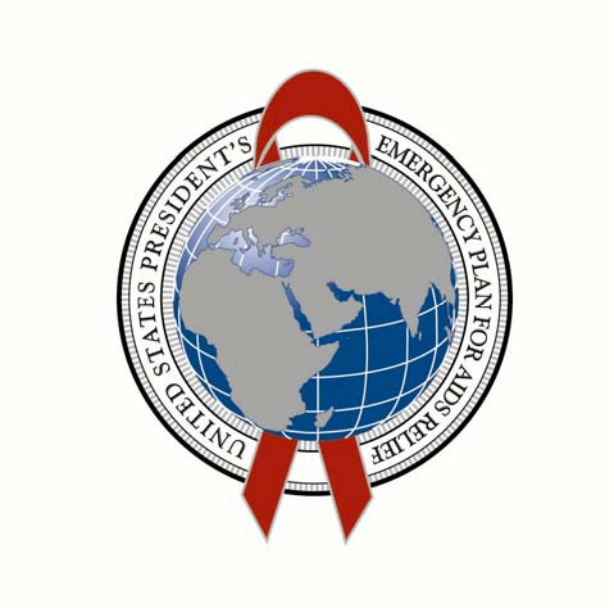

THE U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

FISCAL YEAR 2006: OPERATIONAL PLAN

2006 August UPDATE

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LIST OF ACRONYMS

AB	Abstinence, Be Faithful
ABC	Abstinence, Be Faithful and Correct, Consistent Condoms Use as Appropriate
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
APS	Annual Program Statement
ART	Antiretroviral Therapy
ARV	Antiretrovirals
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 Programs
CSW	Commercial Sex Workers
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 Organizations
FDA	Food and Drug Administration
FDC	Fixed Dose Combinations
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
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 Users
ILO	International Labor Organization
IOM	Institute of Medicine
MARP	Most-At-Risk Populations
M&E	Monitoring and Evaluation
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 Infections
OP	Other Prevention
OVC	Orphans and Vulnerable Children
PAHO	Pan American Health Organization
PC	Peace Corps
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 Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Program 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 August Operational Plan of the President's Emergency Plan for AIDS Relief (the Emergency Plan) serves as the third Operational Plan for FY 2006. It is organized into eight sections:

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

Section II, this Introduction, provides a brief overview of this FY 2006 updated Operational Plan, as well as three summary tables. Table 1 summarizes the overall $3.288 billion FY 2006 Emergency Plan budget in terms of sources of funding. Table 2 summarizes this same $3.288 billion FY 2006 Emergency Plan budget in terms of approved uses of funding. All FY 2006 funding has been approved by the Acting U.S. Global AIDS Coordinator (the Coordinator) as of this Operational Plan. Table 2 also identifies $2.381 billion in planned funding from the Department of State (State), the United States Agency for International Development (USAID) and the Department of Health and Human Services (HHS) that is the principal subject of this Operational Plan and an additional $907 million that is described in other agencies' congressional justifications and related documents. Table 3 summarizes how the FY 2006 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. Every country description is followed by a detailed country budget, which shows funding levels as approved by the Coordinator.

Section IV, Other PEPFAR Country Programs, provides two summary tables (Tables 7 and 8), summarizing increased funding as a result of the Emergency Plan for 24 bilateral and five regional programs outside of the focus countries, followed by brief program descriptions.

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

OVERVIEW

This August 2006 Operational Plan serves as the third Operational Plan for FY 2006. 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 quickly over the next several years. With FY 2006 funding, the Emergency Plan will support care and support services for 4,300,000 individuals infected and affected by HIV/AIDS including orphans and vulnerable children (OVCs), and will support antiretroviral treatment (ART) for at least 860,000 individuals. Section III of this document provides information on each country's contribution to the total number of individuals to be receiving care and support and antiretroviral treatment using FY 2006 funding.

The FY 2006 budget for the Emergency Plan is $3.288 billion (see Table 1). This FY 2006 Operational Plan describes the planned uses of $2.381 billion of Emergency Plan funding (see Table 2) to expand integrated care, treatment and prevention programs in fifteen focus countries; 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 the Emergency Plan's strategic information and evaluation systems.

The planned uses of the remaining $907 million of Emergency Plan 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), Department of Labor (DOL), and State.

The $2.381 billion described in this August FY 2006 Operational Plan is composed of:

$1,975,050,000 from the FY 2006 Global HIV/AIDS Initiative account (GHAI, STATE)
$ 247,500,000 from the FY 2006 Child Survival and Health account (CSH, USAID)
$ 99,000,000 from the FY 2006 NIH budget (HHS)
$ 59,259,000 from the FY 2006 Global AIDS Program (CDC/GAP, HHS)

$2,380,809,000 TOTAL

The FY 2006 figures are actual appropriation figures minus the rescission.

The Emergency Plan focus countries, which are all severely impacted by HIV/AIDS, consist of Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam and Zambia.

PROGRESS TO DATE

Please see "Action Today, Foundation for Tomorrow: the President's Emergency Plan for AIDS Relief Second Annual Report to Congress" for a complete description of progress and achievements during FY 2005 and the Emergency Plan's Treatment Fact Sheet for select results through May 31, 2006. It is of note, however, that through September 30, 2005, the Emergency Plan supported care for nearly 3 million people, including care for over 1.2 million orphans and vulnerable children. As of March 2006, the Emergency Plan has supported antiretroviral treatment for 561,000 men, women, and children through bilateral programs in the 15 Focus Countries. The Emergency Plan also has supported prevention of mother-to-child HIV transmission services for women during over 4.5 million pregnancies, antiretroviral prophylaxis for women during 342,200 pregnancies, and prevented an estimated 65,100 infant HIV infection.

DISTRIBUTION OF HIV/AIDS FUNDS

The distribution of the FY 2006 Emergency Plan funds among prevention, treatment, and care is moving in the direction outlined in the authorization of the Emergency Plan.

See Table 3 for the allocation of funds among program areas for activities that have been approved to date. 22.6% percent of the budget is allocated to prevention activities; 30.8% of the budget is allocated to care; and 46.6% is allocated to treatment. Of note, Abstinence, Be Faithful (AB) activities account for 7.5% of the total prevention, care, and treatment budget, 33% of all prevention activities, and 55% of programs that address prevention of sexual transmission of HIV/AIDS. Activities for orphans and vulnerable children (OVCs) account for 12.1% of the total prevention, care, and treatment budget. Please note that pediatric AIDS treatment funding that is attributed to OVC programs is included in the care program area total and is not included in the treatment program area total. Table 3 displays this information in greater detail.

CONGRESSIONAL NOTIFICATION

This Operational Plan includes all sources of funding, some of which are notified to Congress by other parts of the USG. The Operational Plan provides descriptive material to buttress notifications to Congress for funds from the Global HIV/AIDS Initiative (GHAI) account.

TABLE 1: SOURCES OF FUNDING FY 2004 – FY 2006

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

	2004 Enacted	2005 Enacted	2006 Enacted
USAID Bilateral Programs:	**641**	**477**	**465**
Child Survival *HIV/AIDS*	513	347	347
Child Survival TB	75	79	79
Other Accounts HIV/AIDS, TB	52	50	40
HIV/AIDS	*42*	*37*	*27*
TB	*10*	*13*	*12*
HHS Bilateral Programs:	**471**	**510**	**494**
CDC HIV/AIDS	152	138	123
CDC Global AIDS Program	*143*	*124*	*123*
CDC International HIV Research	*9*	*14*	*0*
CDC TB	2	2	0
NIH HIV/AIDS Research[2]	317	370	371
State/Foreign Military Finance	**1**	**2**	**2**
DOL Bilateral Programs	**10**	**2**	**0**
DOD Bilateral Programs	**4**	**7**	**5**
Global HIV/AIDS Initiative (GHAI) - *excluding Global Fund*	**488**	**1,374**	**1,777**
Mother and Child HIV/AIDS Prevention Initiative:	**149**	0	**0**
USAID Child Survival	*0*	*0*	*0*
HHS/CDC	*149*	*0*	*0*
Global Trust Fund:	**547**	**347**	**545**
USAID Child Survival	*398*	*248*	*248*
HHS/NIH	*149*	*99*	*99*
Global AIDS Coordinator's Office	*0*	*0*	*198*
TOTAL, GLOBAL HIV/AIDS & TB 1/	**2,311**	**2,719**	**3,288**

1/ USG spending on Malaria, newly categorized (beginning in FY 2006) as the President's Malaria Initiative (PMI), is now tracked separately as part of the PMI.

2/ Funding for NIH research is estimated for FY 2006 and and may change depending on actual research projects.

TABLE 2: EMERGENCY PLAN
FY 2006 Budget Allocations Approved as of August 2006
($ in thousands)

Programs Included in Operational Plan	USAID/CSH	USAID/Other	State/FMF	HHS/GAP & NIH	DOD/DHAPP	State/GHAI	All Accounts
Country Activities	**-**	-	-	**59,259**	-	**1,386,218**	**1,445,477**
Focus Countries	-	-	-	59,259	-	1,335,666	1,394,925
Other PEPFAR Country Programs	-	-	-	-	-	50,552	50,552
Central Programs	**-**	-	-	**-**	-	**285,232**	**285,232**
Abstinence/Faithfulness	-	-	-	-	-	24,810	24,810
Antiretroviral Therapy	-	-	-	-	-	105,465	105,465
New Partner Initiative	-	-	-	-	-	25,000	25,000
Orphans and Vulnerable Children	-	-	-	-	-	21,695	21,695
Drug Quality Assurance	-	-	-	-	-	3,700	3,700
Safe Blood Supply	-	-	-	-	-	25,600	25,600
Safe Injections	-	-	-	-	-	30,491	30,491
Supply Chain Management	-	-	-	-	-	15,000	15,000
Technical Leadership and Support	-	-	-	-	-	29,270	29,270
Twinning	-	-	-	-	-	4,200	4,200
Strategic Information/Evaluation						**31,185**	**31,185**
Technical Oversight and Management	-	-	-	-	-	**44,715**	**44,715**
OGAC Administrative costs	-	-	-	-	-	11,880	11,880
Other Agency Administrative Costs*	-	-	-	-	-	32,835	32,835
Sub-Total	**-**	**-**	**-**	**59,259**	**-**	**1,747,350**	**1,806,609**
International Partners	**247,500**	-	-	**99,000**	-	**227,700**	**574,200**
UNAIDS	-	-	-	-	-	29,700	29,700
Global Fund	247,500	-	-	99,000	-	198,000	544,500
Total Including International Partners	**247,500**	**-**	**-**	**158,259**	**-**	**1,975,050**	**2,380,809**

*Only includes additional costs borne by agencies

Programs Described Elsewhere	USAID/CSH	USAID/Other	State/FMF	HHS/GAP & NIH	DOD/DHAPP	State/GHAI	All Accounts
Other PEPFAR Countries	278,190	27,324	1,980	63,385	5,247	-	376,126
IAVI and Microbicides	68,310	-	-	-	-	-	68,310
NIH International Research	-	-	-	371,050	-	-	371,050
Tuberculosis Activities	79,200	12,276	-	-	-	-	91,476
Sub-Total	**425,700**	**39,600**	**1,980**	**434,435**	**5,247**	-	**906,962**
Total Approved FY 2006 Emergency Plan Activities	**673,200**	**39,600**	**1,980**	**592,694**	**5,247**	**1,975,050**	**3,287,771**
Funding Pending Approval	0	0	0	0	0	0	0
Total Planned FY 2006 Emergency Plan Activities	**673,200**	**39,600**	**1,980**	**592,694**	**5,247**	**1,975,050**	**3,287,771**

Table 3: Approved Funding by Program Area: All Countries
Approved as of August 2006
Fiscal Year: 2006

SUMMARY BUDGET TABLE - ALL COUNTRIES	Field Programs Funding Allocated by Program Area													
	USAID	HHS		DOD	State	Peace Corps	Labor	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
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account							
Prevention														
PMTCT	38,148,633	2,641,153	27,675,767	1,750,000	356,509	0	0	70,572,062	0	70,572,062	5.0%	21,253,820	91,825,882	5.2%
Abstinence/Be Faithful	58,817,760	1,187,490	16,354,172	795,000	610,416	1,371,450	0	79,136,288	24,809,743	103,946,031	7.4%	26,896,584	130,842,615	7.5%
Blood Safety	905,000	230,339	3,778,012	583,000	650,000	0	0	6,146,351	25,600,000	31,746,351	2.3%	1,637,947	33,384,298	1.9%
Injection Safety	200,000	178,732	2,911,478	629,000	0	0	0	3,919,210	30,490,996	34,410,206	2.5%	1,044,434	35,454,640	2.0%
Other Prevention	50,076,933	1,379,946	14,658,051	3,694,000	488,868	917,600	350,000	71,565,398	0	71,565,398	5.1%	33,413,253	104,978,651	6.0%
Prevention Sub-total	*148,148,326*	*5,617,660*	*65,377,480*	*7,451,000*	*2,105,793*	*2,289,050*	*350,000*	*231,339,309*	*80,900,739*	*312,240,048*	*22.3%*	*84,246,039*	*396,486,087*	*22.6%*
Care														
Palliative Care: Basic health care & support	73,584,086	621,154	35,096,443	3,096,624	535,947	536,265	0	113,470,519	0	113,470,519	8.1%	35,173,325	148,643,844	8.5%
Palliative Care: TB/HIV	13,286,909	1,109,054	22,157,444	1,797,000	38,709	0	0	38,389,116	0	38,389,116	2.7%	10,230,355	48,619,471	2.8%
Orphans and Vulnerable Children								*161,286,156*	*21,695,354*	*182,981,510*	13.0%	*30,227,557*	*213,209,067*	*12.1%*
Of Which, Orphans Programs	83,625,512	373,351	9,803,077	1,870,000	955,420	1,690,931	0	98,318,291	21,695,354	120,013,645	8.6%	30,227,557	150,241,202	8.6%
Of Which, Pediatric AIDS								*62,967,865*	*0*	62,967,865	4.5%	0	62,967,865	3.6%
Counseling and Testing	53,124,094	1,760,660	40,346,668	4,414,000	457,728	23,006	150,000	100,276,156	0	100,276,156	7.1%	30,199,647	130,475,803	7.4%
Care Sub-total (Including Pediatric AIDS)	*223,620,601*	*3,864,219*	*107,403,632*	*11,177,624*	*1,987,804*	*2,250,202*	*150,000*	*413,421,947*	*21,695,354*	*435,117,301*	*31.0%*	*105,830,884*	*540,948,185*	*30.8%*
Treatment														
Treatment: ARV Drugs	165,991,670	108,262	73,310,691	200,000	0	0	0	239,610,623	44,871,796	284,482,419	20.3%	63,854,084	348,336,503	19.8%
Treatment: ARV Services	125,778,120	3,282,903	157,629,277	12,142,530	0	0	0	298,832,830	64,293,593	363,126,423	25.9%	80,636,271	443,762,694	25.3%
Laboratory Infrastructure	10,145,462	3,910,480	53,741,046	2,863,696	0	0	0	70,660,684	0	70,660,684	5.0%	18,830,439	89,491,123	5.1%
Treatment Sub-total (Including Pediatric AIDS)	*301,915,252*	*7,301,645*	*284,681,014*	*15,206,226*	*0*	*0*	*0*	*609,104,137*	*109,165,389*	*718,269,526*	*51.2%*	*163,320,794*	*881,590,320*	*50.2%*
Less Pediatric AIDS Attributed to OVC (Care)								*-62,967,865*	*0*	*-62,967,865*	-4.5%	*0*	*-62,967,865*	-3.6%
Treatment Sub-total (Excluding Pediatric AIDS)	*301,915,252*	*7,301,645*	*284,681,014*	*15,206,226*	*0*	*0*	*0*	*546,136,272*	*109,165,389*	*655,301,661*	*46.7%*	*163,320,794*	*818,622,455*	*46.6%*
Subtotal, Prevention, Care, and Treatment	*673,684,179*	*16,783,524*	*457,462,126*	*33,834,850*	*4,093,597*	*4,539,252*	*500,000*	*1,190,897,528*	*211,761,482*	*1,402,659,010*	*100.0%*	*353,397,718*	*1,756,056,728*	*100.0%*
Other Field Costs Attributed Above /2														
Strategic Information /2	26,293,343	5,810,126	38,984,082	1,437,597	75,000	93,300	0	72,693,448						
Other/policy analysis and system strengthening /2	26,684,617	1,773,446	14,462,868	1,031,000	910,000	164,500	150,000	45,176,431						
Management and Staffing /2	35,663,103	34,891,904	7,764,499	4,340,705	2,176,233	1,321,149	0	86,157,593						
Subtotal: Other Field Costs Allocated Above /2	*88,641,063*	*42,475,476*	*61,211,449*	*6,809,302*	*3,161,233*	*1,578,949*	*150,000*	*204,027,472*						
Other Central Costs Attributed Above /2												*149,370,246*		
AGENCY, FUNDING SOURCE TOTALS	**762,325,242**	**59,259,000**	**518,673,575**	**40,644,152**	**7,254,830**	**6,118,201**	**650,000**	**1,394,925,000**	**211,761,482**			**149,370,246**	**1,756,056,728**	
Other PEPFAR Countries													**50,552,272**	
AGENCY, FUNDING SOURCE TOTALS including Other PEPFAR Countries													**1,806,609,000**	
International Partners (Costs Not Allocated by Program Area Above)														
Global Fund													544,500,000	
UNAIDS													29,700,000	
Subtotal, Costs Not Allocated by Program Area													***574,200,000***	
TOTAL BUDGET APPROVED AS OF AUGUST 2006													**2,380,809,000**	

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: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central	Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	International Partners	Other PEPFAR Countries	Grand Total Budget by Account Including International Partners and Other PEPFAR
USAID	762,325,242	762,325,242	124,918,093	887,243,335	GAP	59,259,000	0	0	0	59,259,000
HHS	518,673,575	577,932,575	205,054,047	782,986,622	GHAI	1,335,666,000	361,131,728	227,700,000	50,552,272	1,975,050,000
DOD	40,644,152	40,644,152	3,661,492	44,305,644	CSH	0	0	247,500,000	0	247,500,000
State	7,254,830	7,254,830	26,315,104	33,569,934	HHS/NIH	0	0	99,000,000	0	99,000,000
Peace Corps	6,118,201	6,118,201	1,088,942	7,207,143	**Total**	**1,394,925,000**	**361,131,728**	**574,200,000**	**50,552,272**	**2,380,809,000**

SECTION III

FOCUS COUNTRY ACTIVITIES

1) Introduction
2) Table 4: FY 2004-2006 Approved Budget Allocations for Focus Countries
3) Table 5: FY 2006 Budget by Country and Source of Funds
4) Table 6: FY 2006 Budget for Focus Countries by Country and Source
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.

This section begins with three summary tables, Tables 4-6. Table 4 shows actual allocations of FY 2004 and FY 2005 Focus Country funding and FY 2006 Focus Country funding as approved by the Coordinator. Table 5 summarizes the FY 2006 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 2006, Focus Country funding comes from two sources: the State GHAI account and the HHS GAP account. The FY 2006 funding levels in Table 6 include both field and central funding and are used for GHAI congressional notification purposes.

Following the summary tables are descriptions of fifteen individual Country Operational Plans approved by the U.S. Global AIDS Coordinator as of August 2006. At the end of each country description is a detailed budget showing allocations approved by the Coordinator.

Table 4: FY 2004-2006 Planned Focus Country Allocations

Approved as of August 2006

Field and Central Program Funding
GHAI and GAP Appropriations
(in whole USD)

Country	FY 04 Field Dollars (COP)	FY 04 Central Programs	FY 04 Total	FY 05 Field Dollars (COP)	FY 05 Central Programs	FY 05 Total	FY 06 Subtotal Field Dollars (COP) Approved as of August 2006	FY 06 Planned Central Programs /1	FY 06 Total
Botswana	17,870,871	6,472,447	24,343,318	43,329,129	8,508,989	51,838,118	48,547,000	6,378,026	54,925,026
Cote d'Ivoire	13,035,496	11,323,967	24,359,463	30,764,505	13,611,261	44,375,766	35,390,000	11,218,183	46,608,183
Ethiopia	40,990,732	7,099,750	48,090,482	75,744,213	7,987,207	83,731,420	115,300,000	7,657,747	122,957,747
Guyana	9,326,543	2,740,714	12,067,257	15,753,000	3,639,318	19,392,318	19,000,000	2,727,116	21,727,116
Haiti	20,326,735	7,712,683	28,039,418	45,094,931	6,690,090	51,785,021	48,300,000	7,306,667	55,606,667
Kenya	71,359,718	21,114,672	92,474,390	124,615,281	18,321,872	142,937,153	184,071,000	24,198,879	208,269,879
Mozambique	25,528,206	11,940,854	37,469,060	50,771,038	9,446,052	60,217,090	81,937,000	12,481,869	94,418,869
Namibia	21,185,762	3,311,478	24,497,240	38,961,474	3,557,034	42,518,508	53,000,000	4,288,878	57,288,878
Nigeria	55,491,358	15,441,817	70,933,175	88,983,642	21,266,455	110,250,097	141,656,000	21,951,749	163,607,749
Rwanda	27,973,778	11,267,207	39,240,985	46,234,725	10,674,762	56,909,487	61,135,000	10,967,434	72,102,434
South Africa	65,424,371	23,848,617	89,272,988	123,860,630	24,326,797	148,187,427	196,371,000	25,168,430	221,539,430
Tanzania	45,791,174	24,954,400	70,745,574	85,683,827	23,094,268	108,778,095	104,195,000	25,772,925	129,967,925
Uganda	80,579,298	10,194,797	90,774,095	132,280,223	16,155,104	148,435,327	153,040,000	16,835,461	169,875,461
Vietnam	17,354,885	0	17,354,885	27,575,000	0	27,575,000	34,069,000	0	34,069,000
Zambia	57,933,801	23,728,609	81,662,410	102,745,140	27,343,465	130,088,605	118,914,000	30,108,153	149,022,153
Total	**570,172,728**	**181,152,012**	**751,324,740**	**1,032,396,758**	**194,622,674**	**1,227,019,432**	**1,394,925,000**	**207,061,517**	**1,601,986,517**

NOTES:

1/ FY 2006 Central Funding levels are approximate. 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, 4, and 9.

Table 5: FY 2006 BUDGET FOR FOCUS COUNTRIES APPROVED AS OF AUGUST 2006

Field and Central Programs*
By Country and Agency Receiving Funds
(In Whole USD)

	USAID	HHS	DOD	STATE	PEACE CORPS	DOL	TOTAL
Botswana	5,821,411	47,723,615	600,000	200,000	580,000	0	54,925,026
Cote d'Ivoire	10,880,311	35,727,872	0	0	0	0	46,608,183
Ethiopia	71,376,307	49,940,440	822,000	819,000	0	0	122,957,747
Guyana	11,719,316	9,181,800	359,000	50,000	267,000	150,000	21,727,116
Haiti	24,301,707	30,804,960	0	0	0	500,000	55,606,667
Kenya	125,293,645	72,936,102	8,395,000	967,550	677,582	0	208,269,879
Mozambique	54,774,771	37,528,898	887,000	755,000	473,200	0	94,418,869
Namibia	27,263,638	27,645,940	1,361,000	175,000	843,300	0	57,288,878
Nigeria	67,784,387	87,714,862	7,808,500	300,000	0	0	163,607,749
Rwanda	46,261,186	24,425,996	1,185,252	230,000	0	0	72,102,434
South Africa	122,007,743	97,293,868	1,000,000	865,000	372,819	0	221,539,430
Tanzania	66,156,344	53,880,581	8,800,000	655,000	476,000	0	129,967,925
Uganda	89,084,424	77,660,603	1,486,400	915,734	728,300	0	169,875,461
Vietnam	20,328,000	11,866,000	1,875,000	0	0	0	34,069,000
Zambia	81,463,145	58,471,462	6,065,000	1,322,546	1,700,000	0	149,022,153
TOTAL	**824,516,335**	**722,802,999**	**40,644,152**	**7,254,830**	**6,118,201**	**650,000**	**1,601,986,517**

*Note: This table only includes central programs funding that is directly attributable to Focus Country Budgets. The entirety of central programs funding is included in Tables 2, 3, 4, and 9.

TABLE 6: FY 2006 BUDGET FOR FOCUS COUNTRIES APPROVED AS OF AUGUST 2006
Field and Central Programs*
By Country and Source of Funds
(In Whole USD)

	HHS GAP	GHAI	TOTAL
Botswana	7,547,000	47,378,026	54,925,026
Cote d'Ivoire	5,253,000	41,355,183	46,608,183
Ethiopia	5,800,000	117,157,747	122,957,747
Guyana	1,000,000	20,727,116	21,727,116
Haiti	1,000,000	54,606,667	55,606,667
Kenya	8,121,000	200,148,879	208,269,879
Mozambique	2,337,000	92,081,869	94,418,869
Namibia	1,500,000	55,788,878	57,288,878
Nigeria	3,056,000	160,551,749	163,607,749
Rwanda	1,135,000	70,967,434	72,102,434
South Africa	4,818,000	216,721,430	221,539,430
Tanzania	3,883,000	126,084,925	129,967,925
Uganda	8,040,000	161,835,461	169,875,461
Vietnam	2,855,000	31,214,000	34,069,000
Zambia	2,914,000	146,108,153	149,022,153
TOTAL	**59,259,000**	**1,542,727,517**	**1,601,986,517**

*Note: This table only includes central programs funding that is directly attributable to Focus Country Budgets. The entirety of central programs funding is included in Tables 2, 3, 4 and 9.

BOTSWANA

Project Title: Botswana FY 2006 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	-	600,000	600,000	-	-	**600,000**	-	**600,000**
DOL	-	-	-	-	-	-	-	-
HHS	7,547,000	34,185,174	41,732,174		-	**41,732,174**	**5,991,441**	**47,723,615**
Peace Corps	-	580,000	580,000	-	-	**580,000**	-	**580,000**
State	-	200,000	200,000	-	-	**200,000**	-	**200,000**
USAID	-	5,434,826	5,434,826	-	-	**5,434,826**	**386,585**	**5,821,411**
TOTAL Approved	**7,547,000**	**41,000,000**	**48,547,000**	**-**	**-**	**48,547,000**	**6,378,026**	**54,925,026**

HIV/AIDS Epidemic in Botswana:

Adult HIV Prevalence Rate: 24.1% [23.0-32.0%] (UNAIDS 2006)
Estimated Number of HIV-infected People: 270,000 [260,000-350,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: 120,000 [110,000-150,000] (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***	**106,600**	**66,991**
End of FY 2007***	**117,600**	**76,710**

*Results. "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
**Results. "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
***Projections from FY 2006 Country Operational Plan

Program Description:

Botswana is experiencing one of the most severe HIV/AIDS epidemics in the world, with the second-highest HIV-prevalence in Sub-Saharan Africa: UNAIDS estimates that 24.1% [23.0-32.0%] (about 270,000) of adults 15-49 years of age are infected with HIV. In two Eastern districts, the prevalence among pregnant women aged 25-29 years is more than 70%. Even in districts with the lowest prevalence, almost one in four adults aged 15-49 is infected with HIV (National AIDS Coordinating Agency (NACA), Botswana Second Generation HIV/AIDS Surveillance, 2003). With so many young adults infected with HIV, the epidemic is not only a severe health crisis but also a threat to the future development and vitality of Botswana as a nation. There is also a growing problem of orphans and vulnerable children (OVC); UNAIDS estimates that at the end of 2003, there were 120,000 children who have been orphaned due to HIV/AIDS. Given the overall HIV prevalence rate of 37.4% for pregnant women, the number of orphans could increase to 159,000-214,000 by 2010.

The Government of Botswana (GOB) has made impressive strides in combating the disease. It is the intention of the President's Emergency Plan in Botswana to strengthen and expand these advances and to more effectively engage civil society in HIV/AIDS intervention efforts to achieve the 2-7-10 targets in the following programmatic areas:

Prevention: $15,187,416 as of August 2006 ($11,206,745 Field and $3,980,671 Central) (32.3% of prevention, care, and treatment budget)

Prevention activities in Botswana include prevention of mother-to-child transmission (PMTCT), abstinence and faithfulness programs, blood and injection safety, and other behavioral prevention initiatives. Using FY 2006 funds, PMTCT activities build upon work completed under the President's Initiative for PMTCT and the first two years of the President's Emergency Plan. These USG activities have helped the GOB to establish PMTCT services in all public facilities through the Maternal Child Health/Family Planning system, which now serves over 95% of all pregnant women. The USG will partner with GOB to strengthen the scope, quality and sustainability of PMTCT services. The Emergency Plan will continue to support technical capacity-building in the Ministry of Health (MOH) and in district health centers, support technical and managerial training for PMTCT staff, and build the capacity of faith-based, community-based, and non- governmental organizations (FBO, CBO, and NGO) to deliver high-quality, sustainable PMTCT services, including expansion of psychosocial support and peer counseling services to HIV-positive women and their families. Finally, the USG will support community mobilization and information and education (IEC) activities to increase awareness of and demand for PMTCT services. Every effort will be made to link PMTCT services to treatment programs.

The GOB takes the lead on national abstinence and be faithful (AB) activities, which include abstinence curricula in schools and related programs for youth. With FY 2006 funds, the USG will continue to provide strong support for these efforts, including support for monitoring the implementation of the life skills programs for school youth developed by the Ministry of Education (MOE), as well as continued support for a successful nationwide media-based behavior change communication program, the *Makgabaneng* radio serial-drama. A small-grants

program will fund local organizations that target youth, delayed sexual debut, and faithfulness, and will provide training for these organizations in organizational management issues. The USG will strengthen other ongoing activities, including training youth groups, schools and faith-based organizations in effective prevention efforts and in developing ways to reach youth and deliver messages about abstinence. New programs will further target youth/parent communication and will provide project coordination, strategic planning, advocacy and policy development, and technical skills training for government health and social professionals engaged in gender-HIV programs.In order to strengthen systems for blood collection, testing, storage and handling -- as well as systems for safe injection -- the USG is providing financial and technical support to strengthen GOB policies and systems, strengthen human capacity and provide essential supplies and equipment for these important activities. Both sectors are supported through FY 2006 central program funding.

In order to strengthen systems for blood collection, testing, storage and handling -- as well as systems for safe injection -- the USG is providing financial and technical support to strengthen GOB policies and systems, strengthen human capacity and provide essential supplies and equipment for these important activities. Both sectors are supported through FY 2006 central program funding.

Additional prevention activities that will continue with FY 2006 funding include support of episodes of *Makgabaneng* that deal with non-AB prevention messages, working with Botswana's largest alcohol distributor to promote sensitization to the role that alcohol plays in HIV infection, non-adherence and ARV treatment; support of a national HIV/AIDS hotline; working to strengthen the capacity to provide HIV/AIDS services to those with sexually transmitted infections (STIs); and assistance to border communities. The Department of Defense (DOD) will support prevention activities within the Botswana Defense Force.

All prevention activities will undertake to establish linkages to treatment and care programs. In August 2006, there was no change in the amount of funding allocated for prevention.

Principal Partners: AXIOM, Botswana Defense Force, Nesswana, Hope Worldwide, Humana People-to-People, John Snow Incorporated, International Training and Education Center (I-TECH), MOH, MOE, Ministry of Labor and Home Affairs (MOLHA), Ministry of Local Government (MOLG), National AIDS Coordinating Agency (NACA), Pact, Pathfinder, Population Services International (PSI), Safe Blood For Africa, United Nations Children's Fund (UNICEF), University of Medicine and Dentistry of New Jersey, University of Washington, Youth Health Organization (YOHO). The USG will also work with numerous other local FBO, CBO, and NGO partners.

Care: $15,236,466 as of August 2006 ($15,039,112 Field and $197,354 Central) (32.5% of prevention, care and treatment budget)

To address the palliative care needs of people living with HIV/AIDS (PLWHA), the USG will use FY 2006 funds to work with the MOH to further develop palliative care training modules, conduct training of trainers in all districts, and scale up training for public and private health care providers to deliver high quality palliative care services, including management of opportunistic

infections. A small grants program will fund local organizations that offer palliative care, and will provide training for these organizations in organizational management issues. A new program will link care for people who are HIV positive with prevention. All palliative care efforts will endeavor to establish linkages between those receiving services (and their families) and other appropriate prevention, care and treatment services.

Approximately 60% of Tuberculosis (TB) patients in Botswana are HIV-infected; the leading cause of death among adult PLWHA is TB. The USG will expand its support of on-going training through the MOH to strengthen referrals and services for co-infected HIV/TB patients, including the integration of HIV testing among TB patients and referral to other appropriate prevention, care and treatment services.

In Botswana, HIV counseling and testing (CT) is a key component of care interventions. In 2000, the USG initiated voluntary counseling and testing (VCT) services through the *Tebelopele* program, now an independent NGO with a network of 16 centers, 11 satellites, and four mobile caravans located throughout the country. FY 2006 funds will continue to support *Tebelopele* in providing free, anonymous VCT with same day results to an estimated 100,000 clients, as well as conducting social marketing activities and community mobilization to increase the demand for VCT. Support of routine HIV testing through the MOH AIDS/STI unit will continue. The USG will also support a new innovative pilot of home-based voluntary counseling and testing, scaling up training for HIV counselors from government and FBO, CBO, and NGO (especially in rural areas), and monitoring and evaluation. The DOD will support testing activities within the Botswana Defense Force. A special effort will be made to ensure that CT programs forge effective links with treatment services.

Orphans and vulnerable children activities will include technical and financial support for community mobilization, policy development, strengthening of management and referral structures, addressing the educational and health needs of children affected by HIV/AIDS, service delivery, and advocacy. FY 2006 funding for the Ambassador's HIV/AIDS Initiative will continue to strengthen the capacity of 20 FBO, CBO, and NGO to provide holistic services for children affected by the epidemic. Two additional programs will provide small-grants and directly support capacity building for FBO, CBO, and NGO that provide OVC services. With USG FY 2006 support, rehabilitation units for malnourished children infected with HIV/AIDS at two referral hospitals will expand their services to include training for pediatricians and dieticians, as well as scaling up training for parents/guardians, health care workers, and CBO. The USG will also place an additional 11 Peace Corps Volunteers with local FBO, CBO, and NGO who are striving to mobilize and implement community responses to OVC and other aspects of the HIV/AIDS epidemic. The OVC unit at the Ministry of Local Government Department of Social Services will receive support to enhance its effectiveness and provide proactive services to at-risk children and families, and the Ministry of Education will receive support to scale up a program called *Circles of Support*, which addresses the psycho-social support needs of children by linking them to a network of multi-sectoral support. Hope Worldwide will continue their assistance to OVC while a new partner, Catholic Relief Services, will provide OVC support in the hard-hit northeastern region of the country. A key component of all OVC programs is to refer children and their families to other appropriate prevention, care and treatment services.

In the May 2006 notification an additional $385,946 was allocated for care activities. The additional funds will expand efforts to train community caregivers and service providers that work with children affected by HIV/AIDS. An additional 1,200 individuals will be trained to provide psychosocial support for OVCs. In August 2006, there was no change in the amount of funding allocated for care.

Additionally, the funding mechanism for an OVC activity was reevaluated and changed to streamline funding between agencies. This change is reflected in the Budget Summary table.

Principal Partners: Academy of Educational Development (AED), Botswana Defense Force, Catholic Relief Services, MOE, Hope Worldwide, Humana People-to-People, Futures Group International, MOH, Ministry of Local Government, Pact, Peace Corps, Tebelopele, University of Pennsylvania, and UNICEF. The USG will also work with numerous other local FBO, CBO, and NGO partners.

Treatment: $16,527,464 as of August 2006 ($14,327,463 Field and $2,200,001 Central) (35.2% of prevention, care and treatment budget)

Since January 2002, Botswana has been providing free antiretroviral (ARV) treatment to PLWHA. This program has grown to 32 treatment sites with 43,231 patients on treatment as of July 2005. Pregnant women are routinely referred to the ARV program, thus there are no dedicated PMTCT-plus sites in Botswana. With FY 2006 funds, the USG will continue to work with the MOH to ensure a safe and secure supply of ARV by procuring the drugs, continuing to train Central Medical Stores (CMS) staff on supply chain management and quality assurance, training Drug Regulatory Unit staff in good manufacturing practices, inspections and pharmaco-vigilance, and laying the foundation for the introduction of generic drugs. Special provision will be made for the purchase of pediatric ARV.

The USG will improve HIV/AIDS services for children and adults, working with international technical assistance partners focusing on training clinicians in adult and pediatric HIV care. Security at CMS will be strengthened, as will security at local clinic pharmacies to ensure no disruption of the ART supply chain. Continuing medical education will be provided to private practitioners, harmonizing their training with the national training curriculum. Also with FY 2006 funding, new programs to provide HIV/AIDS pediatricians and undertake early infant diagnosis will be established. The DOD will support treatment services within the Botswana Defense Force. Treatment services will also be provided by Harvard School of Public Health through central program funding. All treatment service programs will seek effective mechanisms to refer patients to appropriate prevention and care programs.

To strengthen the laboratory infrastructure in Botswana, the USG will work with the MOH to 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. The DOD will also support laboratory services within the Botswana Defense Force.

In the May 2006 notification $1,064,054 was allocated for treatment activities. The additional funds will expand efforts to renovate health clinics throughout the country for the national ART program. An additional 85 clinics will be renovated for a total of 98 clinics in FY 2006, and an additional 12,750 patients will be able to receive ARVs. In August 2006, there was no change in the amount of funding allocated for treatment. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Principal Partners: Associated Funds Administrators/Botswana, Association of Public Health Laboratories (APHL), Baylor University, Botswana Defense Force, Harvard School of Public Health, I-TECH, Ministry of Local Government, MOH, and University of Pennsylvania, and the Botswana Defense Force.

Other Costs: $7,973,680 as of August 2006

Strategic information is crucial to measuring the progress made in reaching the 2-7-10 goals of the Emergency Plan. The USG will continue with FY 2006 funding to provide support for enhancing the Botswana HIV/AIDS Response Information Management System (BHRIMS), which will generate information on the national HIV/AIDS response, as well as support the improvement and expansion of the Integrated Patient Management System (IPMS), which provides comprehensive information on HIV treatment and care from major hospitals and their satellite clinics. Monitoring and evaluation capabilities of the newly formed Department of AIDS Prevention and Care in MOH will be strengthened, as will those of the AIDS Coordinating Unit in the Ministry of Local Government and the AIDS Resource Unit at NACA. Additional, targeted strategic information activities will enhance the human resource and technical capacities for monitoring and evaluation. A key objective of all strategic information activities will be to integrate the collection of data across the prevention, care and treatment spectrum.

An important objective of policy analysis and system strengthening activities will be the integration of prevention, care and treatment programs. Policy analysis and system strengthening activities using FY 2006 funds will focus on building sustainable national capacity to address the HIV/AIDS epidemic in Botswana by developing and implementing an Integrated Service Delivery Plan, supporting management training across numerous programs, providing technical assistance to improve the capacity of HIV/AIDS program managers, strengthening districts to engage in a community planning process for HIV/AIDS response, as well as engaging the private sector in AIDS-in-the-workplace activities. Furthermore, the USG will continue to work to strengthen indigenous FBO, CBO, and NGO via a central HIV/AIDS umbrella organization in Botswana that will become a leading partner in the HIV/AIDS fight locally. A new project will enable the United Nations High Commissioner for Human Rights (UNHCR) to bring prevention, care and treatment services to Dukwe Refugee Camp and surrounding villages. The costs of the Health and Human Services (HHS)/Center for Disease Control and Prevention (CDC) Director's office and information technology are funded in this section.

Principal Partners: Botswana Network for Ethics, Law and HIV/AIDS (BONELA), Chervil (Pty) Ltd, Institute of Development Management, Ministry of Local Government, MOH, Ministry of

Local Government, NACA, National Alliance of State and Territorial AIDS Directors (NASTAD), Pact, United Nations Development Program (UNDP), and UNHCR.

Management and staffing activities will ensure effective implementation of the Emergency Plan, including the technical assistance required to execute and manage Emergency Plan activities. Personnel, travel, management, and logistics support in country, and ICASS and capital security costs, will be included in this section. A new activity will be the hiring of a State Department President's Emergency Plan for AIDS Relief (PEPFAR) Coordinator as recommended by the State Department Office of the Inspector General.

In the May 2006 notification $50,000 was allocated for management and staffing activities. The additional funds are needed to adequately support the new Emergency Plan Coordinator. In August 2006, there was no change in the amount of funding allocated for other costs.

Additionally, funding mechanisms for two activities were reviewed and changed to streamline funding between agencies; these changes are reflected in the Budget Summary table above.

Other Donors, Global Fund Activities, Coordination Mechanisms:

As a middle-income country, Botswana bears the bulk of the cost for HIV/AIDS intervention. There are relatively few donors. 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 (GFATM), and UN agencies. Bristol-Myers Squibb, the European Union, China, Cuba, Germany, Japan, Norway, Sweden, and the United Kingdom provide other support. Donor coordination is accomplished through the Development Partner Forum and the GFATM Country Coordinating Mechanism (CCM), both chaired by the Ministry of Finance and Development Planning. Additional coordination occurs through the NACA-chaired National HIV/AIDS Partnership Forum, and by various sector-specific groups at the technical level working in NACA and the line Ministries. The USG Emergency Plan (EP) Steering Committee (which approves annual EP Country Operational Plans and recommends them to the CCM) and the use of multi-agency technical working groups to plan the COPs ensure ongoing close coordination with the Government of Botswana and other partners.

Program Contact: Deputy Chief of Mission, Lois Aroian and Regional Environmental and Health Officer, Theodore Pierce

Time Frame: FY 2006 – FY 2007

Approved Funding by Program Area: Botswana
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	0	1,441,238	1,800,000	0	0	0		3,241,238		3,241,238	6.9%
Abstinence/Be Faithful	1,900,000	272,312	3,264,500	0	0	0		5,436,812	189,231	5,626,043	12.0%
Blood Safety								0	1,676,440	1,676,440	3.6%
Injection Safety								0	2,115,000	2,115,000	4.5%
Other Prevention	300,000	433,318	1,445,377	350,000	0	0		2,528,695		2,528,695	5.4%
Prevention Sub-total	*2,200,000*	*2,146,868*	*6,509,877*	*350,000*	*0*	*0*	*0*	*11,206,745*	*3,980,671*	*15,187,416*	*32.3%*
Care											
Palliative Care: Basic health care & support	745,000	200,000	1,379,725	0	0	0		2,324,725		2,324,725	5.0%
Palliative Care: TB/HIV	0	90,000	790,826	0	0	0		880,826		880,826	1.9%
Orphans and Vulnerable Children								*6,511,807*		*6,709,161*	*14.3%*
Of Which, Orphans Programs	1,924,826	50,000	1,956,946	0	0	580,000		4,511,772	197,354	4,709,126	10.0%
Of Which, Pediatric AIDS								2,000,035		2,000,035	4.3%
Counseling and Testing	0	1,061,754	4,125,000	135,000	0	0		5,321,754		5,321,754	11.3%
Care Sub-total (Including Pediatric AIDS)	*2,669,826*	*1,401,754*	*8,252,497*	*135,000*	*0*	*580,000*	*0*	*15,039,112*	*197,354*	*15,236,466*	*32.5%*
Treatment											
Treatment: ARV Drugs	0	30,000	10,639,409	0	0	0		10,669,409		10,669,409	22.7%
Treatment: ARV Services	0	170,000	2,683,089	15,000	0	0		2,868,089	2,200,001	5,068,090	10.8%
Laboratory Infrastructure	0	200,000	2,490,000	100,000	0	0		2,790,000		2,790,000	5.9%
Treatment Sub-total (Including Pediatric AIDS)	*0*	*400,000*	*15,812,498*	*115,000*	*0*	*0*	*0*	*16,327,498*	*2,200,001*	*18,527,499*	*39.5%*
Less Pediatric AIDS Attributed to OVC (Care)								*-2,000,035*		*-2,000,035*	-4.3%
Treatment Sub-total (Excluding Pediatric AIDS)	*0*	*400,000*	*15,812,498*	*115,000*	*0*	*0*	*0*	*14,327,463*	*2,200,001*	*16,527,464*	*35.2%*
Subtotal, Prevention, Care, and Treatment	*4,869,826*	*3,948,622*	*30,574,872*	*600,000*	*0*	*580,000*	*0*	*40,573,320*	*6,378,026*	*46,951,346*	*100.0%*
Other Costs											
Strategic Information	0	666,500	1,896,000	0	0	0		2,562,500	0	2,562,500	
Other/policy analysis and system strengthening	265,000	1,280,748	1,092,500	0	200,000	0		2,838,248	0	2,838,248	
Management and Staffing	300,000	1,651,130	621,802	0	0	0		2,572,932	0	2,572,932	
Other Costs Sub-total	*565,000*	*3,598,378*	*3,610,302*	*0*	*200,000*	*0*	*0*	*7,973,680*	*0*	*7,973,680*	
AGENCY, FUNDING SOURCE TOTALS	**5,434,826**	**7,547,000**	**34,185,174**	**600,000**	**200,000**	**580,000**	**0**	**48,547,000**	**6,378,026**	**54,925,026**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	5,434,826	5,434,826	386,585	5,821,411
HHS	34,185,174	41,732,174	5,991,441	47,723,615
DOD	600,000	600,000	0	600,000
State	200,000	200,000	0	200,000
Peace Corps	580,000	580,000	0	580,000
Labor	0	0	0	0
Total	**41,000,000**	**48,547,000**	**6,378,026**	**54,925,026**

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
GHAI	41,000,000	6,378,026	47,378,026
Total	**48,547,000**	**6,378,026**	**54,925,026**

COTE D'IVOIRE

Project Title: Cote d'Ivoire FY 2006 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	-	-	-	-	-	-	-	-
DOL	-	-	-	-	-	-	-	-
HHS	5,253,000	21,061,300	26,314,300	(1,380,000)	-	**24,934,300**	**10,793,572**	**35,727,872**
Peace Corps	-	-	-	-	-	-	-	-
State	-	-	-	-	-	-	-	-
USAID	-	9,075,700	9,075,700	1,380,000	-	**10,455,700**	**424,611**	**10,880,311**
TOTAL Approved	**5,253,000**	**30,137,000**	**35,390,000**	**-**	**-**	**35,390,000**	**11,218,183**	**46,608,183**

HIV/AIDS Epidemic in Cote d'Ivoire:

Adult HIV Prevalence Rate: 7.1% [4.3-9.7%] (UNAIDS 2006)
Estimated Number of HIV-infected People: 750,000 [470,000-1,000,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: 450,000 [280,000-630,000] (UNAIDS 2006)

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

Cote d'Ivoire	Total # Receiving Care and Support	Total # Receiving ART
FY 2004*	**28,100**	**4,500**
FY 2005**	**33,800**	**11,100**
FY 2006***	**64,172**	**23,517**
FY 2007***	**93,054**	**47,500**

*"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
***Projections from FY 2006 Country Operational Plan

Program Description:

Cote d'Ivoire continues to traverse its deepest politico-military crisis since independence and is divided by a United Nations-controlled buffer zone. Even so it remains a regional economic and migratory hub. Almost one-third of the population of 16.9 million is made up of immigrants from the sub-region, and approximately half of the population lives in rural areas. Cote d'Ivoire remains the country with the highest HIV prevalence in West Africa. A 19% decrease in life expectancy is predicted by 2005, along with an increase of 53% in the adult mortality rate due to HIV/AIDS. Drawing on data from before the crisis, the UN estimates that 750,000 [470,000-1,000,000] people are infected with HIV, with an adult prevalence rate of 7.1% [4.3-9.7%]. An estimated 310,000 children have lost one or both parents to AIDS.

Cote d'Ivoire has a severe, generalized HIV epidemic that is exacerbated by factors linked to the crisis. HIV is primarily transmitted by sexually active adolescents and adults and through vertical transmission to young children. Populations at high risk for acquiring and/or transmitting HIV include HIV-sero-discordant couples, the uniformed services and ex-combatants, commercial sex workers and economically vulnerable young women and girls, truckers and mobile populations, sexually active youth, and orphans and vulnerable children. Two-thirds of sexually active youth aged 15 to 19 reported not using a condom during their last sexual encounter. Most (98%) of the estimated 570,000 HIV-infected people do not know their HIV status. Tuberculosis (TB) continues to be the leading cause of AIDS deaths, with 47% of the annual 18,000 patients newly diagnosed with TB co-infected with HIV and in need of treatment for both.

