maintain transparent procurement, quality assurance and control systems; provide freight forwarding and warehousing services; and build on procurement information management systems.

Central funds will be used to support SCMS home office functions such as maintaining supply plans that support the 17 field offices procurement needs and coordinating with manufacturers and vendors on supply needs; coordinating technical assistance activities in more than 20 countries; managing drug and other product quality assurance measures; and maintaining

information systems. Central funds will also be used for the procurement of HIV commodities in emergency stock-out situations and on follow-up technical assistance to prevent further stock-outs. With central funding, SCMS will also continue to help lead a coordination effort between major donors and stakeholders such as the Global Fund and the World Bank in the area of commodity procurement and supply chain strengthening.

This program will contribute to achieving two critical PEPFAR goals, including supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS.

Time Frame: FY 2008 - FY 2009

PEPFAR CENTRAL PROGRAMS: FY 2008

Project Title: Technical Leadership and Support

Budget: FY 2008 GHCS-State: $58,847,063

Implementing Mechanism: USAID, HHS and State Department contracts and grants

Contact Person(s): R.J. Simonds (HHS/CDC), Debbi Birx (HHS/CDC), Rick Shaffer (DOD), Kimberly Coleman (DOD), Catherine McLean (HHS), Barbara Aranda-Naranjo (HHS/HRSA), Tom Kenyon (OGAC), Michele Moloney-Kitts (OGAC), Kathy Marconi (OGAC), Caroline Ryan (OGAC), Janis Timberlake (OGAC), Rebecca Hooper (OGAC), Pamela Martin (Peace Corps), Hope Sukin (USAID), Brenda Doe (USAID), Denny Robertson (USAID)

Program Description:

Technical Leadership and Support programs fund technical assistance and other activities to further PEPFAR policy and programmatic objectives in the field, at headquarters, and internationally. In addition to supporting USG technical assistance, this program utilizes existing contractual and grant mechanisms within USAID, HHS, and the State Department to the maximum extent possible.

FY 2008 Program:

U.S. Agency Headquarters Technical Leadership and Support Programs:
The diverse set of U.S. agencies implementing PEPFAR offers unique comparative advantages to U.S. global engagement in HIV/AIDS. Each agency has technical experts that support its core programmatic functions and each agency engages the international health development community to within its area of expertise. Global engagement takes several forms, including: providing technical assistance to host-country governments and implementing partners; supporting international organizations, such as WHO, UNAIDS, the Clinton Foundation and the U.K.'s Department for International Development (DFID), in the development of health policies and programs; and conducting international health surveillance and operations research studies. The following are examples of ongoing Technical Research and Support programs.

U.S. Department of Health and Human Services

- Centers for Disease Control and Prevention (CDC) HQ's epidemiologists, medical officers, public health advisors, and behavioral and laboratory scientists translate research into effective PEPFAR programs by assisting host governments and local partners and providing global technical leadership to international organizations
- National policies/guidelines development
- Support and coordination of PHE (operational research), surveillance, other strategic information programs

U.S. Agency for International Development:

- Using standing contracts and grants to facilitate access to technical expertise for program design, strategy development, and general support of field programs and policy development
- Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs (e.g., abstinence and be faithful, orphans and vulnerable children, and safe medical injections programs)
- Providing technical assistance to country programs (e.g., through direct assistance by USAID program and scientific experts from a variety disciplines including medical officers/physicians, health scientists, epidemiologists, public health advisors, AIDS education and training experts, statisticians and informaticians)

U.S. Department of Defense

- Provide technical leadership on HIV surveillance among military populations.
- Coordination of military issues with international organizations providing support to militaries
- Provide assistance with military HIV policy development

Time Frame: FY 2008 – FY 2009

PEPFAR CENTRAL PROGRAMS: FY 2008

Project Title: Technical Leadership and Support

Budget: FY 2008 GHCS-State: $40,000,000

Implementing Mechanism: USAID, HHS and State Department contracts and grants

Contact Person(s): Caroline Ryan (OGAC), Debbi Birx (HHS/CDC), Deborah Parham (HHS/HRSA/HAB), and Paul Mahanna (USAID/GH/OHA)

Program Description:

Technical Leadership and Support programs fund technical assistance and other activities to further PEPFAR policy and programmatic objectives in the field, at headquarters, and internationally. In addition to supporting USG technical assistance, this program utilizes existing contractual and grant mechanisms within USAID, HHS, and the State Department to the maximum extent possible.

