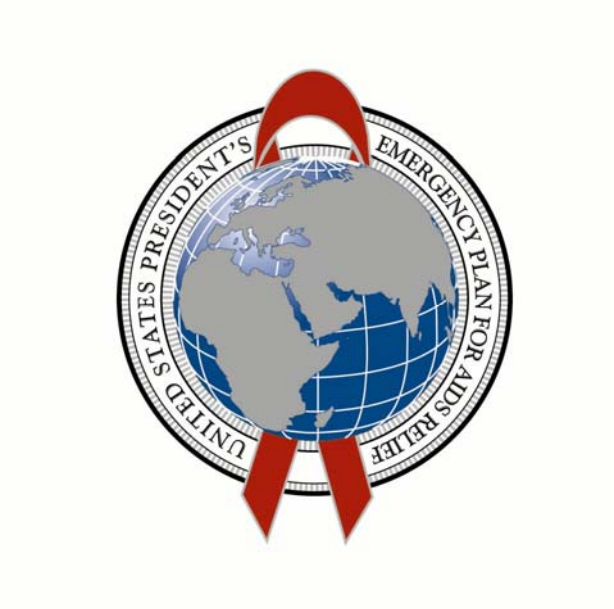

THE U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

FISCAL YEAR 2007: OPERATIONAL PLAN

2007 JUNE UPDATE

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LIST OF ACRONYMS

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

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

SECTION II

INTRODUCTION

This Operational Plan of the President's Emergency Plan for AIDS Relief (the Emergency Plan) serves as the second Operational Plan for fiscal year (FY) 2007. It is organized into eight sections:

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

Section II, this Introduction, provides a brief overview of this FY 2007 Operational Plan, as well as three summary tables. Table 1 summarizes the overall $4.556 billion FY 2007 Emergency Plan budget in terms of sources of funding. Table 2 summarizes this same $4.556 billion FY 2007 Emergency Plan budget in terms of planned and approved uses of funding. As of June 2007, the entire $4.556 billion has been approved by the U.S. Global AIDS Coordinator (the Coordinator). Table 2 also breaks down the overall $4.556 billion of approved funding into the $3.652 billion in funding from the Department of State (State), the United States Agency for International Development (USAID) and the Department of Health and Human Services (HHS) that is the principal subject of this Operational Plan, as well as and the $904 million that is described in other agencies' congressional justifications and related documents. Table 3 summarizes how the FY 2007 approved activities are distributed among prevention, care, and treatment program areas.

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

Section IV, Other PEPFAR Country Programs, provides two summary tables (Tables 7 and 8), summarizing funding needed to support ongoing, critical activities in 54 bilateral countries and 11 regional platforms outside of the focus countries, followed by brief program descriptions.

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

OVERVIEW

This June 2007 Operational Plan serves as the third Operational Plan for FY 2007. It follows "The President's Emergency Plan for AIDS Relief – U.S. Five-Year Global HIV/AIDS Strategy" and seeks to have an immediate impact on people and strengthen the capacity of host nations to expand programs**.** In FY 2007, the Emergency Plan will support care for approximately 4,980,053 individuals infected and affected by HIV/AIDS including orphans and vulnerable children (OVCs), and will support antiretroviral treatment (ART) for approximately 1,192,564 individuals.

Section III of this document provides information on each country's contribution to the total number of individuals to be receiving care and antiretroviral treatment using FY 2007 funding.

The FY 2007 budget for the Emergency Plan is $4.556 billion (see Table 1). This FY 2007 Operational Plan describes the planned uses of $3.652 billion of Emergency Plan funding (see Table 2) to expand integrated care, treatment and prevention programs in fifteen focus countries; to finance central programs that help focus countries achieve their goals; to provide U.S. Government (USG) contributions to international partnerships, including the Joint United Nations Program on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); to fund technical oversight and management, and to develop and maintain the Emergency Plan's strategic information and evaluation systems.

The planned uses of the remaining $904 million of Emergency Plan funding include support for existing bilateral HIV/AIDS programs around the world; international HIV/AIDS research through the HHS National Institutes of Health; HIV vaccine and microbicide research and development through USAID; and TB programs. These programs are described in a variety of congressional budget justification documents and briefing materials of USAID, HHS, Department of Defense (DOD), Department of Labor (DOL), and State.

The $3.652 billion described in this June FY 2007 Operational Plan is composed of:

$3,246,516,500 from the FY 2007 Global HIV/AIDS Initiative account (GHAI, STATE)
$ 247,500,000 from the FY 2007 Child Survival and Health account (CSH, USAID)
$ 99,000,000 from the FY 2007 NIH budget (HHS)
$ 59,259,000 from the FY 2007 Global AIDS Program (CDC/GAP, HHS)
$ 3,652,275,500 TOTAL

The FY 2007 figures reflect actual appropriation levels.

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

PROGRESS TO DATE

Please see "The Power of Partnerships: The President's Emergency Plan for AIDS Relief" for a complete description of progress and achievements during FY 2006. Through September 30, 2006, the Emergency Plan supported care for nearly 4.5 million people, including care for more than 2 million orphans and vulnerable children. As of September 2006, the Emergency Plan supported antiretroviral treatment for approximately 1,101,000 men, women, and children through bilateral programs in the 15 focus countries; of those receiving downstream support, 61 percent were women and 9 percent were children age 14 and under. The Emergency Plan also has supported prevention of mother-to-child HIV transmission services for women during more than 6 million pregnancies, antiretroviral prophylaxis for HIV-positive women during 533,700 pregnancies, averting an estimated 101,500 infant HIV infections (cumulative for fiscal years 2004 through 2006).

DISTRIBUTION OF HIV/AIDS FUNDS

The distribution of the FY 2007 Emergency Plan funds among prevention, treatment, and care is moving in the direction outlined in the authorization of the Emergency Plan.

See Table 3 for the allocation of funds among program areas for activities that have been approved to date. 21 percent of the budget is allocated to prevention activities; 32 percent of the budget is allocated to care; and 47 percent is allocated to treatment. Of note, Abstinence, Be Faithful (AB) activities account for 7 percent of the total prevention, care, and treatment budget, 33 percent of all prevention activities, and 57 percent of programs that address prevention of sexual transmission of HIV/AIDS. Activities for orphans and vulnerable children (OVCs) account for 10 percent of the total prevention, care, and treatment budget. Please note that pediatric AIDS treatment funding that is attributed to OVC programs is included in the care program area total and is not included in the treatment program area total.

The $316 million in additional funds being notified in concert with this update of the Operational Plan were targeted at increased coverage in TB/HIV, Prevention of Mother-to-Child Transmission (PMTCT) and OVC programs. In addition, $15,600,000 will be allocated to support a set of pilot medical male circumcision activities in seven focus countries and three other PEPFAR countries.

CONGRESSIONAL NOTIFICATION

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

TABLE 1: Sources of Funding FY 2005 – FY 2007
(Dollars in Millions)

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

EXISTING BILATERAL PROGRAMS	2005 Enacted	2006 Enacted	2007 Enacted
USAID Bilateral Programs:	**477**	**465**	**466**
Child Survival *HIV/AIDS*	347	347	347
Child Survival TB	79	79	79
Other Accounts HIV/AIDS, TB	50	40	40
HIV/AIDS	*37*	*27*	*27*
TB	*13*	*12*	*12*
HHS Bilateral Programs:	**510**	**496**	**496**
CDC HIV/AIDS	138	123	123
CDC Global AIDS Program	*124*	*123*	*123*
CDC International HIV Research	*14*	*0*	*0*
CDC TB	2	0	0
NIH HIV/AIDS Research 1/	370	373	373
State/Foreign Military Finance	**2**	**2**	**2**
DOL Bilateral Programs	**2**	**0**	**0**
DOD Bilateral Programs	**8**	**5**	**0**
Global HIV/AIDS Initiative (GHAI) - *excluding Global Fund*	**1,374**	**1,777**	**2,869**
Global Trust Fund:	**347**	**545**	**724**
USAID Child Survival	*248*	*248*	*248*
HHS/NIH	*99*	*99*	*99*
Global AIDS Coordinator's Office	*0*	*198*	*378*
TOTAL, GLOBAL HIV/AIDS & TB	**2,719**	**3,290**	**4,556**

1/ Funding for NIH research is estimated for FY 2007 and may change depending on actual research projects.

TABLE 2: Emergency Plan
FY 2007 Budget Allocations Approved as of June 2007
(Dollars in thousands)

Programs Included in Operational Plan	USAID/CSH Estimated	USAID/Other Estimated	State/FMF Estimated	HHS/GAP & NIH Estimated	State/GHAI	All Accounts
Country Activities	**-**	**-**	**-**	**59,259**	**2,469,535**	**2,528,794**
Focus Countries	-	-	-	59,259	2,416,055	2,475,314
Other PEPFAR Country Programs	-	-	-	-	53,480	53,480
Central Programs	**-**	**-**	**-**	**-**	**304,246**	**304,246**
Abstinence/Faithfulness	-	-	-	-	19,361	19,361
Antiretroviral Therapy	-	-	-	-	105,360	105,360
Orphans and Vulnerable Children	-	-	-	-	21,482	21,482
Safe Blood Supply	-	-	-	-	42,563	42,563
Safe Medical Injections	-	-	-	-	3,282	3,282
Drug Quality Assurance	-	-	-	-	3,700	3,700
New Partner Initiative	-	-	-	-	65,000	65,000
Supply Chain Management	-	-	-	-	20,000	20,000
Technical Leadership and Support	-	-	-	-	19,497	19,497
Twinning	-	-	-	-	4,000	4,000
Strategic Information/Evaluation					**12,742**	**12,742**
Technical Oversight and Management	-	-	-	-	**52,794**	**52,794**
OGAC Administrative costs	-	-	-	-	11,897	11,897
Other Agency Administrative Costs*	-	-	-	-	40,897	40,897
Sub-Total	**-**	**-**	**-**	**59,259**	**2,839,317**	**2,898,576**
International Partners	**247,500**	**-**	**-**	**99,000**	**407,200**	**753,700**
UNAIDS	-	-	-	-	29,700	29,700
Global Fund	247,500	-	-	99,000	377,500	724,000
Total Including International Partners	**247,500**	**-**	**-**	**158,259**	**3,246,517**	**3,652,276**

*Only includes additional costs borne by agencies

Programs Described Elsewhere	USAID/CSH Estimated	USAID/Other Estimated	State/FMF Estimated	HHS/GAP & NIH Estimated	State/GHAI	All Accounts
Other PEPFAR Programs	278,190	27,324	1,980	63,301	-	370,795
IAVI and Microbicides	68,310	-	-	-	-	68,310
NIH International Research	-	-	-	373,000	-	373,000
Tuberculosis Activities	79,200	12,276	-	-	-	91,476
Sub-Total	**425,700**	**39,600**	**1,980**	**436,301**	**-**	**903,581**
Total Approved FY 2007 Emergency Plan Activities	**673,200**	**39,600**	**1,980**	**594,560**	**3,246,517**	**4,555,857**

TABLE 3: Approved Funding by Program Area: All Countries
Approved as of June 2007
Fiscal Year: 2007

SUMMARY BUDGET TABLE - ALL COUNTRIES	Field Programs Funding Allocated by Program Area							Subtotal: Field Funds by Program Area	Central Funds by Program Area	TOTAL FIELD & CENTRAL DOLLARS ALLOCATED	TOTAL FIELD & CENTRAL: % OF PREVENTION, TREATMENT, & CARE BUDGET	Attributions of Other Funds by Program Area /1	GRAND TOTAL: DOLLARS ALLOCATED TO DATE	GRAND TOTAL: % OF PREVENTION, TREATMENT, & CARE BUDGET APPROVED TO DATE
	USAID	HHS		DOD	State	Peace Corps	Labor							
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account							
Prevention														
PMTCT	72,185,954	1,245,839	76,992,093	2,924,286	313,869	0	0	153,662,041	0	153,662,041	6.5%	41,389,187	195,051,228	6.9%
Abstinence/Be Faithful	99,658,491	1,152,031	32,592,163	2,192,280	1,443,868	3,457,360	50,000	140,546,193	19,361,142	159,907,335	6.8%	38,533,836	198,441,171	7.0%
Blood Safety	1,094,500	421,680	1,177,000	1,425,000	520,000	0	0	4,638,180	42,563,000	47,201,180	2.0%	911,600	48,112,780	1.7%
Injection Safety	2,994,281	252,000	3,631,221	660,580	68,000	0	0	7,606,082	3,281,952	10,888,034	0.5%	1,494,919	12,382,953	0.4%
Other Prevention	81,367,646	682,395	28,489,580	3,346,712	468,298	1,792,500	300,000	116,447,131	0	116,447,131	5.0%	30,822,015	147,269,146	5.2%
Prevention Sub-total	*257,300,872*	*3,753,945*	*142,882,057*	*10,548,858*	*2,814,035*	*5,249,860*	*350,000*	*422,899,627*	*65,206,094*	*488,105,721*	*20.8%*	*113,151,558*	*601,257,279*	*21.1%*
Care														
Palliative Care: Basic health care & support	130,198,454	626,569	69,913,961	4,969,723	682,887	1,778,900	0	208,170,494	0	208,170,494	8.9%	55,115,869	263,286,363	9.3%
Palliative Care: TB/HIV	40,503,319	1,518,634	61,745,999	2,241,496	1,670,590	0	0	107,680,038	0	107,680,038	4.6%	23,181,902	130,861,940	4.6%
Orphans and Vulnerable Children	*83,947,941*	*2,030,746*	*108,030,467*	*5,916,574*	*1,711,619*	*14,200*	*75,000*	*217,662,374*	*21,482,354*	*239,144,728*	*10.2%*	*49,743,920*	*288,888,648*	*10.2%*
Of Which, Orphans Programs	163,123,146	100,000	19,995,066	2,322,000	2,269,754	2,679,400	0	190,489,366	21,482,354	211,971,720	9.0%	49,743,920	261,715,640	9.2%
Of Which, Pediatric AIDS	*0*	0	27,173,008	0	0	0	0	*27,173,008*	*0*	27,173,008	1.2%	0	27,173,008	1.0%
Counseling and Testing	83,947,941	2,030,746	80,857,459	5,916,574	1,711,619	14,200	75,000	174,553,539	0	174,553,539	7.4%	48,632,197	223,185,736	7.8%
Care Sub-total (Including Pediatric AIDS)	*417,772,860*	*4,275,949*	*259,685,493*	*15,449,793*	*6,334,850*	*4,472,500*	*75,000*	*708,066,445*	*21,482,354*	*729,548,799*	*31.1%*	*176,673,888*	*906,222,687*	*31.9%*
Treatment														
Treatment: ARV Drugs	281,423,265	43,502	96,905,145	300,000	0	0	0	378,671,912	22,349,635	401,021,547	17.1%	74,425,180	475,446,727	16.7%
Treatment: ARV Services	235,045,398	3,452,389	263,204,338	19,688,882	13,247,052	2,333,560	0	536,971,619	86,710,308	623,681,927	26.6%	106,356,006	730,037,933	25.7%
Laboratory Infrastructure	50,222,472	3,365,143	68,624,237	3,818,994	7,105,973	0	0	133,136,819	0	133,136,819	5.7%	26,167,063	159,303,882	5.6%
Treatment Sub-total (Including Pediatric AIDS)	*566,691,135*	*6,861,034*	*428,733,720*	*23,807,876*	*20,353,025*	*2,333,560*	*0*	*1,048,780,350*	*109,059,943*	*1,157,840,293*	*49.3%*	*206,948,250*	*1,364,788,543*	*48.0%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*-27,173,008*	*0*	*0*	*0*	*0*	*-27,173,008*	*0*	*-27,173,008*	-1.2%	*0*	*-27,173,008*	-1.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*566,691,135*	*6,861,034*	*401,560,712*	*23,807,876*	*20,353,025*	*2,333,560*	*0*	*1,021,607,342*	*109,059,943*	*1,130,667,285*	*48.1%*	*206,948,250*	*1,337,615,535*	*47.0%*
Subtotal, Prevention, Care, and Treatment	*1,241,764,867*	*14,890,928*	*804,128,262*	*49,806,527*	*29,501,910*	*12,055,920*	*425,000*	*2,152,573,414*	*195,748,391*	*2,348,321,805*	*100.0%*	*496,773,695*	*2,845,095,500*	*100.0%*
Other Field Costs Attributed Above /2														
Strategic Information /2	47,531,191	4,334,145	64,392,114	2,041,720	145,000	0	0	118,444,170						
Other/policy analysis and system strengthening /2	46,656,186	515,105	29,960,497	1,643,849	873,800	442,500	475,000	80,566,937						
Management and Staffing /2	48,075,904	39,518,822	25,038,903	5,956,018	3,404,005	1,736,000	0	123,729,652						
Subtotal: Other Field Costs Attributed Above /2	*142,263,281*	*44,368,072*	*119,391,514*	*9,641,587*	*4,422,805*	*2,178,500*	*475,000*	*322,740,759*						
Other Central Costs Attributed Above /2												*174,032,936*		
AGENCY, FUNDING SOURCE TOTALS	**1,384,028,148**	**59,259,000**	**923,519,776**	**59,448,114**	**33,924,715**	**14,234,420**	**900,000**	**2,475,314,173**	**195,748,391**			**174,032,936**	**2,845,095,500**	
Other PEPFAR Countries													**53,480,000**	
AGENCY, FUNDING SOURCE TOTALS including Other PEPFAR Countries													**2,898,575,500**	
International Partners (Costs Not Allocated by Program Area Above)														
Global Fund													724,000,000	
UNAIDS													29,700,000	
Subtotal, Costs Not Allocated by Program Area													***753,700,000***	
TOTAL BUDGET APPROVED AS OF JUNE 2007													**3,652,275,500**	

Prevention, Care, and Treatment Totals from Above by Agency and Account (Excludes International Partners)								Total Budget with International Partners and Other PEPFAR Countries		
Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central	Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	International Partners	Other PEPFAR Countries	Grand Total Budget by Account Including International Partners and Other PEPFAR
USAID	1,384,028,148	1,384,028,148	154,185,448	1,538,213,596	GAP	59,259,000	0	0	0	59,259,000
HHS	923,519,776	982,778,776	191,446,943	1,174,225,719	GHAI	2,416,055,173	369,781,327	407,200,000	53,480,000	3,246,516,500
DOD	59,448,114	59,448,114	3,027,000	62,475,114	CSH	0	0	247,500,000	0	247,500,000
State	33,924,715	33,924,715	20,310,936	54,235,651	HHS/NIH	0	0	99,000,000	0	99,000,000
Peace Corps	14,234,420	14,234,420	811,000	15,045,420	**Total**	**2,475,314,173**	**369,781,327**	**753,700,000**	**53,480,000**	**3,652,275,500**
Labor	900,000	900,000	0	900,000						
Total	**2,416,055,173**	**2,475,314,173**	**369,781,327**	**2,845,095,500**						

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

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

SECTION III

FOCUS COUNTRY ACTIVITIES

1) Introduction
2) Table 4: FY 2005-2007 Approved Budget Allocations for Focus Countries
3) Table 5: FY 2007 Budget by Country and Agency Receiving Funds
4) Table 6: FY 2007 Budget for Focus Countries by Country and Source of Funds
5) Country Program Descriptions and Detailed Budgets

Introduction: Focus Country Activities

This section provides information about activities and funding levels among the fifteen focus countries.

This section begins with three summary tables, Tables 4-6. Table 4 shows actual allocations of FY 2005 and FY 2006 Focus Country funding and FY 2007 Focus Country funding approved as of June 2007 by the Coordinator. Table 5 summarizes the FY 2007 approved allocations among countries and among the implementing agencies and Table 6 shows how much of each source of funding is allocated to each country. In FY 2007, Focus Country funding comes from two sources: the State GHAI account and the HHS GAP account. The FY 2007 funding levels in Table 6 include both field and central funding and are used for GHAI congressional notification purposes.

Following the summary tables are descriptions of fifteen individual Country Operational Plans approved by the Coordinator as of June 2007. At the end of each country description is a detailed budget showing allocations approved by the Coordinator.

In addition to additional funds programmed throughout the 15 program areas, new to this update of the Operational Plan are a set of pilot medical male circumcision (MC) activities put forth through the interagency technical working group (TWG) process. With support from agency headquarters staff, seven of the focus countries will implement MC activities totaling $10,850,000.

Table 4: FY 2005-2007 Focus Country Budget Allocations

Allocations Approved as of June 2007

Field and Central Program Funding /1

GHAI and GAP Appropriations

(In Whole USD)

Country	FY 05 Field Dollars (COP)	FY 05 Central Programs	FY 05 Total	FY 06 Field Dollars (COP)	FY 06 Central Programs	FY 06 Total	FY 07 Field Dollars (COP)	FY 07 Central Programs	FY 07 Total
Botswana	43,329,129	8,508,989	51,838,118	48,547,000	6,378,022	54,925,022	71,600,000	4,614,127	76,214,127
Cote d'Ivoire	30,764,505	13,611,261	44,375,766	35,390,000	11,218,183	46,608,183	73,961,000	10,453,018	84,414,018
Ethiopia	75,744,213	7,987,207	83,731,420	115,300,000	7,657,747	122,957,747	235,981,020	5,792,534	241,773,554
Guyana	15,753,000	3,639,318	19,392,318	19,000,000	2,727,116	21,727,116	26,306,000	2,073,520	28,379,520
Haiti	45,094,931	6,690,090	51,785,021	48,300,000	7,306,667	55,606,667	78,285,000	6,404,732	84,689,732
Kenya	124,615,281	18,321,872	142,937,153	184,071,000	24,198,879	208,269,879	346,039,000	22,090,182	368,129,182
Mozambique	50,771,038	9,446,052	60,217,090	81,937,000	12,481,869	94,418,869	150,739,796	11,249,920	161,989,716
Namibia	38,961,474	3,557,034	42,518,508	53,000,000	4,288,878	57,288,878	88,430,000	2,758,901	91,188,901
Nigeria	88,983,642	21,266,455	110,250,097	141,656,000	21,951,749	163,607,749	285,000,000	19,853,414	304,853,414
Rwanda	46,234,725	10,674,762	56,909,487	61,135,000	10,967,434	72,102,434	92,996,000	10,045,870	103,041,870
South Africa	123,860,630	24,326,797	148,187,427	196,371,000	25,168,430	221,539,430	376,250,000	21,527,008	397,777,008
Tanzania	85,683,827	23,094,268	108,778,095	104,195,000	25,772,925	129,967,925	180,425,310	25,057,017	205,482,327
Uganda	132,280,223	16,155,104	148,435,327	153,040,000	16,835,461	169,875,461	218,700,000	17,926,415	236,626,415
Vietnam	27,575,000	0	27,575,000	34,069,000	0	34,069,000	65,790,000	0	65,790,000
Zambia	102,745,140	27,343,465	130,088,605	118,914,000	30,108,153	149,022,153	184,811,047	31,201,733	216,012,780
Total	**1,032,396,758**	**194,622,674**	**1,227,019,432**	**1,394,925,000**	**207,061,513**	**1,601,986,513**	**2,475,314,173**	**191,048,391**	**2,666,362,564**

NOTES:

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

Table 5: FY 2007 BUDGET FOR FOCUS COUNTRIES

Allocations Approved as of June 2007

Field and Central Programs / 1

By Country and Agency Receiving Funds

(In Whole USD)

	USAID	HHS	DOD	STATE	PEACE CORPS	DOL	TOTAL
Botswana	12,054,091	57,654,809	770,000	4,735,227	800,000	200,000	76,214,127
Cote d'Ivoire	27,152,761	57,231,257	0	30,000	0	0	84,414,018
Ethiopia	143,027,981	84,318,985	1,563,300	8,608,288	4,255,000	0	241,773,554
Guyana	14,875,160	8,749,360	300,000	4,050,000	55,000	350,000	28,379,520
Haiti	36,603,053	47,736,679	0	0	0	350,000	84,689,732
Kenya	235,878,929	115,684,778	13,527,275	1,673,700	1,364,500	0	368,129,182
Mozambique	97,735,095	59,591,434	793,000	2,530,467	1,339,720	0	161,989,716
Namibia	40,413,483	44,862,028	2,233,000	2,695,090	985,300	0	91,188,901
Nigeria	137,093,067	158,294,314	9,406,033	60,000	0	0	304,853,414
Rwanda	74,149,213	26,085,379	2,249,858	357,420	200,000	0	103,041,870
South Africa	227,912,287	166,586,821	1,150,000	1,400,000	727,900	0	397,777,008
Tanzania	102,062,494	80,224,757	15,179,432	7,065,644	950,000	0	205,482,327
Uganda	117,432,838	111,590,911	3,161,787	2,983,879	1,457,000	0	236,626,415
Vietnam	38,788,815	23,450,685	3,550,500	0	0	0	65,790,000
Zambia	123,874,329	83,189,522	5,563,929	1,285,000	2,100,000	0	216,012,780
TOTAL	**1,429,053,596**	**1,125,251,719**	**59,448,114**	**37,474,715**	**14,234,420**	**900,000**	**2,666,362,564**

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

TABLE 6: FY 2007 BUDGET FOR FOCUS COUNTRIES
Allocations Approved as of June 2007
Field and Central Programs / 1
By Country and Source of Funds
(In Whole USD)

	HHS GAP	GHAI	TOTAL
Botswana	7,547,000	68,667,127	76,214,127
Cote d'Ivoire	5,253,000	79,161,018	84,414,018
Ethiopia	5,800,000	235,973,554	241,773,554
Guyana	1,000,000	27,379,520	28,379,520
Haiti	1,000,000	83,689,732	84,689,732
Kenya	8,121,000	360,008,182	368,129,182
Mozambique	2,337,000	159,652,716	161,989,716
Namibia	1,500,000	89,688,901	91,188,901
Nigeria	3,056,000	301,797,414	304,853,414
Rwanda	1,135,000	101,906,870	103,041,870
South Africa	4,818,000	392,959,008	397,777,008
Tanzania	3,883,000	201,599,327	205,482,327
Uganda	8,040,000	228,586,415	236,626,415
Vietnam	2,855,000	62,935,000	65,790,000
Zambia	2,914,000	213,098,780	216,012,780
TOTAL	**59,259,000**	**2,607,103,564**	**2,666,362,564**

1/Only those central funds that can be attributed directly to Focus Country budgets are included

BOTSWANA

Project Title: Botswana Fiscal Year 2007 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	770,000	770,000	0	770,000	**770,000**	**0**	**770,000**
DOL	0	200,000	200,000	0	200,000	**200,000**	**0**	**200,000**
HHS	7,547,000	43,852,576	51,399,576	7,547,000	46,620,847	**54,167,847**	**3,486,962**	**57,654,809**
Peace Corps	0	600,000	600,000	0	800,000	**800,000**	**0**	**800,000**
State	0	2,200,000	2,200,000	0	4,035,227	**4,035,227**	**700,000**	**4,735,227**
USAID	0	8,179,426	8,179,426	0	11,626,926	**11,626,926**	**427,165**	**12,054,091**
TOTAL Approved	**7,547,000**	**55,802,002**	**63,349,002**	**7,547,000**	**64,053,000**	**71,600,000**	**4,614,127**	**76,214,127**

HIV/AIDS Epidemic in Botswana:

Estimated Population: 1,765,000*
HIV Prevalence rate: 24.1%*[Φ]
# of HIV infected: 270,000*
Estimated # of OVCs: 120,000*[¥]
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
[Φ]Prevalence is in adults only (15-49 years)
[¥]Orphans aged 0-17 due to AIDS

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

Botswana	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of Fiscal Year 2004*	**52,800**	**32,900**
End of Fiscal Year 2005**	**69,800**	**37,300**
End of Fiscal Year 2006***	**149,300**	**67,500**
End of Fiscal Year 2007****	**216,389**	**73,731**
End of Fiscal Year 2008****	**238,028**	**81,603**

*Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005
**Results. "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2006
***Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007
****FY 2007 Country Operational Plan targets

Program Description

Botswana is experiencing one of the most severe HIV/AIDS epidemics in the world, with the second-highest HIV-prevalence in Sub-Saharan Africa. The Botswana National AIDS Coordinating Agency (NACA) estimates that 25.2 % (about 272,000) of adults 15-49 years of age are infected with HIV. According to the Botswana 2005 HIV Sentinel Surveillance data, the HIV infection rate among pregnant women aged 15-49 years was 33.4%. A 2004 household survey (BAIS II) confirmed high infection rates in men (20%) and women (29.4%) aged 15-49. With so many young adults infected with HIV, the epidemic is not only a severe health crisis but also a threat to the future development and vitality of Botswana as a nation. There is also the growing problem of orphans and vulnerable children (OVC); UNAIDS estimates that at the end of 2003, there were 120,000 children who had been orphaned due to HIV/AIDS.

