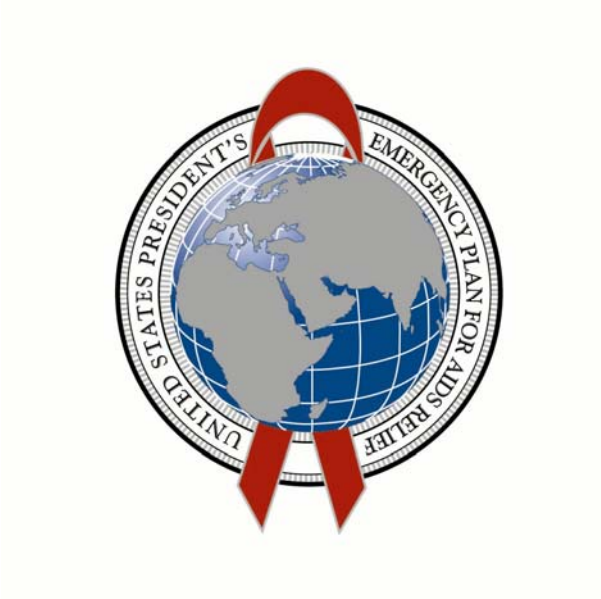


# THE U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)

## FISCAL YEAR 2010: PEPFAR OPERATIONAL PLAN

**April 2011**

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## SECTION I: INTRODUCTION

### Overview

This Operational Plan of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) serves as the second PEPFAR Operational Plan for fiscal year (FY) 2010. 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 several overarching updates within PEPFAR programs. These updates include the release of the PEPFAR Five-Year Strategy and the Global Health Initiative, the development of Partnership Frameworks, and changes to Management and Operations data collection for FY 2010.

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-VI contain the supporting narratives for the Summary Plan Presentation. Section III provides an overview of the country and regional programs preparing PEPFAR operational plans. Section IV provides 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 April 2011 PEPFAR Operational Plan serves as the second 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 2010 figures reflect funds appropriated in the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2010 (Division F, P.L. 111-117), under the heading "Global Health and Child Survival," the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2010 (Division D, P.L. 111-117), and for Department of Defense, the Department of Defense Appropriations Act, 2010 (Division A, P.L. 111-118) under the heading "Defense Health Program."

**Progress to Date**

On World AIDS Day 2010, reflecting America's commitment to saving lives affected by HIV/AIDS, PEPFAR announced encouraging new results achieved by its efforts to support countries in providing HIV prevention, treatment and care to their people. Among these results, the U.S. is directly supporting life-saving antiretroviral treatment for more than 3.2 million men, women and children worldwide as of September 30, 2010, up from less than 2.5 million in 2009. In the coming years, the U.S. has committed to directly support more than four million people on treatment, more than doubling the number of people directly supported on treatment during the first five years of PEPFAR.

Support for prevention of new HIV infections, and for care and support for those affected by HIV, are other areas in which PEPFAR programs show encouraging progress. PEPFAR directly supported antiretroviral prophylaxis to prevent mother-to-child HIV transmission for more than 600,000 HIV-positive pregnant women in fiscal year 2010, allowing more than 114,000 infants to be born HIV-free. Through its partnerships with more than 30 countries, PEPFAR directly supported 11 million people with care and support, including nearly 3.8 million orphans and vulnerable children, in fiscal year 2010 alone. PEPFAR directly supported HIV counseling and testing for nearly 33 million people in fiscal year 2010, providing a critical entry point to prevention, treatment, and care.

Combating HIV/AIDS is a shared global responsibility. In addition to PEPFAR's direct impact, many also benefit from programs supported by the U.S. and other donors through the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Of the estimated 5.2 million individuals in low- and middle-income countries who currently receive treatment, nearly 4.7 million receive support through PEPFAR bilateral programs, the Global Fund, or both. The U.S. is the first and largest donor to the Global Fund, having provided more than $5.1 billion to date and announced an historic multi-year pledge of $4 billion for 2011-2013, a 38 percent increase in U.S. support.

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, and as part of the Global Health Initiative.

**PEPFAR Updates**

The following sections provide brief descriptions of important updates to PEPFAR programs and policies.

Five-Year Strategy

In December 2009, PEPFAR released its Five-Year Strategy, which outlines the high-level direction of the program for its next phase. This strategy reflects lessons learned in the first five years of the program, expands existing commitments around service delivery, and places a heightened emphasis on sustainability.

PEPFAR will aim to build programs that are country-owned and country-driven, address HIV/AIDS within a broader health and development context, and build upon strengths and efficiencies identified in the first phase of PEPFAR.

The full text of the Five-Year Strategy is available online at:
http://www.pepfar.gov/strategy/index.htm.

Global Health Initiative

The U.S. Government continues to lay the groundwork for efforts under the U.S. Global Health Initiative (GHI). This initiative is designed to help partner countries improve measurable health outcomes by strengthening health systems and building upon proven results. It places a particular focus on improving the health of women, newborns and children. Pursuing a comprehensive approach, GHI includes programs addressing HIV/AIDS, malaria, tuberculosis, maternal and child health, nutrition, family planning and reproductive health, and neglected tropical diseases. These U.S. global health investments are an important component of our national security "smart power" strategy, critical to national security as well as our common security.

GHI activities are being implemented in the more than 80 countries where U.S. Government global health dollars are already at work. Under GHI, the U.S. Government will coordinate with partner country governments to ensure that investments align with national priorities and build capacity. As of August 2010, eight countries have been selected as the first set of “GHI Plus” countries: Bangladesh, Ethiopia, Guatemala, Kenya, Malawi, Mali, Nepal, and Rwanda. These countries will receive additional technical and management support to quickly implement GHI’s approach, including integrated programs and investments across the spectrum of infectious diseases, maternal and child health, family planning, and health systems activities. GHI Plus countries will provide enhanced opportunities to build upon existing public health programs; improve program performance; and work in close collaboration with partner governments, across U.S. Government agencies, and with global partners.

Through GHI, the U.S. Government is pursuing a comprehensive “whole-of-government” approach to global health and health assistance, including representatives from various offices at the Department of State, the U.S. Agency for International Development, the Department of

Health and Human Services, the Department of Defense, the Department of Treasury, the Millennium Challenge Corporation, and Peace Corps.

Additional information about GHI, including the March 2011 "United States Government Global Health Initiative Strategy," is available at http://www.ghi.gov.

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).

Twenty-one countries – Angola, Botswana, Caribbean Regional, Central America Regional, the Democratic Republic of Congo, Dominican Republic, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Swaziland, Tanzania, Ukraine, Vietnam, and Zambia – already have signed Partnership Frameworks, posted online at http://www.pepfar.gov/frameworks/index.htm.

In some countries, additional funding for country programs will be made available after the Partnership Framework has been established.

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

Management and Operations

In the FY 2010 PEPFAR Operational Plans, the "USG Management and Operations" (M&O) section captures information about the USG PEPFAR footprint in country in a central, consolidated section – how the team is organized; each agency's roles and responsibilities on the interagency team; staffing requests and vacancies; and the costs of doing business in country, by agency, for PEPFAR. This reflects an effort to centrally organize these costs in one location and allow easier itemization of individual costs; reduce the burden for country teams by centralizing data entry; and provide more transparency to Congress, OMB, and other stakeholders on the costs for each USG agency of managing and implementing the PEPFAR program. The revised methodology captured funding for continuing costs that had previously been captured in prevention, care and treatment budget codes. These funds support the costs of key personnel

(including locally-employed staff) to provide oversight, technical assistance, management, and leadership of the PEPFAR programs in country.

Country teams continue to be encouraged to evaluate the appropriate alignment of M&O costs, interagency organization and structure, and staffing data to the program. Metrics are based on PEPFAR rightsizing principles, unique country/regional contexts, and field planning processes. They emphasize field teams' careful consideration of the appropriate mix of technical, professional and administrative staff; ratio of locally employed staff to USG direct hires; growth in costs annually and over time; and increases in staff in relation to financial growth of the overall program portfolio.

The management and operations of the USG in each country, with a strong emphasis on interagency coordination, continue to be important priorities for PEPFAR. While planning for the FY 2010 Operational Plans, PEPFAR country teams were encouraged to re-evaluate their USG staffing footprint and organizational structure to ensure the maximization interagency planning, implementation, and evaluation. These staffing reviews embody the interagency structure and culture needed to integrate the "one USG team" fully, and institutionalizes management, operations, and staffing decisions based on meeting the overall PEPFAR prevention, care, and treatment goals in the most efficient and effective way possible.

## SECTION II: SUMMARY BUDGET PLAN PRESENTATION

**Table 1 – FY 2008 - FY 2010 PEPFAR Sources of Funding**

## FY 2004 - FY 2012 PEPFAR Funding ($ in millions)

| SOURCES of FUNDING | FY 2008 Enacted | FY 2009 Enacted | FY 2010 Enacted |
|---|---|---|---|
| **USAID Programs:** | **535** | **627** | **593** |
| Global Health/Child Survival (HIV/AIDS) | 347 | 350 | 350 |
| Global Health/Child Survival (TB) | 148 | 163 | 225 |
| Other Accounts (HIV/AIDS) | 25 | - | - |
| Other Accounts (TB) | 15 | 14 | 18 |
| Global Health/Child Survival (Global Fund) | - | 100 | - |
| **HHS Programs:** | **825** | **886** | **905** |
| CDC Global AIDS Program | 119 | 119 | 119 |
| NIH HIV/AIDS Research [1] | 412 | 467 | 486 |
| NIH (Global Fund) | 295 | 300 | 300 |
| **DoD Programs:** | **9** | **8** | **10** |
| **U.S. Global AIDS Coordinator's Office (OGAC):** | **4,662** | **5,159** | **5,359** |
| Global Health/Child Survival (Bilateral HIV/AIDS) | 4,082 | 4,519 | 4,566 |
| Global Health/Child Survival (UNAIDS) | 35 | 40 | 43 |
| Global Health/Child Survival (Global Fund) | 546 | 600 | 750 |
| **TOTAL, Global HIV/AIDS and TB:** | **6,031** | **6,680** | **6,867** |

[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 2010 PEPFAR Operational Plan Program Funding Summary

| Approved as of February 2011 (Dollars in Thousands) | | | | |
|---|---|---|---|---|
| **Programs** | **State/GHCS** | **HHS/GAP & NIH** | **USAID/GHCS** | **All Accounts** |
| **Country Activities** | **3,961,097** | **96,419** | **198,181** | **4,255,697** |
| *Field Programs PEPFAR Operational Plans* | *3,840,886* | *92,619* | *136,751* | *4,070,256* |
| *Central Programs in PEPFAR Operational Plans* | *105,328* | - | - | *105,328* |
| Antiretroviral Therapy (ART) | 97,796 | - | - | 97,796 |
| Safe Medical Injections | 7,532 | - | - | 7,532 |
| *Other PEPFAR Country Programs* | *14,883* | *3,800* | *61,430* | *80,113* |
| **Headquarters Operational Plan Programs** | **604,903** | **22,561** | **140,039** | **767,503** |
| *Technical Leadership and Support* | *459,064* | - | *129,430* | ***588,494*** |
| *Technical Oversight and Management* | *145,838* | *22,561* | *10,609* | *179,009* |
| OGAC Administrative Costs | 14,000 | - | - | 14,000 |
| Other Agency Administrative Costs | 131,838 | 22,561 | 10,609 | 165,009 |
| **International Partners** | **793,000** | **300,000** | - | **1,093,000** |
| Global Fund | 750,000 | 300,000 | - | 1,050,000 |
| UNAIDS | 43,000 | - | - | 43,000 |
| **Total of Included Programs** | **5,359,000** | **418,980** | **338,220** | **6,116,200** |

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

## Table 3 – FY 2008 – FY 2010 Approved Funding in PEPFAR Operational Plans, Country

| Approved Funding, $ in Millions | Fiscal Year | | |
|---|---|---|---|
| **State Region, Operating Unit** | **FY 2008** | **FY 2009** | **FY 2010** |
| **Africa** | **$ 3,663.2** | **$ 3,793.1** | **$ 3,730.2** |
| Angola | $ 7.0 | $ 17.0 | $ 17.7 |
| Botswana | $ 93.2 | $ 95.1 | $ 87.0 |
| Cote d'Ivoire | $ 120.5 | $ 124.8 | $ 119.1 |
| Democratic Republic of Congo | $ 31.3 | $ 33.0 | $ 31.3 |
| Ethiopia | $ 354.5 | $ 346.0 | $ 291.3 |
| Ghana | $ 17.5 | $ 17.5 | $ 13.0 |
| Kenya | $ 534.8 | $ 565.0 | $ 548.1 |
| Lesotho | $ 29.6 | $ 28.3 | $ 29.2 |
| Malawi | $ 44.7 | $ 45.7 | $ 55.3 |
| Mozambique | $ 228.6 | $ 252.9 | $ 269.1 |
| Namibia | $ 108.9 | $ 107.9 | $ 102.6 |
| Nigeria | $ 447.6 | $ 442.3 | $ 459.2 |
| Rwanda | $ 123.5 | $ 147.6 | $ 131.4 |
| South Africa | $ 590.9 | $ 561.3 | $ 560.4 |
| Sudan | $ 10.3 | $ 8.8 | $ 9.5 |
| Swaziland | $ 27.7 | $ 32.4 | $ 37.5 |
| Tanzania | $ 313.4 | $ 361.2 | $ 358.0 |
| Uganda | $ 283.6 | $ 287.1 | $ 286.3 |
| Zambia | $ 269.2 | $ 271.1 | $ 276.7 |
| Zimbabwe | $ 26.4 | $ 48.0 | $ 47.5 |
| **East Asia and Pacific** | **$ 131.1** | **$ 132.7** | **$ 144.8** |
| Cambodia | $ 17.9 | $ 18.0 | $ 18.5 |
| China | $ 10.0 | $ 10.3 | $ 10.0 |
| Indonesia | $ 7.9 | $ 9.0 | $ 13.0 |
| Thailand | $ 6.5 | $ 5.5 | $ 5.5 |
| Vietnam | $ 88.9 | $ 89.9 | $ 97.8 |
| **Europe and Eurasia** | **$ 17.9** | **$ 16.2** | **$ 18.0** |
| Russia | $ 12.0 | $ 8.0 | $ 6.0 |
| Ukraine | $ 5.9 | $ 8.2 | $ 12.0 |
| **South and Central Asia** | **$ 29.8** | **$ 30.5** | **$ 48.8** |
| Central Asia Regional | $ - | $ - | $ 15.8 |
| India | $ 29.8 | $ 30.5 | $ 33.0 |
| **Western Hemisphere** | **$ 141.6** | **$ 187.3** | **$ 233.7** |
| Caribbean Regional | $ - | $ 19.0 | $ 23.3 |
| Central America Regional | $ - | $ - | $ 12.6 |
| Dominican Republic | $ 17.2 | $ 17.3 | $ 15.5 |
| Guyana | $ 23.8 | $ 20.5 | $ 18.2 |
| Haiti | $ 100.6 | $ 130.5 | $ 164.1 |
| **Grand Total** | **$ 3,983.7** | **$ 4,159.7** | **$ 4,175.6** |

Table explanation: Includes all sources of approved funding supporting activities in PEPFAR operational plans for FY 2008 through FY 2010. Note the Caribbean Regional did not prepare a PEPFAR Operational Plan until FY 2009, and Central Asia Regional and Central American Regional did not complete PEPFAR Operational Plans until FY 2010.

## Table 4 – FY 2010 Budgetary Requirements Summary

| Program Area | Budget Code | | Total Approved Funding (in millions) |
|---|---|---|---|
| PMTCT | MTCT | PMTCT | $313.3 |
| Sexual Prevention | HVAB | Abstinence and Fidelity | $187.9 |
| | HVOP | Other Prevention | $267.9 |
| Biomedical Prevention | CIRC | Male Circumcision | $70.9 |
| | HMIN | Injection Safety | $23.6 |
| | HMBL | Blood Safety | $53.5 |
| | IDUP | Injecting and non-Injecting Drug Use | $23.8 |
| Counseling and Testing | HVCT | Counseling and Testing | $201.6 |
| Adult Care and Treatment | HTXS | Adult Treatment | $659.1 |
| | HBHC | Adult Care and Support | $325.2 |
| Pediatric Care and Treatment | PDCS | Pediatric Care and Support | $51.2 |
| | PDTX | Pediatric Treatment | $105.4 |
| TB/HIV | HVTB | TB/HIV | $137.1 |
| OVC | HKID | Orphans and Vulnerable Children | $327.9 |
| ARV Drugs | HTXD | ARV Drugs | $371.0 |
| Laboratory Infrastructure | HLAB | Laboratory Strengthening | $190.9 |
| Strategic Information | HVSI | Strategic Information | $170.4 |
| Health Systems Strengthening | OHSS | Health Systems Strengthening | $330.7 |
| Management & Operations | M&O | Management and Operations | $364.3 |
| **Subtotal: Prevention, Treatment and Care** | | | $3,119.3 |
| **Total: All Program Areas** | | | $4,175.6 |
| | | | |
| **% OVC**<br>• OVC budgetary requirement ≥ 10%: (HKID) / (Subtotal, Prevention, Treatment and Care) | | | **11%** |
| **% Care and Treatment for PLWHA**<br>• Care & Treatment budgetary requirement ≥ 50%: (HBHC + HTXS + PDCS + PDTX + HVTB + HTXD) / (Subtotal, Prevention, Treatment and Care) | | | **53%** |

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 (OVC) and at least 50% of funding for treatment and care of people living with HIV/AIDS (PLWHA).

## Table 5 – CY 2009 HIV/AIDS Epidemic Overview

| Region, Operating Unit | Adult HIV Prevalence (%) | Number of People Living with HIV/AIDS | Number of Orphans Due to AIDS |
|---|---|---|---|
| **Africa** | | | |
| Angola | 2.0 | 200,000 | 140,000 |
| Botswana | 24.8 | 320,000 | 93,000 |
| Burundi | 3.3 | 180,000 | 200,000 |
| Cameroon | 5.3 | 610,000 | 330,000 |
| Cote d'Ivoire | 3.4 | 450,000 | 440,000 |
| DRC | [1.2-1.6] | [430,000 - 560,000] | 51,000 |
| Ethiopia | [1.0-1.2] | [510,000 - 660,000] | - |
| Ghana | 1.8 | 260,000 | 160,000 |
| Kenya | 6.3 | 1,500,000 | 1,200,000 |
| Lesotho | 23.6 | 290,000 | 130,000 |
| Malawi | 11.0 | 920,000 | 650,000 |
| Mozambique | 11.5 | 1,400,000 | 670,000 |
| Namibia | 13.1 | 180,000 | 70,000 |
| Nigeria | 3.6 | 3,300,000 | 2,500,000 |
| Rwanda | 2.9 | 170,000 | 130,000 |
| South Africa | 17.8 | 5,600,000 | 1,900,000 |
| Sudan | 1.1 | 260,000 | - |
| Swaziland | 25.9 | 180,000 | 69,000 |
| Tanzania | 5.6 | 1,400,000 | 1,300,000 |
| Uganda | 6.5 | 1,200,000 | - |
| Zambia | 13.5 | 980,000 | 690,000 |
| Zimbabwe | 14.3 | 1,200,000 | 1,000,000 |
| **East Asia and Pacific** | | | |
| Cambodia | 0.5 | 63,000 | - |
| China | 0.1 | 740,000 | - |
| Indonesia | 0.2 | 310,000 | - |
| Thailand | 1.3 | 530,000 | - |
| Vietnam | 0.4 | 280,000 | - |
| **Europe and Eurasia** | | | |
| Russia | 1.0 | 980,000 | - |
| Ukraine | 1.1 | 350,000 | - |

Table explanation: This table provides an overview of the global HIV/AIDS epidemic in PEPFAR operating units, 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.

| Region, Operating Unit | Adult HIV Prevalence (%) | Number of People Living with HIV/AIDS | Number of Orphans Due to AIDS |
|---|---|---|---|
| **South and Central Asia** | | | |
| India | 0.3 | 2,400,000 | - |
| Kazakhstan *** | 0.1 | 59,900 | - |
| Kyrgyzstan *** | 0.3 | 59,900 | - |
| Tajikistan *** | 0.2 | 59,900 | - |
| Turkmenistan *** | - | 59,900 | - |
| Uzbekistan *** | 0.1 | 59,900 | - |
| **Western Hemisphere** | | | |
| Antigua and Barbuda * | - | 64,200 | - |
| Bahamas * | 3.1 | 64,200 | - |
| Barbados * | 1.4 | 64,200 | - |
| Belize * | 2.3 | 64,200 | - |
| Costa Rica ** | 0.3 | 171,700 | - |
| Dominica * | - | 64,200 | - |
| Dominican Republic | 0.9 | 57,000 | - |
| El Salvador ** | 0.8 | 171,700 | - |
| Grenada * | - | 64,200 | - |
| Guatemala ** | 0.8 | 171,700 | - |
| Guyana | 1.8 | 5,900 | - |
| Haiti | 1.9 | 120,000 | 93,000 |
| Honduras ** | 0.8 | 171,700 | - |
| Jamaica * | 1.7 | 62,700 | - |
| Nicaragua | 0.2 | 171,700 | - |
| Panama ** | - | 171,700 | - |
| St. Kitts and Nevis * | - | 64,200 | - |
| St. Lucia * | - | 64,200 | - |
| St. Vincent * | - | 64,200 | - |
| Suriname * | 1.0 | 64,200 | - |
| Trinidad and Tobago * | 1.5 | 64,200 | - |

**Note:** This table provides estimates related to the global HIV/AIDS epidemic as of December 2010. To calculate adult HIV prevalence, the estimated number of adults (15–49 years) living with HIV in 2009 was divided by the 2009 adult population. The estimated number of people living with HIV include all people with HIV infection, whether or not they have developed symptoms of AIDS, in 2009. The number of orphans due to AIDS reflects the estimated number of children (0–17 years) in 2009 who have lost one or both parents to AIDS. For country where no recent data was available, no country-specific estimates are listed in the table. **Source:** Global report: UNAIDS Report on the Global AIDS Epidemic 2010, Joint United Nations Programme on HIV/AIDS (UNAIDS).

* Countries that comprise the PEPFAR Caribbean Regional Operational Plan. Belize also receives PEPFAR funding through the Central America Regional platform.

** Countries that comprise the PEPFAR Central America Regional Operational Plan.

*** Countries that comprise the PEPFAR Central Asia Regional Operational Plan.

## Table 6 – FY 2010 Approved Funding in PEPFAR Operational Plans, by Country and Implementing Agency

| Approved Funding, $ in Millions | Implementing Agency | | | | | | TOTAL |
|---|---|---|---|---|---|---|---|
| State Region, Operating Unit | DoD | DOL | HHS | Peace Corps | State | USAID | |
| **Africa** | **$ 105.0** | **$ 0.7** | **$ 1,492.1** | **$ 10.3** | **$ 61.3** | **$ 2,060.9** | **$ 3,730.2** |
| Angola | $ 1.3 | | $ 6.9 | | | $ 9.5 | $ 17.7 |
| Botswana | $ 2.6 | $ 0.4 | $ 60.8 | $ 1.6 | $ 4.0 | $ 17.7 | $ 87.0 |
| Cote d' Ivoire | $ 0.2 | | $ 66.5 | | $ 0.2 | $ 52.2 | $ 119.1 |
| Democratic Republic of the Congo | $ 1.4 | | $ 11.0 | | $ 0.4 | $ 18.5 | $ 31.3 |
| Ethiopia | $ 1.9 | | $ 112.0 | | $ 15.3 | $ 162.1 | $ 291.3 |
| Ghana | $ 0.4 | | $ 2.9 | $ 0.2 | $ 0.2 | $ 9.4 | $ 13.0 |
| Kenya | $ 23.5 | | $ 166.2 | | $ 9.7 | $ 348.7 | $ 548.1 |
| Lesotho | $ 0.9 | | $ 9.6 | $ 0.4 | $ 0.8 | $ 17.5 | $ 29.2 |
| Malawi | $ 0.3 | | $ 21.8 | $ - | $ 0.3 | $ 32.9 | $ 55.3 |
| Mozambique | $ 3.2 | | $ 110.0 | $ 1.1 | $ 9.4 | $ 145.5 | $ 269.1 |
| Namibia | $ 2.7 | | $ 52.0 | $ 2.0 | $ 0.6 | $ 45.4 | $ 102.6 |
| Nigeria | $ 11.9 | | $ 192.3 | | $ 0.8 | $ 254.1 | $ 459.2 |
| Rwanda | $ 4.0 | | $ 40.7 | $ 0.8 | $ 0.4 | $ 85.5 | $ 131.4 |
| South Africa | $ 1.0 | | $ 241.5 | $ 0.9 | $ 2.2 | $ 314.8 | $ 560.4 |
| Sudan | | | $ 4.2 | | | $ 5.3 | $ 9.5 |
| Swaziland | $ 0.6 | $ 0.3 | $ 15.3 | $ 0.2 | $ 0.6 | $ 20.7 | $ 37.5 |
| Tanzania | $ 32.9 | | $ 136.7 | $ 1.0 | $ 10.7 | $ 176.7 | $ 358.0 |
| Uganda | $ 6.2 | | $ 126.7 | $ 0.3 | $ 3.6 | $ 149.4 | $ 286.3 |
| Zambia | $ 10.1 | $ - | $ 101.8 | $ 1.9 | $ 2.0 | $ 160.9 | $ 276.7 |
| Zimbabwe | | | $ 13.4 | | $ 0.2 | $ 33.9 | $ 47.5 |
| **East Asia and Pacific** | **$ 4.2** | **$ -** | **$ 54.3** | **$ -** | **$ 0.2** | **$ 86.2** | **$ 144.8** |
| Cambodia | | | $ 4.5 | | | $ 14.1 | $ 18.5 |
| China | | | $ 4.5 | | | $ 5.5 | $ 10.0 |
| Indonesia | $ 0.3 | $ - | $ - | $ - | $ - | $ 12.8 | $ 13.0 |
| Thailand | | | $ 4.2 | | | $ 1.3 | $ 5.5 |
| Vietnam | $ 3.9 | | $ 41.1 | | $ 0.2 | $ 52.6 | $ 97.8 |
| **Europe and Eurasia** | **$ -** | **$ -** | **$ 4.5** | **$ 0.3** | **$ -** | **$ 13.2** | **$ 18.0** |
| Russia | | | $ 0.5 | | | $ 5.5 | $ 6.0 |
| Ukraine | $ - | | $ 4.0 | $ 0.3 | | $ 7.7 | $ 12.0 |
| **South and Central Asia** | **$ 0.6** | **$ 0.3** | **$ 15.6** | **$ 0.1** | **$ -** | **$ 32.2** | **$ 48.8** |
| Central Asia Regional | | | $ 6.9 | $ 0.1 | $ - | $ 8.8 | $ 15.8 |
| India | $ 0.6 | $ 0.3 | $ 8.7 | | | $ 23.4 | $ 33.0 |
| **Western Hemisphere** | **$ 3.6** | **$ 0.2** | **$ 100.0** | **$ 1.8** | **$ 15.8** | **$ 112.3** | **$ 233.7** |
| Caribbean Regional | $ 1.6 | | $ 11.1 | $ 0.7 | $ 0.7 | $ 9.2 | $ 23.3 |
| Central America Regional | $ 0.7 | | $ 3.9 | $ 0.1 | | $ 7.8 | $ 12.6 |
| Dominican Republic | $ 1.0 | | $ 5.9 | $ 0.9 | | $ 7.7 | $ 15.5 |
| Guyana | $ 0.3 | $ 0.2 | $ 7.2 | $ 0.1 | $ 0.1 | $ 10.4 | $ 18.2 |
| Haiti | $ - | $ - | $ 71.8 | $ - | $ 15.1 | $ 77.2 | $ 164.1 |
| **Grand Total** | **$ 113.4** | **$ 1.2** | **$ 1,666.4** | **$ 12.7** | **$ 77.3** | **$ 2,304.7** | **$ 4,175.6** |

Table explanation: Includes all approved funding supporting activities in PEPFAR countries and regions 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.

**Chart 1 – FY 2010 Approved Funding by Prevention Program Area, Region**

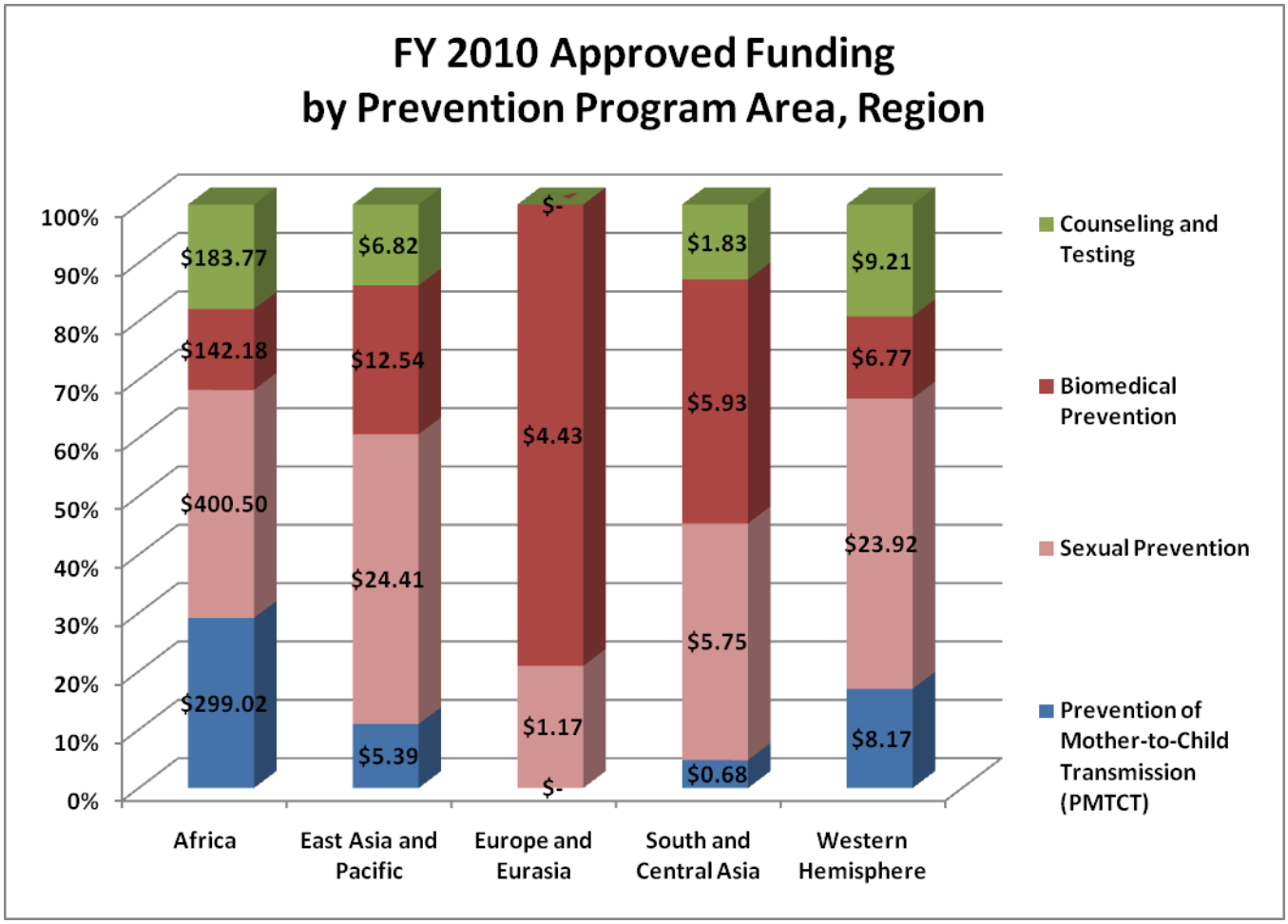


Chart explanation: Includes approved funding (in millions) by region in the program area of prevention. The funding includes all funding sources approved in PEPFAR operational plans. Definitions of program area budget codes can be found in the appendices.