FY 2008 Program:

Southern Africa HIV/AIDS Prevention Initiative:
Southern Africa has a highly generalized HIV epidemic, with prevalence throughout the region of over 16% in the population aged 15-49—and twice as many women as men infected. Most new infections occur through heterosexual intercourse in the general population, followed by mother-to-child transmission. Surveys in the region indicate that HIV prevalence varies greatly by race, sex, age, and locality. However, rapid growth in and high current levels of HIV prevalence mean there is a very high average risk of infection. In such a severe epidemic virtually all population segments have some need for prevention services. Yet HIV prevention programs can have the greatest impact by focusing their efforts on those segments of the population where the majority of new infections are occurring, and on those behaviors responsible for most new infections.

Many of the prevention issues are not unique to the individual countries but rather are common to the region. This funding will be utilized to address the data and program gaps in present prevention programming. Programs will prioritize prevention among young women and the men who put them at risk. Women in their twenties in this region have among the highest incidence. Prevention efforts will also address older age groups. Although incidence rates are higher in 15-24 year olds, adults over age 25 account for over half of new infections, owing to their larger absolute numbers. Prevention efforts will be intensified in selected high risk localities**.** Survey data indicates that urban informal settlements, which attract large numbers of migrant workers, have by far the highest incidence. The initiative will also address stigma and discrimination and changing social norms**.** Many social norms in the South African context increase vulnerability to HIV. Multiple, concurrent sexual relationships are widely accepted. Marriage rates are low with many young adults in "visiting" relationships. A significant minority of young women have partners five or more years older, which increases their risk of

HIV roughly two-fold. Additionally, increasing risk perception is an urgent priority for prevention programs.

This program will contribute to achieving two critical PEPFAR goals, including supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS.

PEPFAR CENTRAL PROGRAMS: FY 2008

Project Title: Technical Leadership and Support – GAO Assessment on Procurement and Results Monitoring

Budget: FY 2008 GHCS-State: $125,000

Implementing Mechanism: State Department -- 632b) transfer

Contact Person(s): Rebecca Hooper (OGAC)

FY 2008 Program Description:
As described in the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2008 (P.L. 110-161) in Section 668 (d)(2)(A), GAO will be conducting an assessment of the HIV/AIDS programs and activities funded under the headings ‘‘Child Survival and Health Programs Fund’’, ‘‘Global HIV/AIDS Initiative’’, and ‘‘Global Health and Child Survival’’ to include a review of the procurement and results monitoring activities of United States bilateral HIV/AIDS programs. The assessment will also address the impact of Global HIV/AIDS Initiative funding on other United States global health programming.

Time Frame: FY 2008 – FY 2009

PEPFAR CENTRAL PROGRAMS: FY 2008

Project Title: Twinning Center

Budget: FY 2008 GHCS-State: $2,000,000

Implementing Mechanism: Cooperative Agreement with the American International Health Alliance (AIHA)

Contact Person(s): Carolyn Hall (HHS/HRSA/HAB)
Sera Morgan (HHS/HRSA/HAB)

Program Description:

The American International Health Alliance (AIHA), through a Cooperative Agreement with the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), has established the HIV/AIDS Twinning Center (www.TwinningAgainstAIDS.org) to support twinning and volunteer activities as part of the implementation of PEPFAR.

The Twinning Center strengthens human resource and organizational capacity necessary to scale up and expand HIV/AIDS prevention, care, treatment, and support services in countries targeted for assistance by:

- establishing volunteer-driven institutional partnerships that draw on the extensive experience of one partner (a hospital, university, professional association, or NGO, for example) to build similar capacity at the other; and
- facilitating the long-term placement of highly qualified healthcare and allied professionals at PEPFAR-supported organizations through the Volunteer Healthcare Corps (VHC).