Additional Funding: In June 2007, an additional $5,500,000 was allocated to significantly strengthen TB/HIV, pediatric AIDS and counseling and testing efforts and for facility renovation of USG office space.

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

Prevention: $15,738,834 ($14,171,026 Field and $1,567,808 Central) (24.9% of prevention, care, and treatment budget)

Prevention activities in Botswana include prevention of mother-to-child transmission (PMTCT), abstinence and faithfulness (AB) programs, blood and injection safety, and other behavioral prevention initiatives. Previous USG-supported PMTCT activities have helped the GOB to establish and strengthen PMTCT services in all public facilities through the Maternal Child Health/Family Planning system, which now serves over 95% of all pregnant women. In fiscal year 2007, the USG will continue to strengthen the scope, quality, and sustainability of PMTCT services. This support will improve technical and human resource capacity-building at both national and district levels, provide for technical and managerial training for PMTCT staff, and build the capacity of faith-based, community-based, and non-governmental organizations (FBOs, CBOs, and NGOs) to deliver high-quality, sustainable PMTCT services, including expansion of psychosocial support and peer counseling services to HIV-positive women and their families. The USG will also pursue community mobilization and information and education (IEC) activities to increase awareness of and demand for PMTCT services. Every effort will be made to link PMTCT services to treatment programs for both mothers and their HIV-infected infants and children.

The GOB takes the lead on national AB activities, which include abstinence curricula in schools and related programs for youth. With fiscal year 2007 funds, the USG will continue to provide strong support for these efforts, including the scale-up and monitoring of the in-school Life Skills programs for youth and outreach activities for the nationwide, media-based behavior change communication program, *Makgabaneng*. New programs will target youth/parent communication and will provide training for government health and social professionals engaged in HIV programs that address gender issues.

In order to strengthen systems for blood collection, testing, storage and handling—as well as systems for safe injection—the USG provides financial and technical support to strengthen medical transmission policies and systems, strengthen human capacity, and provide essential supplies and equipment for these important activities.

Additional fiscal year 2007 prevention activities include:

- continuing support to the radio serial-drama *Makgabaneng* to provide non-AB prevention messages;
- promoting sensitization to the role that alcohol plays in HIV infection, non-adherence and ARV treatment;
- maintaining a national HIV/AIDS hotline;
- assisting border communities in accessing HIV/AIDS services; and,
- continuing military-to-military prevention activities.

Fiscal year 2007 funding will also support new prevention activities, such as:

- conducting a rapid assessment of HIV prevention needs of men who have sex with men (MSM);
- funding and strengthening civil society groups that target people in prostitution and/or MSM;
- assessing the prevalence of male circumcision and attitudes toward the development of services to provide this procedure; and,
- strengthening prevention interventions in clinical settings for persons living with HIV/AIDS (PLWHA).

All prevention activities will establish linkages to treatment and care programs.

Principal Partners: Blossom, BDF, Botswana Network of People Living with HIV/AIDS (BONEPWA), Family Health International (FHI), Hope Worldwide, John Snow Incorporated, International Training and Education Center (I-TECH), Pact or its replacement Makgabaneng, MOH, MOE, Ministry of Labor and Home Affairs (MOLHA), Ministry of Local Government (MOLG), Partnership for Supply Chain Management (PFSCM), Pathfinder International, Population Services International (PSI), Safe Blood For Africa, United Nations Children's Fund (UNICEF), University of Medicine and Dentistry of New Jersey, and Youth Health Organization (YOHO).

Care: $21,971,891 ($21,712,534 Field and $259,357 Central) (34.7% of prevention, care and treatment budget)

To address the palliative care needs of PLWHA, the USG will use fiscal year 2007 funds to continue providing leadership, guidance, and coordination in the provision of palliative care services. Support to maintain the scale-up of palliative care services will be ongoing, through the dissemination of palliative care guidelines (including guidelines on the management of opportunistic infections) in trainings and conference venues. Technical assistance providers will continue training for public and private health care providers to deliver high quality palliative care services in both household and clinical settings. New activities include an assessment to determine gaps in services for PLWHA, expansion of local efforts to provide palliative care in underserved regions, and scale-up of pediatric palliative care in the north of the country. All

palliative care efforts will endeavor to establish linkages between those receiving services and their families and other appropriate prevention, care, and treatment services.

Between 60% and 80% of tuberculosis (TB) patients in Botswana are HIV-infected; the leading cause of death among adult PLWHA is TB. In fiscal year 2007, the USG will continue training efforts to strengthen referrals and services for co-infected HIV/TB patients, including the integration of HIV testing in adult and pediatric TB patients and referral to other appropriate prevention, care, and treatment services. New activities for fiscal year 2007 include strengthening TB/HIV laboratory capacity and implementing a model demonstration-program for TB/HIV care and treatment.

In Botswana, HIV counseling and testing (CT) is a key component of care interventions. The USG initiated voluntary counseling and testing (VCT) services in 2000 and supported the creation of a testing network of 16 centers, 11 satellites, and 4 mobile caravans located throughout the country. Fiscal year 2007 funds will maintain support for providing free, anonymous VCT with same-day results, as well as conducting social marketing activities and community mobilization to increase the demand for VCT. In addition, the USG will foster links between VCT and palliative care and treatment services with funding for expanded on-site services, such as CD4 counts and follow-up counseling, and intensified referrals to other services. The USG will continue supporting routine HIV testing through the national health care system, VCT for military personnel, and home-based VCT. A special effort will be made to ensure that CT programs forge effective links with treatment services.

OVC activities will include technical and financial support for community mobilization, policy development, strengthening of management and referral structures, addressing the educational and health needs of children affected by HIV/AIDS, service delivery, and advocacy. With fiscal year 2007 support, the OVC unit at the Ministry of Local Government, Department of Social Services will receive support to disseminate and diffuse national guidelines and frameworks for improving the quality and type of services provided to OVC, through workshops targeted to different audiences. It also will continue providing services to at-risk children and families. Support will be continued for the *Circles of Support* program, which addresses the psycho-social support needs of children by linking them to a network of multi-sectoral support. Fiscal year 2007 funds will also expand assistance to OVC in the hard-hit northeastern region of the country. A key component of all OVC programs is to refer children and their families to other appropriate prevention, care, and treatment services. USG support in fiscal year 2007 will strengthen linkages to treatment and prevention through training for pediatricians and dieticians, as well as for parents/guardians, health care workers, and CBO staff. The Peace Corps will also place Peace Corps Volunteers with local FBOs, CBOs, and NGOs that are mobilizing community responses to OVC and other aspects of the HIV/AIDS epidemic. Fiscal year 2007 funding for the Ambassador's HIV/AIDS Initiative will continue to strengthen the capacity of FBOs, CBOs, and NGOs to provide holistic services for children affected by the epidemic.

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

Treatment: $25,532,018 ($22,745,056 Field and $2,786,962 Central) (40.4% of prevention, care and treatment budget)

Since January 2002, Botswana has been providing free antiretroviral treatment (ART) to PLWHA. The nationally-funded program has grown to 32 treatment sites, with 56,162 patients on treatment as of June 2006. Pregnant women are routinely referred to the ARV program; there are no dedicated PMTCT-plus sites in Botswana. With fiscal year 2007 funds, the USG will continue to support ensuring a safe and secure supply of ART by procuring antiretroviral (ARV) drugs and providing training on supply chain management, quality assurance, good manufacturing practices, inspections and pharmaco-vigilance. Special provision will be made again for the purchase of pediatric ARV drugs. The USG also will work to make more effective the referral systems for women in the PMTCT program and their HIV-infected infants. In addition, coordination of inpatient and outpatient treatment and care for older HIV-infected children will be a focus of pediatric treatment efforts.

The USG will improve HIV/AIDS services for children and adults by training clinicians in adult and pediatric HIV care. Security at both the Central Medical Stores and local clinic pharmacies will be strengthened to prevent disruption of the ART supply chain. Continuing medical education will be maintained for private practitioners, harmonizing their training with the national training curriculum. Also with fiscal year 2007 funding, pediatric programs will continue to be strengthened with support for HIV/AIDS pediatricians and the implementation of early infant diagnosis. Treatment services for military personnel will be ongoing. All treatment service programs will seek effective mechanisms for referring patients to appropriate prevention and care programs.

To strengthen the laboratory infrastructure in Botswana, the USG will ensure that laboratories have increased space, improved techniques and quality assurance, well-maintained laboratory equipment, a continuous supply of reagents, and an improved standard of practice among laboratory staff. Support to military laboratory services also will be ongoing.

Principal partners: Associated Funds Administrators/Botswana, Baylor University, BDF, Harvard School of Public Health, I-TECH, MOH, MOLG, PFSCM and United Nations High Commission for Refugees.

Other Costs: $12,971,384

Strategic information is crucial to measuring the progress made in reaching the 2-7-10 goals of the Emergency Plan. Fiscal year 2007 funding will provide support to enhance the Botswana HIV/AIDS Response Information Management System (BHRIMS), which generates information on the national HIV/AIDS response, as well as support for the improvement and expansion of the Integrated Patient Management System (IPMS), which provides comprehensive information on HIV treatment and care from major hospitals and their satellite clinics. Monitoring and evaluation capabilities at the national level will continue to be strengthened. A key objective of all strategic information activities will be to integrate data collection across prevention, care, and treatment.

An important objective of policy analysis and system strengthening activities will be the integration of prevention, care, and treatment programs. Policy analysis and system strengthening activities in fiscal year 2007 will focus on building sustainable national capacity by:

- developing and implementing an Integrated Service Delivery Plan;
- supporting management training across numerous programs;

- providing technical assistance to improve the capacity of HIV/AIDS program managers;
- strengthening districts to engage in a community planning process for HIV/AIDS response; and
- engaging the private sector in AIDS-in-the-workplace activities.

Furthermore, the USG will support ongoing activities to strengthen indigenous FBOs, CBOs, and NGOs. New fiscal year 2007 activities include the promotion of health worker wellness to increase staff motivation, productivity and retention, and support to NACA to strengthen their role in donor and partner coordination.

Principal Partners: American International Health Alliance, Botswana Business Coalition on AIDS, Botswana Network for Ethics, Law and HIV/AIDS (BONELA), Institute of Development Management, I-TECH, International Labor Organization, MOE, Ministry of Finance Planning and Development, MOH, MOLG, NACA, National Alliance of State and Territorial AIDS Directors (NASTAD), and University of Medicine and Dentistry of New Jersey.

Management and staffing activities will ensure effective implementation of the Emergency Plan, including the technical assistance required to execute and manage Emergency Plan activities.

Other Donors, Global Fund Activities, Coordination Mechanisms:

Because Botswana is a middle-income country, the GOB bears the largest burden of the cost for HIV/AIDS intervention. There are relatively few bilateral or multilateral donors assisting the GOB in their response. However, significant additional funds and assistance are provided by the African Comprehensive HIV/AIDS Partnership (ACHAP—funded by the Bill and Melinda Gates Foundation and the Merck Foundation), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and UN agencies. Bristol-Myers Squibb, the European Union, China, Cuba, Germany, Japan, Norway, Sweden, and the United Kingdom provide other support. Coordination of support is accomplished through the Development Partner Forum and the GFATM Country Coordinating Mechanism, which both are chaired by the Ministry of Finance and Development Planning. Additional nominal coordination occurs through the NACA-chaired National HIV/AIDS Partnership Forum, and by various sector-specific groups at the technical level, working in NACA and coordinating across other Ministries.

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

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: Botswana
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - BOTSWANA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	100,000	570,000	3,875,519	0	0	0	0	4,545,519		4,545,519	7.2%
Abstinence/Be Faithful	1,735,000	261,812	4,480,000	115,000	0	170,000	0	6,761,812	167,808	6,929,620	11.0%
Blood Safety	0	100,000	0	0	0	0	0	100,000	1,400,000	1,500,000	2.4%
Injection Safety	0	0	0	0	0	0	0	0	0	0	0.0%
Other Prevention	908,000	250,695	1,490,000	85,000	0	30,000	0	2,763,695		2,763,695	4.4%
Prevention Sub-total	*2,743,000*	*1,182,507*	*9,845,519*	*200,000*	*0*	*200,000*	*0*	*14,171,026*	*1,567,808*	*15,738,834*	*24.9%*
Care											
Palliative Care: Basic health care & support	890,700	100,000	3,911,424	0	0	0	0	4,902,124		4,902,124	7.8%
Palliative Care: TB/HIV	450,000	445,000	2,167,116	0	1,000,000	0	0	4,062,116		4,062,116	6.4%
Orphans and Vulnerable Children	*3,081,348*	*50,000*	*1,660,946*	*0*	*800,000*	*600,000*	*0*	*6,192,294*	*259,357*	*6,451,651*	*10.2%*
Of Which, Orphans Programs	3,081,348	50,000	1,660,946	0	800,000	600,000	0	6,192,294	259,357	6,451,651	10.2%
Of Which, Pediatric AIDS								0		0	0.0%
Counseling and Testing	200,000	1,362,289	4,543,711	200,000	250,000	0	0	6,556,000		6,556,000	10.4%
Care Sub-total (Including Pediatric AIDS)	*4,622,048*	*1,957,289*	*12,283,197*	*200,000*	*2,050,000*	*600,000*	*0*	*21,712,534*	*259,357*	*21,971,891*	*34.7%*
Treatment											
Treatment: ARV Drugs	604,600	30,000	11,601,000	0	0	0	0	12,235,600		12,235,600	19.3%
Treatment: ARV Services	200,000	450,000	4,032,248	20,000	700,000	0	0	5,402,248	2,786,962	8,189,210	12.9%
Laboratory Infrastructure	1,400,000	150,000	2,171,981	300,000	1,085,227	0	0	5,107,208		5,107,208	8.1%
Treatment Sub-total (Including Pediatric AIDS)	*2,204,600*	*630,000*	*17,805,229*	*320,000*	*1,785,227*	*0*	*0*	*22,745,056*	*2,786,962*	*25,532,018*	*40.4%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*		*0*	0.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*2,204,600*	*630,000*	*17,805,229*	*320,000*	*1,785,227*	*0*	*0*	*22,745,056*	*2,786,962*	*25,532,018*	*40.4%*
Subtotal, Prevention, Care, and Treatment	*9,569,648*	*3,769,796*	*39,933,945*	*720,000*	*3,835,227*	*800,000*	*0*	*58,628,616*	*4,614,127*	*63,242,743*	*100.0%*
Other Costs											
Strategic Information	100,000	472,000	2,911,902	0	0	0	0	3,483,902	0	3,483,902	
Other/policy analysis and system strengthening	1,057,278	366,000	2,890,000	0	0	0	200,000	4,513,278	0	4,513,278	
Management and Staffing	900,000	2,939,204	885,000	50,000	200,000	0	0	4,974,204	0	4,974,204	
Other Costs Sub-total	*2,057,278*	*3,777,204*	*6,686,902*	*50,000*	*200,000*	*0*	*200,000*	*12,971,384*	*0*	*12,971,384*	
AGENCY, FUNDING SOURCE TOTALS	**11,626,926**	**7,547,000**	**46,620,847**	**770,000**	**4,035,227**	**800,000**	**200,000**	**71,600,000**	**4,614,127**	**76,214,127**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	11,626,926	11,626,926	427,165	12,054,091
HHS	46,620,847	54,167,847	3,486,962	57,654,809
DOD	770,000	770,000	0	770,000
State	4,035,227	4,035,227	700,000	4,735,227
Peace Corps	800,000	800,000	0	800,000
Labor	200,000	200,000	0	200,000
Total	**64,053,000**	**71,600,000**	**4,614,127**	**76,214,127**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	7,547,000	0	7,547,000
GHAI	64,053,000	4,614,127	68,667,127
Total	**71,600,000**	**4,614,127**	**76,214,127**

COTE D'IVOIRE

Project Title: **Cote d'Ivoire Fiscal Year 2007 Country Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	0	0	0	0	**0**	**0**	**0**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	5,253,000	30,918,000	36,171,000	5,253,000	42,043,000	**47,296,000**	**9,935,257**	**57,231,257**
Peace Corps	0	0	0	0	0	**0**	**0**	**0**
State	0	30,000	30,000	0	30,000	**30,000**	**0**	**30,000**
USAID	0	12,510,000	12,510,000	0	26,635,000	**26,635,000**	**517,761**	**27,152,761**
TOTAL Approved	**5,253,000**	**43,458,000**	**48,711,000**	**5,253,000**	**68,708,000**	**73,961,000**	**10,453,018**	**84,414,018**

HIV/AIDS Epidemic in Cote d'Ivoire:

Estimated Population: 18,154,000*

HIV Prevalence rate*: 7.1%*$^{\Phi}$

# of HIV infected: 750,000*

Estimated # of OVCs: 450,000*$^{¥}$

*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS

$^{\Phi}$Prevalence is in adults only (15-49 years)

$^{¥}$Orphans aged 0-17 due to AIDS

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

Cote d'Ivoire	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
Fiscal Year 2004*	**27,100**	**4,500**
Fiscal Year 2005**	**33,800**	**11,100**
Fiscal Year 2006***	**65,200**	**27,600**
Fiscal Year 2007****	**131,000**	**47,500**
Fiscal Year 2008****	**205,000**	**60,000**

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

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

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

****FY 2007 Country Operational Plan targets

Program Description:

Cote d'Ivoire continues to suffer from its deepest politico-military crisis since independence, split in two by a UN-controlled buffer zone. Even so, it remains a regional, economic, and migratory hub, bordered by Ghana, Guinea, Burkina Faso, Mali, Liberia, and the Atlantic Ocean. At least one-third of the population of 16.9 million consists of immigrants from the sub-region, and approximately half of the population lives in rural areas. Cote d'Ivoire has the highest national HIV prevalence in West Africa; both HIV-1 and HIV-2 viruses are prevalent. The 2005 AIDS Indicator Survey (AIS) has provided critical information about the country's HIV/AIDS epidemic, permitting better targeting of prevention, care, and treatment efforts.

Within an overall adult HIV prevalence of 4.7%, the data describes a generalized epidemic marked by striking gender and geographic differences, early sexual debut, intergenerational and multiple concurrent sexual partnerships, weak knowledge about HIV transmission and prevention, and low condom use. In all age groups, females are far more likely than males to have HIV (overall 6.4% vs. 2.9%; among ages 20-24, 4.5% vs. 0.3%). Prevalence rates peak among women aged 30-34, at 14.9%, vs. 5.6% of men of the same age; male prevalence peaked among ages 40-44, at 7.0%, vs. 8.6% of women of that same age. Male prevalence may be mitigated by near-universal (96%) circumcision. Geographically, prevalence ranges from 1.7% in the Northwest to nearly 6% in the South and East and 6.1% in Abidjan. Populations at high risk for acquiring and transmitting HIV include sero-discordant couples, the uniformed services and ex-combatants, people in prostitution, economically vulnerable women and girls, truckers and mobile populations, sexually active youth, and orphans and vulnerable children (OVC). Tuberculosis (TB) is the leading cause of AIDS-related deaths; 47% of the 18,000 people newly diagnosed with TB each year are co-infected with HIV and in need of both HIV and TB treatment.

Additional Funding: In June 2007, an additional $19,000,000 was allocated to address HIV/TB co-infection, expand OVC programs, significantly increase support for ARV commodities and services, and strengthen prevention and SI activities. The additional funds will also support expansion of programs into North and West Cote d'Ivoire, following signing of a peace accord.

The following programmatic areas will be funded in fiscal year 2007 to mitigate the impact of the epidemic in Cote d'Ivoire:

Prevention: $16,570,508 ($13,150,975 Field and $3,419,533 Central) (23.3% of prevention, care, and treatment budget)

Primary HIV prevention priorities include behavior change to delay sexual debut and promote life skills with positive gender roles for in- and out-of-school children and youth; decreased cross-generational and coerced sexual relationships; the promotion of fidelity coupled with HIV testing within sexual partnerships; decreased hospital-related infection through blood safety; and risk reduction among high-risk populations. In fiscal year 2007, the Emergency Plan will reinforce and expand effective programs and introduce new interventions to reach both pervasive behaviors in the general population and specific subpopulations at greatest risk. Targeting of interventions will respond to available data, with continued concentration in the urban South

(Abidjan, San Pedro) and prioritizing of other high-prevalence areas through local sub-grants and site selection for life-skills and sports programs for youth. Abstinence and Be Faithful (AB) components will target adult men and women and youth. Prevention efforts will include working with women and girls to emphasize linkages to prevention of mother-to-child transmission (PMTCT) and with men and boys to promote messages about gender equity and violence. All sexually active target populations reached will receive messages about the importance of counseling and testing. Based on lessons learned, available data, and the new National Strategic HIV/AIDS Plan 2006-2010, the Emergency Plan will focus on the following prevention priorities: locally appropriate responses to address major sources of new infections; expanded reach of behavior change communication (BCC) messages through mass-media and community-level outreach campaigns; support of local religious, professional, and other networks that influence community values; research to assess and refine prevention approaches; innovative strategies for promoting delay of sexual debut and partner reduction; and secondary HIV prevention for HIV-infected individuals and sero-discordant couples.

The Emergency Plan will continue the rapid integration of routine HIV testing in health-care facilities. While integrating PMTCT services in antenatal care, Emergency Plan partners will strengthen a family-centered approach that links PMTCT services with comprehensive treatment, care, and support, including psychosocial, nutritional, and family-planning support for HIV-infected pregnant women and their families.

Principal Partners: Agence Nationale d'Appui au Developpement Rural (ANADER), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), HOPE Worldwide (HW), Population Services International (PSI), John Snow International (JSI), Johns Hopkins University, Family Health International (FHI), CARE International, National Blood Transfusion Service/Ministry of Health and Public Hygiene, Social and Scientific Systems Inc., Alliance Nationale Contre le SIDA, ACONDA-VS, Ministry of National Education, Projet RETRO-CI, and Central Contraceptive Procurement (USAID).

Care: $21,499,508 ($21,188,280 Field and $311,228 Central) (30.3% of prevention, care and treatment budget)

In fiscal year 2007, the Emergency Plan will improve the quality and expand the geographic coverage of HIV counseling and testing (CT) services and of care and support services for persons living with HIV/AIDS (PLWHA) or affected by HIV/AIDS, including orphans and vulnerable children (OVC). The country program will ensure that all Emergency Plan-supported services meet quality standards, contribute to national priorities, and can be taken to scale feasibly with available and projected technical and financial resources. Expansion of routine CT at TB clinics and provision of other medical services (in-patient and out-patient) will be prioritized to identify people living with advanced HIV disease. Planning is underway for the integration of routine, provider-initiated CT and comprehensive care and treatment for both HIV and TB.

A family-centered approach to care will improve identification, household follow-up, and referral of HIV-infected or affected children. A continuum of care will link PLWHA with comprehensive community-based palliative care, which includes: cotrimoxazole prophylaxis,

other preventive and supportive care, improved pain management and symptom control, management of TB and other co-infections, and peer counseling and support. The children of infected family members will be referred to appropriate OVC programs and services. The Emergency Plan will implement clinical care and hospice care programs which provide clinical monitoring, nutritional assessment and counseling, promotion of good personal and household hygiene, assessment and management of HIV-related psychosocial problems, end-of-life bereavement care, and succession planning and referrals for OVC. This approach explicitly prioritizes children, who may serve as entry points to care for adult family members in need of services. It also serves to release children from assuming the parental role, by providing palliative care for the adult caregivers.

The AIS estimated that 16% of children are OVC, including 8% who have lost father, mother, or both. The Emergency Plan will support the National OVC Program and partners in translating important policy achievements in 2005-2006 into high-quality, sustainable program services. An integrated and coordinated network model for linking OVC to other health, education, and social services will be replicated in other pilot sites, following the San Pedro pilot experience. Efforts will focus on promoting human and legal rights for OVC, and on improving the quality of OVC services through specialized training in monitoring and evaluation for sub-grantees and other activities. The Public-Private Partnership Technical Work Group will support the development of strategies for income-generating activities for adolescent girls and caregiver families to decrease their vulnerability and increase the sustainability of OVC care.

Principal Partners: Population Services International (PSI), JHPIEGO/Johns Hopkins University, HOPE Worldwide (HW), CARE International, Family Health International (FHI), Ministry of National Education, Ministry of Health, Agence Nationale d'Appui au Developpement Rural (ANADER), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), PSP one/Abt Associates, Projet RETRO-CI, Alliance Nationale Contre le SIDA, ACONDA-VS, and the Partnership for Supply Chain Management.

Treatment: $32,921,203 ($26,198,946 Field and $6,722,257 Central) (46.4% of prevention, care and treatment budget)

Cote d'Ivoire continues to succeed in scaling up comprehensive HIV treatment services nationwide, building on an eight-year history that began with the national Drug Access Initiative. Emergency Plan efforts focus on developing a system that provides a continuum of comprehensive care and treatment services, including antiretroviral (ARV) drug therapy, adherence support and monitoring, psychosocial support, palliative care, treatment of opportunistic and sexually transmitted infections, and care for HIV-affected families with prevention of further infections. The Emergency Plan will strengthen key systems that are critical for scale-up of high quality, sustainable treatment services: monitoring (including the emergence of ARV resistance) through a health management information system and targeted evaluations; pre-service and in-service training for health professionals; capacity building for decentralized health authorities; and the establishment of a laboratory network supported by the CDC/Projet RETRO-CI laboratory, which provides a majority of national HIV testing and monitoring. The Emergency Plan employs an innovative, family-centered approach to provide comprehensive, decentralized HIV treatment services. The clinical treatment package includes

laboratory services, ARV-resistance testing, early infant diagnosis, targeted program evaluations, and data management.

