



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

FISCAL YEAR 2009: PEPFAR OPERATIONAL PLAN

November 2010

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SECTION I: INTRODUCTION

Overview

This Operational Plan of the President's Emergency Plan for AIDS Relief (PEPFAR) serves as the fourth PEPFAR Operational Plan for fiscal year (FY) 2009. The PEPFAR Operational Plan links all sources of PEPFAR funding, some of which are notified and detailed to Congress by other parts of the United States Government (USG). It also provides descriptions to support notification to Congress for funds from the Global Health and Child Survival (GHCS-State) account and descriptions of activities supporting PEPFAR from other appropriation accounts. It is organized into seven sections.

This introduction, Section I, describes how this year's Operational Plan has been organized, provides a brief note on the progress of PEPFAR and highlights new PEPFAR initiatives. These new initiatives include the development of Partnership Frameworks, the Headquarters Operational Plan and indirect cost modeling.

The budget presentation of this year's Operational Plan can be found in Section II, the Summary Plan Presentation, which provides summary budget information describing how PEPFAR resources will be implemented. Through a series of annotated tables and graphs, the summary plan illustrates national and regional priorities for resource distribution and PEPFAR investment by region. Summary budget information is also provided for Headquarters Operational Plan activities.

Sections III and VI contain the supporting narratives for the Summary Plan Presentation. Section III provides an overview of the country and regional programs preparing PEPFAR country operational plans. Section IV will provide a more limited overview of the PEPFAR activities in the PEPFAR countries that do not prepare PEPFAR operational plans but receive funding through the GHCS-State account. Section V describes the programs planned in the Headquarters Operational Plan, which includes all PEPFAR funded activities not currently planned by country or regional teams. Section VI provides a description of funding for international partners. Section VII, the appendices, contains supplemental budget tables, an acronym list, reference links to additional resources found at PEPFAR.gov, and additional narrative supporting documents.

This September 2010 PEPFAR Operational Plan serves as the sixth and final iteration of the document. This plan outlines the annual HIV/AIDS investment which is anticipated to have an immediate impact on people and strengthen the capacity of partner nations to expand programs.

The FY 2009 figures reflect funds appropriated in the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2009 (Division H, P.L. 111-8)¹, under the heading "Global Health and Child Survival", the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2009 (Division F, P.L. 111-8), and for

¹ The FY 2008 Department of State, Foreign Operations, and Related Programs Appropriations Act, 2008 (Division J, P.L. 110-161) appropriated all HIV/AIDS funding into one Global Health and Child Survival account with distinctions by agency of apportionment and periods of availability. The portion labeled GHCS-State is apportioned directly to the Department of State and is no year funding. The portion labeled GHCS-USAID is apportioned directly to USAID and is available for two years.

Department of Defense the Consolidated Security, Disaster Assistance, and Continuing Appropriations Act, 2009 (Division C, P.L. 110-329) under the heading “Defense Health Program”.

Progress to Date

On World AIDS Day 2009, PEPFAR announced that, through its partnerships with more than 30 countries, PEPFAR directly supported life-saving antiretroviral treatment for over 2.4 million men, women and children, as of September 30, 2009. They represent more than half of the estimated four million individuals in low and middle-income countries on treatment.

In addition, by September 30, 2009, PEPFAR partnerships have directly supported care for nearly 11 million people affected by HIV/AIDS, including 3.6 million orphans and vulnerable children.

In FY 2009, PEPFAR directly supported prevention of mother-to-child transmission programs that allowed nearly 100,000 babies of HIV-positive mothers to be born HIV-free, adding to the nearly 240,000 babies born without HIV due to PEPFAR support during FYs 2004-2008.

In FY 2009, PEPFAR also directly supported HIV counseling and testing for nearly 29 million people, providing a critical entry point to prevention, treatment, and care.

From FY 2010 onward, PEPFAR will report on partner countries’ national achievements in service delivery and health systems strengthening, as well as PEPFAR direct contributions to those achievements. The new national health systems indicators are being developed in collaboration with partner countries and multilateral organizations.

PEPFAR New Initiatives

The following sections provide brief descriptions of the new initiatives of PEPFAR.

Partnership Frameworks

The development of Partnership Frameworks began in FY 2008 (Frameworks were called Compacts during early concept development). The goal of a Partnership Framework is to advance the progress and leadership of partner countries in the fight against HIV/AIDS. Partnership Frameworks will help create the policy and financial commitment platform necessary to successfully invest funding and achieve the five-year goals for prevention, care and treatment. This is to be accomplished through long-term, consultative frameworks, which outline mutual, non-binding, political commitments and responsibilities for the USG and partner country governments, and set forth a progression over time of U.S. support and partner country investment and policy change. While this is the overarching goal, negotiations at the country level will define each Partnership Framework and will reflect each country's unique situation, capabilities and priorities. Partnership Frameworks should be fully in line with the national HIV/AIDS plan of the partner country, and should continue to emphasize sustainable programs with increased country ownership (including decision-making authority and leadership).

While the timeline will vary from country to country, 14 countries, Angola, Caribbean Regional, Central America Regional, the Democratic Republic of Congo, Ghana, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Swaziland, Tanzania, and Vietnam, have already have a signed Partnership Framework that is posted online at <http://www.pepfar.gov/frameworks/index.htm>. The Partnership Frameworks for Botswana, the Dominican Republic, and Rwanda have either been approved, but are not yet signed, or are in the final review process and are expected to be ready to sign by late 2010.

In some countries, additional funding for country programs will be made available after the Partnership Framework has been established. These additional funds will be described in subsequent updates to the Country Operational Plans and will be notified at a later date.

Updated Partnership Framework Guidance (Version 2.0) can be found on PEPFAR.gov at <http://www.pepfar.gov/guidance/framework/index.htm>.

The Headquarters Operational Plan (HOP)

The primary role of agency headquarters (HQ) operations is to support field staff and country-level efforts towards PEPFAR goals. HQ provides this support through:

- Technical support which provides direct technical assistance and central procurements;
- Quality assurance of technical programs;
- Budgetary management and administration;
- Personnel management at headquarters and for country deployment;
- Oversight and management of strategic information and public health evaluation;
- Coordination of multilateral and bilateral partnerships on HIV/AIDS;

- Public affairs;
- Congressional liaison;
- Development of global public-private partnerships;
- Interagency coordination on HIV/AIDS global programs; and
- Support for interagency coordination on other relevant diseases and global priorities, including TB, malaria, education, gender, food and nutrition programs, maternal-child health, reproductive health, and water and sanitation – i.e., “connecting the dots” of development.

The purpose of the HOP is to articulate how these primary functions will be supported across a diverse set of agencies, each of which offers a comparative advantage to global engagement in HIV/AIDS. The specific objectives of the HOP and the planning process to develop it include:

- Strengthening interagency team-building and coordination across the programmatic areas of PEPFAR;
- Aligning the configuration of staffing across agencies to meet the demands of interagency programmatic support as well as management and staffing within agencies;
- Describing the specific activities of each agency and the requested budget across the programmatic areas of PEPFAR;
- Serving as the primary document for review and approval of PEPFAR funding to agencies at the headquarters level; and
- Integrating special HQ initiatives into regular planning and reporting processes.

The HOP includes all PEPFAR funding and activities not currently planned by country or regional teams, including Country Operational Plans (COPs), and State Department Director of Foreign Assistance Operational Plans (F Ops). The majority of the effort for the HOP will be done by Technical Working Groups (TWGs) and Cognizant Technical Officers (COTRs)/Project Officers/agency equivalent for each of the program areas.

Indirect Cost Models

During FY 2008, the Office of the U.S. Global AIDS Coordinator (OGAC) began an inter-agency process of identifying and categorizing the direct and indirect costs of implementing PEPFAR, in both the field and at headquarters. Participating agencies included: Department of Health and Human Services (HHS), U.S. Agency for International Development (USAID), Peace Corps and Department of Defense (DoD). The goals of the exercise were to identify all of the direct and indirect costs incurred in the implementation of PEPFAR in a manner that was transparent to all stakeholders, supported by data to ensure accountability and followed good governance practices. (See [Appendix 3 - Indirect Cost Models](#) for a description of the DoD, USAID, and HHS/OGHA models).

Identified direct and indirect costs will continue to be funded through the annual country operational plans (field) and the headquarters operational plan (HQ). Indirect costs will be calculated annually based on the OMB approved indirect cost models for each agency or HHS operating division. These inputs to the models will be updated each year to reflect historical actual cost figures to ensure accuracy. To create transparency and accountability, the models,

resulting rates and associated costs will be documented and updated annually in memorandums of understanding between OGAC and each agency.

SECTION II: SUMMARY BUDGET PLAN PRESENTATION

Table 1 – FY 2007 - FY 2009 PEPFAR Sources of Funding

SOURCES OF FUNDING (Dollars in Millions)	FY 2007	FY 2008	FY 2009
	<u>Enacted</u>	<u>Enacted</u>	<u>Enacted</u>
USAID Programs:	688	535	627
Global Health/Child Survival (HIV/AIDS)	325	347	350
Global Health/Child Survival (TB)	81	148	163
Other Accounts (HIV/AIDS)	21	25	0
Other Accounts (TB)	14	15	14
Global Health/Child Survival (Global Fund)	248	0	100
HHS Programs:	582	825	886
CDC Global AIDS Program	121	119	119
NIH HIV/AIDS Research 1/	362	412	467
NIH (Global Fund)	99	295	300
State/Foreign Military Finance:	2	1	0
DoD Programs:	0	8	8
U.S. Global AIDS Coordinator's Office (OGAC)	3,247	4,662	5,159
Global Health/Child Survival (Bilateral HIV/AIDS)	2,839	4,082	4,519
Global Health/Child Survival (UNAIDS)	30	35	40
Global Health/Child Survival (Global Fund)	378	546	600
TOTAL, GLOBAL HIV/AIDS & TB	4,518	6,031	6,679
1/ Funding for NIH research is estimated and may change depending on actual research projects.			

Table explanation: Reflects the multiple sources of funding appropriated to implement PEPFAR programs. PEPFAR funding is implemented through both bilateral programs and through multilateral programs, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund).

Table 2 – FY 2009 PEPFAR Operational Plan Program Funding Summary

Approved as of August 2010 (in Thousands)						
<u>Programs</u>	<u>State/GHCS</u>	<u>HHS/GAP & NIH Estimated</u>	<u>USAID/GHCS Estimated</u>	<u>DoD/DHAPP Estimated</u>	<u>All Accounts</u>	
Country Activities	3,982,359	96,569	198,181	5,340	4,282,449	
<i>Field Programs PEPFAR Operational Plans</i>	<i>3,737,917</i>	<i>90,294</i>	<i>123,410</i>	<i>-</i>	<i>3,951,621</i>	
<i>Central Programs in PEPFAR Operational Plans</i>	<i>208,037</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>208,037</i>	
Abstinence/Faithfulness	26,437	-	-	-	26,437	
Antiretroviral Therapy	102,322	-	-	-	102,322	
Orphans and Vulnerable Children	26,547	-	-	-	26,547	
Safe Blood Supply	47,650	-	-	-	47,650	
Safe Medical Injections	5,081	-	-	-	5,081	
<i>Other PEPFAR Country Programs</i>	<i>36,405</i>	<i>6,275</i>	<i>74,771</i>	<i>5,340</i>	<i>122,791</i>	
Headquarters Operational Plan Programs	536,641	22,885	142,040	2,660	704,226	
<i>Technical Leadership and Support</i>	<i>409,234</i>	<i>-</i>	<i>131,603</i>	<i>-</i>	<i>540,836</i>	
<i>Technical Oversight and Management</i>	<i>127,408</i>	<i>22,885</i>	<i>10,437</i>	<i>2,660</i>	<i>163,390</i>	
OGAC Administrative Costs	14,000	-	-	-	14,000	
Other Agency Administrative Costs	113,408	22,885	10,437	2,660	149,390	
International Partners	640,000	300,000	100,000	-	1,040,000	
Global Fund	600,000	300,000	100,000	-	1,000,000	
UNAIDS	40,000	-	-	-	40,000	
Total of Included Programs	5,159,000	419,454	440,221	8,000	6,026,675	

Table explanation: Approved PEPFAR funding (in thousands) for all programs planned, tracked and reported through interagency processes is included. Only the GHCS-State account is notified by the Office of the U.S. Global AIDS Coordinator.

Table 3 – FY 2007 – FY 2009 Approved Funding in PEPFAR Operational Plans, Country

Sum of Approved Funding in Millions State Region, Operating Unit	Fiscal Year		
	FY 2007	FY 2008	FY 2009
Africa	\$ 2,578.8	\$ 3,663.2	\$ 3,793.1
Angola	\$ 6.1	\$ 7.0	\$ 17.0
Botswana	\$ 76.2	\$ 93.2	\$ 95.1
Cote d'Ivoire	\$ 84.4	\$ 120.5	\$ 124.8
Democratic Republic of Congo	\$ 10.8	\$ 31.3	\$ 33.0
Ethiopia	\$ 241.8	\$ 354.5	\$ 346.0
Ghana	\$ 6.6	\$ 17.5	\$ 17.5
Kenya	\$ 368.1	\$ 534.8	\$ 565.0
Lesotho	\$ 9.5	\$ 29.6	\$ 28.3
Malawi	\$ 18.9	\$ 44.7	\$ 45.7
Mozambique	\$ 162.0	\$ 228.6	\$ 252.9
Namibia	\$ 91.2	\$ 108.9	\$ 107.8
Nigeria	\$ 304.9	\$ 447.6	\$ 442.3
Rwanda	\$ 103.0	\$ 123.5	\$ 147.6
South Africa	\$ 397.8	\$ 590.9	\$ 561.3
Sudan	\$ 6.9	\$ 10.3	\$ 8.8
Swaziland	\$ 9.0	\$ 27.7	\$ 32.5
Tanzania	\$ 205.5	\$ 313.4	\$ 361.2
Uganda	\$ 236.6	\$ 283.6	\$ 287.1
Zambia	\$ 216.0	\$ 269.2	\$ 271.1
Zimbabwe	\$ 23.5	\$ 26.4	\$ 48.0
East Asia and Pacific	\$ 110.2	\$ 131.1	\$ 132.7
Cambodia	\$ 19.0	\$ 17.9	\$ 18.0
China	\$ 9.8	\$ 10.0	\$ 10.3
Indonesia	\$ 8.6	\$ 7.9	\$ 9.0
Thailand	\$ 7.1	\$ 6.5	\$ 5.5
Vietnam	\$ 65.8	\$ 88.9	\$ 89.9
Europe and Eurasia	\$ 21.3	\$ 17.9	\$ 16.2
Russia	\$ 14.6	\$ 12.0	\$ 8.0
Ukraine	\$ 6.7	\$ 5.9	\$ 8.2
South and Central Asia	\$ 29.9	\$ 29.8	\$ 30.5
India	\$ 29.9	\$ 29.8	\$ 30.5
Western Hemisphere	\$ 119.6	\$ 141.6	\$ 187.3
Caribbean Regional		\$ -	\$ 19.0
Dominican Republic	\$ 6.5	\$ 17.2	\$ 17.3
Guyana	\$ 28.4	\$ 23.8	\$ 20.5
Haiti	\$ 84.7	\$ 100.6	\$ 130.5
Grand Total	\$ 2,859.9	\$ 3,983.7	\$ 4,159.7

Table explanation: Includes all sources of approved funding supporting activities in PEPFAR operational plans for FY 2007 through FY 2009. Note the Caribbean Regional did not prepare a PEPFAR Operational Plan until FY 2009.

Table 4 – FY 2009 Approved Funding in PEPFAR Operational Plans, Program/Agency

Sum of Approved Funding in Millions Program Area, Budget Code	Implementing Agency							Grand Total
	DoD	DoL	HHS	Peace Corps	State	USAID		
Prevention	\$ 42.9	\$ 0.7	\$ 426.3	\$ 11.3	\$ 9.8	\$ 608.4	\$ 1,099.4	
CIRC - Male Circumcision	\$ 11.8		\$ 26.2		\$ -	\$ 18.3	\$ 56.3	
HMBL - Blood Safety	\$ 1.5		\$ 53.2		\$ 2.3	\$ 6.2	\$ 63.1	
HMIN - Injection Safety	\$ 1.0		\$ 13.5		\$ 0.2	\$ 8.8	\$ 23.4	
HVAB - Abstinence, Be Faithful	\$ 4.9	\$ 0.1	\$ 44.7	\$ 5.6	\$ 1.8	\$ 156.6	\$ 213.6	
HVCT - Counseling and Testing	\$ 8.8	\$ 0.1	\$ 111.3	\$ 0.0	\$ 1.3	\$ 99.4	\$ 220.9	
HVOP - Other Sexual Prevention	\$ 9.2	\$ 0.6	\$ 63.0	\$ 5.7	\$ 2.1	\$ 187.6	\$ 268.3	
IDUP - Injecting and non-Injecting Drug Use			\$ 6.6			\$ 11.4	\$ 18.1	
MTCT - PMTCT	\$ 5.8		\$ 107.8		\$ 2.1	\$ 120.1	\$ 235.7	
Care	\$ 16.6		\$ 256.2	\$ 6.2	\$ 6.2	\$ 594.8	\$ 880.1	
HBHC - Adult Care and Support	\$ 9.3		\$ 111.1	\$ 3.0	\$ 1.7	\$ 200.9	\$ 326.0	
HKID - OVC	\$ 3.1		\$ 29.5	\$ 3.2	\$ 2.9	\$ 315.8	\$ 354.6	
HVTB - TB/HIV	\$ 3.3		\$ 91.8		\$ 1.1	\$ 54.3	\$ 150.5	
PDCS - Pediatric Care and Support	\$ 0.9		\$ 23.9		\$ 0.5	\$ 23.7	\$ 49.0	
Treatment	\$ 36.1		\$ 661.2	\$ 0.3	\$ 23.8	\$ 732.1	\$ 1,453.6	
HLAB - Laboratory Infrastructure	\$ 7.4		\$ 123.6		\$ 5.0	\$ 94.6	\$ 230.7	
HTXD - ARV Drugs	\$ 1.2		\$ 93.2		\$ -	\$ 303.7	\$ 398.1	
HTXS - Adult Treatment	\$ 24.5		\$ 390.1	\$ 0.3	\$ 18.2	\$ 281.4	\$ 714.5	
PDTX - Pediatric Treatment	\$ 3.0		\$ 54.3		\$ 0.6	\$ 52.4	\$ 110.3	
Other	\$ 17.3	\$ 0.4	\$ 353.5	\$ 3.4	\$ 14.7	\$ 337.3	\$ 726.6	
HVMS - Management and Staffing	\$ 9.4		\$ 108.9	\$ 2.8	\$ 10.4	\$ 96.8	\$ 228.3	
HVSI - Strategic Information	\$ 3.4	\$ 0.1	\$ 134.0		\$ 0.4	\$ 70.0	\$ 207.9	
OHSS - Health Systems Strengthening	\$ 4.5	\$ 0.3	\$ 110.5	\$ 0.6	\$ 4.0	\$ 170.5	\$ 290.4	
Grand Total	\$ 112.9	\$ 1.1	\$ 1,697.3	\$ 21.2	\$ 54.5	\$ 2,272.6	\$ 4,159.7	

Table explanation: Includes all sources of approved funding supporting activities found in PEPFAR operational plans, breaking out funding by program area, program budget code and agency of implementation. Prevention includes counseling and testing in FY 2009. The budget code health systems strengthening includes health systems strengthening activities not captured elsewhere. The definitions of program budget codes can be found in the appendices.

Table 5 – FY 2009 Budgetary Requirements Summary

Program Area	Sum of Approved Funding in Millions
Prevention	1,099.4
CIRC - Male Circumcision	56.3
HMBL - Blood Safety	63.1
HMIN - Injection Safety	23.4
HVAB - Abstinence, Be Faithful	213.6
HVCT - Counseling and Testing	220.9
HVOP - Other Sexual Prevention	268.3
IDUP - Injecting and non-Injecting Drug Use	18.1
MTCT - PMTCT	235.7
Care	880.1
HBHC - Adult Care and Support	326.0
HKID - OVC	354.6
HVTB - TB/HIV	150.5
PDCS - Pediatric Care and Support	49.0
Treatment	1,453.6
HLAB - Laboratory Infrastructure	230.7
HTXD - ARV Drugs	398.1
HTXS - Adult Treatment	714.5
PDTX - Pediatric Treatment	110.3
Other	726.6
HVMS - Management and Staffing	228.3
HVSI - Strategic Information	207.9
OHSS - Health Systems Strengthening	290.4
Grand Total	4,159.7
% OVC	10%
• OVC budgetary requirement \geq 10%: (HKID)/(Subtotal, Prevention, Treatment and Care)	
% Care and Treatment for PLWHA	58%
• Care & Treatment budgetary requirement \geq 50%: (HBHC + HTXS + PDCS + PDTX + HVTB + HTXD + HLAB)/(Subtotal, Prevention, Treatment and Care)	

Chart explanation: The chart above reflects the budgetary requirements set out in P.L. 110-293 “Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008”: at least 10% of prevention, care and treatment funding to support orphans and vulnerable children and at least 50% of funding for treatment and care of people living with HIV/AIDS.

Table 6 – CY 2008 HIV/AIDS Epidemic Overview

Region/Country	Adults HIV Prevalence Rate (%)	Number of People Living with HIV	Number of Orphans Due to AIDS
Africa			
Angola	2.1	190,000	50,000
Botswana	23.9	300,000	95,000
Cote d'Ivoire	3.9	480,000	420,000
Democratic Republic of Congo	1.2 - 1.5	400,000 - 500,000	...
Ethiopia	2.1	980,000	650,000
Ghana	1.9	260,000	160,000
Kenya	7.8*	1,100,000	...
Lesotho	23.2	270,000	110,000
Malawi	11.9	930,000	550,000
Mozambique	12.5	1,500,000	400,000
Namibia	15.3	200,000	...
Nigeria	3.1	2,600,000	1,200,000
Rwanda	2.8	150,000	220,000
South Africa	18.1	5,700,000	1,400,000
Sudan	1.4	320,000	...
Swaziland	26.1	190,000	56,000
Tanzania	6.2	1,400,000	970,000
Uganda	5.4	940,000	1,200,000
Zambia	15.2	1,100,000	600,000
Zimbabwe	15.3	1,300,000	1,000,000
East Asia and Pacific			
Cambodia	0.8	75,000	...
China	0.1	700,000	...
Indonesia	0.2	270,000	...
Thailand	1.4	610,000	...
Vietnam	0.5	290,000	...
Europe & Eurasia			
Russia	1.1	940,000	...
Ukraine	1.6	440,000	...
South and Central Asia			
India	0.3	2,400,000	...
Western Hemisphere			
Antigua and Barbuda**	...	...	...
Bahamas**	3.0	6,200	...
Barbados**	1.2	2,200	...
Belize**	2.1	3,600	...
Dominica**	...	...	...
Dominican Republic	1.1	62,000	...
Grenada**	...	...	...
Guyana	2.5	13,000	...
Haiti	2.2	120,000	...
Jamaica**	1.6	27,000	...
St. Kitts and Nevis**	...	...	...
Saint Lucia**	...	...	...
St. Vincent and the Grenadines**	...	...	...
Suriname**	2.4	6,800	...
Trinidad and Tobago**	1.5	14,000	...
<p>Note: This table provides estimates related to the HIV/AIDS epidemic as of December 2007, where recent data were available. The adult prevalence rate provides the proportion of adults (15-49 years) living with HIV in 2007. The number of people living with HIV provides an estimate of adults and children with HIV infection in 2007. The number of orphans due to AIDS represents the estimated number of children (0-17 years) in 2007 who have lost one or both parents to AIDS. For countries where no recent data were available, country-specific estimates have not been listed in the table.</p> <p>Unless otherwise indicated, the source for all data presented is the <i>2008 Report on the global AIDS epidemic, UNAIDS/WHO, July 2008.</i></p> <p>*Adults ages 15-49, Kenya AIDS Indicator Survey 2007</p> <p>**Countries that comprise the Caribbean Regional Platform</p>			

Table explanation: Provides an overview of the HIV/AIDS epidemic in PEPFAR countries/regional platforms, organized by region of PEPFAR investment. Only countries/regional platforms preparing PEPFAR operational plans, reflecting most of the PEPFAR country investments, are included in the table above.

Table 7 – FY 2009 Approved Funding in PEPFAR Operational Plans, Country/Agency

State Region, Operating Unit	Implementing Agency						Grand Total
	DoD	DoL	HHS	Peace Corps	State	USAID	
Africa	\$ 107.6	\$ 0.7	\$ 1,528.4	\$ 19.8	\$ 51.7	\$ 2,084.8	\$ 3,793.1
Angola	\$ 0.8		\$ 6.2			\$ 10.0	\$ 17.0
Botswana	\$ 3.1	\$ 0.5	\$ 70.3	\$ 1.5	\$ 1.5	\$ 18.3	\$ 95.1
Cote d'Ivoire	\$ 0.4		\$ 69.1		\$ 0.0	\$ 55.3	\$ 124.8
Democratic Republic of Congo	\$ 1.3		\$ 10.0		\$ 0.7	\$ 21.1	\$ 33.0
Ethiopia	\$ 2.7		\$ 117.8	\$ 2.5	\$ 13.9	\$ 209.1	\$ 346.0
Ghana	\$ 0.2		\$ 2.7	\$ 0.2	\$ 0.1	\$ 14.4	\$ 17.5
Kenya	\$ 24.7		\$ 177.2	\$ 0.3	\$ 9.6	\$ 353.1	\$ 565.0
Lesotho	\$ 0.7		\$ 8.5	\$ 0.3	\$ 0.7	\$ 18.1	\$ 28.3
Malawi	\$ 1.2		\$ 15.7	\$ 0.5	\$ 0.3	\$ 28.1	\$ 45.7
Mozambique	\$ 4.4		\$ 106.6	\$ 1.4	\$ 3.1	\$ 137.5	\$ 252.9
Namibia	\$ 3.4		\$ 52.9	\$ 2.3	\$ 1.7	\$ 47.6	\$ 107.8
Nigeria	\$ 11.0		\$ 203.3		\$ 0.6	\$ 227.4	\$ 442.3
Rwanda	\$ 4.5		\$ 49.0	\$ 2.5	\$ 0.4	\$ 91.2	\$ 147.6
South Africa	\$ 2.1		\$ 244.3	\$ 0.9	\$ 2.2	\$ 311.8	\$ 561.3
Sudan			\$ 3.7			\$ 5.1	\$ 8.8
Swaziland	\$ 4.1	\$ 0.2	\$ 8.8	\$ 0.1	\$ 0.9	\$ 18.3	\$ 32.5
Tanzania	\$ 29.0		\$ 134.4	\$ 1.0	\$ 10.5	\$ 186.3	\$ 361.2
Uganda	\$ 5.4		\$ 134.2	\$ 3.0	\$ 2.6	\$ 141.9	\$ 287.1
Zambia	\$ 8.6		\$ 101.4	\$ 3.4	\$ 2.9	\$ 154.8	\$ 271.1
Zimbabwe			\$ 12.5		\$ 0.1	\$ 35.4	\$ 48.0
East Asia and Pacific	\$ 1.5		\$ 54.7	\$ -	\$ 2.5	\$ 74.0	\$ 132.7
Cambodia			\$ 4.0			\$ 14.1	\$ 18.0
China			\$ 4.4			\$ 5.9	\$ 10.3
Indonesia	\$ 0.3					\$ 8.8	\$ 9.0
Thailand	\$ -		\$ 4.3	\$ -		\$ 1.3	\$ 5.5
Vietnam	\$ 1.3		\$ 42.1		\$ 2.5	\$ 44.1	\$ 89.9
Europe and Eurasia	\$ 0.3		\$ 1.7	\$ 0.2		\$ 14.0	\$ 16.2
Russia			\$ 1.3			\$ 6.7	\$ 8.0
Ukraine	\$ 0.3		\$ 0.4	\$ 0.2		\$ 7.3	\$ 8.2
South and Central Asia	\$ 0.6	\$ 0.2	\$ 7.0			\$ 22.6	\$ 30.5
India	\$ 0.6	\$ 0.2	\$ 7.0			\$ 22.6	\$ 30.5
Western Hemisphere	\$ 3.0	\$ 0.2	\$ 105.4	\$ 1.2	\$ 0.3	\$ 77.2	\$ 187.3
Caribbean Regional	\$ 1.3		\$ 12.0	\$ 0.2	\$ 0.2	\$ 5.2	\$ 19.0
Dominican Republic	\$ 1.3		\$ 5.9	\$ 0.9		\$ 9.2	\$ 17.3
Guyana	\$ 0.3	\$ 0.2	\$ 8.4	\$ 0.1	\$ 0.1	\$ 11.4	\$ 20.5
Haiti			\$ 79.1			\$ 51.4	\$ 130.5

Table explanation: Includes all approved funding supporting activities in PEPFAR countries that prepare PEPFAR operational plans. The table displays funding by region, country and by agency of implementation. For a summary of country operational plan activities, please refer to the country operational plan narratives.

**Table 8 – FY 2009 Approved Funds in PEPFAR Operational Plans,
Country/Program Area**

Sum of Approved Funding in Millions		Program Area				Grand Total
State Region, Operating Unit	Prevention	Care	Treatment	Other		
Africa	\$ 981.7	\$ 802.0	\$ 1,371.2	\$ 638.2	\$ 3,793.1	
Angola	\$ 6.3	\$ 0.4	\$ 0.8	\$ 9.5	\$ 17.0	
Botswana	\$ 33.5	\$ 18.7	\$ 22.5	\$ 20.3	\$ 95.1	
Cote d'Ivoire	\$ 32.8	\$ 22.0	\$ 45.3	\$ 24.7	\$ 124.8	
Democratic Republic of Congo	\$ 10.0	\$ 10.1	\$ 1.5	\$ 11.5	\$ 33.0	
Ethiopia	\$ 86.1	\$ 70.9	\$ 136.1	\$ 52.9	\$ 346.0	
Ghana	\$ 9.6	\$ 1.5	\$ 1.0	\$ 5.3	\$ 17.5	
Kenya	\$ 159.6	\$ 118.5	\$ 227.6	\$ 59.3	\$ 565.0	
Lesotho	\$ 9.4	\$ 7.3	\$ 3.1	\$ 8.5	\$ 28.3	
Malawi	\$ 15.5	\$ 10.0	\$ 2.6	\$ 17.7	\$ 45.7	
Mozambique	\$ 68.4	\$ 37.1	\$ 69.5	\$ 77.9	\$ 252.9	
Namibia	\$ 35.3	\$ 24.1	\$ 24.9	\$ 23.5	\$ 107.8	
Nigeria	\$ 66.3	\$ 90.7	\$ 235.8	\$ 49.4	\$ 442.3	
Rwanda	\$ 37.6	\$ 35.1	\$ 46.0	\$ 29.0	\$ 147.6	
South Africa	\$ 145.7	\$ 141.9	\$ 205.8	\$ 68.0	\$ 561.3	
Sudan	\$ 4.6	\$ 1.5	\$ 0.3	\$ 2.5	\$ 8.8	
Swaziland	\$ 9.9	\$ 5.4	\$ 9.4	\$ 7.8	\$ 32.5	
Tanzania	\$ 87.7	\$ 80.8	\$ 125.3	\$ 67.4	\$ 361.2	
Uganda	\$ 74.6	\$ 64.6	\$ 103.5	\$ 44.4	\$ 287.1	
Zambia	\$ 75.7	\$ 52.0	\$ 99.1	\$ 44.4	\$ 271.1	
Zimbabwe	\$ 13.1	\$ 9.4	\$ 11.1	\$ 14.3	\$ 48.0	
East Asia and Pacific	\$ 51.8	\$ 26.8	\$ 23.2	\$ 30.8	\$ 132.7	
Cambodia	\$ 9.1	\$ 2.4	\$ 2.4	\$ 4.1	\$ 18.0	
China	\$ 3.9	\$ 1.5	\$ 1.3	\$ 3.6	\$ 10.3	
Indonesia	\$ 5.9	\$ 0.8	\$ 0.2	\$ 2.1	\$ 9.0	
Thailand	\$ 2.0	\$ 1.4	\$ 0.8	\$ 1.3	\$ 5.5	
Vietnam	\$ 30.9	\$ 20.7	\$ 18.6	\$ 19.7	\$ 89.9	
Europe and Eurasia	\$ 6.1	\$ 3.6	\$ -	\$ 6.5	\$ 16.2	
Russia	\$ 3.3	\$ 2.6	\$ -	\$ 2.2	\$ 8.0	
Ukraine	\$ 2.9	\$ 1.0		\$ 4.3	\$ 8.2	
South and Central Asia	\$ 9.9	\$ 5.3	\$ 1.3	\$ 14.0	\$ 30.5	
India	\$ 9.9	\$ 5.3	\$ 1.3	\$ 14.0	\$ 30.5	
Western Hemisphere	\$ 50.0	\$ 42.3	\$ 57.9	\$ 37.1	\$ 187.3	
Caribbean Regional	\$ 6.0	\$ 1.3	\$ 3.8	\$ 7.9	\$ 19.0	
Dominican Republic	\$ 8.5	\$ 2.5	\$ 1.8	\$ 4.4	\$ 17.3	
Guyana	\$ 6.2	\$ 3.2	\$ 6.3	\$ 4.8	\$ 20.5	
Haiti	\$ 29.3	\$ 35.3	\$ 45.9	\$ 20.0	\$ 130.5	
Grand Total	\$ 1,099.4	\$ 880.1	\$ 1,453.6	\$ 726.6	\$ 4,159.7	

Table explanation: Includes all approved funding supporting activities in PEPFAR countries that prepare PEPFAR operational plans. The table displays funding by region, country and program area of investment. For a summary of operational plan activities, please refer to the country operational plan narratives. Definitions of program budget codes can be found in the appendices. .

Chart 1 – FY 2009 Approved Funding by Program Area, Region

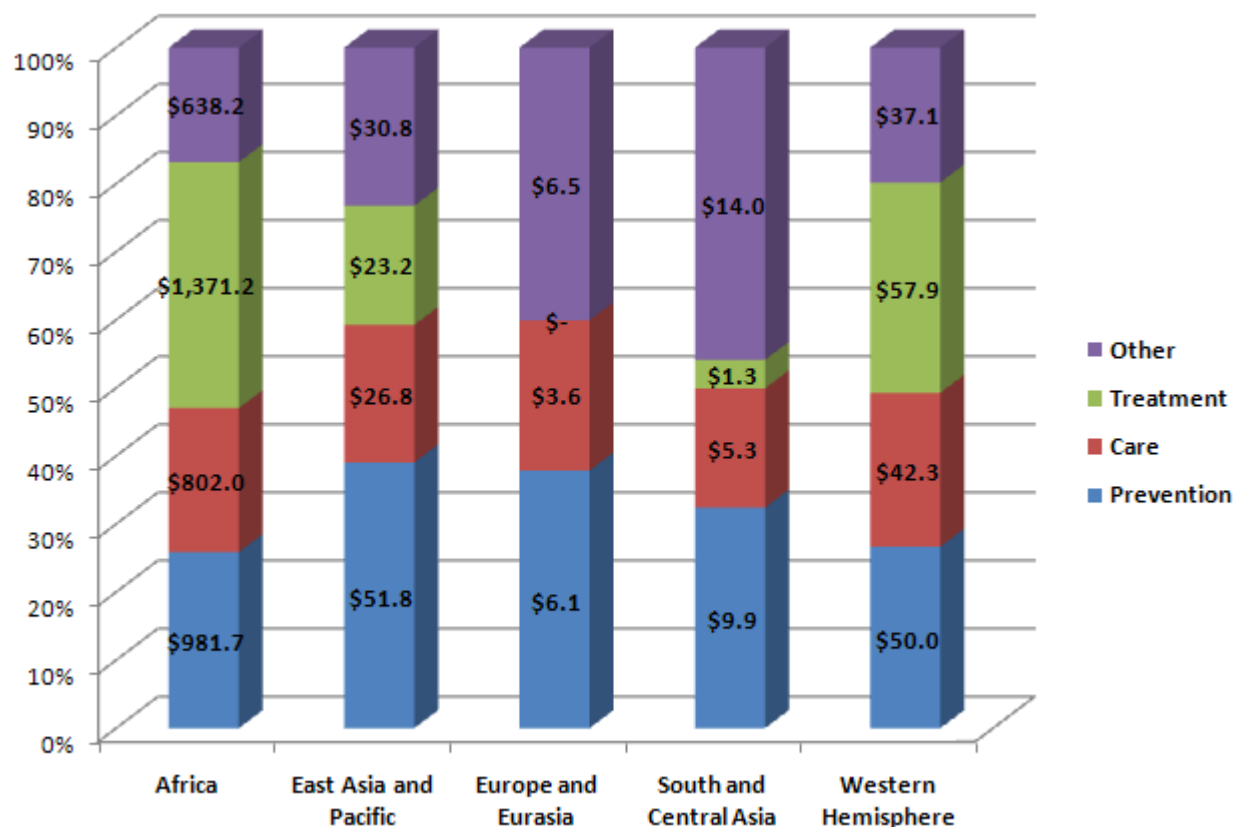


Chart explanation: Includes approved funding (in millions) by region in the major program areas of prevention, treatment, care and other (“other” includes strategic information, other policy and systems strengthening and management and staffing). The funding includes all funding sources approved in PEPFAR country operational plans. Definitions of program area budget codes can be found in the appendices.