Twinning Center partnerships and initiatives provide technical assistance using the knowledge and skills of experienced physicians, nurses, administrators, educators, allied health professionals, and civic leaders. Whether they focus on expanding ART services; meeting the needs of orphans and vulnerable children; developing new educational programs and curricula; preventing the spread of HIV among sero-discordant couples; or training clinicians, health educators, medical technologists, and community-based caregivers, partnerships are designed to effectively respond to community needs.

The Twinning Center uses a flexible, collaborative, results-oriented model that stresses low-tech, economically-viable ways of increasing productivity and quality of care without imposing new burdens that would impede long-term success and sustainability. Collaborative activities facilitate the transfer of knowledge and appropriate technologies while at the same time nurturing a strong sense of ownership of both the programs and the methodology in the host community.

AIHA and its partners work closely with HRSA, host country officials and Ministries of Health, and U.S. Government country teams to create partnerships that advance each country's Strategic HIV/AIDS Plan and Country PEPFAR Operational Plan (COP).

To date, partnerships have been established in Botswana, Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, South Africa, Tanzania, and Zambia. The first Twinning Center partnerships were formed in mid-2005, with a second round established in early 2006 and a third in 2007. As of December 2007, 27 partnerships and three volunteer programs had been initiated and one partnership had graduated to direct U.S. Government funding.

FY 2008 Program:

FY 2008 funding supports the expansion of existing successful partnerships and the initiation of new ones as determined in the COPs. Funding received from the U.S. government in Ethiopia, South Africa, and Tanzania supports VHC initiatives to recruit and place volunteers with the prerequisite knowledge and expertise needed to strengthen the provision of HIV/AIDS services at selected institutions.

This program will contribute to achieving two critical PEPFAR goals, including supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS.

Time Frame: FY 2008 – FY 2009

SECTION VII

INTERNATIONAL PARTNERS

1) Introduction
2) Table 10: International Partners
3) Program Descriptions

Introduction: International Partners

This section describes funding for The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). Table 10 shows the allocation of funds, followed by program descriptions.

Table 10 FY 2008 Budget for International Partners
GHCS-State by Funding Source
(In Whole USD)

	HHS/NIH	STATE/GHCS	Total
UNAIDS	0	34,716,500	34,716,500
GLOBAL FUND	294,759,000	545,545,000	840,304,000
TOTAL	**294,759,000**	**580,261,500**	**875,020,500**

PEPFAR INTERNATIONAL PARTNERS: FY 2008

Project Title: Joint United Nations Program on HIV/AIDS (UNAIDS)

Budget: FY 2008 GHCS-State: $34,716,500

Implementing Mechanism: Public International Organization (PIO) Grant

Contact Person(s): David Stanton (USAID/GH)

Program Description:

The main objective of this 5-year PIO grant (2008-2012) is to increase significantly UNAIDS' effort to scale up the global response to HIV/AIDS with particular emphasis at the country level. This global response seeks to prevent the transmission of HIV/AIDS, provide care and support, reduce individual and community vulnerability to HIV/AIDS and mitigate the impact of the epidemic. To achieve these goals, UNAIDS implements activities that:

- Catalyze action and strengthen capacity at the country level, including monitoring and evaluation, resource mobilization, technical assistance and interventions related to security, stability and humanitarian responses.
- Improve the scope and quality of UN support to national partners, through strengthened UN Theme Groups on AIDS, better coordination at the regional level, increasing staff capacity in key areas, and development of more coordinated UN programs in line with national priorities and objectives.
- Increase the accountability of UNAIDS at the country level through support for country-level reviews of national HIV/AIDS responses, and development of joint UN programs to support countries' responses.
- Strengthen the capacity of countries to gather, analyze and use strategic information related to the epidemic and, in particular, on progress in achieving the goals and targets of the Declaration of Commitment.
- Expand the response of the development sector to HIV/AIDS, particularly with respect to human capacity, food security, governance, OVC, and gender issues.
- Sustain leadership on HIV/AIDS at all levels**.**
- Forge partnerships with political and social leaders to ensure full implementation of the Declaration of Commitment and to realize the related Millennium Development Goals.