**Chart 2 – FY 2010 Approved Funding by Care and Treatment Program Areas, Region**

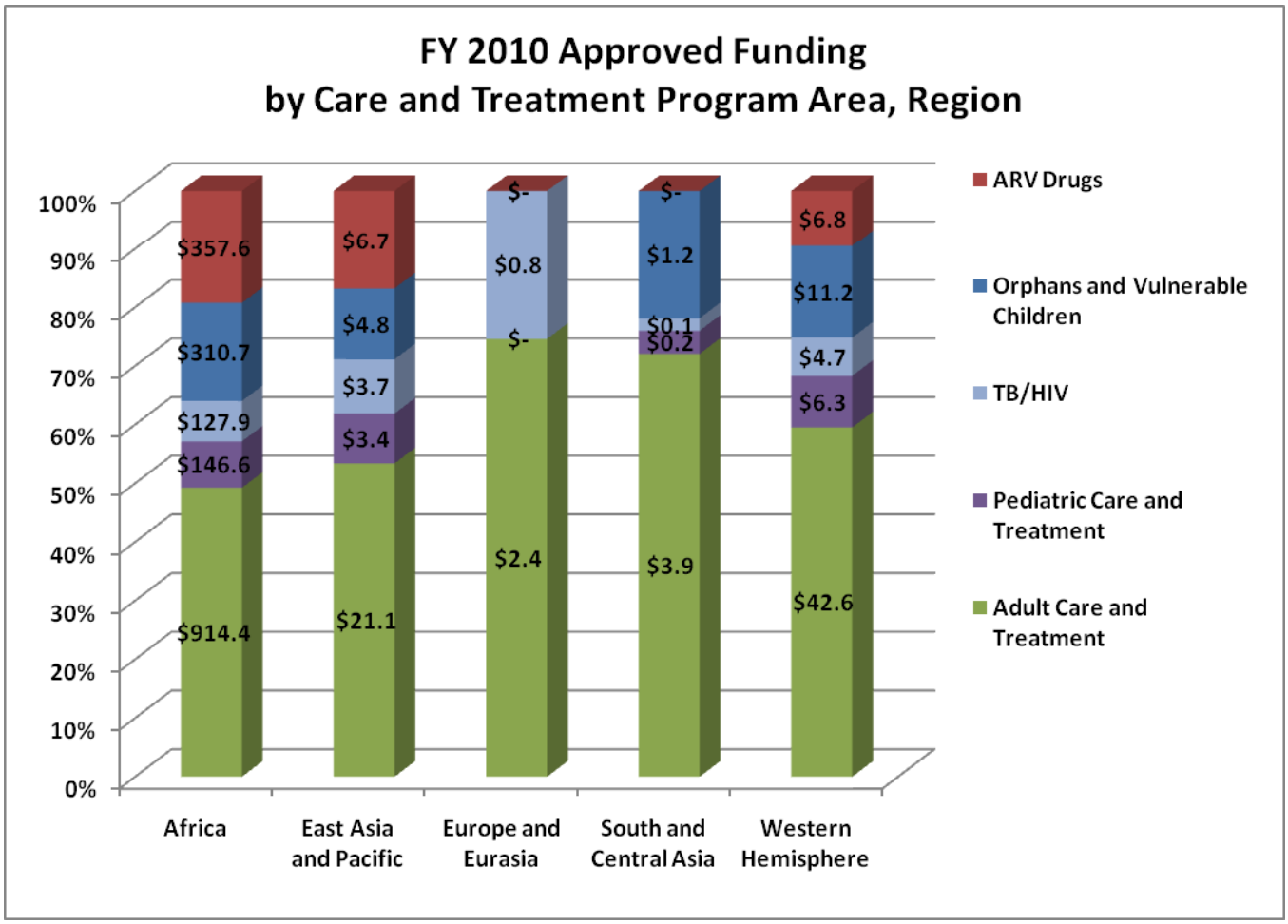


Chart explanation: Includes approved funding (in millions) by region in the program areas of care and treatment. The funding includes all funding sources approved in PEPFAR operational plans. Definitions of program area budget codes can be found in the appendices.

**Chart 3 – FY 2010 Approved Funding by Health Systems Strengthening, Lab Strengthening, and Strategic Information Program Area, Region**

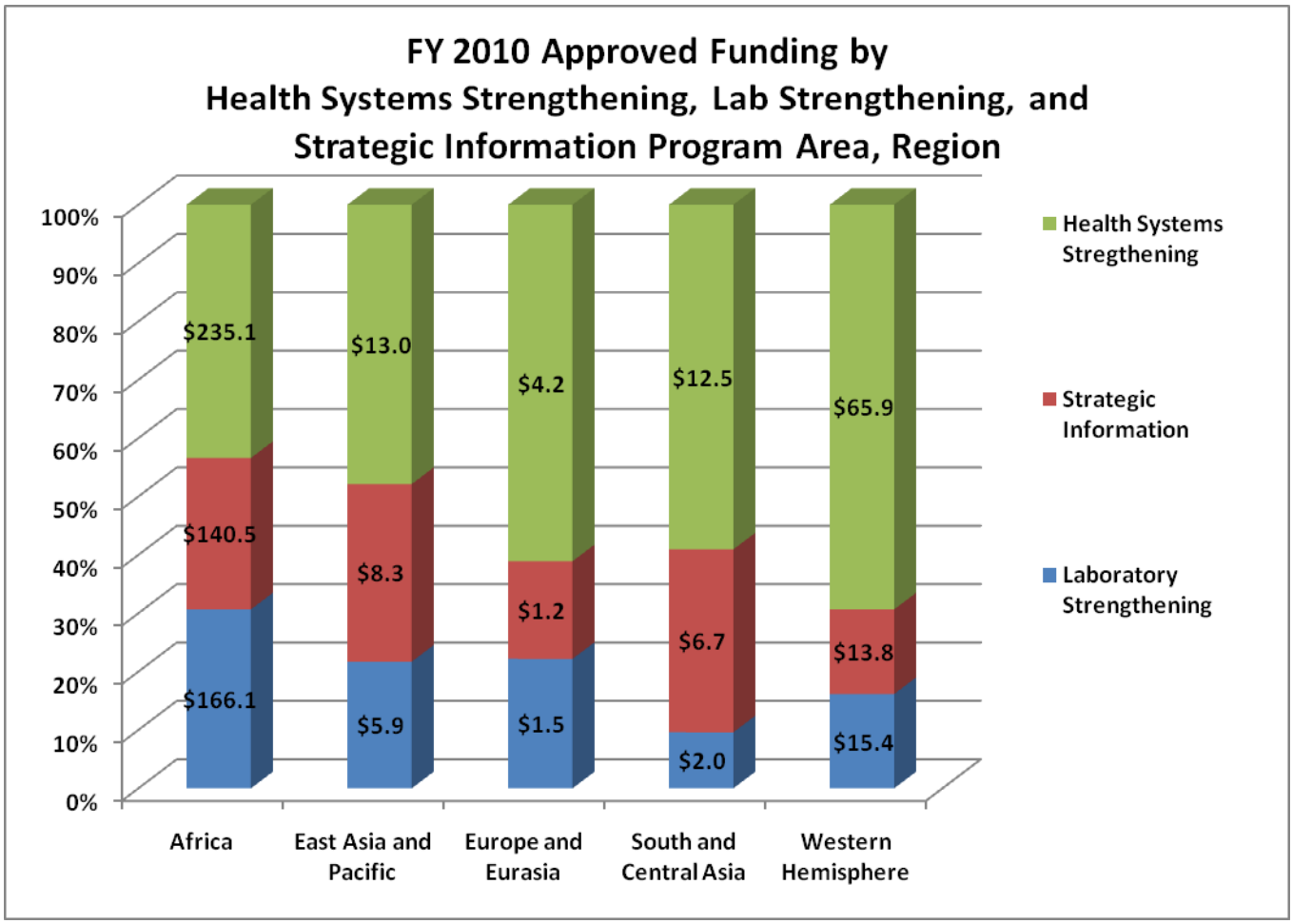


Chart explanation: Includes approved funding (in millions) by region in the other program area. The funding includes all funding sources approved in PEPFAR operational plans. Definitions of program area budget codes can be found in the appendices.

## Table 7 – PEPFAR Field Management and Operations (M&O)

| FY 2010 PEPFAR Field Cost of Doing Business | | | | | | |
|---|---|---|---|---|---|---|
| **Costs of Doing Business (CODB)** | **DoD** | **HHS** | **Peace Corps** | **State** | **USAID** | **Grand Total, All Agencies** |
| Capital Security Cost Sharing | $ 0.3 | $ 8.6 | $ - | $ 0.2 | $ 0.1 | $ 9.1 |
| Computers/IT Services | $ 0.5 | $ 8.5 | $ 0.0 | $ 0.1 | $ 4.3 | $ 13.3 |
| ICASS | $ 1.9 | $ 22.1 | $ - | $ 1.0 | $ 9.6 | $ 34.5 |
| Institutional Contractors | $ 2.0 | $ 14.6 | $ - | $ 0.2 | $ 10.9 | $ 27.7 |
| Management Meetings/Professional Development | $ 0.5 | $ 5.5 | $ 0.1 | $ 1.1 | $ 4.8 | $ 12.0 |
| Non-ICASS Administrative Costs | $ 2.1 | $ 31.8 | $ 0.7 | $ 1.2 | $ 17.2 | $ 53.0 |
| Peace Corps Volunteer Costs | $ - | $ - | $ 6.6 | $ - | $ - | $ 6.6 |
| Staff Program Travel | $ 1.2 | $ 12.4 | $ 0.5 | $ 0.6 | $ 10.5 | $ 25.2 |
| USG Renovation | $ 0.3 | $ 2.9 | $ - | $ - | $ 0.4 | $ 3.6 |
| USG Staff Salaries and Benefits | $ 5.4 | $ 92.7 | $ 2.5 | $ 3.3 | $ 75.4 | $ 179.3 |
| **Grand Total** | **$ 14.0** | **$ 199.0** | **$ 10.5** | **$ 7.6** | **$ 133.1** | **$ 364.3** |

Table explanation: Includes all sources of approved funding (in millions) supporting activities in PEPFAR operational plans for FY 2010. This table shows the field USG management and operations (M&O) costs, broken out by agency of implementation and category of cost of doing business (CODB). CODB definitions can be found in the appendices.

## Table 8 – FY 2010 PEPFAR Headquarters Operational Plan Approved Budget Summary, GHCS-State Account

| Headquarters Program | DoD | DOL | HHS | Peace Corps | State | USAID | TOTAL |
|---|---|---|---|---|---|---|---|
| ***Technical Leadership and Support*** | ***$1,106,750*** | ***$0*** | ***$144,595,443*** | ***$0*** | ***$197,037,995*** | ***$116,324,101*** | ***$459,064,289*** |
| Headquarter Program Costs | $1,106,750 | $0 | $144,595,443 | $0 | $197,037,995 | $51,192,223 | $393,932,411 |
| Supply Chain Management | $0 | $0 | $0 | $0 | $0 | $65,131,878 | $65,131,878 |
| | | | | | | | |
| ***Technical Oversight and Management*** | ***$4,000,183*** | ***$130,732*** | ***$74,749,350*** | ***$5,907,836*** | ***$14,131,573*** | ***$46,918,658*** | ***$145,838,332*** |
| Other Agency Costs | $4,000,183 | $130,732 | $74,749,350 | $5,907,836 | $131,573 | $46,918,658 | $131,838,332 |
| OGAC Administrative Costs | $0 | $0 | $0 | $0 | $14,000,000 | $0 | $14,000,000 |
| | | | | | | | |
| **TOTAL HOP, GHCS-State** | **$5,106,933** | **$130,732** | **$219,344,793** | **$5,907,836** | **$211,169,568** | **$163,242,759** | **$604,902,621** |

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 9 - FY 2010 Headquarters Operational Plan Approved GHCS-State Funding, Technical Leadership and Support

| Budget Code | DoD | HHS | State | USAID | Grand Total |
|---|---|---|---|---|---|
| Biomedical Prevention: Male Circumcision | $ 250,000 | $ 1,250,000 | $ - | $ 1,500,000 | **$ 3,000,000** |
| Care: Adult Care and Support | $ 20,000 | $ 150,000 | $ - | $ - | **$ 170,000** |
| Care: OVC | $ - | $ - | $ - | $ 2,682,000 | **$ 2,682,000** |
| Care: Pediatric Care and Support | $ - | $ 250,000 | $ - | $ 250,000 | **$ 500,000** |
| Care: TB/HIV | $ - | $ 11,900,000 | $ - | $ 11,500,000 | **$ 23,400,000** |
| Economic Strengthening | $ - | $ 1,500,000 | $ - | $ 500,000 | **$ 2,000,000** |
| Food and Nutrition | $ - | $ 150,000 | $ 50,000,000 | $ 350,000 | **$ 50,500,000** |
| Gender | $ 50,000 | $ 1,450,000 | $ 21,600,000 | $ 650,000 | **$ 23,750,000** |
| Health Systems Strengthening | $ - | $ 44,187,470 | $ 42,000,000 | $ 5,768,794 | **$ 91,956,264** |
| Human Resources for Health | $ - | $ 4,190,000 | $ - | $ 610,000 | **$ 4,800,000** |
| Laboratory Infrastructure | $ - | $ 4,650,406 | $ - | $ - | **$ 4,650,406** |
| Management and Operations | $ - | $ 970,000 | $ 9,073,195 | $ - | **$ 10,043,195** |
| Medical Transmission: Blood Safety | $ - | $ 9,200,000 | $ - | $ - | **$ 9,200,000** |
| Medical Transmission: Injection Safety | $ - | $ 495,000 | $ - | $ 505,000 | **$ 1,000,000** |
| Prevention with Positives | $ 50,000 | $ 1,682,000 | $ - | $ 350,000 | **$ 2,082,000** |
| Prevention: PMTCT | $ - | $ 620,000 | $ - | $ 650,000 | **$ 1,270,000** |
| Public Health Evaluations | $ 236,750 | $ 50,372,652 | $ 29,623,746 | $ 21,466,852 | **$ 101,700,000** |
| Sexual Prevention: AB | $ 50,000 | $ 400,000 | $ - | $ 300,000 | **$ 750,000** |
| Sexual Prevention: Other sexual prevention | $ 50,000 | $ 1,400,000 | $ 9,000,000 | $ - | **$ 10,450,000** |
| Strategic Information: HMIS | $ 50,000 | $ 1,893,235 | $ 345,800 | $ 760,000 | **$ 3,049,035** |
| Strategic Information: Monitoring and Evaluation | $ 100,000 | $ 2,986,775 | $ 35,049,454 | $ 745,750 | **$ 38,881,979** |
| Strategic Information: Surveillance and Surveys | $ 200,000 | $ 1,627,155 | $ 345,800 | $ 1,100,500 | **$ 3,273,455** |
| Testing and Counseling | $ 50,000 | $ 1,640,000 | $ - | $ 350,000 | **$ 2,040,000** |
| Treatment: ARV Drugs | $ - | $ - | $ - | $ 66,035,205 | **$ 66,035,205** |
| Treatment: Adult Treatment | $ - | $ 1,380,750 | $ - | $ - | **$ 1,380,750** |
| Treatment: Pediatric Treatment | $ - | $ 250,000 | $ - | $ 250,000 | **$ 500,000** |
| **Grand Total** | **$ 1,106,750** | **$ 144,595,443** | **$ 197,037,995** | **$ 116,324,101** | **$ 459,064,289** |

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 10 - FY 2008 – FY 2010 Headquarters Operational Plan Approved GHCS-State Funding, Technical Oversight and Management**

| USG Agency | FY 2008 | FY 2009 | FY 2010 |
|---|---|---|---|
| **Other Agencies** | $86,525,813 | $113,038,494 | $131,838,332 |
| **OGAC Admin** | $12,894,700 | $14,000,000 | $14,000,000 |
| **Total TOM** | **$99,420,513** | **$127,038,494** | **$145,838,332** |

**Table 11 - FY 2010 Headquarters Operational Plan Approved GHCS-State Funding, Technical Oversight and Management Detail**

| USG Agency | FY 2010 |
|---|---|
| **DoD** | **$4,000,183** |
| **DOL** | **$130,732** |
| **HHS** | **$74,749,350** |
| *CDC* | *$63,620,400* |
| *HRSA* | *$5,325,645* |
| *OGHA* | *$1,789,068* |
| *FDA* | *$3,720,272* |
| *SAMHSA* | *$293,965* |
| **Peace Corps** | **$5,907,836** |
| **USAID** | **$46,918,658** |
| **State** | **$14,131,573** |
| *OGAC* | *$14,000,000* |
| *INR* | *$131,573* |
| **Total TOM** | **$145,838,332** |

Table explanation: Presents a summary of all approved Technical Oversight and Management funds from the GHCS-State account programmed through the HOP from FY 2008- FY 2010, and by agency of implementation for FY 2010.

**Table 12 – FY 2010 PEPFAR Funding for International Partners**

| International Partner | GHCS-State | NIH | TOTAL |
|---|---|---|---|
| Global Fund | $ 750 | $ 300 | $ 1,050 |
| UNAIDS | $ 43 | $ - | $ 43 |

Table explanation: Includes funding to support the Global Fund from the GHCS-State 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. Funding is shown in millions.

## Table 13 - FY 2010 Agency Allocations of PEPFAR Funds for Foreign Assistance Operational Plan (F Op) Countries

| | FY 2010 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | FY 2010 Total Approved to Date (All Sources) | GHCS-State | | | | | | GAP | GHCS-USAID |
| | | Peace Corps | DOD | HHS / CDC | HHS / OGHA | USAID | *Subtotal GHCS-State* | (HHS/CDC) | (USAID) |
| **Africa** | | | | | | | | | |
| Africa Regional | 1,000,000 | - | - | - | - | - | - | - | 1,000,000 |
| Benin | 2,000,000 | - | - | - | - | - | - | - | 2,000,000 |
| Burundi | 3,500,000 | - | - | - | - | - | - | | 3,500,000 |
| Cameroon | 4,250,000 | 25,000 | | 850,000 | | 375,000 | *1,250,000* | 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 | 3,500,000 | - | 350,000 | - | - | 450,000 | *800,000* | - | 2,700,000 |
| Madagascar | 2,000,000 | - | - | - | - | 500,000 | *500,000* | - | 1,500,000 |
| Mali | 4,750,000 | - | - | 1,500,000 | - | - | *1,500,000* | 250,000 | 3,000,000 |
| Senegal | 4,818,000 | | 300,000 | 299,393 | | 1,168,607 | *1,768,000* | 50,000 | 3,000,000 |
| Sierra Leone | 500,000 | - | - | 500,000 | - | - | *500,000* | - | - |
| Southern Africa Regional | 3,800,000 | - | - | - | - | 1,800,000 | *1,800,000* | - | 2,000,000 |
| West Africa Regional | 3,000,000 | - | - | - | - | - | - | - | 3,000,000 |
| Subtotal, Africa | 38,068,000 | 25,000 | 800,000 | 3,149,393 | - | 4,293,607 | *8,268,000* | 1,800,000 | 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 | 3,740,000 | - | - | 120,000 | - | 120,000 | *240,000* | 1,000,000 | 2,500,000 |
| Subtotal, East Asia and the Pacific | 10,340,000 | - | - | 120,000 | - | 120,000 | *240,000* | 1,000,000 | 9,100,000 |
| **Europe and Eurasia** | | | | | | | | | |
| 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 |

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 Global AIDS Coordinator.

| | FY 2010 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | FY 2010 Total Approved to Date (All Sources) | GHCS-State | | | | | | GAP | GHCS-USAID |
| | | Peace Corps | DOD | HHS / CDC | HHS / OGHA | USAID | *Subtotal GHCS-State* | (HHS/CDC) | (USAID) |
| **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 |
| Nepal | 5,000,000 | - | - | - | - | - | - | - | 5,000,000 |
| Pakistan | 2,000,000 | - | - | - | - | - | - | - | 2,000,000 |
| Subtotal, South and Central Asia | 10,700,000 | - | - | 250,000 | - | 250,000 | *500,000* | - | 10,200,000 |
| **Western Hemisphere** | | | | | | | | | |
| Belize | 20,000 | 20,000 | - | - | - | - | *20,000* | - | - |
| Brazil | 2,300,000 | - | - | 300,000 | 200,000 | 800,000 | *1,300,000* | 1,000,000 | - |
| El Salvador | 1,110,000 | 20,000 | - | - | - | - | *20,000* | - | 1,090,000 |
| Guatemala | 2,000,000 | - | - | - | - | - | - | - | 2,000,000 |
| Honduras | 6,000,000 | - | 255,000 | 175,000 | - | 570,000 | *1,000,000* | - | 5,000,000 |
| Latin America and Caribbean Regional | 1,588,000 | - | - | - | - | 1,088,000 | *1,088,000* | - | 500,000 |
| Mexico | 2,200,000 | - | - | - | - | - | - | - | 2,200,000 |
| Nicaragua | 1,897,000 | 20,000 | - | 300,000 | - | 577,000 | *897,000* | - | 1,000,000 |
| Peru | 1,290,000 | 50,000 | - | - | - | - | *50,000* | - | 1,240,000 |
| Subtotal, Western Hemisphere | 18,405,000 | 110,000 | 255,000 | 775,000 | 200,000 | 3,035,000 | *4,375,000* | 1,000,000 | 13,030,000 |
| **GRAND TOTAL** | **80,113,000** | **135,000** | **1,055,000** | **4,294,393** | **200,000** | **9,198,607** | ***14,883,000*** | **3,800,000** | **61,430,000** |

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 Global AIDS Coordinator.

# SECTION III: FY 2010 PEPFAR 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 2010 Approved Funding by Program Area, Agency and Funding Source***

| Angola | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 1,300,000 | $ - | $ - | $ 1,300,000 |
| HHS | $ 3,000,000 | $ 3,855,000 | $ - | $ - | $ 6,855,000 |
| USAID | $ - | $ 5,145,000 | $ 4,400,000 | $ - | $ 9,545,000 |
| Grand Total | $ 3,000,000 | $ 10,300,000 | $ 4,400,000 | $ - | $ 17,700,000 |

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

Angola has a generalized HIV epidemic that is exacerbated by transient border populations, heterosexual intercourse, and commercial sex workers. The U.S. Government (USG) and the Government of Angola (GRA) signed a PEPFAR Partnership Framework this year and the document is now available at http://www.pepfar.gov/frameworks/angola/index.htm. The Partnership Framework lays out the guiding principles and goals of the USG-GRA joint efforts to combat the AIDS epidemic. The USG, through the Partnership Framework, is leveraging the government's role as a major contributor to care and treatment, to encourage the expansion of services outside the capital city. The goals of the Partnership Framework are translated into action within the Partnership Framework Implementation Plan (PFIP), which demonstrates plans to increase country ownership of HIV/AIDS prevention, care and treatment by building capacity both within the GRA and civil society.

Prevention remains the primary focus of PEPFAR Angola. PEPFAR will support activities promoting the adoption of alternative sexual behaviors. Prevention strategies will focus on key drivers of the epidemic, which include low and inconsistent condom use, early sexual debut, multiple concurrent partnerships (MCP), transactional, trans-generational and commercial sex, gender-based violence (GBV) and sexual risk associated with alcohol use. The PEPFAR team has worked collaboratively with the Government of Angola to integrate preventive services, such as prevention of mother-to-child transmission (PMTCT), into family planning, maternal and child health (MCH), and malaria services.

More specifically, PEPFAR funds will support prevention programs among the general population, including youth, focusing on abstinence promotion, reduction of multiple and concurrent partners, fidelity, delay of sexual activity, correct condom use and the expansion of reproductive health referral services. Most-at-risk population (MARP) activities will be supported with activities that focus on voluntary counseling and testing (VCT), social marketing that emphasizes consistent and correct use of condoms, and the expansion of sexually-transmitted infection (STI)/HIV sites along transport routes and communities surrounding military bases.

Other planned PEPFAR Angola activities will support the development of strategic information (SI) systems, and institutional capacity-building to civil society and the Ministry of Health (MOH).

## BOTSWANA

**Botswana – FY 2010 Approved Funding by Program Area, Agency and Funding Source***

| Botswana | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 2,610,000 | $ - | $ - | $ 2,610,000 |
| DOL | $ - | $ 400,000 | $ - | $ - | $ 400,000 |
| HHS | $ 7,147,000 | $ 50,192,488 | $ - | $ 3,430,411 | $ 60,769,899 |
| Peace Corps | $ - | $ 1,553,000 | $ - | $ - | $ 1,553,000 |
| State | $ - | $ 4,033,693 | $ - | $ - | $ 4,033,693 |
| USAID | $ - | $ 17,653,566 | $ - | $ - | $ 17,653,566 |
| Grand Total | $ 7,147,000 | $ 76,442,747 | $ - | $ 3,430,411 | $ 87,020,158 |

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

Botswana is considered a mature PEPFAR program with high level of engagement and leadership from the Government of Botswana (GOB) as is demonstrated in the development and release of a Partnership Framework and joint USG-GOB strategic planning and program implementation structures. Programmatically Botswana continues to demonstrate important successes in meeting PEPFAR targets in treatment, care, PMTCT, and blood safety. Prevention will be the top priority in Botswana over the next several years. Activities will target both the general population as well as specific groups that are particularly vulnerable to HIV infection, such as MARPs, military personnel, and women. Recognizing that changing social and cultural norms must begin at an early age, the sexual prevention portfolio will continue to provide services focused on reducing risk among youth. Sexual prevention interventions include mass-media campaigns, in-school lessons, workplace discussions, and one-on-one conversations on risk reduction strategies. Additionally, in FY 2010 additional funding will be used for voluntary medical male circumcision (VMMC) to respond to the huge demand for these services. In an effort to build an evidence base for prevention activities, several projects will focus exclusively on determining the effectiveness of certain interventions.

PEPFAR also supports treatment and care efforts in Botswana. The national antiretroviral therapy (ART) program, MASA, continues to expand enrollment by rolling out services to all mother/ART clinics and satellite clinics, with the goal of bringing ART services nearer to the community. PEPFAR has been focusing on procuring antiretroviral (ARV) drugs, Supply Chain Management System strengthening of the central medical store, technical assistance (TA) in the development of care and treatment guidelines, curriculum development for pre-service training at various institutions, including the University of Botswana School of Medicine, regular training of healthcare workers on the national care and treatment guidelines. The PEPFAR country care and treatment team will continue to provide TA in areas of policy formulation, especially in the areas of palliative care and opiod usage for pain management.

Finally, health system strengthening is an important approach to ensure the sustainability of HIV/AIDS programs and other health services and interventions developed and rolled out under PEPFAR. Construction projects benefitting blood safety, pediatric treatment, TB/HIV, and laboratory infrastructure will be implemented in FY2010. With PEPFAR support, the Botswana MOH is undertaking the development of an integrated health service plan to correct inequities in the distribution of health services and increase access to basic services, including HIV/AIDS prevention, care, and treatment programs. The overall purpose of the plan is to strengthen

strategic health planning to ensure optimal utilization of health resources, including human resources, and to improve implementation of the Botswana National Health Policy. An Essential Health Services Package (EHSP) has been developed, along with supporting human resource, procurement, financial, monitoring and evaluation (M&E) components.

## COTE D'IVOIRE

### Cote d'Ivoire – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Cote d'Ivoire | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 150,000 | $ - | $ - | $ 150,000 |
| HHS | $ 5,153,000 | $ 54,050,814 | $ - | $ 7,319,108 | $ 66,522,922 |
| State | $ - | $ 205,000 | $ - | $ - | $ 205,000 |
| USAID | $ - | $ 52,249,237 | $ - | $ - | $ 52,249,237 |
| Grand Total | $ 5,153,000 | $ 106,655,051 | $ - | $ 7,319,108 | $ 119,127,159 |

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

Within the fragile and evolving context of this country, PEPFAR investments are designed to build the capacity of the government of Côte d'Ivoire (GoCI), civil society, and private sector to plan, implement, and monitor a continuum of comprehensive HIV/AIDS prevention, care, and treatment services. While a mid-term review of the HIV/AIDS National Strategic Plan (2006-2010) indicated greatly expanded access to prevention, care, and treatment services, the national HIV/AIDS response is limited by poorly equipped and under-staffed health and social services. The PEPFAR team continues to work closely with the GoCI towards developing a Partnership Framework, with the intent of drafting one in 2010. The progress on this collaboration continues to be quite dependent upon the political situation in country. Important gains in HIV counseling and testing (HCT), PMTCT, and care for orphans and vulnerable children (OVC) are being secured through an emphasis on policy development, task shifting, building national capacity, standardizing approaches, and improving coordination.

Côte d'Ivoire has the highest adult HIV prevalence in West Africa, estimated at 3.9%. Among the 480,000 adults and children living with HIV, about 190,000 are estimated to be in need of ART. The national HIV/AIDS response is limited by poorly equipped and under-staffed health and social services at decentralized levels. Despite challenges, national HIV testing and ART programs have grown substantially. Monthly ART enrollment rates have increased from 1,800 in May 2009 to 2,900 in May 2010. Resources will also be used to significantly reduce the national gap and enable the GoCI to have greater ownership of their treatment programs.

HIV prevention efforts focus on evidence-based approaches to improve life-skills training for in- and out-of-school youth, better targeting of MARPs, efforts to define peer education standards, a growing focus on addressing gender-based vulnerabilities and stigma, and the integration of prevention into every aspect of care and treatment, most notably prevention with positives (PwP). All PEPFAR-supported health facilities will integrate HIV prevention through paid counselors, who will also provide follow-up care, support for ART and tuberculosis (TB) treatment adherence, and referrals to community-based care and OVC services. The PEPFAR program plans to moderately increase the number of people tested for HIV through the implementation of routine HCT in all health facilities.

Efficiency of home-based care and OVC service delivery will continue to be improved by ensuring that OVC partners cross-train their community caregivers to provide palliative care and support, and vice versa. OVC support will emphasize sustainability by building the capacity of local organizations to assess, address, and monitor the vulnerabilities of children. The National

OVC Program will continue to lead a quality-assurance initiative and reinforce and expand its coordination platforms at social centers.

PEPFAR care and support and adult and pediatric treatment support will focus on targeted expansion of services, mainly to extend access at lower levels of the health pyramid in already-supported districts; the pursuit of efficiencies through costing and task-shifting; scale-up of quality-assurance activities; strengthened nutritional services; capacity-building for central and district-level coordination; and better M&E systems.

PEPFAR efforts will focus on reinforcing health systems that provide a continuum of comprehensive care and treatment services through a family-centered approach, with a comprehensive treatment package that includes laboratory services, early infant diagnosis (EID), adherence and psychosocial support, palliative care, treatment of OIs and STIs, and prevention services for HIV-affected families. Links to community- and home-based care and support, including OVC support, will be provided by full-time, trained counselors at all sites. PEPFAR will strengthen key ART monitoring systems (including ARV resistance) through a health management information system (HMIS) and program evaluations; advocacy and capacity-building for decentralized health authorities; and the strengthening of a laboratory network supported by technical assistance (including training and quality assurance).

## DEMOCRATIC REPUBLIC OF CONGO

### Democratic Republic of Congo – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Democratic Republic of Congo | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 1,395,294 | $ - | $ - | **$ 1,395,294** |
| HHS | $ 2,415,000 | $ 8,546,150 | $ - | $ - | **$ 10,961,150** |
| State | $ - | $ 386,725 | $ - | $ - | **$ 386,725** |
| USAID | $ - | $ 9,306,831 | $ 9,200,000 | $ - | **$ 18,506,831** |
| Grand Total | $ 2,415,000 | $ 19,635,000 | $ 9,200,000 | $ - | $ 31,250,000 |

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

To promote country ownership and sustainability PEPFAR will work directly with the Government of the Democratic Republic of Congo (GDRC) to build capacity and sustainability while simultaneously supporting communities to set and meet HIV/AIDS objectives. In 2009, PEPFAR and the GDRC developed their Partnership Framework, which was signed by the Prime Minister and Foreign Minister, as well as Assistant Secretary Johnnie Carson. Both PEPFAR and the GDRC are significantly invested in using the Partnership Framework to create a favorable policy environment, expand access to services, and improve efforts against gender-based violence. The five-year implementation plan is in development and will create a steering committee to jointly monitor and manage activities as well as hold signatories accountable for the agreed interventions. In FY 2010, the USG will continue to prioritize targeted, comprehensive prevention programs among persons engaging in high-risk behavior while also addressing risks for youth and the general population. Programs will aim to increase personal risk perception and improve access to condoms among high risk groups, military personnel and their families in conjunction with HCT scale-up efforts. Behavior change messaging will continue with in school youth and through HIV mass media campaigns.

In 2010, PMTCT will be strengthened and expanded to increase the uptake and referral of pregnant women eligible for ART services provided by the Global Fund. PEPFAR will mobilize state-of-the-art PMTCT technical assistance to ensure HCT within the context of quality antenatal care (ANC), safe delivery, postnatal care, including STI and cervical screening, and linkages to family planning.