The Emergency Plan will provide ongoing technical assistance and small grants to PLWHA and media organizations and networks to promote treatment literacy and uptake of counseling and testing, provide peer support, and work to reduce gender- and HIV-related stigma and discrimination.

Principal Partners: Agence Nationale d'Appui au Developpement Rural (ANADER), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), JHPIEGO/Johns Hopkins University, Population Services International (PSI), Association of Public Health Labs (APHL), University of California- San Francisco, the Partnership for Supply Chain Management Systems (SCMS), PSP one/Abt Associates, Family Health International (FHI), CARE International, Projet RETRO-CI, ACONDA-VS, and Alliance Nationale Contre le SIDA.

Other Costs: $13,422,799

Strategic Information. Strategic-information activities are a fundamental priority for the Emergency Plan program. The Emergency Plan will continue to work to fill critical information gaps and support coordination and planning with the Ministries of the Fight Against AIDS (MLS), Health, Education, and Family and Social Affairs (for OVC), as well as donors and key stakeholders to identify priorities, use comparative advantages, mobilize resources, and maximize their efficient use. Fiscal year 2007 support from the Emergency Plan and other development partners will support Cote d'Ivoire in building capacity in skilled human resources, informatics, and communications infrastructure and systems. These are required in the Ministries of Health and MLS for the development and implementation of appropriate surveillance and monitoring and evaluation (M&E) plans to improve use of data to guide interventions. Support will also be directed toward a unified M&E system to capture HIV-related information from CT, PMTCT, and treatment sites, to reinforce linkages among sites, and to facilitate effective use of data at different levels of the health system. Continued investment in telecommunications and informatics systems will be required to support M&E and will provide substantial secondary benefits, including improved networking, access to information, and distance-learning and telemedicine opportunities. The Emergency Plan will continue to support improved monitoring and evaluation of HIV interventions at the community level, the development of simple data-collection tools, and training in data collection and use by sub-grantees.

Principal Partners: Measure Evaluation/John Snow International, Ministry of the Fight Against AIDS, Family Health International (FHI), the Partnership for Supply Chain Management Systems (SCMS), Ministry of Health, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Projet RETRO-CI, ACONDA-VS, and Alliance Nationale Contre le SIDA.

Cross-cutting Activities. Cross-cutting activities will focus on human and organizational capacity; public-private partnerships and leveraging of additional resources; improved planning, coordination, and advocacy efforts; and addressing HIV- and gender-related stigma and discrimination. The Emergency Plan contributes to a policy forum led by the HIV committee of

the Ministry of Economy and Finance, to define and implement strategies to promote public-private partnerships, HIV-in-the-workplace programs, and economic incentives that encourage greater private-sector investment in, and long-term sustainability of, HIV-related interventions and services. This work represents a logical continuation and reinforcement of activities supported by the Emergency Plan, large companies such as Unilever and Shell, and many other committees, donors, and partners.

Human and institutional capacities remain key issues constraining the scale-up of quality health services, including HIV/AIDS services. The Emergency Plan will work with the MOH to assess human-resource needs and availability in the public and private sectors and will support technical assistance and capacity transfer to the ministry. These activities will strengthen the managerial capacity of health managers and administrators at central, district, and community levels and allow nongovernmental organizations working in HIV/AIDS to enhance their work against stigma and discrimination.

Principal Partners: PSP one/Abt Associates, 20/20 Abt Associates, Ministry of Health, Family Health International (FHI), Ministry of National Education, AIDSTAR, CARE International, and Johns Hopkins University.

Other Donors, Global Fund Activities, and Coordination Mechanisms:

While the Emergency Plan is the largest donor active in the HIV/AIDS sector, other development partners include the Global Fund to Fight AIDS, TB and Malaria (with UNDP as principal beneficiary and an HIV project in the North through CARE International, 2006-2007), UN agencies (WHO, UNICEF, UNDP, UNFPA, UNAIDS, WFP), and, to a limited extent, other bilateral partners (the Belgian, Canadian, French, German, and Japanese development agencies). A large potential source of funding is the World Bank (which has proposed approximately $50 million over five years), but this funding continues to be delayed. The Emergency Plan Country Coordinator represents the USG on the Global Fund Country Coordinating Mechanism (CCM) and at most coordination forums, and the agency heads represent the USG at technical forums.

The CCM is a multi-sectoral, participatory forum that brings together 33 members of civil society, the public and private sectors, and multilateral and bilateral development partners. However, it requires reform and support in good-governance training, which the Emergency Plan will provide through country- and centrally-funded technical assistance in fiscal year 2007. The CCM complements the national system of HIV coordination committees stretching from the National HIV Council (headed annually by the president) to regional, district, and grass-roots village HIV/AIDS action committees, in addition to various sectoral and technical committees. The MLS' new National Strategic HIV/AIDS Plan (2006-2010) provides new forums for coordination that will improve overall communication and programming for HIV/AIDS activities. The UNAIDS theme group, with UNICEF as the chair, has expanded to include the USG. It provides a regular coordination forum, bringing multilateral and bilateral development partners together. Substantial efforts are being made to promote coordination and collaboration among in-country partners, the host government, and other key stakeholders.

Program Contact: Emergency Plan Country Coordinator, Jyoti Schlesinger

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: Cote d'Ivoire
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - COTE D'IVOIRE	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	200,000	0	4,141,097	0	0	0	0	4,341,097		4,341,097	6.1%
Abstinence/Be Faithful	500,000	349,878	4,285,000	0	0	0	0	5,134,878	206,533	5,341,411	7.5%
Blood Safety	0	0	0	0	0	0	0	0	3,213,000	3,213,000	4.5%
Injection Safety	0	0	0	0	0	0	0	0	0	0	0.0%
Other Prevention	150,000	15,000	3,510,000	0	0	0	0	3,675,000		3,675,000	5.2%
Prevention Sub-total	*850,000*	*364,878*	*11,936,097*	*0*	*0*	*0*	*0*	*13,150,975*	*3,419,533*	*16,570,508*	*23.3%*
Care											
Palliative Care: Basic health care & support	1,200,000	0	2,420,000	0	0	0	0	3,620,000		3,620,000	5.1%
Palliative Care: TB/HIV	0	15,000	4,180,000	0	0	0	0	4,195,000		4,195,000	5.9%
Orphans and Vulnerable Children	*1,900,000*	*0*	*7,576,530*	*0*	*0*	*0*	*0*	*9,476,530*	*311,228*	*9,787,758*	*13.8%*
Of Which, Orphans Programs	1,900,000	0	5,176,530	0	0	0	0	7,076,530	311,228	7,387,758	10.4%
Of Which, Pediatric AIDS			2,400,000					2,400,000		*2,400,000*	3.4%
Counseling and Testing	0	96,750	3,800,000	0	0	0	0	3,896,750		3,896,750	5.5%
Care Sub-total (Including Pediatric AIDS)	*3,100,000*	*111,750*	*17,976,530*	*0*	*0*	*0*	*0*	*21,188,280*	*311,228*	*21,499,508*	*30.3%*
Treatment											
Treatment: ARV Drugs	17,475,000	0	0	0	0	0	0	17,475,000		17,475,000	24.6%
Treatment: ARV Services	400,000	658,391	7,785,000	0	0	0	0	8,843,391	6,722,257	15,565,648	21.9%
Laboratory Infrastructure	800,000	0	1,480,555	0	0	0	0	2,280,555		2,280,555	3.2%
Treatment Sub-total (Including Pediatric AIDS)	*18,675,000*	*658,391*	*9,265,555*	*0*	*0*	*0*	*0*	*28,598,946*	*6,722,257*	*35,321,203*	*49.8%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*-2,400,000*	*0*	*0*	*0*	*0*	*-2,400,000*		*-2,400,000*	-3.4%
Treatment Sub-total (Excluding Pediatric AIDS)	*18,675,000*	*658,391*	*6,865,555*	*0*	*0*	*0*	*0*	*26,198,946*	*6,722,257*	*32,921,203*	*46.4%*
Subtotal, Prevention, Care, and Treatment	*22,625,000*	*1,135,019*	*36,778,182*	*0*	*0*	*0*	*0*	*60,538,201*	*10,453,018*	*70,991,219*	*100.0%*
Other Costs											
Strategic Information	1,160,000	1,121,060	2,290,000	0	0	0	0	4,571,060		4,571,060	
Other/policy analysis and system strengthening	2,350,000	0	930,000	0	30,000	0	0	3,310,000		3,310,000	
Management and Staffing	500,000	2,996,921	2,044,818	0	0	0	0	5,541,739		5,541,739	
Other Costs Sub-total	*4,010,000*	*4,117,981*	*5,264,818*	*0*	*30,000*	*0*	*0*	*13,422,799*	*0*	*13,422,799*	
AGENCY, FUNDING SOURCE TOTALS	**26,635,000**	**5,253,000**	**42,043,000**	**0**	**30,000**	**0**	**0**	**73,961,000**	**10,453,018**	**84,414,018**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	26,635,000	26,635,000	517,761	27,152,761
HHS	42,043,000	47,296,000	9,935,257	57,231,257
DOD	0	0	0	0
State	30,000	30,000	0	30,000
Peace Corps	0	0	0	0
Labor	0	0	0	0
Total	**68,708,000**	**73,961,000**	**10,453,018**	**84,414,018**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	5,253,000	0	5,253,000
GHAI	68,708,000	10,453,018	79,161,018
Total	**73,961,000**	**10,453,018**	**84,414,018**

ETHIOPIA

Project Title: Ethiopia Fiscal Year 2007 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	1,563,300	1,563,300	0	1,563,300	**1,563,300**	**0**	**1,563,300**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	5,800,000	68,298,235	74,098,235	5,800,000	76,368,985	**82,168,985**	**2,150,000**	**84,318,985**
Peace Corps	0	4,255,000	4,255,000	0	4,255,000	**4,255,000**	**0**	**4,255,000**
State	0	6,533,288	6,533,288	0	8,608,288	**8,608,288**	**0**	**8,608,288**
USAID	0	123,410,447	123,410,447	0	139,385,447	**139,385,447**	**3,642,534**	**143,027,981**
TOTAL Approved	**5,800,000**	**204,060,270**	**209,860,270**	**5,800,000**	**230,181,020**	**235,981,020**	**5,792,534**	**241,773,554**

HIV/AIDS Epidemic in Ethiopia:

Estimated Population: 77,431,000*
HIV Prevalence rate*: [0.9 – 3.5%]*$^{\Phi}$
# of HIV infected: [420,000 – 1,300,000]*
Estimated # of OVCs: [280,000 – 870,000]*$^{¥}$
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
$^{\Phi}$Prevalence is in adults only (15-49 years)
$^{¥}$Orphans aged 0-17 due to AIDS

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

Ethiopia	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of Fiscal Year 2004*	**30,600**	**9,500**
End of Fiscal Year 2005**	**264,100**	**16,200**
End of Fiscal Year 2006***	**484,100**	**40,000**
End of Fiscal Year 2007****	**475,000**	**75,500**
End of Fiscal Year 2008****	**810,500**	**111,000**

*Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, March 2005
**Results. "Action Today, A Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2006
***Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007
****Fiscal Year 2007 Country Operational Plan targets

Program Description:

Ethiopia is a populous and culturally diverse country with a population estimated at 74 million. Most recent studies estimate the current HIV/AIDS prevalence to be between 1.4% (EDHS, 2005) and 3.5% (ANC, 2005), with between one and 2.6 million people infected. Ethiopia is one

of the world's poorest countries, and the HIV epidemic is compounded by the chronic food insecurity faced by 10% of the population.

Over the past three years, the Emergency Plan in Ethiopia has made a momentous contribution to the effort to treat and care for people living with HIV/AIDS (PLWHA) and prevent the disease from spreading further. Recent Antenatal Clinic (ANC) and Demographic and Health (EDHS) surveys indicate that the HIV/AIDS epidemic in Ethiopia is leveling off. Given the complexities of the Ethiopian situation, including an ethnically diverse population and extremely poor infrastructure, the USG has made it a high priority to address the unique social, economic, and geographic factors affecting the spread of HIV/AIDS. In fiscal year 2007, the USG program aims to build upon past work, continue the rapid scale-up of treatment services, and develop innovative approaches to address the HIV/AIDS epidemic in Ethiopia.

Additional Funding: In June 2007, an additional $25,450,000 was allocated to scale up TB/HIV activities, renovate additional health centers, increase the quality and reach of PMTCT services, and expand existing care and prevention activities.

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

Prevention: $39,579,535 ($34,450,811 Field and $5,128,724 Central) (18.5% of prevention, care, and treatment budget)

The USG program includes prevention of mother-to-child transmission (PMTCT), abstinence and being faithful (AB) interventions targeted at youth and adults, and other prevention interventions which work with specific most-at-risk populations (MARPs). Other prevention programs aim to prevent the transmission of HIV through medical injections and blood transfusions.

The USG's PMTCT programs provide linkages to ART services for HIV-positive women and nevirapine to HIV-positive pregnant women. In fiscal year 2007, USG Ethiopia will train traditional birth attendants in the delivery of single dose Nevirapine.

The AB and other prevention plans for fiscal year 2007 continue building upon the progress of past years. The USG has partnered with faith-based organizations (FBOs) and will continue to work with their extensive networks throughout the country, in order to address social issues such as early marriage and HIV-related stigma. The USG also will fund mass media programs, which provide another forum for addressing stigma.

Based on recent ANC and EDHS survey data, the USG will target several urban "hotspots" for intense prevention activities and expand the high risk corridor initiative (HRCI). Prevention programs also will work with the uniformed services, as well as in Ethiopia's refugee camps, providing comprehensive HIV/AIDS prevention messages. The USG also engages with the private sector to support workplace prevention programs.

Medical transmission prevention programming works within the public health network, refugee camps, and the uniformed services to ensure safe medical practices and prevent transmission through injections or transfusions of unsafe blood.

The USG is very conscious of ensuring that Emergency Plan interventions are sustainable. To address this, the USG uses annual program statements (APS) and small grants programs to recruit indigenous partners. Through this program, the Emergency Plan will support the Health Extension Workers program, which is designed to increase the numbers of non-professional health personnel.

Principal Partners: Academy for Educational Development, IntraHealth International, JHPIEGO, Abt Associates, Catholic Relief Services, Family Health International, Food for the Hungry, International Orthodox Christian Charities, International Rescue Committee, Johns Hopkins University Center for Communications Programs, Pact, Samaritan's Purse, Save the Children US, United Nations High Commission for Refugees, and John Snow International.

Care and Support: $62,556,764 ($61,892,954 Field and $663,810 Central) (29.2% of prevention, care, and treatment budget)

The Emergency Plan's palliative care goals include strengthening human resource capacity, providing high quality services and nutritional support, as well as building the capacity of indigenous organizations to provide sustainable care services. In fiscal year 2006, the Emergency Plan palliative care program began to shift away from focusing on end-of-life care activities toward providing a continuum of care, starting with the diagnosis of HIV/AIDS infection. In fiscal year 2007, continuum of care activities will expand throughout the health network, and the Emergency Plan will increase investments in human resource capacity. For example, case managers will be deployed to help refer patients to community services, and then track them to ensure follow-up.

In order to reach patients who are co-infected with both tuberculosis (TB) and HIV, TB/HIV diagnosis, treatment and care services will be incorporated into the basic care package at all hospitals and health centers supported by the Emergency Plan.

The OVC program will be targeted for increased local capacity building. In fiscal year 2007, the USG will continue efforts to strengthen networks within government and civil society to provide care and increase program and donor coordination. The OVC portfolio will address Ethiopia's high prevalence of gender-based violence (GBV), including abduction, trafficking, sexual abuse, forced early marriage, female genital cutting (FGC), and other harmful traditional practices.

To enable the scale up of ART services, the Emergency Plan will expand the voluntary counseling and testing program to support provider-initiated counseling and testing services at additional ART hospitals, health centers, workplace clinics, and mobile clinics.

Principal Partners: Catholic Relief Services, International Orthodox Christian Charities, MSCI, Project Concern, Population Services International, World Food Program, Development Alternative Incorporated, Hope for African Children, Save the Children US, World Learning, Family Health International, and JHPIEGO.

Treatment: $112,144,160 (field funded) (52.3% of prevention, care, and treatment budget)

The goal of USG Ethiopia's ART program is to support the Government of Ethiopia's (GOE) plan to rapidly scale-up ART treatment, while continuing to ensure quality services. As of August 2006, ART services were being delivered to patients in 132 sites. In 2007, the Emergency Plan will extend ART services to additional sites at both the hospital and health center levels. Peace Corps Volunteers will work to support ART services by promoting adherence to treatment at various levels within the Network Model.

A key element of successful implementation is a supply chain management system that fully supports the entire program at all levels. The Emergency Plan will provide ongoing support and assistance to ensure the high quality of Ethiopia's supply chain management system. The USG also will support the improvement of Ethiopia's pharmacy infrastructure in order to improve the quality of drug delivery.

Principal Partners: Ministry of Health, World Health Organization, Johns Hopkins University, Columbia University, University of Washington, University of California at San Diego, Tulane University, JHPIEGO, Ethiopian Health and Nutrition Research Institute, Ethiopian Public Health Association, Supply Chain Management Systems, Management Sciences for Health, Addis Ababa University, Debub University, Mekele University, Alemaya University, Gondar University, and Jimma University, Abt Associates, American International Health Alliance, Crown Agents, American Society of Clinical Pathology, and Association of Public Health Laboratories.

Other Costs: $27,493,095

Recent efforts to develop Ethiopia's health information system infrastructure have resulted in the creation of a single national monitoring and evaluation (M&E) system. The goal for fiscal year 2007 is to build upon this system by expanding the use of this data for improved policy development, program management, and evidence-based decision making. The Emergency Plan also will continue to support efforts to improve surveillance systems and facilitate targeted evaluations.

In fiscal year 2007, USG support for the national monitoring and evaluation framework will continue. Medical records management (paper-based as well as electronic) will be supported in order to capture and use the vast amount of clinical data generated from facilities. With the advent of ARV treatment for HIV/AIDS, the country has started to monitor patients suffering from this complex chronic disease. While there have been efforts to develop standardized monthly reporting forms, the level of data needed for day-to-day patient monitoring must be strengthened through effective medical records management, and this must be supported by electronic systems.

To enhance data generation and use at facilities, the USG will provide support to the hospitals and health centers providing HIV prevention, treatment, and care services in data management for program improvement. These activities will be linked with the national M&E support activity.

Principal Partners: Ethiopian Public Health Association, Ministry of Health, JHPIEGO, and Tulane University.

Other Donors, GFATM Activities, Coordination Mechanisms:

The Global Fund for AIDS Tuberculosis and Malaria (GFATM) is the largest donor in Ethiopia, with funding from four grants totaling over $645 million.

The USG has a representative on the GFATM Country Coordination Mechanism (CCM), which works to coordinate Global Fund disbursements. To further aid USG-GFATM collaboration, both groups signed a Memorandum of Understanding in fiscal year 2006 that provides the framework for the working relationship at the country level. In fiscal year 2007, the USG will continue working to improve coordination between the GOE and GFATM to provide support for the government's ART scale-up plan.

A number of UN agencies, including WHO, UNICEF, UNAIDS, UNDP, ILO, IOM, and WFP, are active in Ethiopia. Ethiopia's Donor Assistance Group is comprised of representatives from the donor nations and has established technical sub-groups. Among these working groups is the HIV/AIDS Donor Group, which links the work of the CCM, the Emergency Plan, and the HAPCO National Partnership Forum. In fiscal year 2007, the Emergency Plan in Ethiopia will continue integrating its activities with the MOH's Health Sector Development Program.

Program Contact: Emergency Plan Country Coordinator, Jason Heffner

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: Ethiopia
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - ETHIOPIA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	6,296,692	0	2,672,760	0	0	0	0	8,969,452		8,969,452	4.2%
Abstinence/Be Faithful	7,418,440	0	1,967,500	0	364,419	0	0	9,750,359	2,555,980	12,306,339	5.7%
Blood Safety	0	0	0	1,000,000	0	0	0	1,000,000	2,150,000	3,150,000	1.5%
Injection Safety	0	0	353,500	380,500	68,000	0	0	802,000	422,744	1,224,744	0.6%
Other Prevention	10,450,000	0	3,292,500	0	186,500	0	0	13,929,000		13,929,000	6.5%
Prevention Sub-total	*24,165,132*	*0*	*8,286,260*	*1,380,500*	*618,919*	*0*	*0*	*34,450,811*	*5,128,724*	*39,579,535*	*18.5%*
Care											
Palliative Care: Basic health care & support	14,979,104	0	2,396,400	0	100,000	925,000	0	18,400,504		18,400,504	8.6%
Palliative Care: TB/HIV	4,985,000	0	2,980,000	0	0	0	0	7,965,000		7,965,000	3.7%
Orphans and Vulnerable Children	*19,478,200*	*0*	*0*	*0*	*100,000*	*925,000*	*0*	*20,503,200*	*663,810*	*21,167,010*	*9.9%*
Of Which, Orphans Programs	19,478,200	0	0	0	100,000	925,000	0	20,503,200	663,810	21,167,010	9.9%
Of Which, Pediatric AIDS								0		*0*	0.0%
Counseling and Testing	7,352,000	0	7,275,250	47,000	350,000	0	0	15,024,250		15,024,250	7.0%
Care Sub-total (Including Pediatric AIDS)	*46,794,304*	*0*	*12,651,650*	*47,000*	*550,000*	*1,850,000*	*0*	*61,892,954*	*663,810*	*62,556,764*	*29.2%*
Treatment											
Treatment: ARV Drugs	37,512,102	0	0	0	0	0	0	37,512,102		37,512,102	17.5%
Treatment: ARV Services	13,525,000	0	33,597,500	0	6,775,064	1,850,000	0	55,747,564		55,747,564	26.0%
Laboratory Infrastructure	11,030,919	0	7,853,575	0	0	0	0	18,884,494		18,884,494	8.8%
Treatment Sub-total (Including Pediatric AIDS)	*62,068,021*	*0*	*41,451,075*	*0*	*6,775,064*	*1,850,000*	*0*	*112,144,160*	*0*	*112,144,160*	*52.3%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*		*0*	0.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*62,068,021*	*0*	*41,451,075*	*0*	*6,775,064*	*1,850,000*	*0*	*112,144,160*	*0*	*112,144,160*	*52.3%*
								0			
Subtotal, Prevention, Care, and Treatment	*133,027,457*	*0*	*62,388,985*	*1,427,500*	*7,943,983*	*3,700,000*	*0*	*208,487,925*	*5,792,534*	*214,280,459*	*100.0%*
Other Costs											
Strategic Information	1,450,000	0	8,910,000	0	75,000	0	0	10,435,000		10,435,000	
Other/policy analysis and system strengthening	1,550,000	0	1,745,000	0	200,000	0	0	3,495,000		3,495,000	
Management and Staffing	3,357,990	5,800,000	3,325,000	135,800	389,305	555,000	0	13,563,095		13,563,095	
Other Costs Sub-total	*6,357,990*	*5,800,000*	*13,980,000*	*135,800*	*664,305*	*555,000*	*0*	*27,493,095*	*0*	*27,493,095*	
AGENCY, FUNDING SOURCE TOTALS	**139,385,447**	**5,800,000**	**76,368,985**	**1,563,300**	**8,608,288**	**4,255,000**	**0**	**235,981,020**	**5,792,534**	**241,773,554**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	139,385,447	139,385,447	3,642,534	143,027,981
HHS	76,368,985	82,168,985	2,150,000	84,318,985
DOD	1,563,300	1,563,300	0	1,563,300
State	8,608,288	8,608,288	0	8,608,288
Peace Corps	4,255,000	4,255,000	0	4,255,000
Labor	0	0	0	0
Total	**230,181,020**	**235,981,020**	**5,792,534**	**241,773,554**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	5,800,000	0	5,800,000
GHAI	230,181,020	5,792,534	235,973,554
Total	**235,981,020**	**5,792,534**	**241,773,554**

GUYANA

Project Title: **Guyana Fiscal Year 2007 Country Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	300,000	300,000	0	300,000	**300,000**	**0**	**300,000**
DOL	0	350,000	350,000	0	350,000	**350,000**	**0**	**350,000**
HHS	1,000,000	5,002,500	6,002,500	1,000,000	6,743,000	**7,743,000**	**1,006,360**	**8,749,360**
Peace Corps	0	55,000	55,000	0	55,000	**55,000**	**0**	**55,000**
State	0	50,000	50,000	0	4,050,000	**4,050,000**	**0**	**4,050,000**
USAID	0	13,558,000	13,558,000	0	13,808,000	**13,808,000**	**1,067,160**	**14,875,160**
TOTAL Approved	**1,000,000**	**19,315,500**	**20,315,500**	**1,000,000**	**25,306,000**	**26,306,000**	**2,073,520**	**28,379,520**

HIV/AIDS Epidemic in Guyana:

Estimated Population: 751,000*
HIV Prevalence rate: 2.4%*§
# of HIV infected: 12,000*
Estimated # of OVCs: no UNAIDS estimate
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
§Prevalence is in adults only (15-49 years)

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

Guyana	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of Fiscal Year 2004*	**1,215**	**500**
End of Fiscal Year 2005**	**6,200**	**800**
End of Fiscal Year 2006***	**3,800**	**1,600**
End of Fiscal Year 2007***	**3,550**	**1,500**
End of Fiscal Year 2008******	**4,500**	**1, 800**

*Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005
**Results. "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2006
***Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007
****FY 2007 Country Operational Plan targets

Program Description

Available evidence suggests that HIV/AIDS is a major public health problem in Guyana. The HIV/AIDS epidemic is generalized, with HIV prevalence of greater than 1% consistently found among pregnant women attending antenatal care (ANC) clinics. Ministry of Health (MOH)

ANC data from 2004 indicate a sero-prevalence rate of 2.3%. The major exposure category for HIV infection in Guyana is heterosexual contact, accounting for more than 80% of all cases. Overall, the number of AIDS cases in males outnumbers the number of cases in females, except within the younger age groups (15-24), where there are more female than male cases. The most current data show an annual increase in HIV/AIDS-related deaths, and HIV-related illness is currently among the leading causes of death among persons 25-34 years old. Although the HIV/AIDS epidemic is generalized, select high-risk subpopulations in Guyana are disproportionately affected. For instance, the overall prevalence of HIV among women in prostitution was found to be 26.6 percent, with a higher prevalence among those who work in downtown Georgetown. The prevalence of HIV among men who have sex with men (MSM) in one region was 21.2 percent. UNAIDS estimates (2004) for Guyana suggest that at the end of 2003, there were approximately 11,000 people living with HIV/AIDS (PLWHA) and 1,100 AIDS-attributable deaths annually.