Despite the crisis and isolated episodes of violence in the country, the USG interagency Emergency Plan team and implementing partners are working closely with the host government and this coordination is moving ahead the in-country programs with demonstrated positive results. FY 2006 funding will be used to mitigate the impact of the epidemic through sub-granting to community and faith-based organizations (CBO and FBO) to expand a decentralized multifaceted civil society response to the epidemic.

Prevention: $12,086,440 as of August 2006 ($7,786,024 Field and $4,300,416 Central) (30.5% of prevention, care, and treatment budget)

Using FY 2006 funds, HIV prevention activities will include supporting behavior change among children and youth to delay sexual debut and promote life skills with positive gender roles for in- and out-of-school youth; decreased cross-generational and coerced sexual relationships; promotion of fidelity coupled with HIV testing within sexual partnerships; decreased hospital-related infection through expanded blood-safety and injection-safety programs; and risk reduction among high-risk populations such as youth, the uniformed services, truckers and commercial sex workers through reduction of the number of sexual partners, consistent use of condoms and increased access to HIV testing and care services.

EP support of FY 2006 funds will complement UN and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) funds and assist the Ministry of Health (MOH) to increase the number of health facilities providing integrated prevention of mother-to-child HIV transmission (PMTCT) services to over 200 sites, with linkages to other family-based care and treatment services (expanding coverage from 2% to 20% over two years). The EP will support

rural and the various faith-based communities to promote abstinence and fidelity and to sensitize against gender- and HIV-related discrimination within their communities. These activities will be implemented through new grants awarded in September 2005 and expanded under FY 2006 funding to sub-grants targeting civil-society partners. A proposed jointly managed Health and Human Services (HHS)-U.S. Agency for International Development (USAID) award envisions a national umbrella organization to provide sub-grants and capacity building. Existing interventions targeting the various uniformed services, ex-combatants, sex workers and other vulnerable populations will be expanded to extend scope and geographic coverage. Secondary HIV prevention among HIV-infected individuals and sero-discordant couples and identification of HIV-infected and HIV-affected family members are also priorities and provide opportunities to link prevention, care and treatment services.

In August 2006, an additional $240,000 was allocated for prevention activities because ICASS costs were substantially lower than originally estimated, thus freeing up more funds. The increased funds will go to PMTCT and AB activities. Of the additional funding, $120,000 will be used to increase the number of service outlets providing the minimum package of PMTCT services, as well as increasing the number of pregnant women who receive HIV counseling and testing for PMTCT, and increasing the number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting. The remaining $120,000 will be used to strengthen the "Sports for Life" campaign, targeted predominantly on the 10-14 age group and complementing existing in and out of school activities in collaboration with the Ministry of Education, CARE International, and ANADER.

Principal Partners: Agence Nationale d'Appui au Developement Rural (ANADER), JHPIEGO/Johns Hopkins University, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), HOPE Worldwide (HW), Population Services International (PSI), John Snow International (JSI), Family Health International (FHI), CARE International, National Blood Transfusion Service/Ministry of Health and Population, Social and Scientific Systems Inc., International HIV/AIDS Alliance, Ministry of National Education, and Project RETRO-CI.

Care: $9,298,000 as of August 2006 ($9,102,490 Field and $195,510 Central) (23.4% of prevention, care, and treatment budget)

Using FY 2006 funding, the Emergency Plan will improve the quality and expand the geographic coverage of HIV counseling and testing (CT) services as well as care and support for orphans and vulnerable children (OVC) and people living with HIV/AIDS (PLWHA) or those affected by the disease. Current CT services in Cote d'Ivoire include innovative models but have poor geographic coverage, leaving 98% of the population unaware of their HIV status. The USG will help the MOH with FY 2006 funds to expand quality CT services to reach more than 75,880 people before March 2007 through two complementary strategies: expansion of integrated CT at public and other health services (including TB, sexually transmitted infections and family-planning services and hospitals) and, with matching resources from local government and/or other bodies, support for at least 25 sustainable youth- and couple-friendly CT services in community settings (with expanded access for rural and underserved populations, sex workers and the uniformed services facilitated by mobile and targeted services).

The USG will promote the identification of people with advanced HIV disease in urgent need of treatment (including 47% of 18,000 TB cases and more than 50% of 37,000 University Hospital in-patients). They will also build on existing models in Cote d'Ivoire for leveraging of funds to promote sustainability and local ownership. Improved quality will also be a focus, with improved training and supervision tools incorporating couple counseling and expanding human capacity. Coverage of OVC and home-based and palliative care services in the community will be expanded through community follow-up of all HIV-positive individuals identified through CT and care services. New sub-grants schemes coupled with technical and management assistance targeting faith- and community-based organizations will promote expanded service delivery. The USG will explicitly target underserved rural and crisis-afflicted areas. Implementation of national policy and guidelines for palliative care, community care and OVC care will also assist scale-up of quality standardized services. OVC, PLWHA and other beneficiaries will be supported to become effective advocates for required legal and policy reform. The EP will support a pilot regional project to promote and evaluate a network of linked social and health services and community-based services to inform the national roll-out model. The EP will complement HIV and TB funds from the GFATM and assist the MOH to integrate HIV and TB services with the expansion of CT and comprehensive HIV services at all TB sites (to reach 18,000 TB patients annually) and incorporation of TB screening and referral at all CT services. There is no change in the amount of funding allocated for care as of this operational plan.

Principal Partners: PSI, JHPIEGO/Johns Hopkins University, HOPE Worldwide, International HIV/AIDS Alliance, CARE International, FHI, MOH, Ministry of National Education, ANADER, EGPAF, PSP One/Abt Associates, Project RETRO-CI.

Treatment: $18,305,243 as of August 2006 ($11,582,986 Field and $6,722,257 Central) (46.1% of prevention, care, and treatment budget)

The USG has played an integral role in expanding comprehensive HIV treatment in Cote d'Ivoire since the debut in 1998 of the national pilot drug access initiative. With EP support, a six-fold increase in the number of persons receiving treatment has been registered, with exponential growth slowed only by availability of drugs and resources. With FY 2006 funds, the Emergency Plan will continue to support the national roll-out plan and complement GFATM programs in promotion of universal access to treatment. The EP will also continue to strengthen key systems that are critical for scale-up of quality sustainable treatment services, including HIV commodities management coordinated by the national public pharmacy; monitoring through the health management information system and targeted evaluations, including of the emergence of antiretroviral resistance; in-service and pre-service training for health professionals; capacity building for decentralized health authorities; and the establishment of a laboratory network to provide decentralized HIV services supported by the CDC/Project RETRO-CI laboratory which has provided the majority of national HIV testing and monitoring.

Currently, the USG is rapidly expanding service delivery through public, faith-based and private facilities, with technical assistance to promote family care and ensure links to relevant prevention, care and support services. The EP will complement GFATM TB funds to integrate HIV diagnostic and treatment services at all TB care centers and link patients to ongoing HIV

services. With FY 2006 funds, the new twinning partnership will help establish national training for adult and pediatric referral centers of excellence at tertiary facilities, with integrated counseling and testing and HIV services throughout.

The USG will provide ongoing technical and financial support through small grants to PLWHA and media networks/organizations to promote treatment literacy and uptake of counseling and testing and to provide peer support and sensitize against gender- and HIV-related stigma and discrimination. Overall efforts will contribute to development of a system that can provide a continuum of comprehensive care and treatment services, including antiretroviral drug therapy, psychosocial support, treatment of opportunistic infections and care for HIV-affected families, including prevention of further infections.

In the May 2006 notification an additional $2,000,000 was allocated for treatment activities. These funds will provide ART treatment for an additional 12,000 persons per month and add 10 ARV service sites to the treatment program.

In August 2006, and addition $840,000 was allocated for treatment activities because ICASS costs were substantially lower than originally estimated, thus freeing up funds. The funds will be used to provide additional ARTs and care to support national treatment scale up. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Principal Partners: ANADER, EGPAF, JHPIEGO/Johns Hopkins University, International HIV/AIDS Alliance, HOPE Worldwide, PSI, Association of Public Health Laboratories (APHL), University of California- San Francisco, Supply Chain Management Systems (SCMS), PSP one/Abt Associates, Family Health International (FHI), CARE International, and Projet RETRO-CI.

Other Costs: $6,918,500 as of August 2006

Strategic information activities will continue to fill critical information gaps and support coordination and planning with the key Ministries of AIDS, Health, Education and Social Affairs (orphans and vulnerable children) as well as donors and key stakeholders to identify priorities, use comparative advantages, mobilize resources and maximize their efficient use. FY 2006 funding will support the completion of human resources and facilities evaluations, collect monitoring data to direct program efforts and measure program results, and conduct targeted evaluations. The integration of HIV indicators into the national health management information system will be completed in FY 2006 as well.

Along with other major development partners, the USG will support the ongoing capacity building (critical skilled human resources, informatics and communications infrastructure and systems) required at the key Ministries of Health and AIDS to plan, develop and implement appropriate surveillance and monitoring and evaluation (M&E) plans to improve use of data to guide interventions. Support will also be directed toward a common system to capture HIV-related information from CT, PMTCT and treatment to reinforce linkages among sites and effective use of data at different levels of the health system. The USG will also support

improved monitoring and evaluation of HIV interventions at the community level and the development of simple data collection tools, as well as training in data collection and use by sub-grantee recipients.

Using FY 2006 funding, cross-cutting activities will focus on human and organizational capacity; public-private sector partnerships and leveraging of additional resources; improved planning, coordination and advocacy efforts; and addressing HIV- and gender-related stigma and discrimination. The USG will work with other partners to complete the evaluation of human-capacity needs, which allow for the development of a national strategy to address human-capacity constraints, including a comprehensive training plan.

A national linking organization will be established to provide support for small- to medium-capacity community- and faith-based organizations to develop their management, planning and overall capacities while strengthening the civil-society response to HIV/AIDS in Cote d'Ivoire. These new activities will also allow non-governmental organizations (NGO) working in HIV/AIDS to enhance their work in fighting stigma and discrimination. The USG will provide support to key private and public sector organizations to document and share their best practices to fight HIV/AIDS in the workplace and promote innovative public-private partnerships designed to leverage additional human and financial resources. In addition, FY 2006 support will assist the Ministries of Health and Education to establish HIV-in-the-workplace programs for their large and socially influential staff.

In August 2006, $1,080,000 was reprogrammed from other costs because the actual ICASS costs were substantially lower than originally estimated. Of this amount, $240,000 was reprogrammed to the prevention program area to PMTCT and AB activities, and $840,000 was reprogrammed to ARV drugs activities.

Principal Partners: PSP One/Abt Associates, Management Sciences for Health (MSH), MOH, FHI, Ministry of National Education, Measure Evaluation/John Snow International, Measure/MACRO, National Institute of Statistics, Ministry of AIDS, International HIV/AIDS Alliance, Supply Chain Management Systems (The Partnership), EGPAF, and Projet RETRO-CI.

Administrative funds will support program management costs to implement and manage the Emergency Plan. HHS and USAID personnel, travel, management and logistics support in country will be included in these costs. USAID will recruit a USAID focal point to manage USAID-funded projects as part of the joint interagency team.

Other Donors, Global Fund Activities, Coordination Mechanisms:

While the USG is the largest donor, other development partners active in the HIV/AIDS sector include the GFATM ($27 million HIV project continuation 2006-2008 and $2 million TB project 2005-2006 with United Nations Development Programme (UNDP) as principal beneficiary and an HIV project in the North with CARE International 2006-2007), the UN Organizations (WHO, UNICEF, UNDP, UNFPA, UNAIDS, WFP, UNHCR, etc.) and to a limited extent other bilateral partners (the Belgian, Canadian, French, German and Japanese Cooperation). A large potential

source of funding is the World Bank-MAP (proposed to be on the order of $50 million USD over five years), which continues to be delayed. USG agencies coordinate in country through the USG Emergency Plan coordinating committee chaired by the US Ambassador. HHS represents the USG on the GFATM Country Coordinating Mechanism (CCM) and at most technical forums. The CCM is a strong multi-sectoral participatory forum that brings together 33 members of civil society, public and private sectors, and multilateral and bilateral development partners. This complements the national system of HIV coordination committees stretching from the national HIV council (headed by the President annually) through the regional, district and grass-roots village HIV/AIDS action committee, in addition to various sectoral and technical committees. The Ministry of AIDS leads a committee that meets quarterly to improve planning and coordination and includes civil-society representatives, bilateral and multilateral partners, and the Ministries of Health and Finance. The UNAIDS theme group also proposes to expand to include bilateral partners with 2005 chair UNICEF to provide a regular coordination forum bringing multilateral and bilateral development partners together. Substantial efforts are made to promote coordination and collaboration among in-country partners and the host government and other key stakeholders.

Program Contact: Deputy Chief of Mission, Vicente Valle and CDC Chief of Party, Monica Nolan

Time Frame: FY 2006 – FY 2007

Approved Funding by Program Area: Cote d'Ivoire
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	1,935,000	353,563	0					2,288,563		2,288,563	5.8%
Abstinence/Be Faithful	600,000	302,461	2,070,000					2,972,461	229,101	3,201,562	8.1%
Blood Safety	0	0	0					0	1,956,315	1,956,315	4.9%
Injection Safety								0	2,115,000	2,115,000	5.3%
Other Prevention	700,000	0	1,825,000					2,525,000		2,525,000	6.4%
Prevention Sub-total	*3,235,000*	*656,024*	*3,895,000*	*0*	*0*	*0*	*0*	*7,786,024*	*4,300,416*	*12,086,440*	*30.5%*
Care											
Palliative Care: Basic health care & support	500,000	0	1,050,000					1,550,000		1,550,000	3.9%
Palliative Care: TB/HIV	180,000	0	1,000,000					1,180,000		1,180,000	3.0%
Orphans and Vulnerable Children								*3,493,423*		*3,688,933*	*9.3%*
Of Which, Orphans Programs	1,170,000	273,423	1,600,000					3,043,423	195,510	3,238,933	8.2%
Of Which, Pediatric AIDS								*450,000*		*450,000*	1.1%
Counseling and Testing	1,000,000	79,067	1,800,000					2,879,067		2,879,067	7.3%
Care Sub-total (Including Pediatric AIDS)	*2,850,000*	*352,490*	*5,450,000*	*0*	*0*	*0*	*0*	*9,102,490*	*195,510*	*9,298,000*	*23.4%*
Treatment											
Treatment: ARV Drugs	2,440,000	0	3,950,000					6,390,000	3,516,828	9,906,828	25.0%
Treatment: ARV Services	300,000	1,004,379	3,090,000					4,394,379	3,205,429	7,599,808	19.1%
Laboratory Infrastructure	0	948,607	300,000					1,248,607		1,248,607	3.1%
Treatment Sub-total (Including Pediatric AIDS)	*2,740,000*	*1,952,986*	*7,340,000*	*0*	*0*	*0*	*0*	*12,032,986*	*6,722,257*	*18,755,243*	*47.3%*
Less Pediatric AIDS Attributed to OVC (Care)								*-450,000*		*-450,000*	-1.1%
Treatment Sub-total (Excluding Pediatric AIDS)	*2,740,000*	*1,952,986*	*7,340,000*	*0*	*0*	*0*	*0*	*11,582,986*	*6,722,257*	*18,305,243*	*46.1%*
Subtotal, Prevention, Care, and Treatment	*8,825,000*	*2,961,500*	*16,685,000*	*0*	*0*	*0*	*0*	*28,471,500*	*11,218,183*	*39,689,683*	*100.0%*
Other Costs											
Strategic Information	960,700	1,119,908	1,050,000					3,130,608		3,130,608	
Other/policy analysis and system strengthening	670,000	95,160	760,000					1,525,160		1,525,160	
Management and Staffing	0	1,076,432	1,186,300					2,262,732		2,262,732	
Other Costs Sub-total	*1,630,700*	*2,291,500*	*2,996,300*	*0*	*0*	*0*	*0*	*6,918,500*	*0*	*6,918,500*	
AGENCY, FUNDING SOURCE TOTALS	**10,455,700**	**5,253,000**	**19,681,300**	**0**	**0**	**0**	**0**	**35,390,000**	**11,218,183**	**46,608,183**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	10,455,700	10,455,700	424,611	10,880,311
HHS	19,681,300	24,934,300	10,793,572	35,727,872
DOD	0	0	0	0
State	0	0	0	0
Peace Corps	0	0	0	0
Labor	0	0	0	0
Total	**30,137,000**	**35,390,000**	**11,218,183**	**46,608,183**

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
GHAI	30,137,000	11,218,183	41,355,183
Total	**35,390,000**	**11,218,183**	**46,608,183**

ETHIOPIA

Project Title: Ethiopia FY 2006 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	-	822,000	822,000	-	-	**822,000**	-	**822,000**
DOL	-	-	-	-	-	**-**	-	**-**
HHS	5,800,000	40,264,000	46,064,000	2,850,000	-	**48,914,000**	**1,026,440**	**49,940,440**
Peace Corps	-	-	-	-	-	**-**	-	**-**
State	-	819,000	819,000	-	-	**819,000**	-	**819,000**
USAID	-	59,895,000	59,895,000	4,850,000	-	**64,745,000**	**6,631,307**	**71,376,307**
TOTAL Approved	**5,800,000**	**101,800,000**	**107,600,000**	**7,700,000**	-	**115,300,000**	**7,657,747**	**122,957,747**

HIV/AIDS Epidemic in Ethiopia:

Adult HIV Prevalence Rate: [0.9-03.5%] (UNAIDS 2006)
Estimated Number of HIV-infected People: [420,000- 1,3000,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: [280,000-870,000] (UNAIDS 2006)

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

Ethiopia	Total # Individuals Receiving Care and Support	Total # of Individuals Receiving ART
End of FY 2004*	**30,600**	**9,500**
End of FY 2005**	**264,100**	**16,200**
End of FY 2006***	**338,000**	**60,000**
End of FY 2007***	**475,000**	**100,000**

*"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
***Projections from FY 2006 Country Operational Plan

Program Description:

Ethiopia is the second most populous country in sub-Saharan Africa with a current population estimate of 77 million from 83 ethnic groups and languages, in an area almost twice the size of Texas. There are nine ethnically based regions and two special administrative areas, one of which is the capital, Addis Ababa. Approximately 4% of the population lives in Addis Ababa, and another 11% in scores of much smaller urban areas throughout the country. Approximately 85% of the population lives in rural areas. Religion plays a major role in the lives of most Ethiopians.

The national adult HIV seroprevalence rate for 2003 was estimated at 4.4%, with a 12.6% urban rate and a 2.6% rural rate. The data show some expected variation among the regions. Although rates are higher in urban areas, the large percentage of population living in rural areas means that a significant proportion of the total HIV positive population lives in those areas. While the urban rates seem to be leveling off, there appears to be a continued increase in the rural areas. General "drivers" of the epidemic are the overall high population growth (2.7%); the low access to public health services (below 62%); low literacy rates (32.8% total, with only 26.4% for females and 39.3% for males); and the overwhelming poverty of most of the population, with gross domestic product (GDP) per capita under USD 100. Maternal mortality rates are 871 per 100,000 live births, reflecting low utilization rates for antenatal care and labor and delivery services important to prevention of mother-to-child HIV transmission (PMTCT). Half of Ethiopia's children are underweight for their age and over half are stunted, with recent surveys indicating that orphans affected by HIV and AIDS are relatively more vulnerable. The per capita expenditures for health care from all sources (Government, donors, and out-of-pocket) is low, USD 5.60 versus an average of USD 12.00 per person in the Africa region.

There is little disaggregated data, but experience from other countries and the limited data on Ethiopia suggest that the groups engaging in high-risk behavior or at risk in Ethiopia are the same as in many other countries. These include transport workers and other mobile men, commercial sex workers, men with disposable incomes, internally displaced people and refugees, in- and out-of-school youth, university students, police, and the military. Ethiopia has a very limited injecting drug user population, and there are no data on men who have sex with men or prisoners. Data from small-scale hospital based studies show Tuberculosis (TB)/HIV co-infection rates ranging from 25% to 47%. It is conservatively estimated that at least 30% of TB patients are currently co-infected with HIV. Two-thirds of the adult population in the country is estimated to have latent TB infection and hence, latent TB is widespread among HIV-positive individuals, thereby significantly increasing their risk of developing active TB significantly.

The following programmatic areas will be supported with FY 2006 funds and are included in the Country Operational Plan to mitigate the impact of the epidemic in Ethiopia.

Prevention: $22,609,238 as of August 2006 ($16,645,000 Field and $5,964,238 Central) (20.8% of prevention, care, and treatment budget)

The Emergency Plan's (EP) prevention goal in Ethiopia is that by 2008, the Government of Ethiopia (GOE) will be achieving its aim of reduced HIV transmission. HIV incidence will be

decreasing in urban areas and will have stabilized in rural areas. The EP in Ethiopia will contribute to the GOE's efforts through programs that reduce sexual and medical transmission of the virus.

With FY 2006 funds, the EP will continue to focus on maintaining no/low risk behavior among the general population and reducing risk behaviors among most at risk populations to reduce sexual transmission of HIV. Population groups identified as being most at risk in Ethiopia include youth, the uniformed services (federal police, the military), men with mobility/money, commercial sex workers, domestic workers and refugees. Community and faith leaders will continue to be targeted to encourage individual and community behavior change by supporting young men and women in their decision-making regarding sexual relationships, addressing harmful social practices such as early marriage and reducing stigma and discrimination. Increased attention will be given to identifying and addressing the risk factors faced by domestic workers and refugee populations. Abstinence and be faithful (AB) and other prevention (OP) activities will be age and context appropriate. With FY 2006 funds, the EP will reach 13,000,000 people with AB messages, 3,700,000 youth with abstinence messages, and 116,000 people will have been trained in AB programming. In other prevention, 8,300,000 people will have been reached with interventions addressing Abstinence, Faithfulness and Correct and Consistent Condom Use, 93,000 people will have been trained and there will be 650 targeted condom service outlets.

To reduce medical transmission of HIV in Ethiopia, the EP will continue to focus on three main strategies; PMTCT, the prevention of medical transmission through unsafe blood supplies and the prevention of transmission through unsafe medical injections. FY 2006 central funding will support program expansion to all sites within the 89 health networks. Additional funds will be used to expand blood safety and injection safety programs to all military sites within the network and to support broader infection prevention programming within the network. By September 2007, 200 people will be trained in blood safety in 32 health facilities and 3,115 will be trained in injection safety in 356 health facilities.

The USG PMTCT program has been operational since 2004 and with FY 2006 funding will be expanded to all 89 hospitals and 267 health facilities in the health network. Two major foci will be to increase participation in PMTCT services through community mobilization and outreach and to improve referrals from PMTCT to treatment and to care and support. By September 2007, it is expected that 189,800 pregnant women will have received PMTCT services and that 4,748 women will be receiving ART through PMTCT services.

In the May 2006 notification an additional $300,000 was allocated for prevention activities. The additional funds will support other prevention programs that look at the overlap between individuals at risk for alcohol abuse and HIV infection. These funds will support a targeted evaluation, anti-alcohol promotional materials and materials to incorporate alcohol counseling into established counseling services.

In August 2006, an additional $1,300,000 was allocated for prevention activities. $300,000 will address low antenatal uptake in Ethiopia and $1,000,000 will go towards the procurement of condoms for high risk groups.

Principal Partners: Health Communications Programs/The Johns Hopkins University, International Orthodox Christian Charities, Save the Children USA, The Johns Hopkins University/Center for Communications Programs, National Defense Force of Ethiopia, Pact, ABT Associates, Samaritan's Purse, Catholic Relief Services, and Food for the Hungry International.

Care: $31,963,809 as of August 2006 ($30,270,300 Field and $1,693,509 Central) (29.3% of prevention, care, and treatment budget)

Care activities of the EP in Ethiopia include counseling and testing (CT), basic palliative care, support for integration of TB and HIV programs, and support for orphans and vulnerable children (OVC).

As a key entry point to care and treatment, voluntary counseling and testing (VCT) is a critical component of the USG program. The CT strategy for 2006 will build on an earlier scale up. New activities will facilitate better access to VCT in rural areas. The shift in MOH policy introduces provider initiated counseling and testing for TB, STI, in-patients and out-patients who would most benefit from VCT and lay counselors. With FY 2006 funds, the quality of VCT services will be strengthened in 596 VCT centers including 89 ART hospitals, 392 health centers and another 88 service outlets to reach 880,125 clients.

The EP in Ethiopia is implementing a standardized, simple and doable preventive care package for HIV-positive clients at USG-supported Ethiopian hospitals, health centers and communities. Elements of the package include bed nets to prevent malaria in endemic areas, cotrimoxazole prophylaxis, screening for active TB among PLWHA, prevention for positive counseling, condoms, referral of household contacts for VCT, safe water supply, nutrition counseling and multivitamin supplementation. In addition, appropriate palliative and preventive care services will be actively offered for HIV-positive clients.

Also with the 2006 funding, the EP will begin linking the community and home, health center, and hospital palliative care programs as part of a major move towards strengthening and scaling up a comprehensive continuum of care and the Anti-Retroviral Therapy (ART) health network. The EP will deploy Community Oriented Outreach Workers (COOWs) who will represent the communities from where health center clients originate and will interface with one of the five health posts linked to their health center. The COOWS will work in partnership with community and faith-based organizations, community leaders, non-governmental organizations (NGO) and community volunteers.

Using FY 2006 funds, the USG will continue its collaboration with the Ministry of Health (MOH) and the World Health Organization (WHO) to integrate Ethiopia's TB and HIV/AIDS programs in 89 hospitals, 392 health centers and in 45 service outlets in private sector programs working with the largest employers. Activities include provider-initiated clinical and diagnostic HIV counseling and testing for all persons with TB as part of standard TB care and screening of all HIV-positive persons for active TB disease as part of routine care.

The EP in Ethiopia will also continue to leverage use of P.L. 480 Title II resources to provide care and support to OVC in high-prevalence areas within the ART health networks, and to provide non-food subsistence, psychosocial, spiritual, and education/skills development support to OVC nationwide through faith based organizations (FBO) and NGO. The USG team will continue to provide advocacy and education to the nascent OVC Task Force to promote development of guidelines, norms, and standards for OVC care and support in Ethiopia. Activities launched under two centrally-funded awards in 2004 are expected to complement these efforts.

In the May 2006 notification an additional $2,930,000 was allocated for care activities. The additional funds will expand efforts to strengthen the capacity of local HIV/AIDS organizations to provide OVC activities and HIV CT, including four additional service outlet/programs to provide CT. The number of individuals who receive CT and receive their test results will increase by 43,800. Training in caring for OVC will be provided for an additional six hundred individuals, and training in CT will be provided for 32 individuals. OVC programs will serve an additional 5,000 OVC.

In August 2006, an additional $1,225,000 was allocated for care activities. These activities will increase access to voluntary counseling and testing in rural communities and support a safe water component of the preventive care package for people living with HIV/AIDS.

Principal Partners: U.S. Department of State Office of Population, Refugees and Migration (PRM), International Rescue Committee (IRC), JHPIEGO, International Training and Education Center on HIV/AIDS (ITECH), International Orthodox Christian Charities, CRS, Relief Society of Tigray (REST), Management Sciences for Health, Save the Children Federation/US, Columbia University, University of Washington, The Johns Hopkins University, WHO, WFP, Development Alternatives, Inc., CARE, and Hope for African Children Initiative. OGAC Central Funding awards to: Save the Children and Project Concern International.

Treatment: $54,382,700 as of August 2006 ($54,382,700 Field and $0 Central) (49.9% of prevention, care, and treatment budget)

The GOE has embarked on an ambitious free ART program, which has targeted some 250,000 patients to be put on treatment by 2008. The EP in Ethiopia, in collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), provides support to program activities, including systems and infrastructural capacity building, procurement and distribution of antiretroviral (ARV) drugs and other essential commodities, and organization and delivery of comprehensive clinical, pharmacy and laboratory services.

Utilizing FY 2006 funding, the USG will support hospitals and health centers to provide ART services. Based on recent policy decisions by the Ministry of Health, both PEPFAR-Ethiopia and the GFATM will be supporting all 58 ART sites. The GFATM will be responsible for the procurement of first-line adult ARV drugs and the EP for second-line adult and all pediatric drugs. By the end of FY 2006, the USG in Ethiopia will support delivery of ART to 60,000 patients that will be provided through health networks of 89 hospitals and 267 health centers. Communities will be increasingly involved in ART through public awareness activities at all

levels of the network to assure treatment uptake and adherence to treatment. Expanded private sector engagement in the ART program will be encouraged.

The Emergency Plan will continue to work with and strengthen Ethiopia's Drug Administration and Control Authority (DACA, the equivalent of the U.S. Food and Drug Administration); the MOH's Pharmaceutical Administration and Supplies Service (PASS), which handles HIV test kits and TB drugs; and the parastatal Pharmaceuticals and Medical Supplies Import and Wholesale Sales Company (PHARMID), which will manage distribution of EP supported ARV and PMTCT supplies. The USG will also work to strengthen the capacity of the National HIV/AIDS Laboratory in order to support quality assurance and complex diagnosis, including resistance to ARV drugs.

In the May notification an additional $2,600,000 was allocated for treatment activities. The additional funds will improve hospital infrastructure and operations and allow 193 hospitals to increase their capacity to provide ART.

In August 2006, an additional $5,175,000 was allocated for treatment activities to fund rapid expansion of access to ART in health centers and to improve lab services at these health centers. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Principal Partners: Management Sciences for Health, International Training and Education Center on HIV, Columbia University, Johns Hopkins University, University of California at San Diego, Addis Ababa University, Debub University, Mekele University, Alemaya University, Gondar University, and Jimma University. Defense University, NASTAD, World Health Organization, Ministry of Health, JHPIEGO, Ethiopian Health Nutrition Institute, Ethiopian Public Health Association, American Society of Clinical Pathology and the American Public Health Laboratories.

Other Costs: $14,002,000 as of August 2006

With FY 2006 funds, strategic information (SI) services will focus on support for programmatic activities in the context of the ART health network, such as strengthening the national HIV/AIDS/Sexually Transmitted Infection (STI)/TB surveillance systems and providing support to improve quality of care and patient record systems; human capacity development in SI (including strengthening of SI leadership within relevant Ministries and providing SI related training courses at the regional level); and strengthening of the national, as well as U.S. government monitoring and evaluation (M & E) systems.

Policy and system strengthening efforts will focus on supporting the implementation of GFATM activities. The EP will also work to increase the number of new partners, particularly indigenous, which can be involved in EP supported activities. In addition, the USG will work through the ART health network to support the continuum of care for HIV/AIDS infected and affected persons across both the formal health care delivery system and communities. In Ethiopia, the government is working to address the human capacity issues through a major expansion of its Health Officer program and the implementation of a Health Extension Worker program. Health

Officers are responsible for health center operations while Health Extension Workers are community-based and will provide the critical link between the community and the health sector. The USG in Ethiopia is supporting HIV/AIDS focused training for both of these cadres.

Administrative Costs will support the program and technical assistance required to implement and manage the EP's activities. U.S. Agency for International Development, U.S. Centers for Disease Control and Prevention, U.S. State Department, and Department of Defense personnel, travel, management, and logistics support in country will be included in these costs. In August 2006, there was no change in the amount of funding allocated for other costs.

Principal Partners: The Carter Center, JHIEGO, Ministry of Health, the World Health Organization, Internews, HIV/AIDS Prevention and Control Office (HAPCO), Ethiopian Public Health Association, The Johns Hopkins University, Tulane University, and ORC/MACRO.

Other Donors, GFATM Activities, Coordination Mechanisms:

The GFATM is the largest donor in Ethiopia, with funding from four grants totaling USD 645.16 million. The EP in Ethiopia is the second largest HIV/AIDS donor. Integration of GFATM and EP activities occurs at the technical, working level and through the country coordinating mechanism (CCM). This is a key working relationship particularly in FY 2006 as GFATM and the EP-Ethiopia will support the GOE's scale up plan for ART in Ethiopia. The World Bank's Multi-Country HIV/AIDS Program (MAP) provided USD57.9 million in its first phase, which has been extended until June 30, 2006. Other active international donors include WHO, UNICEF, UNAIDS, UNDP, ILO, IOM, and World Food Program. Important bilateral partners are the United Kingdom, Ireland, the Netherlands, Canada, Japan, and Sweden. There are over 200 national and international NGO and FBO active in HIV/AIDS, at the national level and in the regions. The primary body to assure donor coordination is the HIV/AIDS Prevention and Control Office (HAPCO), with offices at the federal and, regional levels. Ethiopia's Donor Assistance Group, the most senior donor-government body, established technical sub-groups, including the HIV/AIDS Donor Group, which links to the GFATM's Country Coordinating Mechanism (CCM), PEPFAR Ethiopia, and the HAPCO National Partnership Forum. During 2006, the EP will increase the integration of its HIV/AIDS activities with the Health Sector Development Program, including the Human Capacity Development Program, the Master Pharmaceutical Plan, and the Health Monitoring and Information System.

Program Contact: Charge d'Affaires Ambassador Vicki Huddleston and Interagency Emergency Plan Coordinator Jason Heffner

Time Frame: FY 2006 – FY 2007

Approved Funding by Program Area: Ethiopia
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	2,900,000	0	1,320,000	0	0			4,220,000		4,220,000	3.9%
Abstinence/Be Faithful	3,837,000	125,000	1,509,000	0	32,000			5,503,000	1,905,381	7,408,381	6.8%
Blood Safety	0	0	0	108,000	0			108,000	1,026,440	1,134,440	1.0%
Injection Safety	0	0	300,000	273,000	0			573,000	3,032,417	3,605,417	3.3%
Other Prevention	4,370,000	125,000	1,739,000	0	7,000			6,241,000		6,241,000	5.7%
Prevention Sub-total	*11,107,000*	*250,000*	*4,868,000*	*381,000*	*39,000*	*0*	*0*	*16,645,000*	*5,964,238*	*22,609,238*	*20.8%*
Care											
Palliative Care: Basic health care & support	4,617,000	0	493,000	0	0			5,110,000		5,110,000	4.7%
Palliative Care: TB/HIV	1,852,000	87,000	600,000	0	0			2,539,000		2,539,000	2.3%
Orphans and Vulnerable Children								*16,131,300*		*17,824,809*	*16.4%*
Of Which, Orphans Programs	9,330,000	0	0	0	0			9,330,000	1,693,509	11,023,509	10.1%
Of Which, Pediatric AIDS								*6,801,300*		*6,801,300*	6.2%
Counseling and Testing	3,182,000	43,000	2,865,000	275,000	125,000			6,490,000		6,490,000	6.0%
Care Sub-total (Including Pediatric AIDS)	*18,981,000*	*130,000*	*3,958,000*	*275,000*	*125,000*	*0*	*0*	*30,270,300*	*1,693,509*	*31,963,809*	*29.3%*
Treatment											
Treatment: ARV Drugs	25,498,000	0	0	0	0			25,498,000	0	25,498,000	23.4%
Treatment: ARV Services	5,225,000	188,000	21,138,000	0	0			26,551,000	0	26,551,000	24.4%
Laboratory Infrastructure	0	35,000	9,100,000	0	0			9,135,000		9,135,000	8.4%
Treatment Sub-total (Including Pediatric AIDS)	*30,723,000*	*223,000*	*30,238,000*	*0*	*0*	*0*	*0*	*61,184,000*	*0*	*61,184,000*	*56.2%*
Less Pediatric AIDS Attributed to OVC (Care)								*-6,801,300*		*-6,801,300*	-6.2%
Treatment Sub-total (Excluding Pediatric AIDS)	*30,723,000*	*223,000*	*30,238,000*	*0*	*0*	*0*	*0*	*54,382,700*	*0*	*54,382,700*	*49.9%*
								0			
Subtotal, Prevention, Care, and Treatment	*60,811,000*	*603,000*	*39,064,000*	*656,000*	*164,000*	*0*	*0*	*101,298,000*	*7,657,747*	*108,955,747*	*100.0%*
Other Costs											
Strategic Information	135,000	554,000	3,850,000	0	0			4,539,000		4,539,000	
Other/policy analysis and system strengthening	1,740,000	21,000	200,000	0	200,000			2,161,000		2,161,000	
Management and Staffing	2,059,000	4,622,000	0	166,000	455,000			7,302,000		7,302,000	
Other Costs Sub-total	*3,934,000*	*5,197,000*	*4,050,000*	*166,000*	*655,000*	*0*	*0*	*14,002,000*	*0*	*14,002,000*	
AGENCY, FUNDING SOURCE TOTALS	**64,745,000**	**5,800,000**	**43,114,000**	**822,000**	**819,000**	**0**	**0**	**115,300,000**	**7,657,747**	**122,957,747**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	64,745,000	64,745,000	6,631,307	71,376,307
HHS	43,114,000	48,914,000	1,026,440	49,940,440
DOD	822,000	822,000	0	822,000
State	819,000	819,000	0	819,000
Peace Corps	0	0	0	0
Labor	0	0	0	0
Total	**109,500,000**	**115,300,000**	**7,657,747**	**122,957,747**

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
GHAI	109,500,000	7,657,747	117,157,747
Total	**115,300,000**	**7,657,747**	**122,957,747**

GUYANA

Project Title: Guyana FY 2006 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	-	359,000	359,000	-	-	**359,000**	-	**359,000**
DOL	-	150,000	150,000	-	-	**150,000**	-	**150,000**
HHS	1,000,000	7,174,000	8,174,000	(175,000)	-	**7,999,000**	**1,182,800**	**9,181,800**
Peace Corps	-	267,000	267,000	-	-	**267,000**	-	**267,000**
State	-	50,000	50,000	-	-	**50,000**	-	**50,000**
USAID	-	10,000,000	10,000,000	175,000	-	**10,175,000**	**1,544,316**	**11,719,316**
TOTAL Approved	**1,000,000**	**18,000,000**	**19,000,000**	**-**	**-**	**19,000,000**	**2,727,116**	**21,727,116**

HIV/AIDS Epidemic in Guyana:

Adult HIV Prevalence Rate: 2.4% [1.0-4.9%] (UNAIDS 2006)
Estimated Number of HIV-infected People: 12,000 [4,700-23,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: 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***	**1,695**	**1,200**
End of FY 2007***	**2,000**	**1,500**

*"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
***Projections from FY 2006 Country Operational Plan

Program Description:

Available evidence suggests that HIV/AIDS is a growing problem in Guyana, although the true extent of the problem is unknown because national sero-prevalence data and AIDS case reporting data is incomplete. By the end of 2001, the Ministry of Health (MOH) had recorded 2,185 cases (cumulative from 1987). The epidemic has become generalized, but the bulk of infections continue to be concentrated among high-risk groups. Females are increasingly affected by the disease, especially in the younger age groups. By 2001, the MOH reported that females made up 38 percent of all reported AIDS cases and, in the 15-24 age group, significantly more females than males have AIDS.

Prevention: $6,583,756 as of August 2006 ($4,013,000 Field and $2,570,756 Central) (37% of prevention, care, and treatment budget)

The Government of Guyana (GOG) has articulated a plan to offer prevention of mother to child transmission (PMTCT) services in 65 of a possible 118 national antenatal care (ANC) sites by December 2005 (USG contributing to 42 of these sites) and universal access for PMTCT by 2007. Currently, the PMTCT Labor & Delivery services are provided by five USG supported PMTCT sites and annually serve 80% of all deliveries. To contribute to these goals, the USG, in collaboration with the MOH, regional and district health authorities, health facility staff, people living with HIV/AIDS (PLWHA) and other community stakeholders, will utilize FY 2006 funding to facilitate expansion of PMTCT and follow-up services, and referral to antiretroviral therapy (ART) services offering a minimum package of services.

USG's abstinence and be faithful (AB) activities directly support Guyana's National Strategic Plan for HIV/AIDS. The results of the Emergency Plan (EP)-funded AIDS Indicator Survey (AIS) show that 74% of females and 64% of males between the ages of 15 and 19 never had a sexual encounter, but 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, the President's Emergency Plan (EP) in Guyana will use FY 2006 funds to support the MOH, faith-based and non governmental organizations (FBO, NGO) and a newly developing modeling and reinforcement program to encourage primary and secondary abstinence as well as the delay of sexual debut in schools, youth clubs, religious groups, and other organizations. FY 2006 funding will also support other prevention (OP) methods for high risk populations. While it is critical to educate women and young girls about safer sex practices, reproductive health, gender roles and the benefits of abstaining until marriage, it is equally critical to educate adult men and young boys so that the behaviors which fuel HIV transmission and other social and health challenges may be disrupted. "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.

Other prevention is critical in Guyana given that the bulk of existing and new infections continue to be concentrated among high-risk groups. A Behavioral Surveillance Survey and targeted prevalence surveys completed by USG/Guyana in 2005 identified key Most-At-Risk Populations (MARPS): sex workers, men who have sex with men (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 MARPS will follow the "ABC" model, with the emphasis on "BC" for these groups. High-risk populations will also be reached with combined targeted outreach and referrals to "friendly" clinical care and treatment services. An important component of Guyana's EP prevention program is 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.

An important aspect of the President's Emergency Plan for AIDS Relief 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. A joint assessment by the CDC and MOH/National Blood Transfusion Service (NBTS) in December of 2003 showed that 14 percent of the population had no regional blood transfusion facility and there is a documented need in Georgetown. The USG will use FY 2006 funds to support development and management of an improved system.

Based on data from the AIS, health care workers have frequent potential exposures. The annual number of documented needle-stick injuries per injection provider is 38, and only 25 percent of facilities keep records of such injuries. Only 43% of injection providers have access to Post Exposure Prophylaxis drugs onsite. Finally, risks to waste handlers underscore the need for waste disposal site development with sustainable, appropriate technology. FY 2006 funding will support the Guyana Safe Injection Program (GSIP) project in order to help prevent the transmission of HIV and other blood borne diseases through accidental sharps injuries. The target populations are health care staff that prescribe, provide or dispose of injection equipment and clients from the general population. The three main components to be funded this year address commodity management, waste disposal and behavior change and advocacy. These strategies were informed by the results of a quantitative and qualitative national assessment.

In the May 2006 notification an additional $500,000 was allocated for prevention activities. The additional funds will support PMTCT in three ways: 1) increased support to the five major labor and delivery wards to increase their capacity to effectively serve their high patient load and also to explore extending at least one additional labor and delivery ward in coordination with MOH planning; 2) extension of care and treatment services to several PMTCT sites and program development to support the MOH with screening of newborns for HIV at well baby clinics and health centers; and 3) a comprehensive assessment of the PMTCT program in May-June 2006.

In August 2006, an additional $104,003 was allocated for prevention. Of the amount, $59,000 will be used to increase PMTCT services by USAID through GHARP, the World Bank, and UNICEF and to support field staff, supplies (including breast milk substitute) and program monitoring.

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: $4,185,000 as of August 2006 ($4,185,000 Field and $0 Central) (23.5% of prevention, care, and treatment budget)

It is estimated that there are over 3,500 persons living with HIV who are antiretroviral (ARV)-eligible. Last year, the Guyana HIV/AIDS Reduction and Prevention Program (GHARP) program referred 78 persons to treatment, and 400 more will need to be identified in FY 2006. Hence, the Plan's funding in FY 2006 will focus largely on activities increasing the use and access to services including: expanding geographical coverage of counseling and testing, increasing coverage within high risk populations, increasing clients seen in some of the existing underutilized counseling and testing services, and promoting male access with focus on the workplace.

Palliative care responds to the treatment and support chapter of Guyana's National Strategic Plan for HIV/AIDS 2002-2006. The goals under the USG contribution to the National Strategy are to provide the four categories of essential palliative care services that should be available to all people infected or affected by HIV/AIDS. In FY 2006, funds will support training providers as well as actual service delivery through NGO and MOH partners. Currently, there are eight EP-supported home-based care programs in place, with 127 trained providers caring for over 500 patients.

In addition to basic health palliative/care, the Plan's FY 2006 funds will support care targeted towards tuberculosis (TB)/HIV patients. Guyana has been reported to have the fourth highest incidence of TB in the Americas, with 130 cases/100,000 or 900 new cases of TB per year (some of the increase in TB has been attributed to improved case identification and reporting). It is estimated that roughly 25-30% of all newly diagnosed cases are co-infected with HIV. HHS and its implementing organizations will support The Guyana National TB Control Program in FY 2006, which provides care and treatment for all TB cases in the country through six chest clinics operated in the more populous regions of the country. The Georgetown chest clinic serves as the central referral center and operates extension programs in two prisons.

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, psycho-social support, legal support, conflict resolution, and education. UNICEF will be a strong partner in improving the policy and legislation, establishing mechanisms for monitoring and information exchange, and ensuring access to essential services. With FY 2006 funds, The Ministries of Labor, Human Services and Social Security and Education will be strengthened to coordinate and support preventative and care services to OVC, both in-school and out-of-school, and to enhance referral networks. A wide range of NGO and FBO partners will also be supported to continue their organizational capacity to deliver services, network with partners, ensure continuity of care, and responsibly report the support given to each OVC.

In the May 2006 notification, an additional $400,000 was allocated for care activities. The additional funds will be utilized to increase indigenous capacity to deliver counseling and testing. Furthermore, $150,000 of these funds will be used to establish a hospice/step-down care facility for patients with HIV/AIDS, in order to relieve the pressure on hospital wards and to ensure that patients get the transition care they need. In August 2006, $85,000 was reprogrammed from care activities to Management and Staffing to help cover the cost of a fellow position.

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.

Treatment: $7,020,360 as of August 2006 ($6,864,000 Field and $156,360 Central) (39.5% of prevention, care, and treatment budget)

The provision of quality HIV clinical care and access to free ART is at the core of the EP program. The Government of Guyana's MOH initiated care and treatment in 2002 at a single site in Georgetown. By the end of September 2005, free care and ART will be available at six sites: five public and one private nonprofit. In addition, six additional MOH PMTCT sites have been selected to provide a family care approach to the provision of HIV counseling, testing and care, with one site providing ART. At the initiation of the EP program in October of 2004, there were approximately 230 patients on ART. As of August 2005 the number had increased to almost 800 and by September 2006 1,200 people are expected to be on treatment. To reach this goal, 12% of the total country budget in FY 2006 will be allocated for drug procurement. A satellite warehouse will be piloted to model best practices that can be transferred to the Government of Guyana. From its inception, the satellite will work hand in hand with the GOG and the Ministry of Health to transfer skills, develop distribution and information systems, revise standard operating procedures, and train staff. To support next years' procurement, processes have been identified to obtain and track clinical information. Information obtained will provide greater accuracy in quantification of the needs for the next procurement. These records will support the morbidity method to calculate items needed as well as support the clinical activities.

Prior to USG involvement, Guyana had limited capacity to conduct HIV surveillance, diagnose HIV infection, monitor patients on ART, and diagnose opportunistic infections and sexually transmitted infections. Since then a national algorithm for diagnosing HIV using rapid HIV tests has been implemented, CD4 testing essential for staging disease has become available, and a national HIV reference laboratory has been designed. FY 2006 funds will build on laboratory activities carried out last year and will rely on technical assistance from MOH, François Xavier Bagnoud Center, CDC experts, and the American Society for Clinical Pathology (ASCP). With regard to the Reference Laboratory, the design process was completed in November 2005 and renovations at the Georgetown Public Hospital Corporation (GPHC) site are targeted to begin January 2006.

In the May 2006 notification, an additional $850,000 was being allocated for treatment activities. The additional funds will be used to procure drugs and strengthen the supply chain management system (SCMS) through technical assistance. This will address strengthening the standard

operating procedures of SCMS and their information support systems. In addition, funds will be used to equip a 30-bed hospital ward for the Georgetown Public Hospital for the care of patients with opportunistic infections related to HIV. In August 2006, $20,000 was reprogrammed from treatment activities to PMTCT activities. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

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

Other Costs: $3,938,000 as of August 2006

The USG will continue to work in close partnership with the Government of Guyana to ensure that the coordination of strategic information (SI) in Guyana's HIV/AIDS sector is carefully and transparently monitored and assessed on a routine basis, and in full collaboration with all stakeholders. Utilizing FY 2006 funds, the USG team will build and expand upon existing SI activities, with an emphasis on creating sustainable capacity for SI. 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), and should be completed in early 2006. Also at the national level, USG will support two additional surveillance activities, including the first national prevalence study. In order to better guide SI activities, a revised SI addendum was submitted with the Country Operational Plan (COP) that frames the work planned in country.