This program will contribute to achieving critical PEPFAR goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2008 - FY 2009

PEPFAR INTERNATIONAL PARTNERS: FY 2008

Project Title: The Global Fund to Fight AIDS, Tuberculosis and Malaria

Budget:	FY 2008: GHCS	$ 545,545,000
	FY 2008: HHS/NIH	$ 294,759,000
	Maximum U.S. contribution:	$ 840,304,000

Implementing Mechanism: USAID grant to the World Bank acting as Trustee with funding from HHS, State, and USAID accounts.

Contact Person(s): Margaret Lidstone (OGAC)

Program Description:

Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), an international foundation, is an integral part of the Administration's global strategy against the three diseases. The initial authorization of the Leadership Act and subsequent appropriations have stipulated terms for USG contributions to GFATM, most notably that cumulative 2004-2008 USG funds may not constitute more than 33 percent of total contributions to GFATM. Provisions also require additional withholding of funds if GFATM is found to have provided financial assistance to the governments of states that consistently support terrorism, or for excessive administrative expenses and salaries.

GFATM, created in December 2001, has the legal personality of a public-private, non-profit foundation, headquartered in Geneva, Switzerland, that operates as a provider of grants to combat HIV/AIDS, tuberculosis (TB) and malaria. GFATM does not generate these grants out of its Geneva Secretariat, nor does it work exclusively through governments. Instead, proposals arise out of committees (termed "Country Coordinating Mechanisms") that are intended to consist of local non-governmental organizations (NGO), governments, the private sector, international partners and people living with the diseases. The entities that receive GFATM grants can be public, private or international organizations. The role of the GFATM Secretariat in Geneva is limited to monitoring the performance of grants and sending periodic disbursements of grant money on a quarterly basis from the Fund's trustee account at the World Bank. Under the "Fund model," the Secretariat should not disburse new funds until the grant recipient can demonstrate results from previous funding tranches.

Funding takes place in "rounds," wherein the GFATM Board issues an invitation for grant proposals, and then votes on those proposals that have been determined by an independent review panel to be technically sound. Grants normally cover five years, but the Board's initial funding approval for a grant covers only the first two years. The Board has thus far completed seven rounds of grant financing, and made commitments of $8.1 billion to 161 grants in 136 countries.

FY 2008 Program:
The GFATM Secretariat currently projects that it will have sufficient resources to cover the second phase of all current grant commitments (years 3-5 of a grant proposal based on satisfactory performance) during 2008 and all grants approved as part of Round Seven. The United States' maximum contribution in FY 2008 is $840,304,000, subject to a number of possible statutory and discretionary withholdings. During FY 2008, the U.S. Government will provide technical assistance to requesting GFATM grants that are experiencing implementation bottlenecks and other program management issues.

Time Frame: FY 2007 – FY 2008

SECTION VII

TECHNICAL OVERSIGHT AND MANAGEMENT
HEADQUARTERS (HQ)

1) Introduction
2) Table 11: FY 2008 Technical Oversight and Management Expenses, Headquarters, by Agency Implementing activity
3) Program Descriptions

<u>Introduction</u>: Technical Oversight and Management

This section provides a summary of FY 2008 funding allocations for technical oversight and management costs, mostly borne at headquarters, in Table 11, as well as summary descriptions for OGAC, USAID, HHS, and other agencies.

Note that these expenses do not include the established operating expenses dedicated to previously existing HIV/AIDS activities of the various agencies involved in PEPFAR. Rather, these are costs solely associated with the expansion of programs and reporting occasioned by PEPFAR.

Table 11: FY 2008 Technical Oversight and Management
Headquarters (HQ)
Allocations Approved as of June 2008
GHCS-State by Agency Implementing Activity
(Dollars in thousands)

	USAID	HHS	DoD	State	Peace Corps	DOL	Total
Technical Oversight & Management	42,103	40,181	3,227	12,895	877	139	99,421
TOTAL	**42,103**	**40,181**	**3,227**	**12,895**	**877**	**139**	**99,421**

PEPFAR TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2008

Project Title: USAID Technical Oversight and Management

Budget: FY 2008 GHCS: $42,102,791

Implementing Mechanism: Direct and indirect expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Paul Mahanna (USAID/GH/OHA), Ben Gustafson (USAID/GH/OHA)

Program Description: Under the direction of the U.S. Global AIDS Coordinator, the U.S. Agency for International Development (USAID) is a partner in the unified U.S. Government (USG) effort to implement the President's Emergency Plan for AIDS Relief (PEPFAR).