Prevention: $6,418,160 ($4,501,000 Field and $1,917,160 Central) (29.6% of prevention, care, and treatment budget)

The Government of Guyana (GOG) has prioritized national coverage of prevention of mother-to-child transmission (PMTCT) services, using a network system. Currently, there is access to PMTCT services at more than half of the 118 national antenatal care (ANC) sites supported by the Emergency Plan. The MOH has adopted "opt-out" testing at six public hospitals, which combined provide services to 85% of the women at delivery facilities. To support these goals, the Emergency Plan will utilize fiscal year 2007 funding to facilitate expansion of PMTCT and follow-up services, monitor and evaluate the PMTCT program, and facilitate referral from the PMTCT program to antiretroviral therapy (ART) services.

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

Based on these findings, the Emergency Plan in Guyana will use fiscal year 2007 funds to encourage primary and secondary abstinence as well as the delay of sexual debut in schools, youth clubs, religious groups, and other organizations. "Be faithful" messages will complement abstinence messaging in groups of sexually active adults, encouraging mutual fidelity. Interventions will also discourage cross-generational sex and multiple partners among adult males, as studies have shown that cross-generational sex contributes to considerably higher rates of infection among girls and young women than among same-aged male peers.

An important aspect of the Emergency Plan is to provide assistance to ensure a safe and adequate blood supply. Currently there are nine sites in Guyana (public and private) that perform blood collection and storage services in the country, and 10 that perform blood transfusions. All of the blood collected by public sites is tested at the National Blood Transfusion Service (NBTS) laboratory in the capital or at regional laboratories. A new Technical Assistance (TA) provider will be in-country to upgrade and expand the NBTS.

Based on data from the AIS, health care workers have frequent potential exposures. Only 43% of injection providers have access to post-exposure prophylaxis drugs onsite. Risks to waste handlers underscore the need for waste-disposal site development with sustainable, appropriate technology. Fiscal year 2007 funding will support the Guyana Safe Injection Program (GSIP) project in order to help prevent the transmission of HIV and other blood-borne diseases through accidental sharps injuries.

Other prevention is critical in Guyana, given that the bulk of existing and new infections continue to be concentrated among high-risk and vulnerable groups. A Behavioral Surveillance Survey and targeted prevalence surveys completed by the USG team in 2005 identified key most-at-risk populations (MARPs): people in prostitution, MSM, PLWHA, and "mobile" persons such as miners, loggers, sugar cane workers, transport industry workers, and migrants crossing the Brazil border. The USG team is supporting both risk elimination and risk reduction, and interventions with MARPs will follow the ABC model, with emphasis on faithfulness and condoms and other prevention for these groups.

The Department of Defense will continue to work through local non-governmental organizations (NGOs) and other partners to train the ranks of the Guyana Defense Forces. In fiscal year 2007, high-risk populations will continue to be reached with combined targeted outreach and referrals to "friendly" clinical care and treatment services. An important component of the Emergency Plan prevention program is the provision of services for PLWHA and those affected by HIV/AIDS. Reinforcing prevention for positives and for sero-discordant couples helps PLWHA prevent secondary infection and further transmission of HIV.

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

Care: $4,740,000 (Field Funded) (21.9% of prevention, care, and treatment)

The goal of the Emergency Plan contribution to the National Strategy will be to provide the four categories of essential palliative care services that will be available to all people infected or affected by HIV/AIDS: clinical care, psychological care, social services, and spiritual care. Currently, there are eight USG-supported, home-based care programs in place, with 127 trained providers caring for over 500 patients. In fiscal year 2007, funds will support training of providers as well as service delivery through NGO and MOH partners.

In addition to basic health/palliative care, fiscal year 2007 funding will support care for tuberculosis (TB)/HIV patients. Guyana has one of the highest TB incidence rates in the Americas; roughly 25-30% of all newly-diagnosed TB cases are co-infected with HIV. The USG will support the Guyana National TB Control Program, which provides care and treatment for all TB cases in the country.

In support of orphans and vulnerable children (OVC), and as defined in Guyana's National Policy, the comprehensive response to OVC includes the following priority areas: socio-economic security, protection, care and support, education, health and nutrition, psycho-social support, legal support, conflict resolution, and education. With fiscal year 2007 funds, the USG will help strengthen the Ministries of Labor, Human Services, Social Security, and Education to coordinate and support preventive and care services to OVC, both in-school and out-of-school, and to enhance referral networks.

The Emergency Plan's fiscal year 2007 activities will focus on further mobilizing people to access counseling and testing (CT), with a strong emphasis on MARPs and males, to boost prevention efforts and to identify those who need treatment. Currently, the USG program includes labor and delivery sites supported through the PMTCT program, which have begun to operationalize provider-initiated counseling and testing. It also supports 16 public-sector CT sites where the transition to provider-initiated services will be facilitated; seven additional fixed Voluntary Counseling and Testing (VCT) sites operated by NGO/faith-based organization (FBO); and three mobile VCT teams that focus on workplace and hard-to-reach communities. The Emergency Plan's fiscal year 2007 strategy includes the continual integration of provider-initiated CT into the formal health sector, which will be critical for the sustainability of the program and for the most efficient identification of infection.

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

Treatment: $10,506,360 ($10,350,000 Field and $156,360 Central) (48.5% of prevention, care, and treatment budget)

The provision of high quality HIV clinical care and ART access is at the core of the Emergency Plan program. Enrolling patients on ART treatment is now limited only by outreach, counseling, and testing. Thus, funding in fiscal year 2007 will focus largely on activities that increase the use of and access to services, including: opt-out HIV testing in labor and delivery of pregnant women; provider-initiated testing in the hospital setting; and expanding geographic coverage and reach of VCT to vulnerable and migratory populations and in workplace settings.

The USG, along with the MOH and other donors, will build on early successes in order to strengthen a single national system of forecasting, procurement, transport, and monitoring of drugs and commodities. In fiscal year 2007, all partners will adopt a long-term strategy establishing the parameters of warehousing, procurement, and final storage and management at point-of-service. Furthermore, the USG will support the development of a single, national information system to monitor and inform forecasting and procurement. These records will support the morbidity method in order to calculate items needed as well as to support clinical activities. Throughout fiscal year 2007, theUSG will address skills transfer through on-site training, as well as local, regional, and South to South training opportunities.

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

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

Other Costs: $6,715,000

Cross-cutting Emergency Plan activities in Guyana include strategic information, policy development, systems strengthening, and management and staffing. Strategic information is crucial to measuring the progress made in reaching the Emergency Plan's 2-7-10 goals. The USG team will continue to work in close partnership with the GOG to support the development of strategic information systems for Guyana's HIV/AIDS sector. These activities will complement and support the strategic goals of the new national monitoring and evaluation (M&E) plan and national strategic plan for HIV/AIDS (2006-2010). The USG team also will work with the GOG in fiscal year 2007 to begin planning for a national sero-prevalence study, the Demographic and Health Survey Plus, followed by implementation in fiscal year 2008.

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

Other Donors, Global Fund Activities, Coordinating Mechanisms:

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

In addition, Guyana's Presidential AIDS Commission was initiated at the behest of President Bharrat Jagdeo in June 2004. It is chaired by the President of Guyana and includes nine Sector

Ministers, representatives from funding agencies, and project staff from the Health Sector Development Unit. The Commission's role is to support and supervise the implementation of the National Strategic Plan for HIV/AIDS 2007-2011.

Program Contact: Ambassador David Robinson; Julia Rehwinkel, USAID Guyana; Douglas Lyon MD, US Centers for Disease Control

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: Guyana
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - GUYANA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	500,000	0	576,000	0	0	0	0	1,076,000		1,076,000	5.0%
Abstinence/Be Faithful	1,265,000	0	432,000	45,000	0	45,000	0	1,787,000	74,231	1,861,231	8.6%
Blood Safety	0	0	50,000	0	0	0	0	50,000	1,150,000	1,200,000	5.5%
Injection Safety	0	0	0	10,000	0	0	0	10,000	692,929	702,929	3.2%
Other Prevention	1,345,000	0	208,000	25,000	0	0	0	1,578,000		1,578,000	7.3%
Prevention Sub-total	*3,110,000*	*0*	*1,266,000*	*80,000*	*0*	*45,000*	*0*	*4,501,000*	*1,917,160*	*6,418,160*	*29.6%*
Care											
Palliative Care: Basic health care & support	1,735,000	0	365,000	40,000	0	0	0	2,140,000		2,140,000	9.9%
Palliative Care: TB/HIV	100,000	0	152,000	20,000	0	0	0	272,000		272,000	1.3%
Orphans and Vulnerable Children	*888,000*	*0*	*90,000*	*0*	*0*	*0*	*0*	*978,000*	*0*	*978,000*	*4.5%*
Of Which, Orphans Programs	888,000	0	90,000	0	0	0	0	978,000	0	978,000	4.5%
Of Which, Pediatric AIDS								0		*0*	0.0%
Counseling and Testing	1,030,000	0	225,000	20,000	0	0	75,000	1,350,000		1,350,000	6.2%
Care Sub-total (Including Pediatric AIDS)	*3,753,000*	*0*	*832,000*	*80,000*	*0*	*0*	*75,000*	*4,740,000*	*0*	*4,740,000*	*21.9%*
Treatment											
Treatment: ARV Drugs	2,750,000	0	100,000	0	0	0	0	2,850,000	27,832	2,877,832	13.3%
Treatment: ARV Services	200,000	0	2,700,000	0	0	0	0	2,900,000	128,528	3,028,528	14.0%
Laboratory Infrastructure	200,000	0	350,000	50,000	4,000,000	0	0	4,600,000		4,600,000	21.2%
Treatment Sub-total (Including Pediatric AIDS)	*3,150,000*	*0*	*3,150,000*	*50,000*	*4,000,000*	*0*	*0*	*10,350,000*	*156,360*	*10,506,360*	*48.5%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*		*0*	0.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*3,150,000*	*0*	*3,150,000*	*50,000*	*4,000,000*	*0*	*0*	*10,350,000*	*156,360*	*10,506,360*	*48.5%*
Subtotal, Prevention, Care, and Treatment	*10,013,000*	*0*	*5,248,000*	*210,000*	*4,000,000*	*45,000*	*75,000*	*19,591,000*	*2,073,520*	*21,664,520*	*100.0%*
Other Costs											
Strategic Information	1,775,000	0	300,000	0	0	0	0	2,075,000		2,075,000	
Other/policy analysis and system strengthening	1,420,000	0	300,000	0	0	10,000	275,000	2,005,000		2,005,000	
Management and Staffing	600,000	1,000,000	895,000	90,000	50,000	0	0	2,635,000		2,635,000	
Other Costs Sub-total	*3,795,000*	*1,000,000*	*1,495,000*	*90,000*	*50,000*	*10,000*	*275,000*	*6,715,000*	*0*	*6,715,000*	
AGENCY, FUNDING SOURCE TOTALS	**13,808,000**	**1,000,000**	**6,743,000**	**300,000**	**4,050,000**	**55,000**	**350,000**	**26,306,000**	**2,073,520**	**28,379,520**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	13,808,000	13,808,000	1,067,160	14,875,160
HHS	6,743,000	7,743,000	1,006,360	8,749,360
DOD	300,000	300,000	0	300,000
State	4,050,000	4,050,000	0	4,050,000
Peace Corps	55,000	55,000	0	55,000
Labor	350,000	350,000	0	350,000
Total	**25,306,000**	**26,306,000**	**2,073,520**	**28,379,520**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	1,000,000	0	1,000,000
GHAI	25,306,000	2,073,520	27,379,520
Total	**26,306,000**	**2,073,520**	**28,379,520**

HAITI

Project Title: **Haiti Fiscal Year 2007 Country Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	0	0	0	0	**0**	**0**	**0**
DOL	0	600,000	600,000	0	350,000	**350,000**	**0**	**350,000**
HHS	1,000,000	36,391,076	37,391,076	1,000,000	43,634,000	**44,634,000**	**3,102,679**	**47,736,679**
Peace Corps	0	0	0	0	0	**0**	**0**	**0**
State	0	0	0	0	0	**0**	**0**	**0**
USAID	0	30,176,000	30,176,000	0	33,301,000	**33,301,000**	**3,302,053**	**36,603,053**
TOTAL Approved	**1,000,000**	**67,167,076**	**68,167,076**	**1,000,000**	**77,285,000**	**78,285,000**	**6,404,732**	**84,689,732**

HIV/AIDS Epidemic in Haiti:

Estimated Population: 8,528,000*
HIV Prevalence rate: 3.8%*§
# of HIV infected: 190,000*
Estimated # of OVCs: no UNAIDS estimate
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
§Prevalence is in adults only (15-49 years)

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

Haiti	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of Fiscal Year 2004*	**30,100**	**2,800**
End of Fiscal Year 2005**	**57,100**	**4,300**
End of Fiscal Year 2006***	**77,200**	**8,000**
End of Fiscal Year 2007****	**125,000**	**15,000**
End of Fiscal Year 2008****	**150,000**	**20,000**

*Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, March 2005
**Results. "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2006
***Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2007
****Fiscal year 2007 Country Operational Plan targets

Program Description:

An estimated 3.8% of the Haitian population is infected with HIV (53% of adult women and 47% of adult males); 180,000 Haitian adults aged 15 and older and 10,000 Haitian children aged

0 to 14 are living with HIV/AIDS, in a total population of 8.5 million people (UNAIDS 2006.) The repercussions of an epidemic that started in Haiti in 1980-1981 continue to be felt throughout the nation, with 16,000 individuals having died from AIDS in 2005 (UNAIDS, 2006). Haiti has by far the highest incidence of tuberculosis (TB) in Latin America and the Caribbean (LAC) region, with a rate of 306 cases per 100,000; an estimated 20% of these TB patients are infected with HIV.

Although the Haitian AIDS epidemic is mostly transmitted through heterosexual contact and from mother to child, there are clearly identifiable high-risk groups that warrant special attention: people in prostitution and their clients and partners; migrant workers in the agricultural, fishing, and construction sectors, factory workers in duty-free zones, truck and bus drivers and other men who work away from home for long periods; uniformed personnel, including members of the police force, border, and customs agencies; and HIV-discordant couples. Orphans and vulnerable children (OVC) are particularly vulnerable to property-grabbing, homelessness, sexual exploitation, violence, abuse, and a life of abject poverty. OVC who become "restaveks," a Haitian custom of placing a child who cannot be cared for as a house servant with another, often wealthier, family, are much more vulnerable to sexual and physical abuse. Youth are another high-risk group – 3.1% of females aged 15-24 years and 1.1% of males in the same age group are HIV-positive, resulting from an early age of sexual debut (mean age of 13 years for boys and 15 years for girls (DHS 2005; CERA/FHI, 2000) and multiple sex partners, often through transactional sex as a means to pay for school or to support other family members. Condom use is low among both youth and adults. Only 20% of Haitian males aged 15-24 and 24.2% of males aged 25-49 reported using condoms in their last sexual encounter with a non-regular partner (2005 DHS).

Of the 38,000 Haitians eligible for antiretroviral therapy (ART), approximately 8,000 were receiving it as of September 2006 through support from the Emergency Plan and the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria (Global Fund). There are sufficient drugs and laboratory commodities for screening and follow-up testing for twice this number; with significant Emergency Plan and Global Fund support, Haiti's National AIDS Program can offer all HIV/AIDS services free of charge. Consequently, neither drug availability nor service fees present a barrier to PLWHA. The principal barriers to expanding high quality ART services to more eligible people are underdeveloped laboratory and clinical infrastructure, inadequate human resources, weak administrative and managerial systems, and poor roads and transportation systems.

Additional Funding: In June 2007, an additional $10,117,924 was allocated to expand activities in palliative care, HIV/TB, OVC, counseling and testing, PMTCT, and treatment services.

In fiscal year 2007, Emergency Plan funding will focus on the following programmatic areas to achieve the 2-7-10 targets:

Prevention: $13,121,983 ($8,234,000 Field and $4,887,983 Central) (17.5% of prevention, care and treatment budget)

Prevention activities in Haiti include prevention of mother-to-child transmission (PMTCT), abstinence and faithfulness programs, other behavioral prevention interventions, including those that focus on high-risk populations, and blood and injection safety programs. In fiscal year 2007, the USG will strengthen the scope, quality and sustainability of PMTCT services. The Emergency Plan will continue to support technical capacity-building and technical and managerial training for PMTCT staff; it also will build the capacity of faith-based organizations (FBOs), community-based organizations (CBOs), and other non-governmental organizations (NGOs) to deliver high-quality, sustainable PMTCT services nationwide. Post-natal PMTCT interventions will be linked with OVC programs to support children under five, in order to maximize HIV-free child survival for all children born to HIV-positive women. Finally, the USG will support community mobilization and health education activities to increase awareness and demand for PMTCT services.

The USG will continue to support high-quality behavior change programs, including life skills programs for in-school and out-of-school youth and faithfulness messages for married couples, particularly husbands who travel from home for work reasons. In fiscal year 2007, the USG will strengthen its ongoing activities, including training and monitoring of youth peer educators in after-school clubs, church youth groups, and church couples' groups regarding ways to deliver messages about abstinence and being faithful. The Emergency Plan also will train community health agents to inform, educate and mobilize communities around HIV/AIDS prevention. Prevention activities will provide strong linkages to HIV/AIDS care and support services.

Efforts to reduce new infections among high-risk or high-transmitter groups (such as people in prostitution, migrant workers and mobile populations, and high school and university students), including the USG-supported national behavior change communication program and condom social marketing, will be expanded and targeted to locales where high-risk activities take place (brothels, duty-free factory zones, agricultural plantations, and university campuses). A special emphasis will be placed on these activities in key border towns with a high volume of movement between Haiti and the Dominican Republic. Counseling and Testing (CT) and Sexually Transmitted Infection (STI) services are available at a number of prevention and outreach centers, to help ensure that those who test HIV-positive receive care and support services.

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

Principal Partners: Academy for Educational Development (AED), American Red Cross, Educational Development Center (EDC), Family Health International (FHI), Food for the Hungry, Foundation for Reproductive and Family Health (FOSREF), International Training and Education Center (I-TECH), JHPIEGO, John Snow Incorporated (JSI), Haitian Ministry of Health (MOH), Johns Hopkins University's Health Communication Programs (JHU/HCP), Plan International, Promoteurs Objectif Zerosida (POZ), Population Services International (PSI), Regional Procurement Services Organization/Ft. Lauderdale (RPSO/Ft. Lauderdale), World

Concern, World Health Organization/Pan American Health Organization (WHO/PAHO), World Relief, and World Vision.

Care: $27,859,454 ($26,645,384 Field and $1,214,070 Central) (37.1% of prevention, care and treatment budget)

Care activities in Haiti include counseling and testing (CT), basic palliative care, support to integrate TB and HIV programs, and support for OVC. The CT strategy for fiscal year 2007 will include training of counselors, with an emphasis on specialized counseling for pregnant women and high-risk populations (HIV-discordant couples, people in prostitution and partners, uniformed servicemen, and TB and STI patients); it also will include the application of an HIV counseling curriculum developed for pre-service training of nurses, psychologists, and social workers. The "opt-out" strategy for HIV testing will be implemented for all pregnant women in CT sites; those who test positive will be referred to PMTCT services. Additionally, the USG plans to initiate new CT sites in fiscal year 2007.

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

At the community level, the Emergency Plan will support palliative care activities linked to the HIV/AIDS prevention, care, and treatment centers. This support will include strengthening CBOs and FBOs to promote "positive living" and provide psychosocial, spiritual, nutritional, and other support to individuals and families affected by HIV/AIDS. The USG will continue to leverage use of the World Food Program (WFP)'s food assistance program in Haiti, with distribution of food to targeted individuals and families living with HIV/AIDS. USG partners will complement this food aid with assistance to individuals and families, following dietary assessments and the identification of ways to address continued nutritional and food deficits. The support groups that have been organized throughout the country for persons living with HIV/AIDS (PLWHA) play an important role in providing palliative care, education, and support for treatment adherence at both the clinic and community levels. 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. Care and treatment sites located in towns along the Haiti/Dominican Republic border will work closely with sister hospitals in the Dominican Republic to ensure effective referral systems and cooperation in palliative care services. Cross-border collaboration also will

take place between the CBOs that provide home and community-based palliative care and support.

In fiscal year 2007, the USG will continue its work to integrate Haiti's TB and HIV/AIDS programs. The strategy for TB/HIV integration includes provider-initiated clinical and diagnostic HIV counseling and testing for all persons with TB as part of standard TB care; screening of all HIV-infected persons for active TB disease as part of the routine clinical care of HIV-positive persons at palliative care sites; and establishment of a strong patient referral system between TB clinics and HIV/AIDS care and treatment centers for HIV-infected persons.

In fiscal year 2007, 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, immunization, access to health care and psychosocial support, provision of school fees and supplies, dietary assessment and nutritional support, HIV prevention and life skill programs, and assistance with income generating activities for foster families and care-givers. The Emergency Plan will continue to leverage use of P.L. 480 Title II resources to provide food assistance to OVC in USG-supported health networks. Priority will be given to providing basic child survival interventions for under-five OVC. Fiscal year 2007 funds will address the vulnerability to HIV/AIDS of the increasing number of abandoned and homeless children on the streets of Port-au-Prince and other major cities. The USG will support advocacy and policy/legal changes on such OVC issues as inheritance rights, guardianship responsibilities, permission/authority for HIV testing of orphans when parents have died of AIDS, privacy rights, and protection from stigma and discrimination at school. The USG also supports and participates in a fledgling National Forum on OVC and HIV/AIDS.

Principal Partners: CARE, Catholic Relief Services (CRS), Family Health International (FHI), Foundation for Reproductive and Family Health (FOSREF), Group Haitien d'Etude du Sindrome de Karposi et Autres Infections Opportunistes (GHESKIO), Partners in Health/Zanmi Lasante (PIH/ZL), Plan International, World Concern and World Vision.

Treatment: $34,081,295 ($33,778,616 Field and $302,679 Central) (45.4% of prevention, care and treatment budgets)

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

The USG will continue to strengthen the national laboratory infrastructure in fiscal year 2007. Emergency Plan funding will help ensure that laboratories have increased space, improved QA/QC systems and processes, well-maintained laboratory equipment, a continuous supply of reagents, and an improved standard of practice among laboratory staff. Support also will be provided to upgrade laboratory capacity in pediatric diagnostic procedures at both the central and peripheral levels of the national laboratory system.

Principal partners: Centers for Disease Control (CDC), Catholic Relief Services (CRS), Group Haitien d'Etude du Sindrome de Karposi et Autres Infections Opportunistes (GHESKIO), Ministry of Health (MOH), Partners in Health/Zanmi Lasante (PIH/ZL), Partners for Supply Chain Management (PFSCM), and University of Maryland.

Other costs: $9,627,000

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

Principal Partners: Family Health International (FHI), Group Haitien d'Etude du Sindrome de Karposi et Autres Infections Opportunistes (GHESKIO), John Snow Incorporated/Measure Project (JSI/Measure), Ministry of Health (MOH), National Association of State and Territorial AIDS Directors (NASTAD), The Futures Group/Health Policy Initiative (TFG/HPI) and Tulane University.

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

Principal Partners: Haitian Ministry of Health, American Council on Education and The Futures Group/Health Policy Initiative.

Management and staffing funds will support the in-country personnel needs for HHS/CDC and USAID. Funds will ensure program monitoring and accountability, ensure USG policy and

technical leadership within the Haiti national response, and cover compensation, logistics, office, and administrative costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The USG is the largest bilateral donor to Haiti's health sector. The other major donor in the health sector is the Global Fund, which has awarded Haiti two five-year AIDS grants ($65 million in Round 1 and $50 million in Round 5), and grants for malaria ($7.5 million) and tuberculosis ($6.5 million) in Round 3. Other donors who contribute to the fight against AIDS include the European Union, France, Canada, Brazil, and UN agencies, including UNICEF, UNFPA and WHO/PAHO. The USG meets regularly with the principal recipient of the Global Fund in order to carry out joint planning and review of implementing partners/sub-recipients' activities, to preclude any duplication of funding and/or reporting of results. The National AIDS Council has the mandate to be Haiti's primary HIV/AIDS coordinating body; however, during the past three years of political unrest and transitional government, the National AIDS Council has not been able to function. The new Minister of Health has identified as one of his priorities the revitalization of this national coordinating body, and the USG will support this effort in fiscal year 2007. During this three-year period, the Country Coordinating Mechanism (CCM) of the Global Fund has provided a national forum for information sharing and participation in AIDS programming and planning by other non-health Ministries, as well as by civil society groups and associations of PLWHA. The USG is a voting member of the CCM and participates fully in all meetings, discussions, and decisions. Additionally, the Emergency Plan meets regularly with key officials of individual Ministries (Health, Education, Women's Affairs, Sports and Youth, and Social Welfare) to ensure that USG support complements and supports the overall Haitian plan for HIV/AIDS prevention, care, and treatment.