Reducing biomedical transmission will focus on three strategic areas: testing of all donated blood for transfusion-transmissible infections, blood group and compatibility; ensuring the availability and accessibility of safe blood to all patients requiring transfusion in 80-100 health zones. Injection safety activities will focus on institutionalizing improved waste management practices at the rural health zone level.

PEPFAR, the GDRC and other stakeholders have identified the following areas for comprehensive care and treatment support; HCT, home-based care, income generating activities, staging for ART where appropriate, cotrimoxazole prophylaxis, TB screening, nutritional support, and PwP activities, expanding access to services for the management of opportunistic infections, laboratory support services for HIV diagnosis and disease monitoring.

PEPFAR's OVC program is focused on increasing access to a minimum package of OVC interventions, increasing community mobilization to prevent and support OVC, and ensuring a political and institutional environment that enables protection as well as the provision of holistic OVC care through a coordinated response.

In FY 2010, PEPFAR will continue to promote strategic information as a foundation for planning and coordinating the national HIV response by identifying epidemiologic priorities through targeted studies and the DHS survey and monitoring and evaluating quality and coverage of HIV service delivery via a national reporting system.

Regarding health systems strengthening PEPFAR will develop laboratory systems for service delivery; strengthen strategic information capabilities; support logistics and pharmaceutical management; develop human and institutional capacity; and support sustainable financing for the GDRC health system.

## ETHIOPIA

**Ethiopia – FY 2010 Approved Funding by Program Area, Agency and Funding Source***

| Ethiopia | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 1,890,615 | $ - | $ - | **$ 1,890,615** |
| HHS | $ 4,273,000 | $ 107,688,869 | $ - | $ - | **$ 111,961,869** |
| State | $ - | $ 15,326,687 | $ - | $ - | **$ 15,326,687** |
| USAID | $ - | $ 161,792,978 | $ - | $ 350,000 | **$ 162,142,978** |
| Grand Total | $ 4,273,000 | $ 286,699,149 | $ - | $ 350,000 | $ 291,322,149 |

*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, and regional prevalence varies substantially; additionally, there is emerging evidence that prevalence among MARPs is considerably greater. The PEPFAR team is currently laying the groundwork for the successful negotiation of a Partnership Framework with the Government of Ethiopia (GOE). Following presidential elections will take place in May 2010, a Partnership Framework was brokered and signed in October 2010 (available online at http://www.pepfar.gov/frameworks/ethiopia/index.htm)

The PEPFAR prevention program will focus on PMTCT, persons engaged in high-risk behaviors, and discordant couples. PEPFAR will support the GOE in the development of specific intervention packages for the various MARPs groups. Additional efforts will address critical gender issues that exacerbate the HIV problem, including early marriage, sexual coercion, and cross-generational sex. Access to post-exposure prophylaxis (PEP) for victims of rape and occupational exposure cases will be strengthened. The PMTCT program will provide support to the GOE to prioritize high yield facilities in areas of high HIV prevalence, building upon the opportunity provided through the deployment of over 6,000 urban health extension workers. PEPFAR will also continue to strengthen coordination of HCT programs in urban, peri-urban, and selected rural "hot-spots."

PEPFAR care and support activities focus on infrastructure improvement, training, TA, and commodity support including the distribution of the basic health care package, and nutritional care and support to PLWHA. TB/HIV activities aim to increase case detection rates and improve TB treatment in children. Ethiopia has implemented task shifting through a nurse-centered care model which utilizes outreach workers and case managers to improve adherence rates. Aggressive attempts will be made to increase the number of children on treatment. PEPFAR will also support the national laboratory system, including the procurement of laboratory reagents and supplies for ART monitoring, infrastructure support, TA, quality assurance (QA), and site supervision to the National Referral Laboratory and nine regional labs.

Support for health systems strengthening (HSS) and human resources for health (HRH) are a priority for FY 2010, with an emphasis on: leadership and management of service delivery; human and organizational capacity-building; broad expansion of private sector engagement; and expanding pre-service training in support of the national plan. PEPFAR will continue support for the ongoing roll-out of the HMIS at health facilities and will work with the Federal HIV/AIDS Prevention and Control Office to design a community-based system to capture community level sector inputs into HIV/AIDS programs.

In July 2010, funding for the Ethiopia PEPFAR program was decreased as compared to the Country Operational Plan (COP) submitted in January 2010. With an existing pipeline of funding for the Partnership for Supply Chain Management Systems (SCMS), it was determined that funding originally programmed to SCMS for Ethiopia could be strategically reallocated to support needs in other countries. The Ethiopia USG team is developing a costed plan as the basis for continuing bridge support for commodities, will negotiate a clear plan for hand-over to the GOE, and adjust funding levels per that analysis.

## GHANA

### Ghana – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Ghana | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 365,000 | $ - | $ - | **$ 365,000** |
| HHS | $ 500,000 | $ 2,387,413 | $ - | $ - | **$ 2,887,413** |
| Peace Corps | $ - | $ 164,000 | $ - | $ - | **$ 164,000** |
| State | $ - | $ 159,433 | $ - | $ - | **$ 159,433** |
| USAID | $ - | $ 3,924,154 | $ 5,500,000 | $ - | **$ 9,424,154** |
| Grand Total | $ 500,000 | $ 7,000,000 | $ 5,500,000 | $ - | $ 13,000,000 |

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

In the first five years of PEPFAR, the program in Ghana maximized its limited resources by concentrating on key programmatic gaps not addressed by the Government of Ghana (GOG) and other donors. PEPFAR, with GOG, donors, and civil society representatives, identified critical areas for productive collaboration in the Partnership Framework, a five-year joint strategic framework focused on service delivery, HIV/AIDS policy reform, and shared financial and/or in-kind commitment. This Framework was signed on November 30, 2009 and is now available at http://www.pepfar.gov/frameworks/ghana/index.htm. The Partnership Framework lays out the guiding principles and goals of the USG-GOG joint efforts to combat the AIDS epidemic. The goals of the Partnership Framework will be translated into action within the PFIP, which is in its final negotiations with the GOG.

Infections in the general population are, to a great extent, transmitted from core and bridging populations, such as male and female sex workers (MSW and FSW), their non-paying partners (NPP) and clients, and men who have sex with men (MSM). In FY2010, PEPFAR will provide TA to the Ghana AIDS Commission's (GAC's) MARP working group. PEPFAR will support prevention activities for FSW, their clients and NPPs, MSM, the Ghana Armed Forces, and PLWHA and their regular sexual partners, including referrals to MARP-friendly clinical care. These activities will be strengthened through structural interventions to reduce stigma and discrimination with the police, judiciary and prison services. PEPFAR will coordinate with the National AIDS Control Program (NACP) to review and adapt PMTCT supervision protocols and practices and update PMTCT-related modules in pre-service training. PEPFAR will also support the National Blood Transfusion Service, under the Ghana Health Service (GHS) to provide high-quality blood services in Ghana. PEPFAR will support the GOG to continue initiating new sites for PMTCT, while working to ensure the quality of and linkages between PMTCT and other services.

PEPFAR provides targeted TA that integrates community preparation and linkages, QA monitoring and mentoring, and ART and HIV test-kit logistics to sites supported by the Global Fund to Fight AIDS, TB and Malaria (Global Fund). To reinforce these QA activities, all facilities are linked with community support groups to ensure referral networks are in place. PEPFAR will also provide therapeutic nutritional supplementation to those newly initiating ART and HIV-infected mothers below a certain body-mass index.

In support of the Partnership Framework, PEPFAR will coordinate with other donors to implement Ghana's National Plan of Action for OVC (2009 - 2011). PEPFAR will also provide

direct support for identification of OVC, vocational training and economic strengthening for OVC, bolstering community structures for OVC care and support, and supporting best practices for institutional care.

PEPFAR is working closely with GHS to improve laboratory management and practices, develop laboratory information systems, support advanced laboratory testing capacity, and improve supply chain management. PEPFAR will assist the GOG to determine HIV incidence, HIV drug resistance, and to improve information/data harmonization, acquisition, analysis, and dissemination to support HIV/AIDS prevention and treatment services.

## KENYA

**Kenya – FY 2010 Approved Funding by Program Area, Agency and Funding Source***

| Kenya | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 23,546,987 | $ - | $ - | **$ 23,546,987** |
| HHS | $ 8,121,000 | $ 146,952,427 | $ - | $ 11,099,196 | **$ 166,172,623** |
| State | $ - | $ 9,745,463 | $ - | $ - | **$ 9,745,463** |
| USAID | $ - | $ 348,515,618 | $ - | $ 138,750 | **$ 348,654,368** |
| Grand Total | $ 8,121,000 | $ 528,760,495 | $ - | $ 11,237,946 | $ 548,119,441 |

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

Consistent with new data, PEPFAR is placing increased emphasis on prevention in FY2010. The PEPFAR prevention portfolio for Kenya includes increased emphasis on HCT efforts in order to increase knowledge of status, rapid scale-up of VMMC, and higher visibility to the implementation of the Partnership for an HIV-Free Generation, a global initiative to link the core competencies of private sector partners with the programmatic experience and reach of traditional partners in youth prevention.

Other prevention activities include medical/technical interventions to improve blood safety and to reduce exposure through safer medical injection, VMMC, and PMTCT. The VMMC program will continue with a focus on responding to very high levels of demand from uncircumcised men between the ages of 10 and 50 in Nyanza Province, with targeted Nairobi communities as a second priority. The funds available for PMTCT will enable PEPFAR-supported sites to provide HCT, including the provision of test results. With PEPFAR support, HIV-positive women will receive a full course of prophylaxis to interrupt vertical transmission, with the majority receiving more efficacious regimens including AZT. Based on a very positive experience with a South Africa-based "mentor mother" program, Kenya is awarding a bilateral agreement through USAID to adapt this program to the Kenyan context, and bring it to national scale as rapidly as possible. Behavioral/sexual transmission interventions include abstinence and be faithful (AB) programs aimed at both youth and adults, condoms and other prevention activities, and work with injecting drug users (IDUs).

With strong PEPFAR support, Kenya's care and mitigation efforts include: HCT integrally linked to prevention and treatment, as well as TB/HIV programs to identify and care for those who are co-infected; support for OVC; integrated TB/HIV programs for rapid diagnosis of HIV among those with active TB and vice versa, and treatment of TB among those who are HIV-positive; community-support and mitigation services to strengthen households affected by AIDS; and health services for children and adults that complement ART by intervening to prevent and treat opportunistic infections (OIs), prevent transmission of HIV by those who are in care, and/or offering end-of-life care when treatment fails or is unavailable.

Treatment priorities include procurement of generic ARVs 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 in anticipation of phased-out Clinton Health Access Initiative funding, and preparing for an expected shift to a tenofovir-based first line regimen later in 2010. Strengthened support for health systems will be a continuing priority in the continued expansion of ART. Investments in this area prioritize procurement and human

resources to expand laboratory services in Kenya, with an increasing number of facilities receiving QA and training for personnel.

PEPFAR signed a Partnership Framework with the Kenyan government in December 2009 focusing on the areas of health sector HIV service delivery; sectoral mainstreaming of HIV/AIDS in prevention, care and treatment, and HSS; community -based HIV programs; and governance and SI. The Partnership Framework documents are now available at: http://www.pepfar.gov/frameworks/kenyapf/index.htm. Additional funding associated with the Partnership Framework will complement and support Kenya's activity portfolio in the 2010 COP. PMTCT allocations reflect support for many partners to continue outreach activities, as well as the USG commitment to fund 100% of PMTCT drugs. Pediatric care and support allocations are divided among partners who continue to deliver care and support services to pediatric patients. As with PEPFAR Kenya's FY09 PF allocations, funding is targeted for laboratory strengthening, scale-up of male circumcision and testing and counseling to ensure delivery of the Partnership Framework commitments.

## LESOTHO

**Lesotho – FY 2010 Approved Funding by Program Area, Agency and Funding Source***

| Lesotho | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 865,000 | $ - | $ - | **$ 865,000** |
| HHS | $ 1,150,000 | $ 8,486,272 | $ - | $ - | **$ 9,636,272** |
| Peace Corps | $ - | $ 414,000 | $ - | $ - | **$ 414,000** |
| State | $ - | $ 772,220 | $ - | $ - | **$ 772,220** |
| USAID | $ - | $ 11,112,508 | $ 6,400,000 | $ - | **$ 17,512,508** |
| Grand Total | $ 1,150,000 | $ 21,650,000 | $ 6,400,000 | $ - | $ 29,200,000 |

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

The Kingdom of Lesotho is a small, mountainous country of 1.87 million people with the third highest HIV prevalence in the world, estimated at 23.2%. Lesotho's hyperendemic HIV situation is driven by heterosexual practices such as multiple and concurrent sexual partnerships and transactional and intergenerational sex. These practices, together with low levels of full male circumcision and low consistent condom use, result in a high number of preventable infections.

Lesotho's HIV/AIDS response is led and coordinated by the National AIDS Commission (NAC), a semi-autonomous government body. Implementation of the national response lies primarily with the Ministry of Health and Social Welfare (MOHSW) and a number of other government ministries who are responsible for aspects of the response. Funding is provided both through the Government of Lesotho's (GOL) annual budget, and Global Fund resources. The National Strategic Plan (NSP) lays out a framework for responding to the epidemic through work in four strategic areas: prevention; treatment, care, and support; impact mitigation; and management, coordination, and support mechanisms. The current NSP (2006 – 2011) also serves as the platform for the Partnership Framework recently signed between the USG and the GOL, now available at http://www.pepfar.gov/frameworks/lesotho/index.htm. The Partnership Framework lays out the guiding principles and goals of the USG-Lesotho joint efforts to combat the AIDS epidemic. The goals of the Partnership Framework are translated into action within the PFIP, which demonstrates plans to increase country ownership of the HIV/AIDS response in Lesotho including the development of capacity within both the GOL and civil society.

In FY 2010, PEPFAR anticipates that over half of the Lesotho budget will be allocated to HSS and prevention programming, which both directly contribute to the sustainability of the national response to HIV. Much of the HSS funding will go to supporting training and retention of healthcare workers, which directly addresses the critical human resources crisis the GOL faces in implementing the national response to HIV/AIDS. In addition, relevant government ministries' inputs have been heavily weighted when considering the allocation of funding among partners and the choice of partners for new projects. The PEPFAR team has negotiated a cooperative agreement directly with the MOHSW, which will help build the MOHSW's capacity to lead the response.

HSS is also a significant area in which PEPFAR is partnering with the Millennium Challenge Account-Lesotho (MCA-L) to maximize the impact of PEPFAR resources in Lesotho. MCA-L plays a major role in HSS in Lesotho through funding for improved health management systems

and refurbishment of health facilities countrywide. This is done in coordination with the GOL, PEPFAR, and other development partners. The MCA-L health-related strategic objectives include: integrated quality HIV care; effective decentralization with ownership by health staff and communities; improved human resources; and information, infection control and waste management systems.

In concert with the MCA-L programs, PEPFAR Lesotho will work with the MOHSW to develop national laboratory policies, pre-service and in-service training curricula for laboratory scientists, augment the MCA-L and the MOHSW's blood banking system through the construction of three additional blood collection centers capable of collection, testing and distribution of blood and blood products, and train a cohort of nurses to support the new health facilities rehabilitated by MCA-L. This synergy between MCA-L's investments in the healthcare system infrastructure and PEPFAR's innovative programs to address human resources issues will improve health outcomes and promote the sustainability of Lesotho's health and social welfare system.

## MALAWI

### Malawi – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Malawi | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 310,000 | $ - | $ - | $ 310,000 |
| HHS | $ 3,052,000 | $ 18,673,000 | $ - | $ 75,000 | $ 21,800,000 |
| Peace Corps | $ - | $ - | $ - | $ - | $ - |
| State | $ - | $ 275,628 | $ - | $ - | $ 275,628 |
| USAID | $ - | $ 17,189,372 | $ 15,500,000 | $ 200,000 | $ 32,889,372 |
| Grand Total | $ 3,052,000 | $ 36,448,000 | $ 15,500,000 | $ 275,000 | $ 55,275,000 |

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

In 2009, the Government of Malawi (GOM) signed the very first PEPFAR Partnership Framework. The Partnership Framework lays out the guiding principles and goals of the USG-GOM joint efforts to combat the AIDS epidemic. The goals of the PF are translated into action within the PFIP, which demonstrates new levels of collaboration with the GOM and focuses on increasing the capacity of both government and civil society to develop and lead a response to the HIV/AIDS epidemic in Malawi. The Partnership Framework documents are now available at: http://www.pepfar.gov/frameworks/malawi/index.htm.

PEPFAR will support the key priorities of the GOM's National Prevention Strategy, including PMTCT, prevention of sexual transmission of HIV, and prevention of transmission through medical procedures. PEPFAR will also support the GOM with behavior change interventions directed at partner reduction, targeted condom social marketing in high-risk populations and for discordant couples, positive prevention and support for expansion of HCT, timely initiation of ART, and increasing access to VMMC.

PEPFAR will prioritize care and treatment support to Malawi through TA. This TA will include addressing the particular challenges of meeting the expected expansion of need due to changing World Health Organization (WHO) guidelines on treatment eligibility. PEPFAR will focus on strengthening continuum-of-care (COC) efforts across the entire referral network in order to significantly reduce loss-to-follow-up in HCT and PMTCT clinics. Public-private sector partnerships will be used to scale up the reach of limited PEPFAR and other public dollars in care activities. Care and treatment activities will include: increasing the use and quality of pre-ART management for PLWHA, strengthening laboratory support services for HIV diagnosis and management, improving the capacity of the health care system to manage HIV and related diseases, providing technical leadership within several government ministries, and expanding TB/HIV interventions. PEPFAR resources will support the GOM to increase OVC access to essential care, as well as support and protection services. The USG team will also work with the GOM to improve the quality of OVC services, strengthen the capacity of local institutions to provide services to OVC and PLWHA, improve the policy and legal environment for the protection of OVC and PLWHA, and promote evidence-based strategic planning.
Additionally, funds programmed in FY10 will support the Government of Malawi to implement the new WHO guidelines for treatment of HIV-positive pregnant women, as well as to expand injection safety activities.

PEPFAR has focused its limited resources in Malawi on strengthening health care delivery systems to promote country ownership and sustainability of the HIV/AIDS response. Primary health systems strengthening activities include: supporting the GOM to increase the number of healthcare and social welfare workers through prioritizing HRH, strengthening health financing, providing integrated support for commodities and procurement, scaling-up HMIS to provide real-time data for patient care, and enhancing lab services for the health-care delivery system including HIV-related services.

## MOZAMBIQUE

### Mozambique – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Mozambique | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 3,163,125 | $ - | $ - | $ 3,163,125 |
| HHS | $ 2,337,000 | $ 102,836,036 | $ - | $ 4,800,000 | $ 109,973,036 |
| Peace Corps | $ - | $ 1,080,000 | $ - | $ - | $ 1,080,000 |
| State | $ - | $ 9,357,280 | $ - | $ - | $ 9,357,280 |
| USAID | $ - | $ 145,516,156 | $ - | $ - | $ 145,516,156 |
| Grand Total | $ 2,337,000 | $ 261,952,597 | $ - | $ 4,800,000 | $ 269,089,597 |

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

A Partnership Framework was signed between the Government of Mozambique and the USG in August 2010 and is available at http://www.pepfar.gov/frameworks/mozambique/index.htm. Key activities include HSS, capacity- building of national systems and HIV service delivery; strengthening of multi-sectoral responses in prevention, care and treatment; and HRH.

As a result of the priorities identified in the PF, in FY 2010, PEPFAR will further increase focus on the priority areas of prevention, capacity-building, and HSS. Investments in these areas are vital now in order to address the critical constraints to control the epidemic in Mozambique and to achieve significant results in the future. Plans have already been put into place to require transition and sustainability plans from all partners, including their plans to expand the use of local personnel and reduce the number of expatriate staff. The investments identified in the FY 2010 COP lay the groundwork for realizing a vision of the future where the MOH and Mozambican non-governmental organizations (NGOs) transition to take greater ownership of efforts to fight the HIV epidemic.

Prevention programming focuses on the strengthening of M&E systems, evidence-based and cost-effective approaches, and capacity-building of local organizations including the MOH. Activities are targeted towards sexual transmission of HIV, PMTCT, expansion of HCT, VMMC, prevention of transmission through blood products, medical injections, and in the workplace. Prevention strategies utilize a combination prevention approach that integrates multi-level behavioral, biomedical and structural interventions focused on the general population as well as complementary interventions to address MARPs and geographic hot spots. Additionally, behavior change interventions are being directed at partner reduction, PwP, support for timely initiation of ART particularly for pregnant women and increasing access to VMMC. An evaluation of surgical capacity was recently completed and the MOH- approved five pilot VMMC sites which will be evaluated to determine strategies for VMMC scale-up and capacity to perform overall minor surgical procedures.

PEPFAR will support Mozambique's treatment and prevention goals by supporting a more effective system for ensuring that both adults and children living with HIV have access to HCT, timely initiation of ART, prophylaxis to prevent OIs, diagnosis and treatment of STIs and TB. PEPFAR support will increase the use and quality of pre-ART management for PLWHA; strengthen laboratory support services for HIV diagnosis and management; strengthen referrals and the continuum of care for PLWHA; improve the capacity of the health care system to

manage HIV and related diseases; provide technical leadership within the MOH and Ministry of Women and Social Welfare; and expand TB/HIV interventions.

Care activities include TA for quality of care and increased support to decentralized health systems at the provincial and district level health directorates. PEPFAR resources will support the increase and quality of OVC, PLWHA, and women's access to essential care; will support protection services, strengthen the capacity of local institutions, and improve the policy and legal environment for the protection of OVC, women, and PLWHA. Moreover, PEPFAR support will strengthen linkages to health facilities through mapping of partnerships, training and development of standards, and clarifying roles between health facilities and community care providers.

## NAMIBIA

**Namibia – FY 2010 Approved Funding by Program Area, Agency and Funding Source***

| Namibia | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 2,652,150 | $ - | $ - | $ 2,652,150 |
| HHS | $ 1,500,000 | $ 50,529,362 | $ - | $ - | $ 52,029,362 |
| Peace Corps | $ - | $ 1,992,400 | $ - | $ - | $ 1,992,400 |
| State | $ - | $ 565,772 | $ - | $ - | $ 565,772 |
| USAID | $ - | $ 45,069,497 | $ - | $ 300,000 | $ 45,369,497 |
| Grand Total | $ 1,500,000 | $ 100,809,181 | $ - | $ 300,000 | $ 102,609,181 |

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

Namibia continues to experience a severe, generalized HIV epidemic, complicated by shortages of trained healthcare staff and high levels of income inequality. HIV transmission is largely through heterosexual contact and/or through mother-to-child transmission. Social, economic and cultural factors such as population migration, gender inequity, alcohol, stigma, multiple concurrent partners, and lack of VMMC help drive the epidemic.

The planned use of FY 2010 funding represents an evolution in the vision and methods that underpin the planning, organization, and implementation of PEPFAR support for HIV/AIDS programs. In coming years, starting with FY 2010 funds, investments will be shifted to further strengthen Namibian capacity and ownership, especially in the areas of human resources, and the financing and operation of national healthcare systems.

Core to the prevention strategy is a focus on a combination of behavioral, biomedical, and structural interventions that address the known epidemic drivers with evidence-based interventions and intensifying work with vulnerable and most at-risk populations.

PEPFAR will continue to leverage its resources for care and treatment services with those of the Global Fund, Ministry of Health and Social Services (MOHSS), the Clinton Foundation, and other development partners. All partners will continue to strengthen linkages between non-ART care, HCT, and referral services. TB activities will focus on the integration of HIV/TB services.

Provider-initiated counseling and testing (PITC) services will be expanded throughout the MOHSS network from the limited settings where they are currently offered, with support from PEPFAR.

With approximately 250,000 OVC in Namibia, PEPFAR will continue to support the government and civil society in the implementation of the OVC National Plan of Action 2006 - 2010, and in the development of a follow-on plan of action.

HSS, including HRH, will play an increasingly important role Namibia begins the transition to a government-owned and led process. PEPFAR and the Government of Namibia are in the process of developing a Partnership Framework that is synchronized to the Namibia National Strategic Framework, and which will support and strengthen the Namibia government's capacity to plan, oversee, manage and, eventually, finance the national HIV/AIDS response.

Funding will also provide support for work on gender-based violence; regional governments within Namibia to strengthen coordination of their HIV/AIDS response; and UNAIDS/Namibia, to facilitate civil society coordination efforts for the national HIV/AIDS response. Funding will also support HSS and strengthening of health outcomes in the private sector, to optimize private sector resource contributions and involvement in HIV prevention and clinical services, and provide a salary reserve for USG funded physicians to match an increase in medical officer salaries in the public sector. Additional funding will support a cooperative agreement with the Ministry of Health and Social Services (MOHSS) to support renovation, start-up funding for delayed District Health Survey, and funding for the MOHSS to strengthen multisectoral coordination within the National Strategic Framework for HIV/AIDS.

The USG and the Government of Namibia signed a PEPFAR PF in September 2010; the document is available at http://www.pepfar.gov/frameworks/namibia/index.htm.

## NIGERIA

**Nigeria – FY 2010 Approved Funding by Program Area, Agency and Funding Source***

| Nigeria | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 11,913,473 | $ - | $ - | **$ 11,913,473** |
| HHS | $ 3,056,000 | $ 174,926,470 | $ - | $ 14,330,999 | **$ 192,313,469** |
| State | $ - | $ 838,000 | $ - | $ - | **$ 838,000** |
| USAID | $ - | $ 253,549,339 | $ - | $ 555,000 | **$ 254,104,339** |
| Grand Total | $ 3,056,000 | $ 441,227,282 | $ - | $ 14,885,999 | $ 459,169,281 |

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

The combination of Nigeria's large population and estimated HIV prevalence results in the second highest burden of HIV/AIDS worldwide, with an estimated 2.6 million PLWHA. Adding to this burden are 1.2 million children orphaned by HIV/AIDS and millions more affected by the epidemic. In addition, Nigeria has one of the highest TB burdens in the world and the largest in Africa. Nigeria has a generalized/mixed HIV epidemic; however, prevalence varies widely across states and rural and urban areas. Nigeria's epidemic is largely fueled by heterosexual and mother-to-child transmission. Despite the rapid expansion of HIV services across the country, coverage of essential prevention and treatment interventions remains low, and the level of unmet demand is high.

The Government of Nigeria is currently finalizing its National Strategic Framework 2 which will then in turn, be used to guide the development of the Partnership Framework ensuring that PEPFAR support and resources are used in ways that support country leadership and potentiate local inputs and resources. The Partnership Framework was signed in August 2010 and is avaible at http://www.pepfar.gov/frameworks/nigeria/index.htm.

As PEPFAR shifts its emphasis from an emergency response to a more sustainable HSS approach, prevention activities, which include PMTCT, prevention of sexual transmission, and prevention of medical transmission (blood and injection safety) as well as HCT, will also focus on systems strengthening models. PEPFAR PMTCT service provision will emphasize strengthening diagnostic services for exposed infants, linkages to family planning services, referral networks to reduce loss to follow-up, and infant feeding counseling to support appropriate feeding choices. PEPFAR will also continue training health workers, and to some extent traditional birth attendants, to provide PMTCT services in line with the national guidelines as well as internationally accepted best practices.

Prevention activities will be integrated into all care and treatment activities, including HCT services. The blood transfusion services in Nigeria still remain a source of transmission of HIV and other pathogens despite the gains made by the National Blood Transfusion Service (NBTS) since 2007. In FY 2010, PEPFAR continues its commitment towards ensuring that linkages between NBTS and implementing partner-supported clinical sites are improved, thereby resulting in an increase in hospital utilization of NBTS-screened blood and a reduction in emergency transfusions at supported sites.

Care activities in Nigeria include adult and pediatric care and support, TB/HIV, and support for OVC. With the shift in emphasis from a rapid scale-up emergency response to a sustainability

response, PEPFAR, in line with the National Strategic Framework 2 (NSF 2) is focused on ensuring maintenance of all supported clients receiving care, OVC, and treatment services. Strategies will include minimal expansion with greater focus on improved quality, sustainability, pooled procurements, cost efficiencies, and HSS.

Harmonization, quality of service, reduced target costs and cost leveraging continue to be mainstays of the Nigeria treatment program, with standardized services and health care worker training provided across all implementing partners. Pediatric treatment services also remain a priority in FY 2010. PEPFAR will continue its efforts to leverage the Government of Nigeria, Global Fund, and other development partners for ARVs as these commodities account for a significant percentage of the PEPFAR budget.

Integral to the provision of treatment services, laboratories will focus on maintaining services through the implementation of expanded and harmonized lab QA systems. PEPFAR-supported labs will continue to scale-up support for the implementation of a national network for EID. Improved cost efficiencies in PEPFAR approach could result in reducing overall treatment costs and making routine monitoring available to all antiretroviral treatment patients.

In FY 2010, there will be a greater emphasis on health systems strengthening activities, with particular emphasis placed on the sustainability of current and previous PEPFAR investments. The strategy will also focus on governance and supporting national ownership and leadership.

## RWANDA

### Rwanda – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Rwanda | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 3,998,478 | $ - | $ - | **$ 3,998,478** |
| HHS | $ 1,135,000 | $ 33,471,203 | $ - | $ 6,101,324 | **$ 40,707,527** |
| Peace Corps | $ - | $ 824,571 | $ - | $ - | **$ 824,571** |
| State | $ - | $ 386,402 | $ - | $ - | **$ 386,402** |
| USAID | $ - | $ 85,391,585 | $ - | $ 138,750 | **$ 85,530,335** |
| Grand Total | $ 1,135,000 | $ 124,072,239 | $ - | $ 6,240,074 | $ 131,447,313 |

*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, which has resulted in many programmatic successes in the fight against HIV. PEPFAR has finalized a Partnership Framework with the Government of Rwanda, focusing on the areas of health sector HIV service delivery; sectoral mainstreaming of HIV/AIDS in prevention, care and treatment, and health systems strengthening; community-based HIV programs; and governance and strategic information. The PF was officially signed in June 2010 and is available online (http://www.pepfar.gov/frameworks/rwanda/index.htm).

Key strengths of this program include: prevention programming such as the retesting of sero-discordant couples, male involvement with ANC, and VMMC programs within the military. Other strengths include the use of data to address a changing Rwandan HIV epidemic, integration of HIV activities into other services, and 79% of national coverage for ART to date. 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. A key focus of this year's program will be to transition activities to Government of Rwanda (GOR) local ownership. Rwanda has demonstrated the political will to achieve that goal.

PEPFAR places strong emphasis on linkages between prevention, HCT, care, and treatment. PEPFAR prevention funding will support GOR efforts to achieve the national benchmark of halving HIV incidence in Rwanda by 2012. Prevention activities to achieve this goal include: PMTCT; prevention of sexual transmission; biomedical prevention, including improving blood and injection safety practices in health facilities and VMMC within the military; and integrated HCT services with a special emphasis on MARPs. The FY 2010 PEPFAR prevention activities will continue to be based on best practices and emerging evidence and will the incorporate results from the 2009 data triangulation exercise designed to gain information on MARPs and drivers of the epidemic. These programs will focus on transitioning to GOR ownership in a way that enables the GOR to sustain prevention activities in the long term.

In Rwanda, PEPFAR and the GOR provide care and support activities such as provision of basic health care and support for adults and children, support for integrated TB/HIV services, and programs for OVC. PEPFAR will strive to ensure that all PLWHA receive support through a comprehensive network of district hospitals, health centers and community services. In FY 2010, PEPFAR will also continue to emphasize the use of a family-centered approach for care; improvement of pain management; improved prevention and interventions counseling for

PLWHA, and stronger linkages. There will also be a significant emphasis on pediatric care and support activities. PEPFAR will continue to support integration of TB/HIV services in collaboration with the Global Fund. The main priority will be to expand the implementation of regular TB screening to all ART sites, and the diagnosis and complete treatment with directly observed treatment, short-course (DOTS). PEPFAR will target support for child-headed households and the most vulnerable orphans. PEPFAR implementing partners will increase national capacity to respond to OVC priorities such as policy and legal reform, government and civil society coordination, and monitoring of services.