Chart 2 – FY 2009 Approved Funding by Prevention Program Area, Region

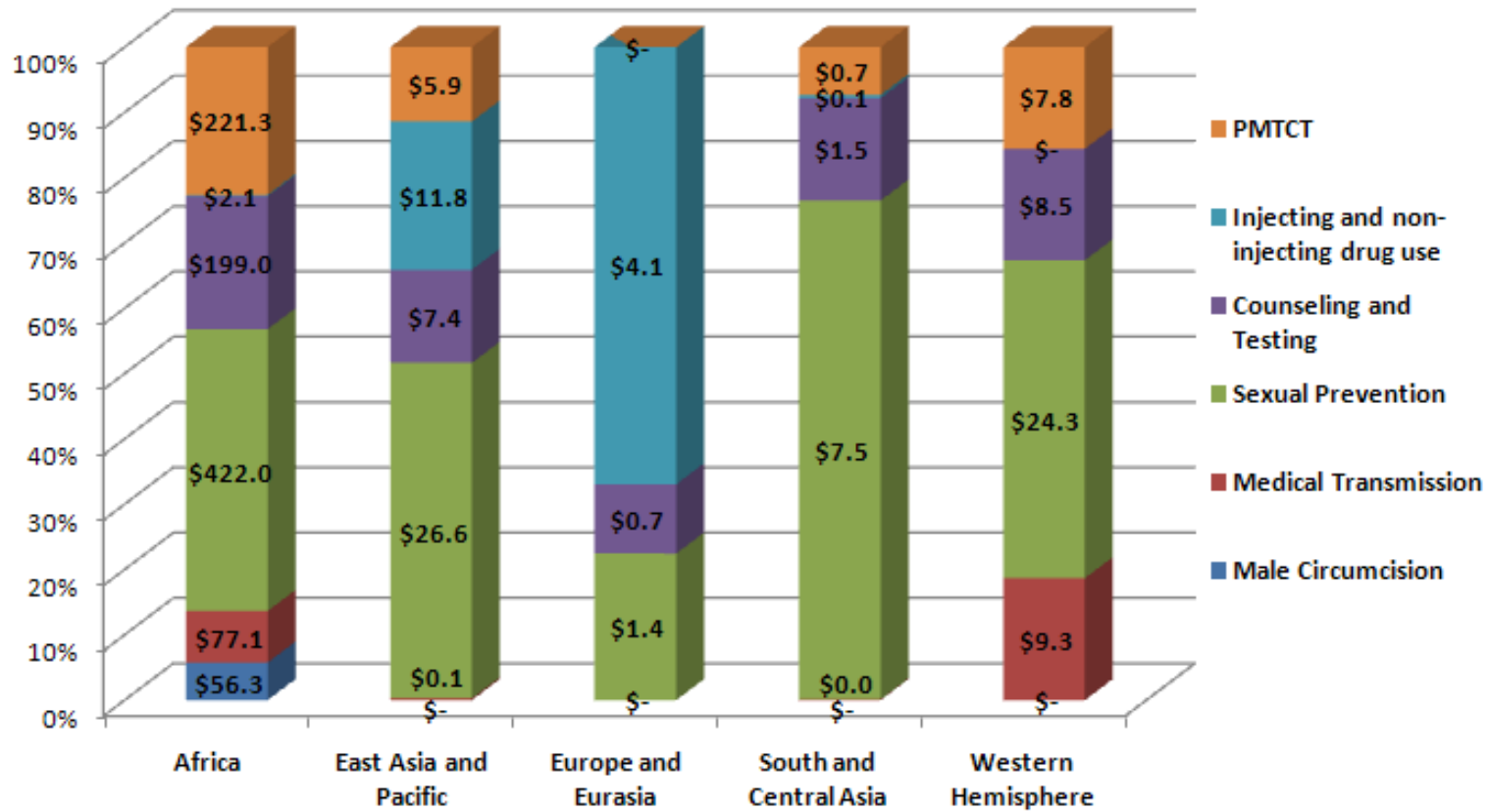


Chart explanation: Includes approved funding (in millions) by region in the program area of prevention. The funding includes all funding sources approved in PEPFAR country operational plans. Definitions of program area budget codes can be found in the appendices.

Chart 3 – FY 2009 Approved Funding by Care Program Area, Region

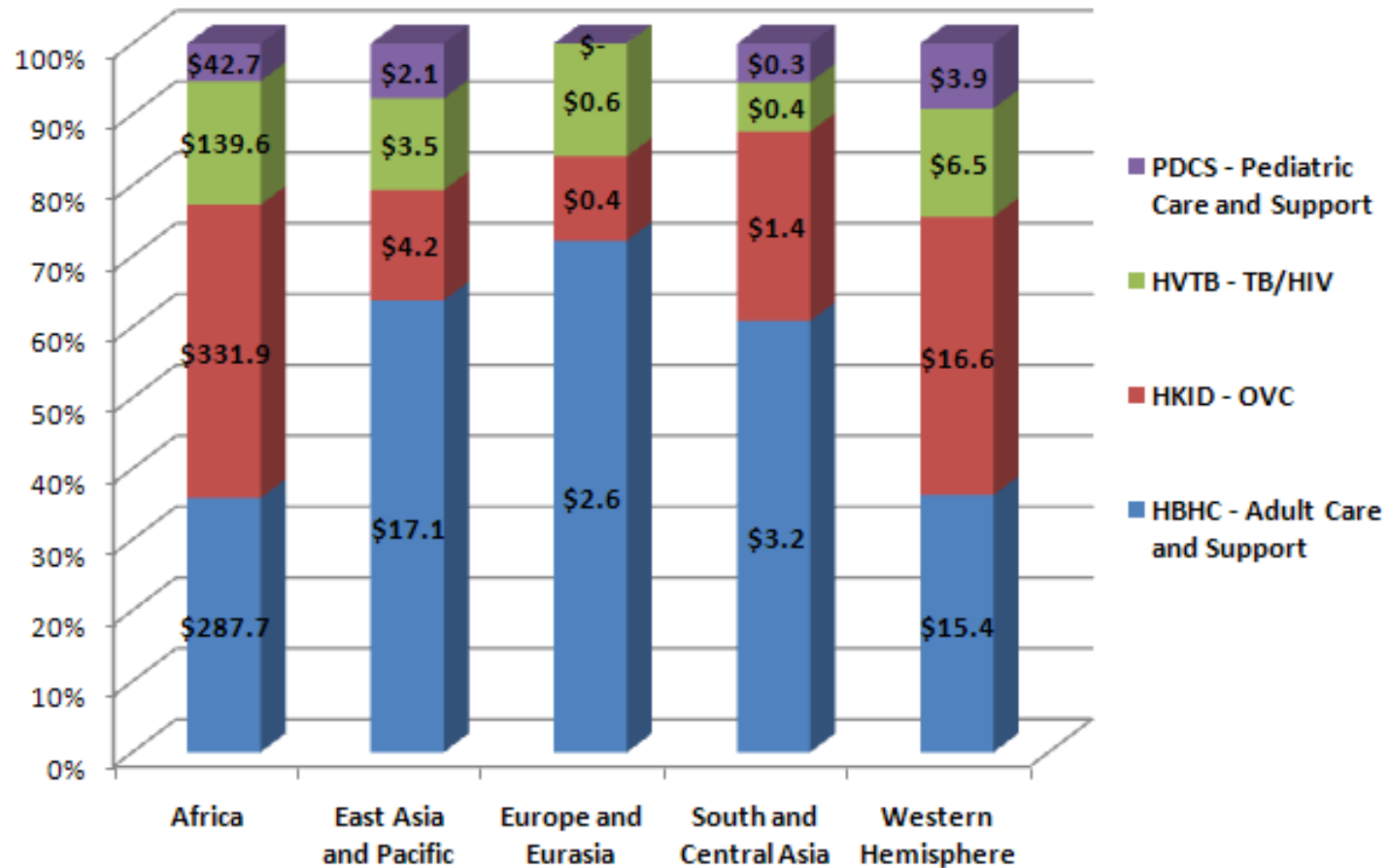


Chart explanation: Includes approved funding (in millions) by region in the program area of care. The funding includes all funding sources approved in PEPFAR country operational plans. Definitions of program area budget codes can be found in the appendices.

Chart 4 – FY 2009 Approved Funding by Treatment Program Area, Region

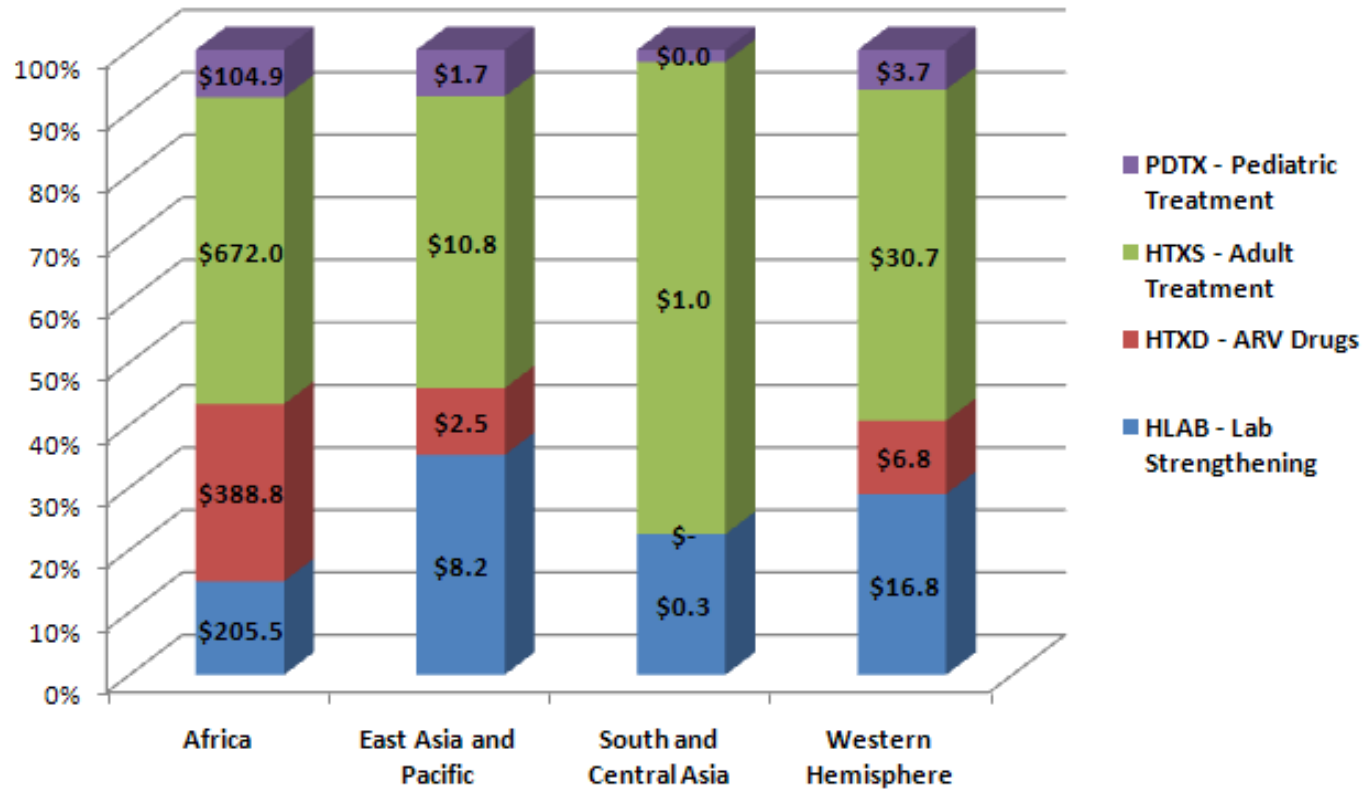


Chart explanation: Includes approved funding (in millions) by region in the program area of treatment. The funding includes all funding sources approved in PEPFAR country operational plans. Definitions of program area budget codes can be found in the appendices.

Chart 5 – FY 2009 Approved Funding by Other Program Area, Region

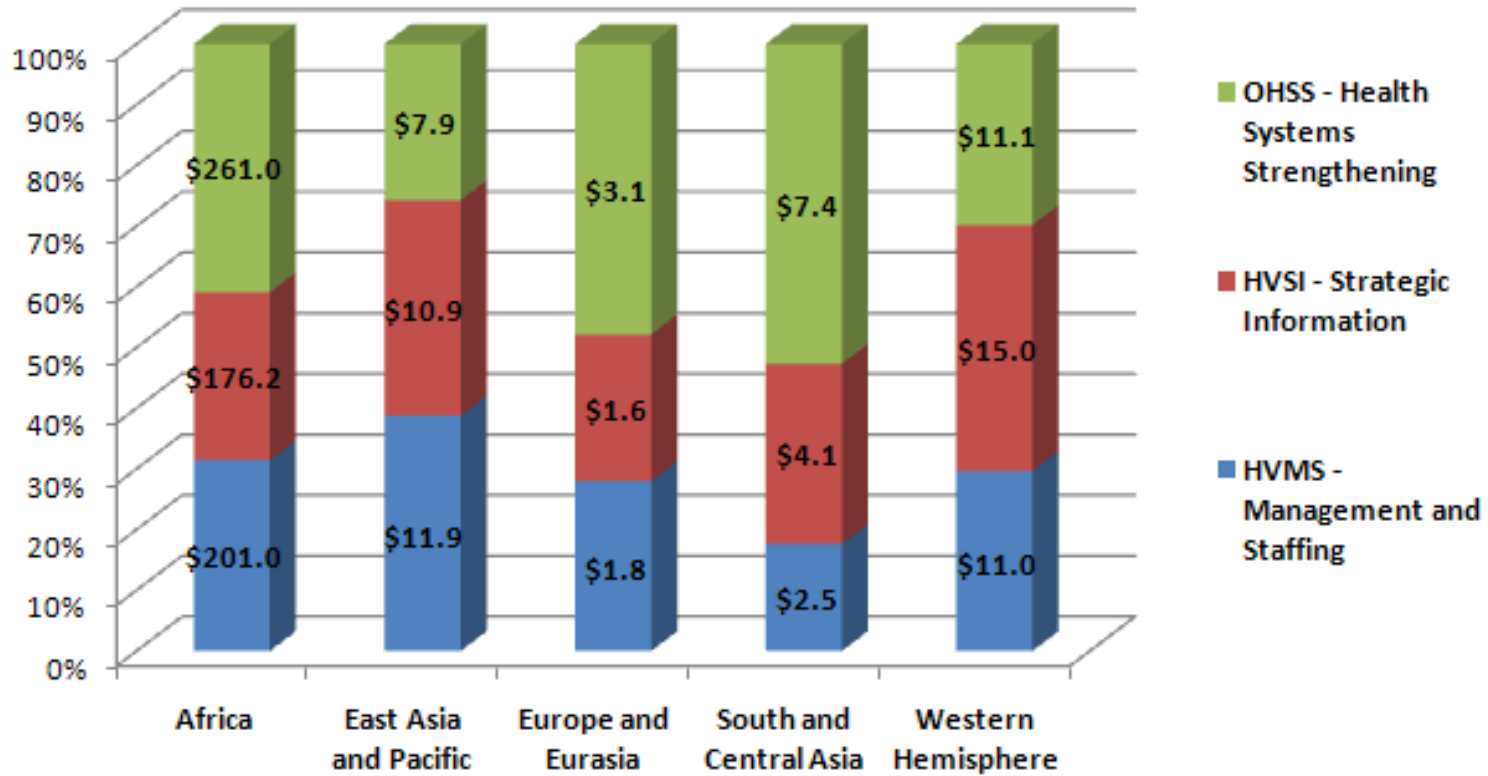


Chart explanation: Includes approved funding (in millions) by region in other program areas, which include health systems strengthening not captured elsewhere, strategic information, and management and staffing. The funding includes all funding sources approved in PEPFAR country operational plans. Definitions of program area budget codes can be found in the appendices.

Table 9 – FY 2009 PEPFAR Headquarters Operational Plan Approved Budget Summary, GHCS-State Account

Program	DOD	DOL	HHS	Peace Corps	State (AF)	State (INR)	State (OGAC)	USAID	TOTAL
Technical Leadership and Support	\$ 3,368,321	\$ -	\$ 114,571,590	\$ 3,250,000	\$ 100,000	\$ -	\$ 126,284,875	\$ 161,658,818	\$ 409,233,604
Headquarter Program Costs	\$ 3,232,348	\$ -	\$ 90,709,166	\$ 3,250,000	\$ 100,000	\$ -	\$ 73,601,946	\$ 43,902,514	\$ 214,795,974
Supply Chain Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 101,920,000	\$ 101,920,000
Twinning	\$ -	\$ -	\$ 2,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,000,000
Local Capacity Initiative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,000,000	\$ 15,000,000	\$ 65,000,000
Public Health Evaluation	\$ 135,973	\$ -	\$ 21,862,424	\$ -	\$ -	\$ -	\$ 2,682,929	\$ 836,304	\$ 25,517,630
Technical Oversight and Management	\$ 3,572,765	\$ 145,141	\$ 62,568,745	\$ 1,181,456	\$ -	\$ 150,000	\$ 14,000,000	\$ 45,789,585	\$ 127,407,692
Other Agency Costs	\$ 3,572,765	\$ 145,141	\$ 62,568,745	\$ 1,181,456	\$ -	\$ 150,000	\$ -	\$ 45,789,585	\$ 113,407,692
OGAC Administrative Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,000,000	\$ -	\$ 14,000,000
TOTAL HOP, GHCS-State	\$ 6,941,086	\$ 145,141	\$ 177,140,335	\$ 4,431,456	\$ 100,000	\$ 150,000	\$ 140,284,875	\$ 207,448,403	\$ 536,641,296

Table explanation: Presents a summary of all approved GHCS-State funds programmed through the Headquarters Operational Plan (HOP), by agency of implementation. For a description of HOP activities, please refer to the Headquarters Operational Plan Narratives.

Table 10 - FY 2009 Headquarters Operational Plan Approved GHCS-State Funding, Technical Leadership and Support

Program Budget Code	DOD	HHS	Peace Corps	State (OGAC)	State (AF)	USAID	WCF/USAID	TOTAL
Prevention	\$ 2,832,348	\$ 9,772,000	\$ -	\$ 20,000,000	\$ -	\$ 15,135,000	\$ -	\$ 47,739,348
MTCT Prevention: PMTCT	\$ -	\$ 1,000,000	\$ -	\$ -	\$ -	\$ 935,000	\$ -	\$ 1,935,000
HVAB Sexual Prevention: AB	\$ -	\$ 100,000	\$ -	\$ 20,000,000	\$ -	\$ 12,100,000	\$ -	\$ 32,200,000
HVOP Sexual Prevention: Other sexual prevention	\$ 1,082,348	\$ 3,182,000	\$ -	\$ -	\$ -	\$ 250,000	\$ -	\$ 4,514,348
HMBL Biomedical Prevention: Blood Safety	\$ -	\$ 2,350,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,350,000
HMIN Biomedical Prevention: Injection Safety	\$ -	\$ 200,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200,000
IDUP Biomedical Prevention: Injecting and non-Inj	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CIRC Biomedical Prevention: Male Circumcision	\$ 1,750,000	\$ 1,250,000	\$ -	\$ -	\$ -	\$ 1,500,000	\$ -	\$ 4,500,000
HVCT Care: Counseling and Testing	\$ -	\$ 1,690,000	\$ -	\$ -	\$ -	\$ 350,000	\$ -	\$ 2,040,000
Care	\$ -	\$ 1,500,000	\$ -	\$ -	\$ -	\$ 6,532,000	\$ -	\$ 8,032,000
HBHC Care: Adult Care and Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,850,000	\$ -	\$ 3,850,000
HKID Care: OVC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,182,000	\$ -	\$ 2,182,000
HVTB Care: TB/HIV	\$ -	\$ 1,500,000	\$ -	\$ -	\$ -	\$ 500,000	\$ -	\$ 2,000,000
PDCS Care: Pediatric Care and Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Treatment	\$ -	\$ 11,009,611	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 101,920,000	\$ 113,929,611
HTXS Treatment: Adult Treatment	\$ -	\$ 6,600,000	\$ -	\$ -	\$ -	\$ 1,000,000	\$ -	\$ 7,600,000
PDTX Treatment: Pediatric Treatment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HTXD ARV Drugs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 101,920,000	\$ 101,920,000
HLAB Laboratory Infrastructure	\$ -	\$ 4,409,611	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,409,611
Other	\$ 535,973	\$ 92,289,979	\$ 3,250,000	\$ 106,284,875	\$ 100,000	\$ 37,071,818	\$ -	\$ 239,532,645
HVSI Strategic Information	\$ 485,973	\$ 39,409,285	\$ -	\$ 1,737,738	\$ -	\$ 4,742,554	\$ -	\$ 46,375,550
OHSS Health Systems Strengthening	\$ 50,000	\$ 50,655,694	\$ -	\$ 88,000,000	\$ -	\$ 31,682,500	\$ -	\$ 170,388,194
HVMS Management and Staffing	\$ -	\$ 2,225,000	\$ 3,250,000	\$ 16,547,137	\$ 100,000	\$ 646,764	\$ -	\$ 22,768,901
TOTAL Approved	\$ 3,368,321	\$ 114,571,590	\$ 3,250,000	\$ 126,284,875	\$ 100,000	\$ 59,738,818	\$ 101,920,000	\$ 409,233,604

Table explanation: Presents a summary of all approved Technical Leadership and Support GHCS-State funds programmed through the Headquarters Operational Plan (HOP), by agency of implementation and program area.

Table 11 - FY 2007 – FY 2009 Headquarters Operational Plan Approved GHCS-State Funding, Technical Oversight and Management

Agency	FY 2007	FY 2008	FY 2009
Other Agencies	\$40,896,554	\$86,525,813	\$113,407,692
OGAC Admin	\$11,899,800	\$12,894,700	\$14,000,000
Total TOM	\$52,796,354	\$99,420,513	\$127,407,692

Table 12 - FY 2009 Headquarters Operational Plan Approved GHCS-State Funding, Technical Oversight and Management Detail

Agency	FY 2009
DOD	3,572,765
DOL	145,141
HHS	62,568,745
<i>CDC</i>	<i>52,682,657</i>
<i>HRSA</i>	<i>3,750,938</i>
<i>OGHA</i>	<i>1,527,016</i>
<i>NIH</i>	<i>176,741</i>
<i>FDA</i>	<i>4,200,000</i>
<i>SAMHSA</i>	<i>231,393</i>
Peace Corps	1,181,456
USAID	45,789,585
State	14,150,000
<i>OGAC</i>	<i>14,000,000</i>
<i>INR</i>	<i>150,000</i>
Total TOM	\$127,407,692

Table explanation: Presents a summary of all approved Technical Oversight and Management funds from the GHCS-State account programmed through the HOP from FY 2007- FY 2009, and by agency of implementation for FY 2009.

Table 13 – FY 2009 PEPFAR Funding for International Partners

International Partner	GHCS-State		GHCS-USAID		NIH		TOTAL
Global Fund	\$	600	\$	100	\$	300	\$ 1,000
UNAIDS	\$	40	\$	-	\$	-	\$ 40

Table explanation: Includes funding (in millions) to support the Global Fund from the GHCS-State account, the GHCS-USAID account, and an NIH appropriated account, and also includes funding to support the Joint United Nations Program on HIV/AIDS (UNAIDS). See the PEPFAR International Partners narratives for an explanation of the Global Fund and UNAIDS contributions.

Table 14 - FY 2009 Agency Allocations of PEPFAR Funds for F Op Countries

	FY 2009								
	FY 2009 Total Approved to Date (All Sources)	GHCS-State						GAP (HHS/CDC)	GHCS-USAID (USAID)
		Peace Corps	DOD	HHS / CDC	HHS / OGHA	USAID	Subtotal GHCS-State		
Africa									
Africa Regional	1,000,000	-	-	-	-	-	-	-	1,000,000
Benin	2,000,000	-	-	-	-	-	-	-	2,000,000
Burundi	3,500,000	-	-	-	-	-	-	-	3,500,000
Cameroon	3,500,000	50,000	-	355,000	-	95,000	500,000	1,500,000	1,500,000
Djibouti	150,000	-	150,000	-	-	-	150,000	-	-
East Africa Regional	2,800,000	-	-	-	-	-	-	-	2,800,000
Guinea	2,000,000	-	-	-	-	-	-	-	2,000,000
Liberia	3,925,000	-	775,000	-	-	450,000	1,225,000	-	2,700,000
Madagascar	2,000,000	-	-	-	-	500,000	500,000	-	1,500,000
Mali	5,000,000	-	500,000	1,450,000	-	-	1,950,000	50,000	3,000,000
Senegal	4,585,000	-	300,000	66,393	-	1,168,607	1,535,000	50,000	3,000,000
Sierra Leone	1,025,000	-	525,000	500,000	-	-	1,025,000	-	-
Southern Africa Regional	2,000,000	-	-	-	-	-	-	-	2,000,000
West Africa Regional	3,000,000	-	-	-	-	-	-	-	3,000,000
Subtotal, Africa	36,485,000	50,000	2,250,000	2,371,393	-	2,213,607	6,885,000	1,600,000	28,000,000
East Asia and the Pacific									
Burma	2,100,000	-	-	-	-	-	-	-	2,100,000
Laos	1,000,000	-	-	-	-	-	-	-	1,000,000
Papua New Guinea	2,500,000	-	-	-	-	-	-	-	2,500,000
Philippines	1,000,000	-	-	-	-	-	-	-	1,000,000
Regional Development Mission - Asia	3,890,000	-	-	120,000	-	120,000	240,000	1,150,000	2,500,000
Subtotal, East Asia and the Pacific	10,490,000	-	-	120,000	-	120,000	240,000	1,150,000	9,100,000
Europe and Eurasia									
Europe & Eurasia Regional	450,000	-	-	-	-	-	-	-	450,000
Georgia	850,000	-	-	-	-	850,000	850,000	-	-
Subtotal, Europe and Eurasia	1,300,000	-	-	-	-	850,000	850,000	-	450,000

(Table 14 – continued)

	FY 2009								
	FY 2009 Total Approved to Date (All Sources)	GHCS-State						GAP (HHS/CDC)	GHCS-USAID (USAID)
		Peace Corps	DOD	HHS / CDC	HHS / OGHA	USAID	Subtotal GHCS-State		
Asia & Middle East									
Asia & Middle East Regional	1,300,000	-	-	-	-	650,000	650,000	-	650,000
Subtotal, Asia & Middle East	1,300,000	-	-	-	-	650,000	650,000	-	650,000
South and Central Asia									
Afghanistan	1,000,000	-	-	250,000	-	250,000	500,000	-	500,000
Bangladesh	2,700,000	-	-	-	-	-	-	-	2,700,000
Central Asia Regional	12,000,000	139,521	-	5,320,479	-	6,540,000	12,000,000	-	-
Kazakhstan	800,000	20,000	-	-	-	580,000	600,000	-	200,000
Kyrgyzstan	675,000	20,000	-	-	-	455,000	475,000	-	200,000
Nepal	5,000,000	-	-	-	-	-	-	-	5,000,000
Pakistan	2,000,000	-	-	-	-	-	-	-	2,000,000
Tajikistan	724,000	-	-	-	-	524,000	524,000	-	200,000
Turkmenistan	275,000	-	-	-	-	75,000	75,000	-	200,000
Uzbekistan	790,000	-	-	-	-	590,000	590,000	-	200,000
Subtotal, South and Central Asia	25,964,000	179,521	-	5,570,479	-	9,014,000	14,764,000	-	11,200,000
Western Hemisphere									
Belize	485,000	20,000	-	-	-	-	20,000	-	465,000
Brazil	2,300,000	-	-	500,000	-	800,000	1,300,000	1,000,000	-
Central America Regional	11,532,000	-	878,000	3,860,000	-	3,933,000	8,671,000	1,025,000	1,836,000
El Salvador	2,200,000	20,000	-	-	-	-	20,000	-	2,180,000
Guatemala	3,500,000	-	-	-	-	-	-	-	3,500,000
Honduras	6,000,000	30,000	255,000	175,000	-	540,000	1,000,000	-	5,000,000
Latin America and the Caribbean Regional	1,588,000	-	-	-	-	1,088,000	1,088,000	-	500,000
Mexico	2,200,000	-	-	-	-	-	-	-	2,200,000
Nicaragua	2,397,000	20,000	-	300,000	-	577,000	897,000	-	1,500,000
Peru	1,260,000	20,000	-	-	-	-	20,000	-	1,240,000
Subtotal, Western Hemisphere	33,462,000	110,000	1,133,000	4,835,000	-	6,938,000	13,016,000	2,025,000	18,421,000
GRAND TOTAL	109,001,000	339,521	3,383,000	12,896,872	-	19,785,607	36,405,000	4,775,000	67,821,000

The Office of the Director of Foreign Assistance (F) operational plans describe the range of State and USAID foreign assistance activities in country, including PEPFAR activities in countries/regional platforms that do not prepare a PEPFAR operational plan. Only GHCS-State funds in F Operational plans are notified by the Office of the U.S. Global AIDS Coordinator.

SECTION III: FY 2009 COUNTRY OPERATIONAL PLAN NARRATIVES

For country information, in addition to the narratives provided in this section, please refer to <http://www.pepfar.gov/countries/>.

Africa

ANGOLA

Angola – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 400,000	\$ -	\$ -	\$ 400,000	\$ 800,000
GHCS (State)	\$ 400,000	\$ -	\$ -	\$ 400,000	\$ 800,000
HHS	\$ -	\$ 250,000	\$ 790,000	\$ 5,120,000	\$ 6,160,000
GAP	\$ -	\$ 100,000	\$ 115,000	\$ 1,333,000	\$ 1,548,000
GHCS (State)	\$ -	\$ 150,000	\$ 675,000	\$ 3,787,000	\$ 4,612,000
USAID	\$ 5,880,000	\$ 150,000	\$ -	\$ 4,010,000	\$ 10,040,000
GHCS (State)	\$ 3,085,000	\$ 150,000	\$ -	\$ 2,405,000	\$ 5,640,000
GHCS (USAID)	\$ 2,795,000	\$ -	\$ -	\$ 1,605,000	\$ 4,400,000
Grand Total	\$ 6,280,000	\$ 400,000	\$ 790,000	\$ 9,530,000	\$ 17,000,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

The following narrative describes activities supported by the GHCS-State fund account, notified by the Office of the U.S. Global AIDS Coordinator.

Due to forty years of civil war, the health infrastructure in Angola was decimated, and little information was known about the prevalence of HIV in Angola. Angola emerged from its civil war only seven years ago, and with significant technical assistance from the PEPFAR, the national government has been able to conduct three annual national HIV antenatal clinic surveys to begin to determine the prevalence of HIV. For the most recent round, the Angolan government had built up enough capacity to lead the 2007 antenatal clinic survey.

In FY 2009 PEPFAR will provide technical assistance to laboratory facilities in order to strengthen health systems throughout Angola and to increase activities related to TB/HIV infected individuals. PEPFAR will also support a health quality assessment and initiate a field epidemiology and laboratory training program. To increase evidence-based interventions for military personnel, PEPFAR will provide technical assistance to conduct surveys on knowledge, attitudes and practices among this high-risk group. PEPFAR will also continue to assist the Angolan Forces in establishing counseling and testing (CT) programs that will guarantee confidential testing and support for all military personnel. Other PEPFAR funds will be used to fund a behavior surveillance study, prevention programs with the military and a qualitative study on youth behavior.

Based on the results of the 2007 Antenatal Care (ANC) Survey, surveillance activities will continue to monitor TB and sexually transmitted infection patterns in both high sero-prevalence areas and among other high-risk populations.

In August 2009, a Partnership Framework between the Governments of Angola and the United States was signed and is now available at <http://www.pepfar.gov/frameworks/angola/index.htm>. The document focuses on reducing the growth of the HIV epidemic through combination prevention that is cost-effective and targeted, while mitigating the socio-economic impact of the epidemic on families and communities. This five-year joint strategic agenda will be

supplemented with a Partnership Framework Implementation Plan (PFIP) that provides additional detail. With PEPFAR support, the Partnership Framework will strengthen local capacity, promote policy reforms, plan evidence-based strategies and approaches to HIV programming, expand service delivery, and assist the Government of Angola in its coordination of key stakeholders.

BOTSWANA

Botswana – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 2,300,000	\$ 15,000	\$ 450,000	\$ 330,000	\$ 3,095,000
GHCS (State)	\$ 2,300,000	\$ 15,000	\$ 450,000	\$ 330,000	\$ 3,095,000
DoL	\$ 500,000				\$ 500,000
GHCS (State)	\$ 500,000				\$ 500,000
HHS	\$ 26,221,144	\$ 12,984,829	\$ 16,770,811	\$ 14,284,236	\$ 70,261,020
Central GHCS (State)	\$ 2,143,449		\$ 2,786,962		\$ 4,930,411
GAP	\$ 1,732,143	\$ 738,052	\$ 810,597	\$ 4,266,208	\$ 7,547,000
GHCS (State)	\$ 22,345,552	\$ 12,246,777	\$ 13,173,252	\$ 10,018,028	\$ 57,783,609
Peace Corps	\$ 800,000	\$ 650,000			\$ 1,450,000
GHCS (State)	\$ 800,000	\$ 650,000			\$ 1,450,000
State	\$ 400,000	\$ 394,000	\$ 200,000	\$ 486,000	\$ 1,480,000
Central GHCS (State)	\$ -				\$ -
GHCS (State)	\$ 400,000	\$ 394,000	\$ 200,000	\$ 486,000	\$ 1,480,000
USAID	\$ 3,322,842	\$ 4,675,814	\$ 5,120,000	\$ 5,220,482	\$ 18,339,138
Central GHCS (State)	\$ 446,473	\$ 285,814			\$ 732,287
GHCS (State)	\$ 2,876,369	\$ 4,390,000	\$ 5,120,000	\$ 5,220,482	\$ 17,606,851
Grand Total	\$ 33,543,986	\$ 18,719,643	\$ 22,540,811	\$ 20,320,718	\$ 95,125,158

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

Botswana is considered a mature PEPFAR program and continues to demonstrate important successes in meeting PEPFAR targets in treatment, care, PMTCT and blood safety. In prevention, Botswana's PMTCT program is one of the most successful in Africa, and in 2007, data indicated that over 68% of delivering HIV positive women received at least zidovudine (AZT) prophylaxis and 21% received highly active antiretroviral treatment (HAART) during pregnancy. To treat people living with HIV/AIDS (PLWHA), Botswana's PMTCT program will start a pilot project delivering HAART for HIV-infected pregnant women alongside pediatric ART and will construct a pediatric clinic and training center in Francistown. In 2009, Botswana will continue to build on this program, expanding Early Infant Diagnosis (EID). PEPFAR continues to support Behavior Change Communication (BCC) through media and community interventions. In addition, PEPFAR continues support for provider initiated and voluntary counseling and testing through "moonlight" and door-to-door CT programs that target farm workers in Ghanzi and an at-risk group of commercial sex workers (CSW) in the Kasane border area. Building on significant progress in blood safety, PEPFAR will work towards increased sustainability through transitioning supports to the Ministry of Health (MoH).

Opportunities to increase Human Resources for Health (HRH) programming for health workers have been expanded with the opening of the new medical school in Botswana. The program will develop a comprehensive clinical curriculum for HIV/AIDS care and support, including palliative care. PEPFAR funding will also support work on the national TB/HIV curricula, which will expand in FY 2009 to strengthen the management of multi-drug resistant (MDR-TB) and extensively drug resistant (XDR-TB) tuberculosis. New care projects targeted at orphans

and vulnerable children (OVC) remain a priority, including a program in Francistown that will focus on psycho-social and home visit support to households with OVC. In addition, the creation of a non-governmental organization (NGO) coordinator will assist in sharing information on HIV/AIDS and coordinating programmatic issues to facilitate a strong, collaborative approach to HIV and AIDS.

The Clinical and the Laboratory Master Trainer Program will expand its activities, in conjunction with Masa, the national ART program, to improve the service delivery of ART to PLWHA. The procurement system, which has often burdened the laboratory system due to the regular lack of reagents and supplies, will continue to be strengthened, which will result in improved turnaround time and quality of HIV clinical services.

Other programs planned for FY 2009 include regional data analysis/data quality workshops for districts to help roll out data quality assurance programs in FY 2010; programs designed to support Botswana's Infant and Young Child Feeding policy by teaching women about the risks and benefits of breastfeeding vs. formula feeding; programs planned to address the issues of multiple concurrent partnerships and alcohol abuse; critical staffing shortages, cross-border control challenges (including preventing the spread of multidrug resistant TB); and the creation of a sustainable system for the provision of the necessary services to PLWHA.

Funds will be used to support a collaboration and negotiation process with the Government of Botswana (GOB) to define the policy reform, financial sustainability and program coordination elements to which the GOB will be a signatory in its PEPFAR Partnership Framework.

Funding will support the DoD International Acute Care/Community Nursing Program and DoD scale-up of voluntary medical male circumcision (VMMC) with the military.

COTE D'IVOIRE

Cote d'Ivoire – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	400,000				400,000
GHCS (State)	400,000				400,000
HHS	23,025,329	14,130,000	19,805,630	12,168,223	69,129,182
Central GHCS (State)	5,096,851		6,722,257		11,819,108
GAP	930,000	310,000	921,498	3,091,502	5,253,000
GHCS (State)	16,998,478	13,820,000	12,161,875	9,076,721	52,057,074
State	30,000				30,000
GHCS (State)	30,000				30,000
USAID	9,379,683	7,843,368	25,533,179	12,517,000	55,273,230
Central GHCS (State)	281,683	342,977			624,660
GHCS (State)	9,098,000	7,500,391	25,533,179	12,517,000	54,648,570
Grand Total	32,835,012	21,973,368	45,338,809	24,685,223	124,832,412

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

Cote d'Ivoire's strong interagency PEPFAR program has made impressive progress in the transfer of responsibility of program development, coordination and ownership to the Government of Cote d'Ivoire across many program areas. This progress has been made despite setbacks from political instability and elections after a five-year crisis. Excellent coordination with other donors to maximize support to Cote d'Ivoire, minimize overlap and redundancy and foster good use of wrap-arounds has also been achieved during this time. Important gains in HIV testing and care for OVC are being secured through emphasis on quality assurance and building national capacity. HIV prevention is reaching both farther and deeper, with expansion of life-skills training for in- and out-of-school youth, better targeting of the highly vulnerable populations, better definition of peer education standards, a focus on gender-based vulnerabilities and stigma, and integration of prevention into every aspect of care and treatment.

In FY 2009, the program will improve the quality, targeting, and coordination of BCC and will ramp up CT. Peer education with better-defined content and standards will be complemented by mass media. Evidence-based interventions will seek to improve parent-child communication on HIV-related risks (including alcohol) and social norms. Protective life skills will reach youth in and out of school through stronger collaboration with ministries. A prevention-with-positives (PwP) initiative will be rolled out, with an emphasis on sero-discordant couples. Research on highly vulnerable populations will inform interventions targeting MSM and women engaging in transactional sex. Other interventions target the uniformed services, truckers, displaced and mobile populations, and sex workers and their clients. Scaled-up early infant diagnosis (EID), nutritional assessment and support, and involvement and testing of male partners will be priorities within a comprehensive PMTCT package.

USG partners will work with the Ministry of Health (MOH) to incorporate a TB screening tool into the national HIV patient-encounter form to intensify TB case-finding: a pilot will introduce

static and mobile digital chest X-ray imaging capacity. Counselors at all sites will provide a comprehensive package of HIV prevention interventions and effective support, follow-up (including provision of medications where feasible), and referrals to community- and home-based palliative and OVC care services.

As of September 2008, 40,700 patients (including more than 2,100 children under age 15) were on ART with direct PEPFAR support. PEPFAR has consolidated most of its procurements under the Supply Chain Management System (SCMS). First-line antiretroviral (ARV) drugs are procured and stored at the SCMS regional warehouse, with three-month buffer stocks to avoid stock-outs.

Additionally, PEPFAR funds will continue to support the development of Cote d'Ivoire's next National Strategic HIV/AIDS Plan and to lay the foundation for the Partnership Framework and the Partnership Framework Implementation Plan. Activities conducted with PEPFAR funds to contribute to this process include: financial situation analysis; a demographic and health survey; policy analysis; technical assistance for task shifting; and the development of a human resources for health plan.