This program funds technical assistance and other activities to further PEPFAR policy and programmatic objectives, in the field, at headquarters and internationally. It utilizes existing contractual mechanisms within USAID to the maximum extent possible.

USAID's headquarters offices support PEPFAR implementation by:

- Using standing contracts and grants to facilitate access to technical expertise for program design, strategy development, and general support of field programs and policy development.
- Supporting operations of field offices (e.g., increased support for procurement and grants, human resources management, financial management, information resources management, communications, management analysis services, facilities planning and management, security, rent and utilities and agency crosscutting activities to implement PEPFAR);
- Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs (e.g., abstinence and be faithful, orphans and vulnerable children, and safe medical injections programs);
- Providing technical assistance to country programs (e.g., through direct assistance by USAID program and scientific experts from a variety disciplines including medical officers/physicians, health scientists, epidemiologists, public health advisors, AIDS education and training experts, statisticians and informaticians);
- Coordinating agency activities with those of other USG agencies implementing PEPFAR (e.g., joint planning, monitoring and evaluation, legal consultation, participation on core teams and technical working groups, policy and budget coordination).

This program will continue to contribute to achieving critical PEPFAR goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2008

PEPFAR TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2008

Project Title: HHS Technical Oversight and Management

Budget: FY 2008 GHCS: $40,180,526

Implementing Mechanism: Direct and indirect expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Lisa Dunlop (HHS/OGHA)

Program Description:

Under the direction of the U.S. Global AIDS Coordinator's Office, the Department of Health and Human Services (HHS) is a partner in the unified U.S. Government (USG) effort to implement the President's Emergency Plan for AIDS Relief (PEPFAR). HHS includes several agencies that are key players in PEPFAR such as the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH) and the Food and Drug Administration. HHS efforts are coordinated by the Office of the Secretary/Office of Global Health Affairs (OGHA).

HHS headquarters offices support PEPFAR implementation by:

- Supporting operations of field offices (e.g., increased support for procurement and grants, human resources management, financial management, information resources management, communications, management analysis services, facilities planning and management, security, rent and utilities and agency crosscutting activities to implement PEPFAR);
- Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs (e.g., antiretroviral treatment, blood safety programs, twinning program);
- Providing technical assistance to country programs (e.g., through direct assistance by HHS program and scientific experts from a variety disciplines including medical officers/physicians, health scientists, epidemiologists, public health advisors, AIDS education and training experts, statisticians and informaticians);
- Coordinating agency activities with those of other USG agencies implementing PEPFAR (e.g., joint planning, monitoring and evaluation, legal consultation, participation on core teams and technical working groups, policy and budget coordination).

This program will continue to contribute to achieving critical PEPFAR goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2008

PEPFAR TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2008

Project Title: Other Agency Technical Oversight and Management

Budget: FY 2008 GHCS for OGAC $12,894,700

Implementing Mechanism: Direct and indirect expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Rebecca Hooper (OGAC)

Program Description:

Office of the U.S. Global AIDS Coordinator (OGAC): OGAC was formed upon the passage of the 2003 Leadership Act to Fights AIDS, Tuberculosis, and Malaria. The office is staffed with a range of experienced leaders and technical specialists from across the government and private sector. Although the legislation authorized implementation/granting authority to the Office of the Coordinator, it opted to focus on coordination and leadership rather than direct implementation, deferring to the expertise of implementing agencies. The eight primary roles of the Office of the Coordinator for the USG are:

- Leading policy development and oversight;
- Maintaining and promoting interagency coordination and programmatic implementation;
- Building interagency technical coordination;
- Overseeing the development of interagency program guidance;
- Representing and reporting on the status of the initiative;
- Focusing and overseeing monitoring and evaluation;
- Assuring budgetary oversight; and
- Engaging with international organizations and foundation to ensure country coordination.

OGAC expenses include personnel, travel and transportation, rent, communications and utilities, printing and reproduction, other services, supplies and materials, and equipment.