The FY 2006 funded initiatives in policy and system strengthening will build on programs currently being implemented and will increase the support given in these cross-cutting issues, which will be the foundation upon which a sustainable response to HIV/AIDS will rely. In FY 2006 there is an ever-increasing priority to focus 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.

These efforts influence policy and set the stage for a strong natural response need to focus on reducing stigma and discrimination. Currently, as reported in the AIS, only 20% of men and women expressed acceptance of HIV positive individuals in measures of stigma. Hence, a strong stigma and discrimination campaign as well as a sound policy environment are needed. Wherever possible, the program will build on USAID's additional mandate in Guyana to increase democracy and governance, and to gain support from our UN Family partners, which are both invested in sound legislation and the mitigation of the HIV/AIDS epidemic.

Several key policies exist that are of a broader influence, but directly affect the performance of the EP in Guyana. The USG EP Team in Guyana believes that several larger policy issues involving health legislation, human resources, and IMF/WB/IDB health sector reform initiatives must be addressed if EP efforts are to produce sustainable programs. Several underlying policy issues include age of consent, regulation and governance of the blood safety program, regulation and governance of the National Public Health Reference Laboratory, and legislation that will

address funding needed to ensure future sustainability of the increased HIV/AIDS services being established.

In the May 2006 notification, an additional $150,000 was allocated for further strengthening of the National AIDS Program (NAPS). NAPS was re-established in August of 2005, and the new staff is still gaining experience. Therefore, support will focus on developing infrastructure, increasing the capacity of its technical officer, mentoring the program over time, and offering ongoing training opportunities. In August 2006, an additional $1,000 was allocated for other costs.

Other Donors, Global Fund Activities, Coordinating Mechanisms:

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 (GFATM), providing 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, is focusing its support on institutional capacity strengthening, monitoring, evaluation and research. The Canadian International Development Agency is also a significant donor, funding $5 million over 2003 to 2007 for HIV/AIDS activities in Guyana. Various bodies of the United Nations, including UNAIDS, UNDP, UNICEF, UNFPA and WHO/PAHO are also providing significant assistance.

In addition, *The Presidential AIDS Commission* was initiated at the behest of President Bharrat Jagdeo in June 2004. It is chaired by the President 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 2002 – 2006. The Commission has been dormant since the floods experienced early in the calendar year 2005, but following a recent UNAIDS mission to Guyana, support has been offered to assist in facilitation.

Program Contact: Ambassador Roland W. Bullen and Julia Rehwinkel, USAID Guyana

Time Frame: FY 2006 – FY 2007

Approved Funding by Program Area: Guyana
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	700,000	0	329,000	0	0	0	0	1,029,000		1,029,000	5.8%
Abstinence/Be Faithful	975,000	0	470,000	35,000	0	75,000	0	1,555,000	335,754	1,890,754	10.6%
Blood Safety	0	0	0	0	0	0	0	0	1,026,440	1,026,440	5.8%
Injection Safety	0	0	0	6,000	0	0	0	6,000	1,208,562	1,214,562	6.8%
Other Prevention	1,225,000	0	180,000	18,000	0	0	0	1,423,000		1,423,000	8.0%
Prevention Sub-total	*2,900,000*	*0*	*979,000*	*59,000*	*0*	*75,000*	*0*	*4,013,000*	*2,570,756*	*6,583,756*	*37.0%*
Care											
Palliative Care: Basic health care & support	600,000	0	150,000	35,000	0	48,000	0	833,000		833,000	4.7%
Palliative Care: TB/HIV	0	0	633,000	12,000	0	0	0	645,000		645,000	3.6%
Orphans and Vulnerable Children								*1,257,000*		*1,257,000*	*7.1%*
Of Which, Orphans Programs	735,000	0	0	0	0	40,000	0	775,000	0	775,000	4.4%
Of Which, Pediatric AIDS								*482,000*		*482,000*	2.7%
Counseling and Testing	1,190,000	0	200,000	60,000	0	0	0	1,450,000		1,450,000	8.2%
Care Sub-total (Including Pediatric AIDS)	*2,525,000*	*0*	*983,000*	*107,000*	*0*	*88,000*	*0*	*4,185,000*	*0*	*4,185,000*	*23.5%*
Treatment											
Treatment: ARV Drugs	2,775,000	0	0	0	0	0	0	2,775,000	27,832	2,802,832	15.8%
Treatment: ARV Services	0	0	3,235,000	0	0	0	0	3,235,000	128,528	3,363,528	18.9%
Laboratory Infrastructure	175,000	0	1,101,000	60,000	0	0	0	1,336,000		1,336,000	7.5%
Treatment Sub-total (Including Pediatric AIDS)	*2,950,000*	*0*	*4,336,000*	*60,000*	*0*	*0*	*0*	*7,346,000*	*156,360*	*7,502,360*	*42.2%*
Less Pediatric AIDS Attributed to OVC (Care)								*-482,000*		*-482,000*	-2.7%
Treatment Sub-total (Excluding Pediatric AIDS)	*2,950,000*	*0*	*4,336,000*	*60,000*	*0*	*0*	*0*	*6,864,000*	*156,360*	*7,020,360*	*39.5%*
Subtotal, Prevention, Care, and Treatment	*8,375,000*	*0*	*6,298,000*	*226,000*	*0*	*163,000*	*0*	*15,062,000*	*2,727,116*	*17,789,116*	*100.0%*
Other Costs											
Strategic Information	300,000	0	701,000	25,000	0	12,000	0	1,038,000		1,038,000	
Other/policy analysis and system strengthening	1,000,000	0	0	25,000	0	0	150,000	1,175,000		1,175,000	
Management and Staffing	500,000	1,000,000	0	83,000	50,000	92,000	0	1,725,000		1,725,000	
Other Costs Sub-total	*1,800,000*	*1,000,000*	*701,000*	*133,000*	*50,000*	*104,000*	*150,000*	*3,938,000*	*0*	*3,938,000*	
AGENCY, FUNDING SOURCE TOTALS	**10,175,000**	**1,000,000**	**6,999,000**	**359,000**	**50,000**	**267,000**	**150,000**	**19,000,000**	**2,727,116**	**21,727,116**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	10,175,000	10,175,000	1,544,316	11,719,316
HHS	6,999,000	7,999,000	1,182,800	9,181,800
DOD	359,000	359,000	0	359,000
State	50,000	50,000	0	50,000
Peace Corps	267,000	267,000	0	267,000
Labor	150,000	150,000	0	150,000
Total	**18,000,000**	**19,000,000**	**2,727,116**	**21,727,116**

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
GHAI	18,000,000	2,727,116	20,727,116
Total	**19,000,000**	**2,727,116**	**21,727,116**

HAITI

Project Title: Haiti FY 2006 Country Operational Plan (COP)

Budget Summary:*

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	-	-	-	-	-	-	-	-
DOL	-	500,000	500,000	-	-	**500,000**	-	**500,000**
HHS	1,000,000	25,710,841	26,710,841	-	-	**26,710,841**	**4,094,119**	**30,804,960**
Peace Corps	-	-	-	-	-	-	-	-
State	-	-	-	-	-	-	-	-
USAID	-	21,089,159	21,089,159	-	-	**21,089,159**	**3,212,548**	**24,301,707**
TOTAL Approved	**1,000,000**	**47,300,000**	**48,300,000**	**-**	**-**	**48,300,000**	**7,306,667**	**55,606,667**

*No new funds were approved for Haiti following February 2006.

HIV/AIDS Epidemic in Haiti:

Adult HIV Prevalence Rate: 3.8% [2.2-5.4%] (UNAIDS 2006)
Estimated Number of HIV-infected People: 190,000 [120,000-270,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: N/A (UNAIDS 2006)

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***	**85,000**	**10,000**
End of FY 2007***	**132,000**	**16,000**

*"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
***Projections from FY 2006 Country Operational Plan

Program Description:

Haiti is the poorest nation in the Western Hemisphere and has the lowest gross domestic product per capita in the Caribbean with 1,860 USD per person. Seventy-five percent of its 8,530,000 people are living at or below the absolute poverty level according to the UNDP. Haiti has the highest HIV prevalence of any nation in the Latin America/Caribbean region. The 2003 antenatal care (ANC) survey showed a seroprevalence among pregnant women of 3.1%. HIV infection among tuberculosis (TB) patients is estimated to be at 40% while the TB incidence in Haiti is at 138/100,000. It is estimated that 30,000 Haitians are eligible for antiretroviral therapy (ART); approximately 4,300 persons are now receiving it through USG and the President's Emergency Plan's (EP) support. Currently, many barriers remain including limited public health services and weak clinical capacity for ARV therapy delivery. Most Haitians are unaware of their HIV serostatus and lack access to testing and other HIV/AIDS prevention, care, treatment and support services. Poverty and unemployment drive the sex industry as well as transactional sex. Several factors including poor socio-economic conditions, cultural and religious practices that encourage promiscuity, and lack of health infrastructure contribute to high levels of transmission. Knowledge about HIV/AIDS is fairly high, with 98% of men and 97% of women having heard about HIV/AIDS. Half of women and 71% of men living in urban areas believe that condom use is a very good way to prevent HIV, however, nationally, 38% of women and 19% of men think that nothing can be done to avoid infection. This lack of information is particularly pervasive in rural areas and among illiterate people (DHS 2000).

Recent political insecurity, although impeding full implementation of USG plans and imparting various delays, has not completely blocked roll out of services and scale up of activities. Contingency planning to continue the essential activities during times of political insecurity is being emphasized in FY 2006. Emergency Plan FY 2006 funds will be used to continue scale-up of treatment and care activities, building on capacity strengthening and training activities for the public health network, including public/private partnerships. Activities to reach groups particularly at risk including mobile men, men who have sex with men (MSM), commercial sex workers (CSW), non-formal sector workers, and men in uniform will be scaled up to address the higher HIV prevalence in these populations. A strong emphasis on AB/Youth will continue for youth in and out of school, continuing the policy of starting with pre-teens, and emphasizing secondary abstinence for teens and those in their early twenties.

Prevention: $11,311,457 as of August 2006 ($5,525,000 Field and $5,786,457 Central) (23.1% of prevention, care, and treatment budget)

HIV in Haiti is transmitted primarily through heterosexual contact, during birth, and through high risk populations including commercial sex workers, police, peacekeeping forces, and the MSM community which is mostly underground. Prevention activities in Haiti include: PMTCT, abstinence and be faithful (AB) programs, blood and injection safety, and other prevention (OP) activities. At the end of FY 2005, there were 56 PMTCT centers in Haiti. Of the 28,632 women who were tested from October 2004 to June 2005, 1,013 (3.5%) HIV positive women were identified. The FY 2006 funding support will focus on the 26 top performing sites (12 public and 14 private), which will network to the other 30 sites previously supported by PEPFAR.

The abstinence and be faithful program builds upon two years of achievements by the USG team that built capacity for effective long-term adolescent and youth HIV prevention programs by strengthening leadership, technical capacity, and the management capabilities of the Ministry of Health's Prevention Technical Cluster and revitalizing the Behavior Change Communication (BCC) cluster. With FY 2006 funding, the USG will support AB programs that promote social norms supportive of healthy/safer sexual behaviors. This includes mobilizing community support to promote abstinence, mutual monogamy and partner reduction, and to address the sexual coercion and exploitation of young people.

Blood safety activities began with central funding and will continue through cooperative agreements with the Blood Safety Unit of the Ministry of Health and WHO/PAHO for provision of technical assistance. National guidelines have been developed, health care personnel trained, and new blood transfusion services opened with FY 2005 funding. Using FY 2006 funding, the blood safety program will continue to improve the monitoring of the national blood supply through the development of an electronic record system, continue to improve the laboratory screening of the blood supply, and continue to increase blood transfusion availability by promoting voluntary donations. Injection Safety activities are also under way through a centrally funded cooperative agreement. Waste management strategies and a post-exposure prophylaxis plan will also be developed and implemented. Continued effort will be placed on supplying disposable syringes to prevent re-use, and providing educational support and materials for safe waste and needle disposal at healthcare delivery sites.

FY 2006 funds will also be used for other prevention activities focusing on MARPS (most-at-risk-populations) including support of CSW clinics and an anonymous care center for MSMs. Activities will also target other high risk groups such as police and peacekeeping forces. Condom promotion and distribution will continue as a highly effective strategy to complement the other prevention interventions. In August 2006, there was no change in the amount of funding allocated for prevention.

Principal Partners: JHPIEGO, Management Sciences for Health (MSH), Institute Haitien de Santé Communautaire (INSHAC), Population Services International (PSI), Ministry of Health (MSPP), American Red Cross, World Vision International, Food for the Hungry, World Relief Corps, John snow International (JSI) and PACT.

Care: $11,434,488 as of August ($10,216,957 Field and $1,217,531 Central) (23.4% of prevention, care, and treatment budget)

Care activities in Haiti include palliative basic health care and support, TB/HIV, counseling and testing (CT), and support for orphans and vulnerable children (OVC). It is estimated that some 250,000 to 350,000 Haitians need palliative care. However, hospice and end-of-life care is currently rare. With FY 2006 monies, the USG plans to fund people living with HIV/AIDS (PLWHA) support groups, provide transport services and support a cadre of community health workers who will undertake a variety of activities including: accompanying people to appointments, promoting medication regimen adherence, and providing home-based psychosocial and other support. In addition, pain management at facilities and at their homes will be provided. Health care providers will receive technical training on clinical care of

PLWHA as well as sensitivity training to reduce the stigma and discrimination that PLWHA endure in the health care system. In Haiti, 40% of TB patients are also infected with HIV. With FY 2006 resources, the USG plans to build upon an existing network of sites to strengthen TB/HIV integrated services to over 100 sites. The MSPP has hired a TB/HIV coordinator to reinforce coordination between HIV and TB activities. The national plan has a goal of providing routine counseling and testing at TB clinics as well as engaging in active TB case finding. USG will continue support of this national plan and by providing laboratory diagnostic kits (PPD) and clinical care for 20,000 HIV/TB patients.

Utilizing FY 2006 funding, the USG team will support innovative strategies to better target CT for MARP expanding on what was started in FY 2005 with CSW, police and truck drivers. The focus in FY 2006 will be on routine and provider driven counseling and testing in Antenatal Care (ANC), Labor and Delivery, and Infections Disease wards, including for those being treated for TB and sexually transmitted infections (STI). Emphasis will continue to be placed on developing linkages between Voluntary HIV/AIDS Counseling and Testing (VCT) sites and care and treatment services.

The USG team will continue supporting orphans and vulnerable Children (OVC), both in institutions/orphanages (where necessary) and communities/families. With FY 2006 funding, the goal will be to support interventions in all 10 departments, and to ensure that all interventions are well coordinated. OVC and potential foster parents will be identified through churches, local community organizations, and PLWA associations. Vulnerable children, those with at least one HIV infected parent or who are positive themselves, will be identified through linkages to VCT, PMTCT and ART sites, which will be refer them to ART car. Provision for education support for OVC will also continue. Based on a situational analysis of orphans and vulnerable children in Haiti, and taking into consideration the emphasis of the program priority focused on ART targets, the OVC component will be maintained at an essential level while a national strategy is developed in FY 2006. This strategy for the OVC component will have long-term benefits as the overall OVC component plan will ultimately be better defined. In August 2006, there was no change in the amount of funding allocated for care.

Principal Partners: Catholic Relief Services (CRS), Les Promoteurs de l'Objectif Zerosida (POZ), Partners in Health (PIH), MSPP, MSH, CARE, International Child Care (ICC), Academy for Education (AED), Population Services International (PSI), The Foundation for Reproductive Health and Family Education (FOSREF), Family Health International (FHI), and INSHAC.

Treatment: $26,209,002 as of August 2006 ($25,906,323 Field and $302,679 Central) (53.5% of prevention, care, and treatment budget)

Treatment activities in Haiti include the procurement and distribution of ART drugs and the improvement of laboratory infrastructure to support care and treatment. Since 2003, two NGO, Le Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes (GHESKIO) and PIH have been successfully implementing Highly Active Antiretroviral Therapy (HAART) in the country. With FY 2006 funds, the USG team in Haiti will extend HAART throughout the country through maintenance and reinforcement of the network of 29 ARV sites. International pediatric treatment guidelines for HIV pediatric treatment have been adopted in three pediatric

hospitals. Human resource support, equipment, and materials have been and will continue to be provided to these sites. In an effort to improve and encourage effectiveness and high performance of ART sites, performance-based contracts have been established. Quality support, supervision, and clinical training for ART sites continue to be major components of the treatment activities. Currently, Haiti has a new national reference laboratory under construction, and a new national quality assurance and control (QA/QC) program is under development with expansion of external QA/QC to points of service. A greater emphasis on drug resistance testing is planned for FY 2006 funds; therefore, the USG will also continue providing support to improve the quality of laboratory services throughout the country. Current conditions of many public laboratories in Haiti are sub-optimal, reflecting the quality of lab services in Haiti. The USG team will continue to improve the quality of laboratory services in Haiti by improving the physical layout of laboratories that provided ARV services, providing a basic package of laboratory equipment needed for ARV services, and by improving knowledge of laboratory personnel by providing several training courses, among many other essential activities. In August 2006, there was no change in the amount of funding allocated for treatment. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Principal Partners: CRS, GHESKIO, MSH, PIH, ITECH, MSPP, The Association of Public Health Laboratories (APHL), MSPP, Management and Resources for Health (MARCH), and the University of Maryland.

Other Costs: $ 6,651,720 as of August 2006

The cross-cutting activities in the current country operational plan include strategic information, policy analysis and systems strengthening, and management and staffing. Lack of trained personnel is a major barrier at all levels in the implementation of a national, comprehensive monitoring and evaluation system. With FY 2006 funds, the Plan will focus on reinforcement of the human resource capacity primarily in the field; strengthening of data collection and reporting; reinforcing data quality; strengthening the integration of the HIV/AIDS information system into the overall health information system; continuing field support for information technology infrastructure; and developing and implementing an electronic data management and reporting system for patients in clinical care. Policy activities will build on previous key institutional accomplishments within the MSPP, and will continue to expand the policy agenda toward the creation of a more widespread, national institutional capacity strategy. Specifically, this will be achieved by: (1) strengthening the existing steering mechanism established by the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM) (referred to as the 'CCM'), to become the National Committee on HIV/AIDS, thereby accomplishing an objective of the "Three Ones", by creating a unique coordinating body for HIV/AIDS activities; (2) developing, under the guidance of this committee, a new national strategic plan that will better capture the potential contributions of all sectors; and, (3) reinforcing the financial and grant management mechanisms established in FY 2005 on as wide a national scale as possible. In August 2006, there was no change in the amount of funding allocated for other costs.

Principal Partners for crosscutting activities include: Institut Haitian de l'Enfance (IHE), MEASURE, ITECH, Tulane University, National Alliance of State and Territorial AIDS Directors (NASTAD), MSPP, Policy Project, MSH, and the Futures Group International.

Other Donors, Global Fund Activities, Coordination Mechanisms:

Haiti has a number of other development partners that are working in the country on HIV/AIDS issues. While the USG is the largest donor program in Haiti, GFATM has approved a total of $66,905,477 for HIV/AIDS, $14,665,170 for TB, and $14,865,557 for Malaria for five years. In addition to the GFATM, other partners include: PAHO/WHO, UNICEF, UNFPA, UNDP, UNAIDS, CIDA, IDB, the Gates Foundation, the Clinton Foundation, and the Turner Foundation.

The CCM is chaired by the MSSP and is managed by a MSPP Coordinator for the GFATM and other internationally-supported HIV/AIDS programs. This person also currently serves as the Executive Secretary of the CCM. The CCM has representation from other ministries, USAID and CDC representing bilateral donors, the private sector, and multilateral organizations, but no formal executive committee. There is now an intermediary "facilitator" between the UCC (coordination and monitoring unit for HIV/AIDS) and the Minister and her cabinet, which will be supported by a Coordination Office with cross-cutting coordination and administrative responsibilities, including a strong Monitoring and Evaluation (M&E) Unit. The USG hopes to promote grants from the MSPP to other ministries on the CCM to engage them more fully in HIV/AIDS activities in their respective sectors. The MSPP will become the PI for the GFATM in 2006 under current plans.

Program Contact: Deputy Chief of Mission, Doug Griffiths and USAID, Population, Health and Nutrition Chief, Chris Barratt

Time Frame: FY 2006 – FY 2007

Approved Funding by Program Area: Haiti
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	800,000	0	200,000				0	1,000,000		1,000,000	2.0%
Abstinence/Be Faithful	1,900,000	0	0				0	1,900,000	1,995,017	3,895,017	8.0%
Blood Safety								0	1,676,440	1,676,440	3.4%
Injection Safety	0	0	0				0	0	2,115,000	2,115,000	4.3%
Other Prevention	1,607,000	0	668,000				350,000	2,625,000		2,625,000	5.4%
Prevention Sub-total	*4,307,000*	*0*	*868,000*	*0*	*0*	*0*	*350,000*	*5,525,000*	*5,786,457*	*11,311,457*	*23.1%*
Care											
Palliative Care: Basic health care & support	3,046,957	0	2,430,000				0	5,476,957		5,476,957	11.2%
Palliative Care: TB/HIV	225,000	0	375,000				0	600,000		600,000	1.2%
Orphans and Vulnerable Children								*2,940,000*		*4,157,531*	*8.5%*
Of Which, Orphans Programs	2,010,000	0	0				0	2,010,000	1,217,531	3,227,531	6.6%
Of Which, Pediatric AIDS								*930,000*		*930,000*	1.9%
Counseling and Testing	600,000	0	450,000				150,000	1,200,000		1,200,000	2.5%
Care Sub-total (Including Pediatric AIDS)	*5,881,957*	*0*	*3,255,000*	*0*	*0*	*0*	*150,000*	*10,216,957*	*1,217,531*	*11,434,488*	*23.4%*
Treatment											
Treatment: ARV Drugs	8,084,293	0	0				0	8,084,293	112,294	8,196,587	16.7%
Treatment: ARV Services	700,000	0	11,775,000				0	12,475,000	190,385	12,665,385	25.9%
Laboratory Infrastructure	0	0	6,277,030				0	6,277,030		6,277,030	12.8%
Treatment Sub-total (Including Pediatric AIDS)	*8,784,293*	*0*	*18,052,030*	*0*	*0*	*0*	*0*	*26,836,323*	*302,679*	*27,139,002*	*55.4%*
Less Pediatric AIDS Attributed to OVC (Care)								*-930,000*		*-930,000*	-1.9%
Treatment Sub-total (Excluding Pediatric AIDS)	*8,784,293*	*0*	*18,052,030*	*0*	*0*	*0*	*0*	*25,906,323*	*302,679*	*26,209,002*	*53.5%*
Subtotal, Prevention, Care, and Treatment	*18,973,250*	*0*	*22,175,030*	*0*	*0*	*0*	*500,000*	*41,648,280*	*7,306,667*	*48,954,947*	*100.0%*
Other Costs											
Strategic Information	325,000	0	1,855,000				0	2,180,000		2,180,000	
Other/policy analysis and system strengthening	192,377	0	390,000				0	582,377		582,377	
Management and Staffing	1,598,532	1,000,000	1,290,811				0	3,889,343		3,889,343	
Other Costs Sub-total	*2,115,909*	*1,000,000*	*3,535,811*	*0*	*0*	*0*	*0*	*6,651,720*	*0*	*6,651,720*	
AGENCY, FUNDING SOURCE TOTALS	**21,089,159**	**1,000,000**	**25,710,841**	**0**	**0**	**0**	**500,000**	**48,300,000**	**7,306,667**	**55,606,667**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	21,089,159	21,089,159	3,212,548	24,301,707
HHS	25,710,841	26,710,841	4,094,119	30,804,960
DOD	0	0	0	0
State	0	0	0	0
Peace Corps	0	0	0	0
Labor	500,000	500,000	0	500,000
Total	**47,300,000**	**48,300,000**	**7,306,667**	**55,606,667**

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
GHAI	47,300,000	7,306,667	54,606,667
Total	**48,300,000**	**7,306,667**	**55,606,667**

KENYA

Project Title: Kenya FY 2006 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	-	8,395,000	8,395,000	-	-	**8,395,000**	**-**	**8,395,000**
DOL	-	-	-	-	-	**-**	**-**	**-**
HHS	8,121,000	49,200,482	57,321,482	417,500	-	**57,738,982**	**15,197,120**	**72,936,102**
Peace Corps	-	677,582	677,582	-	-	**677,582**	**-**	**677,582**
State	-	967,550	967,550	-	-	**967,550**	**-**	**967,550**
USAID	-	116,021,886	116,021,886	270,000	-	**116,291,886**	**9,001,759**	**125,293,645**
TOTAL Approved	**8,121,000**	**175,262,500**	**183,383,500**	**687,500**	**-**	**184,071,000**	**24,198,879**	**208,269,879**

HIV/AIDS Epidemic in Kenya:

Adult HIV Prevalence Rate: 6.1% [5.2-7.0%] (UNAIDS 2006)
Estimated Number of HIV-infected People: 1,300,000 [1,100,000-1,500,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: 1,100,000 [890,000-1,300,000] (UNAIDS 2006)

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

Kenya	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End FY 2004*	**172,200**	**17,100**
End FY 2005**	**397,000**	**44,700**
End FY 2006***	**348,340**	**69,500**
End FY 2007***	**571,000**	**112,000**

*"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
***Projections from FY 2006 Country Operational Plan

Program Description:

Kenya has a severe generalized epidemic with an estimated adult HIV prevalence of 76.1% [5.2-7.0%] (UNAIDS 2006), translating into 1.3 million infected adults between the ages of 15 and 49. Another 100,000 adults over 50 and an equal number of children under 15 are also infected. While the rate of new infections has decreased, the relatively recent advent of treatment has not yet significantly affected mortality rates, and an estimated 150,000 Kenyans died of AIDS in 2004. Deaths to date have left 650,000 children orphaned by AIDS. The Kenyan epidemic varies significantly from region to region, with Nyanza Province in Western Kenyan affected by prevalence rates approximating those in some Southern Africa nations, and women are nearly twice as likely as men to be infected.

The vast majority of HIV transmission in Kenya occurs through heterosexual contact but certain populations require special prevention interventions. These include intravenous drug users, uniformed personnel, HIV-infected partners in discordant couples, men who have sex with men, long-distance transport workers, and male and female commercial sex workers. The Emergency Plan's (EP) activities and funding is carefully and strategically targeted to the following interventions in support of country-level and global 2-7-10 targets.

Prevention: $ 41,051,832 as of August 2006 ($30,864,350 Field and $10,187,482 Central) (21.9% of prevention, care, and treatment budget)

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

FY 2006 funds of nearly $11M available for PMTCT will enable some 700 Emergency Plan-supported sites to provide HIV testing and counseling, including provision of test results, to over 540,000 pregnant women in 2006. Of those who are HIV-positive, 32,000 will receive a full course of prophylaxis to interrupt vertical transmission. In an increasing number of cases, more efficacious regimens including AZT will be utilized. Based on models for quantifying infections averted by implementing the four elements of PMTCT, the USG team anticipates that at least 6,400 fewer infants will be infected as a result of the EP's interventions next year.

The six regional blood transfusion centers and four satellite centers are expected to collect 100,000 safe units of blood, catering for some two-thirds of national demand, in large part due to central FY 2006 funding that is supporting implementation. These efforts are building on early investments made after the tragic US Embassy bomb blast in 1998; U.S. Agency for International Development (USAID) and the Centers for Disease Control (CDC) have helped the Government of Kenya build a national blood transfusion system that – with more recent Emergency Plan investments – is a model for East Africa. Safe injection practices will be implemented in over 100 sites, 400 key staff will be trained in injection safety in priority districts, and the Government of Kenya (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 interrupt sexual transmission. The USG team will also undertake two important new initiatives in Nyanza Province, which has the highest prevalence rate in the nation. With FY 2006 funds, the national OP program will train 18,000 people to reach 900,000 of their fellow Kenyans with important prevention information, and will undertake pilot projects in high-prevalence Nyanza Province. Abstinence and be faithful activities are carried out by 30 prime partners. FY 2006 funds will support interventions ranging from a continuation of the highly successful and extremely popular "Nime Chill" ("I'm chilling" or "I'm abstaining") mass media campaign targeting young people countrywide to highly personalized "True Love Waits" and "I Choose Life" programs that directly reach individual young people with skills and messages to promote abstinence to prevent infection. Regular meetings of all AB partners will continue to assure that mass media and interpersonal interventions are coordinated and mutually reinforcing.

Also with FY 2006 funding, at least two AB efforts will incorporate evidence-based approaches for alcohol prevention into existing programs. The EP will work with the Ministry of Education, Science and Technology and our implementing partners to develop a teacher training syllabus on HIV and a standardized core training curriculum for community groups undertaking AB work. In both instances, USG will be sure that these new resources thoroughly and accurately reflect the ways in which alcohol (and other substance) misuse and abuse can increase risk of infection and how abstaining from substance use can reduce risks of infection.

In the May notification, an additional $1,400,000 was allocated for prevention activities. The additional funds will support significant strengthening of technical prevention interventions in blood and injection safety, supporting more than 10 additional sites involved in safe blood work, and a greater than 200% increase in the number of individuals trained in safe injection practices.

In August 2006, an additional $687,500 was allocated for prevention activities. These additional funds will expand existing activities to reach more women in need of PMTCT services and people who engage in high-risk activities.

Principal Partners: American Association of Blood Banks, Community Housing Foundation, John Snow, Inc., Academy for Educational Development, Adventist Development and Relief Agency, American International Health Alliance, Centre for British Teachers, Family Health International, Hope Worldwide, Impact Research and Development Organization, Institute of Tropical Medicine, International Rescue Committee, Kenya AIDS NGO Consortium, Kenya Medical Research Institute, Live With Hope Centre, Ministry of Education, Science and Technology- Kenya, National AIDS & STD Control Program, Population Council, Program for Appropriate Technology in Health, Salesian Mission, Samaritan's Purse, World Relief Corporation, World Vision Kenya, American Federation of Teachers - Educational Foundation, EngenderHealth, African Medical and Research Foundation, CARE International, Indiana University School of Medicine, International Medical Corps, Internews, JHPIEGO, Network of AIDS Researchers in East and Southern Africa, Pathfinder International, United Nations Children's Fund, University of Nairobi, American Association of Blood Banks, and the

National Blood Transfusion Service.

Care: $ 56,313,648 as of August 2006 ($52,707,931 Field and $3,605,717 Central) (30.1% of prevention, care, and treatment budget)

Kenya's care and mitigation efforts include counseling and testing (CT) that is integrally linked to both prevention and treatment, tuberculosis (TB)/HIV programs to identify and care for those who are co-infected, support for orphans and vulnerable children (OVC), community-support services to strengthen households affected by AIDS, and health services that complement anti-retroviral treatment (ART) by intervening to prevent/treat opportunistic infections (OI) or offering 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 counseling and testing services beyond traditional voluntary counseling and testing (VCT). FY 2006 funded CT efforts are expected to help over 500,000 Kenyans learn their HIV status. Well over 200,000 of those individuals will learn their status in medical settings as the EP expands availability of – and expectations for – diagnostic testing of hospital inpatients and TB suspects/patients. Innovations utilizing FY 2006 funding will include door-to-door testing, expanded mobile testing, testing of family members of active TB patients and other HIV-positive patients, and self-testing for health workers. CT activities will be undergirded by funds allocated to the laboratory infrastructure program area for purchase of a buffer stock of test kits to guard against interruption of this important service.

In FY 2006, OVC programs are funded from country and central budgets and awarded to eight partners. As noted under Treatment below, the USG is placing a special and expanded priority on pediatric treatment in FY 2006 and subsequent years. At least $8.5 million of FY 2006 treatment resources will care for OVC. Working closely with the Department of Children's Services, the US team in Kenya is challenging all Emergency Plan implementing partners to offer more robust responses that seek to ensure that children benefit from all six GOK priority OVC services: health, nutrition, education, protection, psychosocial support, and shelter. This will result in a transitory dip in the total number of orphans the Plan serves, but the USG is confident that this approach – which will reach at least 130,000 new OVC next year – is ultimately in the best interest of every Kenyan child orphaned or made vulnerable by AIDS.

Palliative care, particularly clinical care other than ART and hospice care is funded within the overall care budget. Wider use of cotrimoxazole, improved linkages between community and clinic settings, and improved availability of medications to treat OI will together reach some 240,000 Kenyans (including 48,000 children). Government of Kenya nutritionists will be trained about the interaction between nutrition and HIV in the clinical context, including 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 will continue to expand with a special emphasis on promoting consistent implementation of the sound guidelines promulgated by the Ministry of Health and wider availability of better equipped HBC kits. With FY 2006 funds, the USG intends to provide home-based case to 115,000 people living with HIV or AIDS (PLWHA),

nearly one in ten of the total infected population.

The Plan's TB/HIV programs will provide TB treatment and cotrimoxazole prophylaxis to at least 70,000 co-infected Kenyans utilizing FY 2006 funds. In some parts of the country, over 90 percent of TB patients are also HIV-positive, so the EP will aggressively promote diagnostic HIV testing in TB care settings to identify and refer as many individuals as possible to care and treatment. The Uniformed Services program will increase emphasis on TB among the military, in prisons, and other institutional settings where both guards and inmates are at increased risk. Additionally this year, the focus will expand to include TB centers in mission hospitals and national scale up of diagnostic CT.

In the May 2006 notification, $9,405,000 was allocated for care activities. The additional funds will support a 30 percent increase in the number of people with HIV who are treated for TB, a 22 percent increase in the number of orphans assisted by USG-supported programs, and a 31 percent increase in the number of Kenyans who learn their HIV status through USG-supported counseling and testing programs. In August 2006, $20,000 was reprogrammed from care activities to treatment activities to address the increased number of people who are ART-eligible.

Principal Partners: Community Housing Foundation, Academy for Educational Development, Children of God Relief Institute, EngenderHealth, Hope Worldwide, International Medical Corps, International Rescue Committee, Internews, JHPIEGO, Kenya Medical Research Institute, Live With Hope Centre, Liverpool VCT and Care, National AIDS & STD Control Program, Population Council, Tenwek Hospital, Associazione Volontari per il Servizio Internazionale, CARE International, Catholic Relief Services, Christian Aid, Christian Children's Fund, Inc., Family Health International, Kenya Medical Research Institute, PLAN International, Samoei Community Response to OVC, The Futures Group International, World Concern World Vision Kenya, Africa Inland Church Litein Hospital, African Medical and Research Foundation, Columbia University Mailman School of Public Health, Eastern Deanery AIDS Relief Program, Indiana University School of Medicine, James Finlay (K) Ltd., Kapkatet District Hospital, Kapsabet District Hospital, Kenya Rural Enterprise Program, Kericho District Hospital, Kilgoris District Hospital, Longisa District Hospital, Mildmay International, Nandi Hills District Hospital, National AIDS & STD Control Program, New York University, Unilever Tea Kenya, University of California at San Francisco, University of Manitoba, University of Nairobi, University of Washington, Working Capital Fund, Eastern Deanery AIDS Relief Program, International Medical Corps, John Snow, Inc., and the Program for Appropriate Technology in Health (PATH).

Treatment: $89,885,396 as of August 2006 ($79,479,716 Field and $10,405,680 Central) (48.0% of prevention, care, and treatment budget)

There has been dramatic expansion of access to ART in Kenya with the number of people on ARV more than doubling in just one year from 24,000 in September 2004 to 50,000 in September 2005. In just three years, ART has shifted from a peripheral interest to the very heart of all that the EP does for AIDS. The FY 2006 Emergency Plan anti-retroviral treatment (ART) budget exceeds total funding available to all USG agencies for *all* HIV activities in

Kenya in 2003. The combined country and central-allocated budget of for ARV drugs, ART and laboratory infrastructure will make it possible for the USG to contribute to continuous, high-quality treatment for over 100,000 Kenyans.

This further scale up will be closely coordinated through the National AIDS and STI Control Programme (NASCOP) within the Ministry of Health. Consistent with Kenya's Five Year Strategy for the Emergency Plan, 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 support to 50% of the 210 sites providing ART in Kenya; and indirect support to nearly all sites providing ART in Kenya through collaboration with NASCOP. It is expected that a combined total of 112,000 Kenyans will be on ART through downstream and upstream Emergency Plan support by September 30, 2007.

A key USG effort with FY 2006 funding is to strengthen support for health systems. Support provided by larger partners will strengthen sites within the region as well as the relationships between those sites, improve regional functions such as quality assurance, and the supervision of those sites as a network. Networks are now well defined in all regions and are overseen by NASCOP designees known as 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.

A final critical focus utilizing FY 2006 funds is pediatric treatment. A national curriculum for pediatric treatment has been developed, over 300 providers have received classroom training, many providers have received practical training, access to diagnostic testing for infants is expanding, and pediatric formulations of ARV are available, setting the stage for rapid scale up of treatment for children. The EP expects to treat at least 18,000 HIV-infected children with these monies.

In the May 2006 notification, an additional $16,612,500 was allocated for treatment activities. The increased funding will be used to procure anti-retroviral drugs and support treatment costs for an additional 12,100 Kenyans. This is a nearly 24 percent increase in the number who could otherwise have started treatment. In August 2006, an additional $20,000 was reprogrammed to treatment activities to help address the increased number of people who are ART-eligible. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Principal Partners: American Society of Clinical Pathology, John Snow, Inc., Kenya Medical Supplies Agency, Mission for Essential Drugs and Supplies, Africa Inland Church Litein Hospital, African Medical and Research Foundation, Catholic Relief Services, Children of God Relief Institute, Community Housing Foundation, Eastern Deanery AIDS Relief Program, Family Health International, Indiana University School of Medicine, International Rescue Committee, Internews, IntraHealth International, Inc., James Finlay (K) Ltd., JHPIEGO,

Kapkatet District Hospital, Kapsabet District Hospital, Kenya Medical Research Institute, Kericho District Hospital, Kilgoris District Hospital, Liverpool VCT and Care, Longisa District Hospital, Mildmay International, Mission for Essential Drugs and Supplies, Nandi Hills District Hospital National AIDS & STD Control Program, New York University, Population Council, Unilever Tea Kenya, University of California at San Francisco, University of Manitoba, University of Nairobi, and the University of Washington.

Other Costs: $21,019,003 as of August 2006

Resources invested in Other Costs primarily fulfill the Plan's commitment to effective management and monitoring of the substantial American investment in the response to AIDS in Kenya. These efforts are also directly related to the "Three Ones" to which the American Government and other donors have committed.

FY 2006 funds will support the Strategic information (SI) program including targeted allocations to increase the capacity of both the Ministry of Health and the National AIDS Control Council to implement the one monitoring and evaluation framework called for in the Three Ones, and the USG team is philosophically and practically committed to assuring that the data collected from our programs strengthens the national system. The Plan will undertake an AIDS Indicator Survey (AIS) to assess the behavioral effects of the expanding response to HIV/AIDS in Kenya and will continue our support to the already strong annual surveillance efforts conducted in antenatal clinics and among sexually transmitted infections (STI) patients.

Modest FY 2006 financial investments in policy analysis and systems strengthening focus on efforts that have proven themselves or that hold great promise. The Plan will continue to support networks of PLWHA – including positive teachers, religious leaders, Muslim women, and ART patients – so that they can provide mutual support to one another but, perhaps more importantly in the long run, so they can become effective participants in the policy councils of their nation to promote accountability, efficiency, and transparency in HIV/AIDS programs. To date, USG personnel have invested hundreds, if not thousands, of hours in trying to assure that Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) resources – one third of which come from American taxpayers – are used wisely and efficiently in Kenya. In 2006 we will join with our host government, other donors and the GFATM Secretariat to devise the optimal administrative structure(s) to support GFATM planning, procurement, and programming.

The combined pressures of budgetary earmarks, the desire to maximize funding for programs and security concerns about the overall size of the official American presence in Kenya resulted in less than 5% of the combined total being budgeted for management and staffing costs.

In the May 2006 notification, an additional $3,702,000 was allocated for strategic information, policy analysis and systems-strengthening activities, and management and staffing activities. The additional funds will enable the strong Kenya model for coordination to be shared with other focus countries, more than double the number of individuals trained to reduce HIV-related stigma and discrimination, and support capacity building for 14 additional local Government agencies and indigenous community based organizations (CBO) and faith based organizations

(FBO) for a sustained response to HIV/AIDS. In August 2006, there was no change in the amount of funding allocated for other costs.

Principal Partners: Academy for Educational Development, American Federation of Teachers-Educational Foundation, ABT Associates, Association of Schools of Public Health, Family Health International, Kenya Medical Research Institute, Macro International, Mission for Essential Drugs and Supplies, National AIDS & STD Control Program, University of Kwazulu-Natal, HEARD Mobile Task Team, and the University of North Carolina.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The United States is the predominant donor for HIV/AIDS interventions in Kenya, providing $145 million in 2004 for care, treatment and prevention services. The United Kingdom's Department for International Development is the next largest bilateral donor and will expend $15 million in direct HIV/AIDS programming in Kenya in 2005. Other donors/lenders active in the response to AIDS in Kenya include the Japanese International Cooperation Agency, Germany's GTZ, and the World Bank.

GFATM has approved HIV grants for Kenya totaling nearly $130 million, with approximately 31% expended as of September 30, 2005. The United States participates in the GFATM Country Coordinating Mechanism and all relevant Interagency Coordinating Committees (ICCs) dealing with HIV and other health issues. USG technical staff also works closely with both the multi-sectoral National AIDS Coordinating Council (NACC) and NASCOP.

The addition of interagency technical teams (ITTs) to inform and guide development of our 2006 Country Operational Plan through representation from key host government agencies and the donor community greatly enhanced the extent to which our plans are coordinated with the efforts of others. We are actively planning to incorporate ITTs as contributors to year-round implementation, assessment, and continuous improvement of the Emergency Plan program in Kenya.

As noted above, we and other donors are vitally interested in assuring that Kenya receives maximum resources from the GFATM *and* that it has the capacity to use those resources rapidly and effectively. For that reason, our 2006 efforts will include increased focus and resources on defining the best systems for planning and using these important funds to prevent new infections and prolong the lives of Kenyans already infected with HIV.

Program Contact: Ambassador William Bellamy and Interagency Emergency Plan Coordinator, Warren Buckingham

Time Frame: FY 2006 – FY 2007

Approved Funding by Program Area: Kenya
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	5,510,000	470,000	4,267,500	650,000		0		10,897,500		10,897,500	5.8%
Abstinence/Be Faithful	4,350,000	155,000	2,175,000	150,000		0		6,830,000	5,396,042	12,226,042	6.5%
Blood Safety	0	190,000	150,000	0	650,000	0		990,000	2,676,440	3,666,440	2.0%
Injection Safety	0	126,850	750,000	0		0		876,850	2,115,000	2,991,850	1.6%
Other Prevention	8,240,000	500,000	2,350,000	100,000		80,000		11,270,000		11,270,000	6.0%
Prevention Sub-total	*18,100,000*	*1,441,850*	*9,692,500*	*900,000*	*650,000*	*80,000*	*0*	*30,864,350*	*10,187,482*	*41,051,832*	*21.9%*
Care											
Palliative Care: Basic health care & support	8,780,000	0	3,011,667	632,500		0		12,424,167		12,424,167	6.6%
Palliative Care: TB/HIV	1,450,000	485,420	3,874,744	685,000		0		6,495,164		6,495,164	3.5%
Orphans and Vulnerable Children								*23,000,000*		*26,605,717*	*14.2%*
Of Which, Orphans Programs	9,650,000	0	300,000	550,000		0		10,500,000	3,605,717	14,105,717	7.5%
Of Which, Pediatric AIDS								*12,500,000*		*12,500,000*	6.7%
Counseling and Testing	4,416,000	402,100	5,145,500	825,000		0		10,788,600		10,788,600	5.8%
Care Sub-total (Including Pediatric AIDS)	*24,296,000*	*887,520*	*12,331,911*	*2,692,500*	*0*	*0*	*0*	*52,707,931*	*3,605,717*	*56,313,648*	*30.1%*
Treatment											
Treatment: ARV Drugs	39,660,000	0	450,000	0		0		40,110,000	5,580,706	45,690,706	24.4%
Treatment: ARV Services	20,874,866	745,929	17,697,168	3,967,500		0		43,285,463	4,824,974	48,110,437	25.7%
Laboratory Infrastructure	2,800,000	777,253	4,757,000	250,000		0		8,584,253		8,584,253	4.6%
Treatment Sub-total (Including Pediatric AIDS)	*63,334,866*	*1,523,182*	*22,904,168*	*4,217,500*	*0*	*0*	*0*	*91,979,716*	*10,405,680*	*102,385,396*	*54.7%*
Less Pediatric AIDS Attributed to OVC (Care)								*-12,500,000*		*-12,500,000*	-6.7%
Treatment Sub-total (Excluding Pediatric AIDS)	*63,334,866*	*1,523,182*	*22,904,168*	*4,217,500*	*0*	*0*	*0*	*79,479,716*	*10,405,680*	*89,885,396*	*48.0%*
Subtotal, Prevention, Care, and Treatment	*105,730,866*	*3,852,552*	*44,928,579*	*7,810,000*	*650,000*	*80,000*	*0*	*163,051,997*	*24,198,879*	*187,250,876*	*100.0%*
Other Costs											
Strategic Information	3,808,770	800,000	3,789,403	100,000		0		8,498,173		8,498,173	
Other/policy analysis and system strengthening	2,535,000	0	700,000	0		0		3,235,000		3,235,000	
Management and Staffing	4,217,250	3,468,448	200,000	485,000	317,550	597,582		9,285,830		9,285,830	
Other Costs Sub-total	*10,561,020*	*4,268,448*	*4,689,403*	*585,000*	*317,550*	*597,582*	*0*	*21,019,003*	*0*	*21,019,003*	
AGENCY, FUNDING SOURCE TOTALS	**116,291,886**	**8,121,000**	**49,617,982**	**8,395,000**	**967,550**	**677,582**	**0**	**184,071,000**	**24,198,879**	**208,269,879**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	116,291,886	116,291,886	9,001,759	125,293,645
HHS	49,617,982	57,738,982	15,197,120	72,936,102
DOD	8,395,000	8,395,000	0	8,395,000
State	967,550	967,550	0	967,550
Peace Corps	677,582	677,582	0	677,582
Labor	0	0	0	0
Total	**175,950,000**	**184,071,000**	**24,198,879**	**208,269,879**

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
GHAI	175,950,000	24,198,879	200,148,879
Total	**184,071,000**	**24,198,879**	**208,269,879**

MOZAMBIQUE

Project Title: Mozambique FY 2006 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	887,000	887,000	0	0	887,000	0	887,000
DOL	0	0	0	0	0	0	0	0
HHS	2,337,000	29,015,458	31,352,458	0	0	31,352,458	6,176,440	37,528,898
Peace Corps	0	473,200	473,200	0	0	473,200	0	473,200
State	0	905,000	905,000	-150,000	0	755,000	0	755,000
USAID	0	48,319,342	48,319,342	150,000	0	48,469,342	6,305,429	54,774,771
TOTAL Approved	2,337,000	79,600,000	81,937,000	0	0	81,937,000	12,481,869	94,418,869

HIV/AIDS Epidemic in Mozambique:

Adult HIV Prevalence Rate: 16.1% [12.5-20.0%] (UNAIDS 2006)
Estimated Number of HIV-infected People: 1,800,000 [1,400,000-2,200,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: 510,000 [390,000-670,000] (UNAIDS 2006)

Targets to Achieve 2-7-10 Goals:

Mozambique	Individuals Receiving Care and Support	Individuals Receiving ART
End of FY 2004*	**74,200**	**5,200**
End of FY 2005**	**187,500**	**16,200**
End of FY 2006***	**324,000**	**28,764**
End of FY 2007***	**572,400**	**60,535**

*"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
***Projections from FY 2006 Country Operational Plan

Program Description:

Mozambique has a severe, generalized HIV/AIDS epidemic. Additional data indicate that HIV prevalence among men and women aged 15-49 was 16.1% [12.5-20.0%] (UNAIDS 2006). Areas of high HIV prevalence correspond roughly to areas of high population mobility. Officially, there are 470,000 orphans and vulnerable children (OVC) due to AIDS in Mozambique, estimated to reach one million by 2010. Mozambique has high rates of high-risk behavior and current norms are deeply interwoven in cultural, social, and economic patterns. Compared with other focus countries, in Mozambique the age of sexual debut is lower, a smaller proportion of young unmarried adults abstain from sex, the proportion of young adults with multiple sex partners is higher, condom use with higher risk partners is less common, and the rate of HIV testing is lower.