DEMOCRATIC REPUBLIC OF CONGO

Democratic Republic of Congo – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 1,221,023			\$ 80,000	\$ 1,301,023
GHCS (State)	\$ 1,221,023			\$ 80,000	\$ 1,301,023
HHS	\$ 768,012	\$ 612,672	\$ 859,097	\$ 7,768,248	\$ 10,008,029
GAP	\$ 369,405	\$ 45,000	\$ 142,464	\$ 1,858,131	\$ 2,415,000
GHCS (State)	\$ 398,607	\$ 567,672	\$ 716,633	\$ 5,910,117	\$ 7,593,029
State	\$ 430,419			\$ 220,000	\$ 650,419
GHCS (State)	\$ 430,419			\$ 220,000	\$ 650,419
USAID	\$ 7,559,026	\$ 9,440,049	\$ 646,982	\$ 3,423,067	\$ 21,069,124
GHCS (State)	\$ 2,565,762	\$ 6,778,313	\$ 335,982	\$ 2,189,067	\$ 11,869,124
GHCS (USAID)	\$ 4,993,264	\$ 2,661,736	\$ 311,000	\$ 1,234,000	\$ 9,200,000
Grand Total	\$ 9,978,480	\$ 10,052,721	\$ 1,506,079	\$ 11,491,315	\$ 33,028,595

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

The following narrative describes activities supported by the GHCS-State fund account, notified by the Office of the U.S. Global AIDS Coordinator.

Despite limited resources and a challenging country context, PEPFAR has developed a strong program that focuses on four high-prevalence and high-population urban settings. In particular, PEPFAR has supported strengthening and expanding the TB/HIV program, building on a strong existing national TB program, and implementing new approaches to screen TB patients for HIV and increase access to HIV services for those found to be HIV positive. In another major accomplishment, the USG helped implement the first Demographic and Health Survey to be conducted in the Democratic Republic of Congo (DRC); these data are now being used to guide programs.

PEPFAR supports a broad range of services in DRC, including prevention, care and support, treatment, OVC, Human Resources for Health, and Health Systems Strengthening. Given the epidemiology of HIV in DRC, prevention activities are appropriately focused on prevention of sexual transmission, as well as PMTCT. In addition, there is ongoing support for counseling and testing services, with plans to scale up voluntary as well as provider-initiated services. Efforts are underway with the military to train master trainers and peer educators to provide HIV/AIDS prevention education and behavior change communication, and to provide equipment and training for VCT centers, including strengthening HIV laboratory diagnostic capacity to increase testing of military personnel. PEPFAR is providing support to programs and community groups that promote key prevention and testing messages, and supporting the development of a radio and television serial drama focused on the social issues around HIV prevention and testing.

In the area of Care and Support, PEPFAR funds basic care and support services, as well as programs for TB/HIV and for OVCs. In particular, PEPFAR is providing technical assistance to support family-centered HIV services, with support for those infected and affected by HIV. PEPFAR is also supporting the development of a uniform monitoring and evaluation system for

all TB/HIV activities. In addition, PEPFAR is helping to strengthen and expand laboratory services in order to improve HIV care and treatment.

The DRC Partnership Framework has been approved and the country team is in the process of planning a signing event. The document focuses on expanding prevention, care and treatment services, as well as services to OVCs. FY 2009 Partnership Framework funds will support the specific goals set forth in the PFIP. In partnership with the Government of the DRC, funds will be used to strengthen coordination and management of HIV interventions in the areas of: capacity building, HRH, strategic information (SI), and health finance. Additionally, policy reforms are being supported to increase access to counseling and testing, reduce stigma and discrimination and integrate HIV care into maternal and child health (MCH) services.

Funding will support Seroprevalence and Behavioral Epidemiology Risk Surveys (SABERS) in the military, to provide data for HIV policy, prevention and clinical program decision-making, and to increase the capacity of militaries to collect and use data. Funding will also support ongoing efforts to strengthen programs for children infected and affected by HIV in the DRC. The funding will assist in the scale-up of models for responding to sexual and other violence against children, especially adolescent girls, as well as the scale-up of a household approach in targeting, identifying, and serving OVC to increase service coverage and community support. Evaluations of impact and cost-efficiencies will be crucial elements of all programs.

ETHIOPIA

Ethiopia – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	1,977,000	200,000	200,000	372,000	2,749,000
GHCS (State)	1,977,000	200,000	200,000	372,000	2,749,000
HHS	30,938,614	9,706,294	50,371,032	26,737,651	117,753,591
Central GHCS (State)	3,500,000				3,500,000
GAP	214,600	63,000	344,212	5,178,188	5,800,000
GHCS (State)	27,224,014	9,643,294	50,026,820	21,559,463	108,453,591
Peace Corps	1,000,000	1,000,000	-	500,000	2,500,000
GHCS (State)	1,000,000	1,000,000	-	500,000	2,500,000
State	2,533,992	610,138	8,250,000	2,528,686	13,922,816
GHCS (State)	2,533,992	610,138	8,250,000	2,528,686	13,922,816
USAID	49,631,223	59,398,342	77,292,770	22,733,366	209,055,701
Central GHCS (State)	2,649,103	345,485			2,994,588
GHCS (State)	46,982,120	59,052,857	77,292,770	22,733,366	206,061,113
Grand Total	86,080,829	70,914,774	136,113,802	52,871,703	345,981,108

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

In Ethiopia, HIV transmission occurs at disproportionately higher rates in urban settings, with estimated prevalence at 7.7%, compared with 0.9% in rural areas. The USG PEPFAR program is working with the Government of Ethiopia to strategically program resources to effectively address the challenges of the rural/urban context of the epidemic. Sexual prevention activities in urban and most-at-risk populations (MARPs) will focus programs on delayed sexual debut, being faithful, multiple concurrent partnerships, treatment of STIs and correct and consistent condom use. Additional emphasis will address gender including early marriage, sexual coercion, and cross generational sex. Only 28% of women access antenatal care and 6% deliver in health facilities; therefore, efforts to improve uptake of services will focus on reaching women in these communities and households through urban health extension workers and traditional birth attendants. PEPFAR will expand PMTCT sites from 429 to 804 health facilities. HIV-positive pregnant and post-partum women with poor nutritional status will receive therapeutic feeding. Access to post-exposure prophylaxis for victims of rape will also be strengthened.

Ethiopia's care and support program now serves 436,520 individuals. In FY 2009, PEPFAR will strengthen delivery of preventive care packages for adults and children. Additionally, pediatric care will be integrated into maternal child health and the continuum of HIV care. USG will provide nutritional care and support to PLWHA by leveraging food resources from PL 480 and the World Food Program, and will support malnourished PLWHA with limited therapeutic feeding in 75 antiretroviral treatment (ART) sites in collaboration with UNICEF and the Clinton Foundation.

Twelve percent of students in PEPFAR supported school based programs are OVC. Building on the President's Initiative for Expanding Education, PEPFAR will strengthen partnerships with parent-teacher associations (PTAs), Girls' Advisory Committees and teacher training institutes to

support children to complete their primary education and remain HIV free. Communities, churches and local governments are being supported by PEPFAR to address the needs of OVC. A standard package for OVC care will be adopted as a basis for programs to ensure quality.

An estimated 290,000 Ethiopians are in need of ART, of which PEPFAR supported 119,600. Ethiopia has implemented task shifting through a nurse-centered care model which utilizes outreach workers and case management to improve adherence rates. Pediatric ART will be available at all ART sites and supported by early infant diagnosis, linkages with PMTCT and Maternal and Child Health (MCH) programs. Drugs for ART and opportunistic infections (OIs), as well as HIV-related commodities, will be procured to address needs.

GHANA

Ghana – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	41,250	10,000	35,000	75,000	161,250
GHCS (State)	41,250	10,000	35,000	75,000	161,250
HHS/CDC				2,738,000	2,738,000
GHCS (State)				2,238,000	2,238,000
GAP				500,000	500,000
Peace Corps	101,608	35,000		38,400	175,008
GHCS (State)	101,608	35,000		38,400	175,008
State/AF	33,500	22,500		5,000	61,000
GHCS (State)	33,500	22,500		5,000	61,000
USAID	9,441,200	1,444,000	1,000,000	2,479,542	14,364,742
GHCS (State)	6,885,200	100,000	450,000	1,429,542	8,864,742
GHCS (USAID)	2,556,000	1,344,000	550,000	1,050,000	5,500,000
Grand Total	9,617,558	1,511,500	1,035,000	5,335,942	17,500,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

Ghana has a concentrated HIV epidemic in MARPs. The majority of PEPFAR resources are focused on prevention with persons engaged in high-risk behavior, although the Ghanaian government or other donors have historically been hesitant to support programs for these populations. In recent years, the PEPFAR Ghana team's advocacy has led to government and other donors' better aligning programs to epidemiologic data, including a Round 8 Global Fund proposal focusing on prevention among MARPs.

PEPFAR Ghana's key strategic priorities include prevention of HIV in persons engaged in high-risk behaviors; reducing HIV transmission from most-at-risk populations to the general population; and providing comprehensive prevention, care, and access to treatment for those infected, their partners, and their families. The USG team in Ghana concentrates its efforts in 30 of Ghana's 165 districts, whose selection is based on statistically high concentration of MARPs and the presence of other donor activities, such as the Global Fund. Other prevention interventions focus on partner reduction, condom use, clinical services, and an anti-stigma campaign for health staff, which is expected to increase the uptake of CT.

PEPFAR Ghana will work with high-risk groups such as cocoa farmers and the Ghana Armed Forces on prevention and will develop public-private sector partnerships with cocoa-buying companies to reduce high-risk behaviors during the cocoa season. PEPFAR will also support Ghana Armed Forces' prevention program, following new United Nations guidelines concerning sexual exploitation regulations during peacekeeping operations. Additionally, PEPFAR provides grassroots support for volunteers and communities to implement prevention programs.

PEPFAR Ghana will also provide nutritional support for PLWHA, including individuals starting ART and for children born to HIV-positive mothers. PEPFAR will support OVC through military wives' clubs and through the Ambassador's Small Grants program. The Ambassador's

Small Grants program also funds activities that support vulnerable women, including developing income-generating activities and providing prevention counseling. PEPFAR will also provide training and support for caregivers, and will work with the military to upgrade safety procedures in the military's laboratories.

PEPFAR Ghana will support health system strengthening activities, with an emphasis on the national logistics system, which delivers ARV drugs, HIV test kits, TB drugs, and other laboratory supplies, as well as Ghana's strategic information systems. Increasing public diplomacy efforts will inform Ghanaians about U.S. achievements.

A Partnership Framework between the Governments of Ghana and the United States has been signed and is now available at <http://www.pepfar.gov/frameworks/ghana/index.htm>. FY 2009 PEPFAR funds will be used to support expanding service delivery, as outlined in the PF. Specifically, funds will be provided to extend prevention services for MARPs, including FSW and MSM. PEPFAR/Ghana will provide technical assistance to the newly initiated national MARP working group and to the government in the areas of clinical and laboratory services, resource use, and strategic information. PEPFAR/Ghana will also provide technical assistance and quality assurance services to programs funded by the Global Fund, which is the largest funder of clinical services to PLWHA, to maximize these services and ensure efficiencies and the use of best practices. FY 2009 resources will also lay the groundwork for other goals established in the PF, including HIV/AIDS policy reform and increased responsibility on the part of the Government of Ghana for financing Ghana's HIV/AIDS response.

KENYA

Kenya – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 6,645,961	\$ 4,131,972	\$ 11,127,025	\$ 2,767,369	\$ 24,672,327
GHCS (State)	\$ 6,645,961	\$ 4,131,972	\$ 11,127,025	\$ 2,767,369	\$ 24,672,327
HHS	\$ 62,367,832	\$ 23,785,781	\$ 67,917,217	\$ 23,154,725	\$ 177,225,555
Central GHCS (State)	\$ 4,193,516	\$ -	\$ 10,405,680		\$ 14,599,196
GAP	\$ 1,787,884	\$ 514,213	\$ 1,167,408	\$ 4,651,495	\$ 8,121,000
GHCS (State)	\$ 56,386,432	\$ 23,271,568	\$ 56,344,129	\$ 18,503,230	\$ 154,505,359
Peace Corps	\$ 290,600			\$ -	\$ 290,600
GHCS (State)	\$ 290,600			\$ -	\$ 290,600
State	\$ 1,461,557	\$ 962,768	\$ 5,913,736	\$ 1,279,825	\$ 9,617,886
GHCS (State)	\$ 1,461,557	\$ 962,768	\$ 5,913,736	\$ 1,279,825	\$ 9,617,886
USAID	\$ 88,809,811	\$ 89,634,556	\$ 142,627,652	\$ 32,077,206	\$ 353,149,225
Central GHCS (State)	\$ 5,605,648	\$ 4,779,597			\$ 10,385,245
GHCS (State)	\$ 83,204,163	\$ 84,854,959	\$ 142,627,652	\$ 32,077,206	\$ 342,763,980
Grand Total	\$ 159,575,761	\$ 118,515,077	\$ 227,585,630	\$ 59,279,125	\$ 564,955,593

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

PEPFAR Kenya has been a leader in the scale-up of voluntary medical male circumcision and prevention with positives. Exciting public-private partnerships are being piloted in Kenya due to exceptional PEPFAR leadership and a highly functional interagency team. Additional funding has been reprogrammed to support voluntary medical male circumcision services, in response to growing demand for this important prevention service. The PMTCT program is extremely strong, reaching almost national scale and supporting testing for 69% of women attending antenatal clinic.

In preparing a COP with a modest decrease over prior year funding levels, the country team redoubled its performance-based budgeting efforts by conducting rigorous assessments of partner performance, pipelines, and the best strategic fit between USG funding and that of the partner government and other development partners. This rigorous assessment resulted in improved strategic programming including efforts to address results from the groundbreaking 2007 Kenya AIDS Indicator Survey (KAIS), which documented disturbing trends in infection, including higher-than-expected rates among older adults and rural populations as well as continuing disproportionate impact on women and girls.

The PEPFAR prevention portfolio for Kenya includes interventions to improve blood safety, reduce exposure through safer medical injection, expand voluntary medical male circumcision (VMMC), and prevent mother-to-child transmission; as well as behavioral/sexual transmission interventions including AB programs, condoms and other prevention activities, and work with injection drug users and other high-risk populations. An increasing number of prevention partners are incorporating alcohol and substance awareness messaging in their comprehensive programs. PEPFAR is working with the Government to support the scale up of MC with a focus in Western Kenya where there are high levels of demand from the approximately 900,000 uncircumcised men between the ages of 10 and 50. An additional exciting new prevention

program is the Nairobi pilot of the Partnership for an HIV-Free Generation: a unique and promising network of public-private partnerships linking the core competencies of the private sector with the experience and reach of PEPFAR youth programs.

Kenya has increased its breadth and depth of care programs for people living with HIV/AIDS. For example, with strong U.S. technical and financial support, Kenya continues to provide global leadership in expanding CT. It is anticipated that FY 2009 CT efforts are expected to help five million Kenyans learn their HIV status. Additional Care projects include the initiation of CT, prevention counseling and links to treatment in all OVC programs and the expansion of innovative programs such as the *Mwangalizi* Project, which recruits and trains HIV-positive adults who are successfully managing their own treatment to be *accompagneurs* for children without consistent care managers in their homes. Kenya's care and mitigation efforts also include TB/HIV programs to identify and care for those who are co-infected and community-support and mitigation services to strengthen households affected by AIDS.

Treatment priorities include procurement of generic ARV drugs at over 80% of the value of all purchases, accommodating patients failing first-line therapy by increasing the percentage of drug procurement committed to second-line regimens, and preparing for an expected shift to a tenofovir-based first-line regimen later in 2009. Additional funding has been allocated to support TB and HIV programs in order to improve the reach of critical services to co-infected populations.

A Partnership Framework was signed with the Government of Kenya (GOK) in December 2009 and a Partnership Framework Implementation Plan has been established. Funds associated with this Partnership Framework have been programmed to align with the goals laid out by the GOK in its 3rd Kenya National AIDS Strategic Plan. These goals focus on health sector HIV service delivery; sectoral mainstreaming of HIV/AIDS in prevention, care and treatment, and HSS; community-based HIV programs; and governance and strategic information. Building laboratory infrastructure is a critical focus area identified during the Partnership Framework development. Programming reflects support for construction, supplies, and quality assurance. As part of sexual transmission prevention, support for prevention activities with MARPs is included, as well as support for scale-up of VMMC, which is a priority for the Government of Kenya. The Partnership Framework also includes support for partners' testing and counseling programs as part of continuing efforts to achieve the GOK target of 80% of adults knowing their status.

Funding will support ongoing efforts to strengthen programs for children infected and affected by HIV in Kenya and other selected countries, including scale-up of a household approach in targeting, identifying, and serving OVC to increase service coverage and community support. Evaluations of impact and cost-efficiencies are crucial elements of all programs.

LESOTHO

Lesotho – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 65,000	\$ 250,000	\$ 50,000	\$ 355,000	\$ 720,000
GHCS (State)	\$ 65,000	\$ 250,000	\$ 50,000	\$ 355,000	\$ 720,000
HHS	\$ 3,369,000	\$ 1,750,000	\$ 1,995,000	\$ 1,353,250	\$ 8,467,250
GAP	\$ 200,000	\$ 100,000	\$ 467,250	\$ 382,750	\$ 1,150,000
GHCS (State)	\$ 3,169,000	\$ 1,650,000	\$ 1,527,750	\$ 970,500	\$ 7,317,250
Peace Corps	\$ 190,000	\$ 95,000		\$ 57,000	\$ 342,000
GHCS (State)	\$ 190,000	\$ 95,000		\$ 57,000	\$ 342,000
State		\$ 225,000		\$ 458,375	\$ 683,375
GHCS (State)		\$ 225,000		\$ 458,375	\$ 683,375
USAID	\$ 5,816,000	\$ 5,017,500	\$ 1,035,000	\$ 6,228,875	\$ 18,097,375
GHCS (State)	\$ 3,087,275	\$ 3,571,050	\$ 300,000	\$ 4,739,050	\$ 11,697,375
GHCS (USAID)	\$ 2,728,725	\$ 1,446,450	\$ 735,000	\$ 1,489,825	\$ 6,400,000
Grand Total	\$ 9,440,000	\$ 7,337,500	\$ 3,080,000	\$ 8,452,500	\$ 28,310,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

The following narrative describes activities supported by the GHCS-State fund account, notified by the Office of the U.S. Global AIDS Coordinator.

In a country with one of the highest HIV prevalence in Africa (23% prevalence), USG PEPFAR investments in Lesotho play a critical role in supporting the Government of Lesotho's National HIV/AIDS strategy to improve both HIV services and behavior change efforts that will impact the country's epidemic. A key focus of PEPFAR efforts is to link high-quality prevention, care and treatment services, including PMTCT, provision of equipment and supplies for TB/HIV care, ART, and CT to a population where access to health services poses significant challenges.

With strong cultural norms of multiple concurrent partnerships, the USG PEPFAR is increasing its prevention efforts with focused behavior change activities that target drivers of the epidemic. Additionally, with nascent civil society organizations, PEPFAR programming is playing an important role in increasing the number and capacity of local indigenous organizations that can provide these services. Given the critical deficit of trained human resources for health, the program also places an important focus on capacity building and retention of health workers through support to the Ministry of Health in policy and planning. The USG provides technical assistance to further develop health management information systems, train laboratory personnel, and expand strategic information systems.

Finally, given the important investments of Lesotho's Millennium Challenge Compact, PEPFAR programming is designed to leverage the comparative strengths of PEPFAR in relation to Lesotho's Millennium Challenge Compact supporting health infrastructure. A key component of this collaboration is capacity building of health workers to support new clinics and laboratory infrastructure.

Recently, a Partnership Framework between the Governments of Lesotho and the United States was signed and is now available at <http://www.pepfar.gov/frameworks/lesotho/index.htm>. This

document outlines four ambitious goals that will be attained by 2014 through cooperation between the two signing governments. They include: reducing HIV incidence in Lesotho by 35%; reducing morbidity and mortality and providing essential support to Basotho people living with or affected by HIV/AIDS; improving the human resource capacity for HIV service delivery, and strengthening health systems in four key areas (health management information systems, laboratory capacity, organizational capacity, and supply chain management). This five-year joint strategic agenda will be supplemented with a Partnership Framework Implementation Plan that provides additional detail.

During the coming year, the necessary programs and structures will be put in place to ensure that the goals of the Partnership Framework are achieved through activities that reflect the comprehensive and coordinated approach outlined in the PFIP, including reducing HIV incidence, reducing morbidity and mortality and providing essential support to Basotho people living with or affected by HIV/AIDS, improving the human resource capacity for HIV service delivery, and strengthening health systems. Technical assistance to the Government of Lesotho and its development partners in the area of health systems strengthening (HSS) and SI will make its activities in the country more cost-effective over time by involving local and regional consultants and experts, and investing in MOH capacity-building. PEPFAR will also strengthen the pharmaceutical services at all levels to ensure that all essential medicines and commodities are available and that pharmacy staff capacity to support the delivery of health services.

In addition, current prevention programming and research literature will be assessed to guide the development of evidence-based HIV prevention strategies, programming, and policies including the development of guidelines and protocols, as necessary. This funding will encourage strengthened collaboration with government entities, civil society and the private sector in the implementation of HIV prevention programs, and support the collection and analysis of monitoring and evaluation (M&E) data to guide the outputs of prevention programs. A comprehensive combination prevention approach will require the utilization of several communication channels, the targeting of prevention messages to a variety of vulnerable audiences, ensuring linkages and messaging among behavioral, biomedical and structural interventions.

Funding will support the DoD International Acute Care/Community Nursing Program, which provides collaborative training and nursing care to uniformed soldiers and civilian community members. FY 2009 funding will also support ongoing efforts to strengthen programs for children infected and affected by HIV in Lesotho and other selected countries. Activities will focus on interventions to mitigate the risks to migrant children. Evaluations of impact and cost-efficiencies are crucial elements of all programs.

MALAWI

Malawi – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 1,150,000	\$ -	\$ -	\$ -	\$ 1,150,000
GHCS (State)	\$ 1,150,000	\$ -	\$ -	\$ -	\$ 1,150,000
HHS	\$ 1,131,077	\$ 1,358,193	\$ 1,921,387	\$ 11,251,343	\$ 15,662,000
GAP	\$ 523,077	\$ 103,193	\$ 306,387	\$ 2,119,343	\$ 3,052,000
GHCS (State)	\$ 608,000	\$ 1,255,000	\$ 1,615,000	\$ 9,132,000	\$ 12,610,000
Peace Corps	\$ 63,000	\$ 37,300		\$ 359,700	\$ 460,000
GHCS (State)	\$ 63,000	\$ 37,300		\$ 359,700	\$ 460,000
State	\$ 30,000	\$ 60,000		\$ 240,000	\$ 330,000
GHCS (State)	\$ 30,000	\$ 60,000		\$ 240,000	\$ 330,000
USAID	\$ 13,090,033	\$ 8,548,855	\$ 650,000	\$ 5,809,112	\$ 28,098,000
GHCS (State)	\$ 5,355,000	\$ 4,920,000	\$ -	\$ 2,323,000	\$ 12,598,000
GHCS (USAID)	\$ 7,735,033	\$ 3,628,855	\$ 650,000	\$ 3,486,112	\$ 15,500,000
Grand Total	\$ 15,464,110	\$ 10,004,348	\$ 2,571,387	\$ 17,660,155	\$ 45,700,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

The PEPFAR program in Malawi has effectively supported the Government of Malawi's national response to HIV and AIDS through provision of technical leadership at the national level to scale up the ART program in the public and private sectors. This collaboration helped Malawi to initiate greater than 200,000 people on ART, provide PMTCT services to greater than 80% of pregnant women who attend ANC services, and support an aggressive HIV Testing and Counseling campaign which, as a result, provided 1,083,000 HIV tests in 2008. PEPFAR Malawi has demonstrated effective interagency coordination, working closely with other USG bilateral and multilateral programs to leverage resources, such as those of the President's Malaria Initiative (PMI), Title II Food programs, and the Global Fund. Other programmatic strengths include promoting strong country ownership by supporting Malawian health management leaders, being directive in establishing a role for civil society in community interventions, and building a role for men in tackling gender issues that continue to plague progress in combating the AIDS epidemic.

PEPFAR will support implementation of a wide range of prevention programs in Malawi, including support to the new prevention strategy of the Government of Malawi. PEPFAR will complement youth prevention activities supported with the Global Fund resources with activities that promote safer sexual behaviors by Malawian adults, focused on reducing multiple and concurrent partnerships and encouraging mutual faithfulness in the general population, as well as increasing condom use and other preventive behaviors among high-risk groups. PEPFAR will also support successful, country-appropriate models of high quality youth prevention programming that can be scaled-up further with Global Fund resources. Funding will be provided to increase the impact of PMTCT services through mentoring PMTCT sites and district health teams, strengthening infant feeding and community-based support for PMTCT, and integrating support for PMTCT with other maternal and child health efforts. CT activities will also be scaled up, and the program will continue to provide assistance to improve the safety of the national blood supply.

In FY 2009, activities will strengthen prevention and care programs by developing linkages between community interventions and facility-based services, and increasing early referral and retention in care of PLWHA. Funding will also expand the scope, coverage and quality of care and support programs through providing comprehensive interventions for OVC and PLWHA, strengthening integrated community-based platforms for service delivery, and enhancing coordination with other sectors such as education and agriculture. Referral networks among HIV care and treatment, tuberculosis and PMTCT services will be strengthened; and pediatric HIV diagnosis will be scaled up through assistance to both laboratories and health centers. We will also expand the capabilities of the Malawi Defense Force's (MDF's) existing care and support program and continue training programs for MDF health workers in PMTCT, strategic information, clinical practices, and laboratory skills.

Underlying all of these efforts, PEPFAR will seek to foster broad improvements in the health and welfare of Malawians through strengthening the Malawian health system, working to improve national policies, and addressing social and gender norms that increase vulnerability to HIV. Support will be provided to improve surveillance, health management information systems, and monitoring and evaluation of the national health and social welfare response. Laboratory diagnostic and disease monitoring capacity will also be significantly enhanced and technical assistance and logistical support will be provided to improve supply chain management in partnership with PMI. Capacity building will be provided to various stakeholders (national, district, community, and indigenous partners), thereby supporting local ownership and enhancing sustainability of the national HIV/AIDS and health response.

A Partnership Framework between the Governments of Malawi and the United States was signed and document is now available at <http://www.pepfar.gov/frameworks/malawi/index.htm>. The Partnership Framework focuses on reducing new HIV infections, improving the quality of treatment and care, mitigating the impacts of HIV/AIDS on individuals and households, and supporting systems needed to achieve these goals. This five-year joint strategic agenda will be supplemented with a Partnership Framework Implementation Plan that provides additional detail.

In order to achieve the goals laid out in the Partnership Framework, additional FY 2009 funds will be used to support health systems strengthening, start up costs for programs that mobilize communities around HIV issues, and train health workers in critical new interventions like male circumcision. Funds will be used to strengthen and extend "wrap-around" services and build linkages with programs that focus on family planning and food and nutrition. These funds have been carefully programmed to lay the foundation for the remainder of Malawi's five-year Partnership Framework plan and to set the stage for increasing ownership of programs by both government and civil society organizations within the country.

Funding will support the SABERS program and VMMC scale-up in the Malawian military. Finally, funding will support ongoing efforts to strengthen programs for children infected and affected by HIV in Malawi, including scale-up of a household approach in targeting, identifying, and serving OVC to increase service coverage and community support. Evaluations of impact and cost-efficiencies are crucial elements of all programs.

MOZAMBIQUE

Mozambique – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 2,540,000		\$ 175,000	\$ 1,700,000	\$ 4,415,000
GHCS (State)	\$ 2,540,000		\$ 175,000	\$ 1,700,000	\$ 4,415,000
HHS	\$ 27,995,022	\$ 5,185,856	\$ 35,972,707	\$ 37,399,596	\$ 106,553,181
Central GHCS (State)	\$ 1,945,000		\$ 4,500,000		\$ 6,445,000
GAP				\$ 2,337,000	\$ 2,337,000
GHCS (State)	\$ 26,050,022	\$ 5,185,856	\$ 31,472,707	\$ 35,062,596	\$ 97,771,181
Peace Corps	\$ 750,000	\$ 200,000	\$ 337,500	\$ 100,000	\$ 1,387,500
GHCS (State)	\$ 750,000	\$ 200,000	\$ 337,500	\$ 100,000	\$ 1,387,500
State	\$ 1,625,001	\$ 150,000	\$ -	\$ 1,291,350	\$ 3,066,351
Central GHCS (State)	\$ 155,000				\$ 155,000
GHCS (State)	\$ 1,470,001	\$ 150,000	\$ -	\$ 1,291,350	\$ 2,911,351
USAID	\$ 35,520,052	\$ 31,515,759	\$ 32,970,773	\$ 37,449,695	\$ 137,456,279
Central GHCS (State)	\$ 2,222,423	\$ 1,914,599			\$ 4,137,022
GHCS (State)	\$ 33,297,629	\$ 29,601,160	\$ 32,970,773	\$ 37,449,695	\$ 133,319,257
Grand Total	\$ 68,430,075	\$ 37,051,615	\$ 69,455,980	\$ 77,940,641	\$ 252,878,311

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

Due to civil war in Mozambique, almost 50% of the country's entire public health sector infrastructure was destroyed, leaving the country with only 3 medical doctors and 21 nurses per 100,000 people. U.S. Government support through PEPFAR has expanded the number of PMTCT service delivery sites from 16 in 2004, with only 901 women receiving a complete course of ARV prophylaxis, to 316 sites with 31,200 women receiving ARV prophylaxis. About two-thirds of all clients receiving services at USG-supported facilities are seen in the ANC setting. More than 80% of pregnant women attend at least one ANC visit, while about 54% have a facility-based delivery. HIV counseling and testing uptake among ANC clients is approximately 90% at USG-supported sites and 75% nationally. USG support currently covers nine of 11 provinces in Mozambique, however all provinces will be covered with FY 2009 PEPFAR support.

Under the USG prevention portfolio a new set of highly targeted prevention programs will be delivered in the most epidemiologically significant, highest prevalence regions of the country. This set includes: targeting multiple concurrent partnership contact patterns; expanding HIV positive prevention programs; and intensifying mobilization of communities in epidemiologically significant provinces and among MARPs. The USG will also support PMTCT services through expansion of better prophylaxis and treatment regimens for pregnant women, and improved follow-up of HIV-exposed infants and early infant diagnosis. Additional funding has been reprogrammed to support voluntary medical male circumcision services, in response to growing demand for this important prevention service. USG activities will continue the standards-based approach for infection prevention and control and procurement of equipment to upgrade remaining reference blood banks.

USG partners will continue to expand the delivery of care to PLWHA at facility and community levels and advance policy initiatives through direct service delivery and capacity building. Pediatric palliative care will continue to be provided in coordination with PMTCT and OVC programs and in coordination with the MOH and other partners. These programs will ensure that both adults and children living with HIV have access to services for improved diagnosis and treatment of sexually transmitted and OIs, as well as prophylaxis for OIs, including cotrimoxazole. Greater emphasis will be placed on promoting intensified TB case finding, isoniazid preventive therapy (IPT) and infection control. A new CT data system is expected to enhance MOH capacity to collect quality data and use that data for program monitoring and intervention design. Key provinces where coverage of orphans and other OVC programs is low will be targeted.

Priorities for 2009 include improving the quality of treatment services, strengthening government ownership and oversight of these services through greater decentralization, and supporting national monitoring and evaluation systems to monitor progress. The USG will focus on implementing a new pharmaceutical logistics information and control system to ensure a reliable supply of ARV drugs for all sites delivering treatment services. The USG will also support the development of regional pediatric reference centers, and will initiate or expand pediatric ART at all USG-supported ART sites. USG funds will also provide training for nurses and other health workers, and technical assistance and training to improve ARV drug procurement, distribution, and storage. Laboratory infrastructure funding will address improving quality of testing services with emphasis on strengthening national systems' quality assurance, monitoring of network laboratories and strengthening the laboratory commodity logistics systems.

Infrastructure development coupled with human resource strengthening is a top priority for the MOH and the PEPFAR team. USG funds will support activities to strengthen human resources for health through pre-service training; revitalize the community health worker cadre; and build the capacity of Mozambican NGOs and the professional nursing association. An Interagency Annual Program Statement will be launched to encourage innovation and greater participation of local NGOs in the PEPFAR portfolio.

The Partnership Framework in Mozambique was approved in October 2009 and with the arrival of a new Ambassador in February 2010, the country team is preparing to sign the approved document in late spring 2010. Key activities to be conducted with Partnership Framework funding include HSS as well as capacity-building of national systems and HIV service delivery; strengthening of multi-sectoral responses in prevention, care and treatment; and HRH.

Funding will support DoD scale-up of VMMC in the military. Funding will also support ongoing efforts to strengthen programs for children infected and affected by HIV in Mozambique and other selected countries. Activities will focus on interventions to mitigate the risks to migrant children. Evaluations of impact and cost-efficiencies are crucial elements of all programs.

NAMIBIA

Namibia – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 1,812,150	\$ 180,000	\$ 837,000	\$ 573,000	\$ 3,402,150
GHCS (State)	\$ 1,812,150	\$ 180,000	\$ 837,000	\$ 573,000	\$ 3,402,150
HHS	\$ 16,595,056	\$ 6,969,947	\$ 18,009,124	\$ 11,280,042	\$ 52,854,169
Central GHCS (State)	\$ 2,000,000				\$ 2,000,000
GAP				\$ 1,500,000	\$ 1,500,000
GHCS (State)	\$ 14,595,056	\$ 6,969,947	\$ 18,009,124	\$ 9,780,042	\$ 49,354,169
Peace Corps	\$ 1,025,900	\$ 602,400		\$ 653,700	\$ 2,282,000
GHCS (State)	\$ 1,025,900	\$ 602,400		\$ 653,700	\$ 2,282,000
State			\$ 575,000	\$ 1,118,668	\$ 1,693,668
GHCS (State)			\$ 575,000	\$ 1,118,668	\$ 1,693,668
USAID	\$ 15,885,066	\$ 16,305,178	\$ 5,521,622	\$ 9,861,941	\$ 47,573,807
Central GHCS (State)		\$ 935,181			\$ 935,181
GHCS (State)	\$ 15,885,066	\$ 15,369,997	\$ 5,521,622	\$ 9,861,941	\$ 46,638,626
Grand Total	\$ 35,318,172	\$ 24,057,525	\$ 24,942,746	\$ 23,487,351	\$ 107,805,794

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

Namibia exemplifies the positive results of partnerships in tackling HIV/AIDS. Data recently released from the 2008 antenatal survey indicated a decrease in prevalence in younger age groups (15-19, 20-24), decreasing from 11 to 5.1% and 22 to 13.9% respectively between 2002 and 2008. As the home of several PEPFAR initiatives (PwP, male norms, alcohol) and other innovations (EID, standards-based quality improvement for OVC, cervical cancer screening), Namibia is on the cutting edge of numerous programmatic advances that could serve as important models for other countries. Despite these programmatic successes, Namibia continues to experience a severe, generalized HIV epidemic with an estimated 230,000 HIV-infected individuals. In the long term PEPFAR Namibia's top priorities remain increasing staff capacity within the public health services by using strategic human resource planning and promoting development efforts that ensure Namibia has the human resources necessary to fight HIV/AIDS.

By September 30, 2009, resources will have supported expanded PMTCT services to all clinics. Other prevention activities will continue to focus on balanced prevention through ABC programming. New and scaled-up programs this year will address harmful male norms, PwP, male circumcision and program development, novel programs to address the role of alcohol abuse in HIV transmission and treatment adherence, integrating prevention interventions into existing structures such as the schools, the military and facility-based care, and addressing risk factors contributing to cross-generational and transactional sex.

Care activities in the country operational plan for 2009 focus on supporting Namibia's policy shift to the Integrated Management of Adult Illness practices, increasing CT services using rapid test technology, ensuring OVC are identified and provided with a full package of quality services, expanding access to facility-based and community-based palliative care in facility-based and home-based settings, and increasing linkages between TB and HIV testing and care services.

In FY 2009, PEPFAR support will focus on treatment activities that decentralize services, improve quality, support procurement and supply chain management of ARV drugs and related commodities shift tasks in order to continue to expand coverage to more rural sites, build human capacity and deliver quality services. Health care providers will focus on improving the quality of care and support and ART, including the preventive care package. PEPFAR will place particular emphasis on building laboratory capacity and quality assurance, including timeliness of specimen transport and electronic communication of results between laboratories and facilities. In addition, a program will offer a minimum of fifty graduate students annually a Master's degree in Public Health, with concentrations in general management and finance, policy development, monitoring and evaluation, and nutrition. PEPFAR will continue to provide technical advisors who work alongside government and community counterparts to build capacity in program management, monitoring and evaluation, health information systems, palliative care, treatment, prevention, tuberculosis, laboratory services and technical writing.

The Namibia response to HIV/AIDS will be highlighted as the Government of Namibia requested and was selected to host the 2009 Implementers' Meeting, which took place in Windhoek in June.

Additionally, PEPFAR funds will support the development and negotiation of the Partnership Framework and the Partnership Framework Implementation Plan.

DoD will also scale up VMMC in Namibia. Funding will support training expenses, commodities, and mobile/temporary facilities needed to accommodate teams providing MC. The MC services will add to existing HIV prevention programs with selected militaries, resulting in combination prevention model for military settings.

NIGERIA

Nigeria – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	1,247,020	1,457,640	4,553,810	3,719,543	10,978,013
GHCS (State)	1,247,020	1,457,640	4,553,810	3,719,543	10,978,013
HHS	23,182,085	37,313,167	121,884,402	20,926,464	203,306,118
Central GHCS (State)	4,000,000		14,330,999		18,330,999
GAP				3,056,000	3,056,000
GHCS (State)	19,182,085	37,313,167	107,553,403	17,870,464	181,919,119
State	-	25,000		620,000	645,000
GHCS (State)	-	25,000		620,000	645,000
USAID	41,892,748	51,916,963	109,404,660	24,143,551	227,357,922
Central GHCS (State)	1,620,216	472,210			2,092,426
GHCS (State)	40,272,532	51,444,753	109,404,660	24,143,551	225,265,496
Grand Total	66,321,853	90,712,770	235,842,872	49,409,558	442,287,053

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

In a complex environment, PEPFAR Nigeria is contributing important progress towards key results in the nation's fight against the epidemic. Nigeria has met its treatment goals, providing over 200,000 persons with ART in FY 2008. The team is successfully using spatial distribution data of HIV in the population to design and tailor interventions to respond to the epidemic throughout this large country. There is excellent coverage of PMTCT activities with over one million women receiving counseling and testing and PMTCT services, and gender is addressed throughout the USG PEPFAR activities.

In FY 2009 prevention activities in Nigeria will be incorporated into all care and treatment activities and will include PMTCT, prevention of sexual transmission, and prevention of medical transmission, including blood and injection safety. PEPFAR will continue its efforts to expand coverage of PMTCT services to pregnant women across Nigeria by leveraging resources for laboratory commodities for EID and therapeutic feeding products for pregnant and lactating women. Mass media messages, such as the popular and successful national "ZIP UP" campaign, will continue, as will capacity-building to local civil society organizations, NGOs, and FBOs to deliver accurate, high-quality ABC messages. The couples counseling program will expand and continue to provide targeted prevention messages for discordant couples. Efforts to reduce new infections among high-risk and high-transmission communities will continue, with messages specifically targeted for each individual risk group. PEPFAR will provide syndromic management services for sexually transmitted infections to persons engaged in high-risk behaviors to help prevent HIV infection.