This program will continue to contribute to achieving critical PEPFAR goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2008

PEPFAR TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2008

Project Title: Peace Corps Technical Oversight and Management

Budget: FY 2008 GHCS: $876,942

Implementing Mechanism: Direct expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Pamela Martin (Peace Corps), AIDS Relief Coordinator

Program Description:

Peace Corps: Headquarters expenses include a program coordinator, an administrative officer, a programming and training advisor, and a monitoring and evaluation analyst. These staff, along with a Peace Corps funded AIDS Relief Coordinator, provide technical oversight and management to twenty-six Peace Corps posts that receive PEPFAR (GHCS) funding and are implementing PEPFAR activities. Peace Corps volunteers work with local community-based organizations and individuals to build capacity and mobilize communities around HIV/AIDS prevention, and care activities as well as treatment services with governmental and nongovernmental agencies, faith-based organizations, youth, PLWHA and others.

This program will continue to contribute to achieving critical PEPFAR goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2008

PEPFAR TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2008

Project Title: Department of Defense Technical Oversight and Management

Budget: FY 2008 GHCS: $3,226,554

Implementing Mechanism: Direct and indirect expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Rick Shaffer (DoD)

Program Description:

Department of Defense (DoD) The DoD is one of the key implementing agencies of PEPFAR. DoD's main mission under PEPFAR is to support military-to-military HIV/AIDS awareness and prevention education, the development of policies for dealing with HIV/AIDS in a military setting, counseling, testing, and HIV-related palliative care for military members and their families, as well as clinical and laboratory infrastructure development. In addition, DoD provides HIV prevention and clinical experts to many Technical Working Groups which are leveraged to support all populations and goals of PEPFAR. DoD activities will include:

- Support and oversight of field offices executing military HIV operations
- Provide assistance with military HIV policy development
- Facilitation and coordination of collaborative HIV activities between militaries
- Scientific and technical assistance to field programs
- Scientific, technical and programmatic participation in interagency technical working groups, sub committees and initiatives
- Monitoring of central cooperative agreements for field programs
- Coordination of DoD HIV activities with those of other USG agencies implementing PEPFAR
- Support of clinical and lab HIV education for military personnel

DoD expenses include personnel, travel and transportation, rent, communications and utilities, printing and reproduction, contracting and granting, other services, supplies and materials, and equipment in support of the above activities.

This program will continue to contribute to achieving critical goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2008

PEPFAR TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2008

Project Title: Department of Labor Technical Oversight and Management

Budget: FY 2008 GHCS: $139,000

Implementing Mechanism: Direct and indirect expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Paula Church (DOL)

Program Description:

Department of Labor (DOL): DOL is receiving PEPFAR funds for projects in eight countries. DOL programs build on its unique experience bringing workers, employers, and Ministries of Labor together to address workplace issues, including HIV/AIDS.

Workplace programs take advantage of a unique and underutilized venue for HIV programs. The workplace is where employed adults spend most of their waking hours, a "captive" audience for education over time to influence behavior change and reduce discrimination. These programs provide additional benefits as educated workers share HIV/AIDS information at home and in their communities, and link with other services such Voluntary Counseling and Testing (VCT). With a relatively stable audience, the workplace also facilitates effective monitoring and evaluation to verify the program's impact.

DOL has worked closely with PEPFAR to try and ensure coordination with the field teams in Focus Countries and other larger PEPFAR program countries. DOL headquarters works with the country teams where DOL programs are receiving PEPFAR funds, providing support and input to the PEPFAR team, information upon request, and acting as the main liaison with the implementers in the country.

DOL is an active member of the PPP TWG, and as such participated in TWG COP review process the last two years. DOL will conduct a cross country evaluation of its workplace programs and is spearheading an effort to collect monitoring data from all USG agencies' workplace programs in order to share effective indicators, best practices, and lessons learned.

This program will continue to contribute to achieving critical PEPFAR goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2008

SECTION VIII

STRATEGIC INFORMATION/EVALUATION

1) Introduction
2) Table 12: Strategic Information/Evaluation Budget
3) Project Description

Introduction: Strategic Information/Evaluation

This section provides information in Table 12 for the allocation of GHCS-State funds to agencies for the strategic information system that is used to monitor program performance, including tracking progress toward goals and evaluating interventions for efficacy. This section also provides descriptive information about PEPFAR activities.