Mozambique's national response has made progress in the last year; however, a scarcity of skilled human resources, institutional capacity, and adequate infrastructure persists. With a population of about 19 million and only 650 doctors (200 of them in the capital city), many rural areas in Mozambique have just one physician per 60,000 people. Health infrastructure is poor, and even provincial referral hospitals have limited access to water and electricity. Only about 68% of Mozambicans live within ten kilometers of any type of health facility. Mozambique suffers from co-epidemics of tuberculosis (TB) and malaria, which exacerbate the impact of HIV/AIDS. The USG program will continue to pursue a balance between meeting immediate needs and building longer-term capacity to effectively address the HIV/AIDS epidemic in Mozambique.

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

Prevention: $24,193,551 as of August 2006 ($18,754,936 Field and $5,438,615 Central) (29.6% of prevention, care and treatment budget)

Emergency Plan 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 (e.g. uniformed services, mobile populations, and migrant workers), and (4) ensure blood, biomedical, and injection safety. With FY 2006 funding the USG will continue direct support to 52 PMTCT sites, expand coverage of the number of women counseled and tested for HIV, and provide a complete course of anti-retroviral (ARV) prophylaxis to 10,000 mothers who test seropositive and their newborns. In addition, these PMTCT sites will provide referral to nearby treatment sites and follow-up support to ensure successful ARV therapy for HIV-positive mothers and their HIV-positive children and partners while other programs provide them with wrap-around services including nutrition education, birth spacing, postnatal care, and malaria and TB prophylaxis and treatment. During FY 2006, the USG will also continue providing technical support to the Ministry of Health (MOH) for coordination, policy oversight, and updating of the national PMTCT guidelines and training materials.

Using FY 2006 funds, the USG will rapidly increase efforts to trigger community support for abstinence and faithfulness programs in seven provinces, reaching approximately 1.7 million Mozambicans and training another 12,000 to promote abstinence and faithfulness at the community level. Implementing partners, including faith, community and non governmental organizations (FBOs, CBOs, and NGOs) will continue to train peer-to-peer youth groups, carry-out parent-teacher-child discussion activities, and work through pastor networks and other community-based programs to address risk perception, build the sense of self-efficacy needed for behavior change, and encourage dialogue on community norms and practices to protect young people, especially vulnerable groups.

Medical transmission prevention programs will continue to facilitate and promote blood safety, infection control, and injection safety through technical assistance and training, specifically focused on implementing a standards-based approach for infection prevention and control (IPC) in 13 hospitals and expanding to six new hospitals in FY 2006. Injection safety technical assistance and training will continue in 39 health units and will be expanded to 30 more with FY 2006 funds. MOH staff trained to support IPC and injection safety will more than double with the addition of 52 Mozambican trainers, 605 health workers, and 260 support staff who will be trained with FY 2006 funding.

The USG is the sole provider of condoms to the Ministry of Health for free distribution in hospitals, health facilities, clinics, and counseling and testing centers. Behavior change communication (BCC) activities will focus on most at-risk and high HIV transmitter population groups including migrant workers, mobile populations, and uniformed service members, specifically young police and military recruits. Thirty-six new peer educators selected from among young police recruits will work in three provinces, reaching 18 police squadrons, or roughly 50,000 individuals; and BCC on HIV/AIDS will be integrated into training for all new military recruits.

In the May 2006 notification, an additional $4,055,000 was allocated for prevention activities. The additional funds will expand efforts to supporting additional partners to provide AB messages to reach an additional 400,000; expand the number of PMTCT sites by four; develop a strategy and guidance for delivering PMTCT services in maternity wards; train maternity staff in three maternity wards to deliver PMTCT services; continue targeted BCC and condom social marketing for high-risk groups, including 500 seropositive military personnel; improve coordination and evaluation of the national blood safety program; and conduct a feasibility and acceptability study of male circumcision in Mozambique. In August 2006, there was no change in the amount of funding allocated for prevention.

Principal Partners: Ministry of Health, Health Alliance International, Columbia University, Population Services International, World Vision, Foundation for Community Development, Johns Hopkins University, Elizabeth Glaser Pediatric AIDS Foundation, the National AIDS Council, Project Hope, JHPIEGO, Ministry of the Interior, Ministry of Defense, Samaritan's Purse, World Relief, and the American Association of Blood Banks.

Care: $27,916,338 as of August 2006 ($25,373,084 Field and $2,543,254 Central) (34.1% of prevention, care and treatment budget)

The USG will build on the significant progress achieved in the last two years to deliver care by maintaining efforts to (1) mobilize and support local response, (2) standardize essential services for OVC, and (3) strengthen the enabling environment and government response. In the first half of FY 2005, 65,231 OVC received services through USG-supported NGO, CBO and FBO partners. With FY 2006 funding support, USG partner organizations will deliver services as needed to approximately 140,000 OVC (over 10% of OVC in Mozambique). The USG will support logistics for supply management and delivery in collaboration with other donors including the World Food Program to provide a basic food ration to 12,000 of the most vulnerable children and 1,500 people living with HIV/AIDS (PLWHA) and their families. The Ministry for Women and Social Action will receive technical assistance to develop a monitoring and evaluation system and roll out the OVC and home based care (HBC) implementation plans.

With FY 2006 funding, the USG will expand palliative care to PLWHA at both the facility and community levels and advance policy initiatives in support of palliative care through direct delivery of services and capacity building. A total of 17,500 Mozambicans will receive direct home-based care through FBO, NGO and CBO partners. The Mozambican Nurses Association will receive technical and financial support for six HBC master trainers who will train and supervise 84 accredited trainers of volunteers.

With FY 2006 funds, the USG will reach 321,750 HIV counseling and testing (CT) clients through: direct support for 61 counseling and testing sites; procurement of HIV test kits (for nationwide CT services); training of 112 counselors; and technical and financial support to the MOH and National AIDS Council (NAC) to improve oversight. Technical assistance to the NAC will develop community-based counseling and testing, and train 225 additional trainers and counselors in community-based CT. The USG will also expand CT in military hospitals serving both Defense personnel and civilians.

In addition, the USG will provide technical assistance to the MOH to develop two TB/HIV model centers and, by the end of the fiscal year, integrated TB/HIV programs will be implemented at all USG-supported treatment sites.

In the May 2006 notification, an additional $4,810,400 was allocated for care activities. Additional funds will go toward expanding the national reach of OVC and community- and home-based care services by building capacity within local organizations and training community caregivers and service providers. Other activities include developing a package of tuberculosis (TB) treatment and care services for children; supporting the overall national TB program; providing wrap-around services for OVCs; purchasing care commodities; expanding counseling and testing services by establishing additional testing sites and training additional counselors; developing guidance to standardize care and support networks; expanding HIV testing in TB sites; and piloting routine HIV testing at eight clinical sites. In August 2006, there was no change in the amount of funding allocated for care.

Principal Partners: Ministry of Health, Ministry of Women and Social Action, Health Alliance International, Crown Agents, Population Services International, World Vision, CARE, Ministry of Defense, World Relief, Save the Children U.S., Columbia University, JHPIEGO, Foundation for Community Development, and the World Food Program.

Treatment: $29,660,521 as of August 2006 ($25,160,521 Field and $4,500,000 Central) (36.3% of prevention, care and treatment budget)

Using FY 2006 funds, the USG will provide technical assistance and training to strengthen pharmaceutical logistics information and control systems to ensure a reliable supply of ARV for all sites delivering ARV treatment services. There will be up to 60,000 patients on antiretroviral therapy (ART) by the end of 2007, including 700 on second-line and 3,000 on pediatric ARV. FY 2006 funds will procure FDA-approved ARV needed in FY 2007.

FY 2006 funds will enable the USG to provide ARV treatment to over 30,000 patients. Support will be continued at 18 existing sites and expanded to 35 new ARV treatment service sites. These will be primarily rural facilities in seven provinces that will provide follow-up and treatment of patients initiated on ART at referral facilities. Three new implementing partners will be funded to develop ARV treatment services in five of the seven provinces. Pediatric treatment scale up will include introduction of pediatric ARV treatment at two model PMTCT centers.

The USG will improve and expand clinical laboratory capacity to support implementation of ARV treatment programs in FY 2006 by delivering support to ten clinical laboratories to support AIDS and opportunistic infection diagnosis and management. In addition, 35 Mozambican technicians will be trained in clinical assay techniques, biosafety, good laboratory practices, CD4 testing, molecular biology and opportunistic infection diagnosis. Supervision and mentoring programs are planned in all renovated laboratories to benefit 70 technical laboratory staff.

In the May 2006 notification, an additional $6,313,000 was allocated for treatment activities. The additional funds will expand efforts to address transportation needs of PLWHAs; procure additional second line and required branded adult anti-retroviral drugs for 350 adults; provide additional fiscal support to the Ministry of Health to build safety stocks of first line drug regimens and strengthen drug logistics; renovate and equip one provincial laboratory and several smaller district laboratories in remote regions; undertake an evaluation of simpler CD4 testing techniques for use in smaller more remote settings; build the capacity of the national laboratory program; train health cadres to work with HIV affected people; and develop, implement and maintain a patient tracking system. In August 2006, there was no change in the amount of funding allocated for treatment. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Principal Partners: Ministry of Health, Association of Public Health Laboratories, Columbia University, Ministry of Defense, FIOTEC Institute/Oswaldo Cruz Foundation, Health Alliance International, and the Elizabeth Glaser Pediatric AIDS Foundation.

Other Costs: $12,648,459 as of August 2006

As Mozambique moves towards rapidly scaling up HIV/AIDS programs, strengthening Mozambican human resources and institutional capacity will be vital for the success of Mozambique's National HIV/AIDS Strategy. FY 2006 funds will establish standards for pre-service training activities, develop training materials, procure essential equipment, and aid in developing HIV workforce policies for the MOH and the Ministry of Defense. Technical assistance will enhance the NAC capacity to provide leadership, manage financial resources, and support the new communication strategy. The USG will also extend direct support to the Business Against AIDS Forum (ECoSIDA) to strengthen the services and support that ECoSIDA can provide to its members and to mobilize private companies to address HIV/AIDS through comprehensive workplace and outreach programs.

The USG will continue strategic information (SI) activities that improve capacity within Mozambique to understand, interpret, and measure the impact of HIV/AIDS on the population. Most notably, the USG will support the 2006 sentinel surveillance round, introducing HIV incidence and ARV resistance testing and new methods for projections and estimates. Data will also be collected to improve understanding of the impact of HIV/AIDS on mortality, addressing a notable gap in data now available in Mozambique.

FY 2006 funds will support the in-country personnel needed for U.S. Agency for International Development (USAID), Health and Human Services (HHS), Department of State, Department of Defense, and United States Peace Corps. Funds will ensure program monitoring and accountability, ensure USG policy and technical leadership within the Mozambique national response, and cover compensation, logistics, and office and administrative costs.

In the May 2006 notification, an additional $1,255,600 was allocated for strategic information and policy and/or systems strengthening activities. The additional funds are needed to support one or two twinning projects for building NGO capacity for training nurses; complete renovations of a clinical teaching clinic dedicated to HIV care; strengthen NAC; enhance implementation of HIVQUAL Program; conduct formative research to design a response to alcohol and other substances abuse among vulnerable populations; and assist the development and implementation of Mozambique's 2007 national census. In August 2006, there was no change in the amount of funding allocated for other costs.

Principal Partners: Ministry of Health, National AIDS Council, Ministry of Defense, JHPIEGO, Catholic University of Mozambique, Mozambican Federation of Business Associations-CTA, Johns-Hopkins University, Ministry of Women and Social Action, University of North Carolina-Carolina Population Center, Crown Agents, and New York AIDS Institute.

Other Donors, Global Fund Activities, Coordination Mechanisms:

Donors supporting HIV/AIDS efforts include the United Kingdom, Ireland, Sweden, Denmark, the Netherlands, Norway, Canada, the EU, World Bank, U.N. agencies, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Most provide resources through four Common Funds. The HIV/AIDS Partners Forum that supports the NAC and the Health Sector

Wide Approach (SWAP) Working Group, which supports the MOH, facilitates coordination and harmonization of activities. The USG actively participates in these and chairs the SWAP HIV/AIDS Working Group. GFATM Country Coordination Mechanism is being reorganized to fit into existing structures to streamline management.

Program Contact: Ambassador Helen R. La Lime and USAID Mission Director and Interagency Working Group Coordinator, Jay L. Knott

Time Frame: FY 2006 – FY 2007

Approved Funding by Program Area: Mozambique
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	5,407,000	56,744	1,472,341	0	0	0		6,936,085		6,936,085	8.5%
Abstinence/Be Faithful	4,699,200	0	0	0	181,000	237,800		5,118,000	1,969,182	7,087,182	8.7%
Blood Safety	0	40,339	1,271,012	0	0	0		1,311,351	1,676,440	2,987,791	3.7%
Injection Safety	0	51,882	896,012	0	0	0		947,894	1,792,993	2,740,887	3.4%
Other Prevention	4,207,000	0	34,606	150,000	40,000	10,000		4,441,606		4,441,606	5.4%
Prevention Sub-total	*14,313,200*	*148,965*	*3,673,971*	*150,000*	*221,000*	*247,800*	*0*	*18,754,936*	*5,438,615*	*24,193,551*	*29.6%*
Care											
Palliative Care: Basic health care & support	5,870,000	194,110	1,618,292	0	24,000	0		7,706,402		7,706,402	9.4%
Palliative Care: TB/HIV	300,000	52,130	763,000	0	0	0		1,115,130		1,115,130	1.4%
Orphans and Vulnerable Children								*11,825,202*		*14,368,456*	*17.6%*
Of Which, Orphans Programs	5,889,202	0	0	0	0	86,000		5,975,202	2,543,254	8,518,456	10.4%
Of Which, Pediatric AIDS								*5,850,000*		*5,850,000*	7.2%
Counseling and Testing	2,870,000	56,744	1,799,606	0	0	0		4,726,350		4,726,350	5.8%
Care Sub-total (Including Pediatric AIDS)	*14,929,202*	*302,984*	*4,180,898*	*0*	*24,000*	*86,000*	*0*	*25,373,084*	*2,543,254*	*27,916,338*	*34.1%*
Treatment											
Treatment: ARV Drugs	7,800,000	78,262	0	0	0	0		7,878,262		7,878,262	9.6%
Treatment: ARV Services	5,250,000	130,147	11,190,350	470,000	0	0		17,040,497	4,500,000	21,540,497	26.3%
Laboratory Infrastructure	0	84,033	6,007,729	0	0	0		6,091,762		6,091,762	7.4%
Treatment Sub-total (Including Pediatric AIDS)	*13,050,000*	*292,442*	*17,198,079*	*470,000*	*0*	*0*	*0*	*31,010,521*	*4,500,000*	*35,510,521*	*43.4%*
Less Pediatric AIDS Attributed to OVC (Care)								*-5,850,000*		*-5,850,000*	-7.2%
Treatment Sub-total (Excluding Pediatric AIDS)	*13,050,000*	*292,442*	*17,198,079*	*470,000*	*0*	*0*	*0*	*25,160,521*	*4,500,000*	*29,660,521*	*36.3%*
Subtotal, Prevention, Care, and Treatment	*42,292,402*	*744,391*	*25,052,948*	*620,000*	*245,000*	*333,800*	*0*	*69,288,541*	*12,481,869*	*81,770,410*	*100.0%*
Other Costs											
Strategic Information	1,900,000	303,044	1,582,500	175,000	0	0		3,960,544		3,960,544	
Other/policy analysis and system strengthening	1,150,000	64,837	1,508,010	25,000	150,000	25,000		2,922,847		2,922,847	
Management and Staffing	3,126,940	1,224,728	872,000	67,000	360,000	114,400		5,765,068		5,765,068	
Other Costs Sub-total	*6,176,940*	*1,592,609*	*3,962,510*	*267,000*	*510,000*	*139,400*	*0*	*12,648,459*	*0*	*12,648,459*	
AGENCY, FUNDING SOURCE TOTALS	**48,469,342**	**2,337,000**	**29,015,458**	**887,000**	**755,000**	**473,200**	**0**	**81,937,000**	**12,481,869**	**94,418,869**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	48,469,342	48,469,342	6,305,429	54,774,771
HHS	29,015,458	31,352,458	6,176,440	37,528,898
DOD	887,000	887,000	0	887,000
State	755,000	755,000	0	755,000
Peace Corps	473,200	473,200	0	473,200
Labor	0	0	0	0
Total	**79,600,000**	**81,937,000**	**12,481,869**	**94,418,869**

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
GHAI	79,600,000	12,481,869	92,081,869
Total	**81,937,000**	**12,481,869**	**94,418,869**

NAMIBIA

Project Title: Namibia FY 2006 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	-	1,361,000	1,361,000	-	-	**1,361,000**	**-**	**1,361,000**
DOL	-	-	-	-	-	**-**	**-**	**-**
HHS	1,500,000	24,469,500	25,969,500	-	-	**25,969,500**	**1,676,440**	**27,645,940**
Peace Corps	-	843,300	843,300	-	-	**843,300**	**-**	**843,300**
State	-	175,000	175,000	-	-	**175,000**	**-**	**175,000**
USAID	-	24,651,200	24,651,200	-	-	**24,651,200**	**2,612,438**	**27,263,638**
TOTAL Approved	**1,500,000**	**51,500,000**	**53,000,000**	**-**	**-**	**53,000,000**	**4,288,878**	**57,288,878**

HIV/AIDS Epidemic in Namibia:

Adult HIV Prevalence Rate: 19.6% [8.6-31.7%] (UNAIDS 2006)
Estimated Number of HIV-infected People: 230,000 [110,000-360,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: 85,000 [42,000-120,000] (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***	**122,790**	**22,000**
End of FY 2007***	**203,030**	**34,500**

*"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
***Projections from FY 2006 Country Operational Plan

Program Description:
Namibia has a severe, generalized HIV epidemic, which has expanded rapidly, with an HIV prevalence of 19.6% [8.6-31.7%], making it one of the most severely affected countries. The first AIDS case was reported in 1986, and ten years later AIDS became the leading cause of

death. Namibia, one of the most sparsely populated countries in Africa with a total population of 1.826 million, has an estimated 200,000 HIV-infected individuals. There is no significant difference between rural and urban antenatal sero-prevalence rates (22% vs. 25%). HIV transmission is almost exclusively through heterosexual contact or through mother-to-child transmission, and most at-risk populations include migrant workers, truckers, the military, young women and girls along transportation routes, commercial sex workers, those who have sex after abusing alcohol, sexually active youth, out-of-school youth, and orphans and vulnerable children (OVC). The tuberculosis (TB) case rate of 813 cases per 100,000 in Namibia is the highest in the world (Namibia Ministry of Health and Social Services [MoHSS] 2004), with HIV co-infection estimated at 60%. TB continues to be the leading cause of death for people with HIV/AIDS, even with the availability of antiretroviral therapy. Additionally, in spite of per capita GDP of $1,173, Namibia has the world's highest rate of income disparity (Gini index 70.9), high levels of poverty, and a lack of economic opportunity. Human resource development, quality of services, and sustainability will be important considerations in FY 2006. The following programmatic areas are included in the FY 2006 Country Operational Plan (COP) to mitigate the impact of the epidemic in Namibia:

Prevention: $12,064,454 as of August 2006 ($8,491,613 Field and $3,572,841 Central) (26.4% of prevention, care, and treatment budget)

Prevention activities in Namibia include prevention of mother-to-child transmission (PMTCT), abstinence and faithfulness programs, condom promotion and distribution, targeting of most-at-risk populations, and blood and injection safety. Approximately 33% of pregnant women currently receive PMTCT services compared with less than 25% in 2004. With FY 2006 funding support, the Emergency Plan goal is to increase coverage to 70% or reach 37,500 women with PMTCT services and to provide 7,000 HIV-positive pregnant women with a full course of antiretroviral (ARV) prophylaxis. The ARV prophylaxis regimen will also be strengthened. FY 2006 fiscal resources will support technical assistance, infrastructure improvements, rapid test kits, ARV drugs, laboratory testing, personnel, counseling facilities, information systems, educational materials and equipment, training, transport, and management to support the current 35 hospitals and 15 clinics providing PMTCT services and to expand to remaining clinics. Abstinence and faithfulness programs will be further expanded in all regions, including the incorporation of alcohol and substance abuse into prevention messages. The Emergency Plan will increase the capacity of school, faith and work based programs for youth and families to provide prevention education including delay of sexual debut, abstinence, faithfulness to a partner of known HIV status, and promotion and distribution of condoms for sexually active and most-at-risk populations. Population-based door-to-door educational programs will be consolidated in four high-burden regions leveraging resources with the Government and the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM). HIV-positive patients in health facilities and community counseling and testing (CT) centers and their partners, which heretofore has been a missed prevention opportunity, will be a special target for intervention, including alcohol-related information, promotion of being faithful, and correct and consistent condom use. Utilizing FY 2006 funding, approximately 320,000 youth, parents, teachers, church leaders, and workers and their families will be reached with abstinence and faithfulness messages. Other prevention initiatives focus on HIV prevention education and increased condom use for most-at-risk populations, migrant workers, uniformed services, truckers, border officials and sex workers.

200,000 most-at-risk individuals will be reached with education on correct and consistent condom use and changing risk behaviors. Efforts will increase condom use among these populations and 33,000 military and police personnel.

In the May 2006 notification, an additional $419,500 was allocated for prevention activities. The additional funds will reach 10,000 people through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful. 50 additional individuals will be trained to promote HIV/AIDS prevention through abstinence and/or being faithful. In August 2006, there was no change in the amount of funding allocated for prevention.

Principal Partners: Catholic AIDS Action, Catholic Health Services, Chamber of Mines, Change of Lifestyles (COLS), Development Aid People to People (DAPP), Family Health International, Fresh Ministries, Inc (Track 1), International Training and Education Center on HIV/AIDS (ITECH), Johns Hopkins University/Health Communication Partnership (JHU/HCP), Lifeline-Childline, Lutheran Medical Services, MoHSS, Namibia Institute of Pathology (NIP), Potentia Namibia Recruitment Consultancy, Regional Procurement and Services Office (RPSO), Social Marketing Association of Namibia, University Research Corp. (URC), Walvis Bay and Sam Nujoma Multipurpose Centers, and the World Lutheran Federation.

Care: $17,454,896 as of August 2006 ($16,738,859 Field and $716,037 Central) (38.1% of prevention, care, and treatment budget)

Care activities in Namibia include CT, clinical care, palliative care and support for OVC. Counseling and testing services outside of health facilities were not available in Namibia until 2003 when six freestanding centers were launched. In 2004, the USG supported the introduction of rapid HIV testing, capacity building in CT training, and running costs for 12 faith based and non-governmental organizations (FBO/NGO) centers, including five CT centers previously supported by the EU and seven new USG centers. In FY 2005, an additional three CT centers and two mobile outreach sites were established for a total of 17 sites (15 centers and two mobile sites). Counseling and testing services in health facilities will be expanded in FY 2006 by increasing the number of clinic-based community counselors from 100 in 42 facilities at present to 250 in 100 facilities, and rapid HIV testing will be expanded from the current 20 sites to 100 sites. Routine provider-initiated counseling and testing will be promoted for HIV/AIDS-related conditions, including sexually transmitted infections (STI), tuberculosis (TB) and other opportunistic infections, to improve access of people living with HIV/AIDS (PLWHA) to prevention, care, and treatment. With FY 2006 funds, USG assistance to CT will result in 133,000 new clients/patients knowing their HIV status.

Linkages between non-antiretroviral therapy (ART) care and counseling, testing, and referral services will be strengthened within and across the network, including the community. Extending and improving the quality of palliative care within the health network from hospitals to health centers and clinics and to community-based care will be an important priority in 2006. Training capacity will be expanded to strengthen the role of nurses in basic care, including the introduction of the Integrated Management of Adult Illness. FY 2006 funds will help support approximately 75,000 HIV-infected individuals who will be reached with palliative care services. Community-based programs managed by FBO will be strengthened by the addition of

better supervision of community volunteers and development of standardized training curriculum and materials to increase technical and management capacity and to improve linkages. TB/HIV services will be supported comprehensively through routine CT, improved diagnosis, appropriate use of isoniazid preventive therapy, expansion of directly-observed therapy, short course strategy (DOTS) service points, accelerated training, linkages with ART services, and strengthening of monitoring and evaluation. Namibia's population of OVC is primarily attributable to HIV. Namibia has a strong OVC program, with the Namibian Government recently developing and costing a National Plan of Action and funding an OVC Trust Fund for monetary grants to needy OVC. Currently, USG services provide care to approximately 27,000 OVC in nine regions and plan to develop the capacity of new partners to serve OVC. With FY 2006 funding support, a total of 48,000 OVC served by USG programs will be reached.

In the May 2006 notification, an additional $1,360,500 was allocated for care activities. The additional funds will support 10 additional service outlets providing counseling and testing and training in counseling and testing for 30 individuals; an additional 10,800 people will be counseled and tested for HIV and receive their test results. The funds will result in additional service provision to 10,250 OVC, including educational support for girls, as well as training 200 providers/caretakers in caring for OVC. In August 2006, there was no change in the amount of funding allocated for care.

Principal Partners: Academy for Educational Development (AED), CAPACITY Project, Catholic AIDS Action, Catholic Health Services, Church Alliance for Orphans (CAFO), Council of Churches in Namibia (CCN), DAPP, Evangelical Lutheran Church in the Republic of Namibia - AIDS Program (ELCAP), Evangelical Lutheran Church in Namibia (ELCIN), Family Health International, ITECH, JHU/HCP, Lutheran Medical Services, Ministry of Education, Ministry of Health and Social Services, Ministry of Gender Equality and Child Welfare, NIP, Urban Trust of Namibia, Organization for Resources and Training (ORT), Philippi Namibia, Potentia Namibia Recruitment Consultancy, and the Social Marketing Association of Namibia.

Treatment: $16,258,191as of August 2006 ($16,258,191 Field and $0 Central) (35.5% of prevention, care, and treatment budget)

The USG supported expansion of ART services from 12 MoHSS and five faith-based hospitals in 2004 to 29 hospitals in 2005, increasing the number of patients started on ART from 4,000 to 11,000 in 2005. The remaining six small hospitals will start in late 2005 to early 2006 to reach a target of 35,200 by September 2007. The high demand for services continues to create considerable strain on the institutional and financial capacity of the MoHSS and establishing quality improvement systems for care and treatment is a MoHSS priority to be supported. The MoHSS is being funded to purchase FDA-approved ARV drugs. Support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for ARV drugs and services became available in mid-2005. A lack of health professionals remains an obstacle to accessing treatment and will be addressed through recruitment of additional contracted doctors, nurses, and pharmacists; expansion of scholarships for training of new professionals; and task migration from doctors to nurses. The USG is providing technical assistance for national program management, pharmaceutical management and logistics, senior health care personnel, funding for laboratory services, training, infrastructure improvements, information system development, quality improvement, targeted nutritional supplements for eligible ART patients, and ARV drug

procurement. Funding support in FY 2006 will be increased to consolidate services at the existing sites and to explore expansion of treatment to selected high-burden health centers and clinics. The USG also provides training for the private sector, which provides ART to approximately 4,000 patients.

In the May 2006 notification, an additional $2,095,000 was allocated for treatment activities. The additional funds will support facility renovation to improve the quality of ARV services, contracting supplemental health workers, training nursing students and expanding viral load testing. The funding will enable an additional 2,000 people to begin ARV therapy. In August 2006, $75,000 was reprogrammed from treatment activities to a Management and Staffing activity to fund a Strategic Information Liaison and Deputy Emergency Plan Coordinator. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Principal Partners: CAPACITY Project, Catholic Health Services, Development Aid People to People (DAPP), ITECH, JHU/HCP, MoHSS National Health Training Center, Lutheran Medical Services, Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM+), Ministry of Health and Social Services, NIP, and Potentia Namibia Recruitment Consultancy.

Other Costs: $11,511,337 as of August 2006

Strategic information (SI) services in 2006 will focus on consolidating the USG-supported national health information systems in existing sites and expanding to new sites for PMTCT, ART, and CT, strengthening the HIV sentinel surveillance survey protocol for 2006 to include incidence testing, the Demographic and Health Survey, and a national health facility survey. With FY 2006 funding, the use of information from baseline and midterm surveys and program monitoring, e.g. PMTCT, ART, OVC, etc. will be used to improve reporting, dissemination of results, and to assist decision-making to improve overall program performance. SI interventions will improve both the capacity of the USG team to monitor progress towards reaching the 2-7-10 goals and of Namibian counterparts to monitor progress towards the achievement of national program goals.

Principal Partners: AED, Comforce, Family Health International, JHU/HCP, Measure Evaluation, Measure DHS, Ministry of Gender Equality and Child Welfare, Ministry of Health and Social Services, the National Planning Commission's Central Bureau of Statistics and Potentia.

Crosscutting activities will focus on human resource development, organizational capacity building, community mobilization and advocacy and benefit education. Investments of FY 2006 funds in HIV/AIDS integration within pre-and-in-service training programs for health care workers and the use of technology for training and communication will result in immediate and longer-term human capacity building. The Ministry still has a vacancy rate of 40% for doctors, 25% for nurses, 58% for pharmacists, and 48% for social workers. Most existing medical technologists will be eligible for retirement in the next five years. To date, 102 Namibian students have received scholarships from the USG to study medicine, nursing, pharmacy, social

work, and medical technology. Targeted work with NGO and FBO will strengthen organizational capacity and sustainability of HIV/AIDS prevention, care, and support efforts. Fourteen Community Action Forums have been formed and three more will be formed in FY 2006 as a result of ongoing community mobilization activities to increase advocacy, commitment, uptake of VCT, PMTCT and ART services and adherence and leveraging of resources.

In the May 2006 notification, an additional $875,000 was allocated for strategic information, policy analysis and systems-strengthening and management and staffing activities. The additional funds will support increased local capacity for financial management and information processing, and will provide technical assistance to the Namibian Government's analysis of HIV/AIDS treatment costs. The funding will support an assessment and evaluation of the U.S. prevention strategy and will support full staffing of the DOD HIV/AIDS program office. In August 2006, $75,000 was reprogrammed to Other Costs to fund a Strategic Information Liaison and Deputy Emergency Plan Coordinator.

Administrative costs will support the program and the technical assistance required to implement and manage the Emergency Plan activities. DOD, DOS, HHS/CDC, United States Peace Corps and USAID personnel, travel, management, and logistics support in country will be included in these costs.

Principal Partners: ITECH, Family Health International, JHU/HCP, Legal Assistance Center/AIDS Law Unit, Lifeline-Childline, Ministry of Information and Broadcasting, Ministry of Health and Social Services, MoHSS National Health Training Center, NIP, Potentia, and the University of Namibia.

Other Donors, Global Fund Activities, Coordination Mechanisms:

A total of ten other development partners work on HIV/AIDS issues in Namibia. In addition to the GFATM, development partners range from the European Union (including Germany, Spain, Netherlands, Sweden, and Finland), the UN partners (WHO, UNAIDS, UNICEF, UNFPA, UNDP), to the private sector, including Bristol-Myers Squibb. While the USG is the largest donor, the GFATM has approved $26 million over two years for HIV/AIDS, with three years of additional funding expected but contingent on results achieved. GFATM money supports ART and care services, OVC programs, workplace HIV programs, support for community-based care, TB control, VCT, 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. The USG also sits on the National AIDS Executive Committee (NAEC), which coordinates implementation of Government of Namibia HIV/AIDS activities. 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 (including USG representatives), NGO, FBO, trade unions and private sector organizations. The USG team will work with the Namibian government to ensure coordination of HIV policy and to promote sustainability of programs.

Program Contact: Ambassador Joyce Barr and Emergency Plan Coordinator, Aaron Daviet

Time Frame: FY 2006 – FY 2007

Approved Funding by Program Area: Namibia
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	963,970	0	1,565,686	0	0	0		2,529,656		2,529,656	5.5%
Abstinence/Be Faithful	3,255,251	0	734,936	175,000	55,000	0		4,220,187	367,370	4,587,557	10.0%
Blood Safety	0	0	0	0	0	0		0	1,676,440	1,676,440	3.7%
Injection Safety		0	0	0	0	0		0	1,529,031	1,529,031	3.3%
Other Prevention	535,102	0	533,068	196,000	0	477,600		1,741,770		1,741,770	3.8%
Prevention Sub-total	*4,754,323*	*0*	*2,833,690*	*371,000*	*55,000*	*477,600*	*0*	*8,491,613*	*3,572,841*	*12,064,454*	*26.4%*
Care											
Palliative Care: Basic health care & support	2,151,379	0	2,171,856	115,000	0	0		4,438,235		4,438,235	9.7%
Palliative Care: TB/HIV	118,000	0	145,523	0	0	0		263,523		263,523	0.6%
Orphans and Vulnerable Children								*6,464,840*		*7,180,877*	*15.7%*
Of Which, Orphans Programs	4,061,437	0	0	0	0	0		4,061,437	716,037	4,777,474	10.4%
Of Which, Pediatric AIDS								*2,403,403*		*2,403,403*	5.3%
Counseling and Testing	3,904,658	0	1,326,603	341,000	0	0		5,572,261		5,572,261	12.2%
Care Sub-total (Including Pediatric AIDS)	*10,235,474*	*0*	*3,643,982*	*456,000*	*0*	*0*	*0*	*16,738,859*	*716,037*	*17,454,896*	*38.1%*
Treatment											
Treatment: ARV Drugs	0	0	3,600,000	0	0	0		3,600,000	0	3,600,000	7.9%
Treatment: ARV Services	3,796,580	0	9,520,248	225,000	0	0		13,541,828	0	13,541,828	29.6%
Laboratory Infrastructure	0	0	1,471,766	48,000	0	0		1,519,766		1,519,766	3.3%
Treatment Sub-total (Including Pediatric AIDS)	*3,796,580*	*0*	*14,592,014*	*273,000*	*0*	*0*	*0*	*18,661,594*	*0*	*18,661,594*	*40.8%*
Less Pediatric AIDS Attributed to OVC (Care)								*-2,403,403*		*-2,403,403*	-5.3%
Treatment Sub-total (Excluding Pediatric AIDS)	*3,796,580*	*0*	*14,592,014*	*273,000*	*0*	*0*	*0*	*16,258,191*	*0*	*16,258,191*	*35.5%*
Subtotal, Prevention, Care, and Treatment	*18,786,377*	*0*	*21,069,686*	*1,100,000*	*55,000*	*477,600*	*0*	*41,488,663*	*4,288,878*	*45,777,541*	*100.0%*
Other Costs											
Strategic Information	2,093,015	0	1,250,957	60,000	0	0		3,403,972		3,403,972	
Other/policy analysis and system strengthening	1,963,808	0	1,963,857	46,000	120,000	139,500		4,233,165		4,233,165	
Management and Staffing	1,808,000	1,500,000	185,000	155,000	0	226,200		3,874,200		3,874,200	
Other Costs Sub-total	*5,864,823*	*1,500,000*	*3,399,814*	*261,000*	*120,000*	*365,700*	*0*	*11,511,337*	*0*	*11,511,337*	
AGENCY, FUNDING SOURCE TOTALS	**24,651,200**	**1,500,000**	**24,469,500**	**1,361,000**	**175,000**	**843,300**	**0**	**53,000,000**	**4,288,878**	**57,288,878**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	24,651,200	24,651,200	2,612,438	27,263,638
HHS	24,469,500	25,969,500	1,676,440	27,645,940
DOD	1,361,000	1,361,000	0	1,361,000
State	175,000	175,000	0	175,000
Peace Corps	843,300	843,300	0	843,300
Labor	0	0	0	0
Total	**51,500,000**	**53,000,000**	**4,288,878**	**57,288,878**

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
GHAI	51,500,000	4,288,878	55,788,878
Total	**53,000,000**	**4,288,878**	**57,288,878**

NIGERIA

Project Title: Nigeria FY 2006 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	-	7,707,000	7,707,000	101,500	-	**7,808,500**	-	**7,808,500**
DOL	-	-	-	-	-	-	-	-
HHS	3,056,000	66,550,000	69,606,000	812,000	-	**70,418,000**	**17,296,862**	**87,714,862**
Peace Corps	-	-	-	-	-	-	-	-
State	-	300,000	300,000		-	**300,000**	-	**300,000**
USAID	-	57,958,000	57,958,000	5,171,500	-	**63,129,500**	**4,654,887**	**67,784,387**
TOTAL Approved	**3,056,000**	**132,515,000**	**135,571,000**	**6,085,000**	**-**	**141,656,000**	**21,951,749**	**163,607,749**

HIV/AIDS Epidemic in Nigeria:

Adult HIV Prevalence Rate: 3.9% [2.3-5.6%] (UNAIDS 2006)
Estimated Number of HIV-infected People: 2 ,900,000 [1,700,000-4,200,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: 930,000 [510,000-1,300,000 (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***	**219,234**	**76,990**
End of FY 2007***	**312,540**	**85,976**

*"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
***Projections from FY 2006 Country Operational Plan

Program Description:

Nigeria is the largest country in Africa with at least 135 million citizens, accounting for 47% of the West African region's population. Under the federal system of government, Nigeria has 36 states and a federal Capital Territory (FCT); at an average of 3.2 million inhabitants, many states

are larger than some entire African countries. Because of this size, Nigeria carries one of the heaviest HIV/AIDS burdens in Africa despite its relatively low prevalence (3.9% in 2006). An estimate of the HIV-infected population is approximately 2 ,900,000 [1,700,000-4,200,000] according to the UNAIDS Nigeria Fact Sheets. In addition, Nigeria has one of the highest tuberculosis (TB) burdens in the world. Available data indicate that between 25-50 percent of Nigerian TB patients also have HIV, but no systematic survey of co-infection rates has been conducted since 2000 (FGON, 2001, WHO 2003). Unfortunately, only 10-15% of an estimated 320,000 cases have been detected.

Nigeria has both generalized and concentrated HIV/AIDS epidemics. Nigeria's epidemic is largely fueled by heterosexual transmission and mother-to-child transmission, and there are clearly identifiable risk groups that are similar to many other countries on the continent. A risk group warranting particular attention in Nigeria is married girls. This group, which has a mean age at first marriage of 14.6 years, is more prevalent in the Northern, predominantly Muslim, region and special activities are being included in this year's country operational plan (COP) to address this very vulnerable and largely un-served population.

The number of orphans that the USG Nigeria program will soon support is substantial. Recent projections indicate that the number of maternal orphans will rise from 0.3 million in 2000 to nearly 4 million in 2015. By 2015, an estimated 16.2% of the total population under 15 years of age would be orphaned by losing either or both parents from any cause, up from only 5.2% in 2000. The current prevalence peak in the 20-24 year age group implies that people are becoming infected at an earlier age. With over half of the population being under 25 years of age, Nigeria is classified as a "second wave" country and the stage is set for the next and larger wave of the epidemic.

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

Prevention Funding: $27,982 ,798 as of August 2006 ($21,315,340 Field and $6,667,458 Central) (19.4% of prevention, care and treatment budget)

Prevention activities in Nigeria include prevention of mother-to-child transmission (PMTCT), abstinence and faithfulness programs, blood and injection safety, and other prevention initiatives including those focused on high risk populations. With FY 2006 funding, the USG will support 115 PMTCT centers and will continue its dialog with the Government of Nigeria (GON) regarding the most effective protocols for expanding these treatment activities from the tertiary and secondary centers out into the more rural areas where most women give birth. In conjunction with training 1,151 health workers, community mobilization, and demand creation, these activities should allow USG in Nigeria to reach its target of screening 150,547 pregnant women and providing 9,557 women with prophylaxis in a PMTCT setting.

USG in Nigeria will continue to use FY 2006 funds to support high-quality, tightly targeted behavior change programs to deliver abstinence and be faithful (AB) messages. New emphasis this year will be on changing norms and behaviors of men in the general population, as opposed to only men who practice high-risk behaviors. In addition, "be faithful" messages, which have

received less emphasis in past years, will be given new prominence this year. Mass media messages, such as the popular and successful national "ZIP UP" campaign will continue and new media will be identified and exploited for more targeted messages. Prevention activities will be incorporated into all activities, and opportunities to introduce prevention messages into other program areas, such as voluntary counseling and testing (VCT), will be maximized. Strategies for discordant couples in all communities will be developed, and prevention for positives in both community-based care and antiretroviral therapy (ART) clinical settings will be enhanced. Efforts to reduce new infections among high-risk and high-transmission communities will continue with messages specifically targeted for each individual risk group.

The USG supports a significant number of clinical points of service in its Emergency Plan programming. With FY 2006 funds, the team has committed to ensuring that all clinical settings funded by the USG will be able to screen all transfused blood for HIV. Fifty-one clinical service outlets will benefit from support, and the funds will help train 465 staff. Universal precautions will also be promoted in all clinical settings. The USG Nigeria Safe Blood program is also engaged in a Public Private Partnership with Exxon-Mobil to provide technical assistance for safe blood activities in the Federal Capital Territory.

In the May 2006 notification, an additional $3,127,682 was allocated for prevention activities. These funds will support 14 service facilities for safe blood including training 130 staff. Additionally, at least 12,250 mothers will be screened for HIV and 874 will receive ARV prophylaxis to prevent mother-to-child transmission.

In August 2006, an additional $579,318 was allocated for prevention activities. These funds will support the screening of 27,175 pregnant women for HIV and enable 1,636 HIV-positive pregnant women to receive antiretroviral prophylaxis. Additionally, four new service outlets will conduct safe blood activities and 2,764,213 people will be reached with support for abstinence and fidelity.

Principal Partners: Catholic Relief Services, Family Health International (FHI), Harvard University School of Public Health, University of Maryland, International Foundation for Education and Self-Help (IFESH), Safe Blood for Africa Foundation, John Snow International (JSI), Nigerian Ministry of Health, Department of Defense, the Public Affairs Section of the State Department, Hope Worldwide, Food for the Hungry, Population Council, Columbia University and the Society for Family Health.

Care: $39,677,872 as of August 2006 ($39,514,003 Field and $163,869 Central) (27.5% of prevention, care and treatment budget)

Care activities in Nigeria include VCT, palliative care and support for orphans and vulnerable children (OVC). Bringing 350,000 persons to ART by 2008 will require providing VCT services to an estimated 13 million individuals in the coming years. To increase uptake of counseling and testing services at the health facility level, USG Nigeria will implement routine testing (based on an opt-out approach) in all clinical settings. With FY 2006 funding support, the USG will continue to support stand-alone VCT sites, which are linked to treatment and care services, and expand its reach by developing mobile testing services. National promotion is essential and an initiative to brand and franchise a national counseling and testing (CT) campaign will attempt to

expand nationally recognized services beyond USG sites. This will dramatically expand access to high quality, confidential counseling and testing which is linked to a care and treatment network.

The GON has acknowledged the need for palliative care and has moved forward in establishing a basic package of services for HIV positive people and their families. Although families, communities and organizations will continue to benefit from the USG's palliative care services, the focus of funding from FY 2006 will be on ensuring a minimum package of services (including opportunistic infection management, laboratory follow up, and referral to a care network) to all HIV positive patients identified in USG programs, regardless of their need for antiretroviral treatment. The USG 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. In addition, USG will promote HIV testing within TB facilities and ensure that all facilities offering antiretroviral treatment develop the ability to diagnose TB and provide nationally accepted directly-observed therapy, short course strategy (DOTS) sites within their facility.

The USG will also support the Federal Ministry of Women Affairs and Youth Development to develop national guidelines and policies, which address the needs of OVC. USG Nigeria will support a community network to implement a household/family-based strategy for OVC. The USG will also support interventions to advocate and mobilize a broad range of stakeholders to raise awareness of OVC issues. With FY 2006 funds, the USG will begin providing more extensive clinical care to OVC that includes prevention and management of opportunistic infections as well antiretroviral treatment for eligible children.

In the May 2006 notification, an additional $4,910,095 was allocated for care activities. The additional funds will support over 28,000 people receiving counseling and HIV test results and care for over 20,000 PLWHA in 28 USG-supported health facilities. Additionally, 4,500 clients in TB clinics will be screened for HIV and 375 will receive ARVs.

In August 2006, $600,000 of funding for care related programs was reprogrammed for OVC to support counseling and testing for 30,400 more people via the addition of five service outlets as well as access to palliative care services for 2,000 HIV+ patients.

Principal Partners: Catholic Relief Services, Family Health International, IFESH, Department of Defense, Harvard University School of Public Health, Columbia University School of Public Health, the University of Maryland, Institute for Human Virology, Hope Worldwide, US Embassy Public Affairs Section and the World Health Organization.

Treatment: $76,741,822 as of August 2006 ($61,621,400 Field and $15,120,422 Central) (53.1% of prevention, care and treatment budget)

Treatment activities in Nigeria include the provision of antiretroviral (ARV) drugs and services to eligible patients as well as laboratory support for the diagnosis and monitoring of HIV+ patients identified in USG programs. The downstream treatment target for FY 2005, which includes patients on USG-purchased drugs as well as those in GON treatment facilities that benefit from USG laboratory services, is 36,222. Downstream treatment targets are expected to

increase to 42,489 in FY 2006 and to 47,936 in FY 2007. 1,141 trained personnel will provide these services in 65 treatment sites. Funds will be used to purchase Food and Drug Administration (FDA) approved generic drugs whenever possible in an effort to maximize the number of Nigerians receiving treatment.

Systems that allow for tracking, forecasting and dispensing drugs and commodities will be strengthened with FY 2006 funding and accountability for these valuable resources will remain at consistently high levels. 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.

Laboratories will focus on maintaining high quality services as the numbers for provided treatment and services continues to increase. Discussions with GON counterparts on improving cost efficiencies will also continue in 2006 and 2007 with the hope of further reducing overall treatment costs and making routine monitoring available to all antiretroviral treatment patients.

In the May 2006 notification, an additional $14,020,723 was allocated for Treatment activities. The additional funds will support 17,400 people receiving ARVs in 28 USG-supported health facilities. Additionally, assistance will be provided to allow laboratories to ensure support to train at least 212 staff and to perform over 100,000 tests.

In August 2006, an additional $1,321,697 was allocated for treatment activities. These funds will enable 2,800 people to begin antiretroviral treatment and to access the necessary support services. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Principal Partners: Catholic Relief Services, Family Health International, Department of Defense, Harvard University School of Public Health, Columbia University, and the University of Maryland.

Other Costs: $19,205,257 as of August 2006

With FY 2006 funds, USG Nigeria will continue to strengthen the capacity of the Government to provide comprehensive antiretroviral treatment and to build the systems and structures that will support this countrywide effort. This effort also includes strengthening the policy environment that surrounds the provision of prevention, care and treatment services, as well as strengthening the systems required to measure progress in these areas.

Specifically, the USG will support the strengthening of antiretroviral commodity forecasting and procurement in the national system, surveillance efforts, 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 guide the provision of prevention, care, and treatment (National Strategic Framework on HIV/AIDS, National HIV/AIDS Policy, ARV guidelines, National OVC Action Plan, Counseling and Testing Guidelines, Blood Safety Policy, National Palliative Care Guidelines), 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 Drugs and Administration and the Nigerian Institute for Medical Research will be supported in their AIDS related activities.

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 Emergency Plan indicators will also be collected, compiled, analyzed and used for programmatic decision making.

Management and staffing funds will support the in-country personnel needed for U.S. Agency for International Development (USAID), Health and Human Services (HHS), Department of State (State), and Department of Defense (DOD). Funds will ensure program monitoring and accountability; ensure USG policy and technical leadership within the Nigerian national response, and office and administrative costs (e.g. compensation and logistical support).

In the May 2006 notification, an additional $1,900,000 was allocated for policy analysis, systems strengthening, and management and staffing activities. The additional funds will support the development of needed legislation and enable the development of HIV/AIDS policy in Nigeria. There is no change in the amount of funding allocated for these activities as of this operational plan.

Principal partners: National Democratic Institute, Catholic Relief Services, Family Health International, PHRPlus, Harvard University School of Public Health, University of Maryland, MEASURE Evaluation, JSI/DELIVER, Society for Family Health, and The Futures Group.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The U.S. Government in-country partners include USAID, HHS/CDC, HHS/NIH, State, and DOD. In addition to U.S. Government partners, development partners include the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), World Bank, UNAIDS, DfID, JICA, CIDA, WHO, UNICEF, and the country coordinating mechanism (CCM). Others include ADB, ILO, Italian Cooperation, UNDP, UNDCP, UNFPA, and UNIFEM.