Care programs in Nigeria have also shifted their focus to ensuring the maintenance of all supported clients receiving care and treatment services, including OVC. In FY 2009, care activities in Nigeria will include CT, adult and pediatric care and support, TB/HIV collaborative programs, and support for OVCs. All USG CT partner activities have incorporated Nigeria's nationally recognized CT campaign, branded Heart-to-Heart, and are used to deliver prevention

messages, care referral, and treatment to those found to be HIV-positive. In FY 2009 PEPFAR will continue to support care for all HIV-positive individuals identified, including management of STIs and OIs, laboratory follow-up services, and referrals to a care network. People affected by HIV/AIDS will also receive support services, home-based care kits, and access to psychosocial support. Children remain a priority with an increased focus on PMTCT outcomes; provision of EID; prioritization of scale-up of treatment services to children; provision of pediatric tuberculosis services; prevention initiatives focused on school-aged children; nutrition and education programs; and direct services for OVC and their care providers.

Treatment activities in Nigeria will include the provision of ARV drugs and services to eligible patients, as well as laboratory support for the diagnosis and monitoring of HIV-positive patients identified through PEPFAR activities. ART programs will purchase FDA-approved or tentatively approved ARV drugs, in their generic formulation whenever possible, in an effort to maximize the number of Nigerians receiving treatment. In FY 2009, PEPFAR is beginning a phased approach to pool ARV drug procurements and distribution through SCMS. This method, based on PEPFAR-wide forecasting, will decrease duplication efforts by individual partners and increase shipping efficiency through use of sea/road transportation. Integral to the provision of treatment services, laboratories will focus on maintaining services through the implementation of expanded and harmonized lab quality assurance and quality control systems. In addition, the USG will continue to emphasize networking of care with a tiered approach to laboratory equipment platforms for HIV clinical monitoring and service delivery. USG-supported labs will continue to scale-up support for the implementation of a national network for early infant diagnosis.

Funds will be used to support a collaboration and negotiation process with the Government of Nigeria (GON) to define the policy reform, financial sustainability and program coordination elements to which the GON will be a signatory in its PEPFAR Partnership Framework.

RWANDA

Rwanda – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 2,649,957	\$ 387,860	\$ 1,182,358	\$ 320,000	\$ 4,540,175
GHCS (State)	\$ 2,649,957	\$ 387,860	\$ 1,182,358	\$ 320,000	\$ 4,540,175
HHS	\$ 14,756,386	\$ 7,570,192	\$ 13,308,920	\$ 13,401,953	\$ 49,037,451
Central GHCS (State)	\$ 4,380,185	\$ -	\$ 5,221,139	\$ -	\$ 9,601,324
GAP	\$ -	\$ -	\$ -	\$ 1,135,000	\$ 1,135,000
GHCS (State)	\$ 10,376,201	\$ 7,570,192	\$ 8,087,781	\$ 12,266,953	\$ 38,301,127
Peace Corps	\$ 2,500,000	\$ -	\$ -	\$ -	\$ 2,500,000
GHCS (State)	\$ 2,500,000	\$ -	\$ -	\$ -	\$ 2,500,000
State	\$ 109,182	\$ 54,771	\$ 226,751	\$ -	\$ 390,704
GHCS (State)	\$ 109,182	\$ 54,771	\$ 226,751	\$ -	\$ 390,704
USAID	\$ 17,599,346	\$ 27,110,831	\$ 31,233,226	\$ 15,235,580	\$ 91,178,983
Central GHCS (State)	\$ 1,253,450	\$ 1,735,591	\$ -	\$ -	\$ 2,989,041
GHCS (State)	\$ 16,345,896	\$ 25,375,240	\$ 31,233,226	\$ 15,235,580	\$ 88,189,942
Grand Total	\$ 37,614,871	\$ 35,123,654	\$ 45,951,255	\$ 28,957,533	\$ 147,647,313

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

PEPFAR programming in Rwanda exemplifies strong government-to-government collaboration resulting in the PEPFAR program reaching and exceeding important targets, including reaching over 63,000 OVCs and nearly 870,000 individuals with counseling and testing. Key strengths of this program also include a well-conceived network model with decentralization of services, strengthening district capacity and expansion of community services, and training of community health workers (CHWs). A strong sexual prevention portfolio responds to key issues of gender, male involvement, alcohol, gender-based violence (GBV), reaching a wide range of MARPs. The Rwanda program also exemplifies several emerging best practices, including performance-based financing to improve quality of care, local ownership and cost efficiencies, leading to greater access, use and sustainability of services. Additionally, the program has made very good use of wrap-around programming with PMI, food programs and economic strengthening activities.

PEPFAR Rwanda places strong emphasis on linkages between prevention, counseling and testing, care, and treatment. Prevention activities in Rwanda include PMTCT, prevention of sexual transmission, biomedical prevention, and integrated CT services. Three key areas of focus in the FY 2009 PMTCT program will be improving PMTCT referral systems, providing follow-up for mother-infant pairs, and scale-up of early infant diagnosis. The USG will continue to implement a range of behavioral and biomedical prevention interventions, including the promotion of abstinence and delayed sexual debut among youth; enhanced condom distribution and promotion; targeted BCC; MC in the military; prevention for PLWHA; improved integration with family planning services; increased male involvement in prevention; and scaled up CT, with an emphasis on couples CT.

Care and support activities in Rwanda include the provision of basic health care and support for adults and children, support for integrated TB/HIV services, and programs for OVC. The USG

will work to ensure that all PLWHAs receive support through a comprehensive network of district hospitals, health centers and community services. Clinical activities will include prevention and treatment of opportunistic infections and sexually transmitted infections (STIs), positive living and prevention counseling, nutritional counseling and assistance, support for treatment adherence, CD4 testing, general clinical staging and monitoring, family planning support, and linkages to community services. “One-stop service” TB/HIV management activities will be scaled up to provide comprehensive services for all TB patients with HIV/AIDS. In addition, the USG will target support towards child-headed households and the most vulnerable orphans to provide a menu of services including HIV prevention activities, formal education, health, psychosocial support, nutrition, and economic interventions.

Treatment activities will include ART programs and laboratory support. The USG will assist the Government of Rwanda in increasing program quality and sustainability through national and district-level support. The USG will continue to provide a standardized package of ART services through a coordinated network of HIV/AIDS services linking ART with PMTCT, TB, maternal child health, and other services. Laboratory support will focus on key reference laboratory functions, including training, quality assurance, and developing in-country expertise for HIV-related care and treatment. PEPFAR will emphasize the strengthening of linkages in the tiered laboratory system and the scale up of the early infant diagnosis program. Finally, the USG will continue to provide direct support to the Rwandan Center for Essential Drug Procurement for the procurement, storage, and distribution of all medicines, equipment, and laboratory supplies.

Strategic information and health systems strengthening are key components of FY 2009 programming. Efforts will focus on improving data quality, enhancing data utilization and coordinating reporting systems, including supporting the implementation of the national health management information system and strategy and the national HIV/AIDS monitoring and evaluation system. These activities will strengthen national health sector financing, increase the availability of skilled human resources and provide institutional capacity building for local organizations.

The Partnership Framework and PFIP in Rwanda, which have been approved at headquarters and are expected to be signed in the near future, were developed in consultation with GOR and other development partners, and are aligned with national strategic plans. Additional Partnership Framework funding will focus attention on technical assistance and systems strengthening. All technical assistance will have clear terms of reference, objectives, and outcomes that support systems strengthening and transition of USG activities to national ownership.

The goals and objectives are linked to the overall Partnership Framework goals of significantly reducing morbidity and mortality among PLWHA, reducing the incidence of HIV in the general population by half; ensuring people infected and affected by HIV/AIDS have the same opportunities as the general population, and strengthening the human and institutional capacity of the public health system to plan, manage, and implement sustainable health programs at all levels.

SOUTH AFRICA

South Africa – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 1,361,179	\$ 242,726	\$ 121,363	\$ 397,090	\$ 2,122,358
GHCS (State)	\$ 1,361,179	\$ 242,726	\$ 121,363	\$ 397,090	\$ 2,122,358
HHS	\$ 74,966,019	\$ 47,216,800	\$ 80,109,010	\$ 42,005,201	\$ 244,297,030
Central GHCS (State)	\$ 3,164,910		\$ 14,255,268		\$ 17,420,178
GAP				\$ 4,818,000	\$ 4,818,000
GHCS (State)	\$ 71,801,109	\$ 47,216,800	\$ 65,853,742	\$ 37,187,201	\$ 222,058,852
Peace Corps	\$ 285,000	\$ 358,000		\$ 220,000	\$ 863,000
GHCS (State)	\$ 285,000	\$ 358,000		\$ 220,000	\$ 863,000
State		\$ 1,430,000		\$ 788,374	\$ 2,218,374
GHCS (State)		\$ 1,430,000		\$ 788,374	\$ 2,218,374
USAID	\$ 69,084,503	\$ 92,662,979	\$ 125,522,012	\$ 24,542,890	\$ 311,812,384
Central GHCS (State)	\$ 3,817,520	\$ 2,075,447			\$ 5,892,967
GHCS (State)	\$ 65,266,983	\$ 90,587,532	\$ 125,522,012	\$ 24,542,890	\$ 305,919,417
Grand Total	\$ 145,696,701	\$ 141,910,505	\$ 205,752,385	\$ 67,953,555	\$ 561,313,146

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

With over 500,000 persons supported on ART through PEPFAR programming in FY 2008, PEPFAR programs will build on the achievements of the last five years of supporting the largest ART program in the world. The USG will develop human capacity (especially at primary healthcare level), strengthen integration of HIV care and treatment into primary health care, build capacity for nurse-initiated ART, improve pediatric HIV care and treatment, and encourage early identification of those in need of HIV care and treatment services through provider-initiated CT and improved linkages to CT services. Partners will also ensure CD4 testing for those that test positive for HIV, integrate TB care for HIV-infected clients (including screening and treatment), continue to strengthen the integration of treatment programs within other health interventions (e.g., PMTCT, cervical cancer screening and reproductive health), and reduce loss to initiation of treatment of people that test positive for HIV and loss-to-follow-up once on ART.

The USG will support primary prevention activities with special emphasis on normative change and responsible sexual behavior including abstinence and being faithful, focus on sexually active adolescents and adults through increasing risk perception to reduce multiple and concurrent partners and intergenerational sex among young women, as well as increase focus on correct and consistent condom use. Media activities will be complemented by expanded community outreach to adult populations, especially men, and grassroots social mobilization to shape new community norms of responsible sexual behavior. In addition, new workplace programs will target small and medium enterprises and selected government departments. Prevention programs will continue to be integrated with PMTCT, as well as care and treatment programs. The USG will support the South African Government (SAG) in developing a national HIV prevention implementation strategy and accelerating the scale-up of prevention. In response to the 2010 Soccer World Cup to be held in South Africa, the USG will develop and implement targeted prevention media campaigns and prevention interventions. The role of alcohol and substance

abuse in risky behaviors will be integrated into all prevention education. The USG will continue and reinforce work with most-at-risk populations with an emphasis on formal and informal sex workers, men who have sex with men, and migrant and mobile populations. Post-exposure prophylaxis (PEP) services and training on sexual assault will be expanded through a comprehensive training program aimed at healthcare workers and the judicial service to ensure better implementation of PEP services throughout the country.

The PEPFAR PMTCT program will work with the SAG on implementing the 2008 National PMTCT policy of dual therapy by increasing training and re-training for healthcare workers, implementing and rolling out the new PMTCT policy and guidelines, building capacity for early infant diagnosis, and follow-up of mother-baby pairs post delivery by improving linkages between PMTCT service points. In addition, the PMTCT program will address other programmatic gaps in service delivery, including ongoing support and supervision for health-care providers and community healthcare workers, the promotion of the routine offering of CT, quality improvement, management and prevention of associated infections, and scale-up of early infant diagnosis services. Furthermore, activities will include addressing cultural attitudes to infant feeding, male involvement in PMTCT, and increased uptake of services.

In the arena of CT, USG programs will support the SAG in their efforts to update policy, guidelines, training, and mentoring to increase the demand for and the availability of quality CT services that are primarily conducted in government facilities. All USG CT activities are linked to clinical care, support, and treatment activities in order to ensure that individuals who test positive for HIV have access to needed services. USG programs use several different models to achieve the best results including mobile CT programs targeting high-risk populations, underserved communities, and men, as well as stand-alone and traditional VCT services, home-based CT in rural areas where services are not easily accessible, couple HIV counseling and testing, and workplace CT services. PEPFAR will also support and strengthen the integration of the basic care package and family-centered services across all care and treatment programs for adults and children living with HIV, increase the number of trained healthcare providers, build multidisciplinary teams to deliver quality care with symptom control, and improve human resource strategies. PEPFAR partners will also ensure active referral systems between community home-based caregivers and facility services.

PEPFAR activities will improve surveillance of TB/HIV and Multi-Drug Resistant TB (MDR-TB), provide training and technical assistance for staff working in integrated TB/HIV programs, increase access to TB/HIV services, and ensure effective referral linkages between TB and HIV services as well as between these services and community and home-based care. The USG program will provide intensified TB case finding in HIV services and referrals to TB programs for diagnosis and treatment as well as routinely offered HIV counseling, testing, and referral in TB clinics. USG partners will work to improve infection control policies and systems in hospitals and clinics, scale up timely quality assured laboratory services for TB/HIV and rapid diagnostics for TB and MDR-TB to improve early detection and management of persons suspected with MDR- or Extensively Drug Resistant (XDR-) TB.

USG care and support of OVC encompass the entire care and support continuum, including psychosocial and nutritional support, maximizing OVC access to SAG benefits, and

strengthening OVC support through referrals for health care, support groups, and training. Working with the SAG, USG will document the effects and effectiveness of two models of care and support for OVC that the SAG would like to scale up and replicate. In collaboration with the SAG, the USG will support the development of a vulnerable children service directory and web database that will increase comprehensive services coverage for vulnerable children and guide strategic expanded or new service sites for OVC. In FY 2009, the USG will develop innovative gender and child participation interventions, provide technical skills and training in gender integration to enable the partners to integrate gender into all their programs, and support training to measure and ensure progress and quality monitoring and evaluation.

During FY 2009, PEPFAR will support the National Institute for Communicable Diseases (NICD) and the National Health Laboratory Service (NHLS) to improve the quality of HIV diagnostic tests and expand access to HIV, CD4, and TB testing nationally. PEPFAR programs will assist the SAG in training staff in 4,000 CT sites on proper HIV testing procedures and quality management systems and training South African epidemiologists and laboratory workers.

In FY 2009, PEPFAR will also support the government's efforts in meeting the demand for ARV drugs. PEPFAR will provide \$60 million in both FY 2009 and FY 2010 (subject to the availability of funds), for a total of \$120 million. This funding is not considered to be a part of the regularly programmed South Africa country budget and is described in the Technical Leadership and Support section of this document (see [Section V](#)).

Funding will be used to support DoD's SABERS prevention program, to improve data for HIV policy, prevention and clinical program decision-making, and to increase the capacity of militaries to collect and use data. CDC/South Africa will also support the scale-up of quality VMMC services in Gauteng and Mpumalanga provinces. To achieve high coverage with safe, quality services, priority will be given to areas where services can achieve high population coverage. Under the guidance of the national and provincial departments of health, this funding will support the establishment of six dedicated high volume, high efficiency sites to provide a comprehensive package of services. In addition to safe VMMC, these services include community outreach and mobilization, HIV testing and counseling, screening and treatment for STIs, condom promotion and distribution, and risk reduction counseling. In addition, activities that address gender-based violence will be incorporated. A strong monitoring and evaluation system will be developed and implemented, and will provide a basis for impact evaluation.

Funding will support ongoing efforts to strengthen programs for children infected and affected by HIV in South Africa. The funding will assist in the scale-up of models for responding to sexual and other violence against children, especially adolescent girls, as well as the scale-up of a household approach in targeting, identifying, and serving OVC to increase service coverage and community support. Evaluations of impact and cost-efficiencies will be crucial elements of all programs.

SUDAN

Sudan – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
HHS	2,117,095	393,425	187,700	1,026,300	3,724,520
GAP	139,695	34,625		325,680	500,000
GHCS (State)	1,977,400	358,800	187,700	700,620	3,224,520
USAID	2,450,000	1,080,000	83,480	1,499,000	5,112,480
GHCS (State)	1,361,000	1,000,000	83,480	658,000	3,102,480
GHCS (USAID)	1,089,000	80,000		841,000	2,010,000
Grand Total	4,567,095	1,473,425	271,180	2,525,300	8,837,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

The following narrative describes activities supported by the GHCS-State fund account, notified by the Office of the U.S. Global AIDS Coordinator.

Sudan continues to demonstrate high-quality programming in many areas, despite a challenging operational environment. Examples include: 1) significant progress in addressing management and staffing constraints, including hiring of key staff, progress in re-locating staff to Juba, and strong inter-agency coordination, and 2) continued achievements in scaling-up implementation across technical areas, including a holistic approach to rolling-out services in coordination with other USG assistance programs, and integration of prevention throughout the portfolio.

The epidemic in Southern Sudan is mixed with some geographic areas with high prevalence in high risk groups and other areas with lower level prevalence in the general population. PEPFAR will continue to focus on sexual prevention, CT, and integration of PMTCT into ANC.

The focus on the provision of basic care will continue, emphasizing the development of local capacity to reduce the impact of HIV, and concentrating on higher-risk geographic areas and groups, communities along those national borders with higher-prevalence countries, women and girls, refugees, internally displaced people, returnees, mobile cross-border populations, long-distance transportation workers, and sex workers. PEPFAR will also support government counterparts to develop comprehensive care and support in-service training of health care community workers. CT and PMTCT activities in higher prevalence zones will be supported where these activities are cost-effective interventions.

Surveillance remains a priority in order to better understand the nature of the epidemic. Assistance includes technical assistance and procurement for laboratory supplies including rapid test kits. PEPFAR will support quality assurance for CT both in VCT and PMTCT settings.

PEPFAR will continue to deliver HIV/AIDS prevention and testing services to people affected by the conflict in Southern Sudan. Funds have been reprogrammed to procure additional supplies to support laboratory infrastructure given the availability of carry-over funds available in the current agreement.

SWAZILAND

Swaziland – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 3,310,000	\$ 50,000	\$ 520,000	\$ 200,432	\$ 4,080,432
GHCS (State)	\$ 3,310,000	\$ 50,000	\$ 520,000	\$ 200,432	\$ 4,080,432
DoL	\$ 195,000			\$ 40,000	\$ 235,000
GHCS (State)	\$ 195,000			\$ 40,000	\$ 235,000
HHS	\$ 2,233,406	\$ 326,000	\$ 3,635,000	\$ 2,574,928	\$ 8,769,334
GAP	\$ 80,000	\$ 70,072	\$ 185,000	\$ 864,928	\$ 1,200,000
GHCS (State)	\$ 2,153,406	\$ 255,928	\$ 3,450,000	\$ 1,710,000	\$ 7,569,334
Peace Corps	\$ 144,000	\$ -			\$ 144,000
GHCS (State)	\$ 144,000	\$ -			\$ 144,000
State		\$ 200,000		\$ 691,442	\$ 891,442
GHCS (State)		\$ 200,000		\$ 691,442	\$ 891,442
USAID	\$ 3,998,020	\$ 4,807,778	\$ 5,265,000	\$ 4,258,994	\$ 18,329,792
GHCS (State)	\$ 1,571,392	\$ 3,838,400	\$ 3,900,000	\$ 2,120,000	\$ 11,429,792
GHCS (USAID)	\$ 2,426,628	\$ 969,378	\$ 1,365,000	\$ 2,138,994	\$ 6,900,000
Grand Total	\$ 9,880,426	\$ 5,383,778	\$ 9,420,000	\$ 7,765,796	\$ 32,450,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

The following narrative describes activities supported by the GHCS-State fund account, notified by the Office of the U.S. Global AIDS Coordinator.

The PEPFAR program in Swaziland supports the Government of the Kingdom of Swaziland's (GOKS) intensified national response to the HIV epidemic through evidence-based prevention, care and treatment programming. USG efforts will continue to support expansion of CT, and to link those with positive tests to high quality care and treatment services.

Areas of particular strength include PMTCT, supporting the supply chain for ARV drugs and integrating the care of people co-infected with TB/HIV. The USG has also developed a combination prevention program with multiple approaches through a variety of strong partners. These prevention activities including rapid scale-up of medical male circumcision are expected to have a major impact on the HIV epidemic through the reduction of new infections. Additionally, the USG supports GOKS planning on multiple levels and technical areas. Throughout the USG FY 2009 COP there is a strong emphasis on supporting sustainable national policy and guidance development through participation in multiple planning committees, the Global Fund Country Coordinating Mechanism (CCM) and through MOH secondment.

A Partnership Framework between the Governments of Swaziland and the United States was signed is now available at <http://www.pepfar.gov/frameworks/swaziland/index.htm>. It focuses on reducing new HIV infections, improving and decentralizing the quality of treatment and care, rapidly expanding male circumcision services, mitigating the impacts of HIV/AIDS on vulnerable children and their families, and strengthening human and institutional capacity. This five-year joint strategic agenda will be supplemented with a Partnership Framework Implementation Plan that provides additional detail.

FY 2009 funds will be used to support the goals laid out in the Partnership Framework documents. PEPFAR programs will support improvements to the quality of care, including support for quality assurance systems in the MOH and a performance measurement strategy based on a sampling methodology, which will facilitate the process of data collection and reporting. Funding will be used to encourage and support local grassroots initiatives that benefit OVCs within their own communities. To strengthen laboratory services and build strategic information capacity, PEPFAR/Swaziland will support the development of an electronic laboratory information management system to assist in data collection and utilization. Without electronic management of data, quality of care is compromised and effective research, monitoring of disease trends, and detection of emerging diseases is not possible. Funds will also support the prevention of new HIV infections. A national condom policy is near completion, yet there is still little data on the actual availability and distribution patterns of condoms throughout Swaziland. Funding will go to strengthen the government's ability to effectively distribute and accurately monitor condom use at a national and community level.

Funding will support DoD's International Acute Care/Community Nursing Program and the scale-up of VMMC in the military.

Funding will support ongoing efforts to strengthen programs for children infected and affected by HIV in Swaziland. The funding will assist in the scale-up of models for responding to sexual and other violence against children, especially adolescent girls. Evaluations of impact and cost-efficiencies will be crucial elements of all programs.

TANZANIA

Tanzania – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 6,970,139	\$ 7,040,013	\$ 12,807,376	\$ 2,136,904	\$ 28,954,432
GHCS (State)	\$ 6,970,139	\$ 7,040,013	\$ 12,807,376	\$ 2,136,904	\$ 28,954,432
HHS	\$ 27,981,478	\$ 21,775,524	\$ 58,863,897	\$ 25,795,354	\$ 134,416,253
Central GHCS (State)	\$ 5,137,034		\$ 17,256,079		\$ 22,393,113
GAP	\$ 711,509	\$ 137,670	\$ 370,812	\$ 2,663,009	\$ 3,883,000
GHCS (State)	\$ 22,132,935	\$ 21,637,854	\$ 41,237,006	\$ 23,132,345	\$ 108,140,140
Peace Corps	\$ 92,500	\$ 616,700		\$ 282,600	\$ 991,800
GHCS (State)	\$ 92,500	\$ 616,700		\$ 282,600	\$ 991,800
State	\$ 743,416	\$ 400,000	\$ 7,870,000	\$ 1,508,128	\$ 10,521,544
GHCS (State)	\$ 743,416	\$ 400,000	\$ 7,870,000	\$ 1,508,128	\$ 10,521,544
USAID	\$ 51,867,022	\$ 50,964,550	\$ 45,746,868	\$ 37,703,874	\$ 186,282,314
Central GHCS (State)	\$ 3,100,622	\$ 1,868,692			\$ 4,969,314
GHCS (State)	\$ 48,766,400	\$ 49,095,858	\$ 45,746,868	\$ 37,703,874	\$ 181,313,000
Grand Total	\$ 87,654,555	\$ 80,796,787	\$ 125,288,141	\$ 67,426,860	\$ 361,166,343

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

In five years, the Tanzania PEPFAR program has exceeded its care goal with nearly 900,000 PLWHA enrolled in care programs. The USG has also supported ART and PMTCT services for over a third of those in need. As the Government of Tanzania and the USG plan a Partnership Framework, both parties have expressed commitment to building a strong and sustainable response to HIV/AIDS, including increased prevention, robust treatment and care programs, strengthened leadership, and improved commodities and procurement systems.

PEPFAR will support the rapid expansion of comprehensive PMTCT services and continue to support the Ministry of Health and Social Welfare in the regionalization of PMTCT services. To help prevent sexual transmission of HIV, Tanzania will increase its focus on the geographic areas, populations, and behaviors that data suggest are driving the epidemic. The USG will continue its focus balanced prevention programming through Be faithful (B) programming for adults, sexually active youth, and couples through targeted programs as well as other messages involving more complex behavior change. In areas with MARPs, including sex workers, the programs will focus on education, correct and consistent condom use, sexual health, empowerment and rights, and raising risk perception for men in the general population. Finally, to prevent medical transmission, the USG will strengthen systems for blood collection, testing, storage, and handling.

Care activities in Tanzania include adult and pediatric care and support, support for TB and HIV program integration, and support for OVC. Adult and pediatric care and support programs will focus on linkages between facility and home-based care services. Service improvement will include the development of infant feeding guidelines, rollout of facility-based nutritional assessments of PLWHA, support for therapeutic supplementary feeding, and implementation of safe water practices. TB/HIV activities will continue strengthening support and scale up TB/HIV collaborative activities. The USG will focus FY 2009 activities on improving the quality and

comprehensiveness of OVC services that will cover the full spectrum of child development needs from birth to age 18, including food and nutrition interventions.

Treatment activities in Tanzania include the provision of free ARV drugs, adult and pediatric ART services, and laboratory support. The USG and its partners will support continued improvement in the broad geographic coverage, operating efficiencies developed, and the enhancement of service linkages between facilities and communities already achieved. A leading partner in laboratory capacity development in Tanzania, the USG will continue to collaborate with the Tanzanian Ministry of Health and Social Welfare to strengthen national and point-of-service laboratory capacity.

With human resources a critical area for Tanzania, the USG will work to improve the skills of new and existing service providers, reduce turnover, and advocate for increased task shifting at the facility level. The USG will also work with the Medical Stores Department and the National AIDS Control Program to improve national procurement and logistics systems. All Strategic Information activity areas will focus on improving data quality and enhancing data utilization efforts, including use of data quality (DQ) tools; capacity building in DQ; and DQ assessments with selected partners.

A Partnership Framework was signed with the United Republic of Tanzania (URT) in March 2010 and is now available at <http://www.pepfar.gov/frameworks/tanzania/index.htm>; a Partnership Framework Implementation Plan has been established. Funds associated with this Partnership Framework have been programmed to align with the goals laid out in the Partnership Framework document. In particular, the FY 2009 funds will be used to support infrastructure improvement, policy development, and other one-time initiatives.

UGANDA

Uganda – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 2,437,000	\$ 1,127,987	\$ 1,204,464	\$ 650,866	\$ 5,420,317
GHCS (State)	\$ 2,437,000	\$ 1,127,987	\$ 1,204,464	\$ 650,866	\$ 5,420,317
HHS	\$ 29,078,252	\$ 17,070,373	\$ 66,068,954	\$ 21,972,515	\$ 134,190,094
Central GHCS (State)	\$ 3,500,000	\$ -	\$ 6,264,675	\$ -	\$ 9,764,675
GAP	\$ -	\$ -	\$ 346,606	\$ 7,693,394	\$ 8,040,000
GHCS (State)	\$ 25,578,252	\$ 17,070,373	\$ 59,457,673	\$ 14,279,121	\$ 116,385,419
Peace Corps	\$ 834,800	\$ 1,800,420	\$ -	\$ 350,000	\$ 2,985,220
GHCS (State)	\$ 834,800	\$ 1,800,420	\$ -	\$ 350,000	\$ 2,985,220
State	\$ 1,661,863	\$ 524,111	\$ -	\$ 389,580	\$ 2,575,554
Central GHCS (State)	\$ 1,400,000	\$ -	\$ -	\$ -	\$ 1,400,000
GHCS (State)	\$ 261,863	\$ 524,111	\$ -	\$ 389,580	\$ 1,175,554
USAID	\$ 40,549,964	\$ 44,091,404	\$ 36,264,045	\$ 21,037,136	\$ 141,942,549
Central GHCS (State)	\$ 4,479,081	\$ 4,629,576	\$ -	\$ -	\$ 9,108,657
GHCS (State)	\$ 36,070,883	\$ 39,461,828	\$ 36,264,045	\$ 21,037,136	\$ 132,833,892
Grand Total	\$ 74,561,879	\$ 64,614,295	\$ 103,537,463	\$ 44,400,097	\$ 287,113,734

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

Two years of increased focus and investment in PMTCT paid off in FY 2008, with the number of pregnant women directly accessing PEPFAR-supported PMTCT services increasing by almost 45% between FY 2007 and FY 2008. In FY 2008, over 830,000 pregnant women were tested for HIV and provided their results, and almost 35,000 received antiretroviral prophylaxis at PEPFAR-supported sites. In addition, almost 3,500 health care workers were trained in provision of PMTCT services. Building on these accomplishments, the PEPFAR Uganda team has set even more ambitious goals for FY 2009, which it plans to achieve by scaling-up PMTCT services to lower level health facilities and continued training.

Although Uganda successfully reduced HIV prevalence from 18% to the current level of 6.4%, the decline in prevalence has plateaued over the past five years, indicating the need sustained prevention efforts.

In FY 2009, PEPFAR will prioritize comprehensive prevention programming, strengthening behavior change approaches, heightening self-perception of risk, addressing social and gender norms, and promoting correct and consistent condom use among sexually active populations. Social marketing programs will ensure condom availability. Building on past support for a communication strategy for MC, MC training, supervision and service delivery will be extend to new districts. Given that 70% of HIV-positive Ugandans do not know their sero-status, PEPFAR will continue to support a mix of counseling and testing approaches.

Uganda is making significant progress in providing care and support to people living with HIV/AIDS, with PEPFAR supporting 340,000 people in FY 2008. In FY 2009, PEPFAR will focus on routine screening of all HIV-positive persons, pain management and symptom control, treatment and prevention of opportunistic infections, and linkages to PMI. Pediatric care

activities will focus on building capacity of community care groups, strengthening prevention with positives interventions, strengthening early infant HIV diagnosis, and providing nutritional counseling and supplementation to eligible children and their families. PEPFAR will continue to promote integration of TB/HIV services at district and national levels. To improve programming for Uganda's approximately 1.2 million OVC, USG will conduct an OVC situational analysis and continue ongoing programs.

In FY 2009, clinical care activities for people living with AIDS will focus on improving quality of services and supporting drug adherence. Additional support for pediatric treatment will build the capacity of pediatric health care staff and provide nutritional supplementation to eligible children on treatment. PEPFAR will also help strengthen the laboratory infrastructure through quality-improvement and building/renovating central and district labs. Additionally, PEPFAR will strengthen Government of Uganda capacity for timely procurement, distribution, monitoring and quality assurance of HIV/AIDS-related drugs and commodities and will procure antiretroviral drugs.

In FY 2009, PEPFAR will support completion of unfinished HIV policies and technical guidelines as well as the development and dissemination of these instruments in all regions. To ensure an adequate health workforce, PEPFAR will continue to strengthen systems for effective performance-based health workforce development and management practices for improved performance and retention. PEPFAR will also continue to provide organizational systems strengthening to indigenous national organizations that work to play key roles in the national response to HIV/AIDS.

PEPFAR-funded strategic information (SI) activities will continue to focus on monitoring and evaluation, surveillance, public health evaluations, management information systems, and capacity building in these areas. PEPFAR SI will actively participate in the review and revision of Health Management Information System (HMIS) tools and indicators and support the Ministry of Health's "Vision 2012" plan for its HMIS. PEPFAR will continue to support the implementation of antenatal care sentinel surveillance, and the timely availability of data and reports. Surveillance of MARPs will continue.

ZAMBIA

Zambia – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 3,075,000	\$ 1,310,000	\$ 1,900,000	\$ 2,320,000	\$ 8,605,000
GHCS (State)	\$ 3,075,000	\$ 1,310,000	\$ 1,900,000	\$ 2,320,000	\$ 8,605,000
HHS	\$ 23,724,582	\$ 12,524,242	\$ 44,733,955	\$ 20,443,558	\$ 101,426,337
Central GHCS (State)	\$ 4,000,000	\$ 153,002	\$ 19,967,020	\$ -	\$ 24,120,022
GAP	\$ -	\$ -	\$ -	\$ 2,914,000	\$ 2,914,000
GHCS (State)	\$ 19,724,582	\$ 12,371,240	\$ 24,766,935	\$ 17,529,558	\$ 74,392,315
Peace Corps	\$ 1,772,000	\$ 849,200	\$ -	\$ 766,900	\$ 3,388,100
GHCS (State)	\$ 1,772,000	\$ 849,200	\$ -	\$ 766,900	\$ 3,388,100
State	\$ 500,000	\$ 776,744	\$ 476,745	\$ 1,115,000	\$ 2,868,489
GHCS (State)	\$ 500,000	\$ 776,744	\$ 476,745	\$ 1,115,000	\$ 2,868,489
USAID	\$ 46,588,810	\$ 36,548,072	\$ 51,952,615	\$ 19,743,965	\$ 154,833,462
Central GHCS (State)	\$ 1,037,413	\$ 5,824,707	\$ -	\$ -	\$ 6,862,120
GHCS (State)	\$ 45,551,397	\$ 30,723,365	\$ 51,952,615	\$ 19,743,965	\$ 147,971,342
Grand Total	\$ 75,660,392	\$ 52,008,258	\$ 99,063,315	\$ 44,389,423	\$ 271,121,388

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

After five years of funding, the Zambia PEPFAR program has exceeded nearly all of its targets, reaching 51% of those in need with antiretroviral treatment and over 400,000 OVC. With strong linkages to education, workplace programs, and other health programs (e.g. malaria), the PEPFAR Zambia program embodies a multi-sectoral response to a disease that affects all sectors of society. This combined with dramatic improvements to laboratory capacity, commodity and procurement systems, and health records management speak to the PEPFAR program's commitment to health systems strengthening and linkages with development as an integral aspect of an adequate response to HIV.

In Zambia, PEPFAR prevention programming will continue to improve the quality of existing PMTCT programs, fully integrating PMTCT with other maternal and child health services, and increasing access to high quality PMTCT services. In addition, PEPFAR will intensify other prevention efforts with messages targeting youth, military, law enforcement, prisoners, and refugees. PEPFAR will also work to improve the quality of CT services by placing high priority on creating effective networks and referral linkages to other care and treatment services. Behavior change interventions and the establishment of condom outlets will reach multiple high-risk groups, such as HIV discordant couples, sex workers, police, military, refugees, victims of sexual violence, and prisoners. Blood and injection safety practices will also be strengthened to prevent HIV transmission across clinical and community settings. In addition, PEPFAR will explore the use of "community compacts," which will create partnerships directly with communities, and will provide incentive rewards for effective prevention programs.

In FY 2009, care and support activities will provide nursing/medical care, treatment of opportunistic infections, pain relief, nutritional supplements, psycho-social support, referral to ART, ART adherence programs and pediatric and family support. To address the high proportion of TB and HIV co-infection, PEPFAR will continue to enhance the linkage between TB and HIV services. PEPFAR support will provide OVC with improved access to educational opportunities,

food and shelter, psychosocial support, health care, livelihood training, and access to microfinance as well as increasing the training OVC caregivers receive.

In FY 2009, PEPFAR will continue to provide comprehensive adult and pediatric ART services by supporting comprehensive care and treatment services for infants and children: training health care providers on provision of quality ART services: strengthening effective service delivery networks and linkages, bolstering laboratory, logistics and health information management systems; and increasing adherence to ART. PEPFAR will address the human resource crisis by supporting the MOH with human resource planning and management, recruitment and seconding key technical staff to provide HIV/AIDS services.

In FY 2009, PEPFAR will use funds to strengthen local health management information systems, expand the use of quality program data for policy development and program management, upgrade quality assurance procedures, provide training and support, build local partner capacity to launch and sustain programs, provide technical assistance to develop sustainable monitoring and evaluation systems and adopt modern communication technology. PEPFAR will expand policy and advocacy efforts to reduce stigma and discrimination within communities and in the workplace, encouraging strong national and local leadership among traditional, religious, and political leaders. Sub-grants and technical support will be provided to HIV-positive people's networks and to community leaders for HIV/AIDS prevention, care and treatment advocacy.

Additionally, PEPFAR funds will support the development and negotiation of the Partnership Framework and the Partnership Framework Implementation Plan.

ZIMBABWE**Zimbabwe – FY 2009 Approved Funding by Program Area, Agency and Funding Source***

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
HHS	\$ 1,036,511	\$ 1,880,480	\$ 3,678,220	\$ 5,874,789	\$ 12,470,000
GAP	\$ 161,511	\$ 555,480	\$ 1,978,220	\$ 3,974,789	\$ 6,670,000
GHCS (State)	\$ 875,000	\$ 1,325,000	\$ 1,700,000	\$ 1,900,000	\$ 5,800,000
State	\$ 50,000			\$ 50,000	\$ 100,000
GHCS (State)	\$ 50,000			\$ 50,000	\$ 100,000
USAID	\$ 12,056,125	\$ 7,564,689	\$ 7,427,778	\$ 8,381,408	\$ 35,430,000
GHCS (State)	\$ 4,641,000	\$ 4,683,000	\$ 2,810,000	\$ 6,796,000	\$ 18,930,000
GHCS (USAID)	\$ 7,415,125	\$ 2,881,689	\$ 4,617,778	\$ 1,585,408	\$ 16,500,000
Grand Total	\$ 13,142,636	\$ 9,445,169	\$ 11,105,998	\$ 14,306,197	\$ 48,000,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

The following narrative describes activities supported by the GHCS-State fund account, notified by the Office of the U.S. Global AIDS Coordinator.

The PEPFAR program in Zimbabwe has played a critical role in supporting the country's national response to the HIV epidemic during a period of societal upheaval. The USG supports vital ongoing activities to prevent HIV including balanced behavior change programming, voluntary and provider initiated counseling and testing, and support for the national PMTCT program. The USG plays a key role in treatment programs through capacity building for health workers in ART delivery and provides critical support for a commodity logistics system to ensure a reliable supply of ARV drugs and other related commodities. In addition, the USG works with the U.S. Embassy in Zimbabwe to strengthen public outreach on HIV/AIDS, decrease stigma through media and cultural programs and support OVCs.