Treatment activities consist of ART programs, focused on both adults and children, and laboratory support. PEPFAR will work to support the GOR goal of reducing morbidity and mortality due to HIV/AIDS. In FY 2010, PEPFAR will strengthen the MOH's capacity to improve program quality and sustainability through national and district-level support. PEPFAR will facilitate the transition of several partner-supported clinical service delivery sites to GOR management to ensure long-term sustainability. Finally, PEPFAR will support a more strategic approach to ART, to include task shifting, decentralization of services, and targeted use of viral load testing. FY 2010 resources for laboratory infrastructure will support key reference laboratory functions, including training, QA, and developing in-country expertise for HIV-related care and treatment.

In FY 2010, the overarching SI priorities are: the improvement of data quality; enhancement of data utilization; and the coordination of reporting systems. PEPFAR will support implementation of the national HMIS and strategy and the national HIV/AIDS M&E system. PEPFAR will continue providing assistance to enhance data analysis skills at the district and facility levels. PEPFAR will also help the GOR develop a more robust and sustainable health system by strengthening national health sector financing, increasing the availability of skilled human resources, providing institutional capacity-building for local organizations, and improving management systems for critical health support systems such as logistics and information management.

## SOUTH AFRICA

### South Africa – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| South Africa | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 1,042,109 | $ - | $ - | $ 1,042,109 |
| HHS | $ 4,043,000 | $ 227,023,128 | $ - | $ 10,394,261 | $ 241,460,389 |
| Peace Corps | $ - | $ 863,000 | $ - | $ - | $ 863,000 |
| State | $ - | $ 2,218,374 | $ - | $ - | $ 2,218,374 |
| USAID | $ - | $ 314,821,889 | $ - | $ - | $ 314,821,889 |
| Grand Total | $ 4,043,000 | $ 545,968,500 | $ - | $ 10,394,261 | $ 560,405,761 |

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

South Africa has the highest per capita health burden of any middle-income country in the world. South Africa has a highly generalized AIDS epidemic. South Africa is in the midst of a dramatic transformation of its health policies and treatment services following the election of President Zuma in April 2009. President Zuma's new MOH has repudiated prior denialist positions about the HIV epidemic and has repaired relationships with the donor community. These changes have allowed for new synergy in strategic planning and collaboration between the South African Government (SAG) and the USG at all levels. In addition, the PEPFAR team has initiated a partner rationalization process, moving towards greater alignment with the National Department of Health (NDOH) priorities and epidemiologic burden. These steps will lay the groundwork for the successful negotiation of a Partnership Framework in late 2010, which will define the nature of USG support towards NDOH goals over the next five years.

The PEPFAR team is aligning the prevention portfolio with the epidemiological evidence to address the key drivers of the epidemic, especially multiple concurrent partners, low rates of consistent condom use, and early sexual debut. A new initiative will promote positive male norms through advocacy. In addition, GBV programs will be intensified in 2010. The prevention programs will directly address alcohol and substance abuse issues in relation to increased risky sexual behavior. The 2010 World Cup served as a launching pad for numerous prevention efforts. In FY 2010, PEPFAR will undertake several VMMC activities to support the SAG, which include assistance with policy and guidelines development, communication campaigns, capacity-building of health care workers, and QA systems, and service delivery roll-out.

In FY 2010, PEPFAR will strengthen quality HIV/AIDS care service delivery through a multi-pronged strategy including: strengthening the integration of the basic care package and family-centered services across all care and treatment programs; increasing the number of trained formal and informal health-care providers, building multidisciplinary teams and improving human resource strategies; building active referral systems between community home-based care and facility services; developing Quality Assurance mechanisms; and translating national policy, quality standards and guidelines into action, particularly national adoption of the basic care package. In the area of HCT, FY 2010 funds will focus on strengthening referrals and linkages of HIV stand-alone and mobile HCT services to treatment and care services, increasing mobile HCT to reach rural and hard to access populations, and intensifying the provision of a prevention package to those who receive HCT.

PEPFAR will support NDOH with the development and finalization of TB policies and guidelines, specifically on intensified case finding, isoniazid preventive therapy (IPT), and infection control. In addition, PEPFAR will continue to support the development of appropriate surveillance systems for TB/HIV. PEPFAR will also continue support to the building of laboratory capacity to ensure timely quality-assured laboratory services for TB/HIV, including rapid diagnostics for TB and multi-drug resistant (MDR)-TB.

PEPFAR-supported OVC programs provide age-appropriate interventions that focus on gender issues, reproductive health information and education, HIV prevention information, and life skills programming. In FY 2010, specific attention will be given to strengthening economic and livelihood interventions and building stronger exit programs for 18-year-olds. PEPFAR will provide assistance in strengthening the human resources capacity to address the needs of vulnerable children.

The SAG, in collaboration with PEPFAR, has convened an ART costing working group tasked to complete costing scenarios for treatment programs. PEPFAR will focus on supporting the SAG to finalize policies allowing for task shifting of staff, pre-ART services, and integration of HIV/TB services within other points of care as well as increasing quality and coverage in areas of need. Other activities include strengthening HMIS, M&E systems, and survey and surveillance efforts. In FY 2010, priority will be placed on transitioning from the web-based Data Warehouse to using the District Health Information System (DHIS) or DHIS-compatible system for monitoring PEPFAR results.

## SUDAN

### Sudan – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Sudan | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| HHS | $ 500,000 | $ 3,701,110 | $ - | $ - | **$ 4,201,110** |
| USAID | $ - | $ 3,334,890 | $ 2,010,000 | $ - | **$ 5,344,890** |
| Grand Total | $ 500,000 | $ 7,036,000 | $ 2,010,000 | $ - | $ 9,546,000 |

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

Sudan has a low generalized HIV/AIDS epidemic, but the elements for a rapid spread of HIV in southern Sudan compel action. Refugees in large numbers are returning from neighboring higher prevalence countries. Trade and transport are increasing exponentially with hundreds of truckers, a high risk group, arriving in major transport corridor hubs. Vulnerable women and youth also flock to these transport hubs due to the promise of economic opportunity.

In the area of HCT, PEPFAR will target youth, uniformed forces (military and police), truck drivers, traders and their associates, commercial sex workers (CSWs), transactional sex workers, returnees, immigrants, and refugees.

Sexual prevention is another important component of PEPFAR in Southern Sudan that will focus on abstinence and be faithful programs and proper use of condoms. Through behavior change communication (BCC), PEPFAR will strengthen community dialogue, promote positive reproductive health behaviors, increase knowledge of STI/HIV, reduce stigma and discrimination, and increase use of preventive care and support services.

Current PMTCT services will continue including a very limited expansion in communities where there is a high need and demand for services. These new sites will also be linked to existing services, where possible, such as family planning programs and to care and support groups.

PEPFAR will continue to support HIV care and support in FY 2010. This technical area will emphasize PwP, access to and increased uptake of condoms, prophylaxis and treatment of OIs, prevention education, HIV testing for sex partners, referral for TB screening and for treatment of HIV infected patients at the facility level, and determining eligibility for ART.

In FY 2010, the PEPFAR program will continue to support health systems strengthening. Key activities include training and development of laboratory services, TA for surveillance as well as TA on adapting broad policy reforms and implementation of HIV/AIDS activities throughout Southern Sudan.

## SWAZILAND

### Swaziland – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Swaziland | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 555,403 | $ - | $ - | $ 555,403 |
| DOL | $ - | $ 280,000 | $ - | $ - | $ 280,000 |
| HHS | $ 1,200,000 | $ 14,087,920 | $ - | $ - | $ 15,287,920 |
| Peace Corps | $ - | $ 169,600 | $ - | $ - | $ 169,600 |
| State | $ - | $ 597,765 | $ - | $ - | $ 597,765 |
| USAID | $ - | $ 13,753,634 | $ 6,900,000 | $ - | $ 20,653,634 |
| Grand Total | $ 1,200,000 | $ 29,444,322 | $ 6,900,000 | $ - | $ 37,544,322 |

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

A Partnership Framework between the Governments of the Kingdom of Swaziland (GKoS) and the United States was signed in June 2009, and is available at http://www.pepfar.gov/frameworks/swaziland/index.htm. This agreement 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 is supplemented by a PFIP that provides additional detail. The use of FY 2010 funding in Swaziland is guided by the strategic goals set forth in the Partnership Framework and PFIP. The PEPFAR team will continue to work in close collaboration with the GKOS in building a self-supporting Swaziland HIV/AIDS program.

PEPFAR will promote a combination prevention approach that includes a major scale-up of sexual prevention and male circumcision and a smaller, but significant focus on PMTCT and blood safety activities. The overall objective of the prevention program is to strengthen national leadership and local capacity for well-coordinated, sustained and effective prevention programs that are well linked from national to community level. In August 2010, the Ministry of Health, with the full endorsement of the King of Swaziland, will commence with an aggressive roll-out of accelerated male circumcision seeking to attain a high level of coverage in adult males thus averting signficiant new HIV infections.

PEPFAR seeks to encourage Swaziland's efforts to increase coverage and improve the quality of comprehensive HIV care and treatment services. A focus of PEPFAR's support plan is key investments to facilitate the country's decentralization of services through infrastructural upgrades, and intensive support to health systems including laboratory management, human resource development and task shifting, SI, pharmaceutical supply chain, and creation of linkages between communities and health facilities.

The integration of HIV/TB services down to community level is key element of the national and PEPFAR strategy. PEPFAR will support greater access to basic lab services at primary care level and support a national lab sample transport system.

The necessary linkage of PEPFAR community-based care and treatment efforts with OVC programming is well understood and appreciated. Over the next five years, OVC programs will be brought to scale through the following goals: supporting a national process to establish quality

service standards; contributing to the National Strategic Plan for Neighborhood Care points by supporting needed services for at least 10,000 children at 200 sites; contributing to the national child protection program by supporting training and piloting strategies for enhanced sustainability; and supporting community-level service delivery through several NGOs.

Over the next five years, PEPFAR important goals include HSS and emphasizing SI activities. The PEPFAR program is a principal contributor to human capacity, infrastructure and strategic planning needs of the national HIV/AIDS program. Ongoing and scaled-up system strengthening activities in FY 2010 include: building the capacity of local NGOs in organizational leadership and technical, financial and administrative management; strengthening MOH capacity in human resources management, recruitment and retention; and strengthening local coordination and monitoring of Global Fund activities by supporting the staffing of a new secretariat for the Country Coordinating Mechanism (CCM). SI activities planned for FY 2010 include: building the M&E capacity of MOH and local NGOs working on the HIV response; establishing internal PEPFAR data QA protocols; supporting development of the AIDS indicator survey; decentralizing the MOH Human Resource Information system to the four regions of Swaziland; and supporting an epidemiologist to work with the MOH.

The GoKS has MMC as an HIV prevention strategy. Swaziland's male circumcision Accelerated Saturation Initiative (ASI) is an unprecedented effort to roll out medical male circumcision for HIV prevention to achieve rapid coverage at a national level. Additional FY 2010 GHCS-State funding for Swaziland will support voluntary medical male circumcision implementation and the Swaziland HIV Measurement Survey (SHIMS).

In early 2010, the Swaziland MoH collaborated with PEPFAR to outline a plan to accelerate the country's strategic goal of increasing the prevalence of circumcision of adult men aged 15 to 49 (more than 150,000 men currently are uncircumcised) within a one-year time frame. Because of the host-county support, size, location and the high rate of HIV in Swaziland, the accelerated MC plan offers an historic opportunity to: (1) make a significant impact in the country- potential to avert 88,000 new infections by 2025, reduce HIV incidence by 75 percent, identify 23,000 "new HIV positives" and save over $600 million in future care and treatment costs; and (2) evaluate the effectiveness of male circumcision within comprehensive HIV prevention, while creating a wealth of operational information to improve global prevention programming.

Funding will continue to support the initiative's implementation, as the service delivery target group has been expanded to males aged 15-49 (approximately 150,000 uncircumcised). In addition, additional resources will support waste management, as the government facilities have limited capacity to deal with the medical wastes from this campaign. Medical waste management will be done in conjunction with the Government of the Kingdom of Swaziland in order to strengthen the health system.

Funding will be allocated to the Department of Health and Human Services Centers for Disease Control (HHS/CDC) for the evaluation component of ASI. Building local capacity - training, infrastructure upgrades, local hiring, research capacity - have been prioritized by the GoKS. SHIMS will provide a learning environment with the potential to leverage many additional public health science objectives.

## TANZANIA

**Tanzania – FY 2010 Approved Funding by Program Area, Agency and Funding Source***

| Tanzania | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 32,945,265 | $ - | $ - | **$ 32,945,265** |
| HHS | $ 3,683,000 | $ 114,969,397 | $ - | $ 18,031,863 | **$ 136,684,260** |
| Peace Corps | $ - | $ 991,800 | $ - | $ - | **$ 991,800** |
| State | $ - | $ 10,654,552 | $ - | $ - | **$ 10,654,552** |
| USAID | $ - | $ 176,693,396 | $ - | $ - | **$ 176,693,396** |
| Grand Total | $ 3,683,000 | $ 336,254,410 | $ - | $ 18,031,863 | $ 357,969,273 |

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

The United Republic of Tanzania (URT) faces many economic and social development challenges, including those posed by a generalized AIDS epidemic and other communicable diseases. Critical impediments to strengthening health outcomes in Tanzania include the inadequacy of trained human resources, inadequate infrastructure, and overburdened logistics systems and supply chains. In March 2010, the U.S. Government and URT signed a PEPFAR Partnership Framework. Overall, the Framework aims to reduce new HIV infections and morbidity and mortality due to HIV and AIDS and improve the quality of life for those affected by HIV and AIDS. The PF focuses on six goals: service maintenance and scale-up; prevention; leadership, management, accountability, and governance; sustainable and secure drug and commodity supply; human resources; and evidence-based and strategic decision-making. The Partnership Framework documents are now available at: http://www.pepfar.gov/frameworks/tanzania/index.htm.

The URT's stated top HIV/AIDS priority is to reduce the number of new HIV infections. With FY 2010 funding, sexual prevention implementing partners will work closely to implement coordinated programs with consistent messages on VMMC, cross-generational and transactional sex, alcohol, condom use, gender norms, and other drivers. PEPFAR also supports prevention programs for MARPS, including CSWs, IDUs, and MSM. VMMC services will be scaled up in 2010, and PEPFAR will continue to support PMTCT, safe blood services, and injection safety.

Since 2004, the number of PEPFAR-supported care and treatment clinics has grown from 15 to 605 in 2009. The Tanzanian National Costed Plan of Action outlines specific needs of Most Vulnerable Children by geographic area and identifies resource gaps for meeting these needs. Considerable progress has been made in the scale-up of direct supportive services by reaching 370,954 OVC.

Rapid national scale-up of HIV services benefitted from a regionalization strategy initiated by the Ministry of Health and Social Welfare (MOHSW) in FY 2006, yielding broad geographic coverage, de-duplicated efforts, and maximized efficiency of implementing partners. As a result, PEPFAR treatment partners have now taken on the responsibility for the implementation of a variety of clinical services. Because of this coordinated support, PEPFAR expects to see continued improvements in referrals and linkages between services and an increase in the provision of more efficacious ART regimens to HIV-infected pregnant women.

PEPFAR will continue to work with the MOHSW to conduct a feasibility appraisal in the context of the new WHO treatment guidelines. Findings will inform URT consideration of changing treatment guidelines Tanzania. An ART costing study has been undertaken in Tanzania; preliminary results indicate that the proposed funding for FY 2010 will be sufficient to meet immediate care and treatment targets.

PEPFAR-supported activities in systems strengthening will sustain the responsible transition of PEPFAR programs to the URT and to local partners. PEPFAR has targeted key elements of the health system: procurement and supply chain; management capacity of national, regional, and district health teams; HRH; lab services; and SI. The Tanzania Field Epidemiologist and Laboratory Training Program will continue training field epidemiologists and public health field laboratory managers to serve as leaders in surveillance and the public health response. Conflicting opinions among high-level URT officials on task shifting will require that PEPFAR advocate vigorously in FY 2010 for a more open perspective on task shifting. During FY 2010, a review will assess whether existing programs appropriately prepare professional health managers and administrators to effectively manage health service delivery and resources, and to achieve task shifting goals.

Programming around the additional Partnership Framework funding was developed under the national scale-up scenario that recognizes Tanzania's progress in the fight against HIV and AIDS as well as the ongoing financial and capacity constraints. The Partnership Framework is designed to support Tanzania's HIV and AIDS programs, fortify structures in the underlying health system and strengthen in-country leadership and management capacity to oversee and manage the national response.

These funds have been programmed within the context of the Partnership Framework Implementation Plan, which has been submitted for stakeholder review. The Team used the following guiding principles while programming funds to fit within the contect of the PFIP: 1) Focus on building and strengthening local capacity, 2) Promote strengthening of the health system by increasing long-term viability and sustainability of the program in each technical area, 3) Build synergies with other resources, including Global Fund, PPPs, and wraparounds with other USG programs, and 4) Increase efficiencies in existing programs to maximize impact.

## UGANDA

### Uganda – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Uganda | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 6,209,978 | $ - | $ - | **$ 6,209,978** |
| HHS | $ 8,040,000 | $ 112,358,261 | $ - | $ 6,264,675 | **$ 126,662,936** |
| Peace Corps | $ - | $ 343,700 | $ - | $ - | **$ 343,700** |
| State | $ - | $ 3,599,925 | $ - | $ - | **$ 3,599,925** |
| USAID | $ - | $ 149,071,833 | $ - | $ 370,000 | **$ 149,441,833** |
| Grand Total | $ 8,040,000 | $ 271,583,697 | $ - | $ 6,634,675 | $ 286,258,372 |

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

With FY 2010 funding, PEPFAR will place increased focus on sexual and biomedical prevention programming in Uganda. Since the most common means of HIV transmission is unprotected sex, particularly through discordant couples and CSWs and their partners, PEPFAR will focus programming around "personalized risk." To overcome barriers to condom use, PEPFAR will support procurement, quality testing, and logistics management of condoms for free distribution and social marketing. PEPFAR will also promote increased HCT. PEPFAR will increase access to HCT services for couples and MARPs and specifically address sexual norms among MARPs. To deepen PMTCT services, primary prevention and preventing unwanted pregnancies will receive special attention.

Biomedical prevention programming will support the completion and implementation of the national blood transfusion safety strategic plan and support the MOH to strengthen injection safety practices. Based on a comprehensive review of Uganda's prevention portfolio, increased resources will be allocated for VMMC service delivery and clinical training to accelerate the pace of scale-up of this proven prevention intervention. The Ugandan People's Defense Force will increase the number of its fully equipped VMMC sites from four to six and significantly increase the number of military personnel targeted for VMMC.
Care services are in high demand in Uganda, with over 360,000 PLWHA receiving PEPFAR - supported care as of March 2009. In FY 2010, PEPFAR will rationalize care services, reduce duplication, and work closely with district health management teams to use resources more efficiently. PEPFAR will continue to strengthen linkages among services such as HCT, PMTCT, EID, PwP, and orphan care. PEPFAR will also integrate HIV/TB activities, strengthen the surveillance and management of MDR-TB, and help complete the national TB Drug Resistance Survey. PEPFAR will continue to support a strong family and community response for Uganda's OVC.

In FY 2010, PEPFAR will continue to support treatment for these patients and will place increased emphasis on raising pediatric ART coverage. PEPFAR will also provide critical TA to strengthen the MOH's forecasting and procurement capability, thereby preventing ARV stock-outs and emergency procurements. Thirty-six laboratories will be renovated and PEPFAR will support the MOH in defining standards for laboratory equipment.

A renewed focus on HSS contributed to a 50% rise in Uganda's funding allocation in FY 2010; this funding will focus largely in the areas of HRH, HMIS, improving governance and leadership, and supply chain management. Funds will also continue to ensure program

monitoring and accountability, ensure PEPFAR policy and technical leadership within the Ugandan national response, and cover compensation, logistics, and office and administrative costs.

Over the past year, PEPFAR achieved considerable success in integration within its laboratory programs, ensuring that PEPFAR's support for QA is applied across all lab activities—not just those related to HIV. As a result, the quality of lab services for all diseases has improved.

To address issues of cost effectiveness, in FY 2009 PEPFAR carried out a procurement rationalization process that dramatically reduced the number of drug procurement mechanisms and increased use of generic drugs. In addition, PEPFAR continued to reap the benefits of past investments and made solid progress in both PMTCT and TB/HIV.

Additionally, funding will support the purchase of ARVs for use in the PEPFAR treatment program in Uganda. Supplementary ARVs will refill buffer stocks, prevent stockouts, and allow for continued expansion of treatment services through the remainder of FY 2010 and into early FY 2011.

## ZAMBIA

### Zambia – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Zambia | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 10,055,000 | $ - | $ - | **$ 10,055,000** |
| HHS | $ 2,914,000 | $ 78,749,000 | $ - | $ 20,120,022 | **$ 101,783,022** |
| Peace Corps | $ - | $ 1,946,200 | $ - | $ - | **$ 1,946,200** |
| State | $ - | $ 1,976,947 | $ - | $ - | **$ 1,976,947** |
| USAID | $ - | $ 160,933,462 | $ - | $ - | **$ 160,933,462** |
| Grand Total | $ 2,914,000 | $ 253,660,609 | $ - | $ 20,120,022 | $ 276,694,631 |

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

With strong linkages to education, workplace programs, and other health programs (including malaria), the PEPFAR 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, speaks to the PEPFAR program's commitment to health systems strengthening and linkages with development in its HIV response. Preventing new infections, addressing human and financial resource gaps, and building sustainable local public and civil society entities will be a focus of the next five years of the PEPFAR program. In the next year, the Zambia Mission will work with the Government of the Republic of Zambia (GRZ) and other donors in Zambia to develop the National AIDS Strategic Framework (NASF), which will also provide structure for a Partnership Framework. The Zambia mission has helped coordinate efforts between the GRZ and Cooperating Partners (donors) towards the next NASF and the PF and has engaged cost modelers to conduct an assessment of the ARV costs in preparation for the PF. The development of the PF is underway and slated for completion by the fourth quarter in fiscal year 2010.

PEPFAR HIV prevention programs have contributed to an increase in the age of sexual debut, a reduction in the number of sexual partners, and an increase in condom use. PEPFAR will implement innovative, new prevention interventions and improve ongoing interventions, including increasing access to quality PMTCT services and mobilizing moral and traditional authorities to lead on HIV prevention. FY 2010 activities include expansion of STI prevention, addressing alcohol abuse, expansion of couples counseling and testing efforts, integration of HIV prevention messages and counseling into other HIV and health services, better targeting of risk populations, development of linkages with community groups to ensure follow-up, and prevention with PLWHA, and VMMC services expansion.

PEPFAR support will provide OVC with improved access to educational opportunities, food and shelter, psychosocial support, health care, livelihood training, access to microfinance, and trained caregivers. Palliative care activities will reach HIV-infected individuals at clinical and community service delivery sites by providing nursing/medical care, treatment of OIs, pain relief, nutritional supplements, psycho-social support, referral to ART and ART adherence programs, and pediatric and family support. Tens of thousands of trained volunteer caregivers, as well as clinical service providers, will conduct these activities. To address the high proportion of TB/HIV co-infection, PEPFAR will continue to enhance the linkage between TB/HIV services. To support Zambia in building health worker capacity, PEPFAR in conjunction with GRZ will increase the number and improve the expertise of health and social workers. PEPFAR

will support health worker training institutions to ensure inclusion of state of the art HIV prevention, care and treatment information in pre-service and in-service training curricula.

As of March 2009, Zambia's 250 ART centers were receiving PEPFAR support. In FY 2010, PEPFAR will continue to provide comprehensive adult and pediatric ART services to public and private sector hospitals, clinic sites, and provincial and district public sector facilities, including training health care providers on provision of quality ART services; strengthening effective service delivery networks and linkages; strengthening laboratory, logistics, and HMIS; and promoting adherence to ART.

Funds will strengthen local HMIS, expand use of quality program data for policy development and program management, upgrade QA procedures, provide training and support, and build local partner capacity to launch and sustain programs. Activities in FY 2010 will further provide TA to develop sustainable M&E systems, information, and adopt modern communication technology.

PEPFAR will place particular emphasis in FY 2010 on strengthening its PMTCT program. In particular, funding will be used to improve clinic and laboratory infrastructure for PMTCT services; update, disseminate, and provide training on policies and guidelines based on international recommendations; and strengthen community approaches to increase PMTCT coverage. In addition, PEPFAR will evaluate the impact of PMTCT, including measuring the cost of PMTCT, pediatric care, and community approaches; PEPFAR will also conduct strategic planning for PMTCT in conjunction with the development of the National AIDS Strategic Framework and the National Health Strategic Plan. With this investment, coupled with efforts on the part of the Zambian Government, PEPFAR expects to reduce mother-to-child transmission to less than 5% in supported districts.

## ZIMBABWE

### Zimbabwe – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Zimbabwe | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| HHS | $ 6,670,000 | $ 6,765,000 | $ - | $ - | **$ 13,435,000** |
| State | $ - | $ 200,000 | $ - | $ - | **$ 200,000** |
| USAID | $ - | $ 17,365,000 | $ 16,500,000 | $ - | **$ 33,865,000** |
| Grand Total | $ 6,670,000 | $ 24,330,000 | $ 16,500,000 | $ - | $ 47,500,000 |

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

PEPFAR is a key element in the evolving humanitarian program in Zimbabwe, and fully supports Zimbabwe's own National AIDS Strategic Plan (ZNASP). Zimbabwe's Ministry of Health and Child Welfare (MOHCW) provides overall country leadership for the national HIV/AIDS response within the framework of the ZNASP. As a consequence of President Obama's pledge of additional support to Zimbabwe, increased PEPFAR funding is being programmed in close collaboration with MOHCW and other Zimbabwean governmental NGO partners. The working assumption is that given the massive deterioration in public health systems in Zimbabwe, PEPFAR assistance must focus on immediate and short-term "gap filling" within a longer term systems strengthening approach that fosters Zimbabwean leadership and ownership and avoids creation of parallel donor-dependent systems.

PEPFAR works to build the capacity of Zimbabweans to lead initiatives to address HIV. Previous assistance helped to develop Zimbabwean capacity to assume ownership of both measures to better understand the epidemic and to drive mitigation responses. In response to requests by the MOHCW, the FY 2010 program includes several new initiatives that build upon PEPFAR-supported pilot efforts. These include scale-up of combined short-course therapy for pregnant HIV-infected women and complementary EID and prophylaxis; scale-up of VMMC for males over 15 years of age; significant technical, training, and commodity assistance to rebuild the national laboratory systems; and HRH strengthening.

In the short term, PEPFAR is placing particular attention on two key systemic linkages: commodity supply and logistics systems, and laboratory systems. For the first, PEPFAR's vision is to help the MOHCW expand the staffing and mandate of the small PEPFAR-supported Logistics Support Unit and have it report to the MOHCW Directorate of Pharmacy Services, thereby becoming the overall body for coordinating medicines and medical supply management in the public sector. There are currently several parallel supply systems for different commodities for HIV/AIDS, family planning, malaria, TB, and other programs. PEPFAR is working with the MOHCW, several parastatal organizations, and the donor community to harmonize these systems.

Similarly, Zimbabwe's national laboratory system has been decimated by a decade of neglect, yet remains critical to work in prevention, care and treatment. PEPFAR will continue to provide short-term support for training, and the necessary equipment and supplies as the system is rebuilt.

In addition to these “horizontal” linkages so critical to all other programs, PEPFAR will continue its focus on selected key “vertical” systems that provide immediate results in prevention, care and treatment while developing longer-term skills and capacity to sustain such results over time.

PEPFAR is working on other key linkages, including real-time information access, supportive staff supervision and mentoring, data dissemination, TB and HIV care referral mechanisms, training critical cadres to provide client-oriented care, and strategic leadership capabilities. PEPFAR programs and targeted TA in FY 2010 and beyond will focus on solidifying national foundational MOHCW documents that all partners refer to – policies, strategic plans, M&E plans, and training curricula.

The FY 2010 proposed activities reflect regular and substantive consultation with the MOHCW, other donors, and a range of implementing partners. In 2010, the PEPFAR interagency team will develop a new five-year Strategic Plan in close consultation with the MOHCW. The new Strategic Plan will use the foundation of many of the FY 2010 activities described above to continue to promote MOHCW sustainability as the public health leader in Zimbabwe.

## East Asia and Pacific

## CAMBODIA

### Cambodia – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Cambodia | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| HHS | $ 3,000,000 | $ 1,450,000 | $ - | $ - | **$ 4,450,000** |
| USAID | $ - | $ 1,550,000 | $ 12,500,000 | $ - | **$ 14,050,000** |
| Cambodia Total | $ 3,000,000 | $ 3,000,000 | $ 12,500,000 | $ - | $ 18,500,000 |

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

Cambodia is one of the best-documented and most compelling success stories in the global fight against HIV/AIDS. From 1998 to 2006, HIV prevalence declined from 2% to 0.9%. More recently, the Royal Government of Cambodia (RGC) has expanded greatly access to care and treatment for PLWHA. To date, more than 90% of individuals in need are receiving antiretroviral treatment.

Prevention activities are a high priority for the PEPFAR Cambodia Program. The increase of HCT at ANC sites is expected to improve testing rates among pregnant women and successful follow-up and treatment of those testing positive. A USG-supported demonstration project of PITC of pregnant women in three operational districts showed that tests were performed accurately by midwives, and acceptance rates were high among patients and partners. Successful implementation of antenatal PITC in labor and delivery rooms by non-laboratory personnel in FY 2010 will inform HCT policy on same-day test result provision for other populations.

The National Blood Transfusion Center has policies in place to ensure blood safety; however, appropriate clinical use of blood is not being monitored, and donors with transfusion transmissible infections are not being notified, counseled, or referred. PEPFAR will commit additional funding to blood safety activities in FY 2010, and plans to use the funding to enhance blood safety monitoring and quality assurance.

PEPFAR also supports the care and treatment services of the RGC. Until recently, diagnosis of HIV in children could not be reliably determined until 18 months of age. This delay in diagnosis of infants known to be exposed, and the relative ineffectiveness of the PMTCT program in identifying the majority of HIV-exposed infants resulted in very few HIV-infected children under two years of age receiving care and treatment at Pediatric AIDS Clinics in Cambodia. In FY 2010, PEPFAR will fund measures to assure infant follow-up of 80% of exposed infants identified during ANC in seven operational districts in three provinces

PEPFAR will support referrals between services such as home based care, in-patient care, and peer support groups. PEPFAR will also strengthen the capacity of the Cambodian National TB Program to reliably and rapidly to diagnose tuberculosis in people with HIV and prevent the spread of MDR-TB. Staff will be trained in this advanced technique at both the provincial and the national levels. More rapid detection of infectious cases of TB will help reduce the TB burden in Cambodia.

## CHINA

### China – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| China | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| HHS | $ 3,000,000 | $ 1,500,000 | $ - | $ - | $ 4,500,000 |
| USAID | $ - | $ 1,500,000 | $ 4,000,000 | $ - | $ 5,500,000 |
| Grand Total | $ 3,000,000 | $ 3,000,000 | $ 4,000,000 | $ - | $ 10,000,000 |

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

USG HIV assistance to China focuses primarily on providing TA and capacity-building to the Government of China (GOC), strengthening the GOC's ability to provide oversight and manage its national HIV response in a sustainable manner. Although the GOC provides strong leadership and funding for the national HIV program, the quality of HIV interventions is frequently lacking and technical capacity is limited, especially at the provincial and local levels; USG helps to build this capacity. Thus, even with very limited resources, USG exerts a strong influence on the GOC's HIV response at the national, provincial and local levels. TA focuses on best-practices guidance and developing implementation models for MARPs.

Primary prevention is a top priority for GOC and is at the core of USG TA. FY 2010 funding will target improvements in the quality of MARPs programming in the 15 provinces with the highest HIV burden, with more intensive efforts in Guangxi and Yunnan. Similarly, USG will support improvements in the quality of IDU interventions as they are scaled up by the GOC. FY 2010 funds will also support the GOC in improving the quality of the National 100% Condom Use Program and support the 61 city survey of MSM. Limited funding will be provided to assist the GOC to reduce mother-to-child transmission.

USG will continue to support the GOC and Global Fund to scale up the essential care package model to provide quality care and support services to PLWHA, including those on ART. FY 2010 funding will also support better implementation of the national TB/HIV program and promotion of PITC in TB clinics.

USG will provide TA to the national free ART program, including strengthening the linkages between VCT, prevention, care and treatment. USG will also provide TA to strengthen cooperation between PMTCT and pediatric HIV/AIDS programs and to improve the quality of care for HIV-exposed and infected children.