Program Contact: Emergency Plan Country Coordinator, Judith Timyan

Time Frame: Fiscal year 2007 – fiscal year FY 2008

Approved Funding by Program Area: Haiti
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - HAITI	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	1,535,000	0	1,500,000	0	0	0	0	3,035,000		3,035,000	4.0%
Abstinence/Be Faithful	2,259,000	0	250,000	0	0	0	50,000	2,559,000	1,487,983	4,046,983	5.4%
Blood Safety	0	0	0	0	0	0	0	0	3,400,000	3,400,000	4.5%
Injection Safety	0	0	0	0	0	0	0	0	0	0	0.0%
Other Prevention	1,415,000	0	925,000	0	0	0	300,000	2,640,000		2,640,000	3.5%
Prevention Sub-total	*5,209,000*	*0*	*2,675,000*	*0*	*0*	*0*	*350,000*	*8,234,000*	*4,887,983*	*13,121,983*	*17.5%*
Care											
Palliative Care: Basic health care & support	7,415,000	0	3,250,000	0	0	0	0	10,665,000		10,665,000	14.2%
Palliative Care: TB/HIV	750,000	0	2,460,000	0	0	0	0	3,210,000		3,210,000	4.3%
Orphans and Vulnerable Children	*3,725,000*	*0*	*3,940,384*	*0*	*0*	*0*	*0*	*7,665,384*	*1,214,070*	*8,879,454*	*11.8%*
Of Which, Orphans Programs	3,725,000	0	2,600,000	0	0	0	0	6,325,000	1,214,070	7,539,070	10.0%
Of Which, Pediatric AIDS			1,340,384					1,340,384		*1,340,384*	1.8%
Counseling and Testing	1,850,000	0	3,255,000	0	0	0	0	5,105,000		5,105,000	6.8%
Care Sub-total (Including Pediatric AIDS)	*13,740,000*	*0*	*12,905,384*	*0*	*0*	*0*	*0*	*26,645,384*	*1,214,070*	*27,859,454*	*37.1%*
Treatment											
Treatment: ARV Drugs	6,400,000	0	0	0	0	0	0	6,400,000	302,679	6,702,679	8.9%
Treatment: ARV Services	3,475,000	0	19,330,000	0	0	0	0	22,805,000		22,805,000	30.4%
Laboratory Infrastructure	2,500,000	0	3,414,000	0	0	0	0	5,914,000		5,914,000	7.9%
Treatment Sub-total (Including Pediatric AIDS)	*12,375,000*	*0*	*22,744,000*	*0*	*0*	*0*	*0*	*35,119,000*	*302,679*	*35,421,679*	*47.2%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*-1,340,384*	*0*	*0*	*0*	*0*	*-1,340,384*		*-1,340,384*	-1.8%
Treatment Sub-total (Excluding Pediatric AIDS)	*12,375,000*	*0*	*21,403,616*	*0*	*0*	*0*	*0*	*33,778,616*	*302,679*	*34,081,295*	*45.4%*
Subtotal, Prevention, Care, and Treatment	*31,324,000*	*0*	*36,984,000*	*0*	*0*	*0*	*350,000*	*68,658,000*	*6,404,732*	*75,062,732*	*100.0%*
Other Costs											
Strategic Information	500,000	0	3,140,000	0	0	0	0	3,640,000		3,640,000	
Other/policy analysis and system strengthening	250,000	0	1,300,000	0	0	0	0	1,550,000		1,550,000	
Management and Staffing	1,227,000	1,000,000	2,210,000	0	0	0	0	4,437,000		4,437,000	
Other Costs Sub-total	*1,977,000*	*1,000,000*	*6,650,000*	*0*	*0*	*0*	*0*	*9,627,000*	*0*	*9,627,000*	
AGENCY, FUNDING SOURCE TOTALS	**33,301,000**	**1,000,000**	**43,634,000**	**0**	**0**	**0**	**350,000**	**78,285,000**	**6,404,732**	**84,689,732**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	33,301,000	33,301,000	3,302,053	36,603,053
HHS	43,634,000	44,634,000	3,102,679	47,736,679
DOD	0	0	0	0
State	0	0	0	0
Peace Corps	0	0	0	0
Labor	350,000	350,000	0	350,000
Total	**77,285,000**	**78,285,000**	**6,404,732**	**84,689,732**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	1,000,000	0	1,000,000
GHAI	77,285,000	6,404,732	83,689,732
Total	**78,285,000**	**6,404,732**	**84,689,732**

KENYA

Project Title: Kenya 2007 Country Operational Plan (COP)

Budget Summary

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	12,062,275	12,062,275	0	13,527,275	**13,527,275**	**0**	**13,527,275**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	8,121,000	65,103,098	73,224,098	8,121,000	92,758,098	**100,879,098**	**14,805,680**	**115,684,778**
Peace Corps	0	1,364,500	1,364,500	0	1,364,500	**1,364,500**	**0**	**1,364,500**
State	0	1,098,700	1,098,700	0	1,673,700	**1,673,700**	**0**	**1,673,700**
USAID	0	179,967,089	179,967,089	0	228,594,427	**228,594,427**	**7,284,502**	**235,878,929**
TOTAL Approved	**8,121,000**	**259,595,662**	**267,716,662**	**8,121,000**	**337,918,000**	**346,039,000**	**22,090,182**	**368,129,182**

HIV/AIDS Epidemic in Kenya

Estimated Population: 34,256,000*
HIV Prevalence rate*: 6.1%*[§]
# of HIV infected: 1,300,000*
Estimated # of OVCs: 1,100,000*[¥]
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
[§]Prevalence is in adults only (15-49 years)
[¥]Orphans aged 0-17 due to AIDS

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

Kenya	Total # Individuals Receiving Care & Support	Total # Individuals Receiving ART
End Fiscal Year 2004*	**172,200**	**17,100**
End Fiscal Year 2005**	**397,000**	**44,700**
End Fiscal Year 2006***	**546,000**	**97,800**
End Fiscal Year 2007****	**598,480**	**111,400**
End Fiscal Year 2008****	**697,661**	**169,260**

*Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, March 2005
**Results. "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2006
***Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2007
****Fiscal year 2007 Country Operational Plan targets

Program Description/Country Context

Kenya has a severe generalized epidemic with estimated adult HIV prevalence of 6.1% (UNAIDS, 2006), translating into 1.2 million HIV-positive Kenyans over age 15 and approximately 150,000 infected children under 15. While the rate of new infections has decreased, the relatively recent advent of treatment has not yet significantly affected mortality rates. An estimated 140,000 Kenyans died of AIDS in 2005. Deaths to date have left 1.1 million children orphaned by AIDS. The Kenyan epidemic varies significantly from region to region, with Nyanza Province affected by prevalence rates approximating those in some Southern African nations. Women are nearly twice as likely as men to be infected.

The vast majority of HIV transmission in Kenya occurs through heterosexual contact, but certain populations require special prevention interventions. These include intravenous drug users, uniformed personnel, HIV-infected individuals, sexual partners in HIV-discordant relationships, men who have sex with men, long-distance transport workers, and people in prostitution.

Additional Funding: In June 2007, an additional $60,000,000 was allocated to enable increased coverage in PMTCT, CT and TB/HIV. The added funding will support testing of all pregnant women to ensure national access to PMTCT, increased access to counseling and testing, including the launch of a national testing campaign, and increased integration of expanded prevention activities throughout all program areas. Through the technical working group (TWG) process, $5,000,000 of the additional funds were identified to support new medical male circumcision (MC) activities in Kenya.

Emergency Plan funding is carefully and strategically targeted to the following interventions in support of country-level and global 2-7-10 targets:

Prevention: $72,449,385 ($63,629,700 Field and $8,819,685 Central) (22.0% of prevention, care, and treatment budget)

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

Fiscal year 2007 funding for PMTCT will enable Emergency Plan-supported sites to provide HIV testing and counseling, including provision of test results, to pregnant women. Women who test positive will receive a full course of prophylaxis to interrupt vertical transmission; more efficacious regimens, including AZT, also will be utilized with increasing frequency.

While our base budget levels are relatively modest, the benefits of improved blood safety and injection practices will be significant. Building upon early investments made after the tragic U.S. Embassy bomb blast in 1998, USAID and CDC have helped the Government of Kenya build a national blood transfusion system which, with more recent Emergency Plan investments, has become a model for East Africa. Safe injection practices will be scaled up in additional

provinces, key staff will be trained in injection safety in priority districts, and the Government of Kenya will continue to complement USG efforts with significant procurement of auto-disable syringes.

The more visible elements of the prevention portfolio involve efforts to interrupt sexual transmission. In fiscal year 2007, new initiatives will be expanded to Nyanza province, which has the highest prevalence in the nation. The national C&OP program will train health workers and community members to reach their fellow Kenyans with important prevention information. In addition, the Emergency Plan will support pilot projects in high-prevalence provinces that respond to unpublicized demand building on research into the effectiveness of medical male circumcision, and intervene with people in prostitution in efforts to give them skills and capacities to move to alternate employment.

AB programs will be continued and reinvigorated through a public-private partnership – the highly successful and extremely popular "Nime Chill" ("I'm chilling" or "I'm abstaining") mass media campaign, as well as the highly personalized "True Love Waits" and "I Choose Life" programs, which reach individual young people with skills and messages that promote abstinence to prevent infection. Longstanding and proven work with the Kenya Girl Guides Association is being expanded to work with Boy Scouts. Regular meetings of all AB partners will continue to ensure that mass media and interpersonal interventions are coordinated and mutually reinforcing.

Fiscal year 2007 represents the first opportunity to fully embrace recommendations from the 2005 Emergency Plan meeting on the role of alcohol in HIV transmission. Many of our AB efforts this year will incorporate evidence-based approaches for alcohol prevention into existing programs. The USG will continue to work with the Ministry of Education, Science and Technology and implementing partners in order to develop a teacher training syllabus on HIV and a standardized core training curriculum for community groups undertaking AB work. In both instances, these new resources will thoroughly and accurately reflect the ways in which alcohol (and other substance) misuse and abuse can increase risk of HIV infection and how abstaining from substance use can reduce risks of infection.

Principal Partners: African Medical and Research Foundation, Network of AIDS Researchers in East and Southern Africa, Community Housing Foundation, Hope Worldwide, Impact Research and Development Organization, Institute of Tropical Medicine, Live with Hope Centre, Population Council, and American Federation of Teachers – Educational Foundation.

Care: $90,424,817 ($87,560,000 Field and $2,864,817 Central) (27.4% of prevention, care and treatment budget)

Kenya's care and mitigation efforts include counseling and testing (CT), which are integrally linked to prevention and treatment programs; TB/HIV programs to identify and care for those who are co-infected; support for orphans and vulnerable children (OVC); community-support services to strengthen households affected by AIDS; and health services that complement anti-retroviral treatment (ART) by intervening to prevent/treat opportunistic infections (OIs), prevent

transmission of HIV by those who are in care, and/or offer end-of-life care when treatment fails or is unavailable.

With strong USG technical and financial support, Kenya continues to provide global leadership in expanding CT services beyond traditional voluntary counseling and testing (VCT). Fiscal year 2007 CT efforts are expected to help increasing numbers of Kenyans learn their HIV status. More than half of all tested individuals will learn their status in medical settings, as availability of – and expectations for – diagnostic testing of hospital inpatients and suspected TB patients continues to become the standard of practice. Innovations in 2007 will include door-to-door testing, expanded mobile testing, testing of family members of ART patients, and self-testing for health workers. CT activities will be undergirded by funds that have been allocated to the laboratory infrastructure program area for purchase of expanded stocks of test kits.

OVC funding will be committed to hiring experienced adult patients to enhance continuity of clinical care for children. As noted under "Treatment" below, the USG will place a special priority on pediatric treatment in fiscal year 2007 and subsequent years. Working closely with the Department of Children's Services, the USG team will require all Emergency Plan implementing partners to offer robust responses to all six Government of Kenya high priority OVC services: health, nutrition, education, protection, psychosocial support, and shelter.

In fiscal year 2007, palliative care, particularly clinical care (other than ART) and hospice care, will focus on wider use of cotrimoxazole, improved linkages between community and clinic settings, and improved availability of medications to treat OIs. Government of Kenya nutritionists will be trained regarding the interaction between nutrition and HIV in the clinical context, including the impact of poor nutrition upon disease progression, the role of diet and micronutrients in improving treatment outcomes, and options for nutritional support.

Efforts to improve home-based care will continue to expand, with a special emphasis upon promoting consistent implementation of the sound guidelines promulgated by the Ministry of Health, as well as wider availability of better equipped home-based care kits. Uganda's successful "basic care package" will be replicated for people living with HIV/AIDS (PLWHA).

TB/HIV programs will provide TB treatment and cotrimoxazole prophylaxis to co-infected Kenyans. In some parts of the country, over 90 percent of TB patients are also HIV-positive. Diagnostic HIV testing in TB care settings has become the standard of care to identify and refer as many individuals as possible to care and treatment. The Uniformed Services program will increase emphasis upon TB among military personnel and in prisons, as well as in other institutional settings in which both guards and inmates are at increased risk. In fiscal year 2007, the TB/HIV programs will continue expansion to include TB centers in mission hospitals, national scale up of diagnostic CT, and rollout of additional TB sites where ART is offered.

Principal Partners: Academy for Educational Development, Children of God Relief Institute, Kenya Rural Enterprise Program, Liverpool VCT, Mildmay International, University of Nairobi, JHPIEGO, EngenderHealth, Family Health International, Pathfinder International, Program for Appropriate Technology in Health, Samoei Community Response to OVC, and Internews.

Treatment: $167,064,980 ($156,659,300 Field and $10,405,680 Central) (50.6% of prevention, care, and treatment budget)

Dramatic expansion of access to ART in Kenya continues; in just three years, ART has shifted from a peripheral interest to the very heart of the USG's HIV/AIDS interventions. The combined budget for ARV drugs, ART, and laboratory infrastructure will make it possible for Kenya to contribute to the provision of continuous, high-quality treatment. Treatment priorities include: (1) expanded procurement of generic ARVs; (2) increased funding for pediatric formulations; and (3) accommodation of maturing treatment profiles by increasing the percentage of drug procurement committed to second-line regimens.

Treatment efforts will be coordinated closely, through the Ministry of Health's National AIDS and STI Control Programme (NASCOP). Consistent with Kenya's 5-Year Strategy for the Emergency Plan, USG support will include assistance with planning and development of strategies, policies, and guidelines; support for centralized activities, such as drug procurement and delivery, training, and enhancement of laboratory capacity; direct support to some of the many sites that will provide ART in Kenya; and indirect support to nearly all sites providing ART in Kenya.

Strengthened support for Kenya's health systems will be a continuing priority. Networks are now well defined in all regions and are overseen by NASCOP Provincial ART Officers (PARTOs). PARTOs, most of whom are physicians, determine which sites become treatment centers, provide supervision, work to strengthen treatment networks, and conduct periodic meetings at which health care providers can share experiences and receive continuing medical education. In fiscal year 2007, the nationwide scale-up of ART services will ensure that more HIV tests are performed, many of which are supported under laboratory services. Investments in this area prioritize procurement and human resources in order to expand laboratory services in Kenya, with an increasing number of facilities receiving quality assurance and training for personnel.

Turning our earlier investments in pediatric treatment support into greatly increased numbers of children on ART will be a top priority. Treatment programs will be expected to establish Prevention with Positives (PwP) programs. Clinicians will be involved in the multi-country PwP demonstration project, patients will be employed and trained to facilitate prevention support groups, and HIV-positive children will receive age-appropriate HIV prevention interventions linked to their clinical care.

Principal Partners: Management Sciences for Health, Catholic Relief Services, Columbia University Mailman School of Public Health, Eastern Deanery AIDS Relief Program, Indiana University School of Medicine, National AIDS & STD Control Programme, University of California at San Francisco, University of Nairobi, University of Washington, and Kenya Medical Research Institute/Walter Reed Project South Rift Valley Province HIV Program.

Other Costs: $38,190,000

Resources invested in Other Costs primarily fulfill the Emergency Plan's commitment to effectively manage and monitor the substantial USG investment in the response to AIDS in Kenya. These efforts also are related directly to the "Three Ones," to which the USG and other supporters are committed.

Funding for strategic information (SI) ensures responsible stewardship of programs and funding. The SI program includes targeting allocations to increase the capacity of both the Ministry of Health and the National AIDS Control Council (NACC), in order to implement the single monitoring and evaluation framework called for in the Three Ones. The USG team is committed to ensuring that data collected from programs strengthen the national system. Plans are underway for an AIDS Indicator Survey to assess the behavioral effects of the expanding response to HIV/AIDS in Kenya, and support will continue for the already-strong annual surveillance efforts conducted in antenatal clinics and among STI patients.

Principal Partners: ABT Associates, Family Health International, Kenya Medical Research Institute, Macro International, National AIDS & STD Control Program, US Centers for Disease Control and Prevention, EngenderHealth, Pathfinder International, and JHPIEGO.

In fiscal year 2007, modest investment in systems strengthening and policy analysis focuses upon efforts that have proven to be effective or hold great promise. The USG team will continue to support networks of PLWHA – including HIV-positive teachers, religious leaders, Muslim women, and ART patients – so they can provide mutual support to one another and become effective participants in the policy councils of their nation, in order to promote accountability, efficiency, and transparency in HIV/AIDS programs. To date, USG personnel have invested considerable time in working to ensure that Global Fund resources are used wisely and efficiently in Kenya. In fiscal year 2007, the USG will join with the host government, other supporters, and the Global Fund Secretariat, to implement revised administrative structures that support Global Fund planning, procurement, and programming and equip PLWHA and civil society representatives to effectively participate in the Country Coordinating Mechanism (CCM).

Principal Partners: Academy for Educational Development, Community Housing Foundation, Internews, Kenya Medical Training College, Population Reference Bureau, The Futures Group International, and IntraHealth International, Inc.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The USG is the predominant supporter of HIV/AIDS interventions in Kenya. The United Kingdom's Department for International Development is the next largest bilateral donor. Other donors/lenders active in the response to AIDS in Kenya include the Japanese International Cooperation Agency, Germany's GTZ, and the World Bank.

The Global Fund has approved HIV grants totaling nearly $130 million, with approximately $29 million disbursed to the Government of Kenya as of September 30, 2006. The USG participates in the Global Fund CCM and all relevant Interagency Coordinating Committees (ICCs) dealing with HIV and other health issues. USG technical staff members also work closely with both the multi-sectoral NACC and NASCOP.

The addition of interagency technical teams (ITTs), including representatives from key host government agencies and the donor community, greatly enhanced the extent to which USG plans are coordinated with the efforts of others. The USG team is actively planning to incorporate ITTs as contributors to year-round implementation, assessment, and continuous improvement of the Emergency Plan program in Kenya.

It is critical that the Emergency Plan redouble its donor coordination and public diplomacy efforts. As HIV/AIDS cannot possibly be the exclusive purview of USG, the USG will encourage the Government of Kenya and other donors to continue to contribute resources in order to reach national scale with prevention, care, and treatment services.

The Emergency Plan and other supporters are vitally interested in ensuring that Kenya receives anticipated grants from the Global Fund *and* that it has the capacity to use Global Fund resources rapidly and effectively. For that reason, fiscal year 2007 efforts will include expanded focus and resources to define the best systems for planning and use of Global Fund funding, to prevent new infections and prolong the lives of Kenyans who already are infected with HIV. A key priority for 2007 will be equipping PLWHA and civil society representatives to be optimally effective participants in the CCM.

Program Contact: Ambassador Michael Ranneberger and Emergency Plan Country Coordinator Warren Buckingham

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: Kenya
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - KENYA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	12,239,853	574,054	9,788,553	1,216,540	0	0	0	23,819,000		23,819,000	7.2%
Abstinence/Be Faithful	11,315,000.00	300,000	4,990,000	250,000	100,000	1,205,700	0	18,160,700	4,419,685	22,580,385	6.8%
Blood Safety	550,000.00	260,000	640,000	0	320,000	0	0	1,770,000	4,400,000	6,170,000	1.9%
Injection Safety	528,000.00	252,000	1,220,000	0	0	0	0	2,000,000	0	2,000,000	0.6%
Other Prevention	12,505,000.00	250,000	4,550,000	475,000	100,000	0	0	17,880,000		17,880,000	5.4%
Prevention Sub-total	*37,137,853.00*	*1,636,054*	*21,188,553*	*1,941,540*	*520,000*	*1,205,700*	*0*	*63,629,700*	*8,819,685*	*72,449,385*	*22.0%*
Care											
Palliative Care: Basic health care & support	14,780,000.00	0	7,610,000	1,010,000	150,000	0	0	23,550,000		23,550,000	7.1%
Palliative Care: TB/HIV	5,620,000.00	520,000	8,835,000	1,025,000	0	0	0	16,000,000		16,000,000	4.8%
Orphans and Vulnerable Children	*27,350,000.00*	*0*	*950,000*	*900,000*	*0*	*0*	*0*	*29,200,000*	*2,864,817*	*32,064,817*	*9.7%*
Of Which, Orphans Programs	27,350,000.00	0	950,000	900,000	0	0	0	29,200,000	2,864,817	32,064,817	9.7%
Of Which, Pediatric AIDS								0		*0*	0.0%
Counseling and Testing	8,090,000.00	400,000	9,100,000	1,120,000	100,000	0	0	18,810,000		18,810,000	5.7%
Care Sub-total (Including Pediatric AIDS)	*55,840,000.00*	*920,000*	*26,495,000*	*4,055,000*	*250,000*	*0*	*0*	*87,560,000*	*2,864,817*	*90,424,817*	*27.4%*
Treatment											
Treatment: ARV Drugs	74,700,000.00	0	800,000	0	0	0	0	75,500,000	3,680,706	79,180,706	24.0%
Treatment: ARV Services	30,768,474.00	900,000	28,918,491	5,803,035	50,000	0	0	66,440,000	6,724,974	73,164,974	22.2%
Laboratory Infrastructure	9,073,300.00	1,246,000	4,150,000	250,000	0	0	0	14,719,300		14,719,300	4.5%
Treatment Sub-total (Including Pediatric AIDS)	*114,541,774*	*2,146,000*	*33,868,491*	*6,053,035*	*50,000*	*0*	*0*	*156,659,300*	*10,405,680*	*167,064,980*	*50.6%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*		*0*	0.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*114,541,774*	*2,146,000*	*33,868,491*	*6,053,035*	*50,000*	*0*	*0*	*156,659,300*	*10,405,680*	*167,064,980*	*50.6%*
Subtotal, Prevention, Care, and Treatment	*207,519,627*	*4,702,054*	*81,552,044*	*12,049,575*	*820,000*	*1,205,700*	*0*	*307,849,000*	*22,090,182*	*329,939,182*	*100.0%*
Other Costs											
Strategic Information	8,160,000	690,000	5,510,000	390,000	0	0	0	14,750,000		14,750,000	
Other/policy analysis and system strengthening	7,750,000	0	3,350,000	0	100,000	0	0	11,200,000		11,200,000	
Management and Staffing	5,164,800	2,728,946	2,346,054	1,087,700	753,700	158,800	0	12,240,000		12,240,000	
Other Costs Sub-total	*21,074,800*	*3,418,946*	*11,206,054*	*1,477,700*	*853,700*	*158,800*	*0*	*38,190,000*	*0*	*38,190,000*	
AGENCY, FUNDING SOURCE TOTALS	**228,594,427**	**8,121,000**	**92,758,098**	**13,527,275**	**1,673,700**	**1,364,500**	**0**	**346,039,000**	**22,090,182**	**368,129,182**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	228,594,427	228,594,427	7,284,502	235,878,929
HHS	92,758,098	100,879,098	14,805,680	115,684,778
DOD	13,527,275	13,527,275	0	13,527,275
State	1,673,700	1,673,700	0	1,673,700
Peace Corps	1,364,500	1,364,500	0	1,364,500
Labor	0	0	0	0
Total	**337,918,000**	**346,039,000**	**22,090,182**	**368,129,182**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	8,121,000	0	8,121,000
GHAI	337,918,000	22,090,182	360,008,182
Total	**346,039,000**	**22,090,182**	**368,129,182**

MOZAMBIQUE

Project Title: **Mozambique FY 2007 Country Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	793,000	793,000	0	793,000	**793,000**	**0**	**793,000**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	2,337,000	42,348,669	44,685,669	2,337,000	52,154,434	**54,491,434**	**5,100,000**	**59,591,434**
Peace Corps	0	1,339,720	1,339,720	0	1,339,720	**1,339,720**	**0**	**1,339,720**
State	0	832,667	832,667	0	1,030,467	**1,030,467**	**1,500,000**	**2,530,467**
USAID	0	64,251,375	64,251,375	0	93,085,175	**93,085,175**	**4,649,920**	**97,735,095**
TOTAL Approved	**2,337,000**	**109,565,431**	**111,902,431**	**2,337,000**	**148,402,796**	**150,739,796**	**11,249,920**	**161,989,716**

HIV/AIDS Epidemic in Mozambique:

Estimated Population: 19,792,000*
HIV Prevalence rate: 16.1* [Φ]
# of HIV infected: 1,800,000*
Estimated # of OVCs: 510,000*[¥]
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
[Φ]Prevalence is in adults only (15-49 years)
[¥]Orphans aged 0-17 due to AIDS

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

Mozambique	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of FY 2004*	**74,200**	**5,200**
End of FY 2005**	**187,500**	**16,200**
End of FY 2006***	**323,400**	**34,200**
End of FY 2007****	**460,000**	**93,990**
End of FY 2008****	**580,000**	**123,000**

*Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, March 2005
**Results. "Action Today, A Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2006
***Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007
****FY 2007 Country Operational Plan targets

Program Description:

Mozambique has a severe, generalized HIV/AIDS epidemic. HIV prevalence among men and women aged 15-49 is estimated at 16%, with a projected 1.8 million Mozambicans living with

HIV/AIDS in 2005. Areas of high HIV prevalence correspond roughly to areas of high population mobility. Mozambique has high rates of high-risk behavior, and current norms are deeply interwoven in cultural, social, and economic patterns. Compared with many other focus countries, Mozambique has a lower age of sexual debut, a smaller proportion of young unmarried adults abstaining from sex, a higher proportion of young adults with multiple sex partners, lower use of condoms use with higher-risk partners, and a lower rate of HIV testing.

Mozambique's national response has made progress in the last year; however, scarcity of skilled human resources and inadequate institutional capacity and infrastructure persist. With a population of about 20 million and an estimated 650 doctors, many rural areas in Mozambique have just one physician per 60,000 people. Health infrastructure is poor, and even provincial referral hospitals have limited access to water and electricity. Only about half of Mozambicans have access to a health facility. Co-epidemics of tuberculosis (TB) and malaria exacerbate the impact of HIV/AIDS. The USG will continue to pursue a balance between meeting immediate needs and building long-term capacity to effectively address the HIV/AIDS epidemic in Mozambique. The initiation of the President's Malaria Initiative in Mozambique in FY 2007 will provide complementary resources that will link to this USG program.

Additional Funding: In June 2007, an additional $15,500,000 was allocated to significantly strengthen PMTCT, TB/HIV, pediatric AIDS and medical male circumcision efforts. Additional funding will expand and support improved quality of services for the targeted program areas in the new provincial focus areas, Sofala and Zambezia.

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

Prevention: $38,281,803 ($34,483,878 Field and $3,797,925 Central) (27.4% of prevention, care and treatment budget)

Emergency Plan activities in Mozambique that prevent the spread of HIV will continue to include programs that (1) prevent mother-to-child transmission (PMTCT), (2) promote abstinence, faithfulness, and delay of sexual debut (AB), (3) specifically target high-risk or high-transmitter groups with condoms and other prevention measures, and (4) ensure blood, biomedical, and injection safety. PMTCT sites will provide referral to nearby treatment and support programs to ensure successful antiretroviral therapy (ART) for HIV-positive mothers and their HIV-positive children and partners, while other programs provide them with wrap-around services including nutrition education, birth spacing, postnatal care, and malaria and TB prophylaxis and treatment. During fiscal year 2007, the USG will continue technical support for coordination, policy oversight, and updating of national guidelines and training materials on PMTCT.

With fiscal year 2007 funds, the USG will strengthen efforts to promote abstinence and delay sexual debut among youth, and reduce multiple partnerships and promote fidelity among adults in committed relationships. These AB activities will promote more equitable gender norms and behaviors, including reduction in gender-based violence and coercion. Partners will reach Mozambicans with AB messages through peer-to-peer youth groups, parent-teacher-child

discussions, pastor networks and other community-based programs. New mass media activities will include community radio programs that create a supportive environment for adopting AB behaviors. Finally, training programs will expand the cadre of individuals to lead and promote AB activities.

Medical transmission prevention programs will improve blood safety, infection control and injection safety. In fiscal year 2007, technical assistance and training will focus on implementing a standards-based approach for infection prevention and control. Injection safety technical assistance will expand to new health facilities, and additional Mozambican health workers will be trained to support injection safety.