FY 2009 funds from the 6th CN for Zimbabwe will continue and strengthen the USG's strong commitment to the fight against HIV/AIDS in Zimbabwe. The PEPFAR program in Zimbabwe has played a critical role in supporting the country's national response to the HIV epidemic during a period of societal upheaval. These funds will be used to strengthen Zimbabwe's weakened health systems, fund start up costs for programs that mobilize communities around HIV issues, and train health workers in critical new interventions like male circumcision. PEPFAR/Zimbabwe will also support vital ongoing activities to prevent new HIV infections, including balanced behavior change programming, voluntary and provider-initiated counseling and testing, and support for the national PMTCT program. PEPFAR/Zimbabwe also plays a key role in treatment programs through building capacity among health workers in ART delivery and providing critical support for a commodity logistics system to ensure a reliable supply of ARV drugs and other related commodities. In addition, PEPFAR/Zimbabwe works with the U.S. Embassy in Zimbabwe to strengthen public outreach on HIV/AIDS, decrease stigma through media and cultural programs and support programs that provide services to OVCs. Finally, PEPFAR/Zimbabwe will also fund technical assistance to improve commodity supply chain systems, and support an on-going assessment of the quality of HIV/AIDS services in Zimbabwe, as well as providing other technical assistance to build capacity within the Ministry of Health

and Child Welfare, the National AIDS Council and Hospice Association of Zimbabwe (HOSPAZ) and the Clinical Epidemiology masters program at the University of Zimbabwe.

FY 2009 funding will support ongoing efforts to strengthen programs for children infected and affected by HIV in Zimbabwe and other selected countries. Activities in Mozambique, Lesotho, and Zimbabwe will focus on interventions to mitigate the risks to migrant children, as well as the scale-up of a household approach in targeting, identifying, and serving OVC to increase service coverage and community support. Evaluations of impact and cost-efficiencies are crucial elements of all programs.

East Asia and Pacific

CAMBODIA

Cambodia – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
HHS	397,300	527,205	1,514,300	1,511,195	3,950,000
GAP	190,300	247,205	1,163,300	1,399,195	3,000,000
GHCS (State)	207,000	280,000	351,000	112,000	950,000
USAID	8,705,365	1,880,989	860,622	2,603,024	14,050,000
GHCS (State)	1,550,000				1,550,000
GHCS (USAID)	7,155,365	1,880,989	860,622	2,603,024	12,500,000
Grand Total	9,102,665	2,408,194	2,374,922	4,114,219	18,000,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

The following narrative describes activities supported by the GHCS-State fund account, notified by the Office of the U.S. Global AIDS Coordinator.

PEPFAR Cambodia is a model program for the USG's fight against HIV/AIDS in a country where the epidemic is driven by high risk groups. HIV prevalence has declined from 2% in 1998 to an estimated 0.8% in 2008 (UNAIDS/WHO), largely due to the creative prevention efforts by the PEPFAR country team. PEPFAR has achieved over 80% treatment coverage of antiretroviral drugs and doubled the uptake of PMTCT activities in the past year. The program successfully targets high-risk groups including border populations in collaboration/leverage with PEPFAR Vietnam. PEPFAR Cambodia excels in harmonizing activities and leveraging limited USG funds among donors.

In Cambodia, PEPFAR will continue focusing on high-risk groups by expanding behavior change communication activities and targeted social marketing in areas with high risk populations or documented high levels of HIV prevalence. PEPFAR Cambodia will continue to strengthen community outreach and venue-based ABC communications, promote education activities/messages aimed at increasing the demand for appropriate sexual health services, reduce stigma associated with the use of these services and change high-risk male behavioral norms regarding multiple sexual partners and inconsistent condom use outside of stable relationships.

PEPFAR Cambodia will continue working with the MOH to improve laboratory capacity and quality for HIV care and treatment, improve the ability of the MOH to collect information about the HIV epidemic and its HIV programs, and work with the MOH to develop sound strategies and policies for HIV program activities. In addition, PEPFAR will use funds for the scale-up of PMTCT, TB/HIV and antiretroviral drug services; laboratory services in support of HIV care and treatment; and program monitoring and evaluation in four provinces. Funding will also be used to continue the improvement of diagnosis and care for people infected with both TB and HIV to strengthen Cambodia's care and support program.

CHINA

China – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
HHS	1,475,000	593,000	1,032,000	1,325,000	4,425,000
GAP	770,000	353,000	702,000	1,175,000	3,000,000
GHCS (State)	705,000	240,000	330,000	150,000	1,425,000
USAID	2,473,384	910,333	221,621	2,277,662	5,883,000
GHCS (State)	680,929	298,282	113,000	790,789	1,883,000
GHCS (USAID)	1,792,455	612,051	108,621	1,486,873	4,000,000
Grand Total	3,948,384	1,503,333	1,253,621	3,602,662	10,308,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

The following narrative describes activities supported by the GHCS-State fund account, notified by the Office of the U.S. Global AIDS Coordinator.

With limited PEPFAR investments in China, PEPFAR programming has made important influences in strengthening targeted intervention areas. Funds to support laboratory capacity have had significant impact on the quality of China's national HIV testing network. Through the training of personnel and support for quality assurance reviews, 98% of the 2,927 laboratories receiving quality assurance assistance are now qualified. In FY 2009, PEPFAR will focus its laboratory support on developing a more optimal HIV rapid testing algorithm and implementing standardized record keeping at HIV testing sites.

The PEPFAR program in China will also continue to build models for scale up and replication by the Government of China, with a focus on development of a comprehensive prevention program, including a comprehensive prevention model for positives. In addition, PEPFAR supports technical and organizational capacity building of local community-based and non-governmental organizations, and advocacy and policy activities.

The PEPFAR China program strengthens linkages within the existing infrastructure to provide care, support, and treatment for AIDS patients in the People's Republic of China, with particular emphasis upon the rural epidemic and injection drug user populations. The USG also supports the provision of a minimum of package services for the most-at-risk populations.

Technical assistance is also provided for improvement of the provincial AIDS surveillance network with case-finding capacity.

INDONESIA

Indonesia – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	98,000		94,500	57,500	250,000
GHCS (State)	98,000		94,500	57,500	250,000
USAID	5,787,000	795,000	125,000	2,043,000	8,750,000
GHCS (State)				1,000,000	1,000,000
GHCS (USAID)	5,787,000	795,000	125,000	1,043,000	7,750,000
Grand Total	5,885,000	795,000	219,500	2,100,500	9,000,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

DoD provides critical support to members of the Indonesian Defense Forces, their families, and civilians living near military facilities. With FY 2009 funds, DoD will expand and provide support to VCT activities, building on training provided with FY 2007 and FY 2008 funding. DoD will procure much needed HIV/AIDS rapid test kits to support testing and surveillance activities. Distribution of supplies will be targeted to facilities designated by the Indonesian Defense Forces as high prevalence areas. Test kits will be those approved for use by the MoH so that they may be used both for military personnel and civilians accessing military health facilities. In addition, funds will support technical assistance and travel as required.

DoD support for care and treatment will focus on capacity development through a workshop related to care and treatment.

DoD will also support laboratory capacity and expanding coverage of quality lab support services to PLWHA through the Indonesian Defense Forces (IDF). DoD will continue collaboration to improve and support laboratory capacity within military laboratory facilities outside the capitol. In addition, critical HIV disposable supplies, including reagents will be procured. With FY 2009 funds, DoD will also support a workshop to train military laboratory technicians from throughout the country, thus increasing the number of military medical facilities that will have trained laboratory staff. Additionally, USG and implementing partner staff are collaborating with government agencies, academic institutions, and research hospitals to develop appropriate external quality control systems for laboratory diagnosis of HIV and STIs. FY 2009 funds will also support technical assistance as required. Funding will also be used to enhance the in-country monitoring and evaluation skills of the IDF and provide a level of quality assurance for all program activities.

FY 2009 funds will also be used to initiate the process of developing a Partnership Framework. Specifically, the USG will contribute to implementation of a Papua Integrated Bio-Behavioral Surveillance survey which will support the development of the National Strategic Action Plan for 2010-2015. Funds will also be used for technical assistance and for national consultations leading to the identification of priorities for the Partnership Framework.

THAILAND

Thailand – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
HHS	1,154,679	1,239,115	750,774	1,105,432	4,250,000
GAP	1,029,679	1,114,115	750,774	1,105,432	4,000,000
GHCS (State)	125,000	125,000			250,000
Peace Corps				-	-
Central GHCS (State)				-	-
USAID	824,038	183,952		242,010	1,250,000
GHCS (State)	68,557	86,852		94,591	250,000
GHCS (USAID)	755,481	97,100		147,419	1,000,000
Grand Total	1,978,717	1,423,067	750,774	1,347,442	5,500,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

The following narrative describes activities supported by the GHCS-State fund account, notified by the Office of the U.S. Global AIDS Coordinator.

PEPFAR Thailand's strong focus on cutting edge HIV prevention issues such as behavior change among men who have sex with men and prevention with positives has resulted in model programs that are now being expanded to new parts of the country. Models are based on the concept of a comprehensive prevention package that includes the minimum combination of services needed to have a significant impact on the spread of HIV and include strategies such as outreach to communities where most-at-risk groups gather, drop-in centers, linked prevention services, counseling and testing centers that are friendly to high risk groups, and condom and lubricant distribution. The USG-supported models for high-risk groups will be expanded from urban centers to northern Thailand in FY 2009. Similarly, the USG-supported model for prevention with prisoners will be expanded from one correctional facility to five additional sites.

The PEPFAR program in Thailand strategically fills gaps in the Royal Thai Government's national response to the HIV epidemic and plays a critical role in promoting quality improvement and transferring technical skills to the partner country. PEPFAR will strengthen technical support for a continuum of prevention and care model targeting men who have sex with men in four provinces that have a high HIV burden among their MSM populations. The USG will also expand the use of a comprehensive prevention model for positives and develop a curriculum for HIV prevention to be used with HIV-positive injecting drug users (IDUs).

In addition, the PEPFAR program will pilot and expand technical and organizational capacity building support to MARPs, including those that advocate at the provincial level for services for MARPs.

VIETNAM

Vietnam – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Vietnam					
Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 1,011,350	\$ 183,250	\$ 59,250	\$ 12,444	\$ 1,266,294
GHCS (State)	\$ 1,011,350	\$ 183,250	\$ 59,250	\$ 12,444	\$ 1,266,294
HHS	\$ 10,513,048	\$ 11,347,202	\$ 9,614,250	\$ 10,584,558	\$ 42,059,058
GAP	\$ 478,091	\$ 320,254	\$ 364,350	\$ 1,692,305	\$ 2,855,000
GHCS (State)	\$ 10,034,957	\$ 11,026,948	\$ 9,249,900	\$ 8,892,253	\$ 39,204,058
State		\$ 350,000	\$ 300,000	\$ 1,810,480	\$ 2,460,480
GHCS (State)		\$ 350,000	\$ 300,000	\$ 1,810,480	\$ 2,460,480
USAID	\$ 19,361,745	\$ 8,794,501	\$ 8,657,191	\$ 7,253,899	\$ 44,067,336
GHCS (State)	\$ 19,361,745	\$ 8,794,501	\$ 8,657,191	\$ 7,253,899	\$ 44,067,336
Grand Total	\$ 30,886,143	\$ 20,674,953	\$ 18,630,691	\$ 19,661,381	\$ 89,853,168

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

With a highly concentrated epidemic in high-risk populations, important progress has been at the highest level in the Government of Vietnam to support the expansion of HIV services including medication assisted therapy (MAT). As a result, MAT will be available in 10 additional sites in FY 2009, bringing the total number of MAT sites in Vietnam to 16. The HIV epidemic in Vietnam is a concentrated among MARPs including IDUs, CSWs and MSM. The highest prevalence is among IDUs who represent an estimated 60% of all reported cases. PEPFAR activities in FY 2009 will focus on expanding access to HIV services for all at risk populations. Targeted prevention for MARPs remains the top priority for PEPFAR to identify the individuals with the greatest care and treatment needs, and to prevent the spread of the HIV virus within these high-risk populations. PEPFAR Vietnam has prioritized integration of addictions and relapse prevention services into MARPs programs, including outreach-based education with links to care and treatment and medication assisted therapy, such as methadone. In FY 2009, PEPFAR will bring HIV prevention and addiction treatment to residents of five additional government IDU rehabilitation centers and address the HIV prevention needs of prisoners. Vietnam will continue to expand work with faith-based organizations to provide care and support in the home and community, and to address prevention, stigma and discrimination. PMTCT efforts will continue to focus on service coordination and capacity building at national, provincial and community levels, and strengthening linkages across all levels.

Vietnam has made considerable progress in expanding access to care and support efforts in Vietnam include clinical and home-based care, integration of TB and HIV treatment for co-infected patients and support to OVC. In FY 2009 HIV clinical care and support activities will improve capacity to treat opportunistic infections and symptomatic and related diseases, and will link these services to community-based care. For the residents of government sponsored drug rehabilitation centers PEPFAR will use national palliative care guidelines to support the expansion of integrated services of HIV prevention, treatment, and pre- and post-release programs. PEPFAR will increase collaboration between TB and HIV programs to assure routine HIV testing of TB patients, TB testing for people living with HIV/AIDS, and cross-referral of co-infected persons between TB and HIV care. PEPFAR will also expand IPT, provide HIV and TB screening and care in IDU rehabilitation centers and evaluate multidrug resistant/extensively

drug resistant TB rates among HIV-infected persons. OVC partners are piloting foster care models to reintegrate abandoned and institutionalized children, and to prevent further institutionalization of orphans.

PEPFAR treatment support in FY 2009 will include the establishment of more effective drug procurement and dispersal systems, the scale-up of ART in adult and pediatric sites, the strengthening of laboratory infrastructure, human capacity enhancement, and the improvement of program monitoring and evaluation. To assure quality and sustainability, PEPFAR will develop human capacity through clinical mentoring, ongoing supervision, and implementation of a national training curriculum with care and treatment guidelines and protocol. Special attention will be given to addiction treatment training, pre-service training for medical students, substance abuse and ART interactions, and nursing, pharmaceutical, and social support to improve service quality.

Other activities planned for FY 2009 include efforts to improve data quality and data synthesis, which will produce reliable information for program efficiency and improvement. The PEPFAR investment in health systems strengthening will assist Vietnam in strengthening national health delivery systems; develop human capacity; and support coordination and management of technical strategies and health policies. PEPFAR programs will address stigma and discrimination, develop civil society organizations, assist with regulation of private health care providers, and strengthen multi-sectoral engagement. Support for greater involvement of people living with HIV/AIDS will expand with capacity-building support for the Vietnam National Network of People Living with HIV/AIDS. HIV policy development training will be provided for key government leaders, and capacity building for public health managers will raise the overall level of expertise in program implementation.

Additionally, PEPFAR funds will support the development and negotiation of the Partnership Framework and the Partnership Framework Implementation Plan.

Europe and Eurasia

RUSSIA

Russia – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Other	Grand Total
HHS		570,000	760,000	1,330,000
GAP			500,000	500,000
GHCS (State)		570,000	260,000	830,000
USAID	3,250,000	2,010,000	1,410,000	6,670,000
GHCS (State)	3,050,000	820,000	300,000	4,170,000
GHCS (USAID)	200,000	1,190,000	1,110,000	2,500,000
Grand Total	3,250,000	2,580,000	2,170,000	8,000,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

The following narrative describes activities supported by the GHCS-State fund account, notified by the Office of the U.S. Global AIDS Coordinator.

In Russia, PEPFAR has focused its efforts in the areas of prevention, care and support, strategic information, and health system strengthening. Of particular note are efforts to support Health System Strengthening. PEPFAR has strategically used relatively limited USG funding to work on building the capacity of government, at both national and local levels, and building the capacity of civil society. PEPFAR has also focused on developing and implementing model programs, particularly in the areas of prevention and care for MARPs, with the idea of replicating and disseminating effective models.

The Russia PEPFAR program has prioritized HIV prevention and care activities, primarily among IDUs and their sex partners (the drivers of Russia's epidemic), as well as among other MARPs, including persons in prostitution and their clients, MSM, prisoners and street youth. PEPFAR continues to work with non-governmental organizations and faith-based organizations to strengthen their capacity to deliver appropriate prevention and care interventions for MARPs, and to strengthen partnerships between these organizations and national and local governments. PEPFAR also plans to continue its collaboration with the UNAIDS to establish the 'Three Ones' in Russia (one national plan, one national coordinating authority, one national monitoring and evaluation system).

The PEPFAR team in Russia is supporting the development of a more unified strategic information system, including integrated biologic and behavioral studies among persons engaged in high-risk behaviors, along with HIV incidence testing, with the goal of expanding national capacity for collection, analysis and use of strategic information to improve programming. In addition, PEPFAR continues to support twinning with U.S. experts to advance care for HIV patients; this includes training for institutional, clinic and home-based care providers on opportunistic infections, a preventive care package, and optimizing patient adherence.

UKRAINE

Ukraine – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Other	Grand Total
DoD	200,000		50,000	250,000
GHCS (State)	200,000		50,000	250,000
HHS			400,000	400,000
GHCS (State)			400,000	400,000
Peace Corps	225,000		-	225,000
GHCS (State)	225,000		-	225,000
USAID	2,450,000	993,660	3,859,340	7,303,000
GHCS (State)	2,050,000	425,000	2,328,000	4,803,000
GHCS (USAID)	400,000	568,660	1,531,340	2,500,000
Grand Total	2,875,000	993,660	4,309,340	8,178,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

Despite very limited PEPFAR funding in Ukraine, PEPFAR has demonstrated a significant impact in key program areas. Because Ukraine's epidemic is driven by injecting drug use, PEPFAR programs have focused on prevention and care for IDUs. Working with the Government of Ukraine and with other donors, a major recent accomplishment was the implementation of MAT utilizing methadone and buprenorphine. PEPFAR has provided assistance in developing policy and legal frameworks for MAT and supported the development and implementation of MAT programs. In particular, PEPFAR supported pilot programs which integrate MAT and HIV care for HIV-positive IDUs. In this setting, MAT serves the dual purpose of addressing prevention by reducing injecting drug use and other risk behaviors, and enhancing care by supporting healthy behaviors (e.g. improving adherence to treatment). Pilot programs will be implemented in ten sites in five regions, with the possibility of later expansion to additional sites.

PEPFAR supports a range of services in Ukraine, including prevention, counseling and testing, TB/HIV, OVC, and health system strengthening. Prevention programs focus on most-at-risk populations, or MARPs, including IDU and street children and adolescents. Other programs target at-risk youth, working with local communities to improve awareness of HIV and reduce risky behaviors.

PEPFAR also supports prevention in military populations, providing HIV prevention information and strengthening counseling and testing services for military personnel. Health system strengthening interventions provide assistance to strengthen public sector and nongovernmental capacity to deliver HIV/AIDS programs.

Additional FY09 funds will be used to support the development of a Partnership Framework in Ukraine. Specifically, funds will support the recruitment of additional staff, including an interagency PEPFAR Coordinator. These funds will also support baseline assessments to guide in planning and developing the Partnership Framework, and provision of technical assistance.

South and Central Asia

INDIA

India – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	425,000	32,500	107,500	62,300	627,300
GHCS (State)	425,000	32,500	107,500	62,300	627,300
DoL				200,000	200,000
GHCS (State)				200,000	200,000
HHS	1,009,416	1,042,567	798,349	4,190,473	7,040,805
GAP	402,416	303,567	313,349	1,980,668	3,000,000
GHCS (State)	607,000	739,000	485,000	2,209,805	4,040,805
USAID	8,434,416	4,256,403	376,109	9,514,967	22,581,895
GHCS (State)	279,895			1,302,000	1,581,895
GHCS (USAID)	8,154,521	4,256,403	376,109	8,212,967	21,000,000
Grand Total	9,868,832	5,331,470	1,281,958	13,967,740	30,450,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

The following narrative describes activities supported by the GHCS-State fund account, notified by the Office of the U.S. Global AIDS Coordinator.

The PEPFAR India program is a leader in successfully transitioning from direct implementation of services to the provision of critical technical assistance to the Government of India's national program. Recognizing the high quality of U.S. technical assistance, the Government of India requested that the PEPFAR support newly-formed Technical Support Units in six major states, as well as provide strategic support to the national level Technical Support Unit. In addition, the USG develops demonstration projects that are transferred to the national government for scale up. Such projects range from women's self-help groups to models for linking high-risk communities with counseling and testing to male migrant interventions. To date, the USG program has primarily focused activities in four high-prevalence states; however better epidemiologic data is now enabling improved targeting of high-risk populations in other states.

In the area of prevention, in FY 2009 PEPFAR will support the Government of India's national rollout of PMTCT services by funding three models of PMTCT service delivery in the private sector. Programs will focus on changing male behavior norms and strengthening male involvement in prevention efforts. PEPFAR will also promote expanded provision of PMTCT by private hospitals and maternity services and support a model program to provide training on infection safety for nurses. PEPFAR will also support the production and distribution of information, education and communication materials for the armed forces and support the Training of Trainers program for secondary school children in Ministry of Defense schools. In addition, support to the armed forces will help create a core group of Master Peer Leader Educators to carry out HIV/AIDS education within the Indian Armed Forces and throughout soldiers' native communities and procure condoms for the military. DoD will also support VCT training for HIV counselors and procurement of HIV test kits and other disposal medical supplies and assist the Armed Forces Medical Services in maintaining and expanding its Integrated

Counseling and Testing Centers. Care and support activities include funding mobile vans to reach at-risk rural populations with counseling and testing, supporting drug adherence, facilitating access to services, and continuing successful PwP programs. A new activity will provide technical assistance on care and support in the North East. DoD will continue to work closely with the Indian armed forces to improve and enhance the skills of healthcare providers to manage, care, treat, and monitor HIV patients on antiretroviral treatment. DoD will procure medical supplies in consultation with AFMS.

PEPFAR's treatment programs in India include the continuation of a model supportive supervision program in Andhra Pradesh for expanded HIV/AIDS services at the Primary Healthcare Center level as well as collaboration with a consortium of 15 private medical colleges. Support for capacity-building for medical providers in HIV/AIDS treatment and care will continue, including an innovative national Fellowship Program to train doctors in comprehensive HIV/AIDS medicine. DoD will continue to work closely with the Indian Armed Forces Medical Services to improve and enhance the skills of healthcare providers to manage, care, treat, and monitor HIV patients who are on antiretroviral treatment. DoD will procure the medical supplies in consultation with AFMS.

Other activities include an increased emphasis on technical assistance in the areas of upgrading the national laboratory system (including military labs), strategic information, strengthening health systems, building human capacity, networking with civil society, and policy and advocacy. PEPFAR will continue to provide strong technical input to the Government of India's national Technical Working Groups and to the states through the provision of technical consultants and technical assistance in communication, CT, and care and support. In response to requests from the National AIDS Control Organization, additional support in key areas of comparative advantage, such as public-private-partnerships and capacity building of the private sector, are also planned. Funds will also support technical assistance and policy development at the national and state level on workplace. DoD funds will be used to monitor and assess the effectiveness of the ongoing military HIV/AIDS prevention program, including identifying areas requiring additional support and greater attention by the Armed Forces Medical Service to improve its data collection and analysis capabilities. Funding will also support management and staffing expenses.

Funds will also be used for consultations and technical assistance to initiate the process of developing a Partnership Framework.

Western Hemisphere

CARIBBEAN REGIONAL

Caribbean Regional – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 768,765		\$ 198,750	\$ 368,750	\$ 1,336,265
GHCS (State)	\$ 768,765		\$ 198,750	\$ 368,750	\$ 1,336,265
HHS	\$ 501,000	\$ 819,120	\$ 3,600,586	\$ 7,117,531	\$ 12,038,237
GHCS (State)	\$ 501,000	\$ 819,120	\$ 3,600,586	\$ 7,117,531	\$ 12,038,237
Peace Corps	\$ 235,000				\$ 235,000
GHCS (State)	\$ 235,000				\$ 235,000
State	\$ 200,000				\$ 200,000
GHCS (State)	\$ 200,000				\$ 200,000
USAID	\$ 4,322,845	\$ 500,000		\$ 367,653	\$ 5,190,498
GHCS (State)	\$ 4,322,845	\$ 500,000		\$ 367,653	\$ 5,190,498
Grand Total	\$ 6,027,610	\$ 1,319,120	\$ 3,799,336	\$ 7,853,934	\$ 19,000,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

The following narrative describes activities supported by the GHCS-State fund account, notified by the Office of the U.S. Global AIDS Coordinator.

The Caribbean PEPFAR program is committed to supporting an effective sustainable response to the HIV/AIDS epidemic in the Caribbean region. The USG PEPFAR team is in the process of developing a Caribbean Regional Partnership Framework to provide increased USG assistance to Caribbean governments and regional entities as they work to reduce HIV/AIDS incidence and prevalence in the region. The Caribbean PEPFAR program will continue to partner with key regional entities mandated by the Caribbean Community (CARICOM) member nations to work on HIV/AIDS issues. The Partnership Framework strategy will also include direct engagement of the government in each Caribbean nation where the USG is working, as success at the Caribbean regional level is contingent upon success of national level HIV/AIDS programs. Given the diversity of the HIV epidemic in the region, national strategies vary from island to island, and necessitate tailored, targeted approaches to ensure the best use of limited resources for a successful comprehensive response, both nationally and at the regional level.

Epidemiology and surveillance activities will be specifically targeted to gather accurate and reliable information on the number of individuals infected with HIV. In partnership with other regional organizations, the USG team will develop a regional database of strategic information collected at the community and country level which can be accessed by all countries in the region. This will have long-term sustainable impact to strengthen and improve the quality of data and data collection systems, as well as strengthen the overall capacity for surveillance in the Caribbean. The USG team will also seek to strengthen healthcare services by supporting scale up of provider initiated CT and same day HIV testing results through training and assistance with country plans for widespread HIV rapid testing, ability to monitor viral load, and resistance testing. Also, in support of Global Fund activities providing care and treatment in the six

Caribbean countries, the USG team provides TA to the HIV/AIDS Project Unit which is responsible for implementation, monitoring and evaluation activities.

The USG PEPFAR team will seek to strengthen a multi-sectoral response involving government, NGOs, civil society, and the private sector, which will impact policy development, promote gender equality and human rights. The USG is committed to strengthening human capacity and health systems in the Caribbean by providing financial resources and technical assistance for the establishment of five training centers to serve health care professionals and peer educators.

With FY 2009 Partnership Framework funds, the PEPFAR Caribbean Regional Program will work with regional organizations and partner governments to strengthen epidemiology and surveillance, M&E, HCD and HSS, as well as support capacity-building in partner organizations funded through the Global Fund. Epidemiology and M&E activities will be concentrated in the MOHs of the Caribbean island nations, where PEPFAR will work with them to fully implement strategic information activities for HIV/AIDS, including behavioral and biological surveillance among MARPs and PLWHA, and to improve coordination of the expansion of confidential VCT, including laboratory training and the implementation of HIV rapid testing. PEPFAR will also support the implementation of systems for HIV/AIDS surveillance and M&E to assist the MOHs to generate high quality, reliable data to characterize the epidemic and plan appropriate responses. In HCD and HSS, the PEPFAR team will primarily strengthen laboratory capacity, including building a regional reference laboratory in Barbados and training of laboratory personnel, and through a follow-on to the training program for the Caribbean, PEPFAR will be continuing professional development programs via collaboration with regional stakeholders and institutions including the National Training Centers, the CHART Training Coordination training hub, related Caribbean Universities, training institutions, health professional associations and relevant health professional accreditation and licensing boards. Lastly, PEPFAR will assist partner countries in making and managing small-sized sub-grants to local NGOs working in HIV prevention. The main objective of this activity is to build the financial, technical and management capacity of local NGOs working in HIV prevention to improve the quality and sustainability of HIV prevention services in Jamaica and the Bahamas.

Funding will support needs assessment aimed at enhancing efforts to strengthen programs for children infected and affected by HIV in the Caribbean Regional Program.

DOMINICAN REPUBLIC

Dominican Republic – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	\$ 595,000	\$ -	\$ 450,000	\$ 240,000	\$ 1,285,000
GHCS (State)	\$ 595,000	\$ -	\$ 450,000	\$ 240,000	\$ 1,285,000
HHS	\$ 2,131,000	\$ 200,000	\$ 915,000	\$ 2,604,000	\$ 5,850,000
GAP	\$ -	\$ -	\$ -	\$ 500,000	\$ 500,000
GHCS (State)	\$ 2,131,000	\$ 200,000	\$ 915,000	\$ 2,104,000	\$ 5,350,000
Peace Corps	\$ 846,000	\$ -	\$ -	\$ 27,000	\$ 873,000
GHCS (State)	\$ 846,000	\$ -	\$ -	\$ 27,000	\$ 873,000
USAID	\$ 4,882,000	\$ 2,325,000	\$ 475,000	\$ 1,560,000	\$ 9,242,000
GHCS (State)	\$ 2,017,000	\$ 1,000,000	\$ 275,000	\$ 200,000	\$ 3,492,000
GHCS (USAID)	\$ 2,865,000	\$ 1,325,000	\$ 200,000	\$ 1,360,000	\$ 5,750,000
Grand Total	\$ 8,454,000	\$ 2,525,000	\$ 1,840,000	\$ 4,431,000	\$ 17,250,000

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

PEPFAR made significant progress in HIV/AIDS programming and policy development in the Dominican Republic over the past year and will galvanize and expand on these gains in FY 2009. PEPFAR successfully engaged with the Government of the Dominican Republic on key policy issues in HIV testing and community-based care and support. In FY 2008, 45,599 individuals received counseling and testing in addition to 20,030 pregnant women receiving counseling & testing for PMTCT, both of which represent significant increases from FY 2007. There has also been important collaboration with Haiti on bi-national efforts.

In FY 2009, using recent data, PEPFAR will refine its strategic approach to focus prevention interventions on the regions with the highest HIV prevalence as well as target MARPs and mobile populations. Prevention efforts will focus on providing technical assistance to improve policies and expand the provision of VCT and PMTCT services, as well as expand comprehensive prevention programs including behavior change communication, community-based peer education and condom social marketing. Innovative approaches will be employed regarding involvement of the private sector in policy development and comprehensive prevention activities. PEPFAR will advocate and provide technical assistance for a National Condom Policy, in addition to improving referrals between prevention, testing, care, and treatment programs.

In FY 2009, PEPFAR will continue to provide care and support services and strengthen community support networks, implement a model of care for OVC and support a pediatric AIDS pilot project to provide early diagnosis, care, and treatment to children born of HIV-positive mothers. PEPFAR will provide training to improve the quality of care and services provided to OVC and PLWHA. Post-test counseling and referrals for HIV/AIDS-related services on both sides of Haitian/Dominican border will be improved. In addition, PEPFAR will continue to provide assistance to the Dominican Republic in the improvement of HIV/AIDS treatment norms and protocols as well as training of laboratory staff and procurement of supplies.

Bi-national efforts in FY 2009 with Haiti will also include developing twinning and patient care information sharing programs for hospitals across the Dominican-Haitian border. PEPFAR will work with the Dominican government to pursue a DR/Haiti bi-national agreement providing a framework for improved prevention, care and treatment of populations crossing the border in either direction.

SI activities will include assisting the National AIDS Program with the development of a long-term national epidemiological surveillance plan, HIV/AIDS case reporting, and support for epidemiological and behavioral information gathering. PEPFAR also plans to implement a behavioral surveillance survey in mobile populations in order to better understand the determinants of the epidemic.

The Partnership Framework with the Dominican Republic is aligned with the national strategy and focuses on: public policy, civil society participation, prevention and promotion, and universal access to integrated care and treatment. With FY 2009 Partnership Framework funding, PEPFAR will begin work towards the five-year goals laid out in the Partnership Framework document. PEPFAR has revised its prevention strategy to focus on the most vulnerable groups, including mobile populations, CSW and their clients, MSM, residents of Bateyes, women with four years or fewer of formal education, members of the Dominican military, drug users, and prisoners. PEPFAR will continue to strengthen PMTCT services including EID. PEPFAR will also provide TA and on-site training and support at the hospital level to integrate HIV/AIDS prevention and treatment services to improve linkages with reproductive health, tuberculosis, nutrition and immunizations programs, strengthen referrals systems, and improve HIV counseling and diagnostic services.

GUYANA

Guyana – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
DoD	150,000	10,000	69,000	109,000	338,000
GHCS (State)	150,000	10,000	69,000	109,000	338,000
DoL	25,000			165,000	190,000
GHCS (State)	25,000			165,000	190,000
HHS	1,856,371	678,086	3,624,212	2,228,006	8,386,675
Central GHCS (State)	800,000		156,360		956,360
GAP				1,000,000	1,000,000
GHCS (State)	1,056,371	678,086	3,467,852	1,228,006	6,430,315
Peace Corps	141,472	-			141,472
GHCS (State)	141,472	-			141,472
State				112,500	112,500
GHCS (State)				112,500	112,500
USAID	3,981,837	2,503,793	2,646,438	2,230,860	11,362,928
Central GHCS (State)	816,715				816,715
GHCS (State)	3,165,122	2,503,793	2,646,438	2,230,860	10,546,213
Grand Total	6,154,680	3,191,879	6,339,650	4,845,366	20,531,575

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

With a concentrated epidemic in high-risk populations, PEPFAR programming in Guyana has made an important shift from direct service delivery to capacity building in its strategic approach. In the area of prevention, PEPFAR will support the Government of Guyana's (GOG) priority for national coverage of PMTCT services, using a network system. Currently, there is access to PMTCT services at 129 national ANC sites supported by PEPFAR. Data systems have been built and ownership transferred to the MOH with continued technical assistance provided by PEPFAR. Also in support of prevention, USG AB activities directly support Guyana's National Strategic Plan for HIV/AIDS. Based on findings from the AIDS Indicator Survey (AIS), PEPFAR Guyana will use FY 2009 funds to encourage primary and secondary abstinence as well as the delay of sexual debut in schools, youth clubs, religious groups, and other organizations.

The prevention program area is critical in Guyana, given that the bulk of existing and new infections continue to be concentrated among high-risk and vulnerable groups. The USG team is supporting both risk elimination and risk reduction, and interventions with MARPs will follow the ABC model, with emphasis on faithfulness and correct and consistent use of condoms for these groups. In FY 2009, high-risk populations will continue to be reached with combined targeted outreach and referrals to clinical care and treatment services.

The goal of PEPFAR in the area of care will be to provide the following four categories of essential palliative care services, contributing directly to the National Strategy, ensuring availability to all people infected or affected by HIV/AIDS: clinical care, psychological care, social services, and spiritual care. In addition, the USG will support the Guyana National TB

Control Program, which provides care and treatment for all TB cases in the country. Other programs planned for FY 2009 in Guyana include continued support of OVC. 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.

Other planned 2009 activities will focus on further mobilizing people to access CT - with a strong emphasis on MARPs and males— to boost prevention efforts and to identify those who need treatment. The provision of high quality HIV clinical care and ART access is at the core of the PEPFAR program. Funding in FY 2009 will focus largely on activities that increase the use of and access to services, including: opt-out HIV testing of pregnant women in labor and delivery; provider-initiated testing in the hospital setting; and expanding geographic coverage and reach of VCT to vulnerable and migratory populations and in workplace settings.

HAITI

Haiti – FY 2009 Approved Funding by Program Area, Agency and Funding Source*

Agency, Funding Source	Prevention	Care	Treatment	Other	Grand Total
HHS	\$ 15,820,265	\$ 16,425,000	\$ 32,467,679	\$ 14,412,500	\$ 79,125,444
Central GHCS (State)	\$ 2,810,265		\$ 302,679		\$ 3,112,944
GAP				\$ 1,000,000	\$ 1,000,000
GHCS (State)	\$ 13,010,000	\$ 16,425,000	\$ 32,165,000	\$ 13,412,500	\$ 75,012,500
USAID	\$ 13,501,223	\$ 18,887,346	\$ 13,450,000	\$ 5,570,000	\$ 51,408,569
Central GHCS (State)	\$ 3,611,223.0	\$ 1,337,346.0			\$ 4,948,569.0
GHCS (State)	\$ 9,890,000.0	\$17,550,000.0	\$13,450,000.0	\$ 5,570,000.0	\$ 46,460,000.0
Grand Total	\$ 29,321,488	\$ 35,312,346	\$ 45,917,679	\$ 19,982,500	\$ 130,534,013

*Only appropriations from the GHCS (State) fund account are notified by the Global AIDS Coordinator.

On January 12, 2010, Haiti was struck by a magnitude 7.0 earthquake that damaged most of the infrastructure in the West and the Southeast departments, killed almost 300,000 people, and resulted in the mass migration of approximately 600,000 people. PEPFAR resources and partners were prominent in the immediate response to the earthquake and PEPFAR programs are positioned to provide an important platform contributing to the USG efforts to “build back better” in support of Haiti’s continued reconstruction efforts.

Building on this unique combination of support to both clinical service delivery as well as health systems, PEPFAR is programming FY 2009 funds in support of the relief-to-recovery phase. Positive additive impacts include rapid scale-up of service delivery, effective collaboration with the diverse organizations mobilizing for Haiti’s recovery, substantial investments in human capacity development and infrastructure. Reinforcing and supporting the leadership role of the MOH is central to PEPFAR’s approach and will be critical moving forward.

Despite food crises, political instability, several major hurricanes, and evacuations of USG direct hire staff in FY 2008, PEPFAR Haiti is on track to exceed nearly all major PEPFAR programmatic indicators. Haiti continues to be a model for wrap-around programming by integrating HIV/AIDS with maternal and child health, nutrition and TB as well as with interventions in areas such as food security, education and economic growth. PEPFAR works closely with the national government and indigenous partners to provide national coverage through a network model which encourages sustainability. Haiti has strived to deliver integrated, family-centered programming and a continuum of care particularly for children, by linking PMTCT, pediatric care and OVC programming. PEPFAR will continue to focus on integrated programming in FY 2009.

In FY 2008, PEPFAR reached more than 1.4 million people with community outreach prevention activities and shifted the behavioral prevention portfolio to focus more on most-at-risk groups to better reflect the epidemic in Haiti. In FY 2009, PEPFAR will continue to focus on strengthening PMTCT services, strengthening behavior change communication programs and condom social marketing particularly focusing on more on high-risk populations, and strengthening blood and injection safety programs through providing essential supplies and equipment. PEPFAR will further expand the number of clinics providing HIV testing and

PMTCT services and support community mobilization and health education activities to increase awareness and demand for PMTCT services. PEPFAR will train community health agents to inform, educate and mobilize communities around HIV/AIDS prevention. Efforts to reduce new infections among high-risk groups will be expanded and targeted to localities where high-risk activities take place. A special emphasis will be placed on key border towns with a high volume of movement between Haiti and the Dominican Republic.