A World Bank/IDA five-year credit worth $105 million is available for 18 states and the FGON. United Nations Children's Fund (UNICEF) has done innovative work in training peer educators among National Youth Service Corps members prior to their community postings. CIDA is currently in discussions to award support to Economic Community of West African States (ECOWAS). The Bill and Melinda Gates Foundation is the largest source of private foundation support, in addition to the Ford, Packard and McArthur Foundations. GFATM has approved three Round one HIV/AIDS grants totaling more than $28 million in lifetime award for HIV/AIDS, to support the expansion of ART, PMTCT and the promotion of civil society's role in the HIV/AIDS response. Currently, approximately $20 million has been disbursed on these three awards. Unfortunately, the Phase II monies for two of the HIV/AIDS grants has been cancelled and is an estimated loss of approximately $42 million.

Program Contact: Ambassador John Campbell and USG Nigeria Emergency Plan Coordinator, Nina Wadhwa

Time Frame: FY 2006 – FY 2007

Approved Funding by Program Area: Nigeria
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	3,397,000	0	4,004,000	400,000	0			7,801,000		7,801,000	5.4%
Abstinence/Be Faithful	6,420,422	0	0	200,000	0			6,620,422	709,108	7,329,530	5.1%
Blood Safety	905,000	0	1,507,000	50,000	0			2,462,000	2,176,440	4,638,440	3.2%
Injection Safety								0	3,781,910	3,781,910	2.6%
Other Prevention	2,446,918	0	185,000	1,500,000	300,000			4,431,918		4,431,918	3.1%
Prevention Sub-total	*13,169,340*	*0*	*5,696,000*	*2,150,000*	*300,000*	*0*	*0*	*21,315,340*	*6,667,458*	*27,982,798*	*19.4%*
Care											
Palliative Care: Basic health care & support	4,555,157	0	6,250,250	380,000	0			11,185,407		11,185,407	7.7%
Palliative Care: TB/HIV	2,082,865	0	2,620,704	650,000	0			5,353,569		5,353,569	3.7%
Orphans and Vulnerable Children								*13,295,685*		*13,459,554*	*9.3%*
Of Which, Orphans Programs	7,496,335	0	1,040,350	40,000	0			8,576,685	163,869	8,740,554	6.1%
Of Which, Pediatric AIDS								*4,719,000*		*4,719,000*	3.3%
Counseling and Testing	6,906,000	0	2,333,342	440,000	0			9,679,342		9,679,342	6.7%
Care Sub-total (Including Pediatric AIDS)	*21,040,357*	*0*	*12,244,646*	*1,510,000*	*0*	*0*	*0*	*39,514,003*	*163,869*	*39,677,872*	*27.5%*
Treatment											
Treatment: ARV Drugs	8,316,090	0	22,439,884	200,000	0			30,955,974	10,796,975	41,752,949	28.9%
Treatment: ARV Services	7,588,344	0	17,363,268	1,415,000	0			26,366,612	4,323,447	30,690,059	21.3%
Laboratory Infrastructure	2,750,988	0	5,716,826	550,000	0			9,017,814		9,017,814	6.2%
Treatment Sub-total (Including Pediatric AIDS)	*18,655,422*	*0*	*45,519,978*	*2,165,000*	*0*	*0*	*0*	*66,340,400*	*15,120,422*	*81,460,822*	*56.4%*
Less Pediatric AIDS Attributed to OVC (Care)								*-4,719,000*		*-4,719,000*	-3.3%
Treatment Sub-total (Excluding Pediatric AIDS)	*18,655,422*	*0*	*45,519,978*	*2,165,000*	*0*	*0*	*0*	*61,621,400*	*15,120,422*	*76,741,822*	*53.1%*
Subtotal, Prevention, Care, and Treatment	*52,865,119*	*0*	*63,460,624*	*5,825,000*	*300,000*	*0*	*0*	*122,450,743*	*21,951,749*	*144,402,492*	*100.0%*
Other Costs											
Strategic Information	4,612,454	0	3,100,750	393,500	0			8,106,704		8,106,704	
Other/policy analysis and system strengthening	2,655,000	0	0	40,000	0			2,695,000		2,695,000	
Management and Staffing	2,996,927	3,056,000	800,626	1,550,000	0			8,403,553		8,403,553	
Other Costs Sub-total	*10,264,381*	*3,056,000*	*3,901,376*	*1,983,500*	*0*	*0*	*0*	*19,205,257*	*0*	*19,205,257*	
AGENCY, FUNDING SOURCE TOTALS	**63,129,500**	**3,056,000**	**67,362,000**	**7,808,500**	**300,000**	**0**	**0**	**141,656,000**	**21,951,749**	**163,607,749**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	63,129,500	63,129,500	4,654,887	67,784,387
HHS	67,362,000	70,418,000	17,296,862	87,714,862
DOD	7,808,500	7,808,500	0	7,808,500
State	300,000	300,000	0	300,000
Peace Corps	0	0	0	0
Labor	0	0	0	0
Total	**138,600,000**	**141,656,000**	**21,951,749**	**163,607,749**

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
GHAI	138,600,000	21,951,749	160,551,749
Total	**141,656,000**	**21,951,749**	**163,607,749**

RWANDA

Project Title: Rwanda FY2006 Country Operational Plan

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	-	1,185,252	1,185,252	-	-	**1,185,252**	-	**1,185,252**
DOL	-	-	-	-	-	-	-	-
HHS	1,135,000	14,095,504	15,230,504	182,913	-	**15,413,417**	**9,012,579**	**24,425,996**
Peace Corps	-	-	-	-	-	-	-	-
State	-	230,000	230,000	-	-	**230,000**	-	**230,000**
USAID	-	44,306,331	44,306,331	-	-	**44,306,331**	**1,954,855**	**46,261,186**
TOTAL Approved	**1,135,000**	**59,817,087**	**60,952,087**	**182,913**	-	**61,135,000**	**10,967,434**	**72,102,434**

HIV/AIDS Epidemic in Rwanda:

Adult HIV Prevalence Rate: 3.1% [2.9-3.2] (UNAIDS 2006)
Estimated Number of HIV-infected People: 190,000 [180,000-210,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: 210,000 [170,000-260,000] (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***	**98,985**	**25,334**
End of FY 2007***	**166,567**	**33,766**

*"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
***Projections from FY 2006 Country Operational Plan

Program Description:

Rwanda is one of the most densely populated countries in sub-Saharan Africa. Twelve years after the genocide, which killed almost one million people, Rwanda faces multiple health and development challenges. An estimated : 3.1% [2.9-3.2] of the adult population is infected with

HIV, thus 230,000 Rwandan adults and 22,000 children are living with HIV/AIDS in a total population of 8.4 million people (Rwanda 2005 EST.). The repercussions of the HIV epidemic combined with the ongoing effects of the genocide have resulted in more than 810,000 total orphans and a continuing loss of approximately 22,000 persons from AIDS each year.

Rwanda's HIV/AIDS epidemic is primarily transmitted through heterosexual contact and from mother to child. High risk groups for HIV in Rwanda include commercial sex workers and their clients and partners; uniformed personnel including military and police forces; long distance truck-drivers, refugees, genocide widows, prisoners, and discordant couples. There are currently a large number of prisoners who are accused of genocide crimes that are now being released into the community. Although the prevalence rate among this population is unknown, there is cause for concern for the prisoners as well as their spouses and partners as they reintegrate into the community. Although historically the age of sexual debut in Rwanda is relatively late (approx 21 years DHS 2000), homeless children and orphans are at high risk for exposure. Resulting from both HIV and the genocide, orphans face unique challenges of sexual exploitation, violence, abuse, food insecurity and poverty. Tuberculosis (TB) remains a significant problem in Rwanda; the World Health Organization (WHO) estimates that 28% of adults infected with TB cases are co-infected with HIV.

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

Prevention: $12,540,794 as of August 2006 ($7,889,390 Field and $4,651,404 Central) (20.8% of prevention, care, and treatment budget)

Prevention activities include prevention of mother-to-child transmission (PMTCT), abstinence and be faithful (AB) programs, blood and injection safety, and other behavioral prevention initiatives including those that focus on high-risk populations. With FY 2006 funds, the President's Emergency Plan for HIV/AIDS (EP) will partner with the Government of Rwanda, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the World Bank, and individual health districts to strengthen the scope, quality and sustainability of PMTCT services in a decentralized health delivery system. The PMTCT program will work to ensure that 50% of HIV positive pregnant women who are eligible for antiretroviral therapy (ART) have access to the service. The program will expand to 22 new PMTCT sites for a total of 117 sites serving 121,095 women and children. In order to achieve sustainability, 44 sites will "graduate" from direct EP support through clinical partners to the performance-based financing mechanism.

The EP in Rwanda emphasizes AB programs in order to prevent the spread of HIV and supports the National Prevention Plan 2005-2009. Programs target both high-risk groups as well as the general population with AB messages. The EP supports quality behavior change programs including mass media and community-based behavior change programs, peer education, and work with religious organizations, associations of people living with HIV/AIDS and health care providers. With FY 2006 funds, the EP will program the majority of AB prevention assistance through local Rwandan faith and community based organizations (FBO/CBO). The EP will work to ensure that training curricula, mass media spots, and other information, education and information (IEC) materials address the links between alcohol abuse, gender-based violence and

HIV. Other topics addressed will include transactional sex, coercive and cross-generational sex and discordant couples in order to change not only behavior but also harmful societal norms. Over 463,000 individuals will be reached with face-to-face messages and 8,200 individuals will be trained to promote abstinence and fidelity with the support of FY 2006 funds.

With FY 2006 funding, the EP will expand efforts to reduce new infections among high risk and high transmitter groups (such as commercial sex workers, military, police, and discordant couples) through mobile counseling and testing (CT), condom social marketing, peer education and mass media. The USG will target 75,600 individuals through these ABC programs.

In order to strengthen systems for blood collection, testing, storage and handling, the EP will provide direct funding and technical assistance to Rwanda's National Program for Blood Transfusion for infrastructure and capacity building. Activities will focus on institutionalizing quality provision of transfusion services. Beginning in FY 2006 with the associated funding, the EP will increase to 40 the number of blood safety service outlets and will add 15 new collection sites.

The EP's safe injection activities in Rwanda will reduce the burden of HIV transmission due to unsafe and unnecessary medical injections, and contact with infectious medical waste. The package of interventions includes procurement of safe injection equipment and a comprehensive training component for all levels of medical providers. FY 2006 funded activities will include the expansion of provider training and procurement of injection safety supplies to a total of 23 health districts, in order to continue working toward full national coverage of injection safety activities.

In the May 2006 notification, an additional $475,000 was allocated for prevention activities. The additional funds will support expanded prevention of mother-to-child transmission, provide technical assistance to assess risk behaviors among people living with HIV/AIDS (PLWHA), and improve prevention-for-positives programming. There is no change in the amount of funding allocated for prevention as of this operational plan.

Principal Partners: American Refugee Committee, African Humanitarian Action, Centers for Disease Control (CDC), Community Habitat Finance International, Elizabeth Glaser Pediatric AIDS Foundation, Family Health International, Management Sciences for Health, Ministry of Health, IntraHealth, Population Service International, Sanquin Diagnostic Services, and World Relief.

Care: $21,456,820 as of August 2006 ($20,361,929 Field and $1,094,891 Central) (35.6% of prevention, care, and treatment budget)

Care activities include CT, basic palliative care, support for TB/HIV integration, and support to orphans and vulnerable children (OVC). With FY 2006 funds, the EP will expand the CT program to support medical facilities to increase levels of informed consent provider-initiated testing (PIT). This will include working with the Government of Rwanda (GOR) to establish policies and protocols for PIT and developing training tools for health workers. As pre-marital testing is emphasized by religious leaders in Rwanda, EP partners will work with faith-based

organizations to make pre-marital testing more widely available, and post-test counseling sessions will emphasize the importance of marital fidelity. The EP will build on new testing approaches to expand family-based and home-based testing. High risk populations including the military, prisoners, refugees, and sex workers, will be reached through expanded mobile and outreach testing activities.

The EP will work to ensure that all PLWHA at every stage of their illness receive services through a comprehensive network of district hospitals, health centers and communities. Clinical setting activities will include prevention and treatment of opportunistic infections, pain management, positive living and prevention counseling for positives, nutrition counseling and support, support for treatment adherence, CD4 testing, general clinical staging and monitoring, and wraparound family planning support. Community and home-based palliative care interventions will continue to focus on spiritual and emotional support, home-based care kits, counseling on hygiene and nutrition, and care for vulnerable children in the family. Food for Peace Title II resources will be leveraged to provide nutritional support for OVC and PLWHA. The EP will reach over 87,000 HIV positive patients with basic palliative care by September 2007.

With FY 2006 funding, the EP will support implementation of the national policy to strengthen and integrate TB/HIV services in close coordination with GFATM. The program will expand TB/HIV integration activities in all EP health districts and will improve systems to track co-infected patients. All TB patients will be routinely offered HIV testing and PLWHA will be routinely screened for TB to ensure that those who are co-infected receive treatment.

Due to the combined impact of the genocide and HIV/AIDS, Rwanda has one of the highest proportions of orphans in the world. The EP's partners will work closely with the GOR to increase national capacity to respond to OVC priorities of policy and legal reform, government and civil society coordination, and monitoring services to OVC. Funding from FY 2006 will support a package of comprehensive OVC services including education, health, psychosocial support, nutrition, and economic interventions in a gender-sensitive manner to beneficiaries of EP-assisted facilities. HIV prevention messages will continue to be integrated into OVC programs; an estimated total of 52,000 will be reached with all programs.

In the May 2006 notification, an additional $2,616,000 was allocated for care activities. The additional funds will support expanded testing (including the purchase of 380,000 HIV test kits), coordination with WFP and Title II resources to leverage food supplements, purchase of infant formula for 1,000 infants born to HIV-positive mothers, therapeutic feeding for 750 malnourished PLWHA, improved access to safe water, and improved capacity to diagnose TB among PLWHA (including children). In August 2006, an additional $82,913 was allocated for care activities. The $82,913 will be used to strengthen VCT services through the AIHA twinning mechanism.

Principal Partners: CHF International, Population Services International, American Refugee Committee, World Relief, Management Sciences for Health, IntraHealth, Elizabeth Glaser Pediatric AIDS Foundation, Family Health International, Drew University, Columbia University, and the Treatment and Research AIDS Center (TRAC).

Treatment: $26,312,752 as of August 2006 ($21,091,613 Field and $5,221,139 Central) (43.6% of prevention, care, and treatment budget)

Treatment activities include the provision of antiretroviral (ARV) drug and service programs as well as laboratory support. At present, there are 15,975 individuals on ART at 71 sites[1], and by September 2007, this number is expected to increase to 33,000 individuals on treatment at approximately 120 sites. With FY 2006 funds, the EP will assist the Ministry of Health (MOH) to increase program quality and sustainability through integration and decentralization of the HIV treatment program. Working with international partners, the EP will strengthen district-level capacity to plan, implement and monitor HIV treatment programs through technical and financial assistance including a performance-based financing mechanism. Utilizing FY 2006 funds, pediatric HIV technical expertise will be strengthened to care for more than 4,000 children by September 2007. The EP will provide technical and financial assistance for the MOH-led national ARV procurement and supply chain management to ensure an adequate drug supply in the country.

The Plan's FY 2006 funded technical support for laboratory infrastructure will focus on key reference laboratory functions, including training, quality assurance, and developing in-country expertise for HIV-related care and treatment. 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.

In the May 2006 notification, an additional $2,692,000 was allocated for treatment activities. The additional funds will support completion of a pediatric AIDS module of Integrated Management of Childhood Illness (IMCI) as national protocol, development of training materials for community-based pediatric AIDS risk-sign identification, testing and referral, increased availability of clinical materials for PMTCT, VCT, and ART, additional technical assistance for district health teams to enhance supervision, quality assurance and communications between health facilities, assessment of electrical infrastructure and supply at district hospitals, provision of solar energy packages for seven to nine district hospitals, allowance for an additional 40,000 CD4 tests, and provision of ARVs for an additional 500 patients. There is no change in the amount of funding allocated for treatment as of this operational plan. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Principal Partners: American Society of Clinical Pathologists, Association of Public Health Laboratories, Catholic Relief Services, CDC, Columbia University, Elizabeth Glazer Pediatric AIDS Foundation, Family Health International, IntraHealth, Management Sciences for Health, Ministry of Health, and the National Reference Laboratory.

Other Costs: $11,792,068 as of August 2006

The MOH, the National AIDS Control Commission and its district structures will receive technical and financial assistance through the Emergency Plan to strengthen the capacity to plan, coordinate, monitor and report on the progress of the national response. Support will include the

[1] Treatment and Research AIDS Center (TRAC) net Report, September 30, 2005, Rwanda.

improvement of a decentralized reporting system for HIV-related activities including electronic networking. The EP will also support HIV surveillance and targeted evaluations.

The EP supports interventions to improve human capacity and strengthen systems required to achieve 2-7-10 goals. Human capacity interventions include an HIV/AIDS public sector program management fellowship, a Masters in Public Health program, and in-service and pre-service nursing training support. These human capacity interventions are designed to train the Rwandan workforce to sustain the expanded HIV/AIDS program. The USG will provide a package of support to the MOH at central and district levels for strengthening supervision and quality of clinical services. The MOH's Health Care Unit will receive FY 2006 financial and technical assistance through a sub-contract with an EP partner; 20 of the 30 health districts will receive a uniform support package consisting of infrastructure, equipment, support for communication, supervision, management, transportation and human resources. The EP will also help strengthen HIV/AIDS policies and systems through the Commission Nationale de Lutte contre le SIDA (CNLS) across health and non-health sectors.

Management and staffing funds will support in-country personnel needed for U.S. Agency for International Development (USAID), the Department of Health and Human Services (HHS), the Department of State and the Department of Defense. Funds will ensure program monitoring and accountability, including active EP co-management with the GOR. Management and staffing costs will cover compensation, logistics, and office and administrative costs.

In the May 2006 notification, an additional $1,180,000 was allocated for other activities. The additional funds will support policy and system strengthening in Human Resources management in the MOH through technical assistance to develop incentive systems to maintain health care workers in rural areas, improved management in newly decentralized health districts, a human resources database and tracking system, and facility renovation to improve the quality of HIV services, including renovation of two isolation wards for HIV patients with multi-drug-resistant TB.

In August 2006, an additional $100,000 was allocated for other costs. The funding will be used to strengthen existing HHS/CDC strategic information activities as a new procurement through the CDC GAP 6 task order mechanism.

Principal Partners: Columbia University, Drew University, Family Health International, IntraHealth, Management Sciences for Health, Ministry of Health, Tulane University, and University of North Carolina.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The United States is the largest HIV/AIDS bilateral donor, having provided $56.9 million in support in 2005. Other major HIV/AIDS and health donors include the World Bank, GFATM, Belgium, Luxembourg, and Clinton Foundation. The GFATM has awarded four grants to Rwanda, totaling $100 million over five years for AIDS, TB and malaria programs. The CNLS is the primary HIV/AIDS coordinating body. The Executive Secretary of CNLS chairs the President's Emergency Plan for AIDS Relief (PEPFAR) Steering Committee, the GOR-USG co-

management mechanism, to ensure that USG program support and complements the Rwandan national HIV/AIDS plan.

Program Contact: Ambassador Michael Arietti and USAID Director, Kevin Mullally

Time Frame: FY 2006 – FY 2007

Approved Funding by Program Area: Rwanda
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	2,500,790	0	310,000	0	20,000			2,830,790		2,830,790	4.7%
Abstinence/Be Faithful	2,624,200	0	350,000	35,000	45,000			3,054,200	859,964	3,914,164	6.5%
Blood Safety								0	1,676,440	1,676,440	2.8%
Injection Safety								0	2,115,000	2,115,000	3.5%
Other Prevention	1,769,400	0	200,000	35,000	0			2,004,400		2,004,400	3.3%
Prevention Sub-total	*6,894,390*	*0*	*860,000*	*70,000*	*65,000*	*0*	*0*	*7,889,390*	*4,651,404*	*12,540,794*	*20.8%*
Care											
Palliative Care: Basic health care & support	4,976,160	0	356,300	265,125	10,000			5,607,585		5,607,585	9.3%
Palliative Care: TB/HIV	782,720	0	847,494	0	0			1,630,214		1,630,214	2.7%
Orphans and Vulnerable Children								*7,273,417*		*8,368,308*	*13.9%*
Of Which, Orphans Programs	3,751,400	0	0	0	0			3,751,400	1,094,891	4,846,291	8.0%
Of Which, Pediatric AIDS								*3,522,017*		*3,522,017*	5.8%
Counseling and Testing	4,368,800	0	1,196,913	255,000	30,000			5,850,713		5,850,713	9.7%
Care Sub-total (Including Pediatric AIDS)	*13,879,080*	*0*	*2,400,707*	*520,125*	*40,000*	*0*	*0*	*20,361,929*	*1,094,891*	*21,456,820*	*35.6%*
Treatment											
Treatment: ARV Drugs	9,061,102	0	0	0	0			9,061,102	343,800	9,404,902	15.6%
Treatment: ARV Services	8,131,189	0	5,220,110	160,375	0			13,511,674	4,877,339	18,389,013	30.5%
Laboratory Infrastructure	0	0	1,852,824	188,030	0			2,040,854		2,040,854	3.4%
Treatment Sub-total (Including Pediatric AIDS)	*17,192,291*	*0*	*7,072,934*	*348,405*	*0*	*0*	*0*	*24,613,630*	*5,221,139*	*29,834,769*	*49.5%*
Less Pediatric AIDS Attributed to OVC (Care)								*-3,522,017*		*-3,522,017*	-5.8%
Treatment Sub-total (Excluding Pediatric AIDS)	*17,192,291*	*0*	*7,072,934*	*348,405*	*0*	*0*	*0*	*21,091,613*	*5,221,139*	*26,312,752*	*43.6%*
Subtotal, Prevention, Care, and Treatment	*37,965,761*	*0*	*10,333,641*	*938,530*	*105,000*	*0*	*0*	*49,342,932*	*10,967,434*	*60,310,366*	*100.0%*
Other Costs											
Strategic Information	1,342,138	0	2,780,925	201,722	75,000			4,399,785		4,399,785	
Other/policy analysis and system strengthening	2,928,432	0	780,000	15,000	0			3,723,432		3,723,432	
Management and Staffing	2,070,000	1,135,000	383,851	30,000	50,000			3,668,851		3,668,851	
Other Costs Sub-total	*6,340,570*	*1,135,000*	*3,944,776*	*246,722*	*125,000*	*0*	*0*	*11,792,068*	*0*	*11,792,068*	
AGENCY, FUNDING SOURCE TOTALS	**44,306,331**	**1,135,000**	**14,278,417**	**1,185,252**	**230,000**	**0**	**0**	**61,135,000**	**10,967,434**	**72,102,434**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	44,306,331	44,306,331	1,954,855	46,261,186
HHS	14,278,417	15,413,417	9,012,579	24,425,996
DOD	1,185,252	1,185,252	0	1,185,252
State	230,000	230,000	0	230,000
Peace Corps	0	0	0	0
Labor	0	0	0	0
Total	**60,000,000**	**61,135,000**	**10,967,434**	**72,102,434**

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
GHAI	60,000,000	10,967,434	70,967,434
Total	**61,135,000**	**10,967,434**	**72,102,434**

SOUTH AFRICA

Project Title: South Africa FY 2006 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	1,000,000	1,000,000	0	0	**1,000,000**	**0**	**1,000,000**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	4,818,000	71,952,281	76,770,281	0	0	**76,770,281**	**20,523,587**	**97,293,866**
Peace Corps	0	372819	372,819	0	0	**372,819**	**0**	**372,819**
State	0	865000	865,000	0	0	**865,000**	**0**	**865,000**
USAID	0	117,362,900	117,362,900	0	0	**117,362,900**	**4,644,843**	**122,007,743**
TOTAL Approved	**4,818,000**	**191,553,000**	**196,371,000**	**0**	**0**	**196,371,000**	**25,168,430**	**221,539,430**

HIV/AIDS Epidemic in South Africa:

HIV prevalence among pregnant women: 18.8% [16.8-20.7%] (UNAIDS, 2006)
Estimated Number of HIV-Infected People: 5.5 million 4,900,000-6,100,000] (UNAIDS, 2006)
Estimated Number of AIDS Orphans: 1.2 million [970,000-1,400,000] (UNAIDS, 2006)

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

South Africa	Total # Receiving Care and Support	Total # of Receiving ART
End of FY 2004*	**599,900**	**12,200**
End of FY 2005**	**548,200**	**93,000**
End of FY 2006***	**672,911**	**150,000**
End of FY 2007***	**891,799**	**265,000**

*"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
***Projections from FY 2006 Country Operational Plan

Program Description:

Over the past decade, South Africa has transformed itself into an egalitarian democracy, aggressively addressing social and economic challenges and the racial inequalities of its apartheid past. In spite of a high per capita GDP ($3,480), 40% of South Africans live in poverty. In the first decade of democracy, adult HIV prevalence has risen from less than 3% to an estimated 18.8% [16.8-20.7%]. With 5.5 million citizens infected with HIV, South Africa has more infected adults and children than any other country 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, and other vulnerable and high-risk populations (mobile populations, sex workers 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 15.4% to 40.7% in the nine provinces.

Although 75% of people living with HIV/AIDS (PLWHA) 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 (56.7% in 2003), and treatment interruption rates remain high (12.4%) heightening concern for development of Multi-Drug Resistant TB. AIDS-associated mortality is high (370,000 AIDS deaths in 2003) with large increases in HIV mortality among young adults and children (40% of under-five mortality is associated with HIV in 2000). As mortality increases, so too will AIDS orphans, already numbering upwards of 1.1 million.

Using FY 2006 funding, the USG Emergency Plan program in South Africa will provide support to public, private and NGO sector HIV activities at the national, provincial and local levels through a broad-based network of over 80 prime partners and more than 200 sub-partners. Emergency Plan funding will be focused on the following programmatic areas to achieve the 2-7-10 targets:

Prevention: $36,342,280 as of August 2006 ($29,970,750 Field and $6,371,530 Central) (18.6% of prevention, care, and treatment budget)

Prevention activities in South Africa include prevention of mother-to-child transmission (PMTCT), abstinence and faithfulness programs, community-based communications programs, blood and injection safety, and other prevention initiatives.

As of July 2005, there were 3,064 PMTCT sites in South Africa with services available at all hospitals and more than 70% of clinics. It is anticipated that universal coverage will be reached in the next 12-month period. The Emergency Plan will support: (1) the expansion and strengthening of the South African PMTCT program by improving service quality, building the capacity of professional and lay health care workers, and by developing effective logistic and information systems; (2) programs that create increased awareness and demand for quality PMTCT service delivery at the community level; and (3) increased integration of PMTCT with

other related HIV and primary health care services. Using FY 2006 funds, 95,900 pregnant women will receive PMTCT services through direct Emergency Plan support.
USG agencies will support primary prevention with special emphasis on abstinence and faithfulness activities that are implemented through school, community, and faith-based life-skills education programs. Through both community-based and large-scale non governmental (NGO) and faith based organizations (FBO) programs, the Emergency Plan will support youth and young people to delay sexual debut and practice abstinence, faithfulness and responsible decision-making. In addition, USG agencies will assist the Department of Health to increase the availability and use of condoms by high-risk groups. Other prevention initiatives focus on behavior change and other communication efforts, safe medical practices and blood supply, and HIV prevention education for military personnel, women surviving on transactional sex, prison inmates and correctional officers, mobile populations, traditional healers, teachers, and trade unionists in all nine provinces of South Africa.

In the May 2006 notification, an additional $6,076,373 was allocated for prevention activities. The additional funds will support PMTCT activities, Abstinence and Be Faithful Programs, other behavior change programs, and medical injection safety programs. Plus-up funding will enable 9,200 additional women to receive HIV counseling and testing for PMTCT and an additional 1,694 pregnant women will be provided with a complete course of antiretroviral prophylaxis in a PMTCT setting. The number of health workers trained in the provision of PMTCT services according to national and international standards will increase by 105 individuals as a result of plus-up funding. The funds will support community outreach with abstinence and faithfulness messages to an additional 2.3 million people and over 10,000 people will be trained to promote HIV/AIDS prevention programs. Funding will provide for the training of 92 individuals in medical injection safety. In August 2006, there was no change in the amount of funding allocated for prevention.

Principal Partners: USG South Africa partners with over 40 agencies in the prevention program area. South African Government partners include the National Departments of Health (NDOH), Correctional Services, Education, Justice, and Defense. International partners include Africare, Salvation Army World Services, Population Council, EngenderHealth, Johns Hopkins University, Hope Worldwide, John Snow Inc., Academy for Educational Development, Family Health International, American Center for International Labor Solidarity, International Training and Education Center on HIV, University Research Corporation, Harvard School of Public Health, the Population Council, Fresh Ministries, and the Elizabeth Glaser Pediatric AIDS Foundation. Local South African partners include Health Systems Trust, Human Science Research Council, Soul City, Wits Health Consortium, University of Western Cape, Centre for HIV/AIDS Networking, Comprecare, Living Hope Community Center, Nelson Mandela Children's Fund, and the Nelson Mandela School of Medicine, and the University of KwaZulu-Natal.

Care: $64,266,105 as of August 2006 ($62,851,352 Field and $1,414,753 Central) (32.9% 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 6.29 million HIV-positive individuals, the clinical and palliative care needs of patients suffering from AIDS places a severe

strain on health services. Accordingly, the Emergency Plan supports programs to increase the availability and quality of palliative care services, including providing training, technical and financial assistance to NGO, FBO and community-based and home-based care programs, hospice and palliative care organizations as well as public sector health facilities. Using FY 2006 funds, Emergency Plan-supported care programs will directly reach over 400,000 HIV-positive individuals in need of care and will provide palliative care training for at least 14,000 professional and lay caregivers.

South Africa has one of the highest estimated TB infection rates in the world with 55% of TB patients HIV-positive. With FY 2006 funding, USG agencies will support implementation of best practices to maximize integration of HIV/TB prevention, diagnosis, treatment and management programs, and to increase the effectiveness of referral networks between TB and HIV services.

Care and support of OVC is a key component to mitigate the impact of the epidemic in South Africa, where an estimated 1.1 million children have lost at least one parent to HIV and AIDS. USG care and support of OVC in South Africa will provide financial and technical assistance to OVC programs focusing on mobilizing community- and faith-based organizations 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 South African Government benefits, and strengthening OVC support through referrals for health care, support groups and training. With FY 2006 funding these programs will provide comprehensive services to at least 200,000 OVC and more limited services to an additional 110,000 OVC by the end of September 2007.

Expanding the availability, access and quality of CT services is a critical component of the USG AIDS program in South Africa. Emergency Plan CT activities support NDOH efforts to expand current CT sites and services. Using FY 2006 funds, the USG will continue to provide CT training for over 11,000 health staff and counselors in all nine provinces as well as training for NGO, trade unions, and employers. All USG CT activities are intentionally linked to clinical care and support and/or treatment activities to assure that individuals testing positive have access to needed services. At least three USG programs have mobile CT programs targeting high-risk populations, underserved communities and men. With the assistance of FY 2006 Emergency Plan funding, USG-supported counseling and testing activities will result in 620,000 individuals knowing their HIV status by September 2007.

In the May 2006 notification, an additional $10,217,997 was allocated for care activities. The additional funds will expand efforts to strengthen the capacity of local HIV/AIDS organizations to provide palliative care and OVC activities, support HIV testing for TB patients and support CT. The number of individuals provided with general HIV-related palliative care will increase by 122,000. Training will be provided for an additional 1,604 individuals in palliative care and 4,000 providers caring for OVC. An additional 25,000 OVC will be served with this funding. In August 2006, there was no change in the amount of funding allocated for care.

Principal Partners: USG South Africa partners with nearly 50 individual agencies in the care and support areas. South African Government partners include the National Departments of Health, Correctional Services, Social Development, Provincial and Local Government and Defense, and

the National Health Laboratory Service. International partners include Africare, Catholic Relief Services, Salvation Army World Services, Humana People to People, Population Council, EngenderHealth, Johns Hopkins University, JHPIEGO, Hope Worldwide, John Snow Inc., Family Health International, American Center for International Labor Solidarity, Columbia University, Harvard University, Population Services International, and the Elizabeth Glaser Pediatric AIDS Foundation. Local South African partners include Right to Care, Hospice and Palliative Care Association of South Africa, Africa Center for Health and Population Studies, Wits Health Consortium, Medical Research Council, South African National Council of Child and Family Welfare, Broadreach Health Care, Aurum Health Research, Comprecare, Starfish, Nurturing Orphans for AIDS and Humanity (NOAH), HIVCARE, Living Hope Community Center, Nelson Mandela Children's Fund, Tshikululu Social Investments, and the Nelson Mandela School of Medicine.

Treatment: $94,855,097 as of August 2006 ($77,472,950 Field and $17,382,147 Central) (48.5% of prevention, care, and treatment budget)

In 2003, the South African Government took the historic step of developing a comprehensive plan to implement a nationwide antiretroviral (ARV) treatment program. This plan has provided an ideal opportunity for the USG to contribute to the South African Government target of universal access to ARV services by 2009. Based on best practices and expertise in the private and public sectors, the USG program will strengthen comprehensive care for HIV-infected people by: (1) scaling-up existing effective programs; (2) initiating new treatment programs; (3) providing direct treatment services; (4) increasing the capacity of the National and Provincial Departments of Health to develop, manage and evaluate AIDS treatment programs, including the training of health workers, enhancing the quality of treatment services, and strengthening the management of ARV-related pharmaceuticals; and (5) increasing demand for, acceptance of, and compliance with ARV treatment through treatment literacy campaigns and community mobilization. USG agencies will provide direct support for 20 ARV treatment programs operating in at least 500 service outlets in the public, private and NGO sectors and comprehensive, high quality ARV treatment services to over 145,000 by September 2007. In addition, the USG has set a goal that ten percent of the individuals on treatment will be HIV-positive children by September 2007. Because the South African Government is committed to purchasing all ARV drugs required for all public sector treatment sites, the USG will be purchasing a limited amount of ARV for its NGO and private sector programs. Building local human capacity is a key feature of the USG's treatment program, and the USG will support training in ARV therapy for at least 18,000 service providers in FY 2006.

In the May 2006 notification, an additional $18,781,000 was allocated for treatment activities. The additional funds will support a significant expansion of ARV treatment programs and will allow USG/South Africa to expand Emergency Plan programs into underserved geographic areas, to increase HIV-TB linked services, and to support additional pharmacists at AIDS treatment sites – all of which are program objectives supported by the South African Government. An additional 71 service outlets will be able to provide antiretroviral therapy, and an additional 25,727 individuals will receive antiretroviral therapy as a result of this funding. The total number of health workers trained to deliver antiretroviral therapy (ART) services will increase by over 1,200 individuals. In August 2006, there was no change in the amount of

funding allocated for treatment. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Principal Partners: USG South Africa partners with 30 individual agencies in the treatment program areas. South African government partners include the National Departments of Health, Correctional Services, and Defense, and the National Institute for Communicable Diseases. International partners include American Center for International Labor Solidarity, Africare, Catholic Relief Services, Population Council, Absolute Return for Kids (ARK), John Snow Inc., Johns Hopkins University and JHPIEGO, Columbia University, Elizabeth Glaser Pediatric AIDS Foundation, Management Sciences for Health, University Research Corporation, American Center for International labor Solidarity, and the International Training and Education Center on HIV (I-TECH). Local South African partners include Foundation for Professional Development, Africa Center for Health and Population, Soul City, Right to Care, Wits Health Consortium, Broadreach Health Care, Medical Research Council of South Africa, Aurum Health Research, HIVCARE, and the University of KwaZulu-Natal.

Other Costs: $26,075,948 as of August 2006

The USG will assist NDOH to design and implement an integrated monitoring and evaluation (M&E) system. To facilitate the management of the Emergency Plan monitoring and reporting process, the USG is implementing a single consolidated data warehouse center that serves as the focal point for all Emergency Plan data collected by the partners. Through collaboration and assistance to the South African Government and strengthening of implementing partners' strategic information systems, the USG will also support specific targeted evaluations to improve prevention, care and treatment programs, to identify potential new interventions, and to document best practices. The USG will also assist the Department of Social Development in strengthening their M&E system to identify and track OVC.

As of February 2006, the total pending budget for South Africa was $37,530,900. In April 2006, an additional $2,455,530 was allocated for strategic information, policy analysis and systems-strengthening activities and management and staffing activities. The additional funds will support technical assistance, training, travel, evaluation activities and the expansion of the development of a health human resources plan. An additional 125 individuals will be trained in strategic information. The number of HIV-positive individuals trained in HIV-related policy development, HIV-related institutional capacity building, HIV-related stigma and discrimination reduction, and HIV-related community mobilization for prevention, care and/or treatment will increase by 160.

Management and Staffing costs will support the program and technical assistance required to implement and manage Emergency Plan activities. The United States Agency for International Development, Department of Health and Human Services, The United States Peace Corps, and Department of Defense personnel, travel, management, and logistics support in country are included in these costs. In August 2006, there was no change in the amount of funding allocated for other costs.

Principal Partners: USG South Africa partners with 20 individual agencies in strategic information, targeted evaluation and management and staffing program areas. South African government partners include the National Departments of Health, Correctional Services, Social Development, and Defense, the South African National Blood Service, and the National Institute for Communicable Diseases. International partners include Population Council, JHPIEGO, Academy for Educational Development, Harvard University, University of North Carolina, and the National Alliance of State and Territorial AIDS Directors. Local South African partners include Human Science Research Council, Medical Research Council of South Africa, University of Pretoria, University of KwaZulu-Natal, and Wits Health Consortium.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The United States is the largest bilateral donor to South Africa's health sector, having provided a total of over $158 million in support in FY 2005, the majority of which is for HIV/AIDS prevention, care and treatment. The USG is one of nearly 20 bilateral and multilateral donors providing technical and financial assistance in support of South Africa's HIV and Sexually Transmitted Infections (STI) Strategic and Comprehensive Plans. In addition to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), other major donors include the European Union, the United Kingdom, Belgium, Netherlands, Australia, France, Sweden and Germany. GFATM has entered into agreements for three grants from South Africa, totaling $65 million over two years for AIDS and TB programs. These grants provide funding to expand treatment services in the Western Cape, to provide a broad package of HIV prevention, treatment and care activities in KwaZulu-Natal, and to support a youth focused prevention campaign. The primary HIV/AIDS coordinating body is the South African National AIDS Council (SANAC). In addition to working with SANAC, the USG meets regularly with key officials of individual Ministries (Health, Social Development, Treasury, Defense, Education, Justice, Provincial and Local Government and Correctional Services) to ensure that USG assistance complements and supports the South African Government's plans for prevention, care and treatment.

Program Contact: Deputy Chief of Mission, Donald Teitelbaum and Health Attaché F. Gray Handley

Time Frame: FY 2006 – FY 2007

Approved Funding by Program Area: South Africa
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	4,205,000	200,000	3,750,000	0	0	0		8,155,000		8,155,000	4.2%
Abstinence/Be Faithful	8,337,000	220,000	3,755,000	100,000	0	53,750		12,465,750	3,230,090	15,695,840	8.0%
Blood Safety		0						0	1,026,440	1,026,440	0.5%
Injection Safety	0	0	600,000	0	0	0		600,000	2,115,000	2,715,000	1.4%
Other Prevention	4,490,000	155,000	3,905,000	200,000	0	0		8,750,000		8,750,000	4.5%
Prevention Sub-total	*17,032,000*	*575,000*	*12,010,000*	*300,000*	*0*	*53,750*	*0*	*29,970,750*	*6,371,530*	*36,342,280*	*18.6%*
Care											
Palliative Care: Basic health care & support	10,051,000	0	5,556,000	175,000	300,000	122,365		16,204,365		16,204,365	8.3%
Palliative Care: TB/HIV	3,080,000	0	5,401,000	0	0	0		8,481,000		8,481,000	4.3%
Orphans and Vulnerable Children								*24,705,481*		*26,120,234*	*13.4%*
Of Which, Orphans Programs	14,017,900	0	1,590,000	100,000	400,000	145,031		16,252,931	1,414,753	17,667,684	9.0%
Of Which, Pediatric AIDS								*8,452,550*		*8,452,550*	4.3%
Counseling and Testing	4,400,000	0	8,887,500	150,000	0	23,006		13,460,506		13,460,506	6.9%
Care Sub-total (Including Pediatric AIDS)	*31,548,900*	*0*	*21,434,500*	*425,000*	*700,000*	*290,402*	*0*	*62,851,352*	*1,414,753*	*64,266,105*	*32.9%*
Treatment											
Treatment: ARV Drugs	12,414,000	0	13,230,000	0	0	0		25,644,000	4,807,057	30,451,057	15.6%
Treatment: ARV Services	44,278,000	0	14,728,500	75,000	0	0		59,081,500	12,575,090	71,656,590	36.7%
Laboratory Infrastructure	0	0	1,200,000	0	0	0		1,200,000		1,200,000	0.6%
Treatment Sub-total (Including Pediatric AIDS)	*56,692,000*	*0*	*29,158,500*	*75,000*	*0*	*0*	*0*	*85,925,500*	*17,382,147*	*103,307,647*	*52.9%*
Less Pediatric AIDS Attributed to OVC (Care)								*-8,452,550*		*-8,452,550*	-4.3%
Treatment Sub-total (Excluding Pediatric AIDS)	*56,692,000*	*0*	*29,158,500*	*75,000*	*0*	*0*	*0*	*77,472,950*	*17,382,147*	*94,855,097*	*48.5%*
Subtotal, Prevention, Care, and Treatment	*105,272,900*	*575,000*	*62,603,000*	*800,000*	*700,000*	*344,152*	*0*	*170,295,052*	*25,168,430*	*195,463,482*	*100.0%*
Other Costs											
Strategic Information	3,500,000	0	6,260,000	100,000	0	0		9,860,000		9,860,000	
Other/policy analysis and system strengthening	750,000	175,000	1,770,000	0	0	0		2,695,000		2,695,000	
Management and Staffing	7,840,000	4,068,000	1,319,281	100,000	165,000	28,667		13,520,948		13,520,948	
Other Costs Sub-total	*12,090,000*	*4,243,000*	*9,349,281*	*200,000*	*165,000*	*28,667*	*0*	*26,075,948*	*0*	*26,075,948*	
AGENCY, FUNDING SOURCE TOTALS	**117,362,900**	**4,818,000**	**71,952,281**	**1,000,000**	**865,000**	**372,819**	**0**	**196,371,000**	**25,168,430**	**221,539,430**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	117,362,900	117,362,900	4,644,843	122,007,743
HHS	71,952,281	76,770,281	20,523,587	97,293,868
DOD	1,000,000	1,000,000	0	1,000,000
State	865,000	865,000	0	865,000
Peace Corps	372,819	372,819	0	372,819
Labor	0	0	0	0
Total	**191,553,000**	**196,371,000**	**25,168,430**	**221,539,430**

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
GHAI	191,553,000	25,168,430	216,721,430
Total	**196,371,000**	**25,168,430**	**221,539,430**

TANZANIA

Project Title: Tanzania FY 2006 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	8,200,000	8,200,000	600,000	0	**8,800,000**	**0**	**8,800,000**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	3,883,000	26,186,134	30,069,134	2,950,000	0	**33,019,134**	**20,861,447**	**53,880,581**
Peace Corps	0	476,000	476,000	0	0	**476,000**	**0**	**476,000**
State	0	655,000	655,000	0	0	**655,000**	**0**	**655,000**
USAID	0	60,394,866	60,394,866	850,000	0	**61,244,866**	**4,911,478**	**66,156,344**
TOTAL Approved	**3,883,000**	**95,912,000**	**99,795,000**	**4,400,000**	**0**	**104,195,000**	**25,772,925**	**129,967,925**

HIV/AIDS Epidemic in Tanzania:

Adult HIV Prevalence Rate: 6.5% [5.8-7.2%] (UNAIDS 2006)
Estimated Number of HIV-infected People: 1.4 million [1,300,000-1,600,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: 1.1 million [910,000-1,200,000] (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***	**1,770,354**	**45,000**
End of FY 2007***	**563,822**	**85,000**

*"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
***Projections from FY 2006 Country Operational Plan

Program Description:

The USG in Tanzania supports an integrated program covering prevention, treatment and care. The program supports existing as well as new activities in Tanzania, and allows for a rapid expansion which is both unprecedented and would not be possible were it not for the Emergency Plan. This expansion takes into account expected inputs from the Global Fund, World Bank, bi- and multi-lateral donors and the Government of Tanzania itself.

The population of Tanzania is predominantly rural based with approximately 23% of Tanzanians living in urban environments and 77% in rural areas. The islands of Zanzibar; Unguja and Pemba are slightly more urbanized; approximately 35% live in urban areas and 65% in rural areas. Almost two-thirds (62%) of the population resides on Unguja and 38% on Pemba. Females make up 51% of the population and males, 49%. Life expectancy in Tanzania is 54 years for males and 56 years for females.

Tanzania's mainland faces a generalized HIV/AIDS epidemic, with a 6.5% [5.8-7.2%] prevalence rate in the adult population (UNAIDS 2006). Close to 85% of HIV transmission in Tanzania occurs through heterosexual contact, less than 6% through mother-to-child transmission and less than 1% through blood transfusion. HIV is firmly established in Tanzania's urban and rural areas, particularly in high transmission trading centers, border towns, and along transport routes. According to these results, there continues to be a significant difference in the prevalence among women (7.7%) as compared to men (6.3%) and in urban (10.9%) as compared to rural (5.3%) areas of the country. Males and females are differentially affected with peak prevalence among women occurring in the 30-34 year age group (12.9%) while for males the peak is between 40-44 (12.3%).

The epidemic in Zanzibar is very different from the mainland. HIV prevalence on Unguja and Pemba is estimated at 0.6% for the general population. Although prevalence is low in Zanzibar, the islands remain at risk. HIV prevalence among pregnant women on the islands doubled from 0.3% in 1987 to 0.6% in 1997, with subsequent prevalence holding steady at less than one percent in 2000. Among blood donors, the rate increased from 0.5% in 1987 to 1.5% in 1998. Health indicators in Zanzibar show a high proportion of sexually transmitted infections (STIs), with 60% of STIs occurring among married couples.

Prevention: $27,871,626 as of August 2006 ($20,315,000 Field and $7,556,626 Central) (24.6% of prevention, care, and treatment budget)

In August 2004, Tanzanian President Mkapa addressed the need for a wide range of HIV/AIDS prevention interventions in Tanzania. His public endorsement clearly supports Tanzania's National Multisectoral Strategic Framework on HIV/AIDS, embracing comprehensive prevention approaches and strategies to address the pandemic. The newly elected President Kikwete has also come out very strongly in his early speeches regarding the importance of a strong HIV prevention. Prevention is viewed as a fundamental link to care and treatment and vice versa in a full spectrum of support. Given the level of stigma and discrimination that exists throughout Tanzania, strong emphasis is needed to change negative provider, community, and social norms.

The USG program is well positioned to expand prevention activities in Tanzania and promote strong collaboration among existing activities. While specifically targeted groups were a focus of prevention activities in Tanzania throughout the 1980s, prevention activities in recent years have focused largely on the general population. There is recognition that a focus on targeted high risk groups will be needed to spearhead more effective prevention efforts in the future. High risk groups in Tanzania include those traditionally defined such as prostitutes, miners, and truck drivers. In addition it is important to recognize the high risk introduced through the endemic nature of multiple partner behavior and trans-generational relationships in Tanzanian society. This widespread practice widens the high-risk definition to include discordant couples, married, and non-married men.

Specific activities will include continuing to scale up coverage of prevention of mother-to-child transmission (PMTCT) services across all regions of the country, and expanding abstinence programs to reach the growing number of youth who are both in and out of school. FY 2006 funds will continue the blood and injection safety activities initiated with prior year Emergency Plan funds while increasing the scale of these programs to provide national level coverage of blood safety programs, and integrating injection safety into pre and in-service training. Prevention activities will also include a newly designed national level behavior change program linked to the social marketing of services and commodities, as appropriate. There is no change in the amount of funding allocated for prevention as of this operational plan.

Principal partners include: Mbeya, Rukwa, and Ruvuma Regional Medical Offices, the Elizabeth Glaser Pediatric AIDS Foundation, African Medical and Research Foundation (AMREF), the Ministries of Health and Social Welfare (Mainland and Zanzibar), KIHUMBE, the Jane Goodall Institute/TACARE, YouthNet, T-MARC, Ministry of Health/NACP, PharmAccess, the United States Peace Corps, and Deloitte.