The USG will continue to work closely with the National AIDS Reference Laboratory to strengthen the national laboratory system, addressing issues such as accreditation, domestic proficiency testing, viral load testing, and drug resistance testing. FY 2010 funding will also support targeted surveillance and behavioral surveys and promote improved access and use of information collected in the national surveillance system; provision of TA at the national level to assist with an evaluation of the national HIV/AIDS program; and the development of the next national five-year action plan for HIV/AIDS. The USG will continue to improve human capacity at the national, provincial and county levels as well as build the capacity of local community-based organizations.

## INDONESIA

**Indonesia – FY 2010 Approved Funding by Program Area, Agency and Funding Source***

| Indonesia | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 250,000 | $ - | $ - | **$ 250,000** |
| USAID | $ - | $ 5,000,000 | $ 7,750,000 | $ - | **$ 12,750,000** |
| Grand Total | $ - | $ 5,250,000 | $ 7,750,000 | $ - | $ 13,000,000 |

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

The U.S. Department of Defense (DoD) provides critical support to strengthen the Indonesian Defense Force's medical infrastructure in its efforts to fight the HIV epidemic. Medical services provided by the military reach not only the military, but also their families and civilians living near military facilities. With FY 2010 funds, DoD will continue to assist the Indonesia Defense Forces in implementing community-based activities among soldiers, their sexual partners, and surrounding communities to promote safer sexual behaviors. Key prevention strategies include peer education and interpersonal communication sessions, and the promotion of correct and consistent condom use. Increasing focus will be placed on reaching those at higher risk, such as those being deployed to a high prevalence area or STI patients. Information, education and communication materials will be updated to reflect best practices. DoD will also expand and provide support to VCT activities. Support for laboratory strengthening will focus on the procurement of reagents and other critical supplies as well as on training of laboratory technicians. Treatment support will focus on coordinating, planning and executing treatment, care and support workshops for military medical officers and other medical staff that work within the military community. 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, FY10 funds will support TA and travel as required.

Funding will support additional prevention interventions. The PEPFAR Indonesia team has recognized a need to fund condom social marketing and operations research to improve effectiveness of current prevention efforts and plans to support the management of provincial and district AIDS Commissions through small grants to civil society organizations.

## THAILAND

### Thailand – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Thailand | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| HHS | $ 4,000,000 | $ 200,000 | $ - | $ - | **$ 4,200,000** |
| USAID | $ - | $ 300,000 | $ 1,000,000 | $ - | **$ 1,300,000** |
| Grand Total | $ 4,000,000 | $ 500,000 | $ 1,000,000 | $ - | $ 5,500,000 |

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

USG support for HIV programming in Thailand focuses on building sustainability and strengthening government ownership and coordination. This is achieved primarily through the provision of TA to the Royal Thai Government (RTG) and local civil society organizations. Specifically the USG develops model programs and facilitates their integration into routine health systems funded by the RTG or other external support like the Global Fund. Once the models have successfully been transitioned, USG support addresses new areas.

With FY 2010 funds, the USG will continue to provide TA to improve the quality and sustainability of MARPs programming, particularly for MSM. The focus will be on building capacity and providing models that are evidence-based, highly targeted and non-discriminatory. In addition, USG will support promotion of policy change geared to strengthen the public health response.

USG will use FY 2010 funds to support the development of sustainable approaches to quality systems for HIV care and treatment, improve service delivery, build human capacity, improve M&E and information systems, and implement quality improvement programs for clinical and laboratory services.

With FY 2010 funds the USG will also provide TA to the RTG to test new approaches to surveillance approaches and will support the process for developing a unified M&E system.

## VIETNAM

### Vietnam – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Vietnam | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 3,939,200 | $ - | $ - | $ 3,939,200 |
| HHS | $ 2,855,000 | $ 38,283,463 | $ - | $ - | $ 41,138,463 |
| State | $ - | $ 200,000 | $ - | $ - | $ 200,000 |
| USAID | $ - | $ 52,555,505 | $ - | $ - | $ 52,555,505 |
| Grand Total | $ 2,855,000 | $ 94,978,168 | $ - | $ - | $ 97,833,168 |

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

In FY 2010, PEPFAR will continue working with government leaders to support policy reforms in order to strengthen the Vietnam's healthcare system. Prevention services will continue to be focused on peer outreach-based education, with linkages to HCT, HIV care and treatment services, sexual and reproductive health services, reducation of vulnerability and risk factors, and access to condoms and treatment for STIs. Drug addiction and relapse prevention services will be made available to drug users who are currently in government-run rehabilitation centers, during their detention, and also after their release. The government proposes to expand the methadone program to sixteen clinics, which are expected to open by the end of 2010. Funding will cover costs associated with the rapid expansion of the methadone treatment program, including procurement of methadone and technical assistance to support the growth.

PEPFAR will also address the risks associated with multiple sexual partnerships and transactional sex by supporting expanded condom social marketing and HIV education efforts in locations where transactional partners often meet. Addressing male norms and behaviors is an important part of PEPFAR's prevention strategy. Blood safety and injection safety will continue to be funded in FY 2010 by DoD. PEPFAR supports five military hospitals to screen blood products, promote a volunteer donor system and expand counseling and testing, to the military and civilians. PEPFAR will continue to improve PMTCT services at the 600 sites it supports, with community outreach and the referral network between PMTCT, pediatric and adult outpatient clinics.

Care and support efforts include clinical and home-based care, integration of TB and HIV treatment and support of OVC. PEPFAR Vietnam has identified partners and specific bodies of work to improve access to quality services in these fields in the immediate term, guide evidence-based programming in the medium term, and improve the sustainability of the program in the long term. PEPFAR is working with the government to expand PITC services at TB and sexually transmitted infections clinics. In FY 2010, PEPFAR will explore opportunities to support mobile services in areas with significant concentrations of high-risk populations. PEPFAR will also continue the assessment and expansion of TB infection control practices in PEPFAR-supported HIV/AIDS care and treatment and national TB program service sites; build and expand laboratory capacity for improved TB diagnosis; and provide HIV and TB screening and care in residential drug rehabilitation centers. PEPFAR will support the GVN to integrate pediatric services into adult clinics.

In FY 2010, PEPFAR will increase treatment services through the expansion into areas with the highest HIV prevalence and the most difficult-to-reach populations. A pilot task-shifting model

to increase clinical capacity for nurses will be supported. Routine programmatic evaluation and monitoring for emergence of drug resistance among patients on ART will continue. PEPFAR will also support the development of HMIS strategies and systems implementation for improved data collection, exchange, and utilization.

Finally, PEPFAR funds in support the Parternship Framework which was signed by the USG and Governemnt of Vietnam (GVN) in July 2010; the document is available online at http://www.pepfar.gov/frameworks/vietnam/index.htm. PEPFAR Vietnam designated funds to be used across programmatic areas to support priorities in the PF that were developed in collaboration with the GVN. The PF provides the foundation upon which future collaboration and resource allocation will be based, and represents joint-strategic planning between the Vietnam and US governments. Funding provides increased support for: prevention targeting injecting drug users, health systems strengthening, and technical support to the GVN and partners to support the expansion of and improve information systems. This includes a heightened focus on data collection, synthesis, and dissemination, improving the institutional and human capacity to manage high-quality research systems, and training on data quality assurance and routine monitoring systems.

## Europe and Eurasia

### RUSSIA

**Russia – FY 2010 Approved Funding by Program Area, Agency and Funding Source***

| Russia | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| HHS | $ 500,000 | $ - | $ - | $ - | **$ 500,000** |
| USAID | $ - | $ 3,000,000 | $ 2,500,000 | $ - | **$ 5,500,000** |
| Grand Total | $ 500,000 | $ 3,000,000 | $ 2,500,000 | $ - | $ 6,000,000 |

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

In Russia, IDUs remain the key driver of the epidemic, accounting for nearly two-thirds of newly reported cases. FY 2010 funds will be used to focus on prevention and care and support for MARPs, with a particular focus on IDUs. PEPFAR has previously 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. FY 2010 funding is meant to build on this approach, promoting stronger Government of Russia (GOR) emphasis on prevention and care programs for IDUs through a focused effort to garner Federal-level endorsement of HIV prevention and care packages for IDUs that can be widely disseminated through the National Priority Project (the national AIDS program) and adopted in the regions. The approach will be one of engagement with the GOR to provide targeted TA to help the Russians develop and implement their programs. Continued PEPFAR leadership and collaboration with the GOR is especially important as the support for prevention and care programs for IDUs through the Global Fund phase down. While the GOR has recognized the importance of working with MARPs, the transition and ownership of such programs remains a challenge. PEPFAR assistance will help foster this process, facilitating the appropriate pathway for this transition and a sustainable approach.

The PEPFAR team will concentrate FY 2010 resources to address prevention among IDUs and their sexual partners, allocating over half of the total FY 2010 budget for this area. A key component will be a new prevention program which will build on previous efforts to develop model programs, identifying approaches with proven efficacy and defining an essential minimum package of HIV prevention for IDUs. Such a package will likely incorporate a range of interventions, including peer outreach services and case management for HIV prevention that have been previously piloted with PEPFAR support, as well as efforts to integrate HIV prevention into substance abuse treatment services. In addition, FY 2010 PEPFAR funds will support the United Nations Office on Drugs on Crime (UNODC) to continue the dialogue with government officials on substance abuse treatment, including the integration of HIV prevention into substance abuse treatment, expanding the spectrum of drug treatment services, and MAT.

PEPFAR will also focus on care and support for HIV-infected clients, particularly MARPs. To improve the access of IDUs and other MARPs to HIV/AIDS care, the PEPFAR program will use FY 2010 funds to engage with GOR to replicate the model of decentralized care for PLWHA, successfully piloted with PEPFAR support. Decentralizing HIV/AIDS care and treatment from AIDS centers to primary care clinics has helped the PEPFAR focus regions of St. Petersburg and Orenburg achieve important successes in increasing the number of PLWHA – most of whom are

IDUs – in care and treatment. Engaging with the GOR to endorse this model so that it can then be used as a basis for regional strategies on HIV/AIDS care will help ensure the sustainability of the PEPFAR investments to date in this area.

PEPFAR continues to include a focus on HSS, strategically using relatively limited PEPFAR funding to work on building the capacity of government, at both national and local levels, and building the capacity of civil society. PEPFAR also continues to work with NGOs 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.

## UKRAINE

### Ukraine – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Ukraine | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ - | $ - | $ - | $ - |
| HHS | $ - | $ 4,000,000 | $ - | $ - | $ 4,000,000 |
| Peace Corps | $ - | $ 330,000 | $ - | $ - | $ 330,000 |
| USAID | $ - | $ 5,198,000 | $ 2,500,000 | $ - | $ 7,698,000 |
| Grand Total | $ - | $ 9,528,000 | $ 2,500,000 | $ - | $ 12,028,000 |

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

The PEPFAR program in Ukraine is committed to working in partnership with the Government of Ukraine (GOU) on a tactical, targeted response to Ukraine's HIV/AIDS epidemic. Activities conducted during FY 2010 directly contribute to the goals, principles, and objectives outlined in a five-year USG – GOU Partnership , signed in February 2011.

Ukraine's national HIV/AIDS response proposes to contain the rapidly increasing epidemic and reduce levels of HIV/AIDS morbidity and mortality through providing universal prevention, care and treatment services for those living with and affected by HIV/AIDS. Key programs target coverage for MARPs including IDUs, CSW, MSM, and prisoners. Opiate MAT is key to halting the spread of HIV among IDUs, and in treatment, the GOU plans to scale up coverage for Ukrainians nationwide with uninterrupted and equitable access to high quality treatment.

PEPFAR technical support to enhance strategic information will enable the GOU to demonstrate measurable impact in reducing HIV transmission among MARPs and their sexual partners and in articulating the impact of medication assisted treatment programs. PEPFAR support to the GOU will also catalyze reforms that foster greater decentralization of high quality HIV/AIDS services. In addition, PEPFAR assistance will build stronger, more strategic Ukrainian professionals and institutions, a critical foundation for the long term sustainability of the National AIDS Program response. PEPFAR support overall, while directly addressing fundamental issues in HIV/AIDS, has the potential to influence broader change and achieve results that impact the Ukrainian health care system as a whole.

With FY 2010 resources, PEPFAR will continue to support robust programs to develop public sector and NGO institutional leadership and capacity to plan, manage and monitor the national AIDS Program, to deliver HIV/AIDS services, and to engage and coordinate on key issues in HIV/AIDS. PEPFAR investments will support the strengthening of national, regional and local coordination councils and HIV/AIDS monitoring and evaluation centers. Additionally, PEPFAR will support work with the National HIV/TB/IDU Training Center and the Ukrainian AIDS Center to improve clinical mentoring and support training needs for further expansion of treatment and integrated HIV care. PEPFAR will also continue to support programs providing comprehensive prevention services for IDUs, including medication assisted treatment. In addition, as CDC joins the PEPFAR team in Ukraine, funding will support new activities initiated by CDC addressing blood safety; TB/HIV; human capacity development related to HIV treatment, lab services, surveillance, and monitoring and evaluation; and strengthening lab and SI capacity.

## South and Central Asia

### CENTRAL ASIA REGIONAL

**Central Asia Regional – FY 2010 Approved Funding by Program Area, Agency and Funding Source***

| Central Asia Region | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| HHS | $ 150,000 | $ 6,759,425 | $ - | $ - | **$ 6,909,425** |
| Peace Corps | $ - | $ 145,000 | $ - | $ - | **$ 145,000** |
| State | $ - | $ - | $ - | $ - | **$ -** |
| USAID | $ - | $ 7,759,575 | $ 1,000,000 | $ - | **$ 8,759,575** |
| Grand Total | $ 150,000 | $ 14,664,000 | $ 1,000,000 | $ - | $ 15,814,000 |

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

Due to concerns about rising rates of HIV in Central Asia, PEPFAR has supported a significant increase in funding for the region starting in FY 2009. To date, the epidemic remains primarily concentrated in MARPs, particularly IDUs, and overall HIV prevalence remains relatively low. Increased funding, strategically focused on prevention among MARPs, could potentially have a significant impact on the course of the epidemic in the region. Thus the USG PEPFAR program will focus on developing comprehensive prevention programs for IDUs, along with outreach, behavior change communication, 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 CSWs, MSM, and prisoners.

Funding will support direct implementation of prevention services for MARPS as well as the provision of technical assistance to improve the quality and efficiency of MARPs programming. In addition, funding will support injection safety, laboratory strengthening, and strategic information. Finally, funding supports staff salaries and the cost of doing business as well as several baseline assessments that help guide further program planning

## INDIA

### India – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| India | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 608,467 | $ - | $ - | **$ 608,467** |
| DOL | $ - | $ 294,667 | $ - | $ - | **$ 294,667** |
| HHS | $ 3,000,000 | $ 5,654,423 | $ - | $ - | **$ 8,654,423** |
| USAID | $ - | $ 2,442,443 | $ 21,000,000 | $ - | **$ 23,442,443** |
| Grand Total | $ 3,000,000 | $ 9,000,000 | $ 21,000,000 | $ - | $ 33,000,000 |

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

The PEPFAR India program continues to lead as a "technical assistance" model, building sustainability through a four pillar approach: capacity building at all levels of government; transitioning from direct services to TA, building demonstration or pilot programs to test effective interventions; and expanding private sector involvement.

In FY 2010 the USG will continue to promote evidence-based planning at the state and district levels to improve prevention activities among most-at-risk populations and in workplaces. USG will pilot the provision of a comprehensive prevention-to-care continuum of services, provide TA in developing strategies to mitigate gender concerns among MARPs, and support state-wide mapping of injecting drug users for prioritizing interventions. In FY 2010 USG will provide technical support in developing demand generation campaigns for increasing uptake of HCT services among MARPs, demonstrate private sector models for quality HCT, and address gender concerns in HCT programs. To improve PMTCT, in FY 2010 USG will support three private sector PMTCT models and explore opportunities for integrating HIV/AIDS into MCH services.

To complement the Government of India's strong ART program, the USG will continue to focus on home based care and support through three pilots. It will also link with the private health sector and develop corporate partnerships to provide ART. With increased allocation of resources for pediatric treatment, USG will advance EID, improve referrals and promote integration. Pilot models of provider-initiated counseling and testing for TB patients and mobile services for HIV/TB will continue, as will USG efforts to advocate for increased support for OVC programming.

In FY 2010, the USG will scale up support for HSS initiatives, with a focus on human resource development and institutional capacity building of state and national governments. The USG will emphasize neglected areas such as communications, strategic information skills and systems and program management. The USG will continue to lead the national effort to strengthen the National and State Reference Laboratories to improve quality of diagnostics and testing, including strengthening the laboratories of the Indian Armed Forces Medical Services. USG will also support key SI activities and build capacity in government for using data for program planning and development.

Funding will also be focused on building the technical leadership of the national government through the technical support unit model. The USG will support a National TSU to provide critical TA to the National AIDS Control Project (NACP-III) in strategic areas for national level programming. Funding will also be applied to ramp-up system strengthening and capacity

building work by developing a government repository or knowledge hub. This will assist the National AIDS Control Organisation (NACO) in meeting its planning and mentorship role by enabling government staff to conduct hands-on modeling and estimations with surveillance data at the state level. It will allow the USG to directly support all stages of the development and roll-out of the Strategic Information Management System in India. The USG has also been responsive to the Government of India's request to expand capacity building for state, district and civil society entities in the states of: Andhra Pradesh, Gujarat, Uttar Pradesh, Maharashtra, Karnataka, Orissa, and Rajasthan.

## Western Hemisphere

### CARIBBEAN REGIONAL

**Caribbean Regional – FY 2010 Approved Funding by Program Area, Agency and Funding Source***

| Caribbean Region | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 1,645,000 | $ - | $ - | $ 1,645,000 |
| HHS | $ 1,500,000 | $ 9,618,933 | $ - | $ - | $ 11,118,933 |
| Peace Corps | $ - | $ 650,000 | $ - | $ - | $ 650,000 |
| State | $ - | $ 650,000 | $ - | $ - | $ 650,000 |
| USAID | $ - | $ 2,286,067 | $ 6,950,000 | $ - | $ 9,236,067 |
| Grand Total | $ 1,500,000 | $ 14,850,000 | $ 6,950,000 | $ - | $ 23,300,000 |

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

The Caribbean continues to be more heavily affected by HIV than any region outside sub-Saharan Africa, with the second highest regional level of adult HIV prevalence. Given the economic and environmental vulnerabilities of the small island nations of the eastern Caribbean, the high degree of inter-island mobility, and social factors, activities to control the HIV/AIDS epidemic must be specifically tailored to meet unique country needs, while at the same time addressing HIV/AIDS as a regional problem.

PEPFAR will contribute to an effective sustainable response to the HIV/AIDS epidemic in the Caribbean region by continuing to engage regional partners to foster increased capacity-building and strengthening of regional institutions and to build the commitment, capacity and leadership of national authorities. The PEPFAR team has negotiated and finalized a Partnership Framework with twelve partner governments. The focus of the PF is to expand partner countries' capacity to plan, oversee, finance, and manage their national response to HIV/AIDS and to deliver quality services with the participation of local civil society, groups of PLWHA, and the private sector.

There are four main areas of focus in the FY 2010 Regional Operational Plan (ROP) and the Partnership Framework, including prevention, SI, laboratory strengthening, and HSS. In prevention, PEPFAR will provide TA, capacity-building, and financial support to develop the capacity of regional and national entities to plan, implement, and evaluate evidence-based, comprehensive HIV prevention programs targeting MARPs that integrate biomedical, behavioral, and structural elements. The goal of SI activities is to improve the capacity of Caribbean national governments and regional organizations to increase the availability and use of quality, timely HIV/AIDS data to better characterize the epidemic and support evidence-based decision-making for improved programs, policies, and health services. PEPFAR will work to increase the laboratory capacity of the Caribbean national governments and regional organizations to improve the quality and availability of diagnostic and monitoring services and systems for HIV/AIDS and related STIs and OIs, including TB, under a regional network of tiered laboratory services. Finally, in relation to HSS, PEPFAR plans to leverage the expertise and resources of the country and regional partners to improve or supplement existing HIV/AIDS initiatives and assist governments in integrating services, financing their HIV/AIDS programs, and providing TA for mobilizing resources to sustain the response.

## CENTRAL AMERICA REGIONAL

### Central America Regional – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Central America Region | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 730,000 | $ - | $ - | $ 730,000 |
| HHS | $ 1,025,000 | $ 2,860,000 | $ - | $ - | $ 3,885,000 |
| Peace Corps | $ - | $ 140,000 | $ - | $ - | $ 140,000 |
| USAID | $ - | $ 2,441,000 | $ 5,391,000 | $ - | $ 7,832,000 |
| Grand Total | $ 1,025,000 | $ 6,171,000 | $ 5,391,000 | $ - | $ 12,587,000 |

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

In early 2010, the Central America PEPFAR Regional Program signed a Partnership Framework agreement with the governments of the Central America Region (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama). The PF focuses on: reducing HIV transmission; building capacity within national and regional health systems to deliver services; building capacity at the country level to monitor and use strategic information to support evidence-based and sustainable program; and improving the policy environment for the provision of HIV/AIDS services. The PF documents are now available at: http://www.pepfar.gov/frameworks/central_america/index.htm.

With the exception of Belize, the Central America region is characterized by a concentrated HIV/AIDS epidemic with low prevalence among the general population but very high prevalence among certain subgroups. HIV prevalence in adults is highest in Belize, and lowest in Nicaragua. These low national percentages mask the concentrated epidemic among MARPs.

Partner governments continue to show a strong response to the epidemic, providing more than 60% of HIV-related funding. With support of PEPFAR, the Global Fund, and other partners in, their efforts have focused on providing ART, care for PLWHA, programs for the PMTCT, and BCC tailored for low- and high-risk groups. HIV activities supported by host governments have had notably limited coverage of MARPs, and stigma and discrimination against these populations continue to represent major barriers to effectively address the epidemic.

While PEPFAR has played a leading role in the HIV/AIDS epidemic response in the region for over ten years through support to government and civil society, this year marks the first submission of a PEPFAR Regional Operational Plan. The Central America PF represents a hallmark of collaboration between PEPFAR and Central America Council of Ministries of Health, the regional body made up of all national Ministries of Health. The PF has a clear focus on MARPs and addresses four key areas: prevention activities to increase healthy behaviors among MARPs; HSS activities to build the capacity of countries to deliver sustainable high quality HIV/AIDS services; SI activities to strengthen national and regional abilities to monitor and use information; and policy activities to address issues such as stigma and discrimination, gender, and access to quality services for MARPs. Additionally, PEPFAR is forging strategic alliances with key civil society actors to strengthen their ability to advocate for positive policy changes and act as watch dogs.

## DOMINICAN REPUBLIC

### Dominican Republic – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Dominican Republic | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 954,500 | $ - | $ - | $ 954,500 |
| HHS | $ 500,000 | $ 5,446,500 | $ - | $ - | $ 5,946,500 |
| Peace Corps | $ - | $ 949,000 | $ - | $ - | $ 949,000 |
| USAID | $ - | $ 1,900,000 | $ 5,750,000 | $ - | $ 7,650,000 |
| Grand Total | $ 500,000 | $ 9,250,000 | $ 5,750,000 | $ - | $ 15,500,000 |

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

The PEPFAR program in the Dominican Republic will expand its emphasis on TA to the Government of the Dominican Republic (GODR) for prevention, treatment and care, public policy, and civil society strengthening. The program recognizes and supports Dominican ownership of its HIV/AIDS National Strategic Plan (NSP) with PEPFAR playing a support role to the GODR leadership.

The PEPFAR program in the Dominican Republic has revised its prevention strategy to focus on MARPs, including mobile populations, CSWs and their clients, MSM, residents of Bateyes (habitats for seasonal sugar cane workers, many of whom are of Haitian descent), women with four years or fewer of formal education, members of the Dominican military, IDUs, and prisoners. Surveillance surveys will be conducted in FY 2010 to provide information and data on these groups, in order to design effective prevention strategies.

The PEPFAR program is aligned with the NSP for HIV/AIDS, which includes four major areas: Public Policy, Civil Society Participation, Prevention and Promotion, and Universal Access to Integrated Care and Treatment. Generally, the weaknesses in the GODR health system represent opportunities for important and sustainable improvements in many areas. To the extent that the resources allow, PEPFAR will work with GODR and other partners to improve health systems, while providing TA to strengthen healthcare and laboratory services. PEPFAR and the GODR are preparing to sign their Partnership Framework and are in the final phases of PFIP development. The Partnership Framework lays out the guiding principles and goals of the USG-GODR joint efforts to combat the AIDS epidemic, focusing on MARPs and health systems strengthening, as above.

PEPFAR is already working with the MOH and other partners to develop and implement a single M&E system and procurement/logistics system. When the systems are ready for broad implementation, the MOH will announce that these systems represent new ministerial policy, in order for broad implementation to take place. PEPFAR will assist with this entire process. Similarly, the design and implementation of an active Bi-national (cross-border) program will require the GODR (and the government of Haiti as well) to announce this approach as government policy. Besides strategic information, other areas of cross-border collaboration include OVC, testing and counseling, sexual prevention, and PMTCT. In addition, USG will engage in a policy dialogue with the GODR regarding enforcement of the constitutional right to a Dominican birth certificate for those persons born in the DR. Regarding bi-national activities in the FY 2010 COP, the PEPFAR team will make appropriate changes in a collaborative process

between Haitian, Dominican, and USG partners as more information on the effect of the earthquake in the Dominican Republic and border areas becomes available. For now, USG plans to continue to provide TA, training, some physical renovations, and limited procurement of equipment in support of cross-border activities. In addition, USG will support the Presidential AIDS Council (COPRESIDA) and GODR efforts to strengthen the dialogue on the bi-national agenda.

Civil society has participated actively in HIV/AIDS policy-level deliberations and the implementation of services and support to vulnerable target populations. PEPFAR will continue to work with a number of NGOs, training them in management and operational techniques to improve their own cost-effectiveness and sustainability. PEPFAR will also work with the MOH at a policy level to provide greater levels of national support to NGOs.

## GUYANA

**Guyana – FY 2010 Approved Funding by Program Area, Agency and Funding Source***

| Guyana | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| DoD | $ - | $ 270,400 | $ - | $ - | $ 270,400 |
| DOL | $ - | $ 200,000 | $ - | $ - | $ 200,000 |
| HHS | $ 1,200,000 | $ 5,809,325 | $ - | $ 156,360 | $ 7,165,685 |
| Peace Corps | $ - | $ 99,300 | $ - | $ - | $ 99,300 |
| State | $ - | $ 75,000 | $ - | $ - | $ 75,000 |
| USAID | $ - | $ 10,071,190 | $ - | $ 300,000 | $ 10,371,190 |
| Grand Total | $ 1,200,000 | $ 16,525,215 | $ - | $ 456,360 | $ 18,181,575 |

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

Guyana's epidemic is concentrated in MARPs. PEPFAR programming has shifted from service delivery to capacity-building. The PEPFAR program works closely with the MOH and is guided by the overall goal of Guyana's NSP for HIV/AIDS. The PEPFAR team has held initial discussions with the Government of Guyana to develop a PF and PFIP.

The prevention program is critical in Guyana. PEPFAR will continue to support PMTCT activities. PEPFAR will also work to build management capacity at the National Blood Transfusion Service and implement a revised Blood Donor Recruitment Strategy. FY 2010 activities in HCT will focus on mobilizing MARPs and males to access services. PEPFAR will shift from a focus on sexual prevention activities to focus prevention with higher risk populations, such as CSW, MSM, and miners/loggers working in the hinterland while maintaining some activities focusing on in and out of school youth. The Guyana PEPFAR team will also maintain injection safety activities to minimize the risk of needle stick injury and consequently HIV infection to health care workers and the community.

With funding in FY 2010, high-risk populations will continue to be reached with combined targeted outreach and referrals to "friendly" clinical care and treatment services. Currently, there is a robust PEPFAR-supported HBC program. Funds will support expanded training of providers as well as service delivery, including care for TB/HIV patients. PEPFAR will build on successes in OVC programming by assisting the government in developing service delivery standards and craft policies to safeguard the well-being of OVC. PEPFAR will continue to serve as the MOH's primary partner in the delivery of a standard care package for PLWHA, and to scale out services to the hinterland.

FY 2010 funding will focus on increasing use and access and on expanding the reach of treatment activities. Activities will build on early successes in order to strengthen a single national system of forecasting, procurement, transport, and monitoring of drugs and commodities. Diagnosis will be expanded to include improved OI diagnostics, viral load testing, and EID at the National Public Health Reference Laboratory. PEPFAR will also promote PITC; promote task shifting/task sharing in HIV/AIDS care and treatment to expand the numbers of personnel providing care and treatment; and conduct an ART outcome assessment.

Other planned PEPFAR activities will support the development of SI systems, including working with the Government of Guyana to implement Guyana's first Demographic and Health Survey.

## HAITI

### Haiti – FY 2010 Approved Funding by Program Area, Agency and Funding Source*

| Haiti | GAP | GHCS (State) | GHCS (USAID) | Central GHCS (State) | Total All Funding Sources |
|---|---|---|---|---|---|
| HHS | $ 2,000,000 | $ 69,131,919 | $ - | $ 712,944 | **$ 71,844,863** |
| State | $ - | $ 15,065,000 | $ - | $ - | **$ 15,065,000** |
| USAID | $ - | $ 77,043,400 | $ - | $ 139,735 | **$ 77,183,135** |
| Grand Total | $ 2,000,000 | $ 161,240,319 | $ - | $ 852,679 | $ 164,092,998 |

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

With a clear vision and with Government of Haiti (GOH) objectives delineated in strategic plans, PEPFAR has worked together with the MOH and the Global Fund to implement a comprehensive and integrated HIV/AIDS prevention, care and treatment program in Haiti. This has been accomplished despite considerable setbacks, including an unstable social, economic, and political environment. In 2008, Haiti experienced many new challenges: food insecurity riots in April and a string of hurricanes which severely impacted programs and the fragile infrastructure system. 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. Reinforcing and supporting the leadership role of the MOH is central to PEFPAR's approach and will be critical moving forward.

Prevention activities in Haiti include PMTCT, abstinence and faithfulness programs, and other behavioral prevention interventions, including those that focus on high-risk populations and blood and injection safety programs. Prevention activities will also address new vulnerabilities resulting after the earthquake, including societal disruption, behavioral changes, gender-based violence, and a breakdown in public health care services. Stigma reduction will be addressed through information, education, and communication materials and other efforts targeting health care providers, caregivers, and communities surrounding HIV/AIDS care and treatment sites. Biomedical prevention efforts will include reconstruction of the blood donor services destroyed by the earthquake. Additionally, the HCT strategy for FY 2010 will include training and refresher courses for counselors, with an emphasis on specialized counseling for pregnant women and high-risk populations.

Care activities in Haiti include basic care and support, support to integrate TB and HIV programs, and support to OVCs. An emphasis is being placed on providing high-quality clinical care for HIV/AIDS patients, specifically the management of OIs, nutritional assessment, and counseling and support for both adult and pediatric patients. At the community level, PEPFAR will link care and support activities to HIV/AIDS prevention, care, and treatment centers by strengthening community-based organizations (CBOs) and faith-based organizations (FBOs). Cross-border collaboration also will take place between hospitals and CBOs that provide home and community-based palliative care and support. The strategy for TB/HIV integration includes PITC for all persons with TB as part of standard TB care. In FY 2010, the USG will support FBOs and NGOs in working with OVC throughout the country to provide a basic package of

care and support. The package will include potable water, immunizations, access to health care and psychosocial support, provision of school fees and supplies, dietary assessment and nutritional support, HIV prevention and life skill programs, and assistance with income-generating activities for foster families and care-givers. In the immediate post-earthquake period, PEPFAR resources were mobilized to assess capacity at residential care centers, identify and register separated and unaccompanied children in six internally-displaced persons (IDP) camps, refer unaccompanied children to interim care centers, and provide emergency assistance to children in IDP camps.

HIV treatment activities in Haiti include the provision of ARV drugs and services, as well as laboratory support. PEPFAR partners involved in treatment were first-responders to immediately address urgent needs in the aftermath of the earthquake, including use as sites for emergency field hospitals, supplying emergency commodities and medical personnel. PEPFAR will contribute to re-establishing HIV treatment capacity and assuring that access continues for existing patients in the phase of displacement and re-location. USG will work to improve treatment for children and adults, working with local and international TA partners. FY 2010 funding will reinforce the adult treatment sites as well as those providing pediatric diagnostic and treatment services with emphasis on rebuilding those damaged by the earthquake and tracking of displaced PLWHAs on treatment. PEPFAR will build upon the disease surveillance activities initiated to monitor outbreaks in the post-earthquake response and continue to strengthen and rebuild the national laboratory infrastructure in FY 2010.