Haiti continued to make significant progress in providing care and support to PLWHA in FY 2008, with PEPFAR serving 95,100 individuals and almost 59,000 OVC. In FY 2009, PEPFAR will focus on training of counselors in counseling and testing and increasing routine screening, basic care and support, integrating TB and HIV programs, and OVC support. A package of care services and community support will be provided to HIV-positive individuals and their families, as well as specifically for OVC. HIV/AIDS care and treatment centers will be the focus of enrollment and care for all HIV-positive individuals and services for children will be incorporated into selected sites. At the community level, PEPFAR will link care and support activities to HIV/AIDS prevention, care, and treatment centers and continue to work with support groups that have been organized country-wide for PLWHA. Care and treatment sites located in towns along the Haiti/DR border will work closely with sister hospitals, homes and community based sites in the Dominican Republic to ensure effective referral systems and cooperation in care and support services.

In FY 2008, PEPFAR continued to ensure a safe and secure supply of ARV drugs with the establishment of a drug procurement and distribution system through the SCMS. In FY 2009, Haiti will continue with a national scale-up of the provision of free ART services by expanding the number of adult treatment sites as well as those providing pediatric diagnostic and treatment services. PEPFAR will continue to improve AIDS treatment for children and adults by working with local and international technical assistance partners to develop guidelines, policies and curricula; conduct trainings of clinicians; and supervise service delivery sites for quality assurance, control and improvement. Haiti will continue to strengthen the national laboratory infrastructure and training of laboratory staff.

In FY 2009, PEPFAR will collaborate with the Ministry of Health, the Pan American Health Organization, and other donors to develop a national human capacity assessment focused on HIV/AIDS health care providers. Haiti will expand training for nurses, psychologists, social workers, and medical technicians. PEPFAR will continue to support the revitalization of the National AIDS Council to improve its technical, programmatic, and administrative management to serve as the national coordinating body of Haiti's national HIV/AIDS response.

In FY 2009, PEPFAR-funded SI activities will continue to focus on developing and implementing routine information management systems, surveillance via population-based surveys, public health evaluations, and policy-related data analyses.

Funding will enable an expanded response to new vulnerabilities created by the January earthquake and focus on child protection, legal rights for OVC, including laws for inheritance rights of orphans, access to birth certificates, HIV testing of HIV/AIDS orphans, and formalizing the responsibilities of those with guardianship of HIV/AIDS orphans.

SECTION IV: OTHER PEPFAR COUNTRY NARRATIVES

Africa

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

HHS/CDC (\$355,000): The FY2009 funding for CDC PEPFAR activities will support prevention of mother-to-child transmission (PMTCT) and strategic information (SI) activities. CDC will work to expand and improve the quality of infant follow-up and early infant diagnosis (EID) and will support the development of a national PMTCT facility listing that includes the level of service and capacity of each site. CDC will also contribute to the improvement of the Cameroon HIV/AIDS surveillance system, hold training sessions for national monitoring and evaluation (M&E) staff, and provide technical assistance (TA) to the Ministry of Public Health to enhance their ability to use SI for program and policy development.

Peace Corps (\$50,000): The FY2009 PEPFAR funding for Peace Corps will further support and build upon Peace Corps's existing HIV/AIDS interventions and allow expansion of HIV/AIDS prevention activities (focusing on both abstinence and be faithful (AB) as well as other prevention messages) and care activities. Primary intervention areas include: training activities targeted at religious leaders and partner country nationals; Volunteer Activities Support and Training (VAST) grants; and educational material production and dissemination.

USAID (\$95,000): The supplies will be used to support the National Early Infant Diagnostic (EID) Program, which provides the laboratory diagnostics for the following Regions in Cameroon: Northwest, Southwest, West, and Littoral. Supplies will also be used for proficiency testing and to support quality assurance in laboratories.

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

DoD (\$150,000): FY 2009 funds will be used to support the activities of the Office of Security Cooperation of the U.S. Embassy in Djibouti. These activities include: behavior change communication (BCC) campaigns; training of laboratory technicians and nurses on blood safety and best laboratory practices; purchasing of medical (diagnostic) material to improve clinical capability of treating infected people; female peer education sessions for military wives; HIV prevalence survey among members of the Djibouti Ministry of Defense (MoD); and a Knowledge, Attitude and Practices survey for members of the Djibouti MoD.

Liberia (Total GHCS-State: \$1,225,000)

USAID (\$450,000): USAID plans to develop and manage several sub-grants to implement HIV/AIDS prevention and care activities, focusing on women and youth as well as technical support for other organizations working in Liberia. In addition to supporting youth-friendly prevention programs, USAID will also contribute to programs that address the needs of OVCs. USAID plans to work with women's and community-based organizations, and to interact with government officials to promote women's health advocacy as well as the integration of family planning and reproductive health services with HIV/AIDS and other health service programming. USAID also plans to fund advocacy activities to fight the stigma surrounding HIV/AIDS and to promote both social cohesion on prevention, care and treatment as well as

networking among HIV/AIDS providers and stakeholders. Finally, USAID plans to provide technical support to community and faith-based organizations, and church-supported health and social programs to improve the quality and accessibility of HIV/AIDS counseling, testing and outreach services, establish quality networks, and improve capacity for monitoring of performance, and for sustaining programs.

DoD (\$775,000): The DoD HIV/AIDS Prevention, Care and Treatment Program for the Armed Forces of Liberia (AFL) plans activities including: conducting sensitization and prevention education and training, building laboratory capacity, and promoting the development of sound HIV/AIDS policy for the AFL. Resources will be used to expand the DoD and AFL HIV/AIDS Prevention Program, which targets AFL members as well as their spouses and adolescent children and works towards reducing sexual behaviors that increase the likelihood of the transmission of HIV and other sexually transmitted infections (STIs) by conducting sensitization and education activities and utilizes radio programs to air prevention messages. DoD also plans to strengthen the AFL's capacity by providing technical support and training to peer educators to promote positive sexual behavior and address stigma and discrimination. The Ministry of Health (MOH), in partnership with DoD, will train combat medics in prevention and management of STIs, provision condoms, referrals to voluntary counseling and testing (VCT) sites. Additionally, a laboratory with trained technicians and equipment to test for HIV/AIDS will be provided. Finally, DoD will also assist in the development of HIV/AIDS policies for the AFL by establishing a steering committee to include member organizations, collaborating with relevant national and multilateral stake-holders, consulting technical experts, and establishing the foundation for sustained partnership with local and international non-governmental organizations (NGOs). Additional FY 2009 funding will support Seroprevalence and Behavioral Epidemiology Risk Surveys (SABERS), hence having data for HIV policy, prevention and clinical program decision-making, and to increase the capacity of militaries to collect and use data.

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

USAID (\$500,000): In collaboration with international NGOs working in Madagascar, USAID plans to continue to scale up innovative and successful BCC interventions that reach the population with HIV/AIDS information and services with appropriately tailored Abstinence, Be Faithful and correct and consistent Condom use (ABC) messages. Target audiences include youth, with attention given to rural populations, as well as other high-risk populations such as mobile men, commercial sex workers (CSWs), and men who have sex with men (MSM). Also, there will be work to expand a network of franchised private clinics providing quality youth-friendly services including HIV testing, peer education, and mass media campaigns, to a total of nine vulnerable cities.

² The proposed interventions focus entirely on providing services through non-governmental channels, thus taking into account the memo sent to Secretary Clinton regarding the need to invoke Section 7008 of the Department of State, Foreign Operations, and Related Programs Appropriations Act of 2009 in the case of assistance to Madagascar. US foreign assistance programs are still under review by State Department and a final decision could affect the program options proposed in this document.

Mali (Total GHCS-State: \$1,950,000)

HHS/CDC (\$1,450,000): In Mali, CDC funding will be used to cover the cost of one Resident Advisor who acts as both the Director and Deputy Director of the CDC Global AIDS Program in Mali, one (proposed) Senior Technical Advisor, and six locally-employed staff (LES), including two drivers, two administrative staff, an NGO liaison coordinator and a lab director. CDC will also provide TA to local NGO partners as well as to the Government of Mali's National Institute of Public Health Research. All field-based TA is in turn supported by centrally-funded TA, particularly in the Lab and Epidemiology/SI Branches of GAP. Though no national HIV-related surveys are planned for 2010, the program will continue supporting the 2009 sentinel and behavioral surveys through assistance with the validation and dissemination of survey results and any other TA and logistics associated with the completion of these studies in FY 2010. Further, PEPFAR funds will be utilized to undertake qualitative research which will inform the review/choice of high-risk target groups for the next round of Integrated STI Prevalence and Behavior Survey. This survey will provide essential data to prioritize HIV prevention and care interventions and informs effective HIV policymaking.

DoD (\$500,000): Funding will support SABERS prevention programming and stakeholder dissemination meetings, hence having data for HIV policy, prevention and clinical program decision-making, and to increase the capacity of militaries to collect and use data. Protocol development, data collection, data use, and dissemination trainings and ongoing technical assistance to enhance the capacity for conducting surveillance will be supported.

Senegal (Total GHCS-State: \$1,535,000)

USAID (\$1,168,607): PEPFAR funds will be used to strengthen the capacity of the health system and local NGOs to deliver quality prevention and treatment services targeting high-risk groups, including CSWs, MSM, military personnel and mine workers. Due to increased mining activities in Southeastern Senegal, USAID will direct HIV/AIDS prevention activities and capacity-building support to that region. USAID will support a second combined surveillance survey for high risk groups. Building on abstinence and fidelity messages, USAID will redouble efforts to reach individuals with prevention interventions focusing on condoms. In addition, USAID is a service provider for quality VCT, care, and supportive services to fight discrimination and stigmatization. In general, USAID continues to work towards the institutionalization of quality prevention, care and support services for people living with HIV/AIDS (PLWHA), and to strengthen information systems to achieve sustainability. Information system strengthening activities include capacity building for the M&E unit of the National AIDS Council and the HIV/AIDS division to plan, monitor, report and analyze data for decision making, and TA to the support group for epidemiological surveillance.

HHS/CDC (\$66,393): CDC will support the 2009 national sentinel survey in Senegal as part of a three-pronged strategy Senegal uses to accurately measure HIV prevalence in the country. In support of the survey, CDC plans to purchase laboratory equipment and consumables and to provide logistical support and training.

DoD (\$300,000): The partnership between DHAPP and the Senegalese Armed Forces (SAF) will continue to focus on the testing and counseling of military personnel that are deployed on peace-keeping missions to countries that have higher prevalence rates. DHAPP and SAF will extend their cooperation to increase the number of service provider outlets, train peer educators, and continue to counsel and test military personnel as well as provide care and prevention messages to them and their families.

Sierra Leone (Total GHCS-State: \$1,025,000)

HHS/CDC (\$500,000): CDC is committed to strengthening Sierra Leone's health system by supporting effective and reliable diagnosis, treatment and surveillance for HIV/AIDS.

CDC assistance will contribute to building laboratory capacity by facilitating the establishment of a national laboratory policy and strategic plan that will serve as a blueprint for strengthening laboratory services, and by providing TA to improve HIV laboratory services and HIV surveillance system. CDC will also take the lead in monitoring and supervising sentinel major surveillance survey and in the development of a standard check list for supervisory visits, which will improve diagnosis, testing, data collection and quality control and assurance measures. In addition, public health personnel and laboratory managers will be trained in laboratory management, including good management practices. Finally, CDC will also support senior officials of the MOH to attend international trainings and conferences to strengthen their leadership and technical capacity to enhance laboratory and surveillance services.

DoD (\$525,000): Funding will support SABERS prevention programming and stakeholder dissemination meetings, hence having data for HIV policy, prevention and clinical program decision-making, and to increase the capacity of militaries to collect and use data. Protocol development, data collection, data use, and dissemination trainings and ongoing technical assistance to enhance the capacity for conducting surveillance will be supported.

East Asia and the Pacific

Regional Development Mission Area (Total GHCS-State: \$240,000)

USAID (\$120,000): In partnership with local government service providers, USAID will provide technical and funding support to local community-based MSM and groups of female sex workers in Laos for HIV prevention.

HHS/CDC (\$120,000): CDC will provide technical support to the Laos MOH to strengthen HIV surveillance and data use, the quality of HIV-related laboratory testing, and the quality of HIV care and treatment clinical services.

Together, USAID and CDC are working to build the capacity of the Laos MOH and community groups to engage with Global Fund partners in HIV prevention programs for most-at-risk populations (MARPs). The use of this GHCS-State funding in Laos is providing the basis for valuable lessons of use throughout the region, as the behavioral target populations are the same.

GHCS-State funds are playing a critical role in the USG's ability to leverage partner government and Global Fund responses in Laos and the region.

Europe and Eurasia

Georgia (Total GHCS-State: \$850,000)

USAID (\$850,000): USAID plans to focus its HIV prevention efforts in the following areas: interventions with high-risk groups, especially injection drug users (IDUs); TA and capacity building of local government and NGOs; improving HIV surveillance and influencing policy decisions through adequate use of epidemiological data; and reducing stigma in the general population and promoting healthy lifestyles and increasing HIV/AIDS awareness at the community level. A community-level intervention for IDUs will include components that focus on the individual as well as targeting surrounding people and communities that can influence IDU norms. In this approach peer-based education will be based on skills-building and positive role modeling. Although activities will be focused in the three regions with the highest population density and HIV prevalence, USAID will continue to be engaged in national policy dialogue. This includes introducing necessary changes to the Narcotic Drug Prevention and AIDS laws and supporting development of the National HIV Prevention Strategy.

Asia and Middle East

Asia and Middle East Regional (A/ME) (Total GHCS-State: \$650,000)

USAID (\$650,000): The A/ME Bureaus will continue their support of ongoing HIV/AIDS activities in the Middle East North Africa region through buy-in to two core-funded health projects: C-Change and Health Policy Initiative (HPI). The C-Change project provides technical support to HIV organizations on MSM focused interventions, training and advocacy in Morocco, Algeria, Tunisia and Lebanon. The alliance will build on lessons learned from interventions and activities funded by the A/ME Bureaus over the last four years to prepare and conduct several national and regional level advocacy workshops. Funding will also be used to support partner organizations in each country, specifically to help strengthen the functional capacity of the organizations and their abilities to participate in national and regional HIV platforms. The HPI provides technical support to HIV organizations of PLWHA, focused interventions, training and advocacy throughout the region. Funding will be used to focus supporting partner organizations from seven countries in developing and implementing sustainability plans. Lessons learned from the project workshops, training and small grants activities will be documented and disseminated.

South and Central Asia

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

USAID (\$250,000): USAID will conduct a series of studies to understand the dynamics of HIV risk among MSM in Afghanistan. Despite the consensus among most of the people who met with the team that MSM were a possible key risk group, there are almost no plans to conduct surveillance activities among this group. USAID will invest funds into formative research which would gather data on male-to-male sexual behavior and help formulate appropriate interventions. USAID will also support policy and advocacy efforts through direct assistance to the Secretariat of the Government of the Islamic Republic of Afghanistan's HIV/AIDS Coordinating Committee for Afghanistan (HACCA). The HACCA is a multi-sectoral structure established by the Ministry of Public Health at the national level intended to strengthen and advocate for the policy, strategy and coordination of the national HIV response.

HHS/CDC (\$250,000): CDC will provide TA to existing blood banking activities, to establish national HIV testing algorithm and to establish an HIV case reporting system. CDC will conduct a technical assessment of Afghanistan's current blood banking system, including private, public and military. The assessment will provide information on what is in place for blood banking services and identify gaps in order to support the process of setting national standards and guidelines for the blood banking system. CDC laboratory experts will meet with National AIDS Control Program leadership and provide in-country consultation regarding HIV testing to identify the most appropriate HIV tests and testing algorithm for a low-resource setting such as Afghanistan. Finally, CDC will develop a case reporting system that provides standardized information on cases diagnosed with HIV, to help with program planning and resource allocation.

Central Asia Regional Program (Total GHCS-State: \$12,000,000)

Due to concerns about rising rates of HIV in Central Asia, PEPFAR is supporting a significant increase in funding for the region, strategically focused on prevention among MARPs, which could potentially have a significant impact on the course of the epidemic. The epidemic remains primarily concentrated in MARPs, particularly IDUs, while overall HIV prevalence remains relatively low. The USG PEPFAR program will focus on developing comprehensive prevention programs for IDUs, including medication-assisted therapy (MAT) and needle/syringe exchange programs (NSP), along with outreach, BCC, drug demand reduction, and promotion of an enabling environment for IDU interventions. The PEPFAR program will also focus on prevention activities among other MARPs, including CSW, MSM, and prisoners. Several baseline assessments will be conducted using FY 2009 funding which will help to guide further program planning. FY 2009 funding will support activities described below.

USAID (\$6,540,000): The regional program based in Kazakhstan, will support HIV activities in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. USAID's Health Outreach Project will support outreach and prevention among IDUs and other MARPs, promote care and support programs for PLWHA, support data collection and assessments to better understand the epidemic, and provide support for NGOs involved in prevention. Other USAID programs will

promote improved medical practices and safe injections, integrate HIV/AIDS curricula into pre-service and in-service medical education, promote policy changes to increase access to MAT and VCT, and build the capacity of local medical associations, NGOs, and other institutions. USAID will also provide TA as needed in order to leverage the significant support provided through the Global Fund.

HHS/CDC (\$5,320,479): The CDC Central Asia Regional office will also utilize regional funds to support activities in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. CDC will work closely with MOHs to provide TA to prevent medical transmission of HIV/AIDS by improving coordination of national blood safety programs to ensure a safe and adequate blood supply; to support laboratory strengthening and establish quality control systems; to improve screening/diagnosis of HIV/AIDS; to implement disease surveillance and improve the availability and quality of SI; to support HIV care and treatment activities; and to support prevention activities among IDU. This activity will include assisting MOHs in development of national strategy for voluntary donor recruitment, drafting regulatory documents on establishing transfusion committees, identifying safe injection practices, and working to prevent other facility-based blood-borne infections. Finally, CDC will support the UN Office on Drugs and Crime (UNODC) to support prevention activities among IDUs and prisoners.

Peace Corps (\$139,521): Peace Corps plans to expand its HIV/AIDS prevention activities in Kyrgyz Republic and Kazakhstan based on the drivers of the epidemic in Central Asia. Populations targeted by Peace Corps Volunteers and their counterparts will include at-risk youth and migrants and others at risk for engaging in injecting drug use, commercial sex, or other high-risk activities, and the population located along drug trade routes.

Kazakhstan (Total GHCS-State: \$600,000)

USAID (\$580,000): USAID will assist the Government of Kazakhstan to implement Global Fund grants for HIV/AIDS and improve prevention practices. This funding will also be used to improve medical practices to prevent facility-based blood-borne infections through updating legal framework based on state-of-the-art infection prevention control (IPC) standards, building capacity of sanitary epidemiological services to follow World Health Organization (WHO) guidelines. Activities to introduce, demonstrate and scale up quality improvement systems will support providers to follow evidence-based medicine guidelines. USAID will assist with scaling up successful pilots to decrease HIV/TB co-infection. USAID will integrate medical HIV/AIDS curricula into pre-service and in-service medical education that will include such aspects as HIV/TB prevention and management and voluntary counseling and testing. USAID will support policy changes to introduce VCT and MAT, as well as community outreach activities to MARPs (including IDUs and CSWs) to increase demand for these services. In collaboration with the Global Fund, USAID will support scale-up of drug demand reduction models and HIV prevention services among MARPs. Finally, USAID will build the capacity of NGOs to use HIV sentinel surveillance data for program design. USAID will enhance interagency collaboration and information exchange.

Peace Corps (\$20,000): These funds will be used to organize a cascading HIV/AIDS peer educator training program for Peace Corps volunteers and their counterparts throughout the

country. A core group of peer educators trainers will be trained in BCC related to comprehensive sexual prevention, drug and alcohol use prevention, peer support and mentoring techniques. These trainers will train peer educators in their regions. Trained peer educators will conduct outreach activities with community members, particularly targeting at-risk and marginalized youth and others engaged in high-risk behavior. The program will employ non-formal education and field-tested peer education techniques.

Kyrgyzstan (Total GHCS-State: \$475,000)

USAID (\$455,000): USAID plans to assist provide assistance to local organizations responsible for infection control training and supervision. USAID will support policy changes to address stigma and marginalization of PLWHA and provide assistance in scaling-up and improving model programs for MAT for drug addiction and VCT, while concurrently conducting outreach activities to MARPs to increase demand for these services. USAID will also support the Government of Kyrgyzstan to build upon the successful model created by previous USAID projects by scaling-up quality treatment of HIV/TB co-infection, and will provide counseling to target groups about dual HIV/TB infection and importance of its diagnosis and prevention. USAID will provide TA in support of Global Fund grants, including supporting the Government of Kyrgyzstan, encouraging NGOs to participate on the Global Fund CCM, and strengthening the capacity of NGOs to implement evidence-based prevention activities as recipients of Global Fund grants by building their capacity for human resource and financial management, commodities procurement and logistics, information systems, and performance monitoring of HIV programs.

Peace Corps (\$20,000): Peace Corps will continue its work in HIV/AIDS prevention with a focus on at-risk youth. Over the last two years, Peace Corps has been able to utilize PEPFAR funding to build a cadre of volunteer and local counterpart trainers who then went on to conduct HIV/AIDS prevention and life skills activities during summer and winter camps and other training events in local communities. Peace Corps proposes to train additional volunteer and local counterparts to conduct HIV/AIDS prevention and life skills activities in their communities. Peace Corps will set aside a part of these funds for small grants that communities will be able to apply for to carry out these activities.

Tajikistan (Total GHCS-State: \$524,000)

USAID (\$524,000): USAID will work to improve medical practices to prevent facility-based blood-borne infections through updating legal framework based on state-of-the-art IPC standards, building capacity of sanitary epidemiological services to follow WHO guidelines for inspection and supportive supervision of IPC protocols and developing a cadre of national IPC trainers. Activities to introduce, demonstrate and scale up quality improvement systems will support providers to follow evidence-based medicine guidelines. USAID will assist the Government of Tajikistan with scaling up successful pilots to decrease HIV/TB co-infection, and will integrate medical HIV/AIDS curricula into pre-service and in-service medical education. USAID will introduce best practices for VCT and support implementation of MAT for drug addiction, as well as conducting outreach activities to improve awareness among MARPS these services. Finally, USAID will provide TA in support of Global Fund grants, including supporting the Government of Kyrgyzstan, encouraging NGOs to participate on the Global Fund CCM, and strengthening the capacity of NGOs to implement evidence-based prevention activities as recipients of Global Fund grants.

Turkmenistan (Total GHCS-State: \$75,000)

USAID (\$75,000): USAID will utilize these funds in combination with other USAID funding to assist the Government of Turkmenistan to improve prevention practices. USAID will work to strengthen the Sanitary and Epidemiological Services to act as the coordinator of national IPC activities; provide technical assistance to work towards the long-term goals to support and improve safe medical practices; and establish quality improvement systems to support providers to follow evidence-based medicine guidelines. USAID will also support outreach to MARPs, such as IDUs and CSWs, to encourage involvement with drug demand reduction programs and HIV prevention activities that were implemented by other USAID-funded programs. USAID will strengthen the governance role of the Global Fund CCM and will provide policy support to integrate medical HIV/AIDS curricula into pre-service and in-service medical education.

Uzbekistan (Total GHCS-State: \$590,000)

USAID (\$590,000): These funds will support HIV activities in the areas of both supporting and building the capacity of government institutions and civil society organizations and conducting outreach programs. The majority of the funds will be used to support government institutions and civil society organizations. As part of the planned outreach activities, USAID will introduce quality improvement approaches to model facilities implementing VCT services and MAT to treat drug addiction. USAID will also create a model referral system to ensure that STI patients are screened for HIV, using data from this model to provide policy support for scale-up, and will support outreach activities to MARPs to increase their access to quality HIV prevention services. Outreach will also be oriented towards increasing demand among MARPs for quality VCT, MAT, and STI treatment services. The aim of this is to increase access to counseling for MARPs by expanding the range of settings where high-quality counseling is available, such as STI clinics, narcology dispensaries, TB facilities, prisons, pharmacists, etc, and will involve AIDS servicing NGOs and organizations of PLWHA in the provision of counseling.

Western Hemisphere

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

Peace Corps (\$20,000): Given that young people in Belize are disproportionately affected by HIV infection and that Peace Corps focuses on youth development, these FY2009 PEPFAR-funded activities will contribute to the prevention of HIV infection among at-risk youth through the integration of a country specific HIV/AIDS and Life Skills manual. Volunteers and counterparts will facilitate the training of teachers and youth peer educators at a regional level in the effective use of the HIV/AIDS components of the Health and Family Life (HFLE) curriculum in schools. The training will be aimed at changing risky behaviors among youth, such as engaging in casual sexual encounters, engaging in sex in exchange for money or favors, sex with a partner whose status is unknown, using drugs or abusing alcohol in the context of sexual interactions, and using intravenous drugs. The establishment of HFLE resource centers in volunteers' schools and communities will also be encouraged.

Brazil (Total GHCS-State: \$1,300,000)

USAID (\$800,000): The FY2009 GHCS-State funds will be used in Brazil to strengthen actions to promote health and positive prevention strategies for PLWHA and promote social inclusion of PLWHA through investing in professional qualification, income generation and stronger links between the private sector, civil society and the public sector. Through these funds, USAID will work to contribute toward the sustainability and institutional strengthening of community-based organizations with activities directed toward PLWHA and also toward expansion of access and disclosure of government M&E information systems in HIV/AIDS. USAID will also support the Brazilian national STI and AIDS program's new plan to "combat HIV/AIDS among gay men, MSM and transvestites." Additionally, USAID plans to hire a local employed HIV/AIDS advisor to liaise with the Ministry of Health and Office of HIV/AIDS Coordinator on policy and HIV/AIDS programming functions. In addition, the HIV/AIDS advisor will provide project management duties on existing and planned assistance awards in the USAID portfolio.

HHS/CDC (\$500,000): CDC will focus on strengthening M&E through activities such as conducting an M&E training course for twenty students and implementing a monitoring system for PMTCT information. In 2006, CDC assisted the National AIDS Programme (NAP) in developing a method to estimate HIV prevalence using secondary data from antenatal patient cards. FY2009 GHCS-State funds are being used to train M&E teams from 25 of the 27 states and 5 municipalities to utilize this method to determine local estimates of HIV prevalence in pregnant women. Currently 13 states and 4 municipalities are in process of implementing this monitoring method. Although the project to develop and implement a survey designed for high school students and teachers to gauge their knowledge, behavior and attitudes related to HIV and AIDS has been transferred to NAP because the expected timeline to obtain Institutional Review Board clearance in the United States would have exceeded the project period, CDC continues to provide technical assistance to the MOHs on this and other projects. Funds will be used to implement effective behavioral intervention strategies for HIV prevention in Brazil. Specifically, HIV prevention materials for four pilot projects involving men who have sex with men will be translated, adapted and implemented by civil society organizations. CDC will continue collaboration with the Brazil National AIDS Program in developing guidelines, training and monitoring throughout implementation.

Central America Regional Program (Total GHCS-State: \$8,671,000)

With FY 2009 Partnership Framework funds, the Central America Region will work with implementing partners to address the region's epidemic, focusing on four key areas: prevention, HSS, SI, and policy-related activities.

USAID (\$3,933,000): The PEPFAR prevention program will implement activities to reduce stigma, discrimination, and homophobia through national, local, and institutional policies that key decision-makers, health care providers, and other target groups will implement as part of a multi-sectoral response to the HIV/AIDS epidemic. PEPFAR will also work to influence policies and budgets at the national and municipal level, create more favorable attitudes towards healthy behaviors, and positively influence social and subjective norms. A minimum package of

essential prevention and health services, including VCT, STI diagnosis and treatment, and condoms distribution in hot zones, will be made available to MARPs.

USAID will also support activities to address HIV/TB co-infection and provide TA to National AIDS Programs and National TB Programs and to Global Fund HIV and TB projects. These funds will also enhance the ability of the PEPFAR Regional Team to compile existing information and carry out necessary baseline assessments and studies to support the development of the five-year Partnership Framework Implementation Plan. Finally, these funds also will be used to support medium and short term TA to facilitate responses to reporting requirements and the systematic development of administrative processes to collect M&E and other data.

HHS/CDC (\$3,860,000): PEPFAR partners will also be working together with national HIV programs to develop treatment, counseling, laboratory, and other guidelines. PEPFAR will increase the capacity of MOHs to support, design, and implement M&E programs in order to produce SI regarding the national and regional response to the HIV/AIDS epidemic and to collect, manage, analyze, and report data collected through surveillance, monitoring and evaluation systems. PEPFAR will also strengthen TB/HIV surveillance processes in the region through strengthening laboratory, HCT, information systems, and analysis and use of surveillance data to implement or strengthen TB/HIV prevention strategies.

FY 2009 funding will also be used to expand current surveillance activities and implement recommended HIV interventions identified via most recent and viable surveillance data. Funding will be used to support STI sentinel surveillance sites for female and male sex workers in Honduras and Guatemala and expand to more sites. CDC plans to conduct Behavioral Survey Studies with high risk vulnerable populations (MSM, CSWs, and PLWHA) in at least two more countries. CDC plans to work to address the need for a national monitoring system for ARV therapy and care to follow-up outcome and impact indicators as coverage, mortality, quality of care, adherence, ARV resistance, and survival analysis.

DoD (\$878,000): DoD plans to support the development of a Central America PF and PF Implementation Plan (PFIP). DoD will support TA to build capacity in Central American militaries to administer and manage HIV prevention and HCT program activities and to develop policies that address retention and promotion of identified HIV-positive individuals. DoD will also work to strengthen the capacity of partner countries to strategically generate, collect, interpret, disseminate, and use quality SI. HIV and other STI bio-behavioral surveys will be carried out in the Defense Forces of El Salvador, Guatemala, and Nicaragua.

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

Peace Corps (\$20,000): With FY 2009 PEPFAR GHCS-State funds, Peace Corps will train peer educators and service providers such as health promoters, nurses, teachers, and community leaders in culturally appropriate, low literacy methodologies for HIV/AIDS prevention. These individuals will in turn provide training to at-risk members of rural communities about methods of HIV/AIDS transmission. These activities will be carried out in partnership with the Salvadoran MOH's National HIV/AIDS & STI program, various programs of local NGOs, and the National Hospital Rosales' Infectology Program's Educational Outreach Department.

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

USAID (\$540,000): Funds will be used to provide TA to the Honduran MOH to: 1) improve the quality of care and treatment services for people living with HIV/AIDS, including counseling and clinical services; and 2) strengthen supply chain management for antiretroviral medications and other HIV-related commodities. This technical assistance will complement and strengthen existing Global Fund efforts to expand the MOH's HIV/AIDS care and treatment program.

HHS/CDC (\$175,000): Funds will be used to strengthen TB/HIV co-infection projects in collaboration with the Honduran MOH. This will primarily involve conducting an assessment of current TB/HIV co-infection efforts to identify gaps and provide TA to strengthen the program based on these findings. Funds will also be used to carry out focused qualitative analyses of recent behavioral surveillance survey findings in order to strengthen interventions for priority MARPS.

DoD (\$255,000): Funds will be used to provide HIV/AIDS prevention services to the Honduran military. This activity is part of a coordinated effort between DoD, UNFPA and UNAIDS to provide direct behavior change and prevention education to Honduran soldiers, their superiors, and their family members. In addition, the provision of HIV counseling and testing services within the military will be strengthened.

Peace Corps (\$30,000): Funds will be used to train volunteers and their Honduran counterparts in methodologies and activities related to HIV/AIDS prevention, gender, and support groups for people living with HIV/AIDS. A portion of these funds will be made available to Peace Corps volunteers as small grants to implement related activities within the communities where they work.

Latin American and Caribbean Regional (Total GHCS-State: \$1,088,000)

USAID (\$1,088,000): USAID will identify, document and disseminate innovative programmatic HIV/AIDS practices on prevention, treatment, care and support in the Latin American and Caribbean (LAC) region to assist policymakers and program implementers. This will include developing and disseminating technical briefs, case studies and other publications, including development of a web-based annotated bibliography on innovative and promising HIV/AIDS practices. USAID plans to work to address another major issue facing LAC MOHs by attempting to strengthen their overall health systems to respond appropriately to HIV/AIDS in dealing with human resources effectively. The LAC Regional Program will continue to work in partnership with WHO, the Global Health Workshop Alliance and PEPFAR USG partners to expand the reach of the Human Resources for Health Action Framework to develop and implement strategies for an effective and sustainable health workforce. The LAC region will also work with selected countries newly eligible to receive Global Fund grants to assess their capacities for implementing Global Fund financed programs, leading to recommendations on the key steps they need to take to create and/or strengthen existing governance structures for the national HIV/AIDS response so they can prepare for success in submitting proposals to the Global Fund. Finally, in order to address recent shifts in USG funding in the region, a portion of

the regional funds will be used to strengthen relations with the Bolivian National HIV/AIDS Program and the MOH, thus helping influence the Bolivian national HIV/AIDS policy and programs to combat HIV/AIDS. Funding will also be used to strengthen and expand targeted VCT services and strengthen laboratories.

Nicaragua (Total GHCS-State: \$897,000)

USAID (\$577,000): The use of these funds will focus on preventing transmission of HIV/AIDS from high risk groups in Nicaragua. USAID will implement a new project, focused on HIV/AIDS prevention, including funding outreach and behavioral change activities targeting MARPs through a NGO network, improving the quality of and access to health services and NGOs coordination with the MOH, mainly for VCT. As the Global Fund has recently approved a proposal for Nicaragua, USAID will also provide TA to the Global Fund CCM to improve implementation of the Global Fund programs and their complement to USG programs.

HHS/CDC (\$300,000): These funds will be used to produce a behavioural surveillance survey in Nicaragua. CDC plans to provide technical and financial assistance to standardize approaches, protocols and guidelines supporting first and second generation HIV/AIDS surveillance, including Behavioral Surveillance Surveys with biological markers (BSS+) in Nicaragua. CDC also plans to provide technical assistance to the Nicaragua MOH and local partners to develop the planning stages for a BSS+ that focuses on high-risk populations, such as CSWs, MSM and PLWHA.

Peace Corps (\$20,000): Peace Corps has continued increasing the development of work plans and volunteer assignments to areas where there is an increasing need for the promotion of healthy sexual practices in vulnerable populations of youth. The activities will be focused on prevention activities, including: developing of regional workshops to train youth promoters and male health promoters, implementing volunteer activities support and training program, developing training materials to enhance pre-service training and to celebrate World AIDS Day, and strengthening the role of Peace Corps cross-sector HIV/AIDS Task Force.

Peru (Total GHCS-State: \$20,000)

Peace Corps (\$20,000): Building on the success of the FY2008 activities, Peace Corps plans to target three additional regional departments, based on discussions with the MOH and departmental authorities, for two rounds of trainings that will cover in detail techniques for carrying out HIV/AIDS prevention activities directed toward various target groups and work toward the final product of preparing municipal district action plans. Additional funds will be reserved for the availability of VAST grants to help districts implement their plans. Finally, funding will also be used for community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful.

SECTION V: HEADQUARTERS OPERATIONAL PLAN NARRATIVES

PEPFAR Technical Leadership and Support Expenses: FY 2009

Project Title: Department of Defense (DoD), Technical Leadership and Support

Table - FY 2009 Approved GHCS-State Funding

Approved Funding	Implementing Agency
Program Area	DOD
Prevention	2,832,348
Treatment	-
Care	-
Other	535,973
Total	\$ 3,368,321

Projects planned in FY 2009 to support PEPFAR in response to field program needs include:

In order to support comprehensive prevention efforts, headquarters (HQ) will provide funding to initiate male circumcision programs in countries where other funding is not available and will provide technical assistance.

Headquarters Strategic Information efforts include supporting the attendance of partner-country military staff at monitoring and evaluation trainings. A regional military surveillance meeting will be held in 2010. Funding will support training on surveillance-related data entry, data quality assurance and quality control, basic data analysis and report writing for militaries conducting seroprevalence surveys. Funding will also support HMIS TWG member costs.

Public Health Evaluations (PHEs)

These funds will be used to support PHE studies that guide PEPFAR in program and policy development, inform the global community, and identify areas where further evaluation and research may be needed. As PEPFAR implements scientific advances on a large scale through its programs, PHE assesses the effectiveness and impact of PEPFAR programs; compares evidence-based program models in complex health, social, and economic contexts; and addresses operational questions related to program implementation within existing and developing health systems infrastructures. Emphasis is placed on addressing country-driven priorities and strategic priority questions that can inform and improve PEPFAR programming broadly and that PEPFAR is uniquely poised to address, and that take advantage of central coordination and support where appropriate.

PHE studies are implemented through USG agency field mechanisms. In order to ensure the high quality of the scientific studies funded through the PHE program, a unified headquarters management process was created in FY 2009 for centralized tracking and for concept and protocol reviews.

Seroprevalence and Behavioral Epidemiology Risk Surveys (SABERS)

Funding will be used to increase the number of militaries conducting Seroprevalence and Behavioral Epidemiology Risk Surveys (SABERS), which provides data for HIV policy, prevention and clinical program decision-making, and to increase the capacity of militaries to collect and use data. Through stakeholders' data dissemination meetings, SABERS data are being used to benchmark prevention programs, collect male circumcision and alcohol use data, focus prevention programs on those most at risk in military populations, plan activities addressing gender issues, revise HIV policies, enhance education programs for those infected with HIV, and plan clinical services. Protocol development, data collection, data use, and dissemination trainings and ongoing technical assistance to enhance the capacity for conducting surveillance will be supported.

Scale-Up of Male Circumcision in Military Settings

Funding at HQ will support DoD in the scale-up of voluntary medical male circumcision (VMMC) with selected militaries. Funding will support training expenses, commodities, and mobile/temporary facilities needed to accommodate teams providing VMMC. The VMMC services will add to existing HIV prevention programs, resulting in a combination prevention model for military settings. All activities will include monitoring and evaluation.

Project Title: Department of Health and Human Services (HHS): Centers for Disease Control and Prevention (CDC), Technical Leadership and Support Projects

Table – FY 2009 Approved GHCS-State Funding

Approved Funding	Implementing Agency
Program Area	HHS/CDC
Prevention	11,172,000
Treatment	8,409,611
Care	1,500,000
Other	40,822,894
Total	\$ 61,904,505

HHS/CDC supports PEPFAR's prevention goals by working with partners on scaling up prevention of mother-to-child transmission (PMTCT) programs, implementing evidence-based prevention programs, including new biomedical interventions and those that prevent medical transmission of HIV, expansion of counseling and testing and prevention with positives programs. Projects planned in FY 2009 will work toward supporting Early Infant Diagnosis activities, updating PMTCT/Pediatric guidelines, policies, and programming tools; evaluating interventions and providing technical assistance on programs for people living with HIV/AIDS and other high-risk populations; developing training materials for prevention of medical transmission of HIV/AIDS; and strengthening quality assurance of male circumcision service delivery and counseling and testing.

Funds will also support the CDC/GAP headquarters Blood Safety team as it expands the scope of its technical assistance activities beyond the 14 original PEPFAR focus countries. Funds will cover staff travel for technical assistance TDYs and supplement, as needed, activities described in the Headquarters Operational Plan. These activities include the approved technical assistance contract mechanism, which will replace the Track 1 blood safety TA cooperative agreements; linkages with the Strategic Information branch and World Health Organization (WHO) for evaluations related to the use of blood in PEPFAR-supported countries, as well as blood safety's broader impact strength of healthcare systems; and the development of electronic data monitoring tools with Georgia Tech and WHO.