Table 12: FY 2008 Strategic Information/Evaluation
GHCS-State Funding by Implementing Agency
Allocations Approved as of June 2008
(In Whole USD)

AGENCY	FUNDING
United States Agency for International Development	**2,406,250**
Department of Health and Human Services	**6,750,150**
Centers for Disease Control and Prevention	6,465,150
Health Resources Services Administration	285,000
Department of State	**1,087,400**
Office of the U.S. Global AIDS Coordinator (U.S. Census Bureau Support 1/)	1,037,400
Bureau of Intelligence and Research/Humanitarian Information Unit	50,000
DOD	**350,000**
PEACE CORPS	**70,000**
TOTAL, Strategic Information Funding	**10,663,800**

1/ These funds will be obligated in the Department of State's accounting system and will pay for U.S. Bureau of the Census services provided to the Office of the U.S. Global AIDS Coordinator.

PEPFAR STRATEGIC INFORMATION/EVALUATION: FY 2008

Project Title: Strategic Information/Evaluation (SI)

Budget: FY 2008 GHCS-State: $10,663,800

Implementing Mechanism: USAID, HHS and State Department contracts, cooperative agreements and grants

Contact Person(s): Kathy Marconi (OGAC)

Program Description:

Strategic Information measures progress toward PEPFAR's 2-7-10 goals through surveillance and surveys, management information systems, program monitoring and evaluation. Counts of progress toward two million people supported in treatment and ten million individuals in care, including orphans, and vulnerable children are measured semi-annually. The goal of averting seven million infections is estimated using surveillance and survey data. In addition to reporting results, Strategic Information supports field target setting activities and capacity building efforts in these technical areas. Work is done in coordination with technical staff of other international donors. The SI budget funds multiple USG agencies to implement these technical efforts. USG agency SI work plans are defined jointly by technical working groups (TWGs) that include health management information systems (HMIS), monitoring and evaluation, and surveillance.

FY 2008 Program:

In FY 2008, the SI program has the overarching goal: "know your epidemic/know your results." The foundation of PEPFAR SI can be characterized as supporting the PEPFAR global initiative, USG country teams, and most importantly resource-constrained host country nations and their members of civil society to strategically collect and use information in support of the global and local HIV response. In other words, to "know their epidemics/know their results" and to respond appropriately with sustainable, evidence-based, cost-effective program interventions.

Thus, "know your epidemic/know your results" as used here is to be interpreted broadly as meaning: support for the development of sustainable SI systems (including staffing, associated human capacity development, and supportive relationships) to collect, analyze, critically review, disseminate, interpret, display, and strategically use data at all levels.

Action areas that require support to address this goal can be classified as follows:

1. HQ SI Support and Staffing
2. SI Human Capacity Development
3. Data Quality, Analysis and Use
4. SI Systems Development, Evaluation, Improvement and Integration
5. Global Harmonization, Coordination, and Collaboration in SI
6. SI Knowledge Management

Of course, these action areas are not completely discrete from one another but serve as a classifying framework to plan future staffing and activities in support of the overall goal.

A key principle underlying this achievement is the unification of all areas of SI in support of a common goal that has been prioritized by the leadership of PEPFAR. An additional principle woven through all action areas is sustainability - striving toward the achievement of increased local ownership and support for and sustainability of the SI systems that PEPFAR currently supports. Specifically, countries need to plan for financial, human and institutional capacity. More institutional building or "centering activities" should be supported that move the locus of control away from USG and its partners into the domains of appropriate national institutions. For SI this means more resources to activities that promote training, data use and information exchange.

SI activities have a unique role to assist countries to ultimately obtain this sustainability by providing standards, guidelines, technical assistance and training, but also to work with WHO, UNAIDS, World Bank and Global Fund to assure standard uniform methods are used for data analysis, definitions of indicators, and procedures and assumptions for modeling. Additionally, SI HQ staff support to USG country teams and other TWGs are essential to assure quality PEPFAR reporting and appropriately analyzed and available quality data for reporting to Congress and for PEPFAR planning and resource allocation.

This program will contribute to achieving critical PEPFAR goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2008 – FY 2009