Care: $28,977,192 as of August 2006 ($27,830,900 Field and $1,146,292 Central) (25.6% of prevention, care, and treatment budget)

USG support will build further on existing relationships with faith based and community organizations, expanding services to reach over 24,000 clients through 47 home-based care (HBC) service organizations. A total of 2,300 HBC providers will be trained in basic palliative services to support this expansion. FY 2006 funds will help ensure that USG HBC partners are providing basic care packages, including cotrimoxazole prophylaxis, support for pain relief, end of life care, and counseling in healthy living choices/prevention for positives.

With FY 2006 funding, the USG will also implement a network of services targeting orphans and vulnerable children (OVC), with the goal of reaching 60,000 children by the end of the year. In the target districts, services will cover children's needs for shelter, food, education, health care, economic opportunity, psychosocial support, HIV education, and social and legal protection.

Tanzania is also one of the three target countries for the new USG malaria initiative and linkages with this new initiative will be used to enhance HBC services through provision of treated bed nets for people living with HIV/AIDS (PLWHA). Innovative programs will also include the

development of community agricultural plots for PLWHA. Some will serve as small income generating opportunities for PLWHA while in some programs, food from these plots will be used to supplement dietary needs for HBC clients and patients initiating antiretroviral therapy (ART).

In FY 2006, a regional focus for USG funded treatment partners will be operationalized under the Government of Tanzania's National AIDS Control Program (NACP) guidance, as will the expansion of community based, orphans and palliative care services. Organizations serving communities surrounding current and anticipated treatment facilities will be targeted for development or expansion with FY 2006 funds. Programs providing services to communities without access to quality facility based care and treatment will continue to be expanded in preparation for national ART coverage. FY 2006 USG funding will also include treatment adherence counseling for ART patients in some sites as a means to enhance patient follow up at their homes. In this fashion, the USG program expects to fully utilize a continuum of care approach where all necessary services can be provided within one geographic area.

Principal Partners: Henry M. Jackson Foundation Medical Research International, KIHUMBE, Family Health International, CARE/Tumaini, Jane Goodall Institute/TACARE, Deloitte, Africare, Pathfinder International, Mbeya, Rukwa, and Ruvuma Regional Hospitals, PATH, Pact, AMREF, and the Ministry of Health/NACP.

In the May 2006 notification, an additional $25,327,192 was allocated for care activities. The additional funds will provide HIV-related palliative care training for 4,100 individuals and HIV palliative care training for 50 individuals. These additional funds will also result in two additional service outlets that will provide HIV-related palliative care. The number of OVC served by OVC programs will increase by 9,150 and the number of providers/caretakers trained in caring for OVC will increase by 135. The number of individuals who will receive counseling and testing for HIV (and will receive their test results) will increase by 12,000 and the number of service outlets providing counseling and testing (according to national and international standards) will increase by 4. There is no change in the amount of funding allocated for care as of this operational plan.

Treatment: $56,313,973 as of August 2006 ($39,243,966 Field and $17,070,007 Central) (49.8% of the prevention, care, and treatment budget)

Activities to support general access, patient follow-up and the targeting of specific populations for ART by USG efforts initiated in the early years of the Emergency Plan will be continued with FY 2006 funding. These include services for HIV positive pregnant women and their family members and the specific improvement of pediatric care.

The primary focus of the treatment activities will be the scaling up of clinical treatment services for people living with AIDS. The initiation of these activities, though slower than expected, is poised to roll out to 200 sites by the end of 2006, through both downstream and upstream USG partner support. With FY 2006 funds, USG support for training, accreditation, service provision, and commodity procurement, including antiretrovirals, treatment services will continue their rapid expansion by year end and beyond. It is envisioned that treatment, prevention, and care

will all be linked and that activities will provide an opportunity for patients to access a range of services at each point of the continuum as appropriate.

USG efforts in improving pediatric care will be continued both at the national and local care provider level. This will include strengthening the pediatric components of the National HIV/AIDS Care and Treatment Guidelines and facilitating the training of medical personnel in provision of quality pediatric services. Additionally, experienced providers from outside and within Tanzania will be utilized to mentor and provide supportive supervision for sites initiating treatment.

Additional USG efforts will support the integration of HBC providers and dispensary personnel as part of the network of ART, linking them to ART facilities for training and support as a means of providing patient follow up and assistance in treatment adherence.

Principal partners include: John Snow International, Medical Stores Department, Mbeya, Rukwa, Ruvuma Regional Hospitals, Mbeya Referral Hospital, PharmAccess, University Research Corporation, Deloitte, Family Health International, Management Sciences for Health, Muhimbili National Hospital, Harvard University, Elizabeth Glaser Pediatric AIDS Foundation, Catholic Relief Services/AIDSRelief consortium, Columbia University, and the Ministry of Health: Diagnostics.

In May 2006, an additional $400,000 was allocated for treatment activities. These additional funds will provide for antiretroviral therapy for an additional 500 people. Three service outlets providing antiretroviral therapy will be available and twelve health workers will be trained to deliver ART services (according to national and/or international standards) as a result of the increased funding.

In August 2006, an additional $4,400,000 was allocated for treatment activities. The additional funding will be used to purchase ARVs to put additional people on treatment and to strengthen laboratory services through the procurement of critical commodities and supplies. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Other Costs: $16,805,134 as of August 2006

The USG supports a wide range of effort in Tanzania to ensure a sound foundation for all HIV/AIDS activities. These are part of Tanzania's national response to HIV/AIDS, and include policy development, legislative review, stigma reduction, and capacity building of public, non-governmental, and private sector organizations involved in the response. These interventions provide necessary linkages between actors, programs, and government agencies. Recent achievements have included formulation of the National AIDS Policy, assessment of the impact of the AIDS Policy on laws as a means of safeguarding the rights of PLWHA. The USG has, and will continue to, support the development of faith-based consortia, regardless of denomination. Efforts to date have focused on both Christian and Muslim based groups. These groups in turn, working through their followers, provide messages and services to people infected and affected by HIV and AIDS.

The USG has long supported cross-cutting processes as a means to improve the policy/institutional environment in which USG HIV/AIDS activities are developed at national and local levels. Examples for government include policy development and implementation; capacity building to strengthen strategic leadership and coordination capacity of the Tanzania Commission for AIDS (TACAIDS) and The Zanzibar AIDS Commission (ZAC); technical assistance for Global Fund processes (partnership facilitation, proposal preparation and start up coordination). For the non-governmental and faith based organizations (NGO and FBO) sectors, this includes strategic leadership and coalition building around critical issues for civil society organizations (FBO, PLWHA organizations, and parliamentary networks).

USG is also actively involved with the Government of Tanzania on human resource issues; the dearth of staff has been called both "an emergency" and "a crisis". Regardless of the title supplied, the reality is that there is simply not enough trained staff to carry out the increasingly complex clinical services which HIV care requires. At the community level, the ability to identify individuals who are willing to donate their time and skills to the rest of their neighbors is also becoming a challenge.

Utilizing FY 2006 funding, the USG will seek out innovative ways of alleviating these shortages including using the concept of twinning to bring experienced clinicians from the US and elsewhere to Tanzania, thus allowing the existing trained Tanzanians the ability to assist underserved areas of the country.

To support the overall achievements of the USG efforts in Tanzania requires a significant level of staffing across the different Departments and Agencies. While necessarily the level of staffing has been kept minimal, the burden of overseeing a program growing as rapidly the one in Tanzania can not be underestimated.

Principal Partners: Ministry of Health (NACP, ZACP, NTLP, NIMR), TACAIDS, Measure/Evaluation, ORC/MARCO, PharmAccess, Management Sciences for Health, The Futures Group/Policy Project, Pact, Family Health International, and IntraHealth.

Other Donors, Global Fund Activities, Coordination Mechanism:

The USG works closely with the Development Partners Group sub-group on HIV/AIDS. The Emergency Plan is a standing agenda item in the monthly meetings and updates, and all questions, concerns, etc. are attended to during that time. The monthly meetings, as well as other ad-hoc interactions, serve as opportunities to inform other donors on the areas that the USG seeks to support and identify opportunities to strengthen programs in a collaborative fashion.

The USG also works closely with the Global Fund and has a seat on the Tanzania National Coordinating Mechanism (the "Country Coordinating Mechanism"). The USG has been highly instrumental in the development of proposals for rounds 1-5 for both the mainland and Zanzibar and has a close working relationship with the Fund's Country Manager. As both initiatives develop, the Team will continue to seek opportunities for synergizing programs and identify

potential gaps where one or the other activity can provide assistance to the Government of Tanzania.

Coordinating of Emergency Plan activities in Tanzania is a multifaceted effort. Internally, the USG meets on a weekly basis with heads of Agency on the "Interagency HIV/AIDS Coordinating Committee" or IHCC. This body, chaired by the Deputy Chief of Mission, has oversight on all USG activities and is the arbitrating body for internal matters. Externally, under the auspices of the Embassy and the Ambassador himself, the USG liaises with the various ministries and offices in order to ensure a coherent program and tightly coordinated activities. Together, both externally and internally, the USG continues to build a well respected relationship across agencies, other donors, and the Government of Tanzania.

Program Contact: Ambassador Michael Retzer Sr. and Deputy Chief of Mission, Daniel Purnell Delly

Time Frame: FY 2006 – FY 2007

Approved Funding by Program Area: Tanzania
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	4,075,000	0	2,690,000	250,000	150,000	0		7,165,000	0	7,165,000	6.3%
Abstinence/Be Faithful	4,375,000	0	925,000	100,000	0	100,000		5,500,000	3,765,186	9,265,186	8.2%
Blood Safety	0	0	850,000	0	0	0		850,000	1,676,440	2,526,440	2.2%
Injection Safety	200,000	0	300,000	0	0	0		500,000	2,115,000	2,615,000	2.3%
Other Prevention	5,600,000	0	150,000	350,000	0	200,000		6,300,000		6,300,000	5.6%
Prevention Sub-total	*14,250,000*	*0*	*4,915,000*	*700,000*	*150,000*	*300,000*	*0*	*20,315,000*	*7,556,626*	*27,871,626*	*24.6%*
Care											
Palliative Care: Basic health care & support	6,515,000	0	1,400,000	510,000	0	75,000		8,500,000		8,500,000	7.5%
Palliative Care: TB/HIV	550,000	0	1,300,000	150,000	0	0		2,000,000		2,000,000	1.8%
Orphans and Vulnerable Children								*10,230,900*		*11,377,192*	*10.1%*
Of Which, Orphans Programs	6,145,900	0	300,000	410,000	0	25,000		6,880,900	1,146,292	8,027,192	7.1%
Of Which, Pediatric AIDS								*3,350,000*		*3,350,000*	3.0%
Counseling and Testing	4,770,000	0	1,375,000	855,000	100,000	0		7,100,000		7,100,000	6.3%
Care Sub-total (Including Pediatric AIDS)	*17,980,900*	*0*	*4,375,000*	*1,925,000*	*100,000*	*100,000*	*0*	*27,830,900*	*1,146,292*	*28,977,192*	*25.6%*
Treatment											
Treatment: ARV Drugs	15,293,966	0	500,000	0	0	0		15,793,966	3,696,000	19,489,966	17.2%
Treatment: ARV Services	6,695,000	0	11,605,000	5,000,000	0	0		23,300,000	13,374,007	36,674,007	32.4%
Laboratory Infrastructure	0	0	3,400,000	100,000	0	0		3,500,000		3,500,000	3.1%
Treatment Sub-total (Including Pediatric AIDS)	*21,988,966*	*0*	*15,505,000*	*5,100,000*	*0*	*0*	*0*	*42,593,966*	*17,070,007*	*59,663,973*	*52.7%*
Less Pediatric AIDS Attributed to OVC (Care)								*-3,350,000*		*-3,350,000*	-3.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*21,988,966*	*0*	*15,505,000*	*5,100,000*	*0*	*0*	*0*	*39,243,966*	*17,070,007*	*56,313,973*	*49.8%*
Subtotal, Prevention, Care, and Treatment	*54,219,866*	*0*	*24,795,000*	*7,725,000*	*250,000*	*400,000*	*0*	*87,389,866*	*25,772,925*	*113,162,791*	*100.0%*
Other Costs											
Strategic Information	1,375,000	0	2,600,000	100,000	0	0		4,075,000		4,075,000	
Other/policy analysis and system strengthening	4,015,000	0	1,705,000	300,000	100,000	0		6,120,000		6,120,000	
Management and Staffing	1,635,000	3,883,000	36,134	675,000	305,000	76,000		6,610,134		6,610,134	
Other Costs Sub-total	*7,025,000*	*3,883,000*	*4,341,134*	*1,075,000*	*405,000*	*76,000*	*0*	*16,805,134*	*0*	*16,805,134*	
AGENCY, FUNDING SOURCE TOTALS	**61,244,866**	**3,883,000**	**29,136,134**	**8,800,000**	**655,000**	**476,000**	**0**	**104,195,000**	**25,772,925**	**129,967,925**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	61,244,866	61,244,866	4,911,478	66,156,344
HHS	29,136,134	33,019,134	20,861,447	53,880,581
DOD	8,800,000	8,800,000	0	8,800,000
State	655,000	655,000	0	655,000
Peace Corps	476,000	476,000	0	476,000
Labor	0	0	0	0
Total	**100,312,000**	**104,195,000**	**25,772,925**	**129,967,925**

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
GHAI	100,312,000	25,772,925	126,084,925
Total	**104,195,000**	**25,772,925**	**129,967,925**

UGANDA

Project Title: Uganda FY 2006 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	Subtotal: Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	1,486,400	1,486,400	0	0	**1,486,400**	**0**	**1,486,400**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	8,040,000	60,879,488	68,919,488	0	0	**68,919,488**	**8,741,115**	**77,660,603**
Peace Corps	0	728,300	728,300	0	0	**728,300**	**0**	**728,300**
State	0	915,734	915,734	0	0	**915,734**	**0**	**915,734**
USAID	0	80,990,078	80,990,078	0	0	**80,990,078**	**8,094,346**	**89,084,424**
TOTAL Approved	8,040,000	145,000,000	153,040,000	0	0	**153,040,000**	**16,835,461**	**169,875,461**

HIV/AIDS Epidemic in Uganda:

Adult HIV Prevalence Rate: 6.7% [5.7-7.6%] (UNAIDS 2006)
Estimated Number of HIV-infected People: 1 million [850,000-1,200,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: 1 million [870,000-1,300,000] (UNAIDS 2006)

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***	**343,087**	**90,000**
End of FY 2007***	**457,019**	**120,000**

*"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
***Projections from FY 2006 Country Operational Plan

Program Description:

According to performance data collected in mid-2005, the President's Emergency Plan in Uganda is ahead in achieving treatment, care and support targets. Nonetheless, the USG team

proposes new improvements to the Emergency Plan to stem the tide of the epidemic. The country operational plan for FY 2006 has devoted greater resources to prevention activities, care for orphans, pediatric AIDS and antiretroviral therapy. The reach of the Emergency Plan will be intensified among underserved populations, including people displaced by an 18-year insurgency in northern Uganda.

The Emergency Plan in Uganda has changed strategically to focus resources where the most recent data has revealed specific areas and behaviors requiring increased attention. For example, results from a national sero-prevalence survey show a national prevalence of 6.7% [5.7-7.6%], noticeably higher than the earlier UNAIDS data. Prevalence varies widely across regions in Uganda. The conflict areas in the Northern Districts, the North Central District and the capital city of Kampala, are particularly hard hit, with prevalence rates of approximately 9.2%. Other recently available country data demonstrates that a high proportion of men report multiple concurrent sexual relationships, a significant number of couples are discordant, and an unsettlingly high number of HIV positive couples experience unplanned pregnancies. As such, the USG believes that to effectively lower HIV incidence, the Emergency Plan in Uganda must reinforce its efforts in prevention for HIV positive individuals and couples, improve access to family planning among HIV positive couples, and spearhead a national effort to address the gender and sexual norms that condone multiple concurrent sexual relationships for men.

The Emergency Plan will also continue to support palliative care programs and provide comprehensive support including: treatment for opportunistic infections and tuberculosis (TB), septrin prophylaxis, safe water, long-lasting insecticide-treated nets, psychosocial support, pain management and other interventions. With FY 2006 funding, the program will reach over 350,000 people including over 150,000 orphans.

The Emergency Plan will continue to expand access to antiretroviral therapy (ART) programs to reach 70,000 individuals in 2006 and meet our FY 2008 target. The program in 2006 will focus on ensuring quality, adherence, and laboratory monitoring and increasing access in underserved areas. Additionally, increased numbers of infants will receive care and treatment.

Prevention: $28,751,391 as of August 2006 ($21,158,108 Field and $7,593,283 Central) (19.2% of prevention, care, and treatment budget)

The Emergency Plan will continue to support prevention programs for youth, adults and high-risk populations. The Ugandan President's Initiative for AIDS Strategy Communication for Youth (PIASCY), reaches five and a half million primary and secondary school students with HIV prevention messages focused on abstinence and faithfulness. With FY 2006 funding, the USG will assist the Ministry of Education to roll out this program and greatly expand the number of secondary and technical institutions benefiting from it. The PIASCY program will also allow over 45,000 teachers to improve their skills in guidance counseling. To complement this institutional approach, the USG is supporting numerous civil society and faith based organizations that work at the community level to reach out of school youth through peer education and through other communication initiatives including drama and radio programming. The USG will also continue to support national campaigns that elevate the debate about young people's vulnerability and the importance of adult support. This comprehensive approach will

reach approximately nine million in and out of school youth, teachers, young married couples and the larger community with AB messages.

With FY 2006 funding, the Emergency Plan will intensify its focus on men and couples to promote faithfulness, couples testing and mutual disclosure. National campaigns focusing on faithfulness, testing and normative behavior change for men will create a social environment that supports prevention programming. Prevention activities for HIV positive individuals such as individual risk assessment, condom provision, sexually transmitted infection (STI) diagnosis and treatment, and family planning with linkages to prevention of mother-to-child transmission (PMTCT) programming will be further integrated into HIV/AIDS care programming. Over 150,000 women will be reached through PMTCT in over 200 sites. Prevention approaches will continue to focus on the most at risk populations, particularly uniformed service members, truckers, fishermen, and prostitutes, who continue to fuel the epidemic in Uganda. Innovative approaches will be expanded to include these groups and vulnerable groups in conflict areas and currently underserved areas. These approaches will reach an estimated 2,380,000 individuals who are most at risk.

The basic infrastructure for blood and injection safety exists. In FY 2005, guidelines for blood and injection safety were revised, and infrastructure for safe blood transfusion services was improved, to reduce the need for, and practice of, unnecessary blood transfusions. An expanded blood safety team will collect 175,000 units of blood, counsel and test donors for HIV, and refer them to care and treatment if appropriate.

In May 2006, an additional $132,900 was allocated for prevention activities. The additional funds will support Abstinence, Be Faithful, and other prevention programs, and training for prevention activities. Together with previously allocated funds, these funds will enable prevention programs promoting abstinence and/or being faithful to reach 3,000 people, and 20 individuals will receive training to provide these programs. Funding will also support training for 50 individuals to provide prevention messages beyond abstinence and/or being faithful, and 2,000 additional individuals will be reached through these programs. In August 2006, there was no change in the amount of funding allocated for prevention.

Principal Partners: AIDS Information Center, Care International, AIDSRelief Consortium/Catholic Relief Services, Creative Associates, Elizabeth Glazer Pediatric AIDS Foundation, International Rescue Committee, International Youth Foundation, Inter-Religious Council of Uganda, Johns Hopkins University, John Snow International, Ministry of Education and Sports, Ministry of Gender, Ministry of Health (MOH), PATH, Protecting Families Against AIDS, The AIDS Support Organization, Samaritan's Purse, Uganda Blood Transfusion Service, and World Vision International

Care: $57,261,152 as of August 2006 ($54,283,649 Field and $2,977,503 Central) (38.3% of prevention, care, and treatment budget)

With FY 2006 funds, the Emergency Plan will continue to expand access to quality palliative care for people living with HIV/AIDS (PLWHA) and their families through public sector facilities, nongovernmental, community and faith based organizations (NGO, CBO and FBO)

and other community networks. Over 360,000 individuals, including over 150,000 OVC, will receive palliative care services in 950 service outlets. The Emergency Plan will focus on integrating elements of preventive care, including the use of daily cortrimoxazole, long lasting insecticide-treated nets, safe water, appropriate nutrition, and psychosocial support, into existing HIV/AIDS care services. In addition, pain management and symptom control, end-of-life care and bereavement support to families and their caregivers will be emphasized as critical elements of palliative care. Routine tuberculosis (TB) screening, treatment, and prevention, will be integrated with HIV counseling and testing. Similarly, HIV counseling and testing (CT) will be integrated as a routine service within all TB treatment sites.

The Emergency Plan will also strengthen capacity of indigenous organizations and networks to deliver comprehensive palliative care, to integrate prevention and, as required, to link directly to service referral for ART. Community based organizations including FBO, NGO, and religious leaders will be trained to serve as indigenous sources of ongoing psychosocial support in communities.

The USG will intensify efforts to enable individuals to learn their HIV status and be linked to care and treatment immediately. The Emergency Plan will target couples, family members and children of HIV positive individuals and other high-risk groups, including a focus in high-prevalence regions. The Emergency Plan will expand CT coverage through various approaches including facility-based services, mobile outreaches to rural populations and integrating TB-testing as a routine component of clinical care. FY 2006 funding will support routine CT in prenatal clinics, in-patient and out-patient wards of regional and district hospitals, and selected health centers; a total of 571,417 people will receive quality counseling and testing services overall.

There are over two million orphans or vulnerable children (OVC) affected by HIV in Uganda, with an estimated 900,000 orphaned as a direct result of HIV. FY 2006 funds will expand access to care and support services for orphans and caretaker families through civil society and networks of FBO. The Emergency Plan will continue building the leadership capacity of the Ministry of Gender, Labor and Social Development as the lead agency to effectively coordinate and guide the national response to the crisis. In FY 2006, This Ministry will administer a $10 million grant program for OVC support to be implemented by indigenous groups.

In May 2006, an additional $2,080,920 was allocated for care activities. The funds will expand efforts to strengthen the capacity of local HIV/AIDS organizations to provide palliative care and OVC activities and support training to test for HIV in TB patients. The number of individuals provided with general HIV-related palliative care will increase by 200. Training will be provided for an additional 910 individuals in TB/HIV related palliative care and 725 providers in caring for OVC. OVC programs will serve an additional 5,380 OVC. In August 2006, there was no change in the amount of funding allocated for care.

Principal Partners: Africare, African medical and Research Foundation, AIDS Information Center, AIDSRelief Consortium/Catholic Relief Services, ACDI/VOCA, AVSI, Baylor University/Pediatric Infectious Disease Clinic, CARE USA, Christian AID, Creative Associates International, Hospice Uganda Africa, Integrated Community Based Initiatives, International

Rescue Committee, Johns Hopkins University, Kumi District Director of Health Services, Makerere University Facility of Medicine, Makerere University Institute of Public Health, MOH, Mildmay International, National Medical Stores, Research Triangle Institute, Inter-Religious Council of Uganda, Opportunity International, Plan Uganda, Population Services International, Reach-Out Mbuya, Salvation Army, and the AIDS Support Organization

Treatment: $63,586,510 as of August 2006 ($57,321,835 Field and $6,264,675 Central) (42.5% of prevention, care, and treatment budget)

Treatment activities in Uganda include support to provide antiretroviral (ARV) drugs, ARV services, logistics and laboratory services. With FY 2006 funding, the Emergency Plan will expand ART to 70,000 Ugandans through over 60 service delivery points in the public, non-governmental and faith based sectors with a significant number of Ugandan partners. Services are widely distributed in urban and rural settings, in the conflict-affected North, and in post-conflict areas in the West. The Emergency Plan will expand support for ART to poor and rural populations, women and children and high-prevalence areas.

The USG will continue to support facility-based, outreach-based, and home-based provision of ART services, which have contributed to the rapid scale-up of ART in Uganda. The Emergency Plan supported ART programs provide comprehensive HIV/AIDS care and treatment services and many additionally provide "wrap-around" services. With FY 2006 funds, the Emergency Plan will intensify the integration of HIV prevention into ART and basic care programs.

Maintaining an adequate supply of essential drug and laboratory commodities in the public sector continues to be a challenge in Uganda. These commodities include drugs to treat opportunistic infections (including TB), HIV test kits, condoms and laboratory reagents. The USG will continue to strengthen national logistics and commodity supply systems to ensure full supply of ARV drugs and related HIV commodities. Building on the successful establishment of a laboratory credit line in 2004, the Emergency Plan will continue to provide HIV test kits and lab reagents to national and NGO partners. The USG will support the MOH to train national partners in drug logistics. FY 2006 funding will allow the USG to work with the Government of Uganda, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and development partners to ensure a full supply of all critical HIV commodities.

The USG will also expand access to a full complement of needed HIV laboratory testing for all HIV positive individuals in the care network including CD4 monitoring, viral load, and early infant diagnosis. Nationally, the USG is leading an effort for a national laboratory network that will improve laboratory services in rural health facilities, develop regional centers of excellence for advanced HIV tests, provide quality assurance and resistance monitoring, and ensure there are trained providers in all USG supported sites.

FY 2006 funds will be used by the Emergency Plan to scale up a national ART quality assurance program, to improve quality of clinical care service delivery, and to monitor patient outcomes to improve adherence. The USG will continue to build capacity by training clinicians, counselors, and laboratory staff and will provide technical assistance to develop national policies, guidelines, and materials. Networks of people living with HIV will liaise with health facilities as part of a

continuum of care to support adherence to care and treatment. The USG will also support widespread campaigns to improve understanding and use of antiretroviral treatment for providers, clients, and the general population.

In May 2006, an additional $7,568,880 was allocated for treatment activities. These funds will purchase additional ARV drugs, provide new training opportunities and improve laboratory infrastructure and operations. Through these additional funds, 365 individuals will be trained in the provision of lab-related activities and 75 will be trained to deliver ART services. These funds will provide ART for 5,000 more individuals and to build capacity in one more laboratory for HIV diagnostic testing. In August 2006, there was no change in the amount of funding allocated for treatment. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Principal Partners: African Medical and Research Foundation, AIDS-Relief Consortium/Catholic Relief Services, Baylor University/Pediatric Infectious Disease Clinic, Elizabeth Glazer Pediatric AIDS Foundation, Emerging Markets, Inter-Religious Council of Uganda, Home Based AIDS Care Project, Makerere University Institute of Public Health, Joint Clinical Research Center, Makerere University Facility of Medicine, Mildmay Center, MOH, National Medical Stores, Reach-Out Mbuya, The AIDS Support Organization, and University Research Corporation.

Other Costs: $20,276,408 as of August 2006

With FY 2006 funds, the USG will continue to strengthen national monitoring and evaluation systems for HIV, at both the national and district levels. Working collaboratively with the Government of Uganda, civil society, and development partners, USG will support strategic planning and leadership within the Uganda AIDS Commission, and will improve mainstreaming of HIV through other sectors (such as water, agriculture, public service). The USG will also provide technical assistance for policy development within the MOH, with a focus on the development of a National Laboratory Policy and a Laboratory Quality Assurance System for rapid HIV testing in the country. In addition, the USG will continue focusing on the health management and logistics management information system within the MOH, as well as the information systems in Ministries of Education and Gender that deliver HIV services. Through a new mechanism, USG will aid indigenous organizations human resources management, administration, financial management, strategic planning and monitoring. The Emergency Plan will conduct population-based surveys, and support policy-level analyses to ensure that Uganda's HIV/AIDS response is guided by up-to-date information.

In May 2006, an additional $921,300 was allocated for strategic information, policy analysis and systems-strengthening, and management and staffing activities. The additional funds will support technical assistance and training. An additional 50 individuals will be trained in HIV-related policy development and 50 will be trained in HIV-related institutional capacity building. In addition, 180 individuals will be trained in HIV-related community mobilization. The number of HIV service outlets/programs provided with technical assistance related to policy and/or capacity building will increase by twenty. In August 2006, there was no change in the amount of funding allocated for other costs.

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

Other Donors, Global Fund Activities, Coordination Mechanism:

The USG actively engages in coordination, planning and monitoring through both Government of Uganda and development partner coordination groups. The Uganda AIDS Commission is the overall coordinating body for HIV/AIDS and meets monthly as a national partnership committee of public and private representatives. The Commission acts as Secretariat to the Emergency Plan Advisory Committee chaired by the former Prime Minister and comprised of 19 national representatives from public sector, faith based and private sector and people living with AIDS. The Advisory Committee meets quarterly to advise the USG team on program direction. The Commission also leads a national behavior change communication committee and M&E committee in which the USG participates. The USAID currently chairs the AIDS Development Partners and Education Funding Partners Group and the USG is represented in the AIDS, Health and OVC groups. The MOH implements a 'sector wide approach' and hosts monthly Health Policy Advisory Committee meetings to which all groups working in the public health sector must participate, as well as technical committees for: ART, counseling and testing, TB/HIV integration, laboratory services, PMTCT, and training. GFATM Secretariat recently lifted a suspension on grants to Uganda and the Ministry of Finance is in process of redesigning the institutional arrangements. The USG will actively participate to ensure full synchronization with the Emergency Plan.

Program Contact: Deputy Chief of Mission, William Fitzgerald and Emergency Plan Coordinator, Premila Bartlett

Time Frame: FY 2006 – FY 2007

Approved Funding by Program Area: Uganda
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	3,603,473	0	1,590,240	50,000	136,509	0		5,380,222	0	5,380,222	3.6%
Abstinence/Be Faithful	7,528,687	0	850,736	0	72,416	114,900		8,566,739	2,724,259	11,290,998	7.5%
Blood Safety	0	0	0	0	0	0		0	2,476,440	2,476,440	1.7%
Injection Safety	0	0	65,466	0	0	0		65,466	2,392,584	2,458,050	1.6%
Other Prevention	6,658,813	0	250,000	50,000	36,868	150,000		7,145,681	0	7,145,681	4.8%
Prevention Sub-total	*17,790,973*	*0*	*2,756,442*	*100,000*	*245,793*	*264,900*	*0*	*21,158,108*	*7,593,283*	*28,751,391*	*19.2%*
Care											
Palliative Care: Basic health care & support	11,802,633	144,730	5,519,353	268,999	176,947	132,900		18,045,562		18,045,562	12.1%
Palliative Care: TB/HIV	2,281,324	148,239	1,766,153	0	38,709	0		4,234,425		4,234,425	2.8%
Orphans and Vulnerable Children								*20,489,894*		*23,467,397*	*15.7%*
Of Which, Orphans Programs	9,371,312	0	3,015,781	170,000	281,557	182,900		13,021,550	2,977,503	15,999,053	10.7%
Of Which, Pediatric AIDS								*7,468,344*		*7,468,344*	5.0%
Counseling and Testing	5,081,836	0	6,141,204	138,000	152,728	0		11,513,768		11,513,768	7.7%
Care Sub-total (Including Pediatric AIDS)	*28,537,105*	*292,969*	*16,442,491*	*576,999*	*649,941*	*315,800*	*0*	*54,283,649*	*2,977,503*	*57,261,152*	*38.3%*
Treatment											
Treatment: ARV Drugs	12,637,600	0	17,501,398	0	0	0		30,138,998	3,094,749	33,233,747	22.2%
Treatment: ARV Services	12,335,660	835,412	11,798,544	289,655	0	0		25,259,271	3,169,926	28,429,197	19.0%
Laboratory Infrastructure	1,747,474	1,444,899	5,966,871	232,666	0	0		9,391,910		9,391,910	6.3%
Treatment Sub-total (Including Pediatric AIDS)	*26,720,734*	*2,280,311*	*35,266,813*	*522,321*	*0*	*0*	*0*	*64,790,179*	*6,264,675*	*71,054,854*	*47.5%*
Less Pediatric AIDS Attributed to OVC (Care)								*-7,468,344*		*-7,468,344*	-5.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*26,720,734*	*2,280,311*	*35,266,813*	*522,321*	*0*	*0*	*0*	*57,321,835*	*6,264,675*	*63,586,510*	*42.5%*
Subtotal, Prevention, Care, and Treatment	*73,048,812*	*2,573,280*	*54,465,746*	*1,199,320*	*895,734*	*580,700*	*0*	*132,763,592*	*16,835,461*	*149,599,053*	*100.0%*
Other Costs											
Strategic Information	3,716,266	2,050,354	3,617,547	82,375	0	81,300		9,547,842		9,547,842	
Other/policy analysis and system strengthening	1,025,000	0	1,927,501	0	0	0		2,952,501		2,952,501	
Management and Staffing	3,200,000	3,416,366	868,694	204,705	20,000	66,300		7,776,065		7,776,065	
Other Costs Sub-total	*7,941,266*	*5,466,720*	*6,413,742*	*287,080*	*20,000*	*147,600*	*0*	*20,276,408*	*0*	*20,276,408*	
AGENCY, FUNDING SOURCE TOTALS	**80,990,078**	**8,040,000**	**60,879,488**	**1,486,400**	**915,734**	**728,300**	**0**	**153,040,000**	**16,835,461**	**169,875,461**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	80,990,078	80,990,078	8,094,346	89,084,424
HHS	60,879,488	68,919,488	8,741,115	77,660,603
DOD	1,486,400	1,486,400	0	1,486,400
State	915,734	915,734	0	915,734
Peace Corps	728,300	728,300	0	728,300
Labor	0	0	0	0
Total	**145,000,000**	**153,040,000**	**16,835,461**	**169,875,461**

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
GHAI	145,000,000	16,835,461	161,835,461
Total	**153,040,000**	**16,835,461**	**169,875,461**

VIETNAM

Project Title: **Vietnam FY 2006 Country Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	-	1,875,000	1,875,000	-	-	**1,875,000**	-	**1,875,000**
DOL	-	-	-	-	-	-	-	-
HHS	2,855,000	8,911,000	11,766,000	100,000	-	**11,866,000**	-	**11,866,000**
Peace Corps	-	-	-	-	-	-	-	-
State	-	-	-	-	-	-	-	-
USAID	-	20,003,000	20,003,000	325,000	-	**20,328,000**	-	**20,328,000**
TOTAL Approved	**2,855,000**	**30,789,000**	**33,644,000**	**425,000**	**-**	**34,069,000**	**-**	**34,069,000**

HIV/AIDS Epidemic in Vietnam:

Estimated Number of HIV-Infected People: 260,000 [150,000-430,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: N/A

Targets to Achieve 2-7-10 Goals:**

Vietnam	Individuals Receiving Care and Support	Individuals Receiving ART
FY 2004* **	**1,060**	**0**
FY 2005** **	**13,100**	**700**
FY 2006	**20,400**	**1,950**
FY 2007	**40,820**	**5,000**

**Targets may be revised.
***"Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment"; The President's Emergency Plan for AIDS Relief Report on Current Activities Underway to Expand Treatment for HIV/AIDS; Submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, August 2004
**** FY 2005 Targets are in the process of being reviewed based on modified funding allocations.

Program Description:

Vietnam is a densely populated country with a total population of 82 million and an estimated 260,000 [150,000-430,000] HIV infected individuals in 2006. Based on sentinel surveillance data (2004), approximately 0.44% of the general population is infected with HIV/AIDS. There

are great differences in prevalence between provinces, with much higher prevalence reported in provinces with significant numbers of injecting drug users (IDUs); and with Ho Chi Minh City (HCMC) having by far the largest number of infected people, at approximately 50,000 (est. 2004).

Vietnam has a concentrated epidemic, with HIV transmission primarily still occurring among Most-At-Risk Populations (MARPs) including IDUs, commercial sex workers (CSWs), and men who have sex with men (MSMs), with the highest prevalence among IDUs (60% of all reported HIV/AIDS cases are among IDUs). Vietnam is a high-burden tuberculosis (TB) country, and HIV prevalence among TB patients is high (4.55% nationally; 24.05% in HCMC, 2005) and has been rising steadily. Vietnam remains a poor country, with per capita GDP of $2,500 (2003). However, per capita GDP has risen rapidly from $98 in 1990 and economic development and urbanization have increased dramatically in major urban areas throughout Vietnam, leading to subsequent increases in high-risk behavior associated with this demographic change.

The following programmatic areas will be included in the United States Government (USG) FY2006 Emergency Plan activities to mitigate the impact of the epidemic in Vietnam:

Prevention: $7,017,053 as of August 2006 ($7,017,053 Field and $0 Central) (25.9% of prevention, care, and treatment budget)

Prevention activities in Vietnam include targeted abstinence and faithfulness programs, other behavioral prevention initiatives, prevention of mother-to-child transmission (PMTCT), and blood safety. FY 2006 funds will be used to support cooperative agreement programs with the Government of Vietnam and other partners to target in-school youth with appropriate prevention messages and life skills education. The USG will work with the Ministry of Health (MOH) and the Vietnam Youth Union to scale up an integrated behavior change communication initiative that combines mass media and community-based peer education among young men to promote fidelity and social responsibility. Over 5 million young people are expected to be reached by March 2007.

Behavior change interventions with most at risk populations will reach IDU, CSW and MSM. Referrals to voluntary counseling and testing (VCT) and appropriate health care will also be made. Programs will extend prevention interventions to peers and family members of these targeted high-risk populations. Efforts to reduce new infections among other potentially high-risk populations (such as uniformed services and mobile populations) will be expanded. The USG will also continue to engage business, government and labor leaders to establish HIV/AIDS workplace policies and programs at enterprise and national level; increase counseling and testing (CT); address stigma and discrimination towards workers infected and affected by HIV/AIDS; improve access to treatment; and strengthen local and national networks. Current PMTCT activities aim to provide services and build capacity from the tiered national, regional, provincial and community levels, as well as increase linkages among all levels. Services will be expanded to support adjoining districts not currently covered in the program. Funds will also continue to be used to build capacity by providing technical support to the National OB/GYN hospital in order to expand PMTCT through collaborations with other partners to non-focus provinces nationwide. In FY2006 the USG will work with the Armed Forces Research Institute of Medical Sciences (AFRIMS) to support the development and maintenance of the Blood Safety Program in the

Ministry of Defense (MOD)'s health care system focusing on two military hospitals. In August 2006, there was no change in the amount of funding allocated for prevention.

Principal Partners: MOH, HCMC Provincial AIDS Committee (HCMC/PAC), MOD, AED, University of Hawaii, PACT, CARE International, Medecin du Monde (MdM) France, Pathfinder International, Save the Children U.S., STI and HIV/AIDS Prevention Center (SHAPC), UNAIDS, and AFRIMS.

Care: $9,769,302 as of August 2006 ($9,769,302 Field and $0 Central) (36.0% of prevention, care, and treatment budget)

Care activities in Vietnam include voluntary HIV/AIDS counseling and testing (VCT), clinical/palliative care, support for integration of TB and HIV programs, and support for orphans and vulnerable children (OVC). The USG will provide technical assistance to MOH and UNAIDS in order to form national VCT guidelines. In Vietnam, FY 2006 funding will support and improve current VCT programs and to introduce new interventions targeting those most at-risk. USG support will promote and provide testing, training and quality assurance, and will use multiple methods including peer-based and healthcare worker outreach, and social marketing to reach a greater number of at-risk populations. Collaborative work to build a continuum-of-care from the community to the tertiary level will continue with USG partners supporting all levels of service delivery. HIV clinical care and support activities focus on improving the capacity to provide non-antiretroviral therapy (ART) and opportunistic infection (OI) care and treatment, and linking non-ART care to prevention counseling, testing, and referral services. Palliative care activities focus on clinic-based activities through government, as well as home and community-based programs through nongovernmental and faith-based organizations (NGO and FBO). The USG will continue to support HIV testing of TB patients, TB screening of people living with HIV/AIDS (PLWHA), and improve the collaboration between the TB and HIV programs.

With FY 2006 funds, the USG will continue supporting OVC, capacity building for families, ensuring access to essential services, and mobilizing community-based responses through both governmental and non-governmental organizations. The USG will also support the development and implementation of national guidelines for care giving and protection of OVC. In August 2006, there was no change in the amount of funding allocated for care.

Principal Partners: MOH, HCMC/PAC, MOD, Vietnam-CDC-Harvard Medical School AIDS Partnership (VCHAP), University of Hawaii, PACT, CARE International, Medecin du Monde (MdM) France, Pathfinder International, Worldwide Orphans Foundation (WWO), Mai Hoa AIDS Center, Center for Community Health and Development (COHED), UN Volunteers, UNAIDS, WHO.

Treatment: $10,342,824 as of August 2006 ($10,9342,824 Field and $0 Central) (38.1% of prevention, care, and treatment budget)

Treatment activities in Vietnam include the provision of an ARV drug and treatment program including patient monitoring, training for health care workers, and laboratory support. The USG will use FY 2006 funds to support ART including: ARV drug procurement; establishment of effective drug procurement and dispersal systems; policy and guidelines development;

developing adequate laboratory infrastructure; enhanced human capacity; and effective monitoring and evaluation systems. Currently, 36 sites in 6 provinces with high HIV prevalence were selected for initiation and scale up of adult, pediatric and PMTCT plus ARV services. With FY 2006 funds, ARV services for adults and children will be expanded in the 6 focus provinces at provincial and district level sites. Funding will also support improvement of referral networks between these sites and the national level as well as the community level through home-based care and community support. The USG will also expand resistance surveillance and education. Education in addiction treatment and its interactions with ART, and nursing, pharmaceutical, and social support will continue to be funded in order to improve the overall quality of services. Specialized training, including individual clinical mentoring, on-going close clinical supervision and working with specific vulnerable populations will also be supported. The USG will use FY 2006 funds to continue to build laboratory capacity within the Government of Vietnam including the procurement of necessary laboratory equipment and test kits for HIV-related care and treatment activities.

In August 2006, an additional $425,000 was allocated for treatment activities for the purchase of ARVs and other commodities. The funding will be used to purchase ARVs to put additional people on treatment and to strengthen laboratory services through the procurement of critical commodities and supplies. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Principal Partners: MOH, HCMC/PAC, National Institute of Hygiene and Epidemiology (NIHE), MOD, VCHAP, Management Science for Health/Rational Pharmaceutical Management plus (MSH/RPMplus), University of Hawaii, PACT, Medecin du Monde (MdM) France, World Wide Orphans (WWO), Mai Hoa AIDS Center, and AFRIMS.

Other Costs: $6,939,821 as of August 2006

These FY 2006 funds will be used to support on-going health information systems, surveillance, and quality assessment consistent with the priority areas in the Vietnam National Strategy on HIV/AIDS. The USG is supporting the MOH in achieving one national monitoring and evaluation (M&E) system through a steering committee comprised of international donors providing technical assistance. The USG will continue to address the current strategic information challenges in coordination with international donors, the central GVN and provincial implementing bodies. USG will support institutional and human capacity building for SI by supporting training of technical skills. USG will support MOH to implement the national M&E system; improve the quality of surveillance activities; validate estimations and projections; conduct size-estimation among most at-risk populations; collect HIV/AIDS related mortality data; and strengthen the health management information system (HMIS) infrastructure for ARV care and treatment.

Management and staffing costs will support the in-country personnel needed for the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, the United States Agency for International Development, and the Department of Defense. In August 2006, there was no change in the amount of funding allocated for other costs.

Principal Partners: HCMS/PAC, Hanoi School of Public Health (HSPH), NIHE, Population Council, University of North Carolina/MEASURE Evaluation, Tulane University/UTAP, UNAIDS, U.S. Census Bureau, and University of Washington/ITECH

Other Donors, Global Fund Activities, Coordination Mechanisms:

There are roughly 30 NGOs, over five government-sanctioned technical local non-governmental organizations, seven UN organizations, five major bilateral agencies and the GFATM concentrating resources on HIV/AIDS programs in Vietnam. The USG works closely with MOH, other ministries (including Defense and Labor) and the Country coordinating mechanism (CCM) in addition to the UN to coordinate on major initiatives, to maximize impact and to strengthen efforts to treat and care for those already infected and affected by HIV/AIDS.

The GFATM project has been implemented in Vietnam since February 2004 and currently runs to June 2008. The main mission of the GFATM in Vietnam is to strengthen care, counseling, and support to people living with HIV/AIDS and their communities. The Ministry of Health is the Principal Recipient and the total funding of this project is $12 million over four years. The USG is working to improve coordination with the GFATM MOH counterpart this year specifically in order to conjoin treatment targets and share funding for the provision of OI and ARV drugs to maximize impact.

Program Contact: Vietnam Deputy Chief of Mission John Boardman

Timeframe: FY2006- FY2007

Approved Funding by Program Area: Vietnam
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	34,400	119,608	302,000	50,000				506,008	0	506,008	1.9%
Abstinence/Be Faithful	1,796,000	112,717	0	0				1,908,717	0	1,908,717	7.0%
Blood Safety	0	0	0	425,000				425,000	0	425,000	1.6%
Injection Safety		0						0	0	0	0.0%
Other Prevention	2,702,700	166,628	923,000	385,000				4,177,328	0	4,177,328	15.4%
Prevention Sub-total	*4,533,100*	*398,953*	*1,225,000*	*860,000*	*0*	*0*	*0*	*7,017,053*	*0*	*7,017,053*	*25.9%*
Care											
Palliative Care: Basic health care & support	2,407,800	82,314	3,385,000	135,000				6,010,114	0	6,010,114	22.2%
Palliative Care: TB/HIV	70,000	122,265	214,000	0				406,265	0	406,265	1.5%
Orphans and Vulnerable Children								*1,187,128*		*1,187,128*	*4.4%*
Of Which, Orphans Programs	517,200	49,928	0	0				567,128	0	567,128	2.1%
Of Which, Pediatric AIDS								*620,000*		*620,000*	2.3%
Counseling and Testing	1,091,800	117,995	791,000	165,000				2,165,795	0	2,165,795	8.0%
Care Sub-total (Including Pediatric AIDS)	*4,086,800*	*372,502*	*4,390,000*	*300,000*	*0*	*0*	*0*	*9,769,302*	*0*	*9,769,302*	*36.0%*
Treatment											
Treatment: ARV Drugs	6,585,619	0	0	0				6,585,619	0	6,585,619	24.3%
Treatment: ARV Services	1,619,481	209,036	1,135,000	225,000				3,188,517	0	3,188,517	11.8%
Laboratory Infrastructure	13,000	420,688	420,000	335,000				1,188,688	0	1,188,688	4.4%
Treatment Sub-total (Including Pediatric AIDS)	*8,218,100*	*629,724*	*1,555,000*	*560,000*	*0*	*0*	*0*	*10,962,824*	*0*	*10,962,824*	*40.4%*
Less Pediatric AIDS Attributed to OVC (Care)								*-620,000*		*-620,000*	-2.3%
Treatment Sub-total (Excluding Pediatric AIDS)	*8,218,100*	*629,724*	*1,555,000*	*560,000*	*0*	*0*	*0*	*10,342,824*	*0*	*10,342,824*	*38.1%*
Subtotal, Prevention, Care, and Treatment	*16,838,000*	*1,401,179*	*7,170,000*	*1,720,000*	*0*	*0*	*0*	*27,129,179*	*0*	*27,129,179*	*100.0%*
Other Costs											
Strategic Information	825,000	316,320	900,000	0				2,041,320		2,041,320	
Other/policy analysis and system strengthening	1,701,000	136,701	941,000	80,000				2,858,701		2,858,701	
Management and Staffing	964,000	1,000,800	0	75,000				2,039,800		2,039,800	
Other Costs Sub-total	*3,490,000*	*1,453,821*	*1,841,000*	*155,000*	*0*	*0*	*0*	*6,939,821*	*0*	*6,939,821*	
AGENCY, FUNDING SOURCE TOTALS	**20,328,000**	**2,855,000**	**9,011,000**	**1,875,000**	**0**	**0**	**0**	**34,069,000**	**0**	**34,069,000**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	20,328,000	20,328,000	0	20,328,000
HHS	9,011,000	11,866,000	0	11,866,000
DOD	1,875,000	1,875,000	0	1,875,000
State	0	0	0	0
Peace Corps	0	0	0	0
Labor	0	0	0	0
Total	**31,214,000**	**34,069,000**	**0**	**34,069,000**

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
GHAI	31,214,000	0	31,214,000
Total	**34,069,000**	**0**	**34,069,000**

ZAMBIA

Project Title: Zambia FY 2006 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of May 2006			Current Notification August 2006			Current Notification August 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding by Account	GHAI	GAP	New Subtotal: Field Programs Funding by Account	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	6,065,000	6,065,000	0	0	**6,065,000**	**0**	**6,065,000**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	2914000	33,861,000	36,775,000	-600,000	0	**36,175,000**	**22,296,462**	**58,471,462**
Peace Corps	0	1,700,000	1,700,000	0	0	**1,700,000**	**0**	**1,700,000**
State	0	1,322,546	1,322,546	0	0	**1,322,546**	**0**	**1,322,546**
USAID	0	73,051,454	73,051,454	600,000	0	**73,651,454**	**7,811,691**	**81,463,145**
TOTAL Approved	**2,914,000**	**116,000,000**	**118,914,000**	**0**	**0**	**118,914,000**	**30,108,153**	**149,022,153**

HIV/AIDS Epidemic in Zambia:

Adult HIV Prevalence Rate: 17.0% [15.9-18.1%] (UNAIDS 2006)
Estimated Number of HIV-infected People: 1.1 million [1,100,000-1,200,000] (UNAIDS 2006)
Estimated Number of AIDS Orphans: 710,000 [630,000-830,000] (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***	**403,397**	**149,884**
End of FY 2007***	**470,873**	**109,050**

*"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
***Projections from FY 2006 Country Operational Plan

Program Description:

Zambia is facing its most critical health, development and humanitarian crisis to date. An estimated 17.0% [15.9-18.1%] of the adult population is infected with HIV (18% of adult women

and 13% of adult males); 1.1 million Zambian adults and children are living with HIV/AIDS in a total population of 10.5 million people; about one in every six Zambians is HIV positive. In urban areas almost one in four adults is infected (23.1% HIV prevalence); a staggering one-third of the population in border towns has HIV/AIDS; and in rural areas the rate is 10.8%. The infection rate among pregnant women attending selected antenatal clinics is 19%. Antenatal surveillance trends since 1994 indicate that the epidemic has remained at fairly consistent levels at these same 22 clinics over the last decade. Despite this plateau in the growth of the HIV infection rate, the repercussions of the HIV/AIDS epidemic continue to loom over the nation. Zambia's HIV/AIDS epidemic is mostly transmitted through heterosexual contact and from mother-to-child. However, there are also clearly identifiable high risk groups that warrant special attention: discordant couples; commercial sex workers and their clients and partners; long distance truck drivers; bus drivers; fish camp traders; migrant workers; prisoners; refugees; and uniformed personnel including military and police forces.