In SI, PEPFAR will continue to monitor and evaluate the progress of Haiti's national response to HIV/AIDS and PEPFAR and Global Fund achievements. These efforts will be directed at developing and implementing routine information management systems for reporting on both programs and patients at the facility and non-facility level, as well as ensuring the continuation of HIV/AIDS surveillance (biological and behavioral) via population-based surveys. Additionally, PEPFAR will collaborate with the MOH, Pan American Health Organization (PAHO), and other donors to develop a national human capacity assessment focused on HIV/AIDS health care providers.

Additionally, concerted efforts in health systems strengthening will focus on supporting the MOH to develop its capacity to lead, manage and evaluate a comprehensive response to the HIV epidemic.

PEPFAR meets regularly with the principal recipient of the Global Fund in order to carry out joint planning and review of implementing partners/sub-recipients' activities, to preclude any duplication of funding and/or reporting of results. The MOH has identified as one of his priorities the revitalization of this national coordinating body, and PEPFAR will support this effort.

Haiti has gaps in health infrastructure at the primary, secondary and tertiary level. Facilities in Port-Au-Prince sustained damage in the January 2010 earthquake, including the University Hospital (HUEH) complex, other hospitals, Ministry buildings and training facilities. A post-disaster needs assessment estimated one billion dollars in health infrastructure needs throughout

the country. While there have been significant donor commitments for infrastructure, they are insufficient to meet full infrastructure requirements, so prioritization of needs will be important.

The Ministry of Health (MoH) has identified HUEH reconstruction (as the center of a national health sciences campus) as its top priority, recognizing a longer term need to build tertiary capacity, along with other primary and secondary facilities. As the top-level referral facility in the system including primary and secondary-levels, HUEH will be reconstructed to include a range of sub-specialty care as well as infectious diseases (HIV, TB, cholera, etc.). The HUEH national health science campus will include a reconstructed Public Faculty of Medicine, the Faculty of Pharmacy, the Midwifery School and one other allied health professions, e.g. the Laboratory Technician Training School that was part of the Public Faculty of Medicine.

Funding will contribute to this infrastructure investment, which is contingent on a set of key conditions including reform of management and governance and sustainable business plan with increasing responsibility by the Government of Haiti. This project is to be co-funded with the Government of France.

# SECTION IV: OTHER PEPFAR COUNTRY NARRATIVES

## Africa

**Cameroon (Total GHCS-State: $1,250,000)**

*HHS/CDC ($850,000):* The FY 2010 GHCS-State funds for CDC will continue to support ongoing programs, leveraging additional resources from PEPFAR's GAP fund account in Cameroon. The funds will be used in four program areas: blood safety, prevention of-mother-to-child transmission (PMTCT), strategic information (SI), and management and staffing. CDC will issue a cooperative agreement with the National AIDS Coordinating Committee (NACC) to provide funding to the Ministry of Public Health (MOPH) to expand upon current HIV/AIDS programs, strengthen blood safety activities related to blood transfusion, and develop a national voluntary blood donor system. PMTCT activities will include technical assistance, monitoring, and supervision for the ongoing early infant diagnosis (EID) program. Strategic Information (SI) activities will include support for a study of men who have sex with men (MSM) to better understand how to target this most-at-risk population (MARP) group. Funding is also allocated for staff development and training, providing technical assistance to the MOPH, purchasing equipment, and for the renovation and other costs associated with moving the CDC-Cameroon office to Yaoundé, as coordinated with CDC Atlanta.

*Peace Corps ($25,000):* The FY 2010 PEPFAR funding for Peace Corps Cameroon will build upon existing pre-service and in-service trainings to strengthen host country national and Peace Corps volunteer knowledge and skills, specifically in the area of behavior change communication (BCC). Primary intervention areas include: training, Volunteer Activities Support and Training (VAST) grants, and material production and dissemination. Host country nationals and Peace Corps volunteers will receive training in project design and management, with an emphasis on monitoring and evaluation (M&E) activities for improved data collection and reporting. VAST grants are available to both Peace Corps volunteers and host country nationals to support HIV/AIDS-related interventions and activities for community-initiated, executed, and evaluated interventions and activities generated from the behavior change communication (BCC) and compassion training workshops. Peace Corps Cameroon will also produce and purchase support materials for use by VAST grant recipients to improve effective community HIV/AIDS BCC and compassion interventions on a broader scale.

*USAID ($375,000):* This FY 2010 funding is from CDC-Cameroon to support the Supply Chain Management Systems (SCMS) contract administered by USAID. The funding will be used by SCMS to procure supplies, materials, and equipment to support the CDC blood safety and PMTCT activities in Cameroon.

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

*DoD ($150,000):* The FY 2010 GHCS-State funds will be used to support the following activities, in partnership with the Djibouti Ministry of Defense (MOD): conducting an HIV sero-prevalence survey to get an updated HIV prevalence rate among the Djibouti Armed Forces and plan for prevention policies accordingly; creating a mobile voluntary counseling and testing (VCT) unit; training laboratory technicians and nurses on blood safety and best laboratory practices; purchasing medical (diagnostic) material to improve clinical capability of treating

infected people; convening workshops and female peer education sessions for cadets and military wives; and mobilizing BCC campaigns.

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

*USAID ($450,000):* USAID plans to buy into an existing program that will focus on vulnerable children identified by community or government departments, including children affected by or infected with HIV/AIDS. With FY 2010 PEPFAR funds, the program will solicit and manage one or more sub-awards to several innovative international and national NGOs to implement activities focusing on women, youth, and orphans and vulnerable children (OVC), as well as to provide technical assistance for other organizations working in Liberia. Planned activities include: strengthening families with children at risk; identifying and providing services like HCT, education, shelter, and placement in non-institutional settings to street children and non-orphans; supporting advocacy to fight stigma and promote social cohesion on prevention, care, and treatment; networking among HIV/AIDS providers and stakeholders; interacting with government officials in support of women's health advocacy; and promoting effective participation in government social programs. The program will also provide technical support to community-based organizations (CBOs) and faith-based organizations (FBOs) to improve the quality and accessibility of HCT and other outreach services; increase integration of HIV/AIDS and reproductive health into general child welfare interventions; improve capacity of CBOs to monitor performance and document interventions; and to sustain progress and conform with Liberian law and social policy. The program will also support the training and supervision of social workers to acquire case management skills and fully implement the National Social Welfare Policy.

*DoD ($350,000):* The FY2010 funds will be used to launch an extension phase of the DoD HIV/AIDS Prevention, Care and Treatment Program for the Armed Forces of Liberia (AFL) to include communities densely populated by soldiers' spouses and adolescent children. The expanded program aims to strengthen the AFL's capacity by providing technical assistance and training to peer educators to promote positive sexual behavior and address stigma and discrimination, enhance the local capacity and ownership of the program, and affect positive and long-term sexual behavior change. The program will also promote positive behavior change through a drama club and a periodic radio talk show that will highlight program activities and create public awareness of the program. With FY 2010 funds, partnership and collaboration between local and international NGOs will be enhanced, community outreach strengthened, and the capacity of laboratory technicians improved through training, provision of equipment, and expansion of the existing clinic facility to include an HIV counseling and testing (HCT) unit.

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

*USAID ($500,000):* The goal of USAID's HIV/AIDS assistance to Madagascar is to help keep the HIV prevalence below one percent in the general adult population, and below two percent in high risk populations. With this FY 2010 GHCS-State funding, USAID will work with international NGOs in Madagascar to continue scale-up of innovative and successful evidence-based HIV/AIDS behavior-change interventions. These interventions are aimed at the specific populations with appropriately tailored HIV prevention messages. Target audiences include

MARPs, such as peri-urban youth, mobile men, commercial sex workers (CSW), and MSM. The program will also 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. Finally, two innovative new communication campaigns targeting MSM and CSW that include interpersonal tools and mass media supports will be launched, including an HIV film for high-risk men and the distribution of condom brochures in high-risk spots such as bars, brothels, and video parlors. The programs described provide services entirely through non-governmental channels, as per Section 7008 of the Department of State, Foreign Operations, and Related Programs Appropriations Act of 2009 in the case of assistance to Madagascar.

**Mali (Total GHCS-State: $1,500,000)**

*HHS/CDC ($1,500,000):* In Mali, PEPFAR funding through CDC will be used to continue health and social service activities including: sexual prevention; laboratory strengthening and capacity-building; establishment and validation of a laboratory quality control algorithm for VCT. Funding will also be used to identify additional high-risk groups for HIV/AIDS, such as MSM, incarcerated populations, and injecting drug users (IDUs), and to conduct appropriate surveys and operational research to better develop preventive programs to address the needs of these high-risk populations. Funding will also be used to support the management and staffing costs of field support and technical officers, as well as necessary travel and training expenses and International Cooperative Administrative Support Services (ICASS) costs.

**Senegal (Total GHCS-State: $1,768,000)**

*USAID ($1,168,607):* USAID will use these PEPFAR FY 2010 GHCS-State funds to complement prevention programs targeting MARPs and comprehensive care and support interventions for people living with HIV/AIDS (PLWHA). Planned activities include a comprehensive BCC program through non-governmental organizations (NGOs) and community-based organizations (CBOs) targeting the general population in the highest-prevalence southern regions of the country. The BCC program will work to increase knowledge of risk factors and prevention methods, including abstinence, fidelity, and condom use, and also improve care-seeking behavior for sexually-transmitted infections, seeking to reach at least 60,000 individuals with FY 2010 funds. USAID will also continue to support three stand-alone VCT centers, including the integration of VCT services into district health centers, communications to promote use of the services, establishment of quality assurance programs for VCT centers, and establishment of a broad-based network linking testing facilities to basic care and support services. Funds will support technical assistance to networks of PLWHA by reinforcing their institutional capacity and advocacy role to decrease stigmatization and discrimination. USAID will support activities aimed at facilitating, developing and implementing advocacy and communication strategies to improve the environment for activities targeting high risk groups, in particular MSM. Finally, USAID, with additional funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the World Bank, will provide financial and technical assistance for the implementation of the third combined biological and behavioral survey among high-risk and vulnerable groups, to monitor prevalence rates and behavior related to the risk of HIV infection.

*HHS/CDC ($299,393):* With FY 2010 GHCS-State funds, CDC will build upon the 2009 national sentinel survey and will fund a local Senegalese partner to strengthen HIV SI in the country, through the design and implementation of a national HIV case reporting system and other surveillance activities. This funding will allow for the expansion of existing HIV surveillance activities in Senegal, as well as enhanced data management and analytic support for the National HIV Strategic Information Program within the National AIDS Control Program (CNLS). FY 2010 GHCS-State funding will also strengthen the overall HIV strategic information system in Senegal, moving them towards a standards-compliant, internationally-developed scheme. Additional FY 2010 funding would support the development and implementation of a comprehensive country-wide laboratory-based HIV reporting case system that incorporates data from voluntary counseling and testing services, including testing programs located at ANC facilities as part of PMTCT programs, TB clinics, hospital and health centers, and other community based organizations.

*DoD ($300,000):* DHAPP plans to continue its support of Senegalese Armed Forces (SAF) with the help of FY 2010 GHCS-State funds. DHAPP and SAF will continue their work with military personnel and their dependents at the national level and in regional level. The areas of designated action will focus on: military intervention and peer-education, accidental and involuntary biological exposure, VCT, PMTCT, prevention and care, support and care of PLWHA as well as those affected by HIV/AIDS, and management capacity-building. These activities will reinforce structured planning and evaluation of the national objectives and goals for the program.

The USG, through the various agencies, will continue to support the Government of Senegal in achieving its goal of maintaining a national HIV prevalence below two percent. Coordination with Global Fund projects will be reinforced for a rational use of resources. These combined efforts will significantly contribute to overall family health and directly support USG foreign assistance priorities for FY 2010.

**Sierra Leone (Total GHCS-State: $500,000)**

*HHS/CDC ($500,000):* FY 2010 GHCS-State funds will provide technical and financial assistance to the establishment and expansion of a national infectious disease surveillance system that includes HIV/AIDS. CDC will provide technical assistance to the Sierra Leonean Ministry of Health and Sanitation (MOHS) to facilitate the establishment of a national laboratory policy and strategic plan, improve HIV laboratory services, integrate HIV case reporting into the surveillance system, and establish a technical work group to direct and oversee an evaluation of the surveillance system. With the findings of the evaluation, the technical work group will guide the development of a national surveillance strategic plan in order to better identify and allocate resources to develop a cadre of laboratory technicians and health professionals. In addition, CDC will provide technical assistance to ensure the MOHS has the appropriate laboratory equipment, infrastructure, quality assurance systems, and human resource capacity necessary to support testing for early infant diagnosis (EID) of HIV. CDC will also provide technical assistance to link PMTCT and pediatric antiretroviral therapy (ART) programs with laboratory

activities. Lastly, CDC will develop a pre-service training curriculum in quality management at a local educational institution for laboratory technicians and technologists.

**Southern Africa Regional (Total GHCS-State: $1,800,000)**

*USAID ($1,800,000):* Funding will support the USAID/Regional HIV/AIDS Program (RHAP). PEPFAR funding for the RHAP will support activities in ten southern African countries and regional organizations, providing regional expertise to strengthen the quality and impact of HIV/AIDS programs in the region; strengthen the indigenous regional response and offer economies of scale; and allow for the sharing, adaptation, and replication of evidenced-based approaches. Funding will support human resource capacity, technical assistance within the region, and critical operations costs.

## East Asia and the Pacific

**Regional Development Mission Asia (Total GHCS-State: $240,000)**

*USAID ($120,000):* USAID will provide financial and technical assistance to local community-based MSM and groups of female sex workers in Laos, including in partnerships with local government service providers, for HIV prevention.

*HHS/CDC ($120,000):* CDC will provide technical support to the Laos Ministry of Health (MOH) to build capacity and systems to respond to the MARP-driven HIV epidemic, including strengthening HIV surveillance and data use, the quality of HIV-related laboratory testing, and the quality of HIV care and treatment clinical services.

USAID RDMA and the CDC Asia Regional Office pursue a unified "One USG" approach in the fight against HIV/AIDS. Leveraging both agencies' strengths, USAID/RDMA supports technical assistance and capacity-building of civil society of key Asian Pacific countries' HIV responses; CDC supports technical assistance to the governmental element of key Asian Pacific countries' HIV responses. The two agencies coordinate closely in all HIV activity planning, including planning for use of other resources and the two regional programs operate inter-dependently towards stronger national HIV responses in region. Given limited PEPFAR resources for regional programming, RDMA and headquarters agreed that the resources would have the most impact in Laos and have thus targeted MARPs in Laos for the past two years. Together, USAID/RDMA and CDC are building the capacity of the Laos MOH and community groups to engage with partners funded by the Global Fund in HIV prevention programs for MARPs. The use of this FY 2010 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 host government and Global Fund responses in Laos and the region.

## Europe and Eurasia

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

*USAID ($850,000):* The USG's focus on HIV prevention remains a major priority. While Georgia is still a low prevalence country, the existence of injecting drug use, the commercial sex industry, and areas of sustained conflict place Georgia at risk for an expanding HIV/AIDS epidemic. The activities planned by USAID in FY 2010 include: community-level interventions targeting IDUs; VCT services targeting IDUs, MSM, CSW; mobile medical laboratory services; BCC campaigns; interventions for other at-risk groups, including youth; outreach and education through the Healthy Lifestyles curriculum and other activities to educate youth about HIV; building capacity for the National Center for Disease Control to conduct, monitor, and analyze Behavioral Surveillance Surveys (BSS); institutional capacity-building for local NGOs; stigma reduction; leading efforts to develop a National HIV Prevention Communication Strategy; and engaging in national policy dialogue to reform laws which impede the effectiveness of prevention activities. USAID will also continue to contribute to multi-sectoral efforts to address

illicit drug use and prevention of HIV, along with activities implemented under the Drug Demand Reduction program within the Counter-Narcotics area of the Peace and Security foreign assistance objective.

## 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 efforts to strengthen advocacy and support networks for PLWHA and MARPs and to train national and regional counterparts on the development of effective and appropriate HIV programming and policies. The A/ME Bureaus plan to use FY 2010 GHCS-State funding to continue support to three regional Middle East North Africa (MENA) HIV/AIDS collaborations, as well as to support a minimal amount of the A/ME Bureaus' administration and oversight costs. The C-Change project will continue to provide technical support to local HIV organizations on MARP-focused service delivery, training and advocacy interventions in Morocco, Algeria, Tunisia, and Lebanon. Funding will be used to strengthen the functional capacity of partner organizations in each country as well as their abilities to participate in national and regional HIV platforms. The Alliance will also provide technical and operations training and support to the Regional Arab Network Against AIDS (RANAA). Dependent upon the results of an FY 2009 assessment of current programs and potential partners, the Alliance may also expand activities into new countries in FY 2010.

FY 2010 funding will also build upon six years of successful A/ME support for developing PLWHA leaders and networks. Anticipated FY 2010 activities include assessments of PLWHA needs, support to PLWHA networks and support groups, development of regional PLWHA resource materials and tools, and implementation of regional workshops with PLWHA leaders and health providers on stigma reduction, advocacy, treatment, and peer-to-peer support. Finally, funds will be used for continued support to the work of Joint United Nations Program on HIV/AIDS (UNAIDS) in MENA. Anticipated support includes technical and operations support, regional research activities such as access to treatment and/or mapping of HIV/AIDS organizations and service delivery, and development and implementation of regional workshops, training, and conferences. A small portion of GHCS-State funds will be used to pay for the salary and travel of one A/ME Health Advisor.

## South and Central Asia

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

*USAID ($250,000):* With FY 2010 GHCS-State funds, USAID will continue to fund a MPH Development Advisor to serve as a Secretariat Advisor for the HIV/ AIDS Coordination Committee of Afghanistan (HACCA), a national-level, multi-sectoral structure established by the Ministry of Public Health (MOPH) to coordinate the national HIV response. Building on an organizational assessment funded with prior year funding, the Advisor will assist HACCA in strengthening its advocacy and communications roles, particularly on issues related to MARPs

and harm reduction. In addition, in response to studies on the dynamics of HIV risk among MSM in Afghanistan, funded with FY 2009 funds, USAID established a male prevention and treatment clinic in Kabul, which it will continue to support with FY 2010 funds. An additional male sexual health clinic will be opened with FY 2010 funds in Mazar-e-Sharif. Focus groups will continue to be conducted with MSM in Kabul and Mazar-i-Sharif to determine how best to reach this population. Service utilization at the two pilot men's health clinics will also be monitored to determine if the clinics are a successful means of reaching MSM.

*HHS/CDC ($250,000):* In support of the MOPH's national HIV/AIDS strategy, CDC will provide technical assistance to strengthen the capacity of Afghanistan's national laboratory, blood safety, and surveillance systems. CDC laboratory experts will advise the MOPH on integrating a national HIV reference lab into existing lab structures, purchase lab equipment and supplies to increase the NACP capacity, provide technical assistance to NACP to establish HIV case reporting, and conduct training in coordination with CDC Thailand and the Thailand MOH. Finally, CDC will work to strengthen the safety and adequacy of Afghanistan's current blood banking system, by training and mentoring clinicians in modern blood transfusion and clinical management skills and by improving blood transfusion quality and safety.

## Western Hemisphere

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

*Peace Corps ($20,000):* FY 2010 GHCS-State-funded activities will contribute to Peace Corps Belize's continued focus on youth development and the prevention of HIV infection among at-risk youth through the development of a Health and Family Life (HFLE) curriculum in schools. Peace Corps volunteers will continue to facilitate the training of teachers and youth peer educations in the effective use of HIV education, including the recently-completed Sex and Sexuality manual for primary level teachers, and will provide guidance to teachers as they implement and begin utilizing the Peace Corps Belize created Life Skills manual. Proposed activities will revolve around training teachers to use the new manual effectively in the classroom and decreasing the reluctance that surrounds teaching particular materials.

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

*USAID ($800,000):* The FY 2010 GHCS-State funds will be used to support the expansion of rapid HCT for MARPs in three selected sites in high-prevalence areas in Northeast, West-Central, and Southeast Brazil. Rapid testing will be offered in partnership with the National HIV/AIDS Department and state and municipal Secretaries of Health. USAID will pilot alternative testing sites like mobile units that will tour areas with concentrated populations of MARPs. MARPs will be encouraged to learn their HIV status through targeted communications campaigns. Campaigns will involve messaging in major social networking sites, information, education and communication materials, and outreach to hard-to-reach populations. Funds will also be used to continue a leadership development program targeted at youth living with HIV. USAID will support the National HIV/AIDS Department's efforts to expand palliative care

options to PLWHA, particularly through psychosocial support and increased connections with public health services.

*HHS/CDC ($300,000):* Funding for CDC will be used to implement effective behavioral intervention strategies for HIV prevention, building upon the experience of CDC Atlanta's domestic HIV initiative for Diffusion of Effective Behavioral Interventions (DEBI). Specifically, HIV/AIDS prevention materials for three pilot projects involving MSM will be translated, adapted, and implemented by civil society organizations. CDC will continue collaboration with the National HIV/AIDS Department in developing guidelines, training, and monitoring throughout project implementation.

Finally, USAID and CDC will work together to provide facilitation and logistics support to U.S.-Brazil-Mozambique trilateral technical assistance cooperation to in order to strengthen the Mozambican response to its HIV/AIDS epidemic.

*HHS/OGHA ($200,000)*: FY 2010 funding will be used to support the staffing of the Health Attaché, which serves as Program Coordinator by facilitating the development and implementation of a unified USG HIV/AIDS program for Brazil. This includes coordinating HIV/AIDS activities and programming and participating in setting program priorities and budget planning with colleagues in relevant implementing agencies, the host Government, OGAC, and the U.S. Embassy.

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

*Peace Corps ($20,000):* With FY 2010 PEPFAR GHCS-State funds, Peace Corps El Salvador will continue training peer educators and health service providers in HIV/AIDS prevention activities, including an additional focus on Men as Partners (MAP). The MAP training program will provide techniques and information directed to young men at risk of HIV infection due to cultural factors, age, and a lack of prevention information. Training and practicum activities for MOH staff, teachers, and Peace Corps volunteers will be closely coordinated with the Pan American Social Market Organization (PASMO), Georgetown University Health Institute, and CARITAS International.

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

*USAID ($570,000):* Funds will be used to provide both financial and technical assistance to local NGOs to implement HIV prevention programs for MARPs, including expanding access to HCT for MARPs. USAID will also support social mobilization efforts to build capacity in MARP community leaders, in order to better identify and address the environmental and social factors that increase vulnerability to HIV infection. Special focus will be given to developing local organizational capacity for improved planning, administration, management, and implementation of HIV prevention programs. This technical assistance will continue to be highly coordinated with other HIV prevention programs in country, especially with existing funding from the Global Fund that aims to expand the MOH's HIV/AIDS care and treatment program.

*HHS/CDC ($175,000):* Funds will be used to provide technical assistance to the Honduran MOH to strengthen epidemiological surveillance of the co-infection of HIV and tuberculosis (TB). CDC will provide assistance in the implementation of a case notification strategy at three health centers in the country. Technical assistance will be provided to develop software to enter and analyze TB/HIV data and to train MOH personnel in the appropriate and sustainable use of the system. Once established, an evaluation of the TB/HIV system will be conducted at the three health centers to identify gaps and to strengthen the program based on these findings.

*DoD ($255,000):* Funds will be used to strengthen the capacity of the Honduran military to plan, manage, and implement HIV/AIDS prevention programs. Prevention interventions will include BCC and the integration of HIV prevention into institutional training for military personnel. The provision of confidential HCT services within the military will be strengthened, and military-specific HIV policies that address stigma, discrimination, and gender norms will also be addressed. Opportunities to improve informed decision-making through planning for a behavioral sero-surveillance survey will also be pursued.

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

*USAID ($1,088,000):* In order to focus policymakers and program implementers on the major HIV/AIDS issues in the primarily concentrated epidemic in Latin American and the Caribbean (LAC), the USAID LAC Regional Program will identify, document, and disseminate innovative programmatic HIV/AIDS practices on prevention, treatment, care and support in the region. This will include technical briefs, case studies, and other publications documenting key HIV/AIDS issues and programs in LAC. Areas of expanded focus in the next year include faith-based initiatives to support HIV prevention and care, support for PLWHA, and identifying and disseminating good programmatic practices with MARPs, including MSM, migrant populations, prisoners, and IDUs and non-injecting drug users. The USAID LAC Regional Program will continue to work in partnership with CDC and other partners to develop a Caribbean regional technical consultation on prevention with MARPs. As appropriate, South-to-South technical assistance will be facilitated. This work will help identify priorities for targeted regional technical assistance, capacity-building, program assessments, and knowledge management activities. The USAID LAC Regional Program will also continue to work with PAHO/WHO, the Global Health Workshop Alliance, and PEPFAR USG partners to expand the reach of the Human Resources for Health Action Framework (HAF) to develop and implement strategies for an effective and sustainable health workforce. New activities in additional countries will build on lessons learned from the successful implementation of the HAF in Peru. Additionally, USAID will work with the Caribbean Regional Operational Plan and the other partners to develop an HRH module for the model Belize Health Information System to create a health workforce information system that can be used to improve accuracy and availability of HRH data and inform better HRH decision-making. Finally, FY 2010 funding will help the USAID Bolivia mission to have a place at the table in order to strengthen relations with the National HIV/AIDS Program and the MOH. Activities will include: strengthening sexually transmitted infection (STI) and HIV/AIDS centers; collaborating with the Global Fund to develop behavior change strategies specifically for MSM and commercial sex workers (CSWs); update national norms; strengthening targeted VCT capacity and service delivery; strengthening laboratory capacity; and coordinating the design and implementation of specific behavioral studies with high risk groups.

These FY 2010 funds will be administered by the LAC Bureau at USAID/W and coordinated with the USAID Mission in Peru, the Caribbean Regional Program mission in Barbados, the Central American regional program mission in Guatemala for the Belize activities, and with other USG partners.

**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 BCC 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 technical assistance to the Global Fund Country Coordinating Mechanism (CCM) to improve implementation of the Global Fund programs and their complement to USG programs.

*HHS/CDC ($300,000):* These FY 2010 funds will be used to finalize and disseminate the results of the behavioral surveillance survey established with FY 2009 funding. 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 will also provide technical assistance to support national laboratories to increase HIV/TB/STI diagnostics and quality control and to develop integrated information systems for ART, TB/HIV co-infection, and STI and laboratory in coordination with other health programs.

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

**Peru (Total GHCS-State: $50,000)**

*Peace Corps ($50,000):* Peace Corps Peru plans to use FY 2010 GHCS-State funding to continue its focus on raising awareness and promoting prevention trainings in three regional departments. Local health post workers, teachers, and youth leaders will be provided training on HIV/AIDS themes. Peace Corps volunteers will facilitate trainings and work with participants on designing and implementing small projects related to HIV/AIDS including awareness campaigns, developing teaching materials, and counseling at-risk youth groups. FY 2010 activities will build on the success of FY 2009 activities, which reached over 2,600 beneficiaries.

# SECTION V: HEADQUARTERS OPERATIONAL PLAN NARRATIVES

**PEPFAR Technical Leadership and Support Expenses: FY 2010**

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

Budget: FY 2010 Approved GHCS-State Funding: $1,106,750

Program Description:

Projects planned in FY 2010 to support PEPFAR in response to the field program needs include:

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

Headquarters strategic information efforts include supporting the attendance of partner-country military staff at monitoring and evaluation trainings and providing TA in program evaluation. Funding will support training on surveillance-related data entry, data quality assurance and quality control, use of geographic information systems, basic data analysis and report writing for militaries conducting seroprevalence surveys, and may be used to sponsor military surveillance meetings. Funding will also support health management information systems (HMIS), country-based eHealth educator, and electronic medical record activities, and HMIS technical working group member costs.

Four country study on the sexual behavior of military personnel, family, and community members will gather data on current sexual behavior, sexual risks of deployment, condom use, alcohol use as it relates to sexual risk, HIV testing and perceived risk of HIV. Data will be used to inform prevention programming targeted to militaries.

DoD will also provide laboratory support for an adult care and support activity aimed at determining the disease burden of specific opportunistic infections in low-resource, high HIV burden settings to inform care and treatment programming.

Public Health Evaluations

Funding will provide continued support to the Public Health Evaluation (PHE) program though DoD, which supports studies that guide PEPFAR in program and policy development, inform the global community, and identify areas where further evaluation and research may be needed.

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

Budget: FY 2010 Approved GHCS-State Funding: $87,825,443

Program Description:

Projects planned in FY 2010 to support PEPFAR in response to the field program needs include:

Direct government-to-government assistance to Ministries of Health (MOAH) is critical to support sustainable, country-owned programs to ensure quality HIV/AIDS care and treatment services; implement effective HIV/AIDS prevention programs; improve program impact and cost effectiveness; and build sustainable public health information, laboratory, and management systems and local workforce capacity.

Projects planned in FY 2010 support comprehensive prevention programs targeting interventions based on the epidemiology of HIV infection in each country, including: HIV counseling and testing, HIV prevention for pre-sexual youth, reducing sexual transmission with behavioral risk reduction interventions including correct and consistent use of condoms, implementing biomedical interventions including male circumcision, and preventing transmission of HIV through unsafe blood and medical injections. Projects planned in FY 2010 will also support country programs for the delivery of ART to adults and the prevention, diagnosis, and treatment of opportunistic infections (OI) including TB as well as the scale-up of comprehensive, quality prevention of mother-to-child transmission (PMTCT) and pediatric programs. Additionally, funds will support laboratory capacity-building strategies in response to the field program needs including: purchasing test kits and laboratory supplies in order to remain functional in evaluating test kits for the USAID waiver list in support of the Partnership for Supply Chain Management Systems (SCMS); performing post market surveillance for HIV test kits in the field and to remain functional in 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; supporting Memorandum of Understandings with the CDC Office of Health and Safety, CDC Division of Laboratory Systems, CDC Division of Sexually Transmitted Diseases, and the CDC National Center for Environmental Health for activities that are complementary to laboratory activities. Projects planned in FY 2010 will also support the development and implementation of surveillance, statistics, data management, and monitoring and evaluation activities to assist countries in developing or enhancing HIV-related surveillance systems and surveys for impact monitoring, program planning, and HIV/AIDS policy making. Finally, activities will support building national capacity to implement and manage sustainable, effective, efficient and accountable HIV/AIDS programs.

The development and implementation of surveillance activities that enable the strategic collection, synthesis, analysis, presentation, and use of information at HQ, by USG country teams, and by national HIV programs is a key component of implementing PEPFAR. CDC, through PEPFAR, works with partners to support a wide range of strategic information activities. Projects planned in FY 2010 to support strategic information activities include: analysis of Annual Program Result (APR) and Country and Regional Operational Plan (COP/ROP) data to

develop annual country summary reports for all 15 focus countries; assisting countries to develop protocols and implement national ART outcome evaluations; finalizing and implementing surveillance training materials around the world; assisting countries to do data triangulation and analysis.

FY 2010 GHCS-State funding will support the establishment of critical public health competencies in African medical education and serve as a foundation for institutionalizing interventional epidemiology and public health laboratory management in countries that support the Medical and Nursing Education Partnership Initiative (MEPI). The Field Epidemiology and Laboratory Training Programs (FELTP) infrastructure in Africa will be leveraged to: adapt materials and integrate evidence-based short course curricula and field exercises in surveillance and epidemiology into the coursework of medical students at MEPI-supported institutions, relevant to each country context; establish a one-year fellowship in public health surveillance and response from MEPI-supported institutions; and design and pilot a course in clinical epidemiologic surveillance.

TB/HIV Scale-Up

TB is the leading cause of morbidity and mortality among HIV-infected persons in sub-Saharan Africa. FY 2010 funding will be used to implement critical TB/HIV activities that have long been articulated through WHO normative guidance but for which uptake has lagged, either due to stovepiped programming, resistance to program aspects, incompatible programs' cultural schisms and vastly different modalities of implementation. Interventions will be included as a "package of care" building on the successful HIV package of care modality. This project will demonstrate a reduction in incidence of TB and a reduction in TB mortality among HIV infected persons by scale-up of implementation of a package of TB/HIV interventions in four sub-Saharan countries. The package of services will include the scale-up of country-wide intensified TB case finding, improved TB infection control best practices, isoniazid preventive therapy, HIV testing and counseling of all TB patients, and ART for all HIV-infected TB patients.