In terms of support PEPFAR's treatment goals, HHS/CDC works with partners on strengthening laboratory systems, scaling up TB infection control activities in HIV care and treatment sites, developing/revising of guidelines and tools, strengthening of TB/HIV surveillance and M&E, supporting Ministries of Health to scale-up TB/HIV activities, and, building human resource capacity. Projects planned in FY 2009 will work toward overall laboratory support, including equipment and facility maintenance, and sharing of supplies and technical expertise in support of the activities related to TB/HIV, developing a training program based on TB infection control guidelines, and supporting local capacity to scale-up TB/HIV activities.

HHS/CDC works with partners on the development and strengthening of laboratory capacity, systems and networks is essential to a strong response to HIV/AIDS in support of PEPFAR's care goals. Without laboratory support, it is difficult to diagnose HIV infection and provide

high-quality care and treatment for people living with HIV/AIDS (PLWHA). With the rapid expansion of HIV treatment in resource-poor countries, and the accompanying need for HIV diagnosis and associated care, there is a need for the purchase of equipment and commodities and provision of quality assurance and control, staff training and other technical assistance. HHS/CDC, through PEPFAR, works with partners to support a diverse range of strategies for building laboratory capacity. Projects planned in FY 2009 to support laboratory capacity building strategies in response to the field program needs including strengthening laboratories serving global public health; evaluating test kits currently being used in support of country HIV algorithms; purchasing test kits, equipment, maintenance agreements, and other key supplies for the laboratory; and supporting quality assurance and control activities that are complementary to laboratory activities.

In addition, HHS/CDC works with partners on strengthening program monitoring, impact evaluation research and improvement in health systems, infrastructure and workforce thereby increasing partner countries capacity to measure health status at the individual and population level and to improve the process, outcomes and impact of their HIV programs. Projects planned in FY 2009 support include: sharing best practices of strategic information methods and systems across countries; providing technical assistance; conducting program evaluation; strengthening public health capacity of partner country governments to implement health information systems; and measuring results to analyze data to demonstrate health impact over time; providing communication and technical support services and web site development and maintenance services to effectively implement PEPFAR activities and the PEPFAR extranet are critical to the implementation of HIV/AIDS activities across the globe; supporting protocol development, implementation, and data management of impact evaluation research; and building of in-country management capacity building programs that develop a skilled cadre of public health leaders and managers who can deliver evidence-based public health interventions.

Additional projects planned in FY 2009 to support PEPFAR in response to field program needs include:

Renovation of PEPFAR Offices in Democratic Republic of the Congo

In support of the PEPFAR interagency team and the need for the USAID to have additional office space, the HHS/CDC office in the DRC will relocate from the first floor, where HHS/CDC and USAID have been co-located for five years, to the ground floor of the Mobil building. Currently, USAID has already expanded to fill the first floor of the building and HHS/CDC is temporarily being housed offsite awaiting permanent relocation to the ground floor. A full building assessment of all buildings in the city was conducted and no other suitable, secure building could be identified for HHS/CDC's use. However, by relocating the HHS/CDC office to the ground floor, the classification of the Mobil building has changed to a USG Sole Occupancy Building. Based on a security assessment conducted by USAID and Office of Overseas Building Operations between May-June 2009, it was determined that numerous changes to the physical structure would be required to be in compliance with Overseas Security Policy Board guidance and 12 FAH-6 H-113.6, Physical Security (Sole Occupant of Building or Compound). This funding will support the renovations made necessary by the expansion of the USAID offices and the relocation of the HHS/CDC offices.

Health Informatics System (HIS)

National health information systems are too often disease specific, fragmented, inefficient, contain inaccurate or missing data, and typically burdensome to health workers to maintain with less than optimal utility to enable timely decision making at all levels of the health system. PEPFAR will foster country ownership of HIS by contributing to the adoption of a systematic approach (enterprise architecture methodology) to guide planning, development, and management of the complex components of existing and enhanced national HIS. These catalytic resources will be used to support key local organizations and technical assistance providers to utilize this holistic, health-sector wide approach to advance the Global Health Initiative (GHI) and derive an end-to-end national HIS framework, leverage existing private sector investments in IT infrastructure, implement an integrated solution to address a priority component of the HIS (initially planned to address patient-level data tracking and use between community-level and facility-based systems), and support public health informatics training capacity within local institutions. PEPFAR will aid local coordination and organizational capacity to initiate rollout of fully integrated HIS solutions using consistent standards for data collection, management, reporting, and use in one or two countries as a learning framework on country ownership of HIS. The intent is to catalyze and leverage existing locally coordinated resources more effectively and prioritize potentially new investments in strengthening the national health information system. Expected impacts are better information for decision making to address continuity of care of individuals between HIV and primary care services with increased efficiency and quality of data collection and use.

In keeping with the PEPFAR Five-Year Strategy, the HI-PPP will work with the Ministries of Health in Cambodia, Rwanda, and Mozambique to implement country-identified priorities designed to drive adoption of a systematic approach. Funding will support the expansion in terms of the number of partners who are collaborating with the PPP as well as the number of countries engaged.

Transition of Track 1 Activities

Transitioning HIV care and treatment services from central mechanisms to leadership and management of these services in partner countries through local indigenous partners is critical to the sustainability of PEPFAR programs. This incremental transition is a complex process that requires developing the technical capacity of local partners, as well as developing the institutional capacity of these partners to manage the programmatic and financial aspects of USG-funded programs. Specifically, these technical leadership and support activities would include training local partners to build program management skills and implement sustainable systems in financial management, human resource management, grants management skills, commodities, equipment logistics and facilities management, grants-related property management, and M&E quality management.

Public Health Evaluations

These funds will be used to support PHE studies that guide PEPFAR in program and policy development, inform the global community, and identify areas where further evaluation and research may be needed. As PEPFAR implements scientific advances on a large scale through its programs, PHE assesses the effectiveness and impact of PEPFAR programs; compares evidence-based program models in complex health, social, and economic contexts; and addresses operational questions related to program implementation within existing and developing health systems infrastructures. Emphasis is placed on addressing country-driven priorities and strategic priority questions that can inform and improve PEPFAR programming broadly and that PEPFAR is uniquely poised to address, and that take advantage of central coordination and support where appropriate.

PHE studies are implemented through USG agency field mechanisms. In order to ensure the high quality of the scientific studies funded through the PHE program, a unified headquarters management process was created in FY 2009 for centralized tracking and for concept and protocol reviews.

Strengthening Laboratory Health Systems Institutions in Africa

Through PEPFAR, considerable progress has been made in strengthening laboratory systems in Africa. This funding will support the establishment of the Africa Society for Laboratory Medicine to serve as a professional body to guide and sustain laboratory network development and strengthening efforts in Africa; facilitate “South – South” and “North – South” collaboration, partnerships and resource mobilization; develop, standardize, and guide the process of certification of laboratory medicine training; partner with WHO and others to develop and implement laboratory standards, policies and guidelines in Africa; provide sustained advocacy for the laboratory profession at the highest levels within the countries and internationally; coordinate the development and certification of laboratory medicine continuing education; and establish a peer-reviewed journal of laboratory medicine in Africa.

Project Title: Department of Health and Human Services (HHS): Health Resources and Services Administration (HRSA), Technical Leadership and Support Projects

Table - FY 2009 Approved GHCS-State Funding

Approved Funding	Implementing Agency
Program Area	HHS/HRSA
Prevention	-
Treatment	2,600,000
Care	-
Other	19,425,000
Total	\$ 22,025,000

Projects planned in FY 2009 to support PEPFAR in response to field program needs include:

The American International Health Alliance Twinning Center increases and strengthens the role of institutional relationships and long-term volunteers in supporting capacity development needs for in-country partners. It expands the pool of trained providers, managers and allied health staff who can deliver quality HIV/AIDS care to patients and their families. It further promotes long-term sustainability through on-going 'north-to-south' and 'south-to-south' partnerships.

I-TECH, in partnership with University of Washington, provides technical assistance and builds the capacity of the Caribbean HIV/AIDS Regional Training Network (CHART) to strengthen the capacity of national healthcare personnel and systems to provide access to quality HIV/AIDS prevention, care, treatment and support services for all Caribbean people through the development of a sustainable training network.

Columbia University will strengthen the overall capacity of the health care delivery system by cultivating a network of nurses to increase the quality of care; mentoring; integrating HIV/AIDS education into nursing curricula; and developing a regional, African association of nurses in HIV/AIDS care.

As part of the Site Assessment Tool, adapted from HRSA's Primary Care Assessment Tool, I-TECH is developing, in collaboration with the University of Washington, an evaluation protocol for training associated with PEPFAR. The Site Assessment Tool will be used at the individual health center level to perform a comprehensive assessment that will include an evaluation of the results of any training that has occurred and will also identify areas where training is needed.

Transition of Track 1 Activities

Transitioning HIV care and treatment services from central mechanisms to leadership and management of these services in partner countries through local indigenous partners is critical to the sustainability of PEPFAR programs. This incremental transition is a complex process that requires developing the technical capacity of local partners, as well as developing the institutional capacity of these partners to manage the programmatic and financial aspects of USG-funded programs. Specifically, these technical leadership and support activities would

include training local partners to build program management skills and implement sustainable systems in financial management, human resource management, grants management skills, commodities, equipment logistics and facilities management, grants-related property management, and M&E quality management.

Medical and Nursing School Partnership Initiative

In response to the 2008 reauthorization of PEPFAR and as a part of the PEPFAR HRH strategy to achieve new health workforce goals, the Global AIDS Coordinator has placed added emphasis on strengthening the quality and capacity of medical and nursing education. This Medical and Nursing Education Partnership Initiative will expand clinical capacity in a number of African medical and nursing schools, in order to increase the pipeline of physicians and nurses in PEPFAR countries in Africa. The initiative is one component of PEPFAR's long-term strategy to address the quality of clinical education and improve retention of critically needed health care professionals as well as to work toward achieving the new health care worker goal.

The goals of this initiative are to support innovative strategies and promising practices, utilizing existing partnerships between African and United States medical and nursing educational institutions and universities, as well as to inform curricula support, faculty preparation and strategies for faculty retention, and educational models that prepare new doctors and nurses to practice in the diversity of medical and community settings where health needs are greatest. Strengthening training institutions is a key element in building a long-term, sustainable supply of human resources for health. In addition to strengthening existing partnerships, PEPFAR will also conduct countrywide assessments of nurse training capacity in additional countries to inform capacity-building interventions. The initiative will build on work that has been done and information that is available through PEPFAR partners.

Funding will support the initiative's scale-up in response to an exceptional preliminary solicitation for grant awards. The additional funding will support technically sound grant submissions for both MEPI and NEPI above and beyond the limited funding initially available. Selected MEPI grants will fund activities ranging from the advancement of new medical education curriculum development to the integration of public health practices. MEPI will support these innovative models of medical education to strengthen and build clinical and research capacity.

Funding will also facilitate the expansion of NEPI beyond the assigned counties, as the need for human resources and nursing education far exceeds currently-available resources. NEPI funding will contribute to the following activities: assessment of additional nursing schools within the first selected countries (Malawi, Zambia, and Lesotho) and/or in other countries; support to selected nursing schools to carry out interventions that strengthen their nursing programs; and coordination and technical support in all aspects of the implementation and expansion of NEPI.

Project Title: Department of Health and Human Services (HHS): Office of Global HIV/AIDS (OGHA), Technical Leadership and Support Projects

Table - FY 2009 Approved GHCS-State Funding

Approved Funding	Implementing Agency
Program Area	HHS/OGHA
Prevention	-
Treatment	-
Care	-
Other	21,500,000
Total	\$ 21,500,000

Projects planned in FY 2009 to support PEPFAR in response to field program needs include:

Medical and Nursing School Partnership Initiative

In response to the 2008 reauthorization of PEPFAR and as a part of the PEPFAR HRH strategy to achieve new health workforce goals, the Global AIDS Coordinator has placed added emphasis on strengthening the quality and capacity of medical and nursing education. This Medical and Nursing Education Partnership Initiative (M/NEPI) will expand clinical capacity in a number of African medical and nursing schools, in order to increase the pipeline of physicians and nurses in PEPFAR countries in Africa. The initiative is one component of PEPFAR's long-term strategy to address the quality of clinical education and improve retention of critically needed health care professionals as well as to work toward achieving the new health care worker goal.

The goals of this initiative are to support innovative strategies and promising practices, utilizing existing partnerships between African and United States medical and nursing educational institutions and universities, as well as to inform curricula support, faculty preparation and strategies for faculty retention, and educational models that prepare new doctors and nurses to practice in the diversity of medical and community settings where health needs are greatest. Strengthening training institutions is a key element in building a long-term, sustainable supply of human resources for health. In addition to strengthening existing partnerships, PEPFAR will also conduct countrywide assessments of nurse training capacity in additional countries to inform capacity-building interventions. The initiative will build on work that has been done and information that is available through PEPFAR partners.

FY 2009 GHCS-State funding will support the initiative's scale-up in response to an exceptional preliminary solicitation for grant awards. The additional funding will support technically sound grant submissions for both MEPI and NEPI above and beyond the limited funding initially available. Selected MEPI grants will fund activities ranging from the advancement of new medical education curriculum development to the integration of public health practices. MEPI will support these innovative models of medical education to strengthen and build clinical and research capacity.

Funding will also facilitate the expansion of NEPI beyond the assigned counties, as the need for human resources and nursing education far exceeds currently-available resources. NEPI funding will contribute to the following activities: assessment of additional nursing schools within the first selected countries (Malawi, Zambia, and Lesotho) and/or in other countries; support to selected nursing schools to carry out interventions that strengthen their nursing programs; and coordination and technical support in all aspects of the implementation and expansion of NEPI.

Project Title: Department of Health and Human Services (HHS): National Institutes of Health (NIH), Technical Leadership and Support Projects

Table - FY 2009 Approved GHCS-State Funding

Approved Funding	Implementing Agency
Program Area	HHS/NIH
Prevention	-
Treatment	-
Care	-
Other	10,542,085
Total	\$ 10,542,085

Projects planned in FY 2009 to support PEPFAR in response to field program needs include:

Public Health Evaluations

These funds will be used to support PHE studies that guide PEPFAR in program and policy development, inform the global community, and identify areas where further evaluation and research may be needed. As a critical component of PHE, the NIH, in collaboration with OGAC, is soliciting supplemental proposals which will inform PEPFAR on effective and efficient approaches to HIV prevention, care and treatment. This opportunity is limited to investigators with current NIH grant funding for research being conducted at PEPFAR-funded sites. These proposals will help support studies of the effectiveness of HIV-treatment and prevention approaches, including those already proven efficacious, and the effectiveness of “at scale” combination prevention interventions. These studies will also support research of relevance to PEPFAR that will focus on the challenges being encountered by programs in resource-limited countries when they attempt to deploy effective prevention, treatment, and integrated interventions against HIV/AIDS. Studies in the following areas will be encouraged and prioritized: impact evaluation studies to improve program effectiveness and cost-efficiency; MARPs, including MSM or injection and non-injection drug users, and gender-based issues; role of nutrition in prevention, treatment and care of HIV/AIDS; development of family-centered models of care for OVCs; PMTCT; engagement and retention of individuals in HIV care and treatment; integration of primary health care, HIV/AIDS services, and treatment of common co-morbidities; HIV prevention interventions, including addressing gaps in social/behavioral implementation science; scaling up proven prevention, treatment, and combination interventions; and optimization of health systems and strengthening of human resources.

Project Title: Peace Corps, Technical Leadership and Support Projects

Table - FY 2009 Approved GHCS-State Funding

Approved Funding	Implementing Agency
Program Area	Peace Corps
Prevention	-
Treatment	-
Care	-
Other	3,250,000
Total	\$ 3,250,000

Projects planned in FY 2009 to support PEPFAR in response to field program needs include:

HIV Training Packages

In order to prepare Volunteers for high-impact interventions in the areas of HIV prevention and care, Peace Corps plans to strengthen its training of Volunteers with the creation of highly focused training modules and a pre-departure online HIV home-prep program.

The Peace Corps sends over 1,000 Volunteers each year to countries experiencing large-scale HIV epidemics, yet the overwhelming majority of incoming Volunteers have no experience with HIV in their personal lives nor in their academic or professional careers. To better prepare prospective Volunteers to live and work in communities experiencing HIV epidemics, Peace Corps will collaborate with instructional designers to create an eight- hour online interactive Pre-Departure HIV Home-Prep Program. Upon completion of the program, prospective Volunteers will have a coherent conception of HIV, how it affects communities and their potential role in HIV prevention and care in their countries of service.

To enhance the contribution of Peace Corps Volunteers to PEPFAR goals, Peace Corps will develop a set of highly focused training modules targeting a limited number of safe and trainable HIV-related interventions. Peace Corps will collaborate with PEPFAR partners to produce a series of simple, highly responsive training modules in areas such as behavior change promotion, adherence to anti-retroviral regimens, maternal and child health/PMTCT, household hygiene and sanitation, data management and community-based organization capacity-building.

Project Title: Department of State (DOS) – Office of the U.S. Global AIDS Coordinator (OGAC), Technical Leadership and Support Projects

Table - FY 2009 Approved GHCS-State Funding

Approved Funding	Implementing Agency
Program Area	State/OGAC
Prevention	18,600,000
Treatment	-
Care	-
Other	94,684,875
<i>Of which, Local Capacity Initiative</i>	<i>38,400,000</i>
Total	\$ 113,284,875

Projects planned in FY 2009 to support PEPFAR in response to field program needs include:

Country Operational Plan Reporting System

With reauthorization of the next five years of PEPFAR in place, significant changes to the FY 2010 COP and reporting process are under way, including new guidance, indicators, and a database Information Technology (IT) solution, as a means to streamline and better integrate PEPFAR planning and reporting, as well as address alignment with wider foreign assistance policies and systems. Design, development, and implementation of the modified Country Operational Planning and Reporting System (e.g., COPRS II) to meet short- and long-term PEPFAR systems support strategic needs is necessary. Resources for contractor support apply to improving data capture, analysis, report generation and minimizing burden to the field by developing the next generation PEPFAR planning and reporting database and software tools to meet broad stakeholder- and user-defined requirements. Resources also include complying with the Office of Management and Budget (OMB) and DOS IT systems development requirements, such as independent verification and validation (IV&V) and certification and accreditation (C&A). Deployment of the PEPFAR planning and reporting IT solution for use in FY 2010 COP preparation and support review and approval processes is anticipated for July 2009.

Local Capacity Initiative

Local Capacity Initiative (LCI) is a follow-on program to the New Partners Initiative which began in December 2005 and held three rounds of competition resulting in 56 awards to 54 new prime partners. LCI is a supplementary, yet distinct, competitive round that reflects changes in program goals, geographic coverage, and evaluation to support the broader goals of the next phase of PEPFAR. In supporting the principles of the second phase of PEPFAR of country ownership and sustainability, LCI will support and build the capacity of local PEPFAR NGO and commercial sector partners in coordination with public systems and networks. LCI is a means of addressing country ownership at the local level by establishing a competitive grants process for organizations with local HIV/AIDS programs that seek to further develop their efforts in coordination with partner country strategies and programs as a PEPFAR prime partner. The

objective of LCI is to increase PEPFAR's ability to support local ownership in the provision of needed services by: further developing local capacity (organizational and technical) to address HIV/AIDS in a sustainable manner; and ensuring coordination, direct linkages, and support for local government entities engaged in the HIV response. LCI will engage organizations that are capable of working effectively in the areas of prevention and care, particularly organizations with the capacity to additionally support and strengthen local health systems.

Inspector General Funding

On July 30, 2008, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 was signed. This reauthorization of the PEPFAR program includes a requirement for the Inspectors General of the Department of State and Broadcasting Board of Governors, the Department of Health and Human Services, and the United States Agency for International Development to jointly develop 5 coordinated annual plans for oversight activity in each of the fiscal years 2009 through 2013.

The reauthorization language stipulates that the Global AIDS Coordinator and the Coordinator of the United States Government Activities to Combat Malaria Globally shall make available necessary funds not exceeding \$15,000,000 during the five-year period beginning on October 1, 2008 to the Inspectors General for the audits, inspections, and reviews.

Public Health Evaluation

These funds will be used to support PHE studies that guide PEPFAR in program and policy development, inform the global community, and identify areas where further evaluation and research may be needed. As PEPFAR implements scientific advances on a large scale through its programs, PHE assesses the effectiveness and impact of PEPFAR programs; compares evidence-based program models in complex health, social, and economic contexts; and addresses operational questions related to program implementation within existing and developing health systems infrastructures. Emphasis is placed on addressing country-driven priorities and strategic priority questions that can inform and improve PEPFAR programming broadly and that PEPFAR is uniquely poised to address, and that take advantage of central coordination and support where appropriate.

PHE studies are implemented through USG agency field mechanisms. In order to ensure the high quality of the scientific studies funded through the PHE program, a unified headquarters management process was created in FY 2009 for centralized tracking and for concept and protocol reviews.

Scale-Up of Gender-Based Violence Programs

Gender-based violence (GBV) contributes to increased risk of HIV. PEPFAR has been able to support a number of programs to address this risk factor. However efforts to date have been small scale compared to high rates of sexual and gender-based violence within the countries that PEPFAR helps support. Given that sexual violence is ubiquitous, and that no country is untouched by the problem, coupled with the reality that globally one third of women describe

their first sexual encounter as being forced, there is a growing imperative to significantly ramp up the reach and scope of sexual and gender-based violence services.

Headquarters Staffing for Results

These funds will support a Staffing for Results (SFR) exercise to complete a comprehensive and effective analysis of PEPFAR HQ to insure that the interagency team is fully functioning to jointly plan, implement, and evaluate its programs with appropriate technical leadership and management oversight.

Infections Averted Modeling and Other Census Support

This funding will support the development of a model that estimates HIV infections averted due to behavior change associated with program interventions. The linking of behavioral change with a reduction in HIV incidence is a priority area for PEPFAR as the knowledge gained in the area of HIV prevention and control can be used to more effectively target funding to where it is needed the most. In addition to infections averted modeling, the Census supports PEPFAR through participation in strategic information groups, providing senior systems analyst support for programming and data extraction, assisting in developing a data repository for population and health data in PEPFAR countries, enhancing of the HIV/AIDS surveillance database, and producing subnational files with linked population data. Funding is provided to Census via a 632(B) transfer from the Office of the U.S. Global AIDS Coordinator.

Technical Assistance Support

Technical assistance provides technical, programmatic, and acquisition expertise and support to on-going activities and programs. Technical assistance includes areas such as advice on the ongoing development of country-specific planning systems, facilitation of current and future international public-private partnership development, participation in inter-agency and international data harmonization efforts, and determination of a draft knowledge management strategy for S/GAC. Additional rapid responses will be provided to host countries in order to support strategic planning and to strengthen in-country information systems. Assistance will also be provided to support training and other technical aspects of deployment of new technology.

Country Ownership Program Planning and Assessment

Country ownership represents an important concept in supporting the growing commitment of the donor community and partner countries to promote and operationalize a country-directed response to their HIV/AIDS epidemic. Responding to the policy directives from the end of the first phase of PEPFAR and the new Five-Year Strategy, the Partnership Frameworks under development between the USG and partner countries have provided an inroad for discussions on country ownership given the aims of the PFs, such as: strengthening partner country leadership and decision making; promoting engagement with civil society and communities of persons living with HIV/AIDS; and supporting a greater role for government in financial management and accountability. This purposeful shift in approach to engagement with partner countries

represents an opportunity to engage in transparent dialogues on long-standing issues, including the process for prioritization of health and HIV issues, addressing management and leadership capacity, budget negotiations and financial management, and approaches to technical support that leave real and lasting capacity within a country.

PEPFAR proposes to engage in focused processes at country level, beginning work in a small number of countries and then expanding to others, based on this experience. Criteria that guided the selection of programs for the first phase of the country ownership study included: current leadership in addressing HIV/AIDS issues; country vision in alignment with the PEPFAR strategy; country size and ease of demonstrating a change through greater focus on country ownership; capacity for leadership and management have been enhanced by similar approaches of other donors; and selection as a Global Health Initiative country. With the aim of moving country ownership from the PEPFAR strategy into tangible action, FY 2009 funds will support the preparation of USG teams through conceptual dialogue with headquarters; in-country political negotiations; prioritization of areas of focus, assessments and development of project plans; and implementation of project plans.

Global Health Initiative Support

The GHI is designed to accelerate innovation and promote learning for both U.S. health programs and partner countries. This will significantly improve efficiency and increase health impact – resulting in greater value for money. Complemented by focused management attention, the funding will provide intensive technical assistance and modest, but highly focused investments, in a diverse set of countries. Lessons learned from these investments will substantially inform programming for improving all USG global health programs.

Eight “GHI Plus” countries were selected in June 2010 (Bangladesh, Ethiopia, Guatemala, Kenya, Malawi, Mali, Nepal, and Rwanda). These countries will receive additional technical, management and financial resources to accelerate the implementation of GHI’s innovative approach. Learning from these countries will be shared with other GHI countries, inform future decision-making, and fulfill the imperative of accountability. A particular focus in GHI Plus countries will be assessing the effectiveness of the GHI model. For example, new models of technical assistance to GHI Plus countries will be judged by the extent to which sustainable capacity is created or strengthened in-country. Further, the funding supports the collaborative process with partner countries. To promote country ownership in the additional, intensive effort required for transformational change in health conditions, national authorities must demonstrate interest and commitment to these concepts, and must be fully part of discussions, planning and negotiations from the outset.

Allocations of funding to countries will be based on opportunity for impact; absorptive capacity and country need; benefit that additional dollars would make in the context of other donor, USG, and partner country investments; and opportunity to leverage other investments.

Project Title: Department of State (DOS) – Africa Bureau, Technical Leadership and Support

Table - FY 2009 Approved GHCS-State Funding

Approved Funding	Implementing Agency
Program Area	State/AF
Prevention	-
Treatment	-
Care	-
Other	100,000
Total	\$ 100,000

Projects planned in FY 2009 to support PEPFAR in response to field program needs include:

Complex public health jobs in support of PEPFAR activities are not widely understood in the DOS Human Resources position classification process. The position classification of the work performed by locally employed staff in support of PEPFAR varies widely between Posts and Agencies. This initiative aims to standardize through framework job descriptions (FJD) the classification of 50 complex PEPFAR position descriptions while correcting misclassified positions impacting recruitment and retention. This interagency initiative requires extensive coordination with technical and programmatic subject matter experts and DOS HR professionals, as well as with experts from USAID and HHS in particular. Interagency FJD implementation training workshops will ensure uniform classification accuracy across the PEPFAR programs.

This is the continuation of a project that has been funded by CDC through an interagency agreement with State/Africa Bureau, and will now be funded by the GHCS-State account. FY 2009 funding will extend the project through 2010 in order to finish up a second batch of FJDs at grades 9-11. Fourteen FJDs have already been completed at grades 12-13.

Project Title: U.S. Agency for International Development (USAID), Technical Leadership and Support

Table - FY 2009 Approved GHCS-State Funding

Approved Funding	Implementing Agency
Program Area	USAID
Prevention	15,135,000
Treatment	102,920,000
<i>Of which Working Capital Fund</i>	<i>101,920,000</i>
Care	6,532,000
Other	48,671,818
<i>Of which Local Capacity Initiative</i>	<i>26,600,000</i>
Total	\$ 173,258,818

Technical Leadership and Support programs fund technical assistance and other activities to further PEPFAR policy and programmatic objectives in the field, at headquarters, and internationally. In addition to supporting USG technical assistance, this program utilizes existing contractual and grant mechanisms within USAID.

- Using standing contracts and grants to facilitate access to technical expertise for program design, strategy development, and general support of field programs and policy development
- Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs (e.g., abstinence and be faithful, orphans and vulnerable children, and safe medical injections programs)
- Providing technical assistance to country programs (e.g., through direct assistance by USAID program and scientific experts from a variety disciplines including medical officers/physicians, health scientists, epidemiologists, public health advisors, AIDS education and training experts, statisticians and informaticians)

USAID contracts with the Partnership for Supply Chain Management (SCMS), a consortium of sixteen organizations, to procure essential medicines and supplies at affordable prices for HIV-infected individuals receiving treatment and care. This project is funded by a combination of central funding and country buy-in (funds requested by each country, for SCMS, which is listed in each country's description in the country program activities section. By strengthening and building reliable, secure, and sustainable supply chain systems, SCMS ensures that essential medicines, HIV test kits, laboratory supplies and other health products are continuously available when they are needed. SCMS reduces the price of essential medicines by working closely with in-country partners to plan for procurements, by establishing long-term contracts with manufacturers and by purchasing generic drug alternatives whenever possible. PEPFAR funds are used by SCMS at the central level to support global innovations, multi-country indicatives and a small amount of buffer stock. An emergency commodity reserve will

be set up within the Working Capital Fund to provide SCMS with central funding to respond to ARV drug emergency requests. Additional information about the emergency commodity reserve is noted below.

South Africa ARV Procurement

South Africa has the world's largest population of people living with HIV/AIDS and also the largest treatment program. There are over 726,000 current and 30,000 new South Africans on treatment each month; however, these represent less than 40% of those who need it. The South African Government (SAG) supports the majority of treatment costs including procurement of almost all of its own ARVs. Historically PEPFAR has supported less than 10% of ARV needs. The prior SAG administration's denialist views contributed to slower rollout of services, resulting in hundreds of thousands of needless deaths. After years of neglect, the new SAG leadership is committed to reforming HIV/AIDS policies, and the USG has a unique opportunity to support this government's efforts. Given drastic increases in demand for ARV services coupled with the current economic downturn, the SAG faces immediate-term financial challenges. The estimated gap in overall funding for treatment services for the current SAG fiscal year is \$250 million, and next fiscal year is \$507 million, for a total shortfall of \$757 million. The National Department of Health (NDOH) has requested \$533 million from the SAG Treasury over the next two fiscal years, however there continues to be a shortfall of \$224 million even with the additional funds. The SAG has formally asked PEPFAR to provide additional funding for ARVs during this two-year financial shortfall. PEPFAR will meet a portion of this request by providing \$60 million in both FY 2009 and FY 2010 (subject to the availability of funds), for a total of \$120 million. This support is contingent upon 1) demonstrated progress by the SAG in establishing a financial plan to avoid future shortfalls, and 2) obtained agreement to establish a national HIV/AIDS/TB/STI oversight office in the NDOH. The SAG is taking measures to build capacity within its national and provincial Departments of Health to strengthen logistics and forecasting capacities. The NDOH has already initiated costing efforts through an ARV costing group (in which the USG/PEPFAR participates), sent teams to each province to work with leadership to strengthen budget forecasting, and has begun a review to modify their tender policies to reduce drug procurement costs in the future. In addition, the SAG National Treasury is engaged in the ongoing costing and analysis that will allow planning for additional resource allocation beyond these next two years and incorporate all additional ARV costs in their current budget planning for FY 2012 – FY 2013.

PEPFAR/USAID/General Mills Partnership

These funds will help to provide technical assistance to food processing companies in PEPFAR countries so that they can meet international standards for safety and quality and compete for tenders for therapeutic and supplementary foods that our programs provide for Food by Prescription patients (clinical nutrition support) and OVC. This funding will be used as seed money for a public-private partnership between PEPFAR, General Mills, USAID/Economic Growth and Trade Bureau and USAID/Office of HIV/AIDS.

Emergency Commodity Reserve

Partner governments, funders and implementing partners report that the current economic environment and associated financial shortfalls are threatening to cause future stock outs of ARVs and, therefore, the continuity of HIV/AIDS treatment for tens if not hundreds of thousands of people. PEPFAR is aware of and often directly involved in the resolution of numerous close-call or actual stock-out situations of ARVs or other critical medicines necessary for effective treatment, and recognizes that these situations will continue on a rolling basis and could increase in frequency and dollar value. Many of these situations are caused by poorly performing procurement systems and gaps in countries' receipt of financing from the Global Fund. Establishment of an emergency commodity reserve within the HIV/AIDS Working Capital Fund will allow the USG to assist in maintaining the continuity of services for persons reliant on daily life-saving medicine during a period of enormous global financial uncertainty, evolution in global treatment guidelines, and continued interdependence of donor funding.

Scale-Up of Gender-Based Violence Programs

GBV contributes to increased risk of HIV, which fuels the spread of HIV/AIDS in many countries. PEPFAR has been able to support limited programs to address this risk factor, but by making this additional funding available to country programs, PEPFAR seeks to enable broad scale-up of a larger number of programs to reduce, and mitigate the HIV-related impacts of, GBV. These funds will be used to take existing models and improve quality and scale in countries to ensure both services for survivors and rape prevention are more widely available.

Local Capacity Initiative

Local Capacity Initiative (LCI) is a follow-on program to the New Partners Initiative which began in December 2005 and held three rounds of competition resulting in 56 awards to 54 new prime partners. LCI is a supplementary, yet distinct, competitive round that reflects changes in program goals, geographic coverage, and evaluation to support the broader goals of the next phase of PEPFAR. In supporting the principles of the second phase of PEPFAR of country ownership and sustainability, LCI will support and build the capacity of local PEPFAR NGO and commercial sector partners in coordination with public systems and networks. LCI is a means of addressing country ownership at the local level by establishing a competitive grants process for organizations with local HIV/AIDS programs that seek to further develop their efforts in coordination with partner country strategies and programs as a PEPFAR prime partner. The objective of LCI is to increase PEPFAR's ability to support local ownership in the provision of needed services by: further developing local capacity (organizational and technical) to address HIV/AIDS in a sustainable manner; and ensuring coordination, direct linkages, and support for local government entities engaged in the HIV response. LCI will engage organizations that are capable of working effectively in the areas of prevention and care, particularly organizations with the capacity to additionally support and strengthen local health systems.

Discovery Channel Public-Private Partnership Project

This funding will support a public-private partnership with Discovery Channel to support development of a feature length film aimed at filling the gap in the public understanding of the HIV virus, raising awareness and risk perception. USG funding will leverage additional support for production costs from the Discovery Channel.

Medical and Nursing School Partnership Initiative

In response to the 2008 reauthorization of PEPFAR and as a part of the PEPFAR HRH strategy to achieve new health workforce goals, the Global AIDS Coordinator has placed added emphasis on strengthening the quality and capacity of medical and nursing education. This Medical and Nursing Education Partnership Initiative will expand clinical capacity in a number of African medical and nursing schools, in order to increase the pipeline of physicians and nurses in PEPFAR countries in Africa. The initiative is one component of PEPFAR's long-term strategy to address the quality of clinical education and improve retention of critically needed health care professionals as well as to work toward achieving the new health care worker goal.

The goals of this initiative are to support innovative strategies and promising practices, utilizing existing partnerships between African and United States medical and nursing educational institutions and universities, as well as to inform curricula support, faculty preparation and strategies for faculty retention, and educational models that prepare new doctors and nurses to practice in the diversity of medical and community settings where health needs are greatest. Strengthening training institutions is a key element in building a long-term, sustainable supply of human resources for health. In addition to strengthening existing partnerships, PEPFAR will also conduct countrywide assessments of nurse training capacity in additional countries to inform capacity-building interventions. The initiative will build on work that has been done and information that is available through PEPFAR partners.

Selected MEPI grants will fund activities ranging from the advancement of new medical education curriculum development to the integration of public health practices. MEPI will support these innovative models of medical education to strengthen and build clinical and research capacity.

Funding will also facilitate the expansion of NEPI beyond the assigned counties, as the need for human resources and nursing education far exceeds currently-available resources. NEPI funding will contribute to the following activities: assessment of additional nursing schools within the first selected countries (Malawi, Zambia, and Lesotho) and/or in other countries; support to selected nursing schools to carry out interventions that strengthen their nursing programs; and coordination and technical support in all aspects of the implementation and expansion of NEPI.

Public Health Evaluations

These funds will be used to support PHE studies that guide PEPFAR in program and policy development, inform the global community, and identify areas where further evaluation and research may be needed. As PEPFAR implements scientific advances on a large scale through its programs, PHE assesses the effectiveness and impact of PEPFAR programs; compares evidence-based program models in complex health, social, and economic contexts; and addresses operational questions related to program implementation within existing and developing health systems infrastructures. Emphasis is placed on addressing country-driven priorities and strategic priority questions that can inform and improve PEPFAR programming broadly and that PEPFAR is uniquely poised to address, and that take advantage of central coordination and support where appropriate.

PHE studies are implemented through USG agency field mechanisms. In order to ensure the high quality of the scientific studies funded through the PHE program, a unified headquarters management process was created in FY 2009 for centralized tracking and for concept and protocol reviews.

Health Informatics System (HIS)

National health information systems are too often disease specific, fragmented, inefficient, contain inaccurate or missing data, and typically burdensome to health workers to maintain with less than optimal utility to enable timely decision making at all levels of the health system. PEPFAR will foster country ownership of HIS by contributing to the adoption of a systematic approach (enterprise architecture methodology) to guide planning, development, and management of the complex components of existing and enhanced national HIS. These catalytic resources will be used to support key local organizations and technical assistance providers to utilize this holistic, health-sector wide approach to advance the Global Health Initiative (GHI) and derive an end-to-end national HIS framework, leverage existing private sector investments in IT infrastructure, implement an integrated solution to address a priority component of the HIS (initially planned to address patient-level data tracking and use between community-level and facility-based systems), and support public health informatics training capacity within local institutions. PEPFAR will aid local coordination and organizational capacity to initiate rollout of fully integrated HIS solutions using consistent standards for data collection, management, reporting, and use in one or two countries as a learning framework on country ownership of HIS. The intent is to catalyze and leverage existing locally coordinated resources more effectively and prioritize potentially new investments in strengthening the national health information system. Expected impacts are better information for decision making to address continuity of care of individuals between HIV and primary care services with increased efficiency and quality of data collection and use.

The second year of the Health Informatics Public-Private Partnership (HI-PPP) will build on, and extend, successes realized during the initial start-up phase. In keeping with the PEPFAR five-year strategy, the HI-PPP will work with the Ministries of Health in Cambodia, Rwanda, and Mozambique to implement country-identified priorities designed to drive adoption of a

systematic approach. FY 2009 funding will support the expansion in terms of the number of partners who are collaborating with the PPP as well as the number of countries engaged.

Organization of African First Ladies Against AIDS (OAFLA)

The Organization of African First Ladies Against AIDS (OAFLA), representing 39 member countries, provides a framework for supporting First Ladies in their national and regional AIDS efforts, and has selected PMTCT as its top programming priority. This funding will support small grants to First Ladies' offices in order for them to conduct activities that leverage the leadership role of the First Lady to respond to the barriers to PMTCT identified with her country, in dialogue with PEPFAR country team. This project aims to exploit these opportunities by supporting targeted efforts that add value to the PMTCT work that PEPFAR and others are already doing in country. The three priority areas for PEPFAR funding of OAFLA will be: addressing stigma, advocating for expanded access to PMTCT in villages, and promoting WHO-recommended infant feeding practices.