With fiscal year 2007 funds, the USG will continue its support of condom procurement for free distribution through public facilities. USG funds will also maintain condom social marketing and behavior change communication activities that focus on the most-at-risk and high-transmitter population groups, including migrant workers and uniformed service members, specifically young police and military recruits. Besides large scale media and local mobilization campaigns, USG funds will sustain ongoing capacity building for private sector HIV/AIDS workplace programs.

Principal Partners: MOH, Health Alliance International, Population Services International, Food for the Hungry, World Vision, Columbia University, National AIDS Council, Foundation for Community Development, Johns Hopkins University, Family Health International, JHPIEGO, Elizabeth Glaser Pediatric AIDS Foundation, Project HOPE, World Relief, Samaritan's Purse, Academy for Educational Development, Constella Group, and International Broadcasting Bureau.

Care: $39,537,920 ($36,585,925 Field and $2,951,995 Central (28.3% of prevention, care and treatment budget)

The USG will build on the achievements of the last three years to deliver care by (1) mobilizing and supporting local responses, (2) standardizing essential services for orphans and vulnerable children (OVC), and (3) strengthening the enabling environment and government response. In fiscal year 2007, local CBOs and FBOs will continue to receive training and mentoring to strengthen their operations and monitoring capacity. With fiscal year 2007 funds, USG partners will expand the delivery of palliative care to people living with HIV/AIDS (PLWHA) at facility and community levels and advance policy initiatives through direct service delivery and capacity building. A Mozambican nurses' association will continue to receive technical and financial support to complete training of accredited home-based care (HBC) trainers, who will in turn train volunteers.

In fiscal year 2007, USG resources will help complete the transition to an opt-out approach for HIV counseling and testing (CT) in the clinical setting, with an emphasis on integrating CT services in TB clinics, youth-friendly health services, and antenatal clinics. The quality-control program will be rolled-out to all provincial capitals and HIV test-kit distribution will be integrated into the national distribution system with USG technical assistance.

In fiscal year 2007, USG-funded technical assistance will strengthen the integrated TB/HIV program by implementing TB drug resistance surveillance and treatment, improving TB laboratory services, and introducing an electronic TB register. All USG-funded ARV treatment partners will provide a minimum package of TB/HIV services including TB case finding and ART initiation in TB clinics. USG funding will also support TB treatment for HIV-infected clients.

Principal Partners: MOH, Ministry of Women and Social Action, Health Alliance International, World Vision, CARE, World Relief, Columbia University, JHPIEGO, Foundation for Community Development, World Food Program, Partnership for Supply Chain Management, Family Health International, Health Alliance International, and Population Services International.

Treatment: $62,048,143 ($57,548,143 Field and $4,500,000 Central) (44.4% of prevention, care and treatment budget)

In fiscal year 2007, the USG will provide technical assistance and training to strengthen pharmaceutical logistics information and control systems to ensure a reliable supply of ARV drugs for all sites delivering treatment services. Fiscal year 2007 funds will procure FDA-approved ARV drugs, including those for adults on second-line treatments, adults with TB/HIV co-infection, and infants and children on first and second-line pediatric ARV formulations.

Fiscal year 2007 funds will enable USG partners to support ARV treatment, including pediatric treatment, and the strengthening of national human resource capacity, infrastructure, and support systems to deliver these services. The USG will support the development of three regional pediatric reference centers, and will initiate or expand pediatric ARV treatment at all USG-supported ARV treatment sites. Fiscal year 2007 funds will provide training for nurses and other health workers, renovation and construction of health and training facilities, and technical assistance and training to improve ARV procurement, distribution, and storage.

The USG will expand capacity at clinical laboratories to support implementation of the ARV treatment program in fiscal year 2007. Additional Mozambican technicians will receive training to manage and supervise the CD4, T-cell and HIV serology quality assurance programs. USG-funded technical assistance will also assist in the development of strategic plans for a national laboratory network and for pre- and in-service training of laboratory technicians.

Principal Partners: MOH, Partnership for Supply Chain Management, University of Washington Population Services International, Association of Public Health Laboratories, Elizabeth Glaser Pediatric AIDS Foundation, Columbia University, Health Alliance International, and World Vision.

Other Costs: $22,121,850

As Mozambique rapidly scales up its HIV/AIDS program, strengthening human resources and institutional capacity will be vital for the success of the National HIV/AIDS Strategy. Fiscal year 2007 funds will support pre-service courses and training material revisions, expand the

training information system database, procure essential training equipment, and aid in development of a national HIV workforce policy. Technical assistance will strengthen the capacity of national leadership and improve coordination of the HIV/AIDS response. Technical assistance and twinning will strengthen the capacity of Mozambican NGOs and the professional nursing association.

Principal Partners: MOH, National AIDS Council, JHPIEGO, American International Health Alliance, Johns Hopkins University, University of Washington, Abt Associates, Academy for Educational Development, and Catholic University of Mozambique.

The USG will support strategic information activities that improve Mozambique's capacity to measure and interpret the impact of HIV/AIDS on the population. In fiscal year 2007, the USG will provide technical assistance and local cost support to conduct a post-census mortality survey that will provide statistics on the number and causes of deaths, including HIV. A Knowledge, Attitudes and Practices survey of health care workers and an HIV seroprevalence survey among the military and peacekeeping troops will also be conducted. The USG will also support public health evaluations to measure and improve the quality of national care, prevention, and treatment services and compare costs of different models to deliver HIV care.

Principal Partners: MOH, National AIDS Council, Ministry of Women and Social Action, University of North Carolina-Carolina Population Center, U.S. Bureau of Census, Constella Group, and New York AIDS Institute.

Fiscal year 2007 funds will support the in-country personnel needed for USAID, HHS, State, and Peace Corps. Funds will ensure program monitoring and accountability, ensure USG policy and technical leadership, and cover compensation, logistics, and office and administrative costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

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

Program Contact: PEPFAR Coordinator Linda Lou Kelley

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: Mozambique
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - MOZAMBIQUE	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	11,244,399	19,422	4,534,747	0	0	0	0	15,798,568		15,798,568	11.3%
Abstinence/Be Faithful	8,933,029	0	0	0	430,000	458,560	0	9,821,589	1,461,229	11,282,818	8.1%
Blood Safety	0	0	15,000	0	0	0	0	15,000	2,100,000	2,115,000	1.5%
Injection Safety	0	0	810,721	0	0	0	0	810,721	236,696	1,047,417	0.7%
Other Prevention	7,368,733	0	430,000	0	56,667	182,600	0	8,038,000		8,038,000	5.7%
Prevention Sub-total	*27,546,161*	*19,422*	*5,790,468*	*0*	*486,667*	*641,160*	*0*	*34,483,878*	*3,797,925*	*38,281,803*	*27.4%*
Care											
Palliative Care: Basic health care & support	7,934,966	62,243	5,082,978	0	0	0	0	13,080,187		13,080,187	9.4%
Palliative Care: TB/HIV	737,822	48,555	2,727,305	0	0	0	0	3,513,682		3,513,682	2.5%
Orphans and Vulnerable Children	*11,859,429*	*0*	*0*	*0*	*0*	*45,000*	*0*	*11,904,429*	*2,951,995*	*14,856,424*	*10.6%*
Of Which, Orphans Programs	11,859,429	0	0	0	0	45,000	0	11,904,429	2,951,995	14,856,424	10.6%
Of Which, Pediatric AIDS								0		*0*	0.0%
Counseling and Testing	6,083,574	19,422	1,984,631	0	0	0	0	8,087,627		8,087,627	5.8%
Care Sub-total (Including Pediatric AIDS)	*26,615,791*	*130,220*	*9,794,914*	*0*	*0*	*45,000*	*0*	*36,585,925*	*2,951,995*	*39,537,920*	*28.3%*
Treatment											
Treatment: ARV Drugs	14,244,518	13,502	49,948	0	0	0	0	14,307,968		14,307,968	10.2%
Treatment: ARV Services	14,729,750	114,123	18,505,619	300,000	0	483,560	0	34,133,052	4,500,000	38,633,052	27.6%
Laboratory Infrastructure	494,709	73,617	8,538,797	0	0	0	0	9,107,123		9,107,123	6.5%
Treatment Sub-total (Including Pediatric AIDS)	*29,468,977*	*201,242*	*27,094,364*	*300,000*	*0*	*483,560*	*0*	*57,548,143*	*4,500,000*	*62,048,143*	*44.4%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*		*0*	0.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*29,468,977*	*201,242*	*27,094,364*	*300,000*	*0*	*483,560*	*0*	*57,548,143*	*4,500,000*	*62,048,143*	*44.4%*
Subtotal, Prevention, Care, and Treatment	*83,630,929*	*350,884*	*42,679,746*	*300,000*	*486,667*	*1,169,720*	*0*	*128,617,946*	*11,249,920*	*139,867,866*	*100.0%*
Other Costs											
Strategic Information	2,930,000	192,181	3,483,927	375,000	0	0	0	6,981,108		6,981,108	
Other/policy analysis and system strengthening	1,938,596	0	4,191,485	0	183,800	20,000	0	6,333,881		6,333,881	
Management and Staffing	4,585,650	1,793,935	1,799,276	118,000	360,000	150,000	0	8,806,861		8,806,861	
Other Costs Sub-total	*9,454,246*	*1,986,116*	*9,474,688*	*493,000*	*543,800*	*170,000*	*0*	*22,121,850*	*0*	*22,121,850*	
AGENCY, FUNDING SOURCE TOTALS	**93,085,175**	**2,337,000**	**52,154,434**	**793,000**	**1,030,467**	**1,339,720**	**0**	**150,739,796**	**11,249,920**	**161,989,716**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	93,085,175	93,085,175	4,649,920	97,735,095
HHS	52,154,434	54,491,434	5,100,000	59,591,434
DOD	793,000	793,000	0	793,000
State	1,030,467	1,030,467	1,500,000	2,530,467
Peace Corps	1,339,720	1,339,720	0	1,339,720
Labor	0	0	0	0
Total	**148,402,796**	**150,739,796**	**11,249,920**	**161,989,716**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	2,337,000	0	2,337,000
GHAI	148,402,796	11,249,920	159,652,716
Total	**150,739,796**	**11,249,920**	**161,989,716**

NAMIBIA

Project Title: Namibia Fiscal Year 2007 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	1,650,000	1,650,000	0	2,233,000	**2,233,000**	**0**	**2,233,000**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	1,500,000	35,719,731	37,219,731	1,500,000	41,762,028	**43,262,028**	**1,600,000**	**44,862,028**
Peace Corps	0	985,300	985,300	0	985,300	**985,300**	**0**	**985,300**
State	0	1,170,090	1,170,090	0	2,695,090	**2,695,090**	**0**	**2,695,090**
USAID	0	36,673,682	36,673,682	0	39,254,582	**39,254,582**	**1,158,901**	**40,413,483**
TOTAL Approved	**1,500,000**	**76,198,803**	**77,698,803**	**1,500,000**	**86,930,000**	**88,430,000**	**2,758,901**	**91,188,901**

HIV/AIDS Epidemic in Namibia:

Estimated Population: 2,031,000*
HIV Prevalence rate: 19.6%
# of HIV infected: 230,000*
Estimated # of OVCs: 85,000*¥
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
Prevalence is in adults only (15-49 years)
¥Orphans aged 0-17 due to AIDS

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

Namibia	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of Fiscal Year 2004 *	**96,900**	**4,000**
End of Fiscal Year 2005 **	**146,300**	**14,300**
End of Fiscal Year 2006 ***	**142,700**	**26,300**
End of Fiscal Year 2007 ****	**195,133**	**45,300**
End of Fiscal Year 2008 ****	**227,996**	**53,500**

* Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, March 2005
** Results. "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2006
*** Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007
**** Fiscal Year 2007 Country Operational Plan targets

Program Description

Namibia has a severe, generalized HIV epidemic, with an estimated 230,000 HIV-infected individuals. The country's HIV prevalence of 19.7% in pregnant women is one of the five

highest prevalence rates in the world. HIV transmission is almost exclusively through heterosexual contact or through mother-to-child transmission. Social, economic, and cultural factors, such as population migrations, disempowered women, alcohol, stigma, ignorance, and lack of male circumcision, help drive the epidemic.

In addition, the tuberculosis (TB) case rate of 813 cases per 100,000 in Namibia is the highest in the world (MoHSS 2004), with HIV co-infection estimated at 60%. Also, there is anecdotal evidence that multi-drug resistant TB (MDR-TB) is increasing. TB continues to be the leading cause of death for people with HIV/AIDS, even with the availability of antiretroviral therapy (ART). Additionally, Namibia has the world's highest rate of unequal income distribution (Gini index 70.9), high levels of poverty, and a lack of economic opportunity. Human capacity development, quality of services, and sustainability will be important considerations in fiscal year 2007.

Emergency Plan activities in fiscal year 2007 will focus on supporting behavior change activities that emphasize delaying sexual debut, changing male norms to reduce the incidence of cross-generational sex and concurrent partners, increasing faithfulness, conducting prevention with positives programs in health care settings, and increasing access to condoms for high-risk individuals. Emergency Plan activities also will foster developing staff capacity within the public health services sector; supporting human resource development efforts in order to ensure that Namibia has the human resources necessary to fight HIV/AIDS in the long term; promoting access to treatment and care in rural settings; and employing community counselors to provide comprehensive services involving prevention, counseling and testing, and care in health care settings.

Additional Funding: In June 2007, an additional $8,130,000 was allocated to expand on existing activities in treatment, counseling and testing, HIV/TB (especially for laboratory support), and OVC. The additional funding will build on prevention initiatives related to gender and alcohol, and will expand PMTCT activities. Additional funding will also support medical male circumcision activities and a PMTCT activity between Namibia and Angola.

The following programmatic areas will be included in fiscal year 2007 to mitigate the impact of the epidemic in Namibia:

Prevention: $19,332,019 ($17,653,594 Field and $1,678,425 Central) (26.1% of prevention, care and treatment budget)

Prevention activities will focus on increasing abstinence and faithfulness, with programs that encourage partner reduction and the delay of sexual debut, and also address: harmful male norms; the role of alcohol abuse in HIV transmission in Namibia; partner reduction; delaying age of sexual debut; and risk factors contributing to cross-generational sex. Key prevention activities include: communication of HIV/AIDS prevention messages by HIV-positive individuals; targeted interventions in health facilities and community counseling and testing (CT) centers, which include disseminating information on alcohol-related risk factors, promotion of faithfulness, and correct and consistent condom use for HIV-positive patients; and targeted programs for most-at-risk populations. In addition, population-based door-to-door educational programs will expand, in coordination with programs supported by the Government of Namibia and the Global Fund.

Resources will support prevention of mother-to-child transmission (PMTCT) services in all clinics. The antiretroviral (ARV) prophylaxis regimen for HIV-positive mothers will be strengthened by the possible addition of a second ARV drug to the current regimen. The USG will support the medical facilities providing PMTCT, with rapid test kits, ARV drugs, laboratory testing, personnel, training, management support, and technical assistance.

Principal Partners: Catholic AIDS Action (CAA), Catholic Health Services (CHS), Development Aid People to People (DAPP), Family Health International (FHI), International Training and Education Center on HIV/AIDS (I-TECH), Johns Hopkins University/Health Communication Partnership (JHU/HCP), Lifeline-Childline (Ll/Cl), Lutheran Medical Services (LMS), Ministry of Health and Social Services (MoHSS), Namibia Institute of Pathology (NIP), Pact Inc., Potentia Namibia Recruitment Consultancy (Potentia), Project Hope, Public Health Institute, Regional Procurement and Services Office (RPSO), Social Marketing Association of Namibia (SMA), University Research Corp. (URC) and the Walvis Bay and Sam Nujoma Multipurpose Centers.

Care: $25,949,908 ($24,869,432 Field and $1,080,476 Central) (35.0% of prevention, care and treatment budget)

Care activities will focus on supporting Namibia's dissemination of Integrated Management of Adult Illness (IMAI) practices; increasing CT services; ensuring that orphans and vulnerable children (OVC) are identified and provided with a full package of services; expanding access to palliative care; and increasing linkages between TB and HIV testing and care services. Partners will strategically locate CT services, based upon local assessments and government guidance. Health facilities will promote routine, provider-initiated CT for HIV/AIDS-related conditions, in order to improve access to prevention, care, and treatment services for people living with HIV/AIDS (PLWA).

All partners will continue to strengthen linkages among non-ART care, CT, and referral services. Health care providers will focus on improving the quality of palliative care and ART, including the preventive care package. TB activities will focus on increasing HIV testing of TB patients and improving linkages to HIV care and treatment, when necessary. TB/HIV activities will expand provision of routine CT, help improve diagnosis and increase DOTS service points. With a population of 135,180 OVC attributable to HIV, identification of OVC and the delivery of a minimum package of high quality services will continue to be a focus. The USG team and its partners will support income-generating and educational activities for OVC.

Principal Partners: Academy for Educational Development (AED), CAPACITY Project, Catholic AIDS Action (CAA), Catholic Health Services (CHS), Church Alliance for Orphans (CAFO), Council of Churches in Namibia (CCN), Development Aid People to People (DAPP), Evangelical Lutheran Church in the Republic of Namibia - AIDS Program (ELCAP), Evangelical Lutheran Church in Namibia (ELCIN), Family Health International (FHI), International Training and Education Center on HIV/AIDS (I-TECH), Johns Hopkins University/Health Communication Partnership (JHU/HCP), Lutheran Medical Services (LMS), Ministry of Education (MOE), Ministry of Health and Social Services (MoHSS), Ministry of Gender Equality and Child Welfare, Namibia Institute of Pathology (NIP), Organization for Resources and Training (ORT), Pact, Inc., Partnership for Supply Chain Management, Philippi Namibia, Potentia Namibia Recruitment Consultancy, and Social Marketing Association of Namibia (SMA).

Treatment: $28,816,255 (Field funded) (38.9% of prevention, care and treatment budget)

Treatment activities will focus upon decentralization to expand coverage to more rural sites, quality of service and patient retention, ensuring adequate human capacity for now and in the future, support for the procurement and supply chain management of ARV drugs and related commodities, and building laboratory capacity to provide quality assurance and testing. Recruitment of contracted doctors, nurses, and pharmacists will be paired with expansion of scholarships for training of new professionals; in addition, the implementation of both human resource planning and twinning programs will foster development of local human capacity. The USG will continue to provide technical assistance for national program management, pharmaceutical management and logistics, training, senior health care personnel, funding for laboratory services, infrastructure improvements, and information system development.

Principal partners: CAPACITY Project, Catholic Health Services (CHS), Development Aid People to People (DAPP), International Training and Education Center for HIV (ITECH), Johns Hopkins University/Health Communication Partnership (JHU/HCP), MoHSS National Health Training Center, Lutheran Medical Services (LMS), Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM+), Ministry of Health and Social Services (MOHSS), Namibia Institute of Pathology (NIP), Partnership for Supply Chain Management and Potentia Namibia Recruitment Consultancy.

Other Costs: $17,090,719

Technical and financial support will expand and strengthen the USG-supported national health management information systems (HMIS), to make it more relevant to service providers and policy makers while ensuring its sustainability over the long-term. USG support will also expand HIV surveillance for transmission of drug-resistant HIV in the general population and MDR-TB. With the consensus of the MoHSS, and in line with the host government's priorities, the USG will help build capacity for public health evaluation of programs in order to document impact at the population level.

Principal Partners: Academy for Educational Development (AED), Comforce, Family Health International (FHI), Johns Hopkins University Health Communications Partnership (JHU/HCP), Measure Evaluation, Measure DHS, Ministry of Gender Equality and Child Welfare, Ministry of Health and Social Services (MoHSS), the National Planning Commission's Central Bureau of Statistics and Potentia Namibia Recruitment Consultancy.

Programs addressing cross-cutting issues in both government and civil society will continue to provide training on human resource development, organizational capacity building, community mobilization and advocacy, and education on available benefits. In an effort to sustainably address Namibia's severe human resource shortages in medical professions, USG will support scholarships for Namibian students. The integration of HIV/AIDS into existing pre-service training programs for health care workers, as well as the continued use and expansion of digital video conferencing, will reduce the human resource burdens of providing training; this also will facilitate the expansion of skills among new and existing health care providers. Community Action Forums will help bring HIV initiatives into the mainstream, and will support a full range of HIV/AIDS services at the community level. Government and business partners will initiate and expand workplace HIV/AIDS programs, in an effort to fight stigma and bring HIV/AIDS issues to a broader audience.

Principal Partners: International Training and Education Center for HIV (ITECH), Family Health International (FHI), Johns Hopkins University Health Communications Partnership (JHU/HCP), Legal Assistance Center/AIDS Law Unit, Lifeline-Childline (CL/LL), Ministry of Information and Broadcasting (MIB), Ministry of Health and Social Services (MoHSS), MoHSS National Health Training Center, Namibia Institute of Pathology (NIP), Potentia Namibia Recruitment Consultancy, and University of Namibia.

Funds for management and staffing will support in-country personnel needed for DOD, DOS, HHS/CDC, Peace Corps, and USAID. Travel, management, and logistics support in country will be included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanisms

The Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) is the second largest donor (after the USG) in the fight against HIV/AIDS, and Namibia is currently utilizing a Round Two grant of $26 million, with a Round Two, Phase Two proposal under review. Other development partners include the European Union and UN agencies, including the World Health Organization (WHO), UNAIDS, UNICEF, UNFPA, and UNDP. Global Fund money supports ART and care services, OVC programs, workplace HIV programs, support for community-based care, TB control, CT, PMTCT-Plus, and community outreach services. The USG has been asked to co-chair the UN Partnership Forum, which provides an HIV/AIDS partner coordination mechanism among development partners. The USG also sits on the National AIDS Executive Committee (NAEC), which coordinates implementation of Namibian HIV/AIDS activities. The National Multi-Sectoral AIDS Coordinating Committee (NAMACOC), supported by the National AIDS Coordination Program (NACOP) as Secretariat, is responsible for multi-sectoral leadership and coordination. The membership of the committee consists of the Secretaries of all government ministries, major development partners, non-governmental organizations, faith-based organizations, trade unions and private sector organizations. The USG team will continue to work with the Namibian government and other development partners to ensure coordination of HIV policy and to promote sustainability of programs.

Program Contact: Emergency Plan Coordinator Dennis Weeks and Ambassador Joyce Barr

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: Namibia
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - NAMIBIA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	1,386,126	0	2,536,362	0	0	0	0	3,922,488		3,922,488	5.3%
Abstinence/Be Faithful	4,259,117	0	4,229,888	267,500	0	0	0	8,756,505	0	8,756,505	11.8%
Blood Safety	0	0	0	0	0	0	0	0	1,600,000	1,600,000	2.2%
Injection Safety	0	0	0	0	0	0	0	0	78,425	78,425	0.1%
Other Prevention	2,427,428	0	1,692,773	287,500	0	566,900	0	4,974,601		4,974,601	6.7%
Prevention Sub-total	*8,072,671*	*0*	*8,459,023*	*555,000*	*0*	*566,900*	*0*	*17,653,594*	*1,678,425*	*19,332,019*	*26.1%*
Care											
Palliative Care: Basic health care & support	3,722,948	0	3,575,965	115,000	0	0	0	7,413,913		7,413,913	10.0%
Palliative Care: TB/HIV	1,058,245	0	1,568,039	0	0	0	0	2,626,284		2,626,284	3.5%
Orphans and Vulnerable Children	*6,224,226*	*0*	*50,000*	*0*	*50,000*	*0*	*0*	*6,324,226*	*1,080,476*	*7,404,702*	*10.0%*
Of Which, Orphans Programs	6,224,226	0	50,000	0	50,000	0	0	6,324,226	1,080,476	7,404,702	10.0%
Of Which, Pediatric AIDS								0		*0*	0.0%
Counseling and Testing	4,887,072	0	2,547,937	570,000	500,000	0	0	8,505,009		8,505,009	11.5%
Care Sub-total (Including Pediatric AIDS)	*15,892,491*	*0*	*7,741,941*	*685,000*	*550,000*	*0*	*0*	*24,869,432*	*1,080,476*	*25,949,908*	*35.0%*
Treatment											
Treatment: ARV Drugs	2,497,291	0	4,500,000	0	0	0	0	6,997,291		6,997,291	9.4%
Treatment: ARV Services	4,914,290	0	12,441,661	580,000	1,515,090	0	0	19,451,041		19,451,041	26.3%
Laboratory Infrastructure	389,404	0	1,928,519	50,000	0	0	0	2,367,923		2,367,923	3.2%
Treatment Sub-total (Including Pediatric AIDS)	*7,800,985*	*0*	*18,870,180*	*630,000*	*1,515,090*	*0*	*0*	*28,816,255*	*0*	*28,816,255*	*38.9%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*		*0*	0.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*7,800,985*	*0*	*18,870,180*	*630,000*	*1,515,090*	*0*	*0*	*28,816,255*	*0*	*28,816,255*	*38.9%*
Subtotal, Prevention, Care, and Treatment	*31,766,147*	*0*	*35,071,144*	*1,870,000*	*2,065,090*	*566,900*	*0*	*71,339,281*	*2,758,901*	*74,098,182*	*100.0%*
Other Costs											
Strategic Information	2,090,806	0	2,834,160	128,000	50,000	0	0	5,102,966		5,102,966	
Other/policy analysis and system strengthening	3,152,852	0	3,279,110	65,000	260,000	212,500	0	6,969,462		6,969,462	
Management and Staffing	2,244,777	1,500,000	577,614	170,000	320,000	205,900	0	5,018,291		5,018,291	
Other Costs Sub-total	*7,488,435*	*1,500,000*	*6,690,884*	*363,000*	*630,000*	*418,400*	*0*	*17,090,719*	*0*	*17,090,719*	
AGENCY, FUNDING SOURCE TOTALS	**39,254,582**	**1,500,000**	**41,762,028**	**2,233,000**	**2,695,090**	**985,300**	**0**	**88,430,000**	**2,758,901**	**91,188,901**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	39,254,582	39,254,582	1,158,901	40,413,483
HHS	41,762,028	43,262,028	1,600,000	44,862,028
DOD	2,233,000	2,233,000	0	2,233,000
State	2,695,090	2,695,090	0	2,695,090
Peace Corps	985,300	985,300	0	985,300
Labor	0	0	0	0
Total	**86,930,000**	**88,430,000**	**2,758,901**	**91,188,901**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	1,500,000	0	1,500,000
GHAI	86,930,000	2,758,901	89,688,901
Total	**88,430,000**	**2,758,901**	**91,188,901**

NIGERIA

Project Title: **Nigeria Fiscal Year 2007 Country Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	9,606,033	9,606,033	0	9,406,033	**9,406,033**	**0**	**9,406,033**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	3,056,000	99,966,962	103,022,962	3,056,000	137,007,315	**140,063,315**	**18,230,999**	**158,294,314**
Peace Corps	0	0	0	0	0	**0**	**0**	**0**
State	0	60,000	60,000	0	60,000	**60,000**	**0**	**60,000**
USAID	0	100,374,738	100,374,738	0	135,470,652	**135,470,652**	**1,622,415**	**137,093,067**
TOTAL Approved	**3,056,000**	**210,007,733**	**213,063,733**	**3,056,000**	**281,944,000**	**285,000,000**	**19,853,414**	**304,853,414**

* The Global AIDS Program of HHS/CDC

HIV/AIDS Epidemic in Nigeria: Estimated Population: 131,530,000*
HIV Prevalence rate: 3.9%* [Φ]
# of HIV infected: 2,900,000*
Estimated # of OVCs: 930,000*[¥]
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
[Φ]Prevalence is in adults only (15-49 years)
[¥]Orphans aged 0-17 due to AIDS

Country Targets and Projections to Achieve 2-7-10 Goals: Total Targets:

Nigeria	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of Fiscal Year 2004*	**43,800**	**13,500**
End of Fiscal Year 2005**	**67,900**	**28,500**
End of Fiscal Year 2006***	**234,600**	**67,100**
End of Fiscal Year 2007****	**415,867**	**122,531**
End of Fiscal Year 2008****	**731,703**	**267,175**

*Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005
**Results. "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2006
***Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007
****FY 2007 Country Operational Plan targets

Program Description:

With an estimated population of 137 million, Nigeria is both ethnically and culturally diverse. Under the federal system of government, Nigeria has six geo-political zones, 774 local government areas (LGAs), 36 states, and a Federal Capital Territory (FCT). At an average of 3.2 million inhabitants, many states are larger than some African countries. Nigeria's large population and an estimated HIV prevalence of 3.9% (UNAIDS 2006) result in an estimated 2.9 million inhabitants infected with HIV. In addition, Nigeria has one of the highest tuberculosis

(TB) burdens (290/100,000 population, WHO 2006) in the world and the largest TB burden in Africa. Many TB cases go undetected, despite increasing TB detection rates and TB program coverage.