While initially targeting a region or province(s) in a country, these activities are unique in that they will be based on joint planning between PEPFAR, USAID, and Global Fund TB and HIV-supported programs in collaboration with National TB and AIDS Programs. This approach will increase efficiencies and rationalization of programming across major funding sources and will contribute to overall strengthening of national TB and HIV programs. To maximize access to expertise of CDC and USAID staff and partners, the project is a joint USG project with both agencies in the lead roles for designing the protocol, selecting the countries, and implementation of the project at country level. Country-specific selection of partners and mechanisms will be determined by consensus by an interagency TB/HIV working group that will manage implementation, in consultation with field representatives.

Funding will support the implementation of newly-approved rapid TB diagnostics in PEPFAR-supported settings, , including rapid detection of multi drug- resistant (MDR)-TB, and extremely drug-resistant (XDR)-TB, and equipment and commodities, as well as support for policy and strategy, guidelines, and evaluation related to new diagnostics. The Gene XPert diagnostic was

endorsed by WHO in late 2010, and will be supported in up to three countries with this additional funding.

Public Health Evaluations

Funding will provide continued support to the Public Health Evaluation (PHE) program, which supports 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 on those at risk for and those infected or affected by HIV at community and national levels; 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, that PEPFAR is uniquely poised to address, and that take advantage of central coordination and support where appropriate.

These proposals will help support study effectiveness of HIV-treatment and prevention approaches already proven efficacious and effectiveness of "at scale" 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.

The reauthorization of PEPFAR included as specific priorities promotion of research/evaluation and partnerships to increase human and institutional capacity to respond to the epidemic. To this end, the PHE program will work collaboratively with USG agencies to support research capacity building and provide technical assistance to strengthen capacity of host country program staff, researchers and institutions to conduct research and evaluation as an integral component of PEPFAR implementation. The intention is to strategically invest in a country-driven, strategic approach to research capacity in a way that leverages existing resources, makes a demonstrable improvement in the availability of data to inform national HIV prevention, care, and treatment programs, and contributes to the advancement and sustainability of broader health systems. This will help facilitate and strengthen core competencies of individuals, institutions, networks, communities, and systems within country to efficiently perform and achieve their objectives.

These funds will contribute support to a larger PEPFAR and international effort to build research capacity within partner countries. This effort will focus on a longer-term strategy to create sustainable country capacity in the research field, ensuring that recipients of this support will make substantive contributions to their countries and to the HIV/AIDS field in the future. PEPFAR will partner with select country programs and individuals, develop tailored strategies for capacity building, and support the training and mentoring of these individuals in the context of appropriately sized research projects.

Finally, funding will support new PHE studies. Approved new PHE concept studies include funds for 11 PHE studies in ten countries. The topics include the following areas: care and treatment; prevention of mother-to-child transmission (PMTCT); integration of care; evidence-

based prevention in youth; cost-effectiveness of counseling and testing; point-of-care technologies; and training of community and health care workers. Continuation funding for PHE studies with approved protocols is also included for evaluations in the following areas: care and treatment; PMTCT/pediatrics; alcohol harm reduction; and strengthening HIV testing and treatment uptake.

Combination Prevention

Successful combination prevention entails choosing sets of HIV interventions that complement and strengthen each other. On their own, individual prevention interventions (e.g. condom promotion, partner reduction strategies, male circumcision, PMTCT etc) can have a proven effect on reducing the risk of HIV transmission. However, in recent years, the concept of combining interventions to maximize the potential influence and impact over behaviors and cultural norms has become a more common approach. In order to achieve impact on reducing HIV transmission these interventions must be appropriately targeted to specific populations, scaled for that population, and implemented with quality.

While individual prevention interventions have been well researched for impact on reducing HIV transmission, little data is available on the impact of combination prevention efforts and beyond modeling efforts, virtually no data is available on the impact of combination prevention on population level HIV incidence or which mix of interventions has the greatest impact or the degree of cost effectiveness of this approach. To address these questions, PEPFAR will support the implementation of three evaluation research studies that will evaluate the impact of specific combination prevention programs on population HIV incidence as well as a number of other endpoints related to behaviors and biomarkers. The studies will also include a cost-effectiveness analysis. All studies will be conducted in Africa where the HIV burden is the greatest and where prevention is of the highest priority. The studies will all be carried out in partnership with PEPFAR service delivery partners thereby ensuring ‘real-life’ program evaluation and to fully avoid any parallel research service delivery units from being formed.

Prevention is of critical importance and obtaining this data in order to assure that PEPFAR programs are implement in a cost-effective manner is vital. The funding for the combination prevention evaluation effort will provide rigorous data that will allow for informed decision and will further the field of prevention and evidence-based prevention programming.

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

Budget: FY 2010 Approved GHCS-State Funding: $12,770,000

Program Description:

Projects planned in FY 2010 to support PEPFAR in response to the field program needs include:

The American International Health Alliance Twinning Center 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, and further promotes long-term sustainability through on-going 'north-to-south' and 'south-to-south' partnerships. FY 2010 funding will also support an evaluation of the Twinning Center.

I-TECH, in partnership with University of Washington, provides technical assistance and builds the capacity of the Caribbean HIV/AIDS Regional Training Network 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. I-TECH is also developing an evaluation protocol for training associated with PEPFAR, which 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. Funding will support I-TECH's close collaboration with HRSA to develop a Training Evaluation Framework to assess linkages between training and health service delivery. The evaluation framework will guide training program and strategy evaluations. The framework and tools will be piloted in two countries.

The Columbia University ICAP Nurse Capacity Building Initiative strengthens the overall capacity of the health care delivery system by cultivating a network to provide in-depth clinical training about HIV/AIDS; mentoring; integrating HIV/AIDS education into nursing curricula; and developing a regional, African association of nurses in HIV/AIDS care.

CAREWare is a comprehensive and customizable electronic health record developed and supported by the HIV/AIDS Bureau in HRSA. CAREWare fills an important health information technology role in select countries (Nigeria, Uganda, and Vietnam).

The International Quality Improvement Center is a capacity-building initiative. A leadership team based at the Ministry of Health in each country provides coaching to clinic sites to strengthen systems of care. The Center, in coordination with other agencies, will develop a strategy for implementing recommended QI/QA interventions associated with integration of nutrition assessment, counseling and support within greater HIV/AIDS care and support services.

FY 2010 funding will provide supplemental program evaluation, staff development activities, and logistic support and support conducting programmatic assessments of partners and sites receiving USG funding for HIV/AIDS care and treatment in PEPFAR countries.

Medical and Nursing Education Partnership Initiative

Finally, HHS/HRSA is partnering with PEPFAR to invest more than $100 million over five years to transform African medical education and dramatically increase the number of health care workers. Through the Medical and Nursing Education Partnership Initiative (MEPI and NEPI, respectively), grants have been awarded directly to African institutions in a dozen countries, working in partnership with U.S. medical schools and universities. The initiative will form a network including about 30 regional partners, country health and education ministries, and more than 20 U.S. collaborators.

The NEPI awards are provided to support government responses (national and institutional) to address the severe shortage of nurses and midwives in the areas of recruitment, training and education, and retention of qualified nurses. Activities proposed for these awards are determined by the Ministries of Health and Social Welfare in collaboration with other government (including the Ministry of Education) and institutional stakeholders (e.g., nursing and midwifery councils and associations) in the country. In September 2010, three countries were selected and awarded NEPI grants, Malawi, Lesotho, and Zambia. These countries have been provided support by HRSA through the Columbia University ICAP Nursing Capacity Project to complete a national survey on nursing and midwifery capacity needs and, based on survey results, to engage in a process to establish a national strategic plan on the use of the awards to strengthen nursing capacity. Once the plans are completed, support will be provided directly from HRSA ICAP projects to support interventions at the institutional level.

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

Budget: FY 2010 Approved GHCS-State Funding: $24,000,000

Program Description:

Projects planned in FY 2010 to support PEPFAR in response to the field program needs include:

The implementation of HHS-funded "Track 1.0" antiretroviral treatment (ART) programs is being transitioned from international non-governmental organizations to Ministries of Health and other local organizations to ensure indigenous leadership and sustainable support for HIV services that are integrated into host country national systems. To support this transition, HRSA and CDC will work in collaboration to provide technical assistance to maximize the limited resources and harness the comparative advantages. HRSA will continue to fund organizational assessments of local organizations for their ability to take on the management of the programs, using teams of highly qualified consultants, along with in-country experts adding additional perspective and expertise. CDC will provide TA and provide capacity-building support in strategic planning, project management, and financial and grants management, in addition to specific technical program areas, to ensure that MOH and other indigenous partners are capable of managing additional responsibilities and funding through direct USG awards as prime partners.

Medical and Nursing Education Partnership Initiative

FY 2010 funding will also support the Medical Education Partnership Initiative (see above).

The MEPI supports innovative models of medical education which strengthen pre-service training and education of medical students and build clinical and research capacity focused on PEPFAR priority areas and other country specific public health concerns and chronic non-communicable diseases. The MEPI awards were announced in October 2010 and directly support 13 African institutions in 12 countries, creating a network of 30 regional partners and more than 20 U.S. collaborating institutions. In addition to supporting pre-service training to address the HIV/AIDS pandemic in Sub-Saharan Africa, with funding from the NIH, awards also focus on expanding training into other critical areas such as maternal, neonatal, and child health and non-communicable diseases.

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

Budget: FY 2010 Approved GHCS-State Funding: $20,000,000

Program Description:

Projects planned in FY 2010 to support PEPFAR in response to the field program needs include:

Public Health Evaluations

FY 2010 GHCS-State funding will provide continued support to PHE program through NIH, which supports studies that guide PEPFAR in program and policy development, inform the global community, and identify areas where further evaluation and research may be needed.

In collaboration with OGAC, NIH will solicit applications which will inform PEPFAR on effective and efficient approaches to HIV prevention, care and treatment. These proposals will help support study effectiveness of HIV-treatment and prevention approaches already proven efficacious and effectiveness of "at scale" 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.

Combination Prevention

To address questions regarding successful combination prevention, PEPFAR will provide in funding for evaluation of implementation of combination prevention, through NIH in collaboration with CDC, USAID, and OGAC.

Project Title: Department of State (DoS): Office of the Global AIDS Coordinator (OGAC), Technical Leadership and Support Projects

Budget: FY 2010 Approved GHCS-State Funding: $196,932,995

Program Description:

Projects planned in FY 2010 to support PEPFAR in response to the field program needs include:

Headquarters programs fund activities and collaborations that reinforce the aims of country ownership and sustainability in-country, in coordination with the PEPFAR Five-Year Strategy and Global Health Initiative (GHI) goals. FY 2010 GHCS-State funding will support programs and technical assistance in the following areas: strategic information systems; evaluation and research; technical assistance support; PEPFAR data collection and database development; evidence-based prevention; integrated food and nutrition support within HIV/AIDS care and treatment; gender programs driven by a women- and girl-centered approach; multilateral diplomacy and collaboration; and the implementation of country-directed responses to the HIV/AIDS epidemic.

Some of the specific projects and initiatives planned in FY 2010 to support PEPFAR in response to the field program needs include:

Food and Nutrition Programming

FY 2010 GHCS-State funding will support both new and ongoing efforts to integrate food and nutrition (FN) support as a critical component of comprehensive HIV/AIDS care and treatment. Integration will take place within both clinical and community services. The focus will be on ensuring that nutrition assessment, counseling, and support, including specialized food products, micronutrient supplementation and household water treatment, are routinely provided to OVC, pre- and postnatal women in PMTCT programs, and adult and pediatric HIV patients prior to and during ARV treatment. In addition, funding will support the provision of assistance to PLWHA and their families to strengthen household capacity to meet their food and other basic needs. Countries and proposals slated to receive additional FY 2010 funding in support of FN activities will be assessed in relation to factors such as PEPFAR response to target groups, absorptive capacity of ongoing FN programs, size of PEPFAR budget, and food insecurity, in order to identify priority countries for additional FN funding. Dialogue with priority countries will confirm their ability to initiate or expand FN programming and the funding levels required for this expansion.

Scale-Up of Gender Programs

Funding for the scale-up of gender programs will support the Gender Challenge Fund as well as the scale-up of gender-based-violence (GBV) programming in three countries.

The Gender Challenge Fund is structured to leverage country PEPFAR funds to advance key gender-related issues and programs based on pre-established criteria. These funds will enable

countries to allocate new funding for gender activities, and OGAC will match these funds based on an interagency review process of proposals. Activities will be aligned with the five strategies to address gender issues within PEPFAR: (1) Increasing gender equity in HIV/AIDS activities and services, including strengthening linkages with reproductive health; (2) addressing male norms and behaviors; (3) reducing violence and coercion; (4) increasing women's access to education, income and productive resources, and (5) increasing women's legal rights and protection.

Funding will also be used to support the ongoing work to strengthen gender in PEPFAR programs. Funding will primarily support ongoing efforts to scale-up the response to GBV in three countries: Democratic Republic of Congo, Mozambique, and Tanzania. GBV fosters the spread of HIV/AIDS because it limits women's and girls' ability to negotiate sexual practices, to disclose HIV status and to access services due to fear of GBV. Funds will expand access to post-rape care, as well as work to change social norms that enable GBV through policy and legal level changes, communication, and social mobilization. In addition, funding will be used to further strengthen gender programming at HQ, by supporting technical assistance and outreach activities to better coordinate our gender programming both within and outside USG.

Strategic Information Model Country Initiative

FY 2010 funding will provide support to the PEPFAR Strategic Information (SI) Model Country Initiative, a substantial one-time supplement to the SI budgets of two countries to promote the advancement and sustainability of national SI systems to improve HIV prevention, care, and treatment in the receiving countries. The intention is to strategically invest in a country-driven, strategic approach to SI systems and SI capacity in a way that leverages existing resources (especially those from PEPFAR, Global Fund, World Bank, and partner country governments), makes a demonstrable improvement on national HIV prevention, care, and treatment programs, and contributes to the advancement and sustainability of broader health systems.

Selection of the two countries will occur through a request for proposals (RFP) process that will allow for interested country teams to work with all appropriate country stakeholders to develop and present a strategic approach that best aligns with and leverages current activities in country. Critical to this proposal is the demonstration of a strong governmental leadership, political will, and country-ownership philosophy, as well as the inclusion of Global Fund stakeholders and other donors in all appropriate areas. This model also requires a strong, collaborative, and effective in-country USG team willing to help facilitate and support the implementation of the proposed initiative.

Fundamental to this broad approach is building and maintaining structural/environmental, organizational, and individual capacity that includes capacity assessment, implementation of blended capacity building strategies, and monitoring of progress toward sustainable capacity in SI. Countries will submit a proposal with goals, objectives, a collaborative implementation process, methods to measure progress toward the goals, and a general timeline and budget. Countries will also be expected to describe their "baseline" of existing SI systems, and their expectations of innovation and achievement in SI systems and capacity. Initial steps following identification of the two countries will involve a review of all pertinent baseline

system data, and if necessary, the actual implementation of a comprehensive national SI assessment. To the extent possible, any assessment should utilize international standards, tools and approaches, and adapt to the local context to provide the basis for a formal implementation plan. This plan, developed by all stakeholders, will detail the relevant activities, with associated targets, benchmarks, timelines, budgets, and identification of responsible parties.

Global Fund Technical Assistance and Staffing for Collaboration

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is one of the most important partners for the USG in the fight against these three diseases. As a partnership among governments, civil society, the private sector and affected communities, the Global Fund represents an innovative approach to international health financing, which supports country-owned programs according to principles of performance-based funding, represents a key opportunity for supporting country ownership, promoting sustainability, and leveraging additional financing from other donors complements our bilateral programs and is critical to our success in achieving our global health goals. However, the Global Fund model presents new challenges in terms of building capacity for oversight and implementation of grants and collaboration with other donors.

The Global AIDS Coordinator is authorized and has acted on the ability to withhold up to five percent of the USG contribution to the Global Fund for the purpose of technical assistance (TA) programs. Given the importance of this work in contributing to the Global Health Initiative GHI goals and ensuring the mutual success of PEPFAR and Global Fund HIV/AIDS programs, this additional funding will contribute to expanding the scope of support provided to Global Fund programs through PEPFAR headquarters and field teams.

Funding for TA to Global Fund HIV/AIDS grants will be used in approximately five countries to support a range of activities identified through the PEPFAR country teams in conjunction with the Global Fund Country Coordinating Mechanisms (CCMs) and Principle Recipients (PRs). In the short term, these activities may include: technical support needs assessments, TA Planning, building CCM governance and organizational capacity to do grant oversight, and strengthening management and oversight linkages between PRs and Sub-Recipients (SRs). These funds will be used over a two-year period, during which time they may also be used to strengthen the procurement and supply chain management (PSM), monitoring and evaluation (M&E) and financial systems of PRs, build organizational capacity within PRs and SRs, and increase the capacity of the CCM secretariat. The approximately six countries will be chosen through a collaborative interagency process with PEPFAR headquarters and country staff, as well as with the Global Fund.

This funding will also support increasing on-the-ground, USG personnel dedicated to Global Fund issues in 10-12 countries in order to support the Missions in their efforts to manage the USG relationship with the Global Fund, to increase coordination and collaboration between Global Fund grants and USG programming, and to support Global Fund grant management and oversight, including through the provision of technical assistance. Through the existing USG Global Fund TA portfolio, the USG has already placed a number of personnel into these types of positions to support the three diseases, and based on the need expressed by countries, PEPFAR

aims to expand the scope. This funding may also support extended contracts for some of the existing personnel where the advent of these positions has been particularly successful.

It is anticipated that comprehensively these activities will contribute to successful grant implementation, improved coordination and collaboration with USG programs, and ensure adequate capacity at the country level to effectively manage Global Fund resources.

Country Ownership Program Implementation

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 PEPFAR II Five-Year Strategy, the Partnership Frameworks (PFs) 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 have a 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. Implementation of the Global Health Initiative necessitates levels of collaboration and integration of donor resources and funding streams that will be best realized by continuing to build indigenous capacity and leadership and systems upon which multiple health issues can be addressed.

PEPFAR will engage in processes at country level, beginning work in a small number of countries and then expanding to others, based on this experience. Countries selected will take into consideration: 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 GHI Plus country. With the aim of moving country ownership from the PEPFAR strategy into tangible action, FY 2010 funds will support: the preparation of USG teams for a shift in their approach and/or focus of activity; in-country political negotiations; prioritization of areas of focus, assessments and development of project plans; and implementation of project plans.

As a follow-on to the planning and assessment phase, additional FY 2010 funding will support anticipated country ownership activities in up to four countries. The Global AIDS Coordinator is currently initiating focused discussions and assessments on barriers to full indigenous country ownership of HIV/AIDS policy and program development with Botswana and South Africa, and anticipates engaging with Malawi, Rwanda, and Tanzania in the near term. These discussions and assessments of leadership, management, and health system infrastructure will result in the identification of priorities that will address deficits in systems and/or quality of program delivery and will require subsequent financial inputs. While funding assocated with PFs is ideally suited to support priorities that would enhance country leadership and management of their HIV/AIDS

epidemic and donor funding, it is anticipated that due to the timing of country ownership prioritization country budgets will be already fully programmed and new funds will not be available until FY 2012. Thus, this funding will ensure that efforts to enable countries to increase their ownership and leadership of their programs will not be delayed.

Country ownership initiatives will be planned through PEPFAR Operational Plan and PF funding in future years. One of the primary mechanisms through which country programs will work toward accomplishing the goals of country ownership and sustainability will continue to be through the negotiation and implementation of PFs with partner country governments and the development and implementation of GHI strategies.

Public Health Evaluations

Additional FY 2010 GHCS-State funding will provide continued support to the PHE program though OGAC, which supports studies that guide PEPFAR in program and policy development, inform the global community, and identify areas where further evaluation and research may be needed (see above).

Combination Prevention

To address questions regarding successful combination prevention, PEPFAR will provide funding for evaluation of implementation of combination prevention, through NIH in collaboration with CDC, USAID, and OGAC (see above).

Institute of Medicine: Phase II of Evaluation of Programs Implemented under the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008

This Congressionally-mandated task is an assessment of the performance of the United States-assisted global HIV/AIDS programs and an evaluation of the impact on health of prevention, treatment, and care efforts that are supported by United States funding, including multilateral and bilateral programs involving joint operations.

Congress asked that the IOM study include the following as part of its evaluation:

- An assessment of progress toward prevention, treatment, and care targets
- An assessment of the effects on health systems, including on the financing and management of health systems and the quality of service delivery and staffing
- An assessment of efforts to address gender-specific aspects of HIV/AIDS, including gender-related constraints to accessing services and addressing underlying social and economic vulnerabilities of women and men
- An evaluation of the impact of treatment and care programs on 5-year survival rates, drug adherence, and the emergence of drug resistance
- An evaluation of the impact of prevention programs on HIV incidence in relevant population groups
- An evaluation of the impact on child health and welfare interventions authorized under this Act on behalf of orphans and vulnerable children

- An evaluation of the impact of programs and activities authorized in this Act on child mortality
- Recommendations for improving the HIV/AIDS programs implemented under the U.S. Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

In this phase, the evaluation committee will produce one consensus report with its findings and recommendations. This report is targeted for delivery to Congress in late 2012.

Project Title: Department of State (DoS): Africa Bureau (AF), Technical Leadership and Support Projects

Budget: FY 2010 Approved GHCS-State Funding: $105,000

Program Description:

Projects planned in FY 2010 to support PEPFAR in response to the 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. Fourteen FJDs have already been completed at grades 12-13, of which 11 have been cleared and disseminated for use. Additional funding will support the completion of FJDs are grades 9-11.

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

Budget: FY 2010 Approved GHCS-State Funding: $116,324,101

Program Description:

Projects planned in FY 2010 to support PEPFAR in response to the field program needs include:

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. Key activities include:

- 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); and
- 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).

Some of the specific projects planned in FY 2010 to support PEPFAR in response to the field program needs include:

South Africa Antiretroviral (ARV) Procurement

South Africa has the world's largest population of people living with HIV/AIDS, and also the largest treatment program. There are approximately 950,000 South Africans currently on treatment and a South African Government-projected scale-up of 45,000 new patients each month; however, this current figure on treatment represents just under 50% of those actually needing treatment. The prior South African Government (SAG) administration denial of HIV and of internationally-accepted treatment contributed to a lack of resources and restricted access to HIV/AIDS services – thereby resulting in hundreds of thousands of needless deaths. After years of neglect, the new SAG leadership is now committed to reforming HIV/AIDS policies, and the U.S. Government (USG) has a unique opportunity to support this administration's efforts. Given drastic increases in demand for ARV services, coupled with the current economic downturn, the SAG faces immediate-term financial challenges. The SAG formally asked the USG, through PEPFAR, to provide additional funding for ARV drugs during a projected two-year financial shortfall. PEPFAR will meet this request with a total of $120 million, to be divided by $60 million each in FY 2009 and FY 2010. FY 2010 funding will continue to support SAG efforts to cover current patients on treatment while assisting the SAG to prepare for a massive scale-up effort for treatment. This support is contingent upon demonstrated progress by

the SAG in establishing a financial plan to avoid future shortfalls, and the establishment of national HIV/AIDS/TB/STI oversight roles and functions within the National Department of Health. The SAG is taking immediate measures to build capacity within its National and Provincial Departments of Health to strengthen logistics and forecasting capacities. The NDOH, with PEPFAR-supported technical assistance, is addressing a number of related systematic weaknesses through ARV costing exercises and modifications to tender policies so as to reduce drug procurement costs in the future. In addition, the SAG National Treasury is engaged in this ongoing costing and analysis, with the intent to allow planning for additional resource allocation beyond the current two years, incorporating all additional ARV costs in their budget planning for FYs 2012-2013. Progress is ongoing and the RSA team reports on a regular basis in the rapidly evolving environment in RSA.

Some immediate progress has already been achieved since the provision of the initial $60 million in FY 2009 PEPFAR funding. First, the USG has been given a special exemption from single exit pricing for this ARV support. Also, the SAG is already revising its ARV tender policy to drive down procurement costs of ARVs and the NDOH has reorganized to take on an oversight role of HIV/STIs and empowered SANAC to tackle HIV/AIDS. The president has garnered significant support from high levels of government, including getting the cabinet to "own" the problem and initiate a massive national testing campaign for renewed emphasis on attaining NSP goals. Finally, national ARV treatment guidelines have been revised and updated to initiate children, pregnant women, and HIV/TB co-infected persons to ARVs per the latest WHO guidelines.

TB/HIV Scale-Up

TB is the leading cause of morbidity and mortality among HIV-infected persons in sub-Saharan Africa. FY 2010 funding will be used to implement critical TB/HIV activities that have long been articulated through WHO normative guidance but for which uptake has lagged, either due to stovepiped programming, resistance to program aspects, incompatible programs' cultural schisms and vastly different modalities of implementation. Interventions will be included as a "package of care" building on the successful HIV package of care modality. This project will demonstrate a reduction in incidence of TB and a reduction in TB mortality among HIV infected persons by scale-up of implementation of a package of TB/HIV interventions in four sub-Saharan countries. The package of services will include the scale-up of country-wide intensified TB case finding, improved TB infection control best practices, isoniazid preventive therapy, HIV testing and counseling of all TB patients, and ART for all HIV-infected TB patients.

While initially targeting a region or province(s) in a country, these activities are unique in that they will be based on joint planning between PEPFAR, USAID, and Global Fund TB and HIV-supported programs in collaboration with National TB and AIDS Programs. This approach will increase efficiencies and rationalization of programming across major funding sources and will contribute to overall strengthening of national TB and HIV programs. To maximize access to expertise of CDC and USAID staff and partners, the project is a joint USG project with both agencies in the lead roles for designing the protocol, selecting the countries, and implementation of the project at country level. Country-specific selection of partners and mechanisms will be

determined by consensus by an interagency TB/HIV working group that will manage implementation, in consultation with field representatives.

Funding will support the implementation of newly-approved rapid tuberculosis (TB) diagnostics in PEPFAR-supported settings, including rapid detection of multi drug- resistant (MDR)-TB, and extremely drug-resistant (XDR)-TB, and equipment and commodities, as well as support for policy and strategy, guidelines, and evaluation related to new diagnostics. The Gene XPert diagnostic was endorsed by WHO in late 2010, and will be supported in up to three countries with this additional funding.

Public Health Evaluations

FY 2010 GHCS-State funding will provide continued support to the PHE program through USAID, which supports studies that guide PEPFAR in program and policy development, inform the global community, and identify areas where further evaluation and research may be needed (see above).

Combination Prevention

To address questions regarding successful combination prevention, PEPFAR will provide funding for evaluation of implementation of combination prevention, through USAID in collaboration with CDC, NIH, and OGAC (see above).

**PEPFAR Technical Oversight and Management Expenses: FY 2010**

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

Budget: FY 2010 Approved GHCS-State Funding: $4,000,183

Program Description:

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.

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

Budget: FY 2010 Approved GHCS-State Funding: $130,732

Program Description:

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

Budget: FY 2010 Approved GHCS-State Funding: $74,749,350

Program Description:

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) and the Substance Abuse and Mental Health Services Administration (SAMHSA). 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 expenses including salary, benefits, and travel.

HHS headquarters offices support PEPFAR implementation by:

- Supporting operations of field offices through 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 such as antiretroviral treatment and blood safety;
- Providing technical assistance to country programs through direct assistance by HHS 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 including joint planning; monitoring and evaluation; legal consultation; participation on core teams and technical working groups; and policy and budget coordination.

Project Title: Peace Corps, Technical Oversight and Management

Budget: FY 2010 Approved GHCS-State Funding: $5,907,836

Program Description:

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, two program analysts, an administrative officer, 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

Budget: FY 2010 Approved GHCS-State Funding: $14,131,573

Program Description:

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 expenses including salary, benefits, and travel.

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

Budget: FY 2010 GHCS-State: $46,918,658

Program Description:

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.

# SECTION VI: FY 2010 PEPFAR INTERNATIONAL PARTNERS NARRATIVES

**Global Fund to Fight AIDS, Tuberculosis and Malaria**

Table – International Partner Funding, by Account (in millions)

| International Partner | GHCS-State | NIH | TOTAL |
|---|---|---|---|
| Global Fund | $ 750 | $ 300 | $ 1,050 |

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 United States' maximum contribution in FY 2010 is $1.05 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. 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 few pilot initiatives such as the National Strategy Application and Affordable Medicines Facility for Malaria funding channels. An independent panel of experts reviews grant proposals on the basis of technical merit and makes funding recommendations to the Board, which approves the final funding decisions. 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 1-2 of all grants, and years 3-5 of grant proposals that demonstrate satisfactory performance) approved as part of Round Nine, contingent upon the

identification of efficiency savings mandated by the Board at its 20th meeting in November 2009.

The USG holds a permanent seat on the Board of the Global Fund, and will continue to engage at the Board level to support the development of policies and practices that improve effectiveness and efficiency of Global Fund grants, value for money, and strategic investment of Global Fund resources.

**Joint United Nations Program on HIV/AIDS (UNAIDS)**

Table – International Partner Funding, by Account (in millions)

| International Partner | GHCS-State | TOTAL |
|---|---|---|
| UNAIDS | $ 43 | $ 43 |

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

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

UNAIDS priorities for action as expressed in its 2009-2011 Outcome Framework will contribute to achieving critical PEPFAR goals identified in the recently published PEPFAR five-year strategy including: 1) promotion of transition from an emergency response to sustainable country programs, 2) using UNAIDS vast network of country teams to strengthen partner government capacity to lead the response to this epidemic and other health demands, recognizing the importance of making progress in both concentrated and generalized epidemics, and 3) the push to integrate and coordinate HIV/AIDS programs with broader global health and development programs to maximize impact on health systems.