PEPFAR Technical Oversight and Management Expenses: FY 2009

Project Title: Department of Defense (DoD), Technical Oversight and Management

Table - FY 2009 Approved GHCS-State Funding

TOM	DoD
Total	\$ 3,572,765

Under the direction of the U.S. Global AIDS Coordinator, DoD is a partner in the unified USG effort to implement PEPFAR. This program supports direct and indirect expenses including salary, benefits, travel, supplies, professional services and equipment. DoD is one of the implementing agencies of PEPFAR. DoD's primary goals under PEPFAR include supporting military-to-military HIV/AIDS awareness and prevention education; developing military-specific HIV/AIDS policies; providing counseling, testing, and HIV-related palliative care for military members and their families; and, supporting clinical and laboratory infrastructure development. In addition, DoD provides HIV prevention and clinical experts to many Technical Working Groups (TWGs), committees and initiatives which are leveraged to support all populations and goals of PEPFAR. DoD activities will include:

- Support and oversight of field offices executing military HIV operations;
- Provide assistance with military HIV policy development;
- Facilitation and coordination of collaborative HIV activities between militaries;
- Scientific and technical assistance to field programs ;
- Scientific, technical and programmatic participation in interagency technical working groups, committees and initiatives;
- Monitoring of central cooperative agreements for field programs;
- Coordination of DoD HIV activities with those of other USG agencies implementing PEPFAR; and
- Support of clinical and lab HIV education for military personnel.

DoD direct expenses include personnel, travel and transportation. Indirect expenses include rent, communications and utilities, printing and reproduction, contracting and granting, other services, supplies and materials, and equipment in support of the above activities, which are captured in the OMB approved indirect cost model (See Appendix 3 – Indirect Cost Models for a description of the DoD indirect cost model).

Project Title: Department of Labor (DOL), Technical Oversight and Management

Table - FY 2009 Approved GHCS-State Funding

TOM	DOL
Total	\$ 145,141

Under the direction of the U.S. Global AIDS Coordinator, DOL is a partner in the unified USG effort to implement PEPFAR. This program supports direct and indirect expenses including salary, benefits, travel, supplies, professional services and equipment. DOL is receiving PEPFAR funds for projects in eight countries. DOL programs build on its unique experience bringing workers, employers and Ministries of Labor together to address workplace issues, including HIV/AIDS.

Workplace programs take advantage of a unique and underutilized venue for HIV programs. The workplace is where employed adults spend most of their waking hours, creating a “captive” audience for education over time to influence behavior change and reduce discrimination. These programs provide additional benefits as educated workers share HIV/AIDS information at home and in their communities, and link with other services such voluntary counseling and testing (VCT). With a relatively stable audience, the workplace also facilitates effective monitoring and evaluation to verify the program’s impact.

DOL has worked closely with PEPFAR to try and ensure coordination with the field teams in PEPFAR operational plan countries. DOL headquarters works with the country teams where DOL programs are receiving PEPFAR funds, providing support and input to the PEPFAR team, producing information upon request and acting as the main liaison with the implementers in the country.

DOL is an active member of the Public-Private Partnership Technical Working Group (PPP TWG), and as such, participated in TWG COP review process the last two years. DOL will conduct a cross-country evaluation of its workplace programs and is spearheading an effort to collect monitoring data from all USG agencies’ workplace programs in order to share effective indicators, best practices and lessons learned.

Project Title: Department of Health and Human Services (HHS), Technical Oversight and Management

Table - FY 2009 Approved GHCS-State Funding

TOM	HHS
Total	\$ 62,568,745

Under the direction of the U.S. Global AIDS Coordinator, HHS is a partner in the unified USG effort to implement PEPFAR. HHS includes several agencies that are key players in PEPFAR such as the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH) and the Food and Drug Administration (FDA). HHS efforts are coordinated by the Office of the Secretary/Office of Global Health Affairs (OGHA). The funds for Technical Oversight and Management support direct and indirect expenses including salary, benefits, travel, supplies, professional services and equipment.

HHS headquarters offices support PEPFAR implementation by:

- Supporting operations of field offices (e.g., increased support for procurement and grants, human resources management, financial management, information resources management, communications, management analysis services, facilities planning and management, security, rent and utilities and agency crosscutting activities to implement PEPFAR);
- Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs (e.g., antiretroviral treatment, blood safety programs, twinning program);
- Providing technical assistance to country programs (e.g., through direct assistance by HHS program and scientific experts from a variety disciplines including medical officers/physicians, health scientists, epidemiologists, public health advisors, AIDS education and training experts, statisticians and informaticians);
- Coordinating agency activities with those of other USG agencies implementing PEPFAR (e.g., joint planning, monitoring and evaluation, legal consultation, participation on core teams and technical working groups, policy and budget coordination).

HHS direct expenses may include, but are not limited to, personnel, travel and transportation. Indirect expenses include rent, HHS Service and Supply Fund, operations and maintenance (utilities only), notification of foreign travel system (contracts and system service), communications (email and international blackberry calls), and security guard service, which are captured in the OMB-approved indirect cost model for HHS/OGHA (See Appendix 3 – Indirect Cost Models for a description of the HHS/OGHA indirect cost model).

Project Title: Peace Corps, Technical Oversight and Management

Table - FY 2009 Approved GHCS-State Funding

TOM	Peace Corps
Total	\$ 1,181,456

Under the direction of the U.S. Global AIDS Coordinator, the Peace Corps (PC) is a partner in the unified USG effort to implement PEPFAR. This program supports direct and indirect expenses including salary, benefits, travel, supplies, professional services and equipment.

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 non-governmental organizations (NGOs), faith-based organizations, youth, PLWHA and others. Headquarters expenses include a programming and training advisor, program analyst, an administrative officer, a monitoring and evaluation analyst and an administrative assistant. These staff members, along with a Peace Corps-funded AIDS Relief Coordinator, provide technical oversight and management to twenty-six Peace Corps posts that receive PEPFAR (GHCS) funding and are implementing PEPFAR activities, including:

- Programming and training support for country programs;
- Technical assistance to staff members and volunteers;
- Facilitation of or participation in approved PEPFAR and HIV/AIDS-related seminars, workshops and conferences;
- Administrative and budget guidance, oversight, control and technical support; and,
- Monitoring and evaluation technical training and support.

Project Title: Department of State (DOS), Technical Oversight and Management

Table - FY 2009 Approved GHCS-State Funding

TOM	DOS
Total	\$ 14,150,000

DOS includes several offices that are key players in PEPFAR, including the Office of the U.S. Global AIDS Coordinator (OGAC) and Intelligence and Research (INR). The funds for Technical Oversight and Management support direct and indirect expenses including salary, benefits, travel, supplies, professional services and equipment.

OGAC is staffed with a range of experienced leaders and technical specialists from across the government and private sector. The eight primary roles are:

- Leading policy development and oversight;
- Maintaining and promoting interagency coordination and programmatic implementation;
- Building interagency technical coordination;
- Overseeing the development of interagency program guidance;
- Representing and reporting on the status of the initiative;
- Focusing and overseeing monitoring and evaluation;
- Assuring budgetary oversight; and
- Engaging with international organizations and foundation to ensure country coordination.

INR provides geomapping support to PEPFAR headquarters and country field staff. This includes assuring, through technical assistance and trainings, that USG teams are able to support national efforts to track the location of health care facilities and community programs offering HIV services. It enables countries to measure the scale up of services. INR frequently advises on the appropriate use of geographic boundaries and, working with the Census Bureau, population coverage.

Project Title: U.S. Agency for International Development (USAID), Technical Oversight and Management

Table - FY 2009 Approved GHCS-State Funding

TOM	USAID
Total	\$ 45,789,585

This program supports direct and indirect expenses including salary, benefits, travel, supplies, professional services and equipment. Under the direction of the U.S. Global AIDS Coordinator, the U.S. Agency for International Development (USAID) is a partner in the unified USG effort to implement PEPFAR.

This program funds technical assistance and other activities to further PEPFAR policy and programmatic objectives in the field, at headquarters and internationally. It utilizes existing contractual mechanisms within USAID to the maximum extent possible.

The USAID headquarters offices support PEPFAR implementation by:

- Using standing contacts and grants to facilitate access to technical expertise for program design, strategy development, general support of field programs and policy development;
- Supporting operations of field offices (e.g., increased support for procurement and grants, human resources management, financial management, information resources management, communications, management analysis services, facilities planning and management, security, rent and utilities and agency crosscutting activities to implement (PEPFAR));
- Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs (e.g., abstinence and be faithful, orphans and vulnerable children and safe medical injection programs);
- Providing technical assistance to country programs (e.g., through direct assistance by USAID staff and program and scientific experts from a variety of disciplines including medical officers/physicians, health scientists, epidemiologists, public health advisors, AIDS education and training experts, statisticians and informaticians); and
- Coordinating agency activities with those of other USG agencies implementing PEPFAR (e.g., joint planning, monitoring and evaluation, legal consultation, participation in core teams and technical working groups, and policy and budget coordination).

USAID direct expenses may include, but are not limited to, personnel, travel and transportation. Indirect expenses may include, but are not limited to, rent, communications and utilities, printing and reproduction, contracting and granting, other services, supplies and materials, and equipment in support of the above activities, which are captured in the OMB approved indirect cost model (See Appendix 3 – Indirect Cost Models for a description of the USAID indirect cost model).

SECTION VI: FY 2009 PEPFAR INTERNATIONAL PARTNERS NARRATIVES

Global Fund to Fight AIDS, Tuberculosis and Malaria

Table – FY 2009 Funding, by Account, in Millions

International Partner	GHCS-State	GHCS-USAID	NIH	TOTAL
Global Fund	\$ 600	\$ 100	\$ 300	\$ 1,000

Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), an international financing mechanism, is an integral part of the Administration's global strategy against the three diseases. The initial authorization of the Leadership Act and subsequent appropriations have stipulated terms for USG contributions to the Global Fund, most notably that the cumulative USG contribution may not constitute more than 33% of total contributions to the Global Fund. Statutory provisions also require withholding funds if the Global Fund is found to have provided financial assistance to the governments of states that consistently support terrorism, if administrative expenses and salaries exceed certain benchmarks, or if the Global Fund fails to satisfy certain criteria regarding performance-based funding and support for in-country entities. Statutory provisions also allow PEPFAR to withhold a portion of the USG contribution to fund technical assistance to improve the implementation of the Global Fund grants.

The Global Fund is a public-private, non-profit foundation created in 2001 to attract and disburse funding to combat HIV/AIDS, tuberculosis, and malaria. The Global Fund is a demand-driven financing mechanism, not an implementing agency, and funds grant proposals generated by recipient countries. The Global Fund grant proposals are developed and overseen by "Country Coordinating Mechanisms" or equivalent groups comprised of representatives from government ministries, non-governmental organizations, the private sector, international partners and people living with the diseases. The Global Fund grant recipients can be public, private or international organizations. The Geneva-based Global Fund Secretariat authorizes disbursements of grant money on a quarterly basis, contingent upon grant performance, from the Global Fund's trustee account at the World Bank. Under the Global Fund model, disbursement of funds is contingent upon the grant recipient's ability to demonstrate results achieved to date.

The Global Fund Board solicits grant proposals on a periodic basis through individual grant "rounds" and a "rolling continuation channel" for high-performing grants. An independent panel of experts reviews the grant proposals on the basis of their technical merit and makes funding recommendations to the Board, which approves the final funding decisions. The Board's initial funding approval for a round-based grant provides an initial two years of funding. The Board makes a separate funding decision on the final three years ("Phase 2") of each grant, taking into account grant performance. The Global Fund Board has thus far approved nine rounds of grants, with grant commitments of \$19.3 billion in 144 countries.

Under the Comprehensive Funding Policy, the Global Fund Board does not approve grant proposals unless it has funds available to cover the full amount approved. The Global Fund Secretariat currently projects it will have sufficient resources to cover the second phase of all current grant commitments (years 3-5 of grant proposals that demonstrate satisfactory performance) and the first phase (years 1-2) of all grants approved as part of Round Eight, contingent upon the identification of efficiency savings mandated by the Board at its 18th meeting in November 2008. The United States' maximum contribution in FY 2009 is \$1 Billion

but this ceiling is subject to a number of statutory and discretionary withholdings. The implementing mechanism is a USAID grant to the World Bank acting as trustee. During FY 2009, the USG will use a portion of our contribution to provide technical assistance to Global Fund grants that are experiencing implementation bottlenecks and other program management issues. The USG is authorized to use up to five percent of our overall contribution to the Global Fund for this purpose.

Joint United Nations Program on HIV/AIDS (UNAIDS)

Table – FY 2009 Funding, by Account, in Millions

International Partner	GHCS-State		TOTAL
UNAIDS	\$	40	\$ 40

The main objective of this annual contribution under the ongoing 5-year Public International Organization grant (2008-2012) is to increase significantly UNAIDS' effort to scale up the global response to HIV/AIDS with particular emphasis at the country level. This global response seeks to prevent the transmission of HIV/AIDS, provide care and support, reduce individual and community vulnerability to HIV/AIDS and mitigate the impact of the epidemic. To achieve these goals, UNAIDS implements activities that:

- Catalyze action and strengthen capacity at the country level, including monitoring and evaluation, resource mobilization, technical assistance and interventions related to security, stability and humanitarian responses;
- Improve the scope and quality of UN support to national partners, through strengthened UN Theme Groups on AIDS, better coordination at the regional level, increasing staff capacity in key areas, and development of more coordinated UN programs in line with national priorities and objectives;
- Increase the accountability of UNAIDS at the country level through support for country-level reviews of national HIV/AIDS responses, and development of joint UN programs to support countries' responses;
- Strengthen the capacity of countries to gather, analyze and use strategic information related to the epidemic and, in particular, on progress in achieving the goals and targets of the Declaration of Commitment;
- Expand the response of the development sector to HIV/AIDS, particularly with respect to human capacity, food security, governance, OVC, and gender issues;
- Sustain leadership on HIV/AIDS at all levels; 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 (MDGs)

UNAIDS priorities for action as expressed in its 2009-2011 Outcome Framework will contribute to achieving critical PEPFAR goals and targets: through FY 2013 in its bilateral programs, PEPFAR plans to work in partnership to support increased persons receiving ART by the same percentage that the average USG cost per patient of providing treatment in countries receiving bilateral HIV/AIDS assistance has decreased compared with FY 2008; prevention of 12 million new infections; and care for 12 million people, including 5 million OVCs. To meet these goals and build sustainable local capacity, PEPFAR will help support training of at least 140,000 new health care workers consistent with the goals and objectives of the Reauthorization legislation.

UNAIDS programs are increasingly focused on placing the HIV/AIDS response in the context of broader health and development challenges. Especially with a renewed focus on the MDGs and how work on MDG 6 (infectious diseases) can impact the other health-related MDGs, strong partnership with UNAIDS is essential. HIV/AIDS programs expand health systems and workforce, contributing to the achievement of the health-related MDGs by addressing the

demands and impact of HIV/AIDS on health workers and providing a platform for the expansion of overall health systems.

SECTION VII: APPENDICES

Appendix 1 - Supplemental Tables

Table – FY 2009 Approved Funding in PEPFAR Operational Plans, Funding Source

Operating Unit	GHCS (State)	Central GHCS (State)	GAP	GHCS (USAID)	Grand Total
Angola	\$ 11,052,000	\$ -	\$ 1,548,000	\$ 4,400,000	\$ 17,000,000
Botswana	\$ 81,915,460	\$ 5,662,698	\$ 7,547,000		\$ 95,125,158
Cambodia	\$ 2,500,000	\$ -	\$ 3,000,000	\$ 12,500,000	\$ 18,000,000
Caribbean Regional	\$ 19,000,000				\$ 19,000,000
China	\$ 3,308,000	\$ -	\$ 3,000,000	\$ 4,000,000	\$ 10,308,000
Cote d'Ivoire	\$ 107,135,644	\$ 12,443,768	\$ 5,253,000		\$ 124,832,412
DRC	\$ 21,413,595	\$ -	\$ 2,415,000	\$ 9,200,000	\$ 33,028,595
Dominican Republic	\$ 11,000,000	\$ -	\$ 500,000	\$ 5,750,000	\$ 17,250,000
Ethiopia	\$ 333,686,520	\$ 6,494,588	\$ 5,800,000		\$ 345,981,108
Ghana	\$ 11,500,000	\$ -	\$ 500,000	\$ 5,500,000	\$ 17,500,000
Guyana	\$ 17,758,500	\$ 1,773,075	\$ 1,000,000		\$ 20,531,575
Haiti	\$ 121,472,500	\$ 8,061,513	\$ 1,000,000		\$ 130,534,013
India	\$ 6,450,000	\$ -	\$ 3,000,000	\$ 21,000,000	\$ 30,450,000
Indonesia	\$ 1,250,000	\$ -		\$ 7,750,000	\$ 9,000,000
Kenya	\$ 531,850,152	\$ 24,984,441	\$ 8,121,000		\$ 564,955,593
Lesotho	\$ 20,760,000	\$ -	\$ 1,150,000	\$ 6,400,000	\$ 28,310,000
Malawi	\$ 27,148,000	\$ -	\$ 3,052,000	\$ 15,500,000	\$ 45,700,000
Mozambique	\$ 239,804,289	\$ 10,737,022	\$ 2,337,000		\$ 252,878,311
Namibia	\$ 103,370,613	\$ 2,935,181	\$ 1,500,000		\$ 107,805,794
Nigeria	\$ 418,807,628	\$ 20,423,425	\$ 3,056,000		\$ 442,287,053
Russia	\$ 5,000,000	\$ -	\$ 500,000	\$ 2,500,000	\$ 8,000,000
Rwanda	\$ 133,921,948	\$ 12,590,365	\$ 1,135,000		\$ 147,647,313
South Africa	\$ 533,182,001	\$ 23,313,145	\$ 4,818,000		\$ 561,313,146
Sudan	\$ 6,327,000	\$ -	\$ 500,000	\$ 2,010,000	\$ 8,837,000
Swaziland	\$ 24,350,000	\$ -	\$ 1,200,000	\$ 6,900,000	\$ 32,450,000
Tanzania	\$ 329,920,916	\$ 27,362,427	\$ 3,883,000		\$ 361,166,343
Thailand	\$ 500,000	\$ -	\$ 4,000,000	\$ 1,000,000	\$ 5,500,000
Uganda	\$ 258,800,402	\$ 20,273,332	\$ 8,040,000		\$ 287,113,734
Ukraine	\$ 5,678,000			\$ 2,500,000	\$ 8,178,000
Vietnam	\$ 86,998,168	\$ -	\$ 2,855,000		\$ 89,853,168
Zambia	\$ 237,225,246	\$ 30,982,142	\$ 2,914,000		\$ 271,121,388
Zimbabwe	\$ 24,830,000	\$ -	\$ 6,670,000	\$ 16,500,000	\$ 48,000,000
Grand Total	\$3,737,916,582	\$ 208,037,122	\$ 90,294,000	\$ 123,410,000	\$ 4,159,657,704

Table explanation: Includes all approved funding supporting activities found in PEPFAR operational plans, by funding source. The account Central GHCS-State indicates central “Track 1” programs included in country operational plans.

Table - Program Area Budget Codes

PROGRAM AREAS	PROGRAM AREA BUDGET CODES
PMTCT	01-MTCT Prevention: PMTCT
Sexual Prevention	02-HVAB Sexual Prevention: AB 03-HVOP Sexual Prevention: Other sexual prevention
Biomedical Prevention	04-HMBL Biomedical Prevention: Blood Safety 05-HMIN Biomedical Prevention: Injection Safety 06-IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use 07-CIRC Biomedical Prevention: Male Circumcision
Adult Care and Treatment	08-HBHC Care: Adult Care and Support 09-HTXS Treatment: Adult Treatment
Pediatric Care and Treatment	10-PDCS Care: Pediatric Care and Support 11-PDTP Treatment: Pediatric Treatment
TB/HIV	12-HVTB Care: TB/HIV
OVC	13-HKID Care: OVC
Counseling and Testing	14-HVCT Care: Counseling and Testing
ARV Drugs	15-HTXD ARV Drugs
Laboratory Infrastructure	16-HLAB Laboratory Infrastructure
Strategic Information	17-HVSI Strategic Information
Health Systems Strengthening	18-OHSS Health Systems Strengthening
Human Capacity Development	
Gender	
Management and Staffing	19-HVMS Management and Staffing

Appendix 2 - PEPFAR Central Programs Included in Country Operational Plans

The following central programs are presented within each country operational plan.

Program - Antiretroviral Treatment (ART)

Program Description:

HHS will use FY 2009 funding to ensure the integrity of the antiretroviral drug pipeline and thus ensure that all patients have uninterrupted access to antiretroviral treatment. 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 technical oversight and management description.

Program - Abstinence and Be Faithful (AB) for Youth

Program Description:

This program provides central funding for multi-country grants to NGOs to continue programs that promote avoidance of risky behavior: i.e. delaying sexual activity, increasing “secondary abstinence” among young people, and promoting mutual fidelity and partner reduction, among both youth and the general population. Specific activities include the following:

- Providing skills-based HIV education for young people;
- Stimulating community discourse on healthy norms and behaviors;
- Strengthening the role of parents and other protective influences;
- Promoting initiatives to address sexual coercion and gender-based violence; and
- Targeting early intervention with at-risk youth.

Activities will continue to expand the promotion of primary and secondary abstinence, faithfulness, monogamous relationships, and avoidance of unhealthy sexual behaviors among youth.

Program - Orphans and Vulnerable Children (OVC) Affected by HIV/AIDS

Program Description:

This PEPFAR-supported program continues to fund activities in multiple countries that increase care and support to OVC affected by HIV. The activities supported through this program provide essential services and comprehensive care to improve the quality of life for OVC, and aim 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 program support one or more of the following strategic approaches:

- Strengthening the capacity of families and caregivers to cope and address OVC needs;

- Mobilizing and strengthening community-based responses;
- Increasing the capacity of children and young people to meet their own needs;
- Building partner governments' capacity to develop appropriate policies, including legal and programmatic frameworks, as well as essential services for the most vulnerable children;
- Raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS while minimizing stigma;
- Developing, evaluating, disseminating and applying sound practices;
- Creating strong partnerships with local in-country organizations; and
- Forming public-private alliances.

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 by using a trusted and established mechanism within a community.

Generally, ongoing funding will expand support for NGOs and community/faith-based organizations to collaborate with locally based organizations to scale up activities and programs that:

- Support OVC through 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 support including referrals for home based care, food/nutrition, and psychosocial needs.

Program - Blood Safety

Program Description:

PEPFAR funds provide central support for 14 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 PEPFAR 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.

In FY 2009, through the coordinated efforts of the National Blood Transfusion Services and the assistance of expert blood transfusion organizations, each of the countries will continue to develop an organized, high-quality blood transfusion system that will produce an adequate supply of safe blood.

Funding will be provided to HHS/CDC for headquarters to support the national blood transfusion services or ministries of health in fourteen countries and the five technical assistance organizations. The funding includes staff travel and salary support for medical officers and public health advisors.

In addition, funding will support donor outreach sessions at regional blood transfusion centers for the recruitment of voluntary non-remunerated blood donors. Interruption of recruitment activities results in severe shortages and relapse to use of family replacement donors who have a higher HIV prevalence than voluntary non-remunerated donors. Funding will also support clinical and administrative staff implementing blood safety activities.

Program - Injection Safety

Program Description:

HHS/CDC will use FY 2009 funding to sustain a safe-injection program that covers the population of each country, using each country's National Injection Safety Plan. The focus of this cooperative agreement is seven countries in Africa and the Caribbean heavily affected by HIV/AIDS: Botswana, Cote d'Ivoire, Haiti, Kenya, Rwanda, South Africa, and Tanzania. The implementation of these National Injection Safety Plans includes management, operations, and monitoring activities. John Snow Inc. coordinates activities with the U.S. Government Mission, the Ministry of Health (MOH), and non-governmental organizations (NGOs), as appropriate, in each country.

Appendix 3 - Indirect Cost Models

DoD Indirect Cost Model

Definition of Variable

Direct Cost Variables

- Salaries and benefits of 22 DoD PEPFAR dedicated FTEs.
- Funding for active duty military personnel (approximately 35 individuals) who undertake occasional missions on behalf of DoD PEPFAR, who are paid with DoD funds and utilize PEPFAR travel funds.

Indirect Cost Variables

- NHRC is charged directly by the Department of Defense for all direct labor, general overhead and indirect overhead associated with the implementation of programs. Labor is charged directly. General overhead is charged as the quotient of “total general overhead costs” divided by “total productive labor hours” incurred by all command employees (military, civil service, contractors) engaged in direct program activity. And the indirect overhead includes costs for administrative-type support attributable to a specific program within NHRC, to include departmental equipment maintenance, administrative supplies and equipment, clerical support, printing and reproduction support, and biomedical repair support. In FY07 the indirect overhead charge was \$13 per productive science hour (44% labor, 21% administrative, travel and library, and 35% IT technology and base operating support). In FY08 the rate assessed was also \$13 per productive science hour (43% labor, 20% administrative, travel and library, and 37% IT technology and base operating support). Per labor hour is based on the assumption of 2,080 hours per year less 11 Federal holidays, vacation and sick leave, jury duty. The final labor hours assumed by DoD and NHRC is 1,850 hours annual per employee. This \$13 per productive science hour is passed directly to PEPFAR.
- An Indirect Overhead Rate is also charged as the quotient of “total program overhead costs” divided by “total productive program labor hours” unique to each program. For FY07 and FY08 there were no charges for DHAPP.

USAID Indirect Cost Model

Definition of Variable

Indirect Cost Variables

- USAID's indirect support costs include the services provided by the Agency's Washington-based operating units and benefiting all worldwide programs managed by the Agency. These include, but are not limited to, the costs associated with the Bureau for Management, Bureau for Legislative and Public Affairs, Office of Equal Opportunity Programs, Office of Security, Office of Disadvantaged Business Utilization, as well as, staff training and personnel support.

- Each year USAID identifies the total cost per category of the units or offices that support PEPFAR dedicated staff. The actual amounts for each of these categories are based on dollars reported to Congress in the Congressional Budget Justification (CBJ). The total costs reported in the CBJ, are then adjusted, as needed, for PEPFAR specifically. The total adjusted cost for supporting PEPFAR is then divided by the total costs of the USAID operating units. This equation results in an annual indirect cost rate, which has been averaged over the two years.
- The Indirect Overhead Rate is then applied to the total cost of headquarters and field PEPFAR dedicated staff salaries and benefits (only those paid for by the GHCS-State account), resulting in an indirect cost amount.

HHS/OGHA Indirect Cost Model

Definition of Variable

Indirect Cost Variables

- HHS/OGHA's indirect support costs include rent, HHS Service and Supply Fund, operations and maintenance (utilities only), notification of foreign travel system (contracts and system service), communications (email and international blackberry calls), and security guard service.
- Each year HHS/OGHA identifies the total cost-per-category of the units or offices that support PEPFAR-dedicated staff. The actual amounts for each of these categories are based on financial reports from the HHS Unified Financial Management System financial (UFMS) reporting system.
- The HHS/OGHA indirect cost rate for each fiscal year will be calculated based on the percentage of HHS/OGHA PEPFAR-funded FTEs to total HHS/OGHA FTEs. The indirect cost amount for reimbursement will be calculated annually by applying this indirect cost rate for the fiscal year to the two-year rolling average of indirect costs as outlined above.

Appendix 4 - Description and Categorization of Budget Codes by Program Area

PREVENTION

01-MTCT Prevention: PMTCT- Includes activities (including training) aimed at preventing mother-to-child HIV transmission, including ARV prophylaxis for HIV-infected pregnant women and newborns and counseling and support for maternal nutrition.

02-HVAB Sexual Prevention: AB – Includes activities (including training) to promote abstinence (including delay of sexual activity or secondary abstinence), fidelity (including partner reduction), and related social and community norms.

03-HVOP Sexual Prevention: Other sexual prevention- Includes other activities (including training) aimed at preventing HIV transmission including purchase and promotion of condoms, STI management (if not in palliative care settings/context), messages/programs to reduce other risks of persons engaged in high-risk behaviors. Prevention services focus on target populations such as alcohol users; at risk youth; MSM; mobile populations, including migrant workers, truck drivers, and members of military and other uniformed services (e.g. police); and persons who exchange sex for money and/or other goods with multiple or concurrent sex partners, including persons engaged in prostitution and/or transactional sexual partnerships.

04-HMBL Biomedical Prevention: Blood Safety– Includes activities supporting a nationally-coordinated blood program to ensure a safe and adequate blood supply including: infrastructure and policies; donor-recruitment activities; blood collection, testing for transfusion-transmissible infections, component preparation, storage and distribution; appropriate clinical use of blood, transfusion procedures and hemovigilance; training and human resource development; monitoring and evaluation; and development of sustainable systems.

05-HMIN Biomedical Prevention: Injection Safety– Includes policies, training, waste-management systems, advocacy and other activities to promote medical injection safety, including distribution/supply chain, cost and appropriate disposal of injection equipment and other related equipment and supplies.

06-IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use– Includes activities including policy reform, training, message development, community mobilization and comprehensive approaches including medication assistance therapy to reduce injecting drug use.

07-CIRC Biomedical Prevention: Male Circumcision– Includes policy, training, outreach, message development, service delivery and follow-up, and equipment and supply purchase related to male circumcision. ABC messaging, condom provision, prevention counseling and STI treatment should all be part of a comprehensive male circumcision package.

14-HVCT Care: Counseling and Testing– Includes activities in which both HIV counseling and testing are provided for those who seek to know their HIV status (as in traditional VCT) or provider initiated counseling and testing.

CARE

08-HBHC Care: Adult Care and Support– Includes all facility-based and home/community-based activities for HIV-infected adults and their families aimed at extending and optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness through provision of clinical, psychological, spiritual, social, and prevention services. Clinical care includes prevention and treatment of OIs (excluding TB) and other HIV/AIDS-related complications including malaria and diarrhea (providing access to commodities such as pharmaceuticals, insecticide-treated nets, safe water interventions and related laboratory services), pain and symptom relief, and nutritional assessment and support including food. Psychological and spiritual support includes group and individual counseling and culturally-appropriate end-of-life care and bereavement services. Social support includes vocational training, income-generating activities, social and legal protection, and training and support of caregivers. Prevention services include “prevention for positives” behavioral counseling and counseling and testing of family members.

10-PDCS Care: Pediatric Care and Support– Includes all health facility-based care for HIV-exposed children aimed at extending and optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness through provision of clinical, psychological, spiritual, social, and prevention services. Clinical care includes early infant diagnosis, prevention and treatment of OIs (excluding TB) and other HIV/AIDS-related complications including malaria and diarrhea (providing access to commodities such as pharmaceuticals, insecticide treated nets, safe water interventions and related laboratory services), pain and symptom relief, and nutritional assessment and support including food.

12-HVTB Care: TB/HIV– Includes exams, clinical monitoring, related laboratory services, treatment and prevention of tuberculosis (including medications), as well as screening and referral of TB clinic clients for HIV testing, and clinical care. The location of HIV/TB activities can include general medical settings, HIV/AIDS clinics, home-based care and traditional TB clinics and hospitals.

13-HKID Care: OVC– Includes activities aimed at improving the lives of orphans and other vulnerable children (OVC) affected by HIV/AIDS, and doing so in a measurable way. Services to children (0-17 years) should be based on the actual needs of the child and could include ensuring access to basic education (from early childhood development through secondary level), broader health care services, targeted food and nutrition support, including support for safe infant feeding and weaning practices, protection and legal aid, economic strengthening, training of caregivers in HIV prevention and home-based care, etc. Household-centered approaches that link OVC services with HIV-affected families (linkages with PMTCT, palliative care, treatment, etc.) and strengthen the capacity of the family unit (caregiver) are included along with strengthening community structures which protect and promote healthy child development (schools, churches, clinics, child protection committees, etc.) and investments in local and national government capacity to identify, monitor and track children’s well-being.

TREATMENT

09-HTXS Treatment: Adult Treatment– Includes infrastructure, training clinicians and other providers, exams, clinical monitoring, related laboratory services, and community-adherence activities.

11-PDTX Treatment: Pediatric Treatment- Includes infrastructure, training clinicians and other providers, exams, clinical monitoring, related laboratory services, and community-adherence activities.

15-HTXD ARV Drugs– Includes procurement, delivery, in-freight of ARV drugs. All antiretroviral Post-Exposure Prophylaxis procurement for rape victims should be included within this program area.

16-HLAB Laboratory Infrastructure– Includes development and strengthening of laboratory systems and facilities to support HIV/AIDS-related activities including purchase of equipment and commodities and provision of quality assurance, staff training and other technical assistance.

OTHER

17-HVSI Strategic Information–HIV/AIDS behavioral and biological surveillance, facility surveys, monitoring partner results, reporting results, supporting health information systems, assisting countries to establish and/or strengthen such systems, and related analyses and data dissemination activities fall under strategic information.

18-OHSS Health Systems Strengthening –Includes broad policy reform efforts and system-wide approaches, for example national procurement and logistics systems or strengthening of Global Fund programs and donor coordination.

19-HVMS Management and Staffing– Includes costs of supporting USG mission staff to manage, support, and administer HIV/AIDS programs including related training, salaries, travel, housing and other personnel-related expenses.

Appendix 5 - List of Acronyms

AB – Abstinence and Be Faithful
 ABC – Abstain, Be faithful, and, as appropriate, correct and consistent use of Condoms
 AF – African Affairs (State Department Bureau)
 AIDS – Acquired Immune Deficiency Syndrome
 ANC – Antenatal Care
 APR – Annual Program Result
 APS – Annual Program Statement
 ART – Antiretroviral treatment
 ARV – Antiretroviral (Drug)
 BCC – Behavior Change Communication
 CBJ – Congressional budget justification
 CBO – Community-Based Organization
 CCM – Country Coordinating Mechanism
 CDC – Centers for Disease Control and Prevention (part of HHS)
 CHW – Community Health Workers
 CN – Congressional Notification
 COC – Continuum of Care
 CODB – Costs of Doing the USG’s PEPFAR Business
 COP – Country Operational Plan
 COPRS – Country Operational Plan and Reporting System
 CSH – Child Survival & Health (USAID funding account)
 CSW – Commercial Sex Work
 DfID – Department for International Development (UK)
 DoD – U.S. Department of Defense
 DOL – U.S. Department of Labor
 DOS – Department of State
 EID – Early Infant Diagnosis
 EAP – East Asian and Pacific Affairs (State Department Bureau)
 EHSP – Essential Health Services Package
 EUR – European and Eurasian Affairs (State Department Bureau)
 F – Office of the Director of Foreign Assistance
 FBO – Faith-Based Organization
 FDA – Food and Drug Administration (part of HHS)
 FSW – Female Sex Workers
 FSN – Foreign Service National
 FTE – Full-time Equivalent
 FY – Fiscal Year
 GAP – Global AIDS Program (CDC)
 GBV – Gender-Based Violence
 GHAI – Global HIV/AIDS Initiative (funding account; replaced by GHCS)
 GHCS – Global Health Child Survival funds (funding account)
 Global Fund – Global Fund to Fight AIDS, Tuberculosis and Malaria
 HAART – Highly Active Antiretroviral Therapy
 HBC – Home-Based Care

HCT – HIV Counseling and Testing
HCW – Health Care Workers
HHS – U.S. Department of Health and Human Services
HIV – Human Immunodeficiency Virus
HMIS – Health Management Information System
HQ – Headquarters
HRSA – Health Resources and Services Administration (part of HHS)
HRH – Human Resources for Health
HSS – Health Systems Strengthening
ICASS – International Cooperative Administrative Support Services
ID – Identification
IDP – Internally-Displaced Person
IDU – Injecting Drug User
INR – Intelligence and Research (State Department Bureau)
IPT – Isoniazid Preventive Therapy
IRM – Information Resources Management
LES – Locally Employed Staff
M&E – Monitoring and Evaluation
M&O – Management and Operations
MARPs – Most-at-Risk Populations
MCA – Millennium Challenge Account
MCH – Maternal and Child Health
MDR-TB – Multi-Drug Resistant Tuberculosis
MFI – Microfinance Institution
MOA – Memorandum of Agreement
MOH – Ministry of Health
MOU – Memorandum of Understanding
MSM – Men Who Have Sex with Men
MSW – Male Sex Workers
N/A – Not Applicable
NEA – Near Eastern Affairs (State Department Bureau)
NGO – Non-governmental Organization
NPI – New Partners Initiative
NIH – National Institutes of Health (part of HHS)
OGAC – Office of the U.S. Global AIDS Coordinator (part of State)
OGHA – Office of Global Health Affairs (part of HHS)
OI – Opportunistic Infection
OMB – Office of Management and Budget
OS – Office of the Secretary (part of HHS)
OP – Other Prevention
OVC – Orphans and Vulnerable Children
PAHO – Pan American Health Organization
PC – Peace Corps
PEP – Post-exposure Prophylaxis
PEPFAR – President’s Emergency Plan for AIDS Relief
PITC – Provider-Initiated Counseling and Testing

PLWHA – People Living with HIV/AIDS
PM – Political-Military Affairs (State Department Bureau)
PMTCT – Prevention of Mother-to-Child HIV Transmission
PPP – Public-Private Partnership
PR – Principal Recipient
PSC – Personal Services Contract
PwP – Prevention with Positives
QA – Quality Assurance
S/APR – Semi-Annual Program Result
SAMHSA – Substance Abuse and Mental Health Services Administration (part of HHS)
SCMS – Partnership for Supply Chain Management
SI – Strategic Information
STI – Sexually-Transmitted Infection
TA – Technical Assistance
TB - Tuberculosis
TWG – Technical Working Group
UNAIDS – Joint United Nations Program on HIV/AIDS
UNICEF – United Nations Children’s Fund
USAID – U.S. Agency for International Development
USDA – U.S. Department of Agriculture
USDH – U.S. Direct Hire
USG – United States Government
VCT – Voluntary Counseling and Testing
VMMC – Voluntary Medical Male Circumcision
WFP – World Food Program
WHA -- Western Hemisphere Affairs (State Department Bureau)
WHO – World Health Organization

Appendix 6 - Links to PEPFAR Resources

<http://www.pepfar.gov/countries/>

Link description: provides PEPFAR country level summaries, including country profiles, partner listings, proposed country operational plans, and PEPFAR operational plans.

<http://www.pepfar.gov/about/c19388.htm>

Link description: provides historical PEPFAR Operational Plans.

http://www.pepfar.gov/press/fifth_annual_report/index.htm

Link description: provides PEPFAR progress to date in the Fifth Annual Report to Congress.

<http://www.pepfar.gov/about/c24880.htm>

Link description: provides the quarterly reports submitted to Congress on the allocation, obligation and expenditure of funds appropriated for PEPFAR.

<http://www.pepfar.gov/guidance/framework/index.htm>

Link description: provides the draft guidance to the field for Partnership Frameworks, entitled “Guidance for PEPFAR Partnership Frameworks and Partnership Framework Implementation Plans - Version 2.0”.