HIV sero-discordant couples are estimated to make up 15-20% of all married couples. Couples are a major source of the incident cases. The strong relationships between gender inequality, alcohol and substance abuse, high risk sexual behavior and sexual violence fuel the transmission of HIV. There is a high relative risk of HIV co-infection for those diagnosed with sexually transmitted infections (STI). Orphans and Vulnerable Children (OVC) are particularly at risk to property grabbing, homelessness, sexual exploitation, violence, abuse, and a life of abject poverty. Youth (particularly girls) are another high risk group, with 11.2% of females aged 15-24 years and 3.0% of males in the same age group being HIV positive, which highlights the effect of older men having sex with younger women as a factor contributing to the high prevalence. It is estimated that over 50% of tuberculosis (TB) cases are co-infected with HIV.

In July 2005, a change in Government of the Republic of Zambia (GRZ) policy made provision of antiretroviral (ART) services free for all Zambians through public health care facilities. As a result of this decision, ART – including free antiretrovirals (ARV) and associated laboratory testing – is now available to a significantly larger proportion of Zambians. However, there are many challenges associated with this significant policy change, as the public health care system is already at its limits of providing high-quality health care, such as HIV counseling and testing services – the entry point to ART services. The ripple effects of this policy change will be felt at all levels of the public health care system, from HIV counseling and testing services to community home-based care programs. A particular challenge that the USG Zambia team faces is not being able to scale-up prevention, care, and treatment programs as originally planned due to the limited projected increase in FY 2006 funding.

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

Prevention: $25,645,997 as of August 2006 ($20,387,000 Field and $5,258,997 Central) (19.6% 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 services, condoms, and behavior change interventions targeted at high risk populations to reduce HIV transmission.

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 quality PMTCT service by establishing new PMTCT sites across the country, including areas that serve military personnel. With FY 2006 funds, the USG will provide support to 304 PMTCT sites in all nine provinces.

With FY 2006 funding, the USG plans to reach 194,500 youth with abstinence messages, and 1,476,300 youth and adults with messages promoting abstinence and encouraging fidelity by supporting performing groups, programs targeting youth, public and private workplace programs, community mobilization and behavior change communication.

With FY 2006 funds, blood and injection safety practices will be strengthened to prevent HIV transmission, and will include training over 520 Ministry of Health (MOH) and Zambia Defense Force (ZDF) medical service personnel and continuing Post Exposure Prophylaxis protocols and guidelines in all ART sites. Other prevention activities will train 962 individuals to promote a comprehensive ABC (Abstinence, Be Faithful, and Correct, Consistent Use of Condoms) approach targeting high-risk populations. Support will result in 656 condom outlets and behavior change interventions at border, transit corridors, truck stops, urban centers, bars, nightclubs, and fishing communities. These interventions will target 4,355,000 high-risk individuals such as discordant couples, commercial sex workers, police, military, refugees, victims of sexual violence, and prisoners to reduce HIV transmission. In August 2006, there was no change in the amount of funding allocated for prevention.

Principal Partners: MOH, Boston University, JHPIEGO, Academy for Education Development, Elizabeth Glaser Pediatric AIDS Foundation, CARE International, Family Health International, American Institutes for Research, Population Services International, Johns Hopkins University, International Youth Foundation, Cooperative League of the USA, Development Alternatives, Inc, World Vision International, John Snow Research and Training Institute, Project Concern International, US Peace Corps, National Arts Council of Zambia, University of Zambia, Pact Inc, Zambia National Blood Transfusion Service, and the United Nations High Commissioner for Refugees.

Care: $39,906,213 as of August 2006 ($35,177,079 Field and $4,729,134 Central) (30.5% of prevention, care, and treatment budget)

Care activities in Zambia include counseling and testing (CT), basic palliative care, focused efforts on delivery of integrated TB/HIV services, and expansion of the breadth and depth of programs supporting OVC.

Because only nine percent of adults have ever been tested in Zambia, a primary emphasis of the USG will be to use FY 2006 funds to increase access to and improve the quality of CT services, including mobile CT that reaches underserved populations. The USG will support 279 CT sites in all nine provinces to reach 335,917 people with CT services, will strengthen MoH logistics

and forecasting for HIV test kits, and will procure HIV test kits for the public sector. The USG will continue to strengthen the capacity of Faith Based Organizations (FBO), the public sector, the military, and workplace programs to deliver quality Palliative Care/Basic Health Services through home-based, hospice, clinical and hospital care. Utilizing FY 2006 funding, the USG will establish effective networks and referral linkages to other care and treatment services. Twinning activities will enable South-to-South Palliative Care technical support to local and regional palliative care institutions. Palliative care activities will reach 111,692 HIV-positive individuals in 262 service delivery sites with nursing/medical care, treatment of opportunistic infections (OIs), 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. An estimated 432,529 OVC will also receive improved access to educational opportunities, provision of food and shelter, psychosocial support, health care, livelihood training, access to microfinance, and 18,564 caregivers will receive training.

In May 2006, an additional $400,000 was allocated to care activities. These funds will be used to provide training to 30 new local organizations and 150 caregivers. Also an additional 5,625 OVC, including 2250 malnourished OVC, will be served by this additional funding. In August 2006, there was no change in the amount of funding allocated for care.

Principal Partners: MOH, Project Concern International, World Vision International, John Snow Research and Training Institute, Catholic Relief Services, American International Health Alliance, Family Health International, Population Services International, John Snow Inc., Johns Hopkins University, Churches Health Association of Zambia, and JHPIEGO.

Treatment: $65,199,806 as of August 2006 ($45,079,784 Field and $20,120,022 Central) (49.9% of prevention, care, and treatment budget).

As of September 2005, the number of sites providing ART has grown to 80 government and religious mission health facilities. An estimated 36,000 persons currently receive ART (public and private sector). With FY 2006 funds; 71,000 individuals will be receiving ART. In 2005, the USG and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) combined efforts and coordinated the purchase of ARV for the public sector. Through this collaboration, the GFATM will be purchasing appropriate, approved first line regimens (comprised of generic ARV) while the USG will procure second line ARV, pediatric formulations, and one first line drug. The Clinton Foundation will procure ARV drug formulations for 1,000 HIV-infected Zambian children in FY 2006. The USG, plus GRZ and private contributions to ARV combined, will result in 95,423 people on ART by September 30, 2007 (exceeding USG's projected target for ART).

Increasing demand for ART will be supported through procuring ARV for the public sector, training health care providers in provision of quality ART services, creating effective service delivery networks and linkages, strengthening laboratory, logistics, and health information management systems, and implementing ART adherence activities. Zambia's human capacity crisis will be addressed by supporting the GRZ's established rural retention scheme, which

places physicians and other health workers in underserved areas. The USG will support a new GRZ retention scheme to keep tutors at the country's nursing schools and support the MOH in sector human resource planning and management, hiring, and seconding key technical staff to provide HIV/AIDS services.

Approximately 1,250 HIV-infected children are currently receiving ART in public sector facilities in Zambia. An important goal is to increase the number of infants and children receiving comprehensive care and treatment for HIV/AIDS. In FY 2006, the USG is increasing the ARV procurement and ARV logistical support for the public sector. The USG will establish new ART sites in eight military hospitals, and will support 99 service delivery sites including public and private sector hospitals, clinic sites, and Mission hospitals, provincial and district public sector facilities, and private workplace clinical facilities. The USG will directly enable 71,000 individuals to receive ART, including 35,352 new clients. Centrally funded treatment activities are expected to complement these efforts.

In May 2006, an additional $6,891,000 was allocated for treatment activities. Of the additional funding, $1.3 million will be used to purchase ARVs to put an additional 9600 people on treatment, $600,000 will be used to strengthen laboratory services through procurement of critical commodities and supplies, and the remaining $6.2 million will support the Republic of Zambia's national ART scale-up plan. In August 2006, there was no change in the amount of funding allocated for treatment. Please note that pediatric AIDS funding that is attributed to OVC programs is included in the care program area total and is deducted from the treatment program area total.

Principal Partners: MOH, Abt Associates, John Snow Inc., Elizabeth Glaser Pediatric AIDS Foundation, Family Health International, Johns Hopkins University, World Vision International, JHPIEGO, Columbia University, University Teaching Hospital (Lusaka), Catholic Relief Services, American International Health Alliance, University of Nebraska, Tropical Diseases Research Centre, Chest Diseases Laboratory, Oak Ridge Institute of Science and Education, Regional Procurement Support Office, and Crown Agents.

Other: $18,270,137 as of August 2006

Emergency Plan funding will support strategic information, policy analysis and systems strengthening, and management and staffing. FY 2006 funds will strengthen local health management information systems, expand use of quality program data for policy development and program management, and improve national coordination in HIV/AIDS monitoring and evaluation activities. The USG will support the Demographic and Health Survey (DHS+), an electronic patient record (smartcard) to ensure continuity of care, the national M&E system, a verbal autopsy study, and preparation for the second national HIV prevalence study. Policy and advocacy efforts will be expanded 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. The USG will work closely with Zambian leaders to inspire a national movement in the fight against AIDS that helps to eliminate stigma associated with HIV/AIDS. 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. In August 2006, there was no change in the amount of funding allocated for other costs.

Principal Partners: Abt Associates, University of North Carolina – Chapel Hill, John Snow Research and Training Institute, Macro International, Elizabeth Glaser Pediatric AIDS Foundation, JHPIEGO, Catholic Relief Services, MOH, National Association of State and Territorial AIDS Directors, National AIDS Council, Central Statistics Office, Tropical Diseases Research Centre, Project Concern International, Pact Inc., National Department of Social Development (University of Zambia), and the American International Health Alliance.

Other Donors, Global Fund Activities, Coordination Mechanisms:

To date, the GFATM has provided $74.8 million to Zambia in Round One and Round Four funding. 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 supporting HIV/AIDS efforts are the World Bank, providing $42 million over five years, and UNICEF which is providing $4 million to improve services for OVC, and the British DFID, which is providing $9 million in 2005 to support PMTCT, workplace prevention and treatment programs, condoms and STI drug procurement. A number of health sector donors contribute to pooled funding arrangements under the MOH that support the operation of health services. Donor coordination takes place in a variety of forums. For example, the USG shares the donor seat on the GFATM Country Coordinating Mechanism and participates in the various national sector coordinating committees, national technical HIV/AIDS working groups, and the UNAIDS Expanded Theme Group.

Program Contact: Ambassador Carmen M. Martinez and Emergency Plan Interagency Coordinator, Cristina Garces

Time Frame: FY 2006 - FY 2007

Approved Funding by Program Area: Zambia
Approved as of August 2006
Fiscal Year: 2006

FY 2006 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	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	2,117,000	0	4,075,000	350,000	50,000	0		6,592,000	0	6,592,000	5.0%
Abstinence/Be Faithful	6,220,000	0	250,000	0	225,000	790,000		7,485,000	1,134,058	8,619,058	6.6%
Blood Safety								0	2,176,440	2,176,440	1.7%
Injection Safety	0	0	0	350,000	0	0		350,000	1,948,499	2,298,499	1.8%
Other Prevention	5,225,000	0	270,000	360,000	105,000	0		5,960,000	0	5,960,000	4.6%
Prevention Sub-total	*13,562,000*	*0*	*4,595,000*	*1,060,000*	*380,000*	*790,000*	*0*	*20,387,000*	*5,258,997*	*25,645,997*	*19.6%*
Care											
Palliative Care: Basic health care & support	6,966,000	0	325,000	580,000	25,000	158,000		8,054,000	0	8,054,000	6.2%
Palliative Care: TB/HIV	315,000	124,000	1,826,000	300,000	0	0		2,565,000	0	2,565,000	2.0%
Orphans and Vulnerable Children								*12,480,079*		*17,209,213*	*13.2%*
Of Which, Orphans Programs	7,555,000	0	0	600,000	273,863	632,000		9,060,863	4,729,134	13,789,997	10.5%
Of Which, Pediatric AIDS								*3,419,216*		*3,419,216*	2.6%
Counseling and Testing	9,343,000	0	1,910,000	775,000	50,000	0		12,078,000	0	12,078,000	9.2%
Care Sub-total (Including Pediatric AIDS)	*24,179,000*	*124,000*	*4,061,000*	*2,255,000*	*348,863*	*790,000*	*0*	*35,177,079*	*4,729,134*	*39,906,213*	*30.5%*
Treatment											
Treatment: ARV Drugs	15,426,000	0	1,000,000	0	0	0		16,426,000	9,195,555	25,621,555	19.6%
Treatment: ARV Services	8,984,000	0	15,450,000	300,000	0	0		24,734,000	10,924,467	35,658,467	27.3%
Laboratory Infrastructure	2,659,000	0	3,680,000	1,000,000	0	0		7,339,000		7,339,000	5.6%
Treatment Sub-total (Including Pediatric AIDS)	*27,069,000*	*0*	*20,130,000*	*1,300,000*	*0*	*0*	*0*	*48,499,000*	*20,120,022*	*68,619,022*	*52.5%*
Less Pediatric AIDS Attributed to OVC (Care)								*-3,419,216*		*-3,419,216*	-2.6%
Treatment Sub-total (Excluding Pediatric AIDS)	*27,069,000*	*0*	*20,130,000*	*1,300,000*	*0*	*0*	*0*	*45,079,784*	*20,120,022*	*65,199,806*	*49.9%*
Subtotal, Prevention, Care, and Treatment	*64,810,000*	*124,000*	*28,786,000*	*4,615,000*	*728,863*	*1,580,000*	*0*	*100,643,863*	*30,108,153*	*130,752,016*	*100.0%*
Other Costs											
Strategic Information	1,400,000	0	3,750,000	200,000	0	0		5,350,000		5,350,000	
Other/policy analysis and system strengthening	4,094,000	0	725,000	500,000	140,000	0		5,459,000		5,459,000	
Management and Staffing	3,347,454	2,790,000	0	750,000	453,683	120,000		7,461,137		7,461,137	
Other Costs Sub-total	*8,841,454*	*2,790,000*	*4,475,000*	*1,450,000*	*593,683*	*120,000*	*0*	*18,270,137*	*0*	*18,270,137*	
AGENCY, FUNDING SOURCE TOTALS	**73,651,454**	**2,914,000**	**33,261,000**	**6,065,000**	**1,322,546**	**1,700,000**	**0**	**118,914,000**	**30,108,153**	**149,022,153**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	73,651,454	73,651,454	7,811,691	81,463,145
HHS	33,261,000	36,175,000	22,296,462	58,471,462
DOD	6,065,000	6,065,000	0	6,065,000
State	1,322,546	1,322,546	0	1,322,546
Peace Corps	1,700,000	1,700,000	0	1,700,000
Labor	0	0	0	0
Total	**116,000,000**	**118,914,000**	**30,108,153**	**149,022,153**

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
GHAI	116,000,000	30,108,153	146,108,153
Total	**118,914,000**	**30,108,153**	**149,022,153**

SECTION IV

OTHER PEPFAR COUNTRIES

1) Introduction
2) Table 7: FY 2004-2006 Funding TOTALS for Other PEPFAR Countries
3) Table 8: FY 2006 Funding for Other PEPFAR Countries, by Agency and Account
4) Summary Program Descriptions

Introduction: Other PEPFAR Countries

Tables 7 and 8 in this section are summary tables which show funding levels among the 24 bilateral and five regional programs (and, where possible, the countries benefiting from these regional programs) that are receiving an increase in U.S. funding for HIV/AIDS activities above their pre-Emergency Plan levels.

Table 7 shows the total amount of funding that these countries or regions received from all sources in FY 2004 and FY 2005, as well as the total planned and approved allocations for FY 2006. Table 8 shows planned and approved allocations for FY 2006 in greater detail, by indicating the amount of funding that these countries or regions are receiving, the funding account, and the distribution of funds among implementing agencies. Following the tables is a description of how the approved funding will be used in each country or region.

TABLE 7: FY 2004, 2005 & 2006 Funding Totals for Other PEPFAR Countries

Countries in this table only reflect those receiving U.S. funding for HIV/AIDS above their pre-Emergency Plan levels. Therefore, this is not an exhaustive list of U.S. programs in Other Bilateral countries.

Countries Covered	FY 2004	FY 2005	FY 2006	
	TOTAL	TOTAL	TOTAL APPROVED (as of Aug 2006)	TOTAL PLANNED
Angola	6,227,000	5,482,722	5,516,000	5,516,000
Barbados	36,000	434,850	0	0
Brazil	8,050,000	2,900,000	2,000,000	2,000,000
Cambodia	16,800,000	17,420,000	19,252,000	19,252,000
Caribbean Regional	7,233,000	7,956,500	8,039,272	8,039,272
Central American Regional	6,680,000	7,156,000	7,096,000	7,096,000
Regional/Scale Up	*2,074,000*	*2,981,500*	*2,921,500*	*2,921,500*
Belize	*207,000*	*180,500*	*180,500*	*180,500*
Costa Rica	*167,000*	*154,000*	*154,000*	*154,000*
El Salvador	*1,024,000*	*940,000*	*940,000*	*940,000*
Guatemala	*1,541,000*	*1,411,500*	*1,411,500*	*1,411,500*
Nicaragua	*913,000*	*816,500*	*816,500*	*816,500*
Panama	*754,000*	*672,000*	*672,000*	*672,000*
China -Total County and Regional Funding	[4,000,000]	[7,250,000]	[9,250,000]	[9,250,000]
- Country Funding	2,000,000	3,450,000	5,450,000	5,450,000
- Regional Funding (see SE Asia Regional)	[2,000,000]	[3,800,000]	[3,800,000]	[3,800,000]
Democratic Republic of the Congo	5,579,000	7,052,000	9,260,000	9,260,000
Djibouti	75,000	334,000	325,000	325,000
Dominican Republic	5,318,000	5,871,820	6,449,500	6,449,500
Eurasia/Regional	1,043,000	1,551,000	1,480,409	1,480,409
Ghana	7,000,000	7,304,300	7,291,000	7,291,000
Honduras	5,718,000	5,988,698	5,906,000	5,906,000
India	20,770,000	26,610,000	29,335,000	29,335,000
Indonesia	9,000,000	9,820,000	8,220,000	8,220,000
Liberia	0	1,171,000	1,689,000	1,689,000
Madagascar	2,000,000	2,424,000	2,352,000	2,352,000
Malawi	14,540,168	15,155,307	16,369,500	16,369,500
Morocco	0	300,000	0	0
Panama	0	61,500	0	0
Russia	10,278,000	13,965,000	13,935,000	13,935,000
Senegal	6,680,000	7,110,750	6,314,668	6,314,668
South and East Asia Regional	18,600,000	14,735,000	14,487,000	14,487,000
Regional Programs	*11,350,000*	*6,252,000*	*5,087,000*	*5,087,000*
Burma	*2,000,000*	*1,000,000*	*2,100,000*	*2,100,000*
Cambodia	*0*	*0*	*0*	*0*
China	*2,000,000*	*3,800,000*	*3,800,000*	*3,800,000*
India	*0*	*0*	*0*	*0*
Laos	*1,000,000*	*1,000,000*	*1,000,000*	*1,000,000*
Thailand	*1,500,000*	*1,500,000*	*1,500,000*	*1,500,000*
Papua New Guinea	*750,000*	*1,183,000*	*1,000,000*	*1,000,000*
Southern Africa Regional	10,950,000	16,388,000	17,303,000	17,303,000
Regional Programs	*3,800,000*	*3,336,000*	*3,251,000*	*3,251,000*
Lesotho	*3,750,000*	*6,501,000*	*7,001,000*	*7,001,000*
Swaziland	*3,400,000*	*6,551,000*	*7,051,000*	*7,051,000*
Sudan	3,000,000	4,000,000	5,628,000	5,628,000
Thailand -Total County and Regional Funding	[7,439,770]	[7,609,770]	[7,360,000]	[7,360,000]
- Country Funding	5,939,770	6,109,770	5,860,000	5,860,000
- Regional Funding (see SE Asia Regional)	[1,500,000]	[1,500,000]	[1,500,000]	[1,500,000]
Ukraine	5,504,000	7,074,000	5,027,000	5,027,000
Uzbekistan	125,000	2,458,000	1,205,000	1,205,000
Zimbabwe	16,811,398	20,561,398	21,957,000	21,957,000
TOTAL	**195,957,336**	**220,845,615**	**227,747,349**	**227,747,349**

Table 8: FY 2006 Funding for Other PEPFAR Countries, by Agency and Account

Countries in this table only reflect those receiving plus-ups; therefore, this is not an exhaustive list of programs in Other PEPFAR Countries

	FY 2006 Funding Sources Approved as of August 2006															Status of FY 2006 GHAI Funding				
Countries Covered	**P/Corps**	**DOD**			**DOL**	**HHS**			**USAID**					**STATE**	**FY 2006 TOTAL APPROVED**	APPROVED	REMAINING	TOTAL PLANNED	**FY 2006 TOTAL PLANNED**
	GHAI	GHAI	DHAPP	TOTAL	GHAI	GHAI	GAP	TOTAL	GHAI	CSH BASE	ESF	FSA/AEEB	TOTAL	GHAI	(as of Aug '06)	(as of Aug '06)		GHAI	(All Sources)
Angola	0	500,000	0	500,000	0	500,000	1,548,000	2,048,000	200,000	2,768,000	0	0	2,968,000	0	5,516,000	1,200,000	-	1,200,000	5,516,000
Brazil	0	0	0	0	0	0	2,000,000	2,000,000	0	0	0	0	0	0	2,000,000	0	-	0	2,000,000
Cambodia	0	0	0	0	0	295,000	2,000,000	2,295,000	2,305,000	14,652,000	0	0	16,957,000	0	19,252,000	2,600,000	-	2,600,000	19,252,000
Caribbean Regional	61,500	0	0	0	0	1,782,772	1,500,000	3,282,772	0	4,695,000	0	0	4,695,000	0	8,039,272	1,844,272	-	1,844,272	8,039,272
Central American Reg	0	0	0	0	0	1,000,000	250,000	1,250,000	500,000	5,346,000	0	0	5,846,000	0	7,096,000	1,500,000	-	1,500,000	7,096,000
Regional/Scale Up	0	0	0	0	*0*	*1,000,000*	*250,000*	*1,250,000*	*500,000*	1,171,500	0	0	1,671,500	0	*2,921,500*	*1,500,000*		*1,500,000*	*2,921,500*
Belize	0	0	0	0	*0*	*0*	*0*	*0*	*0*	180,500	0	0	180,500	0	*180,500*	*0*	-	*0*	*180,500*
Costa Rica	0	0	0	0	*0*	*0*	*0*	*0*	*0*	154,000	0	0	154,000	0	*154,000*	*0*	-	*0*	*154,000*
El Salvador	0	0	0	0	*0*	*0*	*0*	*0*	*0*	940,000	0	0	940,000	0	*940,000*	*0*	-	*0*	*940,000*
Guatemala	0	0	0	0	*0*	*0*	*0*	*0*	*0*	1,411,500	0	0	1,411,500	0	*1,411,500*	*0*	-	*0*	*1,411,500*
Nicaragua	0	0	0	0	*0*	*0*	*0*	*0*	*0*	816,500	0	0	816,500	0	*816,500*	*0*	-	*0*	*816,500*
Panama	0	0	0	0	*0*	*0*	*0*	*0*	*0*	672,000	0	0	672,000	0	*672,000*	*0*	-	*0*	*672,000*
China -Total Country & Regional	0	0	0	0	0	[1,575,000]	[3,000,000]	[4,575,000]	[875,000]	[3,800,000]	0	0	[4,675,000]	0	[9,250,000]	[2,450,000]	-	[2,450,000]	[9,250,000]
Country Funding	0	0	0	0	0	1,575,000	3,000,000	4,575,000	875,000	0	0	0	875,000	0	5,450,000	2,450,000	-	2,450,000	5,450,000
Regional Funding	0	0	0	0	0				0	[3,800,000]	0	0	[3,800,000]	0	[3,800,000]	[0]	-	[0]	[3,800,000]
Democratic Republic of the Congo	0	400,000	200,000	600,000	0	1,400,000	1,905,000	3,305,000	1,150,000	3,955,000	0	0	5,105,000	250,000	9,260,000	3,200,000	-	3,200,000	9,260,000
Djibouti	0	250,000	0	250,000	0	0	0	0	0	0	75,000	0	75,000	0	325,000	250,000	-	250,000	325,000
Dominican Republic	61,500	250,000	0	250,000	0	0	0	0	0	6,138,000	0	0	6,138,000	0	6,449,500	311,500	-	311,500	6,449,500
Eurasia Regional	0	0	0	0	0	0	0	0	0	0	0	1,480,409	1,480,409	0	1,480,409	0	-	0	1,480,409
Ghana	0	300,000	0	300,000	0	0	0	0	367,000	6,624,000	0	0	6,991,000	0	7,291,000	667,000	-	667,000	7,291,000
Honduras	0	250,000	0	250,000	0	0	0	0	500,000	5,156,000	0	0	5,656,000	0	5,906,000	750,000	-	750,000	5,906,000
India	0	605,000	0	605,000	80,000	3,480,000	3,000,000	6,480,000	5,835,000	16,335,000	0	0	22,170,000	0	29,335,000	10,000,000	-	10,000,000	29,335,000
Indonesia	0	300,000	0	300,000	0	0	0	0	0	7,920,000	0	0	7,920,000	0	8,220,000	300,000	-	300,000	8,220,000
Liberia	0	0	0	0	0	0	0	0	700,000	989,000	0	0	1,689,000	0	1,689,000	700,000	-	700,000	1,689,000
Madagascar	0	0	75,000	75,000	0	0	0	0	300,000	1,977,000	0	0	2,277,000	0	2,352,000	300,000	-	300,000	2,352,000
Malawi	173,000	125,463	0	125,463	0	1,308,500	2,437,000	3,745,500	650,000	11,369,000	0	0	12,019,000	306,537	16,369,500	2,563,500	-	2,563,500	16,369,500
Russia	0	565,000	35,000	600,000	0	1,935,000	0	1,935,000	430,000	2,970,000	0	8,000,000	11,400,000	0	13,935,000	2,930,000	-	2,930,000	13,935,000
Senegal	0	500,000	0	500,000	0	0	36,668	36,668	0	5,778,000	0	0	5,778,000	0	6,314,668	500,000	-	500,000	6,314,668
S & E Asia Regional	0	0	0	0	0	409,000	1,000,000	1,409,000	0	13,078,000	0	0	13,078,000	0	14,487,000	409,000	-	409,000	14,487,000
Regional Programs	*0*	*0*	*0*	*0*	*0*	*409,000*	*1,000,000*	1,409,000	*0*	3,678,000	0	0	3,678,000	0	5,087,000	409,000	-	409,000	5,087,000
Burma	*0*	*0*	*0*	*0*	*0*	*0*	*0*	0	*0*	2,100,000	0	0	2,100,000	0	*2,100,000*	*0*	-	*0*	*2,100,000*
China	*0*	*0*	*0*	*0*	*0*	*0*	*0*	0	*0*	3,800,000	0	0	3,800,000	0	*3,800,000*	*0*	-	*0*	*3,800,000*
Laos	*0*	*0*	*0*	*0*	*0*	*0*	*0*	0	*0*	1,000,000	0	0	1,000,000	0	*1,000,000*	*0*	-	*0*	*1,000,000*
Thailand	*0*	*0*	*0*	*0*	*0*	*0*	*0*	0	*0*	1,500,000	0	0	1,500,000	0	*1,500,000*	*0*	-	*0*	*1,500,000*
Papua New Guinea	*0*	*0*	*0*	*0*	*0*	*0*	*0*	0	*0*	1,000,000	0	0	1,000,000	0	*1,000,000*	*0*	-	*0*	*1,000,000*
Southern Africa Regional	173,000	840,000	0	840,000	0	2,874,000	1,000,000	3,874,000	5,015,000	7,401,000	0	0	12,416,000	0	17,303,000	8,902,000	-	8,902,000	17,303,000
Regional Programs	0	0	0	0	0	0	650,000	650,000	0	2,601,000	0	0	2,601,000	0	3,251,000	0	-	0	3,251,000
Lesotho	72,000	420,000	*0*	420,000	*0*	1,444,000	150,000	1,594,000	2,315,000	2,600,000	0	0	4,915,000	0	7,001,000	4,251,000	-	4,251,000	7,001,000
Swaziland	101,000	420,000	*0*	420,000	*0*	1,430,000	*200,000*	1,630,000	2,700,000	2,200,000	0	0	4,900,000	0	7,051,000	4,651,000	-	4,651,000	7,051,000
Sudan	0	0	0	0	0	808,000	400,000	1,208,000	2,092,000	2,328,000	0	0	4,420,000	0	5,628,000	2,900,000	-	2,900,000	5,628,000
Thailand-Total Country & Regional	0	0	0	0	0	0	0	0	0	[1,500,000]	0	0	[1,500,000]	0	[7,360,000]	[0]	-	[0]	[7,360,000]
Country Funding	150,000	0	0	0	0	0	5,710,000	5,710,000	0	0	0	0	0	0	5,860,000	150,000	-	150,000	5,860,000
Regional Funding	0	0	0	0	0	0	0	0	0	[1,500,000]	0	0	[1,500,000]	0	[1,500,000]	[0]	-	[0]	[1,500,000]
Ukraine	125,000	0	288,000	288,000	0	0	0	0	500,000	2,176,000	0	1,938,000	4,614,000	0	5,027,000	625,000	-	625,000	5,027,000
Uzbekistan	0	0	0	0	0	0	0	0	0	0	0	1,205,000	1,205,000	0	1,205,000	0	-	0	1,205,000
Zimbabwe	0	250,000	0	250,000	0	2,849,352	6,670,000	9,519,352	2,400,648	9,787,000	0	0	12,187,648	0	21,957,000	5,500,000	-	5,500,000	21,957,000
TOTAL	**744,000**	**5,135,463**	**598,000**	**5,733,463**	**80,000**	**20,216,624**	**32,456,668**	**52,673,292**	**23,819,648**	**131,442,000**	**75,000**	**12,623,409**	**167,960,057**	**556,537**	**227,747,349**	**50,552,272**	**0**	**50,552,272**	**227,747,349**

Summary Program Descriptions: Other PEPFAR Countries

The funding amounts specified in the following program descriptions refer only to the amount of GHAI funding approved for each country and do not necessarily represent the entire Emergency Plan funding level for a given country. These descriptions cover countries that are receiving an increase in funding for HIV/AIDS as a result of the Emergency Plan.

Angola (Total GHAI: $1,200,000):
DOD (GHAI $500,000): These funds will support an existing program with the Angolan Armed Forces (FAA). This current and comprehensive program entails mass education, peer counseling, counseling and testing centers, sexually transmitted disease (STD) treatment, and the procurement and installation of HIV screening and diagnostic laboratory equipment, with associated training of FAA personnel. These funds will also assist DOD in further developing comprehensive monitoring and evaluation programs in partnership with the FAA.

HHS (GHAI $500,000): These funds will provide technical assistance to the Ministry of Health and non-governmental organizations (NGOs) in counseling and testing; health information systems; laboratory support and infrastructure development; surveillance; and monitoring and evaluation.

USAID (GHAI $200,000): The use of these funds will focus on high-risk groups by expanding counseling and testing centers in areas with high-risk populations and high levels of HIV/AIDS prevalence. This funding will be used to strengthen outreach activities around counseling and testing centers in order to reach the surrounding civilian population and strengthen behavior change programs implemented by the private sector. Additional resources will help to expand and strengthen Angola's early efforts to introduce prevention of mother-to-child HIV transmission (PMTCT) by providing assistance to one or more of five pilot hospitals.

Cambodia (Total GHAI: $2,600,000):
HHS (GHAI $295,000): These funds will support expanded national capacity for collection, analysis and use of strategic information. This includes an HIV sero-prevalence survey, national AIDS program database development, and improved detection and referral of people co-infected with HIV and TB to appropriate services under the Continuum of Care (CoC) model.

USAID (GHAI $2,305,000): These funds will support the continued implementation and expansion of comprehensive CoC activities including the establishment of CoC services in referral hospitals. Community-level home-based care will be linked to facility-based CoC services, such as management of opportunistic infections and antiretroviral therapy (ART). Counseling and testing and PMTCT will be expanded in rural and remote areas. This funding will also support critical care and treatment of people living with HIV/AIDS (PLWHA) and mitigation for orphans and vulnerable children (OVC).

Central American Regional (Total GHAI $1,500,000):
HHS (GHAI $1,000,000): These funds will be used to support regional program operations, bilateral program operations in Honduras, the National AIDS Program in Belize, and the development of antiretroviral treatment surveillance programs for countries in the region. This

funding will provide technical assistance in HIV and sexually transmitted infection (STI) prevention; laboratory support and infrastructure development; health information systems development; surveillance; and monitoring and evaluation. A significant portion of this funding will provide targeted TA to GFATM HIV/AIDS grants in the region.

USAID (GHAI $500,000): These funds will strengthen prevention programs to focus on interpersonal behavior change. Building upon lessons learned in working with most-at-risk populations, these programs will seek to improve interpersonal behavior change approaches and develop new ones. These funds will be used to integrate prevention programs with policy reform interventions and human rights and stigma reduction activities. Funding will strengthen surveillance, information dissemination and data for decision-making. It will be used to improve the comprehensive care and support provided to PLWHA in the region with an emphasis on the management of co-infection of HIV and TB. Additionally, these funds will provide complementary assistance to strengthening implementation of GFATM activities in the region. Because of the interdependence between the Emergency Plan and GFATM programs, such targeted TA will also significantly improve the effectiveness and efficiency of the Emergency Plan programs in the region.

China (Total GHAI $2,450,000):

HHS (GHAI $1,575,000): This funding will support the development of a comprehensive prevention program in two to three additional provinces and planning for the integration of the USG program in ten additional provinces. This includes the development of a provincial AIDS sentinel surveillance network with case-finding capacity and support for project management of all AIDS programs. This funding will also support the development of care and treatment operations in rural settings.

USAID (GHAI $875,000): This funding will supplement current activities. These include voluntary counseling and testing; prevention programs; comprehensive AIDS care, including treatment, drop-in information and wellness centers for injecting drug users and sex workers; home- and community-based care; advocacy for the rights of people living with HIV/AIDS to reduce stigma; and, HIV-related policy development, including training in best practices and models. Capacity building for health workers, peer educators, PLWHA and others will continue to be a core component in all activities.

Democratic Republic of the Congo (DRC) (Total GHAI $3,200,000):

DOD (GHAI $400,000): These funds will establish a new counseling and testing center, including laboratory support, with the DRC military.

HHS (GHAI $1,400,000): These funds will provide technical assistance to support family-centered PMTCT services. The use of these funds will help to develop a uniform monitoring and evaluation system for all HIV/TB activities, and provide assistance to expand laboratory support for increasing PMTCT, treatment, and blood safety services outside of Kinshasa.

STATE (GHAI $250,000): These funds will provide for innovative prevention programs through small grants to community groups. Funding will also improve the US Embassy website to

provide useful HIV/AIDS information, and support visiting speakers in DRC who can address HIV/AIDS topics of interest to public health professionals and other local leaders.

USAID (GHAI $1,150,000): These funds will establish public-private partnerships with mining and transportation companies to provide technical assistance to create employee HIV/AIDS prevention, treatment, care, and support programs. Funding will also establish a national blood safety program and integrate family-centered PMTCT into USAID/DRC's new child survival program.

Djibouti (Total GHAI $250,000):
DOD (GHAI $250,000): These funds will support surveillance capabilities with the Djiboutian military; conduct behavioral intervention surveys; assist in the training of physicians and health care providers in HIV prevention, care, and treatment; and initiate and monitor the effectiveness of peer-to-peer education efforts. Additionally, funding will increase HIV/STI testing services, develop infrastructure for mass awareness campaigns, and expand laboratory services.

Dominican Republic (Total GHAI $311,500):
DOD (GHAI $250,000): This funding will be used to strengthen HIV/AIDS education and training at the central Armed Forces training center; develop and implement an HIV/AIDS awareness and advocacy program to promote healthy living through behavioral changes and stigma reduction; provide training to master trainers, peer educators, counselors and military leadership on HIV/AIDS issues; strengthen the counseling and testing program through infrastructure improvement; and enhance the existing HIV/AIDS surveillance system. DOD will focus on integrating HIV/AIDS program activities into existing national, regional and international efforts.

Peace Corps (GHAI $61,500): This funding will be used to continue working in communities in the area of prevention education, using the training/resource HIV/AIDS manual that was developed in collaboration with Peace Corps Volunteers (PCV) in Haiti. The use of these funds will help to engage the youth population in HIV/AIDS issues by establishing sustainable peer education groups; holding a national youth HIV/AIDS prevention conference; carrying out three regional conferences in order to train peer educators and form networks between youth educators; and further facilitate shorter workshops during which peer educator groups share their work experiences. This funding will assist in increasing and improving PCVs' efforts in creating linkages between youth peer educators and dependable health care providers to encourage sensitivity to adolescent needs.

Ghana (Total GHAI $667,000):
DOD (GHAI $300,000): These funds will be used to support seven HIV/STD counseling and testing facilities that provide national military HIV diagnostic services; support ongoing training of laboratory personnel and antiretroviral (ARV) delivery to soldiers and families; and expand clinical care facilities.

USAID (GHAI $367,000): This funding will support strengthening targeted prevention interventions for the most-at-risk groups. This will include grants to local NGOs in those areas that are most affected by the epidemic. NGOs will carry out prevention activities including peer education, condom promotion and referrals to counseling and testing and PMTCT services. Additionally, NGOs will undergo rigorous training to build their capacity in program management and design, resource management and technical skill building.

Honduras (Total GHAI $750,000):
DOD (GHAI $250,000): These funds will help to strengthen the Honduran military HIV/AIDS program by building sustainable mass awareness and peer-to-peer education efforts. The funds will continue to support leadership training; establish an HIV/AIDS awareness and advocacy program; improve infrastructure that supports counseling and testing activities; and, establish an HIV/AIDS surveillance system. DOD will also work with the Honduran military to establish a regional HIV/AIDS "Center of Excellence" at its central Armed Forces technical school, stressing collaboration with existing national, regional and international efforts.

USAID (GHAI $500,000): The funds will support prevention and care programs for high-risk groups; private sector provision of condoms; mass media education programs; and HIV prevalence and behavior monitoring activities, with an emphasis on high-risk groups. In addition, a portion of this funding will be utilized to provide targeted TA to the GFATM HIV/AIDS grant. This funding for TA will serve to maintain a technical support team to assist the Country Coordinating Mechanism (CCM) in monitoring the implementation of the GFATM grant, to make required modifications to existing proposals, and to develop new proposals for future rounds of GFATM grants. The funds will also be used to provide TA to strengthen the leadership and management skills of the CCM, especially in its relationship to the Principal Recipient. Because of the interdependence between the Emergency Plan and GFATM programs, this targeted TA will significantly improve the effectiveness and efficiency of the Emergency Plan programs in the country.

India (Total GHAI $10,000,000):
DOD (GHAI $605,000): This funding will support continued relations with the Indian Armed Forces in HIV counseling and testing; HIV/AIDS education through training of trainers; treatment and care training; laboratory development; and, the procurement of essential test kits. This funding will also support a behavioral survey and develop HIV/AIDS training for troops in the Northeast border states, where the HIV prevalence rate is very high. This funding will also support the Indian Armed Forces in its development of a comprehensive HIV/AIDS program for service members and dependent families.

DOL (GHAI $80,000): These funds will support technical assistance for the development of workplace HIV programs in the states of Maharashtra and Tamil Nadu.

HHS (GHAI $3,480,000): These funds will expand support to strengthen the capacity to care for PLWHA and to prevent new HIV infections. Funding will be used to strengthen laboratory and patient information infrastructure in key government institutions providing care for PLWHA on ART; help develop standards for HIV diagnostic testing and accreditation of laboratories; strengthen capacity to roll out PMTCT and HIV care and treatment services in the public and private sectors in the states of Andhra Pradesh and Tamil Nadu; and develop a program to support the expansion of a network system in Maharashtra state.

USAID (GHAI $5,835,000): These funds will expand and strengthen support for critically needed community-based care and treatment services in the states of Maharashtra and Tamil Nadu. The use of these funds will provide support for OVC and for the national roll-out of

PMTCT services; continue support for HIV prevention and counseling and testing services for high-risk populations in port cities in selected high prevalence states; expand training for the media; and strengthen the use of strategic information for decision-making. This funding will promote increased involvement of the private sector by leveraging resources for HIV/AIDS programs through the Indo-U.S. Corporate Fund and strengthened workplace HIV/AIDS policies and programs.

Indonesia (Total GHAI $300,000):
DOD (GHAI $300,000): These funds will enable DOD, in partnership with the Indonesian military, to initiate and monitor the effectiveness of peer-to-peer education efforts, mass awareness campaigns, health care worker training, expansion of laboratory services to support ARV services, surveillance and screening activities, and renovation of extant clinical facilities.

Liberia (Total GHAI $700,000):
USAID (GHAI $700,000): This use of this funding will focus on prevention. Prevention efforts will include partner reduction and consistent use of condoms aimed at high-risk groups (the military, ex-combatants, sex workers and youth) as part of a comprehensive Abstinence, Be Faithful, and correct and consistent use of Condoms (ABC) program as well as the expansion of counseling and testing services and support for community-based care for PLWHA, including palliative care.

Madagascar (Total GHAI $300,000):
USAID (GHAI $300,000): These funds will accelerate and increase prevention and care services. Funding will support greater involvement of faith-based organizations (FBOs); increase the engagement of local NGOs and associations; strengthen the capacity to carry out appropriate, high quality prevention and care programs; and provide referrals to treatment for PLWHA, including ARV therapy.

Malawi (Total GHAI $2,563,500):
DOD (GHAI $125,463): This funding will be used to develop and implement a targeted prevention program within the Malawi Defense Force (MDF), using specific ABC messages to affect permanent behavior change. This funding will also be used to continue to support the MDF's home-based care program.

HHS (GHAI $1,308,500): These funds will be used to support a national center for training counselors in order to expand quality counseling and testing services; enhance the HIV National Reference Laboratory's HIV care and treatment capacity; purchase lab equipment and supplies; and continue to increase capacity to improve strategic information.

Peace Corps (GHAI $173,000): These funds will be used to expand Volunteer activities in the promotion and outreach of prevention and care services, such as PMTCT and counseling and testing. Funding will also be used to expand Volunteer Activity Support and Training activities designed to build the capacity of community based organizations (CBOs), NGOs and FBOs to deliver services to high-risk populations.

State (GHAI $306,537): This funding will provide for a HIV/AIDS country team coordinator, who is responsible for organizing the USG interagency HIV country team, coordinating communication between Washington and the country team, and administering the Ambassador's HIV/AIDS Small Grant fund.

USAID (GHAI $650,000): These funds will be used to reduce the transmission and impact of HIV/AIDS through abstinence and be faithful-focused media and community programs for youth; combat mother-to-child HIV transmission; support and provide training for HIV counseling and testing sites; provide food, shelter, first aid, and psychological care for adults and OVC affected by AIDS; provide assistance to the Ministry of Health for HIV treatment; and subsidize the sale of condoms for high risk groups.

Russia (Total GHAI $2,930,000):

DOD (GHAI $565,000): The Military HIV Training Program emphasizes training, consultation and operational support for epidemiological surveillance, laboratory diagnosis, prevention, and management of HIV and its complications. It seeks to train key foreign military clinical physicians in state-of-the-art HIV prevention and clinical management and diagnosis and treatment with the expectation that those trained will transfer information into operational use in country. Additionally, a pilot program for HIV prevention in a high prevalence area will be developed to identify target high-risk groups and behaviors via knowledge, attitudes and practice survey. Prevention of alcohol abuse and the link between alcohol, sexual risk behaviors, and gender-based violence will be a focus of the peer education trainings and information, education and communication materials, as will ABC messages.

HHS (GHAI $1,935,000): These funds will support expanded national capacity for the collection, analysis, and use of strategic information via support of a senior World Health Organization (WHO) epidemiologist in Russia to work with the Government of Russia in developing and implementing a unified federal strategic information (SI) system. This funding will be used to pilot a unified SI system in two to three oblasts in concert with UNAIDS, the Government of Russia and NGOs and to conduct an analysis that will identify ways to improve the coordination, effectiveness and efficiency of existing routine HIV surveillance. Additional funds will be used for evaluating and identifying appropriate infant diagnostics. Also, of this amount, $500,000 will be used by the National Institutes of Health to support pilot interventions addressing alcohol and illicit substance use and HIV, including support for any necessary advocacy and policy change.

USAID (GHAI $430,000): These funds will support the implementation of a wraparound program on social adaptation for high-risk youth and orphanage alumni in vocational schools. Using HIV funds, this program will strengthen counseling and testing services and will provide HIV prevention messages to include ABC.

Senegal (Total GHAI $500,000):

DOD (GHAI $500,000): These funds will continue to develop a comprehensive HIV prevention program with the Senegalese military. By including all levels of the military in sensitization efforts, the use of these funds will make testing services easily accessible, train a cadre of peer educators to accompany peacekeeping missions and develop infrastructure to support HIV

positive persons within the military, including women and children. This program will also work with the Senegalese military to create a system for collecting strategic information and enable members of the military to effectively utilize data for future planning as well as monitoring and evaluating purposes.

South East Asia Regional (Total GHAI: $409,000):
Cambodia, China, India, Laos and Thailand
HHS (GHAI $409,000): This funding will provide technical assistance in human capacity development through training and twinning activities; support programming for vulnerable populations; and provide cross-border programming. Additional activities include supporting ARV resistance surveillance programs and treatment and prevention programs that include HIV counseling and testing, HIV testing of TB patients, and linkage of TB patients with HIV care.

Southern Africa Regional (Lesotho and Swaziland) (Total GHAI $8,902,000):

Lesotho (Total GHAI $4,251,000):
DOD (GHAI $420,000): This funding will support the expansion of HIV/AIDS prevention, care and treatment services for the Lesotho Defence Force (LDF). Although no military-specific HIV prevalence study has been done, the LDF is assumed to have an HIV prevalence rate equal to or higher than that of the civilian sector (30%). The use of these funds will focus on HIV prevention for active duty members and their families; prevention for positives; increased infrastructure for treatment; expansion of counseling and testing through mobile testing; support for care and treatment through mobile facilities; training for nurses and physicians; and support for monitoring and evaluation, systems strengthening, and management and staffing.