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 A.1 – FY 2010 Approved Funding in PEPFAR Operational Plans by Funding Source

| State Region, Operating Unit | GAP | GHCS-USAID | GHCS-State | Central GHCS-State | Total All Funding Sources |
|---|---|---|---|---|---|
| **Africa** | **$ 69,889,000** | **$ 66,410,000** | **$ 3,489,929,279** | **$ 104,019,359** | **$ 3,730,247,638** |
| Angola | $ 3,000,000 | $ 4,400,000 | $ 10,300,000 | | $ 17,700,000 |
| Botswana | $ 7,147,000 | $ - | $ 76,442,747 | $ 3,430,411 | $ 87,020,158 |
| Cote d' Ivoire | $ 5,153,000 | $ - | $ 106,655,051 | $ 7,319,108 | $ 119,127,159 |
| DRC | $ 2,415,000 | $ 9,200,000 | $ 19,635,000 | | $ 31,250,000 |
| Ethiopia | $ 4,273,000 | $ - | $ 286,699,149 | $ 350,000 | $ 291,322,149 |
| Ghana | $ 500,000 | $ 5,500,000 | $ 7,000,000 | | $ 13,000,000 |
| Kenya | $ 8,121,000 | $ - | $ 528,760,495 | $ 11,237,946 | $ 548,119,441 |
| Lesotho | $ 1,150,000 | $ 6,400,000 | $ 21,650,000 | | $ 29,200,000 |
| Malawi | $ 3,052,000 | $ 15,500,000 | $ 36,448,000 | $ 275,000 | $ 55,275,000 |
| Mozambique | $ 2,337,000 | $ - | $ 261,952,597 | $ 4,800,000 | $ 269,089,597 |
| Namibia | $ 1,500,000 | $ - | $ 100,809,181 | $ 300,000 | $ 102,609,181 |
| Nigeria | $ 3,056,000 | $ - | $ 441,227,282 | $ 14,885,999 | $ 459,169,281 |
| Rwanda | $ 1,135,000 | $ - | $ 124,072,239 | $ 6,240,074 | $ 131,447,313 |
| South Africa | $ 4,043,000 | $ - | $ 545,968,500 | $ 10,394,261 | $ 560,405,761 |
| Sudan | $ 500,000 | $ 2,010,000 | $ 7,036,000 | | $ 9,546,000 |
| Swaziland | $ 1,200,000 | $ 6,900,000 | $ 29,444,322 | | $ 37,544,322 |
| Tanzania | $ 3,683,000 | $ - | $ 336,254,410 | $ 18,031,863 | $ 357,969,273 |
| Uganda | $ 8,040,000 | $ - | $ 271,583,697 | $ 6,634,675 | $ 286,258,372 |
| Zambia | $ 2,914,000 | $ - | $ 253,660,609 | $ 20,120,022 | $ 276,694,631 |
| Zimbabwe | $ 6,670,000 | $ 16,500,000 | $ 24,330,000 | | $ 47,500,000 |
| **East Asia and Pacific** | **$ 12,855,000** | **$ 25,250,000** | **$ 106,728,168** | **$ -** | **$ 144,833,168** |
| Cambodia | $ 3,000,000 | $ 12,500,000 | $ 3,000,000 | $ - | $ 18,500,000 |
| China | $ 3,000,000 | $ 4,000,000 | $ 3,000,000 | $ - | $ 10,000,000 |
| Indonesia | $ - | $ 7,750,000 | $ 5,250,000 | $ - | $ 13,000,000 |
| Thailand | $ 4,000,000 | $ 1,000,000 | $ 500,000 | $ - | $ 5,500,000 |
| Vietnam | $ 2,855,000 | $ - | $ 94,978,168 | $ - | $ 97,833,168 |
| **Europe and Eurasia** | **$ 500,000** | **$ 5,000,000** | **$ 12,528,000** | **$ -** | **$ 18,028,000** |
| Russia | $ 500,000 | $ 2,500,000 | $ 3,000,000 | $ - | $ 6,000,000 |
| Ukraine | $ - | $ 2,500,000 | $ 9,528,000 | $ - | $ 12,028,000 |
| **South and Central Asia** | **$ 3,150,000** | **$ 22,000,000** | **$ 23,664,000** | **$ -** | **$ 48,814,000** |
| Central Asia Regional | $ 150,000 | $ 1,000,000 | $ 14,664,000 | $ - | $ 15,814,000 |
| India | $ 3,000,000 | $ 21,000,000 | $ 9,000,000 | $ - | $ 33,000,000 |
| **Western Hemisphere** | **$ 6,225,000** | **$ 18,091,000** | **$ 208,036,534** | **$ 1,309,039** | **$ 233,661,573** |
| Caribbean Regional | $ 1,500,000 | $ 6,950,000 | $ 14,850,000 | $ - | $ 23,300,000 |
| Central America Regional | $ 1,025,000 | $ 5,391,000 | $ 6,171,000 | $ - | $ 12,587,000 |
| Dominican Republic | $ 500,000 | $ 5,750,000 | $ 9,250,000 | $ - | $ 15,500,000 |
| Guyana | $ 1,200,000 | $ - | $ 16,525,215 | $ 456,360 | $ 18,181,575 |
| Haiti | $ 2,000,000 | $ - | $ 161,240,319 | $ 852,679 | $ 164,092,998 |
| **Grand Total** | **$ 92,619,000** | **$ 136,751,000** | **$ 3,840,885,981** | **$ 105,328,398** | **$ 4,175,584,379** |

Table explanation: Includes all approved funding supporting activities found in PEPFAR operational plans, by country and funding source. This table includes funding from all funding sources.

Table A.2 – FY 2010 Approved Funding in PEPFAR Operational Plans by Operating Unit and Budget Code: Prevention

| Operating Unit | MTCT: PMTCT | Sexual Prevention | | Biomedical Prevention | | | | HVCT: Counseling and Testing | Subtotal, Prevention |
|---|---|---|---|---|---|---|---|---|---|
| | | HVAB: Abstinence and Fidelity | HVOP: Other Prevention | HMBL: Blood Safety | HMIN: Injection Safety | IDUP: Injecting and non-Inj. Drug Use | CIRC: Male Circumcision | | |
| Angola | $ 700,000 | $ 1,825,000 | $ 3,675,000 | $ 700,000 | $ - | $ - | $ - | $ 650,000 | **$ 7,550,000** |
| Botswana | $ 3,380,700 | $ 4,829,000 | $ 6,301,250 | $ 300,100 | $ 643,449 | $ - | $ 4,075,000 | $ 7,460,100 | **$ 26,989,599** |
| Cambodia | $ 865,058 | $ 343,298 | $ 5,824,193 | $ 500,000 | $ - | $ 500,000 | $ - | $ 573,294 | **$ 8,605,843** |
| Caribbean Regional | $ 200,000 | $ 190,474 | $ 6,095,000 | $ - | $ - | $ - | $ - | $ 696,000 | **$ 7,181,474** |
| Central America Regional | $ - | $ - | $ 2,905,334 | $ - | $ - | $ - | $ - | $ 981,384 | **$ 3,886,718** |
| Central Asia Regional | $ - | $ - | $ 2,330,370 | $ 29,000 | $ 42,100 | $ 5,857,625 | $ - | $ 756,120 | **$ 9,015,215** |
| China | $ 66,200 | $ - | $ 998,246 | $ - | $ - | $ 1,529,605 | $ - | $ 638,497 | **$ 3,232,548** |
| Cote d' Ivoire | $ 7,081,000 | $ 5,810,000 | $ 6,575,000 | $ 3,750,000 | $ 1,473,000 | $ - | $ - | $ 7,874,000 | **$ 32,563,000** |
| DRC | $ 2,909,957 | $ 1,790,461 | $ 3,329,701 | $ 1,050,000 | $ - | $ - | $ - | $ 1,889,350 | **$ 10,969,469** |
| Dominican Republic | $ 1,350,000 | $ 481,800 | $ 3,675,500 | $ 1,721,500 | $ - | $ - | $ - | $ 750,000 | **$ 7,978,800** |
| Ethiopia | $ 21,349,650 | $ 8,367,902 | $ 34,708,865 | $ 1,400,000 | $ 2,603,902 | $ - | $ 748,294 | $ 11,474,766 | **$ 80,653,379** |
| Ghana | $ 790,000 | $ 600,000 | $ 3,865,594 | $ 500,000 | $ - | $ - | $ - | $ 523,579 | **$ 6,279,173** |
| Guyana | $ 563,792 | $ 553,456 | $ 1,743,003 | $ 477,109 | $ 401,646 | $ 2,000 | $ 3,000 | $ 1,076,122 | **$ 4,820,128** |
| Haiti | $ 6,060,800 | $ 3,070,000 | $ 5,201,000 | $ 3,318,482 | $ 850,000 | $ - | $ - | $ 5,709,382 | **$ 24,209,664** |
| India | $ 680,351 | $ 734,362 | $ 2,689,955 | $ - | $ - | $ - | $ - | $ 1,070,564 | **$ 5,175,232** |
| Indonesia | $ 35,000 | $ - | $ 6,767,411 | $ - | $ - | $ - | $ - | $ 352,000 | **$ 7,154,411** |
| Kenya | $ 31,251,792 | $ 30,945,503 | $ 30,945,503 | $ 7,312,284 | $ 3,861,156 | $ 932,500 | $ 13,080,380 | $ 33,669,993 | **$ 151,999,111** |
| Lesotho | $ 705,000 | $ 2,149,042 | $ 2,399,042 | $ 1,200,000 | $ - | $ - | $ 200,000 | $ 1,190,000 | **$ 7,843,084** |
| Malawi | $ 12,036,294 | $ 5,040,260 | $ 3,753,481 | $ 1,140,000 | $ 275,000 | $ - | $ 1,513,168 | $ 3,467,128 | **$ 27,225,331** |
| Mozambique | $ 40,759,401 | $ 16,477,474 | $ 14,991,473 | $ 2,194,589 | $ 3,014,078 | $ - | $ 3,491,765 | $ 10,525,296 | **$ 91,454,076** |
| Namibia | $ 3,936,478 | $ 7,989,917 | $ 5,486,548 | $ 1,000,000 | $ 900,000 | $ - | $ 1,887,798 | $ 6,877,881 | **$ 28,078,622** |
| Nigeria | $ 29,301,532 | $ 14,604,587 | $ 20,749,479 | $ 7,198,941 | $ 3,215,091 | $ - | $ - | $ 1,481,450 | **$ 76,551,080** |
| Russia | $ - | $ - | $ - | $ - | $ - | $ 2,500,000 | $ - | $ - | **$ 2,500,000** |
| Rwanda | $ 5,019,411 | $ 3,517,897 | $ 5,873,864 | $ 3,267,001 | $ 1,537,825 | $ - | $ 1,361,250 | $ 5,650,081 | **$ 26,227,329** |
| South Africa | $ 51,555,902 | $ 26,495,965 | $ 27,745,164 | $ 1,250,000 | $ 664,910 | $ - | $ 15,172,253 | $ 31,377,316 | **$ 154,261,510** |
| Sudan | $ 1,072,790 | $ 1,087,800 | $ 1,545,200 | $ - | $ - | $ - | $ - | $ 1,552,300 | **$ 5,258,090** |
| Swaziland | $ 2,225,000 | $ 1,452,500 | $ 1,209,084 | $ 1,125,000 | $ - | $ - | $ 11,443,628 | $ 1,454,989 | **$ 18,910,201** |
| Tanzania | $ 40,125,979 | $ 15,287,493 | $ 15,966,507 | $ 5,477,104 | $ 2,735,383 | $ 2,239,450 | $ 2,666,078 | $ 15,435,269 | **$ 99,933,263** |
| Thailand | $ 47,500 | $ - | $ 1,038,599 | $ - | $ - | $ 48,000 | $ - | $ 304,500 | **$ 1,438,599** |
| Uganda | $ 14,857,079 | $ 14,842,743 | $ 13,863,111 | $ 3,218,000 | $ 1,002,500 | $ - | $ 7,388,187 | $ 16,817,113 | **$ 71,988,733** |
| Ukraine | $ - | $ 22,000 | $ 1,150,000 | $ 625,000 | $ - | $ 1,300,000 | $ - | $ - | **$ 3,097,000** |
| Vietnam | $ 4,373,000 | $ 1,560,547 | $ 7,875,242 | $ 636,500 | $ 420,639 | $ 8,902,868 | $ - | $ 4,950,178 | **$ 28,718,974** |
| Zambia | $ 25,298,000 | $ 16,337,628 | $ 15,058,137 | $ 2,300,000 | $ - | $ - | $ 4,890,000 | $ 22,419,737 | **$ 86,303,502** |
| Zimbabwe | $ 4,669,000 | $ 1,451,500 | $ 1,556,000 | $ 1,800,000 | $ - | $ - | $ 2,983,000 | $ 1,980,000 | **$ 14,439,500** |
| **Grand Total** | **$ 313,266,666** | **$ 187,858,609** | **$ 267,891,856** | **$ 53,490,610** | **$ 23,640,679** | **$ 23,812,048** | **$ 70,903,801** | **$ 201,628,389** | **$ 1,142,492,658** |

Table A.3 – FY 2010 Approved Funding in PEPFAR Operational Plans by Operating Unit and Budget Code: Care and Treatment

| Operating Unit | Adult Care and Treatment | | Pediatric Care and Treatment | | HVTB: TB/HIV | HKID: OVCs | HTXD: ARV Drugs | Subtotal, Care and Treatment |
|---|---|---|---|---|---|---|---|---|
| | HBHC: Adult Care and | HTXS: Adult Treatment | PDCS: Pediatric Care and | PDTX: Pediatric Treatment | | | | |
| Angola | $ - | $ - | $ - | $ - | $ 150,000 | $ - | $ - | **$ 150,000** |
| Botswana | $ 4,531,350 | $ 4,413,742 | $ 1,210,000 | $ 500,000 | $ 3,614,325 | $ 5,221,560 | $ 7,367,000 | **$ 26,857,977** |
| Cambodia | $ 1,071,431 | $ 735,266 | $ 193,313 | $ 308,136 | $ 382,835 | $ 1,080,471 | $ - | **$ 3,771,452** |
| Caribbean Regional | $ 1,131,535 | $ 286,056 | $ - | $ - | $ - | $ - | $ - | **$ 1,417,591** |
| Central America Regional | $ 258,048 | $ - | $ - | $ - | $ 172,500 | $ - | $ - | **$ 430,548** |
| Central Asia Regional | $ 615,550 | $ 160,550 | $ - | $ - | $ - | $ - | $ - | **$ 776,100** |
| China | $ 718,700 | $ 540,100 | $ 73,800 | $ 82,800 | $ 25,600 | $ - | $ - | **$ 1,441,000** |
| Cote d' Ivoire | $ 9,448,000 | $ 17,102,257 | $ 1,873,000 | $ 2,183,000 | $ 3,350,000 | $ 8,865,088 | $ 17,010,000 | **$ 59,831,345** |
| DRC | $ 1,912,171 | $ 1,736,896 | $ 837,238 | $ 668,651 | $ 2,629,744 | $ 2,716,352 | $ - | **$ 10,501,052** |
| Dominican Republic | $ 600,000 | $ 697,882 | $ - | $ 50,000 | $ 1,000,000 | $ 1,200,000 | $ - | **$ 3,547,882** |
| Ethiopia | $ 24,370,729 | $ 59,012,177 | $ 2,846,108 | $ 5,973,664 | $ 8,525,545 | $ 30,630,478 | $ - | **$ 131,358,701** |
| Ghana | $ 389,200 | $ 390,000 | $ 260,000 | $ 260,000 | $ 390,000 | $ 130,000 | $ - | **$ 1,819,200** |
| Guyana | $ 1,148,619 | $ 2,790,725 | $ 48,619 | $ 27,373 | $ 217,966 | $ 984,378 | $ 772,197 | **$ 5,989,877** |
| Haiti | $ 9,448,482 | $ 26,224,679 | $ 2,667,282 | $ 3,510,950 | $ 3,271,482 | $ 9,060,000 | $ 6,000,000 | **$ 60,182,875** |
| India | $ 2,386,009 | $ 718,511 | $ 190,017 | $ 22,000 | $ 115,000 | $ 1,177,831 | $ - | **$ 4,609,368** |
| Indonesia | $ 640,000 | $ 165,000 | $ - | $ - | $ 155,000 | $ - | $ - | **$ 960,000** |
| Kenya | $ 42,000,000 | $ 93,234,440 | $ 3,750,000 | $ 13,000,000 | $ 18,519,154 | $ 48,925,000 | $ 84,750,000 | **$ 304,178,594** |
| Lesotho | $ 1,432,500 | $ 715,000 | $ 975,000 | $ 650,000 | $ 2,365,000 | $ 1,658,000 | $ - | **$ 7,795,500** |
| Malawi | $ 2,278,481 | $ 939,082 | $ 591,957 | $ 1,024,695 | $ 817,081 | $ 3,780,850 | $ 138,000 | **$ 9,570,146** |
| Mozambique | $ 16,537,003 | $ 36,348,983 | $ 1,995,295 | $ 8,480,002 | $ 3,975,589 | $ 17,484,449 | $ 10,000,000 | **$ 94,821,321** |
| Namibia | $ 6,356,384 | $ 17,431,372 | $ 2,658,958 | $ 3,143,196 | $ 3,087,488 | $ 8,121,902 | $ 1,879,596 | **$ 42,678,896** |
| Nigeria | $ 41,389,794 | $ 80,615,519 | $ 4,890,689 | $ 8,836,492 | $ 9,795,201 | $ 44,079,000 | $ 80,610,573 | **$ 270,217,269** |
| Russia | $ 2,350,000 | $ - | $ - | $ - | $ - | $ - | $ - | **$ 2,350,000** |
| Rwanda | $ 12,487,165 | $ 21,913,758 | $ 2,215,873 | $ 2,291,760 | $ 4,702,636 | $ 12,157,200 | $ 11,490,309 | **$ 67,258,701** |
| South Africa | $ 44,323,742 | $ 144,366,995 | $ 7,192,004 | $ 23,712,165 | $ 35,933,494 | $ 48,624,752 | $ 28,917,534 | **$ 333,070,686** |
| Sudan | $ 1,449,900 | $ - | $ - | $ - | $ - | $ - | $ - | **$ 1,449,900** |
| Swaziland | $ 1,654,379 | $ 3,583,000 | $ 690,000 | $ 635,000 | $ 968,400 | $ 1,967,000 | $ 600,000 | **$ 10,097,779** |
| Tanzania | $ 35,948,202 | $ 82,383,961 | $ 2,329,121 | $ 10,537,919 | $ 7,855,150 | $ 28,827,094 | $ 23,886,322 | **$ 191,767,769** |
| Thailand | $ 418,486 | $ - | $ 135,500 | $ - | $ 60,000 | $ - | $ - | **$ 613,986** |
| Uganda | $ 21,065,481 | $ 27,841,791 | $ 5,515,814 | $ 9,849,811 | $ 9,037,881 | $ 25,176,594 | $ 53,139,658 | **$ 151,627,030** |
| Ukraine | $ - | $ - | $ - | $ - | $ 800,000 | $ - | $ - | **$ 800,000** |
| Vietnam | $ 10,611,500 | $ 6,248,000 | $ 1,756,000 | $ 818,000 | $ 3,042,500 | $ 3,710,000 | $ 6,650,000 | **$ 32,836,000** |
| Zambia | $ 24,976,279 | $ 26,791,009 | $ 5,491,314 | $ 7,688,301 | $ 10,066,000 | $ 18,859,893 | $ 32,164,913 | **$ 126,037,709** |
| Zimbabwe | $ 1,235,000 | $ 1,750,000 | $ 769,000 | $ 1,107,500 | $ 2,070,000 | $ 3,450,000 | $ 5,625,000 | **$ 16,006,500** |
| **Grand Total** | **$ 325,184,120** | **$ 659,136,751** | **$ 51,155,902** | **$ 105,361,415** | **$ 137,095,571** | **$ 327,887,892** | **$ 371,001,102** | **$ 1,976,822,754** |

Table A.4 – FY 2010 Approved Funding in PEPFAR Operational Plans by Operating Unit and Budget Code: Other Funding

| Operating Unit | HLAB: Laboratory | HVSI: Strategic Information | OHSS: Health Systems | Management and Operations | Subtotal, Other Funding |
|---|---|---|---|---|---|
| Angola | $ 460,000 | $ 1,655,000 | $ 3,050,000 | $ 4,835,000 | **$ 10,000,000** |
| Botswana | $ 4,955,998 | $ 4,171,000 | $ 9,342,553 | $ 14,703,031 | **$ 33,172,582** |
| Cambodia | $ 398,900 | $ 949,425 | $ 1,344,900 | $ 3,429,480 | **$ 6,122,705** |
| Caribbean Regional | $ 1,905,000 | $ 3,052,409 | $ 4,077,733 | $ 5,665,793 | **$ 14,700,935** |
| Central America Regional | $ 399,686 | $ 2,843,177 | $ 2,751,871 | $ 2,275,000 | **$ 8,269,734** |
| Central Asia Regional | $ 1,379,000 | $ 1,446,910 | $ 15,800 | $ 3,180,975 | **$ 6,022,685** |
| China | $ 379,200 | $ 691,707 | $ 1,306,695 | $ 2,948,850 | **$ 5,326,452** |
| Cote d' Ivoire | $ 2,653,000 | $ 4,260,100 | $ 6,390,000 | $ 13,429,714 | **$ 26,732,814** |
| DRC | $ 1,380,013 | $ 1,729,543 | $ 1,841,635 | $ 4,828,288 | **$ 9,779,479** |
| Dominican Republic | $ 700,000 | $ 250,000 | $ 719,000 | $ 2,304,318 | **$ 3,973,318** |
| Ethiopia | $ 9,994,772 | $ 16,449,756 | $ 23,774,676 | $ 29,090,865 | **$ 79,310,069** |
| Ghana | $ 823,413 | $ 990,000 | $ 1,057,508 | $ 2,030,706 | **$ 4,901,627** |
| Guyana | $ 823,566 | $ 945,099 | $ 3,167,780 | $ 2,435,125 | **$ 7,371,570** |
| Haiti | $ 11,524,382 | $ 6,680,000 | $ 55,166,950 | $ 6,329,127 | **$ 79,700,459** |
| India | $ 660,000 | $ 5,210,335 | $ 12,530,993 | $ 4,814,072 | **$ 23,215,400** |
| Indonesia | $ 40,000 | $ 650,000 | $ 3,360,000 | $ 835,589 | **$ 4,885,589** |
| Kenya | $ 27,828,666 | $ 18,529,569 | $ 15,341,013 | $ 30,242,488 | **$ 91,941,736** |
| Lesotho | $ 1,255,000 | $ 1,155,000 | $ 5,171,914 | $ 5,979,502 | **$ 13,561,416** |
| Malawi | $ 3,378,767 | $ 2,739,004 | $ 5,866,190 | $ 6,495,562 | **$ 18,479,523** |
| Mozambique | $ 10,924,314 | $ 4,390,589 | $ 42,443,018 | $ 25,056,279 | **$ 82,814,200** |
| Namibia | $ 1,414,655 | $ 3,520,720 | $ 10,075,183 | $ 16,841,105 | **$ 31,851,663** |
| Nigeria | $ 40,191,356 | $ 15,113,616 | $ 18,392,982 | $ 38,702,981 | **$ 112,400,935** |
| Russia | $ - | $ 300,000 | $ - | $ 850,000 | **$ 1,150,000** |
| Rwanda | $ 10,070,097 | $ 6,575,622 | $ 8,910,246 | $ 12,405,318 | **$ 37,961,283** |
| South Africa | $ 6,465,036 | $ 16,452,150 | $ 18,615,239 | $ 31,541,140 | **$ 73,073,565** |
| Sudan | $ 206,600 | $ 486,680 | $ 322,600 | $ 1,822,130 | **$ 2,838,010** |
| Swaziland | $ 900,000 | $ 1,627,923 | $ 2,457,027 | $ 3,551,392 | **$ 8,536,342** |
| Tanzania | $ 7,969,000 | $ 8,153,000 | $ 27,200,827 | $ 22,945,414 | **$ 66,268,241** |
| Thailand | $ 268,000 | $ 409,000 | $ 144,500 | $ 2,625,915 | **$ 3,447,415** |
| Uganda | $ 13,800,894 | $ 13,673,110 | $ 12,360,979 | $ 22,807,626 | **$ 62,642,609** |
| Ukraine | $ 1,525,000 | $ 850,000 | $ 4,200,000 | $ 1,556,000 | **$ 8,131,000** |
| Vietnam | $ 4,811,500 | $ 5,570,861 | $ 6,853,950 | $ 19,041,883 | **$ 36,278,194** |
| Zambia | $ 19,650,000 | $ 15,975,000 | $ 15,554,428 | $ 13,173,992 | **$ 64,353,420** |
| Zimbabwe | $ 1,755,000 | $ 2,875,000 | $ 6,885,000 | $ 5,539,000 | **$ 17,054,000** |
| **Grand Total** | **$ 190,890,815** | **$ 170,371,305** | **$ 330,693,190** | **$ 364,313,660** | **$ 1,056,268,970** |

Table explanation (Tables A.2-A.4): Includes all approved funding supporting activities found in PEPFAR operational plans, by country and budget code. This table includes funding from all funding sources.

Table A.5 - Program Area Budget Codes

| Technical Areas | Budget Codes |
|---|---|
| **PMTCT** | 01-MTCT Prevention: PMTCT |
| **Sexual Prevention** | 02-HVAB Sexual Prevention: AB<br>03-HVOP Sexual Prevention: Other sexual prevention |
| **Biomedical Prevention** | 04-HMBL Biomedical Prevention: Blood Safety<br>05-HMIN Biomedical Prevention: Injection Safety<br>06-IDUP Biomedical Prevention: Intravenous and non-Intravenous Drug Use<br>07-CIRC Biomedical Prevention: Male Circumcision |
| **Adult Care and Treatment** | 08-HBHC Care: Adult Care and Support<br>09-HTXS Treatment: Adult Treatment |
| **TB/HIV** | 10-HVTB Care: TB/HIV |
| **OVC** | 11-HKID Care: OVC |
| **Counseling and Testing** | 12-HVCT Care: Counseling and Testing |
| **Pediatric Care and Treatment** | 13-PDTX Treatment: Pediatric Treatment<br>14-PDCS Care: Pediatric Care and Support |
| **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 Resources for Health** | No associated budget code(s) |
| **Gender** | No associated budget code(s) |

## 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)

Description:
HHS will use FY 2010 funding to ensure the integrity of the antiretroviral drug supply chain 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 - Injection Safety

Description:
HHS/CDC and USAID will use FY 2010 funding to transfer the programs developed during the track one cooperative agreement to country ownership, using each country's National Injection Safety Plan. This plan was developed under the cooperative agreement. The injection safety activities will be integrated into the programs of existing treatment and care partners. These partners will then assume both programmatic and fiscal responsibility for implementing injection safety and universal precautions in their programs.

**Appendix 3 - Description of Budget Codes by Program Area**

**01. MTCT – PMTCT** – 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. PMTCT-plus ART activities should be described under ARV Drugs and Adult Treatment. Funding for HIV counseling and testing in the context of preventing mother-to-child transmission can be coded under PMTCT or Counseling and Testing; targets should be included in PMTCT. Early infant diagnosis should be included under Pediatric Care.

**02. HVAB – Abstinence/be faithful** – activities (including training) to promote abstinence, including delay of sexual activity or secondary abstinence, fidelity, reducing multiple and concurrent partners, and related social and community norms that impact these behaviors. Activities should address programming for both adolescents and adults. For sexually active individuals, it is anticipated that programs will include funding from both HVAB and HVOP.

**03. HVOP – Other sexual prevention -** 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 should be focused on target populations such as alcohol users; at risk youth; men who have sex with men (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 – Blood safety** – 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 – Injection safety** – 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 – Prevention among injecting and non-injecting drug users (e.g., methamphetamine users) –** activities including policy reform, training, message development, community mobilization and comprehensive approaches including medication assistance therapy to reduce injecting drug use. Procurement of methadone and other medical-assisted therapy drugs should be included under this program area budget code. Programs for prevention of sexual transmission within IDUs should be included in this category.

**07. CIRC – Medical male circumcision –** policy, training, outreach, message development, service delivery, quality assurance, and equipment and commodities lies related to male circumcision. All MC services should include the minimum package; HIV testing and

counseling provided on site; age-appropriate pre- and post-operative sexual risk reduction counseling; active exclusion of symptomatic STIs and syndromic treatment when indicated; provision and promotion of correct and consistent use of condoms; circumcision surgery in accordance with national standards and international guidance; counseling on the need for abstinence from sexual activity during wound healing; wound care instructions; and post-operative clinical assessments and care. HIV counseling and testing associated with male circumcision can be included in either counseling and testing or male circumcision.

**08. HVCT – 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. Funding for counseling and testing in the context of preventing mother-to-child transmission can be included under PMTCT or Counseling and Testing; targets should be included in PMTCT.

**09. HBHC – Adult Care and Support –** 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 should include 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 may include group and individual counseling and culturally-appropriate end-of-life care and bereavement services. Social support may include vocational training, income-generating activities, social and legal protection, and training and support of caregivers. Prevention services may include "prevention for positives" behavioral counseling and counseling and testing of family members. The purchase of OI drugs (excluding TB drugs) should be included under Adult Care and Treatment. ARV treatment should be coded under Adult Treatment and ARV Drugs.

**10. HTXS – Adult Treatment** – including infrastructure, training clinicians and other providers, exams, clinical monitoring, related laboratory services, and community-adherence activities. Clinical monitoring and management of opportunistic infections is classified under Adult Care and Support.

**11. PDCS – Pediatric Care and Support** – 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 should include 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. Other services – psychological, social, spiritual and prevention services – should be provided as appropriate. Pediatric care and support services should be counted if they are provided at a facility; community services should be included within programs for orphans and vulnerable children

(OVC). It is important that funding for pediatric care activities is not double-counted in OVC.

**12. PDTX – Pediatric Treatment** – including infrastructure, training clinicians and other providers, exams, clinical monitoring, related laboratory services, and community-adherence activities. Clinical monitoring and management of opportunistic infections is classified under Pediatric Care and Support.

**13. HVTB – 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. Pediatric TB/HIV services should be included in this budget code.

**14. HKID – Orphans and Vulnerable Children** – activities are 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. Programs may be included which strengthen the transition from residential OVC care to more family-centered models. (See the OVC Technical Considerations and OVC Guidance for further details.) It is important that funding for OVC is not double-counted in pediatric care activities.

**15. HTXD – ARV Drugs** – including procurement, delivery, and in-freight of ARV drugs. All antiretroviral Post-Exposure Prophylaxis procurement for rape victims should be included within this program area. Distribution/supply chain/logistics, pharmaceutical management and related systems strengthening inputs are to be included in the Health Systems Strengthening section.

**16. HLAB – Laboratory infrastructure** – 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. Specific laboratory services supporting TB testing goes under TB/HIV. Laboratory services supporting counseling should go under Counseling and Testing or PMTCT. Laboratory services supporting care should go under Adult or Pediatric care and support. **Laboratory services supporting treatment should be included under Pediatric or Adult Treatment Services.**

**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. Program area-specific monitoring and routine evaluation should be incorporated under the specific program area.

**18. OHSS – Health Systems Strengthening** – include activities that contribute to national, regional or district level systems by supporting finance, leadership and governance (including broad policy reform efforts including stigma, gender etc.), institutional capacity-building, supply chain or procurement systems, Global Fund programs and donor coordination. (Please note, as stated in the introduction, other activities will also contribute ultimately to reporting budget attributions to HSS. These calculations will be handled at HQ.)

**Appendix 4 - Description of USG Field Cost of Doing Business (CODB)**

**Capital Security Cost Sharing (CSCS)** – The CSCS program requires all agencies with personnel overseas subject to Chief of Mission authority to provide funding in advance for their share of the cost of providing new, safe, secure diplomatic facilities (1) on the basis of the total overseas presence of each agency and (2) as determined annually by the Secretary of State in consultation with such agency. Non-State Department agencies should include funding for CSCS, except where this is paid by the headquarters agency. More information is available at http://www.state.gov/obo/c11275.htm.

**Computers/IT Services** – Includes USAID's IRM tax and other agency computer fees not included in ICASS payments.

**ICASS (International Cooperative Administrative Support Services)** – ICASS is the system used in Embassies to: Provide shared common administrative support services; and Equitably distribute the cost of services to agencies. ICASS charges represent the cost to supply common administrative services such for human resources, financial management, general services, and other support, supplies, equipment, and vehicles. It is a generally a required cost for all agencies operating in country. More information is available at http://www.state.gov/m/a/dir/regs/fah/c23257.htm.

**Institutional Contractors (non-PSC/non-PSA) –** Institutional and non-personal services contractors/agreements (non-PSC/non-PSA).

**Management Meetings/Professional Development** – Includes discretionary costs of country team meetings to support PEPFAR management and of providing training and professional development opportunities to staff.

**Non-ICASS Administrative Costs** – Direct charges to agencies for items and services that are distinct agency activities that are easy to price, mutually agreed to, and outside of the ICASS Memoranda of Understanding for services. Such costs include rent/leases of USG-occupied office space, shipping, printing, telephone, vehicles, driver overtime, security, supplies, and mission-levied head taxes.

**Peace Corps Volunteer Costs** – Includes costs associated with Peace Corps Volunteers and Peace Corps Response Volunteers arriving at post between April 2010 and March 2011. The costs included in this category are direct PCV costs, pre-service training, in-service training, medical support and safety and security support.

**Staff Program Support Travel** – Includes the discretionary costs of staff travel to support PEPFAR implementation and management.

**USG Renovation** – Costs associated with renovation of buildings owned/occupied by USG PEPFAR personnel.

**USG Staff (Direct Hire, Personal Services Contractor [PSC], Personal Services Agreement [PSA]) Salaries and Benefits** – The required costs of having a person in country, including housing costs not covered by ICASS, rest and relaxation (R&R) travel, relocation travel, home leave, and shipping household goods.

**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)
FN – Food and Nutrition
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
ROP – Regional Operational Plan
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/strategy/index.htm
Link description: Information on the high-level direction of the program for its next phase and lessons learned in the first five years of the program

http://www.pepfar.gov/countries/
Link description: 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: Historical PEPFAR Operational Plans

http://www.pepfar.gov/press/sixth_annual_report/
Link description: PEPFAR progress to date in the Sixth Annual Report to Congress

http://www.pepfar.gov/about/c24880.htm
Link description: Quarterly reports submitted to Congress on the allocation, obligation and expenditure of funds appropriated for PEPFAR

http://www.pepfar.gov/frameworks/index.htm
Link description: Guidance to the field for Partnership Frameworks as well as electronic versions of all signed Partnership Framework documents

http://www.pepfar.gov/ghi/index.htm
Link description: Information on the Global Health Initiative.