Nigeria has a generalized HIV epidemic. However, prevalence rates vary widely across states and rural and urban areas. Concentrated HIV/AIDS epidemics occur in particular geographic regions and within certain segments of the population. The USG will support a population level survey in 2007, the goal of which is to clearly define variability within the epidemic. Nigeria's epidemic largely is fueled by heterosexual transmission and mother-to-child transmission, but there are clearly identifiable risk groups, which are similar to those in many other African countries. One such risk group in Nigeria is girls who marry at a young age, causing their sexual debut to occur at an early age. This group, which has a mean age at first marriage of 14.6 years, is a vulnerable and largely underserved population, predominantly found in the northern part of the country. Activities specifically designed to engage, increase HIV knowledge among, and promote safe behaviors within this vulnerable population will be supported in fiscal year 2007.

The USG will provide support for a substantial number of HIV/AIDS orphans. By 2015, an estimated 16.2% of the total population under 15 years of age will be orphaned by losing either one or both parents from any cause, up from only 5.2% in 2000. The current HIV prevalence peak in the 20 to 24 year age group implies that people are becoming infected at an early age. With over half of the infected population under 25 years of age, Nigeria was classified as a "second wave" country by the National Intelligence Council (NIC). While prevalence estimates imply that the stage is set for another and larger wave of the epidemic over the next decade, the USG will work to counter such a situation.

Additional Funding: In June 2007, an additional $36,933,281 was allocated to support further expansion of programs into rural areas and to expand OVC programs.

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

Prevention: $52,917,884 ($47,847,781 Field and $5,070,103 Central) (19.5% of prevention, care and treatment budget)

Prevention activities in Nigeria include prevention of mother-to-child transmission (PMTCT), abstinence and be faithful (AB) programs, blood and injection safety, and other prevention initiatives, including activities focused on high risk populations. In fiscal year 2007, the USG will expand support to PMTCT centers and will continue its dialogue with the Government of Nigeria (GON) regarding the most effective protocols for expanding these treatment activities from the tertiary and secondary centers out to the rural areas where most women give birth. The USG will train health workers in PMTCT services and also will work to mobilize communities, creating greater demand for PMTCT and increasing the number of pregnant women who are screened for HIV and the number of HIV-positive mothers who receive prophylaxis in an antenatal care (ANC) setting.

The Emergency Plan will continue to support high-quality, tightly-targeted behavior change programs to deliver abstinence and be faithful messages. New emphasis this year will be on changing norms and behaviors of men in the general population, as opposed to only high-risk men. In addition, "be faithful" messages, which have received less emphasis in past years, will be given more prominence this year. Mass media messages, such as the popular and successful

national "ZIP UP" campaign, will continue; in addition, new media will be identified and exploited for more targeted messages. In an effort to recruit new partners, USG Nigeria will provide institutional capacity-building support to local civil society organizations (CSOs), nongovernmental organizations (NGOs), and faith-based organizations (FBOs) delivering AB messages.

Prevention activities will be incorporated into all activities, and opportunities to introduce prevention messages into other program areas (such as voluntary counseling and testing (VCT)) will be maximized. In particular, the nationally branded Heart to Heart VCT Centers as well as mobile VCT services will be maintained, since they provide strategic venues for communicating behavior change messages on prevention. Strategies for discordant couples will be developed in fiscal year 2007, and targeted activities will facilitate prevention for positives in both community-based care and anti-retroviral therapy (ART) clinical settings. Efforts to reduce new infections among high-risk and high-transmission communities will continue, with messages specifically targeted for each individual risk group.

The USG supports a significant number of clinical points of service in its Emergency Plan programming, and will work to ensure that all clinical settings receiving USG support will have the capacity to screen all transfused blood for HIV. Universal precautions will also be promoted in all clinical settings.

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

Care: $79,551,513 ($80,003,825 Field and $452,312 Central) (29.5% of prevention, care and treatment budget)

Care activities in Nigeria include VCT, palliative care, TB/HIV activities, and support for orphans and vulnerable children (OVC). To increase uptake of HIV counseling and testing services at the health facility level, the USG will implement and expand provider-initiated routine testing (based on an opt-out approach) in clinical settings (e.g., TB clinics, STI points of services, and ANC centers) and enhance linkages to HIV care and treatment services, as appropriate. The USG also will continue to support stand-alone VCT sites linked to treatment and care service networks, and expand through the development of mobile testing services.

The GON has made progress in establishing a basic package of services for HIV-positive people and their families. Although families, communities, and organizations will continue to benefit from Emergency Plan-supported palliative care services, the focus in fiscal year 2007 will be on ensuring delivery of a minimum package of services (including opportunistic infection management, laboratory follow-up, and referral to a care network) to all HIV-positive patients identified in USG programs, regardless of their need for ART. An additional focus will be providing increased services at the community and home level, to augment services provided at the facility level and to increase overall care coverage. The Emergency Plan will promote access to home-based care and will strengthen networks of health care personnel and community health workers, to provide nursing care and psychosocial support.

In addition, the USG will promote provider-initiated, routine HIV testing within TB facilities, and will ensure that facilities offering ART have co-located government Directly Observed Therapy Short-course (DOTS) TB services available. These services include regularly screening all HIV-infected clients for TB, which will lead to increased identification of HIV-infected clients as TB cases. TB preventive therapy also will be provided through a phased approach to HIV-positive clients, in order to reduce their risk of developing TB.

The USG will support the Federal Ministry of Women Affairs and Youth Development to develop national guidelines and policies that address the needs of OVC. The Emergency Plan will support a community network to implement a household- and family-based strategy for OVC. The USG also will support interventions to advocate among and mobilize a broad range of stakeholders, in order to raise awareness of OVC issues. In fiscal year 2007, the USG will continue clinical care services for OVC, including prevention and management of opportunistic infections, as well as provision of ART drugs and services for eligible children.

Principal partners: Partnership for Supply Chain Management, Family Health International/GHAIN, University of Maryland/ACTION, Catholic Relief Services/AIDSRelief, Harvard University School of Public Health/APIN+, Center for Development and Population Activities, Society for Family Health, Christian Aid, CRS/7 Dioceses, and Winrock.

Treatment: $138,527,705 ($124,196,706 Field and $14,330,099 Central) (51.0% of prevention, care and treatment budget)

Treatment activities in Nigeria include the provision of ARV drugs and services to eligible patients, as well as laboratory support for the diagnosis and monitoring of HIV-positive patients identified through USG-supported activities. Funds will be used to purchase FDA approved or tentatively approved generic drugs whenever possible, in an effort to maximize the number of Nigerians receiving treatment.

Harmonization and cost leveraging are major emphasis areas in fiscal year 2007. Harmonization refers to standardization of services and training across implementing partners, as well as full integration with the National ARV program, with regard to standard operating procedures and service delivery. In fiscal year 2006, drug commodities were leveraged effectively at several treatment sites. Such leveraging is being expanded in fiscal year 2007, with several USG partners anticipating the delivery of drugs and other commodities from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Cost savings resulting from strategic resource leveraging will be completely reinvested into program implementation.

Logistics management activities are a key component of ARV drug delivery. This includes not only the purchase of drugs but also a number of interdependent logistics management activities, such as: product selection, forecasting and procurement, freight forwarding and importation, and warehousing and distribution. A Logistics Management Information System (LMIS) and Inventory Control System (ICS) provide data that are essential for the delivery of ARV drugs to treatment sites and patients in a smooth and efficient manner. Efforts to develop and implement an LMIS and ICS will continue in fiscal year 2007. Staff will be trained to maintain a safe and secure supply of high-quality pharmaceutical products in a cost-effective and accountable way.

As treatment and services continue to increase in fiscal year 2007, laboratories will focus on maintaining high quality services. In fiscal year 2007, the Emergency Plan will emphasize the

actualization of networks of care with a tiered approach to service delivery. Discussions with GON counterparts on improving cost efficiencies will continue in fiscal year 2007, with the hope of further reducing overall treatment costs and making routine monitoring available to all ART patients.

Principal partners: Family Health International/GHAIN, Harvard University School of Public Health/APIN+, CRS/AIDS Relief, and University of Maryland/ACTION.

Other Costs: $33,404,000

In fiscal year 2007, Emergency Plan funds will continue to strengthen the capacity of the GON to provide comprehensive ART and to build the systems and structures that will support this countrywide effort. A key component of this effort includes improving the policy environment underpinning the provision of prevention, care, and treatment services. Monitoring and evaluation practices also will be strengthened to effectively measure progress in these three program areas.

Activities to strengthen the GON's provision of comprehensive ART will include improving ARV commodity forecasting and procurement in the national system, surveillance, patient management and monitoring systems, targeted evaluations, and population-based surveys. In addition to supporting the development and dissemination of guidelines and policies necessary to direct the provision of prevention, care, and treatment, specific legislation influencing HIV/AIDS activities (such as legislation dealing with stigma and discrimination and the transformation of the National and State Action Committees on AIDS into a Federal Agency) will be supported in the National Assembly.

The USG also will use funds to collect qualitative and quantitative data to monitor all partners' performance. In this regard, information necessary for reporting on Emergency Plan indicators will be collected, compiled, analyzed, and used for programmatic decision making.

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

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

Other Donors, Global Fund Activities, Coordination Mechanisms:

In addition to the USG, development partners in Nigeria include: the Global Fund; World Bank; the UK, Japanese, Canadian and Italian development agencies; UN agencies (UNAIDS, WHO, UNICEF, International Labor Organisation (ILO), UNDP, UNDCP, UNFPA, and UNIFEM); and the African Development Bank.

The USG will continue to leverage funding from multiple partners – for example, from both the Global Fund and the Clinton Foundation. The Global Fund has approved a Round 5 HIV/AIDS grant, totaling up to approximately $250 million over five years, to support the expansion of ART and PMTCT and the promotion of civil society's role in the HIV/AIDS response.

Program Contact: Emergency Plan Coordinator Jennifer Graetz

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: Nigeria
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - NIGERIA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	7,819,202	0	10,760,798	345,000	0	0	0	18,925,000		18,925,000	7.0%
Abstinence/Be Faithful	16,530,000	0	227,500	200,000	0	0	0	16,957,500	637,281	17,594,781	6.5%
Blood Safety	544,500	0	60,000	0	0	0	0	604,500	3,900,000	4,504,500	1.7%
Injection Safety	1,691,281	0	392,000	0	0	0	0	2,083,281	532,822	2,616,103	1.0%
Other Prevention	6,398,000	0	1,979,500	900,000	0	0	0	9,277,500		9,277,500	3.4%
Prevention Sub-total	*32,982,983*	*0*	*13,419,798*	*1,445,000*	*0*	*0*	*0*	*47,847,781*	*5,070,103*	*52,917,884*	*19.5%*
Care											
Palliative Care: Basic health care & support	8,218,969	0	11,855,031	851,600	0	0	0	20,925,600		20,925,600	7.7%
Palliative Care: TB/HIV	4,694,600	0	7,306,125	396,600	0	0	0	12,397,325		12,397,325	4.6%
Orphans and Vulnerable Children	*12,134,810*	*0*	*17,053,650*	*132,000*	*0*	*0*	*0*	*29,320,460*	*452,312*	*29,772,772*	*11.0%*
Of Which, Orphans Programs	12,134,810	0	3,496,590	132,000	0	0	0	15,763,400	452,312	16,215,712	6.0%
Of Which, Pediatric AIDS			13,557,060					13,557,060		*13,557,060*	5.0%
Counseling and Testing	10,245,245	0	5,952,050	710,833	0	0	0	16,908,128		16,908,128	6.2%
Care Sub-total (Including Pediatric AIDS)	*35,293,624*	*0*	*42,166,856*	*2,091,033*	*0*	*0*	*0*	*79,551,513*	*452,312*	*80,003,825*	*29.5%*
Treatment											
Treatment: ARV Drugs	21,272,000	0	38,303,193	300,000	0	0	0	59,875,193	10,198,927	70,074,120	25.8%
Treatment: ARV Services	19,697,785	0	33,997,485	2,150,000	0	0	0	55,845,270	4,132,072	59,977,342	22.1%
Laboratory Infrastructure	6,736,260	0	13,982,043	1,315,000	0	0	0	22,033,303		22,033,303	8.1%
Treatment Sub-total (Including Pediatric AIDS)	*47,706,045*	*0*	*86,282,721*	*3,765,000*	*0*	*0*	*0*	*137,753,766*	*14,330,999*	*152,084,765*	*56.0%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*-13,557,060*	*0*	*0*	*0*	*0*	*-13,557,060*		*-13,557,060*	-5.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*47,706,045*	*0*	*72,725,661*	*3,765,000*	*0*	*0*	*0*	*124,196,706*	*14,330,999*	*138,527,705*	*51.0%*
Subtotal, Prevention, Care, and Treatment	*115,982,652*	*0*	*128,312,315*	*7,301,033*	*0*	*0*	*0*	*251,596,000*	*19,853,414*	*271,449,414*	*100.0%*
Other Costs											
Strategic Information	8,314,000	0	5,245,000	450,000	0	0	0	14,009,000		14,009,000	
Other/policy analysis and system strengthening	6,140,000	0	925,000	50,000	0	0	0	7,115,000		7,115,000	
Management and Staffing	5,034,000	3,056,000	2,525,000	1,605,000	60,000	0	0	12,280,000		12,280,000	
Other Costs Sub-total	*19,488,000*	*3,056,000*	*8,695,000*	*2,105,000*	*60,000*	*0*	*0*	*33,404,000*	*0*	*33,404,000*	
AGENCY, FUNDING SOURCE TOTALS	**135,470,652**	**3,056,000**	**137,007,315**	**9,406,033**	**60,000**	**0**	**0**	**285,000,000**	**19,853,414**	**304,853,414**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	135,470,652	135,470,652	1,622,415	137,093,067
HHS	137,007,315	140,063,315	18,230,999	158,294,314
DOD	9,406,033	9,406,033	0	9,406,033
State	60,000	60,000	0	60,000
Peace Corps	0	0	0	0
Labor	0	0	0	0
Total	**281,944,000**	**285,000,000**	**19,853,414**	**304,853,414**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	3,056,000	0	3,056,000
GHAI	281,944,000	19,853,414	301,797,414
Total	**285,000,000**	**19,853,414**	**304,853,414**

RWANDA

Project Title: **Rwanda Fiscal Year 2007 Country Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	1,924,858	1,924,858	0	2,249,858	**2,249,858**	**0**	**2,249,858**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	1,135,000	13,979,240	15,114,240	1,135,000	16,629,240	**17,764,240**	**8,321,139**	**26,085,379**
Peace Corps	0	200,000	200,000	0	200,000	**200,000**	**0**	**200,000**
State	0	337,420	337,420	0	357,420	**357,420**	**0**	**357,420**
USAID	0	53,586,729	53,586,729	0	72,424,482	**72,424,482**	**1,724,731**	**74,149,213**
TOTAL Approved	**1,135,000**	**70,028,247**	**71,163,247**	**1,135,000**	**91,861,000**	**92,996,000**	**10,045,870**	**103,041,870**

* At the request of the Government of Rwanda, the Peace Corps will conduct a country assessment in Rwanda in July 2007. Pending the assessment and available funding, the Peace Corps will determine if re-entry is feasible

HIV/AIDS Epidemic in Rwanda

Estimated Population: 9,038,000*
HIV Prevalence rate: 3.1%*[§]
# of HIV infected: 190,000*
Estimated # of OVCs: 210,000*[¥]
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
[§]Prevalence is in adults only (15-49 years)
[¥]Orphans aged 0-17 due to AIDS

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

Rwanda	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of Fiscal Year 2004*	**17,860**	**4300**
End of Fiscal Year 2005**	**89,700**	**15,900**
End of Fiscal Year 2006***	**100,800**	**30,000**
End of Fiscal Year 2007****	**118,811**	**50,400**
End of Fiscal Year 2008****	**182,575**	**58,325**

* Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, March 2005
** Results. "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2006
*** Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2007
**** FY 2007 Country Operational Plan targets

Program Description

Rwanda is one of the most densely populated countries in sub-Saharan Africa. Twelve years after the genocide, which killed almost one million people, Rwanda faces multiple health and

development challenges. An estimated 3.1% of the adult population is infected with HIV (3.6% of adult women and 2.3% of adult males); 160,000 Rwandan adults and 27,000 children are living with HIV in a total population of nine million people (UNAIDS). The repercussions of the HIV epidemic, combined with the ongoing effects of the genocide, have resulted in more than 210,000 orphans and a continuing loss of approximately 21,000 persons to HIV-related illness each year.

Rwanda's HIV/AIDS epidemic is primarily driven by heterosexual contact and mother-to-child transmission. Populations most at risk for HIV in Rwanda include people in prostitution and their clients and partners; uniformed personnel, including military and police forces; long distance truck-drivers, refugees, genocide widows, prisoners, and HIV-discordant couples, who are estimated to make up 2.2% of all married couples. There are currently a large number of prisoners accused of genocide crimes who are in prison now or are being released into the community. Although the HIV prevalence rate among this population is unknown, there is cause for concern, for the prisoners as well as their spouses and partners, as they reintegrate into the community. Although historically the median age of sexual debut for Rwandan males (20.8 years) and females (20.3 years) is relatively late, youth are another high-risk group. Rwanda's estimated 210,000 orphans face unique risks of sexual exploitation, violence, abuse, food insecurity, and poverty. Tuberculosis (TB) remains a significant problem in Rwanda; WHO estimates that 26% of adults with TB are also infected with HIV.

Additional Funding: In June 2007, an additional $10,600,000 was allocated to further strengthen activities in HIV/TB, PMTCT, Treatment, OVC, SI and Care. The additional funds will also support innovative wrap-around programs targeting PLWHA in the areas of food, micro-economic activities and safe water, as well as new medical male circumcision activities.

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

Prevention: $17,776,444 ($14,070,444 Field and $3,706,000 Central) (20.2% of prevention, care and treatment budget)

Prevention activities include prevention of mother-to-child transmission (PMTCT), abstinence and faithfulness programs, condom and other prevention strategies, blood and injection safety, and other behavioral initiatives, including those that focus on most-at-risk populations. In fiscal year 2007, the USG will partner with the Government of Rwanda (GOR), the Global Fund to Prevent HIV/AIDS, Tuberculosis and Malaria (Global Fund), and individual health districts to strengthen the scope, quality and sustainability of PMTCT services in a decentralized health delivery system. The program will emphasize tracing women and their babies to ensure adequate testing and follow-up of HIV-exposed infants and treatment of HIV-positive mothers. The PMTCT program will expand to new sites and will work to ensure that 60% of HIV-positive pregnant women who are eligible for ART have access to the service. Performance-based financing approaches will be integrated in all PMTCT sites, to improve the quality of services and promote sustainability. Finally, the USG program will support linkages between the health facility and community mobilization and care programs, to ensure follow-up support of families at the community level.

The Emergency Plan emphasizes abstinence and faithfulness programs in order to prevent the spread of HIV, and supports Rwanda's National Prevention Plan 2005-2009. AB messaging programs target both the most-at-risk groups and the general population. The Emergency Plan supports high quality behavior change programs, including mass media and community-based behavior change programs, peer education, projects in collaboration with religious organizations, and initiatives involving associations of PLWHA and health care providers. In fiscal year 2007, the Emergency Plan will continue to program the majority of AB prevention assistance through local Rwandan faith-based organizations (FBOs) and community-based organizations (CBOs).

The Emergency Plan will work to ensure that training curricula, mass media spots, and other materials address the links among alcohol abuse, gender-based violence and HIV. Other topics which will continue to be addressed include transactional sex, coercive and cross-generational sex, and HIV-discordant couples, in order to change not only behavior but also the underlying societal norms and community standards of behavior.

The USG will expand efforts to reduce new infections among most-at-risk and high transmitter groups (such as people in prostitution, members of the military and police, and HIV-discordant couples) through mobile CT, condom social marketing, peer education, and mass media.

In order to strengthen systems for blood collection, testing, storage, and handling, the Emergency Plan will provide direct funding and technical assistance to Rwanda's National Program for Blood Transfusion, for the purpose of building infrastructure and capacity. Activities will focus on institutionalizing the high quality provision of transfusion services.

Principal Partners: National Blood Transfusion Program (CNTS), American Association of Blood Banks (AABB), John Snow, Inc.-MMIS, Columbia University, Catholic Relief Services, Drew University, Bureau of Population Refugees and Migration (DOS), Community Habitat Finance, World Relief, Family Health International, Population Services International, Basics, IntraHealth, and TRAC.

Care: $27,709,596 ($26,590,865 Field and $1,118,731 Central) (31.5% of prevention, care and treatment budget)

Care activities include counseling and testing (CT), basic palliative care, support for TB/HIV integration, and support for orphans and vulnerable children (OVC). The USG program will work to integrate activities of the President's Malaria Initiative (PMI) and other streams of funding, in order to provide the most comprehensive set of services possible. The Emergency Plan will expand the CT program to support medical facilities in the increased use of provider-initiated HIV testing (PIT), and will increase pediatric case identification through routine HIV testing in all malnutrition centers in USG-supported districts. The Emergency Plan program will continue to pursue a family-centered approach to CT, which encourages all members of an HIV-positive person's family to be tested. In accordance with new GOR policies, all CT activities will be linked directly to nutritional counseling and appropriate referral. This will include implementing policies and protocols for PIT and family CT and adapting training tools for health workers in nutritional counseling. As pre-marital HIV testing is emphasized by religious leaders

in Rwanda, Emergency Plan partners will work with FBOs to make pre-marital testing more widely available; post-test counseling will emphasize the importance of marital fidelity. Most-at-risk-populations (MARPs) – including members of the military, prisoners, refugees, and people in prostitution – will be reached through expanded mobile and outreach testing activities.

The Emergency Plan will work to ensure that all people living with HIV/AIDS (PLWHA), at every stage of their illness, receive services through a comprehensive network of district hospitals, health centers, and communities. Clinical activities will include prevention and treatment of opportunistic infections, pain management, positive living and prevention counseling for positives, nutritional counseling and assistance, support for treatment adherence, CD4 testing, general clinical staging and monitoring, wraparound family planning support, and linkages to community services. Community and home-based palliative care interventions will continue to focus on spiritual and emotional support, home-based care kits, anti-malarial bed nets, treatment of opportunistic infections, cotrimoxazole prophylaxis, counseling on hygiene and nutrition, and care for OVC. In addition, Food for Peace Title II resources will be leveraged to provide nutritional support for OVC and PLWHA.

In fiscal year 2007, the Emergency Plan will support implementation of the national policy to strengthen and integrate TB/HIV services, in close coordination with the Global Fund. The program will develop TB/HIV integration activities in all Emergency Plan health districts and will improve systems to track co-infected patients. All TB patients routinely will be offered HIV testing, and PLWHA will be screened routinely for TB, in order to ensure that those who are co-infected receive treatment.

Due to the combined impact of the genocide and HIV/AIDS, Rwanda has one of the highest proportions of orphans in the world. Emergency Plan partners will work closely with the GOR to increase national capacity to respond to top OVC priorities in the areas of policy and legal reform, government and civil society coordination, and monitoring of OVC services. The Emergency Plan will support national efforts to identify and register OVC and will support individual assessments to tailor the package of services that each child receives. The Emergency Plan will offer a menu of OVC services, including education, health, psychosocial support, nutrition, and economic interventions in a gender-sensitive manner to beneficiaries in Emergency Plan-supported districts. HIV prevention messages will continue to be integrated into OVC programs.

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

Treatment: $42,490,150 ($37,269,011 Field and $5,221,139 Central) (48.3% of prevention, care and treatment budget)

Treatment activities include the provision of ARV drug and service programs as well as laboratory support. In fiscal year 2007, the Emergency Plan will assist the Ministry of Health (MOH) to increase program quality and sustainability through district-level support for

implementing the HIV treatment program. Working with international partners, the Emergency Plan will strengthen district-level capacity to plan, implement, and monitor HIV treatment programs through technical and financial assistance, including the integration of performance-based financing mechanisms into all facilities. The Emergency Plan will continue to provide technical and financial assistance for the MOH-led national ARV procurement and supply chain management, in order to ensure an adequate drug supply in the country.

Emergency Plan technical support for laboratory infrastructure in fiscal year 2007 will focus on key reference laboratory functions, including training, quality assurance, and the development of in-country expertise for HIV-related care and treatment. Emergency Plan resources will strengthen the national laboratory network through direct support to individual facilities and district level capacity building for HIV-related laboratory testing. Enhanced support for pre-service training at the Kigali Health Institute and the National Reference Laboratory will assure sustained laboratory capacity for the future.

Principal partners: American Society of Clinical Pathologists, Catholic Relief Services, CDC, Columbia University, Elizabeth Glaser Pediatric AIDS Foundation, Family Health International, IntraHealth, Management Sciences for Health, Ministry of Health, and National Reference Laboratory.

Other Costs: $15,065,680

The Ministry of Health, the National AIDS Control Commission, and its district structures will receive technical and financial assistance through the Emergency Plan to strengthen capacity to plan, coordinate, monitor, and report on the progress of the national response. Support will include improving decentralized reporting systems for HIV-related activities, including electronic networking. The Emergency Plan will support HIV surveillance, facilities surveys, public health evaluations, and policy-related analysis in fiscal year 2007.