HHS (GHAI $1,444,000): These funds will help support significant scale-up of prevention/behavior change, counseling and testing, palliative care, HIV and TB integration, and AIDS treatment services. This funding will assist public and private sector program expansion in the areas of provider-initiated HIV counseling and testing (at TB, STI, and antenatal care clinics) and client-initiated counseling and testing (at walk-in and mobile units). Funding will support upgrades in national HIV/AIDS/TB laboratory infrastructure; establish sustainable laboratory quality assurance protocols; and expand the skilled human resource base for the planned decentralized HIV/AIDS/TB laboratory system, in line with HIV/AIDS/TB service expansion plans. Funding will also provide for significant technical assistance to strengthen planning and implementation by the Ministry of Health and Social Welfare (MOHSW), the National AIDS Secretariat, and the GFATM in HIV counseling and testing. Finally, funds will support the integration of an HIV/AIDS resident advisor into the National TB program, assist in the gathering of strategic information, pilot the standardization of PMTCT training curricula, and provide laboratory quality assurance for HIV/AIDS diagnostics and treatment monitoring.

Peace Corps (GHAI $72,000): This funding will provide technical training to strengthen services for OVC; expand community-based palliative care and prevention activities; and support and train CBO, NGO, and FBO service providers to develop appropriate AIDS prevention, care and support educational materials.

USAID (GHAI $2,315,000): These funds will support a significant scale-up of prevention/behavior change, counseling and testing, palliative care, HIV and TB integration, and

AIDS treatment services. Funding will help build capacity for local NGOs, CBOs, and FBOs; increase HIV/AIDS advocacy strategies involving traditional leadership, churches, traditional healers, and other key opinion leaders; assist in the planning, coordination and implementation of GFATM grants; and provide technical assistance to the Government of Lesotho. This funding will also support human capacity development, including the training and mobilization of a new cadre of health personnel and the strengthening of the country's HIV/AIDS and public health system's human resource management and human resource information system. Additionally, the funding will support USG collaborative work in providing targeted project support in order to improve the quality, availability, and use of strategic information.

Swaziland (Total GHAI $4,651,000):

DOD (GHAI $420,000): This funding will support the Umbutfo Swaziland Defence Force. These funds will support training for PMTCT; peer education; prevention for positives, TB/HIV; mobile counseling and testing and integration of these services into clinical settings; laboratory infrastructure; monitoring and evaluation; policy support; and management and staffing.

HHS (GHAI $1,430,000): These funds will support both public and private sector program expansion in the areas of provider-initiated and client-initiated HIV counseling and testing. This funding will support the upgrades of national HIV/AIDS/TB laboratory infrastructure; establish and make sustainable quality assurance protocols; and expand the skilled human resource base for planned decentralized HIV/AIDS/TB laboratory system, in line with HIV/AIDS/TB service expansion plans. This funding will also provide significant technical assistance to strengthen planning and implementation of HIV counseling and testing. These funds will support the integration of an HIV/AIDS resident advisor into the National TB program (NTP) and fund the collection of strategic information; adaptation and pilot of standardized PMTCT training curricula; and assurance of laboratory quality for HIV/AIDS diagnostics and treatment monitoring.

Peace Corps (GHAI $ 101,000): This funding will provide support and training for nation-wide FBOs (e.g., Anglican Church pastors and congregations) in HIV/AIDS prevention activities. Funding will be used for mentoring and scholarships for OVCs and in-school/out-of-school girls, as well as for enhanced technical training for Volunteers, Host Country counterparts and community members in HIV/AIDS prevention and mitigation.

USAID (GHAI $ 2,700,000): The use of these funds will support a significant scale-up of prevention/behavior change, counseling and testing, palliative care, and treatment services. These funds will strengthen capacity building for local NGOs, CBOs, and FBOs; increase HIV/AIDS advocacy strategies involving traditional leadership, churches, traditional healers, and other key opinion leaders; facilitate involvement of indigenous networks of PLWHA in all aspects of the program; assist in the planning and coordination of GFATM grants; and provide technical assistance to the Government of Swaziland. Funding will also help develop new career management structures and schemes of service within the national HIV/AIDS/TB laboratory infrastructure. Funds will be used to assess the training requirements for staff in the sector, for pre-service to in-service training coordination, and to mobilize new staff into the workforce. The funds will support the national-level system for National Program Reporting, including a specific GFATM component that reports through the principal recipient, the National Emergency Response Committee on HIV/AIDS.

Sudan (Total GHAI $2,900,000):
HHS (GHAI $808,000): These funds will provide technical assistance in HIV counseling and testing services; laboratory support and infrastructure development; care and treatment; PMTCT; and preparation and dissemination of blood and injection safety guidelines.

USAID (GHAI $2,092,000): These funds will continue to strengthen national and local capacity; expand service delivery for prevention through targeted behavior change communication programs, and support appropriate message and materials development for at-risk populations.

Thailand (Total GHAI $150,000):
Peace Corps (GHAI $150,000): These funds will be used to expand training resource materials; disseminate information and tools to Volunteers and their community counterparts; assist staff with training sessions; and focus on increasing networking opportunities with international and local organizations in order to gather information and resources on community activities in which Volunteers and their partners can link with and become resources for awareness and prevention. In addition, these funds will support PLWHA groups to learn, develop or improve income-generating projects; provide outreach, care and stigma-reduction strategies for orphans and children of parents impacted by HIV, as well as assist with home visits and programs for the children; and collaborate with local NGOs and public health stations to provide HIV/AIDS education and awareness for students and community members.

Ukraine (Total GHAI $625,000):
Peace Corps (GHAI $125,000): This funding will help to continue to foster partnerships among community stakeholders to develop locally appropriate and targeted HIV prevention programs. The use of these funds will continue to assist Ukraine's Ministry of Education in identifying Ukrainian and/or Russian language HIV/AIDS educational materials and approaches that the Ministry of Education and the Ministry of Family, Youth and Sports might incorporate into their Secondary School Curricular and Extracurricular Program.

USAID (GHAI $500,000): HIV prevention interventions especially PMTCT services have been ramped up to address stigma and discrimination and to address poor quality treatment and care especially among HIV-affected children. In addition, funds will be programmed to address HIV/TB co-infection through our on-going TB projects with WHO and the Program for Appropriate Technology in Health. In Ukraine between 10 and 15% of new TB cases are found in HIV positive individuals and 70% of HIV/AIDS patients are con-infected with TB, with up to 30% mortality due to TB. Emphasis will be on systems to manage HIV/TB co-infected individuals across multiple health care programs and reinforcement of ongoing screening of HIV-infected individual for active TB and strengthening of HIV counseling for TB patients, especially among marginalized sub-populations.

Zimbabwe (Total GHAI $5,500,000):
DOD (GHAI $250,000): These funds will provide structures, equipment, training aids and rapid test kits for counseling and testing centers for military personnel and their families. Funding will also be used to train military personnel in peer leadership, HIV symptom management, and ART.

HHS (GHAI $ 2,849,352): These funds will support operational evaluations and improve prevention programs. This funding will help increase the number of primary care counselors; support private sector ARV training, laboratory services, and public and private sector partnerships; implement a national monitoring and evaluation system; and expand HIV counseling and testing. These funds will also support the development of a system for child health care and PMTCT follow-up, as well as electronically manage health care records, to allow tracking of opportunistic infections and ARV treatment.

USAID (GHAI $ 2,400,648): These funds will support the continued rollout of the national PMTCT program, focusing on building quality comprehensive services, increasing the uptake for ART among pregnant women, and exploring a routine testing policy for counseling and testing pregnant women. Funding will also expand the ARV program by funding ART for additional patients, providing training in ART provision and management for health workers, and supporting logistics management. Additionally, this funding will procure the services of a Strategic Information Officer to support strategic information needs and requirements for all USG agencies implementing Emergency Plan activities in Zimbabwe.

SECTION V

CENTRAL PROGRAMS

1) Introduction
2) Table 9: FY 2006 Budget for Central Programs – by Agency Implementing Activity
3) Summary Program Descriptions

Introduction: Central Programs

This section summarizes funding provided for central programs to support activities in the Focus Countries (Table 9), and provides individual narrative descriptions for the central programs. Central programs are financed by FY 2006 GHAI funds.

The antiretroviral therapy, safe medical injections, safe blood supply, abstinence/faithfulness and OVC programs are ongoing programs receiving their third year of funding. Supply chain management is a contract that was competitively procured during FY 2005 and is in its second 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 New Partners Initiative were new activities during FY 2005 and are in their second year of programming in FY 2006.

TABLE 9: FY 2006 BUDGET FOR CENTRAL PROGRAMS
By Agency Implementing Activity
(In Whole USD)

Activity	USAID Allocated	HHS Allocated	STATE Allocated	DOD Allocated	PC Allocated	TOTAL Allocated
Abstinence/Faithfulness	24,809,743	-	-	-	-	**24,809,743**
Anti-Retroviral Therapy	-	105,465,389	-	-	-	**105,465,389**
New Partners Initiative	25,000,000	-	-	-	-	**25,000,000**
Orphans and Vulnerable Children	21,695,354	-	-	-	-	**21,695,354**
Drug Quality Assurance	-	3,700,000	-	-	-	**3,700,000**
Safe Blood Supply	-	25,600,000	-	-	-	**25,600,000**
Safe-Injections	15,685,996	14,805,000	-	-	-	**30,490,996**
Supply Chain Management	15,000,000	-	-	-	-	**15,000,000**
Technical Leadership and Support	8,050,000	9,055,455	11,364,984	700,000	100,000	**29,270,439**
Twinning	-	4,200,000	-	-	-	**4,200,000**
TOTAL	**110,241,093**	**162,825,844**	**11,364,984**	**700,000**	**100,000**	**285,231,921**

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2006

Project Title: Abstinence and Be Faithful (AB) for Youth

Budget: FY 2006 GHAI: $24,809,743

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, Fresh Ministries, 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): Chris McDermott (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,
- Targeting early intervention with at-risk youth.

By the end of FY 2005, 14 cooperative agreements were awarded and launched. USAID partners under this program include eight Community/Faith-Based Organizations. Partners in turn work with over 30 local Community/Faith-Based Organizations such as Anglican Church of Kenya Western Diocese, Fellowship of Christian Unions, Kenya Students Christian Fellowship, and Scripture Union.

Programs supported include culturally appropriate prevention activities for young people emphasizing "Abstinence" and "Be Faithful" (AB) messages. These efforts complement ongoing USAID-funded prevention programs that target risky adult behaviors and contribute to more balanced national prevention programs. AB messages developed by the partners reached over 800,000 youth as of September 2005. Some partners exceeded their targets through intensive outreach to youth through schools, churches, and community clubs that engaged in interactive learning to promote AB messages. Youth club activities included drama and music, and often seek to obtain a personal commitment to help people living with AIDS in the community. Partners have mobilized schools and community and faith-based networks in multiple countries. In Ethiopia and Zambia, for instance, one cooperating agency trained over 640 peer educators (both in-school and out-of-school), adult mentors and partner program staff to provide HIV/AIDS prevention education promoting AB messages.

FY 2006 Program:

With an estimated half of all new infections occurring in youth 15-24, FY 2006 funding will scale up youth-oriented AB prevention programs in 14 Emergency Plan focus countries. Activities will continue to expand the promotion of primary and secondary abstinence before marriage, faithfulness in marriage and monogamous relationships, and avoidance of unhealthy sexual behaviors among youth. With all 14 partners now poised for their first full year of implementation, program activities and numbers of youth reached are expected to increase significantly as these programs go to scale. By September 2006, these grants are projected to reach over three million youth aged 10-24 years old with AB messages in the 15 countries, contributing to the Emergency Plan goal of preventing seven million new infections.

Time Frame: FY 2006 – FY 2007

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2006

Project Title: Antiretroviral Treatment (ART)

Budget: FY 2006 GHAI: $105,465,389

Implementing Mechanism: HHS Cooperative Agreements with Non-governmental Organizations (NGO) including Catholic Relief Services (CRS), Columbia University, Elizabeth Glaser Pediatric AIDS Foundation, and Harvard University.

Contact Person(s): Tedd Ellerbrock (HHS/CDC/GAP) and Thurma Goldman (HHS/HRSA/HAB)

Program Description:

Emergency Plan funds provide central support to four U.S. organizations working in 12 of the 15 Emergency Plan Focus Countries. The Department of Health and Human Services (HHS) awarded grants, which were selected based on a competitive bid, to the Mailman School of Public Health of Columbia University, the Elizabeth Glaser Pediatric AIDS Foundation, Harvard University School of Public Health, and AIDS Relief (formerly, the Catholic Relief Services Consortium). These grantees have sub-contracted with local in-country organizations, such as: Ministries of Health; faith-based hospitals in nine countries; as well as 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; lab services for diagnosing HIV infection and opportunistic infections; training of health care workers; community mobilization; 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 local Government policies;
- Ensuring the availability and appropriate use of laboratory capabilities for diagnosing HIV infection and OI; and,
- Providing training to increase capacity of local staff and encourage local ownership.

As of September 30, 2005, more than 92,000 patients had started on ART at 205 medical facilities in 12 countries through this program. As of February 2006, the number of patients receiving ART through this program is expected to rise to approximately 140,000. Further expansion is dependent on the receipt of funding from country budgets.

FY 2006 Program:

HHS will use FY 2006 funding to provide HIV care and treatment for those enrolled in the program through February 2007. Funding for scientific and technical advice, assistance and

monitoring for this program, as well as management and administrative costs associated with the program are reflected in the headquarters and technical assistance description.

This program will contribute to achieving critical Emergency Plan goals, including supporting treatment for two million HIV-infected individuals.

Time Frame: FY 2006 – FY 2007

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2006

Project Title: Blood Transfusion Safety

Budget: FY 2006 GHAI: $25,600,000

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).

Contact Person(s): Heather Pumphrey (HHS/CDC/GAP)

Program Description:

Emergency Plan funds provide central support for Focus Countries to develop nationally-directed, regionalized blood systems that address all the processes of a well-functioning system of blood supply, including blood-donor screening and testing; blood collection, preparation and storage; blood-product transportation and distribution; appropriate transfusion practice and blood utilization; physician and blood-banking technologist training; and quality assurance, monitoring and evaluation.

The Emergency Plan Blood Safety Program supports expert blood safety organizations to provide guidance, advice, and training to National Blood Transfusion Services and Ministries of Health in need of technical assistance. The program pairs an expert blood transfusion technical assistance organization with each country's National Blood Transfusion Service to provide guidance and technical assistance. These technical assistance organizations help advise the Ministries of Health on building renovation, equipment selection and testing strategies.

FY 2006 Program:

Through the coordinated efforts of the National Blood Transfusion Services and the assistance of expert blood transfusion organizations, each of the Focus Countries will continue to develop an organized, high-quality blood transfusion system that will produce an adequate supply of safe blood. The emphasis for FY 2006 activities will be furthering infrastructure development, completing blood supply testing for HIV and hepatitis, developing blood donor recruitment networks, and providing guidance and training in all of these areas.

This program will contribute to achieving the critical Emergency Plan goal of supporting the prevention of seven million new HIV infections.

Time Frame: FY 2006 – FY 2007

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2006

Project Title: Orphans and Vulnerable Children (OVC) Affected by HIV/AIDS

Budget: FY 2006 GHAI: $21,695,354

Implementing Mechanism: USAID cooperative agreements with Non-governmental Organizations (NGO) and Community/Faith-based Organizations (FBO) include to 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): Chris McDermott (USAID/GH)

Program Description:

This Emergency Plan-funded program continues to fund activities in multiple countries that increase care and support to OVC affected by HIV. The activities supported through this program are to provide comprehensive and compassionate care to improve the quality of life for OVC, and to strengthen the quality of OVC programs through the implementation, evaluation, and replication of best practices in the area of OVC programming. The projects funded under this APS support one or more of the following strategic approaches:

- Strengthening the capacity of families to cope with their problems;
- Mobilizing and strengthening community-based responses;
- Increasing the capacity of children and young people to meet their own needs;
- Ensuring governments 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;
- Developing, evaluating, disseminating and applying best practices;
- Creating strong partnerships with local in-country organizations; and,
- Forming public-private alliances.

By the end of FY 2005, a total of 15 OVC agreements were awarded and launched. Most of these (10 of the 15) awards were made late in the year, and as a result the partners have focused on planning in FY 2005. The OVC partners in the program included six FBOs. These six FBOs work with over 20 grass-roots community/faith-based organizations. Programs are underway in the following thirteen focus countries, Botswana, Cote D'Ivoire, Ethiopia, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia.

In FY 2005, almost 200,000 OVC received services from the USG partners. One project reached 6,134 children in South Africa and 3,127 children in Kenya with a range of psychosocial, health, food and nutrition, educational, recreational, and protection serves through the mobilization and capacity building of local organizations. Several partners have

adopted a strategy of reaching communities primarily through their local community/faith-based partners, which has proven effective in engaging sustainable community-based responses given the trusted and established mechanism within a community. In Haiti, in addition to partnering with FBO, one partner works through a network of children's safety net organizations that helps link OVC caregivers with other local groups such as agricultural and nutrition programs.

Another social support model being used is training local teachers with an integrated set of psycho-social support skills to counsel children on coping with parental illness or death. A creative program in South Africa provided 392 volunteer savings and loans groups (VSL), made up of caregivers of OVC to help support care for 1,372 children.

FY 2006 Program:

In FY 2006, funding will support NGO and community/faith-based organizations to collaborate with locally based organizations to scale up activities and programs that:

- Support OVC in the areas of microfinance programs for caregivers of OVC;
- Increase capacity of children and youth to meet their own needs;
- Strengthen the capacity of local organizations to provide care for OVC;
- Work toward reducing the stigma and discrimination of OVC 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 psychosocial support including referrals for home based care, food and nutritional needs. With all 15 partners now poised for their first full year of implementation, program activities and numbers of OVC reached are expected to increase significantly as these programs go to scale.

This program will contribute to achieve a critical Emergency Plan goal of supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2006 – FY 2007

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2006

Project Title: Drug Quality Assurance

Budget: FY 2006 GHAI: $3,700,000

Implementing Mechanism: HHS/FDA direct expenses and contracts.

Contact Person: Beverly Corey (HHS/FDA) and Michael Johnson (HHS/OGHA).

Program Description:

In direct support of the President's Emergency Plan for AIDS Relief (the Emergency Plan), the Department of Health and Human Services' (HHS) Food and Drug Administration (FDA) has implemented a new, expedited process to help ensure that the United States can provide safe, effective, and quality manufactured antiretroviral drugs to the15 developing countries designated under the Emergency Plan. 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 (FDC) or co-packaged versions of previously HHS/FDA-approved FDC or single-entity antiretroviral therapies for the treatment of human immunodeficiency virus (HIV). [Note: FDCs are new products that combine already-approved individual HIV/AIDS therapies into a single dosage.] Drugs approved or tentatively approved under this new expedited process will meet all FDA standards for drug safety, efficacy, and manufacturing quality.

HHS/FDA's involvement includes the following activities:

- 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.

- Application Activities: HHS/FDA is expediting the review of new and generic drug marketing applications under the Emergency Plan. Generally, a priority review designation provides for the review of a new drug marketing application within six months or less and the legal standard for review of a generic drug application is 180 days. However, under the new Emergency Plan policy, the application (new drug or generic) would be reviewed within approximately eight weeks. HHS/FDA reviewers are working closely with potential drug marketing application sponsors to foster the development and submission under the Emergency Plan of well-documented, quality marketing applications that have the highest chance for a successful review. As of February 1, 2006, HHS/FDA had approved or tentatively approved 15 single-entity and co-packaged versions of previously HHS/FDA-approved, brand name antiretroviral drug preparations.

- Inspections: HHS/FDA is conducting pre-approval of current Good Clinical Practices inspections of Bioequivalence Studies to ensure the veracity of bioequivalence data and current good manufacturing practices inspections of drug manufacturing sites to ensure drug product quality during manufacturing.

- Post-marketing Activities: HHS/FDA is monitoring the drug products distributed under the Emergency Plan to help ensure continued drug safety.

In addition, in FY 2005 HHS/FDA sponsored a technical assistance conference for regulatory agencies from the Emergency Plan Focus Countries. The purpose was 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 procure and distribute antiretrovirals (ARV) (in countries receiving Emergency Plan support) following HHS/FDA approval. International drug regulatory authorities from 14 of the 15 Emergency Plan focus countries participated in the forum.

FY 2006 Program:

FY 2006 funding will be used to finance the following HIV drug marketing application review and inspection activities necessary for the purchase of drugs for the Emergency Plan:

- The review of approximately 11 new drug and 47 generic drug marketing applications;
- Ten pre-approval inspections of active pharmaceutical ingredients manufacturing facilities;
- Ten pre-approval inspections of finished dosage manufacturing facilities;
- Thirty-seven pre-approval inspections of bioequivalence studies; and,
- Two 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.

Furthermore, in FY 2006 HHS will provide strategic support to ARV producers who would like to participate in the HHS/FDA approval process but need help to do so effectively. Such support will consist of providing guidance in interpreting and complying with the requirements of the HHS/FDA application process. The expected result of this work will be an increase in the number of drug products available in an accelerated manner to be purchased with Emergency Plan funds to treat HIV-infected persons.

In addition, HHS/FDA will plan and 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 the critical Emergency Plan goal of supporting treatment for two million HIV-infected individuals.
Time Frame: FY 2006 – FY 2007

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2006

Project Title: Safe Medical Injections

Budget: FY 2006: GHAI $15,685,996 USAID
$14,805,000 HHS/CDC
$30,490,996 Total

Implementing Mechanism: USAID Task Order Proposal Requests through existing Indefinite Quantity Contracts, including John Snow Inc., University Research Corporation, Chemonics International, Initiatives, Inc., and HHS/CDC Cooperative Agreement with John Snow, Inc.

Contact Person(s): Glenn Post (USAID/GH/OHA), Robert Chen (HHS/CDC), Robert Ferris (USAID/GH)

Program Description:

Emergency Plan funds provided central support for injection safety activities in FY2005 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 2005, the Emergency Plan:

- Continued its support for commodity management and procurement support -- procuring and distributing more than 89.4 million syringes and 1 million safety boxes in Emergency Plan focus countries.
- Expanded capacity building and training in injection practices, supply management, waste handling, and interpersonal communications -- training 13,037 people in injection safety related activities.
- Developed the *Injection Safety Facilitators' Guide* to train healthcare workers in injection safety.
- Assisted the injection safety program in Namibia to make significant gains in reducing the excessive use of injectable pharmaceuticals in scale-up healthcare facilities. The average number of types of injections prescribed per patient per treatment was reduced from 1.42 in the fourth quarter of 2004 to 0.73 in the second quarter of 2005.
- Developed and launched a 20-minute documentary film on injection safety in Ethiopia in February 2005. A total of 300 copies of the film were duplicated and distributed.
- Developed a standardized system for sharps disposal. In Guyana, facility waste management plans led to major improvements in the physical state of disposal sites and to consistent use of safety boxes for curative care. A major innovation has been the introduction of needle removers and locally constructed needle barrels in sites with high water tables, which reduced the amount of waste and increased safety.
- Worked closely with the Ministry of Health in Zambia to facilitate the completion of the National Infection Prevention strategic plan for scale-up of activities at the

district levels. National Infection Prevention/Injection Safety guidelines were disseminated to targeted districts.

- Conducted a baseline assessment of new scale-up areas in Nigeria using a standardized assessment tool. Trained consultants collected data from the identified hospitals and health facilities, both public and private.

FY 2006 Program:

In FY 2006, the USG will continue to implement strategies for wider public understanding and support for the availability of safe medical injections in the Emergency Plan focus countries through injection safety activities that aim to cover the population of each country; 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.

This program will contribute to achieving the Emergency Plan goal of supporting prevention of seven million new HIV infections.

Time Frame: FY 2006 - FY 2007

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2006

Project Title: Supply Chain Management System

Budget: FY 2006 GHAI: $15,000,000

Implementing Mechanism: The Partnership for Supply Chain Management

Contact Person(s): Carl Hawkins (USAID/GH)

Program Description:

An effective supply chain management system has multiple functions essential for procurement of medicines integral to the success of the President's Emergency Plan for AIDS Relief (PEPFAR). These functions include procurement, warehousing and freight forwarding, distribution and logistics and rational use of the products. Lack of antiretrovirals (ARV) and other drugs to treat patients with AIDS or HIV infection is an emergency and stock outs of key medicines are not acceptable. It is essential that this system be resilient in crises and responsive to USG country programs to prevent stock outs of key medicines and track shipments and use of medicines through a comprehensive management information system. In order to respond to the rapid increase in patients being treated and tested a new Supply Chain Management System (SCMS) was formed. At the end of FY 2005, the SCMS contract was awarded to the Partnership for Supply Chain Management, a non-profit consortium of 17 organizations with extensive experience and skill led by John Snow Inc. and Management Sciences for Health. The purpose of SCMS is to implement a safe, secure, reliable, and sustainable procurement and supply chain management system for pharmaceuticals and other medical products needed to provide care and treatment of persons with HIV/AIDS and related infections. The Partnership for Supply Chain Management will work under the guidance of a technical management team with all national and international partners in a collaborative and transparent way to ensure that life saving tests and medicines will reach patients served by this program.

FY 2006 Program:

In FY 2006, SCMS will help to create, enhance and promote a secure and sustainable supply chain management system that is reliable and coordinated with complementary programs, which will include drug procurement in multiple countries. Central funds will be utilized to conduct in-depth assessments in the 15 Focus Countries in the President's Emergency Plan for AIDS Relief and to establish country offices when appropriate. FY 2006 funds will also support the development of a state of the art logistics management information system, which will contribute to global forecasts in coordination with key USG partners to better estimate worldwide demand for HIV/AIDS related pharmaceuticals and manage the large volume of procurement under this contract.

This program will contribute to achieving two critical Emergency Plan goals, including 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 2006 - FY 2007

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2006

Project Title: Technical Leadership and Support

Budget: FY 2006 GHAI: $29,270,439

Implementing Mechanism: USAID, HHS and State Department contracts and grants

Contact Person(s): Michele Moloney-Kitts (OGAC), Debbi Birx (HHS/CDC), Thurma Goldman (HHS/HRSA) and Constance Carrino (USAID/GH/OHA)

Program Description:

Technical Leadership and Support programs funds technical assistance and other activities to further Emergency Plan policy and programmatic objectives, in the field, at headquarters, and internationally. In addition to supporting USG technical assistance from the agencies, this program utilizes existing contractual mechanisms within USAID, HHS, and the State Department to the maximum extent possible.

- HHS supports the University Technical Assistance Projects (UTAP) cooperative agreement program that funds ten Universities in order to provide technical assistance to ministries of health and other organizations working on HIV/AIDS prevention, care and treatment programs. These programs operate in 25 countries in Africa, the Caribbean, South America and Asia that participate in the U.S. Department of Health and Human Services/ Centers for Disease Control and Prevention's (HHS/CDC) Global AIDS Program (GAP). UTAP was established to augment and expand HHS/CDC's efforts to provide technical assistance to GAP countries in the development, implementation and evaluation of HIV prevention, care, and treatment programs and the necessary infrastructure (e.g., laboratory services) to support prevention and care programs and services. The participating universities include: University of North Carolina at Chapel Hill, University of California, San Francisco, University of Maryland, University of Medical and Dentistry of New Jersey, Tulane University, Johns Hopkins University, Columbia University, Baylor College of Medicine, Harvard University, and Howard University.

- HHS supports The International Training and Education Center on HIV (I-TECH) to train health care workers in countries and regions hardest hit by the AIDS epidemic, particularly in Botswana, the Caribbean, Ethiopia, Haiti, India, Kenya, Malawi, Namibia, South Africa, Thailand, Uganda, Vietnam, and Zimbabwe. I-TECH was established in 2002 by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) in collaboration with the HHS Centers for Disease Control and Prevention (HHS/CDC). ITECH is part of the University of Washington, in partnership with University of California, San Francisco.

- USAID uses several of its standing contracts and grants to facilitate access to technical expertise for program design, strategy development, and general support of field programs and policy development. For example, OGAC has called upon USAID to use

these standing contracts and grants to provide teams to help countries develop, draft, and prepare their Country Operational Plans and USG Five Year Strategies.

- OGAC will further facilitate joint nutrition- and food-related technical assistance with USDA in support of people living with HIV/AIDS in several PEPFAR countries. Funds will be used primarily by USDA participants in OGAC's Food and Nutrition Technical Working Group, responsible for technical excellence in targeted food and nutrition program interventions for people infected and affected by HIV/AIDS.

- OGAC uses a variety of mechanisms to support policy development, international conferences and workshops to further Emergency Plan goals.

During FY 2005, technical leadership and support funds supported the development of the New Partners Initiative and the Supply Chain Management Request for Applications (RFA) and the development and drafting of strategies for FY 2006 Country Operational Plans on site. Funds were also used to develop and implement evaluations; facilitate meetings; and support periodic scientific reports and analyses.

FY 2006 Program:

In FY 2006, HHS will provide short and long-term technical assistance support to Focus Countries and other Emergency Plan countries in the advancement of key emergency plan activities such as monitoring and evaluation, capacity building and technical leadership for the prevention, care, and treatment of HIV/AIDS.

Technical leadership and support funds will be also used by USAID to support both short- and long-term consultants for the provision of technical assistance to Focus Countries. Specific activities will assist countries with preparing and/or updating strategies; drafting and developing the annual Country Operational Plans; developing, drafting and implementing Emergency Plan evaluations; assisting with the provision of technical leadership support in prevention, care and treatment; providing meeting facilitation needs; and supporting periodic scientific reports and analyses. USAID will also provide assistance to OGAC in periodic trainings, workforce or operational management reviews that support the continued improvement of the implementation of the Emergency Plan at headquarters and in the field.

OGAC will use technical leadership and support funds to develop comprehensive country training plans and technical assistance work plans for prevention, treatment, and care that are coordinated across all implementing partners and with host country counterparts; workforce management strategies to deal with HIV/AIDS issues, including support for workforce planning, and expanded roles and retention of qualified staff. Instituting quality assurance in both the public and private sectors as well as in-depth analysis and application of evidence-based lessons learned in the area of gender, prevention of alcohol and injection drug use risk behaviors and HIV transmission and the strengthening of the interface between HIV prevention and care and treatment services is a priority. Funds will also be used to develop better indicators, monitoring and evaluation approaches to track the progress and impact of investments in human capacity to reach Emergency Plan goals.

This program will contribute to achieving critical Emergency Plan 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 2006 – FY 2007

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2006

Project Title: Twinning Center

Budget: FY 2006 GHAI: $4,200,000

Implementing Mechanism: Cooperative Agreement with the American International Health Alliance (AIHA)

Contact Person(s): Matthew Newland (HHS/HRSA/HAB)

Program Description:

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 an "HIV/AIDS Twinning Center" (www.twinningagainstaids.org) to support twinning and volunteer activities in 15 focus countries as part of the implementation of the President's Emergency Plan for AIDS Relief.

The overall goal of the Twinning Center is to strengthen the human and organizational capacity necessary to scale up and expand HIV/AIDS prevention, care, treatment, and support services within the broader context of human resource development strategies addressing the HIV/AIDS epidemics in these countries. Through the establishment of volunteer-driven institutional/ organizational partnerships of 3-5 years duration and the incorporation of long-term individual volunteers through the Volunteer Healthcare Corps (VHC), the Twinning Center will contribute to the President's Emergency Plan goals by:

- Strengthening educational institutions and training facilities;
- Training and mentoring individual care-givers;
- Developing models of care for improved organization and delivery of services and for rapid scale-up of interventions; and,
- Transferring appropriate technology.

AIHA and its partners work closely with HRSA, host country officials and ministries of health, and U.S. government teams to create twinning partnerships that advance each country's Strategic HIV/AIDS Plan and Country Operational Plan (COP). To date, potential twinning partnerships have been identified in Zambia, Ethiopia, Uganda, South Africa, Kenya, Mozambique, and Tanzania. The Twinning Center has conducted site assessment visits to five countries, and has developed partnerships in Zambia, Ethiopia, South Africa, and Tanzania, and is in the process of developing twinning partnerships in Kenya and Mozambique and additional partnerships in Ethiopia and South Africa.

FY 2006 Program:

The initial twinning partnerships were selected in the spring and summer of 2005, with a second round of partnerships to be established in early 2006. FY 2006 funding will support existing successful twinning partnerships that are capable of rapidly expanding and scaling up for increased impact. In these cases, Twinning Center funding is expected to supplement, not supplant, other funding sources. Some examples of twinning partnerships are described below:

- In Zambia, the Twinning Center is forging relationships with the Zambian Military medical providers and the Department of Defense. Professional exchanges are occurring to provide training and education to the Zambian physicians while DOD physicians are providing bedside mentoring in the Zambian military hospitals. As a result of this partnership, Zambia will increase the number of military and civilian persons receiving quality ART drugs and services.

- Another twinning partnership is building capacity at the University level in pre-service education for nursing in Tanzania. The partnership between the University of Michigan and Muhimbili University Center for Health Sciences in Dar Es Salaam will strengthen nursing HIV/AIDS education for Tanzanians while building a sustainable infrastructure for the expanding role of nurses.

- Other twinning arrangements fostered through AIHA include US and African palliative care organizations to build infrastructure in Zambia and a "south to south" partnership between Brazil and Mozambique to strengthen care and treatment. By 2007, these and other twinning agreements will take place in addition to creating new opportunities for volunteer healthcare workers.

This program will contribute to achieving critical Emergency Plan 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 2006 – FY 2007

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2006

Project Title: New Partners Initiative (NPI)

Budget: FY 2006 GHAI: $25,000,000

Implementing Mechanisms: USAID Cooperative Agreements and other procurement mechanisms with Non-governmental Organizations

Contact Person(s): Patrick Purtell (OGAC) and Chris McDermott (USAID/GH)

Program Description:

NPI is a means to increase the number of Emergency Plan (EP) 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 improve their capacity to respond effectively to help meet the President's goals. Additionally, the initiative will develop indigenous capacity so affected countries can address AIDS on their own and decrease dependence on foreign organizations and foreign skills.

In coordination with OGAC, USAID will use FY 2006 funding to initiate the following actions in order to establish NPI:

- Through an Annual Program Statement or other procurement mechanism, conduct outreach to identify and inform potential partners working in affected countries about NPI;
- Identify potential new partners from among private and voluntary organizations, faith-based organizations, community-based organizations and other non-profit entities with the desire and the ability to help implement the Emergency Plan but with limited or no experience in working with the Federal Government through current solicitation promotion practices;
- Improve the capacity of potential new partners to respond effectively by making available technical and capacity-building assistance through an Annual Program Statement and other procurement mechanisms; and,
- Develop indigenous capacity in affected countries to address AIDS by providing technical and capacity-building assistance.

This program will contribute to achieving critical Emergency Plan 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 2006 – FY 2007

SECTION VI

INTERNATIONAL PARTNERS

1) Introduction
2) Table 10: International Partners
3) Program Descriptions

Introduction: International Partners

This section describes the U.S Government's contributions to UNAIDS and the GFATM. Table 10 shows the allocation of funds, followed by program descriptions.

TABLE 10: FY 2006 BUDGET FOR INTERNATIONAL PARTNERS
By Funding Source
($ in thousands)

	USAID/CSH	HHS/NIH	STATE/GHAI	Total
UNAIDS	0	0	29,700	29,700
GLOBAL FUND	247,500	99,000	198,000	544,500
TOTAL	**247,500**	**99,000**	**227,700**	**574,200**

EMERGENCY PLAN INTERNATIONAL PARTNERS: FY 2006

Project Title: Joint United Nations Program on HIV/AIDS (UNAIDS)

Budget: FY 2006 GHAI: $29,700,000

Implementing Mechanism: Public International Organization (PIO) Grant

Contact Person(s): Mr. David Stanton (USAID/GH)

Program Description:

The main objective of the PIO grant 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 country level in the priority areas identified by the Programme Coordinating Board (PCB) including monitoring and evaluation, resource mobilization and expansion of civil society involvement; 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 country level through support for country-level reviews of national HIV/AIDS responses, development of joint UN programs to support countries' responses, and having Theme Groups report annually to PCB;
- Strengthen 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. This includes the Country Response Information System (CRIS). This computerized data management system has been globally disseminated including multiple regional training sessions. In 2006 this system will be modified to facilitate data exchange with PEPFAR data sources;
- Expand the response of the development sector to HIV/AIDS, particularly with respect to human capacity depletion, food security, governance, OVC, and the impact of the epidemic on the public sector (education in particular), as well as on women and girls;
- Sustain leadership on HIV/AIDS at all levels**;** and,
- 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 Emergency Plan 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 2006 - FY 2007

EMERGENCY PLAN INTERNATIONAL PARTNERS: FY 2006

Project Title: The Global Fund to Fight AIDS, Tuberculosis and Malaria

Budget:	FY 2006: USAID CSH	$247.5 million
	FY 2006: State GHAI	$198 million
	FY 2006: HHS/NIH	$99 million
	Maximum U.S. contribution:	$544.5 million

Implementing Mechanism: USAID grant to the World Bank acting as Trustee with funding from HHS, State, and USAID accounts.

Contact Person(s): Tracy Carson (Office of the U.S. Global AIDS Coordinator).

Program Description:

Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), an international foundation, was conceived to be 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 United States Government (USG) contributions to GFATM, most notably that USG funds may not constitute more than 33 percent of total contributions to GFATM. Provisions also require additional withholdings 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, donors and (not least) 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 tranches of money.

Funding takes place in so-called "rounds," wherein the GFATM Board issues an invitation for grant proposals, and then votes on those proposals that were determined by an independent review panel to be technically sound. Grants normally cover five years, but the Board's initial approval of funding for a grant covers only the first two years. The Board has thus far completed five rounds of grant financing, and made commitments of $4.4 billion to nearly 350 grants in 128 countries.

FY 2006 Program:
The highest funding priority is the renewal of the years three-through-five, or "Phase 2," of previously approved projects. The GFATM Secretariat currently projects that it will have sufficient resources to cover all of these Phase 2 renewals during 2006 and all the grants approved from Round Five. GFATM is beginning to make preparations for a sixth round of grants, but does not currently possess sufficient resources to finance them. The United States' maximum contribution in FY 2006 is $544.5 million, subject to a number of possible statutory and discretionary withholdings. During FY 2006, the U.S. Government will provide technical assistance to assist some GFATM grants that are experiencing implementation bottlenecks and other program management issues.

This program will contribute to achieving critical Emergency Plan 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 2006 – FY 2007

SECTION VII

TECHNICAL OVERSIGHT AND MANAGEMENT HEADQUARTERS (HQ)

1) Introduction
2) Table 11: FY 2006 Technical Oversight and Management Expenses, Headquarters, by Agency Implementing activity
3) Program Descriptions

Introduction: Technical Oversight and Management

This section provides a summary of funding allocations for technical oversight and management costs, mostly borne at headquarters, in Table 12, 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 the Emergency Plan. Rather, these are costs solely associated with the expansion of programs and reporting occasioned by the Emergency Plan.

TABLE 11: FY 2006 TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES
HEADQUARTERS (HQ)
By Agency Implementing Activity
($ in thousands)

	USAID*	HHS	STATE	DOD	PC	DOL	Total
Technical Oversight & Management	0	29,370	11,880	2,493	877	94	44,714
TOTAL	**0**	**29,370**	**11,880**	**2,493**	**877**	**94**	**44,714**

* USAID does not require additional funding for technical oversight and management HQ expenses in FY 2006 because sufficient prior-year funds are available due to a slower than anticipated ramp-up of USAID staffing.

EMERGENCY PLAN TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2006

Project Title: HHS Technical Oversight and Management

Budget: FY 2006 GHAI: $29,370,323

Implementing Mechanism: Direct expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Michael Johnson/Hilary Mathews (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 (the Emergency Plan). HHS includes several agencies that are key players in the Emergency Plan 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 being coordinated out of the Office of the Secretary/Office of Global Health Affairs (OGHA).

HHS headquarters offices support Emergency Plan 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 the Emergency Plan);
- 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 the Emergency Plan (e.g., joint planning, monitoring and evaluation, legal consultation, participation on core teams and technical working groups, policy and budget coordination).

This program will contribute to achieving critical Emergency Plan 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 2006 – FY 2007

EMERGENCY PLAN TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2006

Project Title: Other Agency Technical Oversight and Management

Budget:	FY 2006 GHAI for OGAC	$11,880,000 million
	FY 2006 GHAI for Other	$ 3,464,484 million
	Total GHAI	$15,344,484 million

Implementing Mechanism: Direct expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Christine Abrams (OGAC)

Program Description:

- Office of the U.S. Global AIDS Coordinator (OGAC): OGAC is responsible for coordinating and overseeing the President's Emergency Plan for AIDS Relief (the Emergency Plan). OGAC seeks to work with leaders throughout the world to combat HIV/AIDS by promoting integrated prevention, treatment and care interventions with an urgent focus on countries that are among the most afflicted nations in the world. To reach these goals, OGAC activities include:

    - Supporting operations of field offices;
    - Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs;
    - Providing technical assistance to country programs; and,
    - Coordinating agency activities with those of other USG agencies implementing the Emergency Plan.

    OGAC expenses include personnel; travel and transportation; rent, communications and utilities, printing and reproduction, other services, supplies and materials, and equipment.

- Peace Corps: 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. Headquarters expenses include a program coordinator and two technical advisors.

- Department of Defense (DOD): The DOD supports 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. DoD activities will include:

- Supporting, managing, and executing military HIV operations of field offices;
- Directing and providing military specific scientific and technical assistance and monitoring of central cooperative agreements for field programs;
- Coordinating DoD HIV activities with those of other USG agencies implementing the Emergency Plan; and,
- Supporting international clinical HIV education for military personnel.

DOD expenses include personnel, travel and transportation, rent, communications and utilities, printing and reproduction, other services, supplies and materials, and equipment.

- Department of Labor:

  DOL currently manages GHAI-funded projects in Haiti, Nigeria, and Vietnam. FY 2006 funding is requested to implement additional activities in Haiti, Guyana, and Vietnam. The FY 2006 technical oversight and management funds will be programmed to provide monitoring and evaluation needed for these projects. These costs were funded in the COP budgets in FY 2005, but it has been determined that it is more appropriate to fund these costs in the headquarters budget.

This program will contribute to achieving critical Emergency Plan 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 2006 - FY 2007

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 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, and to provide descriptive information about Emergency Plan activities. It also provides a narrative for this allocation.

TABLE 12: FY 2006 STRATEGIC INFORMATION/EVALUATION
Funding by Implementing Agency
(In Whole USD)

AGENCY	TOTAL BUDGET
USAID	**14,677,000**
HHS	
CDC	**10,185,000**
HRSA	**350,000**
NIH	**2,322,880**
HHS Subtotal	**12,857,880**
STATE	
BUCEN*	**1,477,120**
STATE/HIU**	**230,639**
STATE/OGAC***	**1,362,361**
DOS Subtotal	**3,070,120**
DOD	**468,000**
PEACE CORPS	**112,000**
TOTAL SI BUDGET	**31,185,000**

* These funds will be obligated in the Department of State's accounting system and will pay for U.S. Bureau of the Census (BUCEN) services provided to the Coordinator's Office.
** DOS Humanitarian Information Unit (HIU).
*** DOS Office of the Global AIDS Coordinator.

EMERGENCY PLAN STRATEGIC INFORMATION/EVALUATION: FY 2006

Project Title: Strategic Information/Evaluation (SI)

Budget: FY 2006 GHAI: $31,185,000

Implementing Mechanism: United States Government (USG) Agency (HHS, USAID, DOD, Census Bureau, State Department, Peace Corps) Cooperative Agreements, Contracts and Grants.

Contact Person(s): Kathy Marconi (OGAC)

Program Description:

Strategic Information measures progress toward the Emergency Plan's 2-7-10 goals through surveillance and surveys, management information, 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 strategic information work plans are defined jointly by technical workgroups that include health management information systems (HMIS), monitoring and evaluation, and surveillance.

FY 2006 Program:

In FY 2006, USG headquarter agencies have seven mutual priorities, as described below.

- Performance-based Reporting: Expanding one USG performance reporting system to all country USG offices that spend over $1 million annually on HIV/AIDS. In FY 2005, all USG agencies with programs in this set of countries agreed to a common set of performance-based reporting indicators. A subset of these countries (11 bilateral countries) set FY 2006 program targets based on these indicators. In FY 2006 USAID and HHS/CDC will take the lead in training country staff on target setting and reporting results by the end of 2006. Training and technical assistance to focus countries on target setting and reporting will continue.

- International technical collaboration: With the World Health Organization (WHO), The World Bank, UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), FY 2006 collaboration will focus on identifying common information management standards and content for use by all donors working in HIV. Given the need to build systems in the focus countries for patient medical record keeping to monitor HIV treatment and care; for one reporting system to national governments; and for feedback of this information for program improvement; support will continue for joint international efforts. For example, in FY 2006, WHO with US and other support is undertaking training on *Interim Patient Monitoring Guidelines for HIV Care and Antiretroviral*

Therapy. These internationally agreed-upon guidelines set clinical recordkeeping standards that enable the rapid scale-up of effective HIV chronic care, treatment and prevention and facilitate standardized reporting. A joint monitoring and evaluation capacity building workshop is being planned for Asia, along with associated distance learning modules. A series of surveillance training co-sponsored with international groups continues.

- Strengthening HIV Surveillance and Surveys: Antenatal clinic sentinel surveillance and in many focus countries, population surveys, such as the Demographic Health Survey (DHS) and the AIDS Indicator Survey, provide information for (1) calculating infections averted and (2) targeting prevention efforts. The U.S. Census Bureau is responsible for estimating infections averted from surveillance and other information. By July 2006, the Census Bureau will produce baseline calculations for infections averted for each focus country. The baselines will be used in future years to calculate infections averted. Additional projects provide information and analysis for countries to use in planning HIV prevention, treatment, and care efforts. For example, further development by the U.S. Census Bureau and other collaborators of SAVVY – Sample Vital Registration and Verbal Autopsy – which provides a less costly method of assessing proportional mortality due to HIV/AIDS. HHS/CDC is initiating surveillance pilots that address HIV drug resistance surveillance and recent infection surveillance.

- Institute of Medicine Evaluation Study: The Emergency Plan's authorizing legislation requires that, *Not later than three years after the date of the enactment of this Act, The Institute of Medicine shall publish findings comparing the success rates of the various programs and methods used under the strategy described in subsection (a) to reduce, prevent and treat HIV/AIDS, TB and malaria* (Sec. 101 (c) (1)). The Institute has constituted an independent, external expert scientific review panel and is conducting field work to complete an interim report in October 2006 that addresses a variety of measures of program and methodological areas.

- Support of management information systems to enable Emergency Plan planning and reporting: This consists of the HIV planning and reporting databases of the USG, which include the multi-agency headquarters database (Country Operational Plan and Reporting System (COPR)) and USG country databases. FY 2006 objectives include stabilizing and completing the COPR database for use by all participating USG agencies; completing international confidentiality patient guidelines and guidelines for country reporting systems; and providing support to the field to ensure that all focus countries have strategic investment plans for HMIS and that all countries with bilateral programs obtain necessary technical assistance in informatics.

- Data use for quality improvement. The need for feedback of information to partners for quality improvement has grown in importance as prevention, treatment, and care programs scale-up to serve additional individuals. In FY 2006, resources are targeted to translate existing science and data into useful information by program implementers. For example, activities will include completing COPR database searches and easily readable

results reports, conducting training on data use for partners, and assisting countries with data analyses for program planning.

- Targeted Evaluations: A number of agencies' headquarters implemented targeted evaluations in FY 2005 that focused on cross-cutting issues, including best practices in monitoring antiretroviral therapy (ART) resistance and antiretrovirals (ARV) adherence support; estimating the cost of ARV treatment; measuring the impact of prevention of mother-to-child transmission (PMTCT) programs on HIV prevalence rates in infants and the effectiveness of abstinence interventions for youth; and effective components of orphans and vulnerable children (OVC) programs targeted to children affected by HIV and palliative care programs and outcomes. FY 2006 is the second year of these two-year evaluations.

This program will contribute to achieving critical Emergency Plan 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 2006 – FY 2007