The Emergency Plan supports interventions to improve human capacity and strengthen systems. Human capacity interventions include an HIV/AIDS public sector program management fellowship, a Masters of Public Health program, support to the National School of Medicine, and in-service and pre-service nursing training programs at all five national nursing schools. These human capacity interventions are designed to train the Rwandan workforce to sustain the expanded HIV/AIDS program. The USG will provide a package of support to the MOH at central and district levels for strengthening supervision and quality of clinical services. The Emergency Plan also will help strengthen HIV/AIDS policies and systems through the National AIDS Control Program (CNLS) across health and non-health sectors. Performance-based financing is a major sustainability strategy for the Emergency Plan in Rwanda. This innovative funding approach will be integrated across clinical and community services, in order to enhance performance and strengthen decentralized management and service delivery capacity.

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

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

Other Donors, Global Fund Activities, Coordination Mechanisms:

The USG is the largest HIV/AIDS bilateral donor in Rwanda. Other major HIV/AIDS and health donors include the Global Fund, Belgium, Luxembourg, and the Clinton Foundation. The Global Fund has awarded five grants to Rwanda, totaling $159 million over five years for AIDS, TB, and malaria programs. CNLS is the primary HIV/AIDS coordinating body. The Executive Secretary of CNLS chairs the Emergency Plan Steering Committee, the GOR-USG co-management mechanism to ensure that USG program support complements the Rwandan national HIV/AIDS plan.

Program Contact: Deputy Chief of Mission, Michael Thurston

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: Rwanda
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - RWANDA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	4,065,147	0	1,936,181	75,246	35,000	0	0	6,111,574		6,111,574	6.9%
Abstinence/Be Faithful	4,045,010	0	718,757	206,780	52,000	0	0	5,022,547	606,000	5,628,547	6.4%
Blood Safety	0	0	0	0	0	0	0	0	3,100,000	3,100,000	3.5%
Injection Safety	0	0	0	0	0	0	0	0	0	0	0.0%
Other Prevention	2,676,804	0	137,807	96,712	25,000	0	0	2,936,323		2,936,323	3.3%
Prevention Sub-total	*10,786,961*	*0*	*2,792,745*	*378,738*	*112,000*	*0*	*0*	*14,070,444*	*3,706,000*	*17,776,444*	*20.2%*
Care											
Palliative Care: Basic health care & support	7,540,634	0	1,000,640	357,123	44,000	0	0	8,942,397		8,942,397	10.2%
Palliative Care: TB/HIV	1,911,152	0	3,003,980	24,896	23,420	0	0	4,963,448		4,963,448	5.6%
Orphans and Vulnerable Children	*8,469,083*	*0*	*0*	*0*	*0*	*0*	*0*	*8,469,083*	*1,118,731*	*9,587,814*	*10.9%*
Of Which, Orphans Programs	8,469,083	0	0	0	0	0	0	8,469,083	1,118,731	9,587,814	10.9%
Of Which, Pediatric AIDS								0		*0*	0.0%
Counseling and Testing	2,861,782	0	827,514	486,641	40,000	0	0	4,215,937		4,215,937	4.8%
Care Sub-total (Including Pediatric AIDS)	*20,782,651*	*0*	*4,832,134*	*868,660*	*107,420*	*0*	*0*	*26,590,865*	*1,118,731*	*27,709,596*	*31.5%*
Treatment											
Treatment: ARV Drugs	13,750,000	0	60,000	0	0	0	0	13,810,000		13,810,000	15.7%
Treatment: ARV Services	13,555,310	0	3,455,361	702,460	88,000	0	0	17,801,131	5,221,139	23,022,270	26.2%
Laboratory Infrastructure	4,357,880	0	1,300,000	0	0	0	0	5,657,880		5,657,880	6.4%
Treatment Sub-total (Including Pediatric AIDS)	*31,663,190*	*0*	*4,815,361*	*702,460*	*88,000*	*0*	*0*	*37,269,011*	*5,221,139*	*42,490,150*	*48.3%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*		*0*	0.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*31,663,190*	*0*	*4,815,361*	*702,460*	*88,000*	*0*	*0*	*37,269,011*	*5,221,139*	*42,490,150*	*48.3%*
Subtotal, Prevention, Care, and Treatment	*63,232,802*	*0*	*12,440,240*	*1,949,858*	*307,420*	*0*	*0*	*77,930,320*	*10,045,870*	*87,976,190*	*100.0%*
Other Costs											
Strategic Information	2,859,680	0	2,399,000	200,000	20,000	0	0	5,478,680		5,478,680	
Other/policy analysis and system strengthening	3,032,000	0	625,000	0	0	200,000	0	3,857,000		3,857,000	
Management and Staffing	3,300,000	1,135,000	1,165,000	100,000	30,000	0	0	5,730,000		5,730,000	
Other Costs Sub-total	*9,191,680*	*1,135,000*	*4,189,000*	*300,000*	*50,000*	*200,000*	*0*	*15,065,680*	*0*	*15,065,680*	
AGENCY, FUNDING SOURCE TOTALS	**72,424,482**	**1,135,000**	**16,629,240**	**2,249,858**	**357,420**	**200,000**	**0**	**92,996,000**	**10,045,870**	**103,041,870**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	72,424,482	72,424,482	1,724,731	74,149,213
HHS	16,629,240	17,764,240	8,321,139	26,085,379
DOD	2,249,858	2,249,858	0	2,249,858
State	357,420	357,420	0	357,420
Peace Corps	200,000	200,000	0	200,000
Labor	0	0	0	0
Total	**91,861,000**	**92,996,000**	**10,045,870**	**103,041,870**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	1,135,000	0	1,135,000
GHAI	91,861,000	10,045,870	101,906,870
Total	**92,996,000**	**10,045,870**	**103,041,870**

SOUTH AFRICA

Project Title: **South Africa Fiscal Year 2007 Country Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	1,150,000	1,150,000	0	1,150,000	**1,150,000**	**0**	**1,150,000**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	4,818,000	123,052,972	127,870,972	4,818,000	142,075,730	**146,893,730**	**19,693,091**	**166,586,821**
Peace Corps	0	727,900	727,900	0	727,900	**727,900**	**0**	**727,900**
State	0	1,400,000	1,400,000	0	1,400,000	**1,400,000**	**0**	**1,400,000**
USAID	0	201,733,370	201,733,370	0	226,078,370	**226,078,370**	**1,833,917**	**227,912,287**
TOTAL Approved	**4,818,000**	**328,064,242**	**332,882,242**	**4,818,000**	**371,432,000**	**376,250,000**	**21,527,008**	**397,777,008**

HIV and AIDS Epidemic in South Africa:

Estimated Population: 47,432,000*
HIV Prevalence rate: 18.8%*□
# of HIV infected: 5,500,000*
Estimated # of OVCs: 1,200,000*¥
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
□Prevalence is in adults only (15-49 years)
¥Orphans aged 0-17 due to AIDS

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

South Africa	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of Fiscal Year 2004*	**599,900**	**12,200**
End of Fiscal Year 2005**	**548,200**	**93,000**
End of Fiscal Year 2006***	**763,200**	**210,300**
End of Fiscal Year 2007****	**991,108**	**265,000**
End of Fiscal Year 2008****	**1,359,001**	**380,000**

*Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U. S. Department of State, March 2005
**Results. "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2006
***Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February 2007
****FY 2007 Country Operational Plan targets

Program Description:

Over the past 12 years, South Africa has transformed itself into an egalitarian democracy, aggressively addressing social and economic challenges and the racial inequalities of its apartheid past. Despite a high per capita GDP ($3,480), 40% of South Africans live in poverty. In its first decade of democracy, the country's adult HIV prevalence has risen from less than 3% to an estimated 21.5%. With 5.5 million citizens infected with HIV, South Africa has among the

highest number of infected adults and children in the world. South Africa's HIV epidemic is generalized and maturing, characterized by: (1) high levels of prevalence and asymptomatic HIV infections; (2) an infection rate that may be beginning to plateau, but is still extremely high; (3) high infection rates among sexually active young people, other vulnerable and high-risk populations (mobile populations, people in prostitution and their clients, and uniformed services), and newborns; (4) vulnerability of women and girls; and (5) important regional variations, with antenatal seroprevalence rates ranging from 15.7% to 39.1% in the nine provinces.

Though 75% of people living with HIV are asymptomatic, South Africa is witnessing increased levels of immunodeficiency and HIV-associated morbidity, frequently manifested by tuberculosis (TB), pneumonia, and wasting. The cure rate for TB is low (56.4% in 2004), and treatment default rates remain high (11.6%), which heightens concerns regarding the development of both multi-drug resistant TB (MDR-TB), and the more recently-seen extensively resistant TB (XDR-TB). AIDS-associated mortality rates are high (336,000 AIDS deaths in 2005), with large increases in HIV mortality among young adults and children. As mortality increases, so too will the number of children who have lost one or both parents, currently estimated to be 1.2 million.

Additional Funding: In June 2007, an additional $35,050,000 was allocated to significantly scale up efforts in TB/HIV, through improving TB surveillance, building TB laboratory infrastructure and capacity, and expanding private sector DOTS treatment; increase support for caregivers of PLWHA and address patient loss to follow-up between diagnosis and treatment initiation; and augment programming in counseling and testing, PMTCT, and OVC. Through the technical working group (TWG) process, $1,000,000 of the additional funds were identified to support new medical male circumcision (MC) activities in South Africa.

In fiscal year 2007, the Emergency Plan program in South Africa will provide support to public, private, and NGO sector HIV activities at the national, provincial, and local levels, through a broad-based network of prime partners and sub-partners. Emergency Plan funding will be focused on the following programmatic areas to achieve the 2-7-10 targets:

Prevention: $54,480,011 ($51,338,300 Field and $3,141,711 Central) (15.0% of prevention, care and treatment budget)

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

The Emergency Plan will support: (1) the expansion and strengthening of the South African PMTCT program by improving service quality, building the capacity of professional and lay health care workers, and developing effective logistic and information systems; (2) programs that create increased awareness and demand for quality PMTCT service delivery at the community level; and (3) increased integration of PMTCT with other related HIV and primary health care services.

USG agencies will support primary prevention activities, with special emphasis on abstinence and being faithful; these programs are implemented through school, community, and faith-based education programs. Through both community-based and large-scale NGO/FBO programs, the Emergency Plan will support young people to delay sexual debut and practice abstinence, faithfulness, and responsible decision-making and the avoidance of multiple concurrent partnerships.

In addition, USG agencies will assist the South African Department of Health to increase the availability and use of condoms by high-risk groups. Other prevention initiatives focus on behavior change and other communication efforts, safe medical practices and blood supply, and HIV prevention education for military personnel, women surviving on transactional sex, prison inmates and correctional officers, mobile populations, traditional healers, teachers, and trade unionists in all nine provinces of South Africa.

Principal Partners: South African Government partners include the National Departments of Health, Correctional Services, Education, and Defense. International partners include Africare, Salvation Army World Services, Population Council, EngenderHealth, Johns Hopkins University, Hope Worldwide, John Snow, Inc., Academy for Educational Development, Family Health International, University Research Corporation, Harvard School of Public Health, the Children's AIDS Fund, Fresh Ministries, and the Elizabeth Glaser Pediatric AIDS Foundation. Local South African partners include Health Systems Trust, Human Sciences Research Council, Soul City, PATH, Kagisio, Wits Health Consortium, University of Western Cape, CompreCare, Living Hope Community Center, the Nelson Mandela School of Medicine, University of KwaZulu-Natal, Scripture Union, Youth for Christ, South Africa, and Ubuntu Education Fund.

Care: $124,573,106 ($123,480,900 Field and $1,092,206 Central) (34.2% of prevention, care and treatment budget)

Care activities in South Africa include basic palliative care and support, TB/HIV, support for orphans and vulnerable children (OVC), and counseling and testing (CT).

With 5.5 million HIV-infected individuals, the clinical and palliative care needs of patients suffering from AIDS place a severe strain on health services. Accordingly, the Emergency Plan supports programs to increase the availability and quality of palliative care services, including the provision of training, technical, and financial assistance to public sector health facilities; hospice and palliative care organizations; and NGO-, FBO-, community-based, and home-based care programs.

South Africa has one of the highest estimated TB infection rates in the world: 58% of all TB patients are also HIV-infected. With fiscal year 2007 funding, USG agencies will support implementation of best practices to maximize the integration of TB/HIV prevention, diagnosis, treatment, and management programs, and to increase the effectiveness of referral networks between TB and HIV services, especially in CT and treatment settings.

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

Expanding the availability, access, and quality of CT services is a critical component of the USG HIV/AIDS program in South Africa. As the majority of CT services are provided in public facilities, the Emergency Plan will continue to support National Department of Health (NDOH) efforts to expand CT sites and services. All USG CT activities are intentionally linked to clinical care and support and treatment activities, in order to ensure that individuals who test HIV positive have access to needed services. Many USG programs have mobile CT programs targeting high-risk populations, underserved communities, and men.

Principal Partners: South African Government partners include the National Departments of Health, Correctional Services, Social Development, and Defense, and the National Health Laboratory Service. International partners include Africare, CARE, Catholic Relief Services, Salvation Army World Services, Humana People to People, Population Council, EngenderHealth, Johns Hopkins University, JHPIEGO, Hope Worldwide, John Snow, Inc., Family Health International, Columbia University, Harvard University, Population Services International, and the Elizabeth Glaser Pediatric AIDS Foundation. Local South African partners include: Hospice Palliative Care Association of South Africa, Africa Center for Health and Population Studies, Wits Health Consortium, Medical Research Council, South African National Council of Child and Family Welfare, BroadReach Healthcare, Aurum Health Institute, CompreCare, Starfish, Nurturing Orphans for AIDS and Humanity, HIVCare, Living Hope Community Center, the Nelson Mandela School of Medicine, and Stellenbosch University-Desmond Tutu TB Center.

Treatment: $184,739,831 ($167,446,740 Field and $17,293,091 Central) (50.8% of prevention, care and treatment budget)

In 2003, the South African Government took the historic step of developing a comprehensive plan to implement a nationwide antiretroviral (ARV) treatment program. This plan has provided an ideal opportunity for the USG to contribute to the South African Government target of universal access to ARV services by 2009. Based upon best practices and expertise in the private and public sectors, the USG program will strengthen comprehensive care for HIV-infected people, including: scaling up existing effective programs; initiating new treatment programs; providing direct treatment services; increasing the capacity of the National and Provincial Departments of Health to develop, manage, and evaluate AIDS treatment programs (including training health workers, enhancing the quality of treatment services, and strengthening the management of ARV-related pharmaceuticals); and increasing demand for, acceptance of, and compliance with ARV treatment regimens through treatment literacy campaigns and community mobilization.

Principal Partners: South African government partners include the National Departments of Health, Correctional Services, and Defense, and the National Institute for Communicable Diseases. International partners include Africare, Catholic Relief Services, Population Council, Absolute Return for Kids (ARK), JHPIEGO, John Snow, Inc., Partnership for Supply Chain Management, Johns Hopkins University, Columbia University, Elizabeth Glaser Pediatric AIDS Foundation, Management Sciences for Health, International Training and Education Center on HIV, Xstrata and University Research Corporation. Local South African partners include Foundation for Professional Development, Africa Center for Health and Population Studies, Health Science Academy, McCord Hospital, St. Mary's Hospital, South African Clothing and Textile Workers Union, Soul City, Wits Health Consortium, BroadReach Healthcare, Medical Research Council of South Africa, Aurum Health Institute, HIVCare, and the University of KwaZulu-Natal.

Other Costs: $33,984,060

The USG will support the NDOH in designing and implementing an integrated monitoring and evaluation (M&E) system. To facilitate the management of the Emergency Plan monitoring and reporting process, the USG has implemented a single, consolidated data warehouse center that serves as the focal point for all Emergency Plan data collected by partners. By collaborating with and assisting the South African Government and strengthening the implementing partners' strategic information systems, the USG also will support specific, targeted evaluations, in order to improve prevention, care, and treatment programs; identify potential new interventions; and document best practices. The USG also will support South Africa's Department of Social Development in strengthening its M&E system to identify and track OVC.

Principal Partners: South African government partners include the National Departments of Health, Correctional Services, Social Development, and Defense, the South African National Blood Service, and the National Institute for Communicable Diseases. International partners include Population Council, JHPIEGO, Academy for Educational Development, American International Health Alliance, Harvard University, University of North Carolina, and the National Alliance of State and Territorial AIDS Directors. Local South African partners include Human Sciences Research Council, Medical Research Council of South Africa, University of Pretoria, University of KwaZulu-Natal, and Wits Health Consortium.

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

Other Donors, Global Fund Activities, Coordination Mechanisms:

The USG is the largest bilateral donor to South Africa's health sector. It is one of nearly 20 bilateral and multilateral donors providing technical and financial assistance in support of South Africa's HIV and STI Strategic and Comprehensive Plans. In addition to the Global Fund, other major donors include the European Union, the United Kingdom, Belgium, the Netherlands,

Australia, France, Sweden, and Germany. The Global Fund has entered into agreements for two grants from South Africa for AIDS and TB programs. These grants provide funding to expand treatment services in the Western Cape, as well as a broad package of HIV prevention, treatment, and care activities in KwaZulu-Natal. The primary HIV/AIDS coordinating body is the South African National AIDS Council (SANAC). The USG meets regularly with key officials of individual Ministries (Health, Social Development, Treasury, Defense, Education, and Correctional Services), to ensure that USG assistance complements and supports the South African Government's plans for prevention, care, and treatment. The USG also meets with South African Government officials at the provincial level, to ensure synergy with provincial priorities and activities.

Program Contact: PEPFAR Coordinator Catherine Brokenshire-Scott

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: South Africa
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - SOUTH AFRICA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	7,700,000	0	12,327,000	50,000	0	0	0	20,077,000		20,077,000	5.5%
Abstinence/Be Faithful	12,408,500	0	6,425,000	100,000	0	53,800	0	18,987,300	741,711	19,729,011	5.4%
Blood Safety	0	0	150,000	0	0	0	0	150,000	2,400,000	2,550,000	0.7%
Injection Safety	0	0	0	0	0	0	0	0	0	0	0.0%
Other Prevention	6,924,000	0	4,975,000	225,000	0	0	0	12,124,000		12,124,000	3.3%
Prevention Sub-total	*27,032,500*	*0*	*23,877,000*	*375,000*	*0*	*53,800*	*0*	*51,338,300*	*3,141,711*	*54,480,011*	*15.0%*
Care											
Palliative Care: Basic health care & support	22,245,500	0	10,170,000	100,000	200,000	313,800	0	33,029,300		33,029,300	9.1%
Palliative Care: TB/HIV	11,255,000	0	13,017,000	0	0	0	0	24,272,000		24,272,000	6.7%
Orphans and Vulnerable Children	*30,665,000*	*0*	*3,225,000*	*150,000*	*900,000*	*317,400*	*0*	*35,257,400*	*1,092,206*	*36,349,606*	*10.0%*
Of Which, Orphans Programs	30,665,000	0	3,225,000	150,000	900,000	317,400	0	35,257,400	1,092,206	36,349,606	10.0%
Of Which, Pediatric AIDS								0		*0*	0.0%
Counseling and Testing	10,507,000	0	20,351,000	50,000	0	14,200	0	30,922,200		30,922,200	8.5%
Care Sub-total (Including Pediatric AIDS)	*74,672,500*	*0*	*46,763,000*	*300,000*	*1,100,000*	*645,400*	*0*	*123,480,900*	*1,092,206*	*124,573,106*	*34.2%*
Treatment											
Treatment: ARV Drugs	22,795,000	0	16,707,370	0	0	0	0	39,502,370	3,191,217	42,693,587	11.7%
Treatment: ARV Services	88,203,370	0	35,441,000	125,000	0	0	0	123,769,370	14,101,874	137,871,244	37.9%
Laboratory Infrastructure	0	0	4,175,000	0	0	0	0	4,175,000		4,175,000	1.1%
Treatment Sub-total (Including Pediatric AIDS)	*110,998,370*	*0*	*56,323,370*	*125,000*	*0*	*0*	*0*	*167,446,740*	*17,293,091*	*184,739,831*	*50.8%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*		*0*	0.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*110,998,370*	*0*	*56,323,370*	*125,000*	*0*	*0*	*0*	*167,446,740*	*17,293,091*	*184,739,831*	*50.8%*
Subtotal, Prevention, Care, and Treatment	*212,703,370*	*0*	*126,963,370*	*800,000*	*1,100,000*	*699,200*	*0*	*342,265,940*	*21,527,008*	*363,792,948*	*100.0%*
Other Costs											
Strategic Information	5,925,000	0	8,849,060	50,000	0	0	0	14,824,060		14,824,060	
Other/policy analysis and system strengthening	1,350,000	0	4,060,000	50,000	0	0	0	5,460,000		5,460,000	
Management and Staffing	6,100,000	4,818,000	2,203,300	250,000	300,000	28,700	0	13,700,000		13,700,000	
Other Costs Sub-total	*13,375,000*	*4,818,000*	*15,112,360*	*350,000*	*300,000*	*28,700*	*0*	*33,984,060*	*0*	*33,984,060*	
AGENCY, FUNDING SOURCE TOTALS	**226,078,370**	**4,818,000**	**142,075,730**	**1,150,000**	**1,400,000**	**727,900**	**0**	**376,250,000**	**21,527,008**	**397,777,008**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	226,078,370	226,078,370	1,833,917	227,912,287
HHS	142,075,730	146,893,730	19,693,091	166,586,821
DOD	1,150,000	1,150,000	0	1,150,000
State	1,400,000	1,400,000	0	1,400,000
Peace Corps	727,900	727,900	0	727,900
Labor	0	0	0	0
Total	**371,432,000**	**376,250,000**	**21,527,008**	**397,777,008**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	4,818,000	0	4,818,000
GHAI	371,432,000	21,527,008	392,959,008
Total	**376,250,000**	**21,527,008**	**397,777,008**

TANZANIA

Project Title: Tanzania Fiscal Year 2007 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	12,399,432	12,399,432	0	15,179,432	**15,179,432**	**0**	**15,179,432**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	3,883,000	47,065,115	50,948,115	3,883,000	55,185,678	**59,068,678**	**21,156,079**	**80,224,757**
Peace Corps	0	950,000	950,000	0	950,000	**950,000**	**0**	**950,000**
State	0	5,275,269	5,275,269	0	7,065,644	**7,065,644**	**0**	**7,065,644**
USAID	0	75,987,556	75,987,556	0	98,161,556	**98,161,556**	**3,900,938**	**102,062,494**
TOTAL Approved	**3,883,000**	**141,677,372**	**145,560,372**	**3,883,000**	**176,542,310**	**180,425,310**	**25,057,017**	**205,482,327**

HIV/AIDS Epidemic in Tanzania:

Estimated Population: 38,329,000*
HIV Prevalence rate: 6.5%*[§]
# of HIV infected: 1,400,000*
Estimated # of OVCs: 1,100,000*[¥]
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
[§]Prevalence is in adults only (15-49 years)
[¥]Orphans aged 0-17 due to AIDS

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

Tanzania	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of Fiscal Year 2004*	**25,600**	**1,500**
End of Fiscal Year 2005**	**413,000**	**14,700**
End of Fiscal Year 2006***	**568,800**	**44,300**
End of Fiscal Year 2007****	**563,822**	**85,000**
End of Fiscal Year 2008****	**641,400**	**120,000**

* Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, March 2005
** Results. "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2006.
*** Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2007.
**** FY 2007 Country Operational Plan targets

Program Description:

Tanzania is facing its most critical health and development crisis to date. The mainland faces a generalized HIV/AIDS epidemic, with an estimated 6.5% of the mainland population infected

with HIV (7.7% of adult women and 6.3% of adult men). Zanzibar is considered a concentrated HIV epidemic, with an estimated 0.6% of the general population infected with HIV (Ministry of Health and Social Welfare [MOHSW] validation survey, 2002), with a prevalence rate of 26% among injecting drug users (IDU) (Dahoma *et al* 2006).

Overall, 1.4 million Tanzanians (1,300,000 adults and 110,000 children) are living with HIV/AIDS, in a total population of 35 million. The social, economic, and environmental impact of the pandemic is sorely felt as an estimated 140,000 Tanzanians have perished, leaving behind as estimated 2.5 million orphans and vulnerable children, representing approximately 10-12% of all Tanzanian children.

As elsewhere in sub-Saharan African, the underlying factors of poverty, migration, marginalization, lack of information and skills, disempowerment, and poor access to services raise the risk of HIV and have an impact on the course and spread of the pandemic. Close to 85% of HIV transmission in Tanzania occurs through heterosexual contact, less than 6% through mother-to-child transmission, and less than 1% through blood transfusion. There continues to be a significant difference in the prevalence among urban (10.9%) and rural (5.3%) areas of the country.

There are clearly identifiable high-risk groups that warrant more aggressive targeting, including: military and uniformed services, people in prostitution, truckers and communities along the transport corridors, and a growing urban population of injecting drug users. Finally, social and behavioral norms such as multiple and concurrent partners and cross-generational sex are fundamental to the ongoing spread of HIV in the general population. Approximately 27% of sexually active men report having two or more sexual partners in the past year, and almost 10% of sexually active 15- to 19-year-old females had sex in the past year with a male partner who was 10 or more years older.

Additional Funding: In June 2007, an additional $32,262,126 was allocated to expand critical PMTCT, HIV/TB, and palliative care services. Additional funding will also support an increased emphasis on linking with malaria prevention activities as part of palliative care, and on addressing issues related to gender-based violence.

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

Prevention: $37,567,685 ($31,068,240 Field and $6,499,445 Central) (20.7% of prevention, care, and treatment budget)

Prevention activities in Tanzania include prevention of mother-to-child transmission (PMTCT), abstinence and faithfulness (AB) programs, blood and injection safety, and other behavioral prevention initiatives focused on high prevalence urban areas, transportation corridors, and most at-risk populations (MARPs).

The USG will continue to partner with Government of Tanzania (GOT) in fiscal year 2007, expanding PMTCT services to new sites, including support to HIV-positive women and their

children. The program also will focus on improved quality of services and strengthened PMTCT-antiretroviral treatment (ART) linkages. At the national level, a standard training curriculum will be implemented, monitoring systems will be strengthened, PMTCT guidelines will be revised to introduce a more effective prophylaxis regimen, and job aids will be developed to promote infant feeding counseling.

Blood and injection safety activities in fiscal year 2007 will increase the scale of programs to provide national level coverage through the National Blood Transfusion Services (NBTS) as an executive agency and a blood transfusion advisory board. Coverage will be extended to hard-to-reach areas by renovating regional and municipal hospital-based facilities. The USG will continue to support expansion of the Infection Prevention and Control-Injection Safety Program.

The USG will maintain its support of high-quality AB programs, including life skills training for youth, community outreach, and support for standardized messaging in accordance with the recently finalized National HIV/AIDS Communications and Advocacy Strategy. In fiscal year 2007, the USG will strengthen programming for B messaging with the adult male population, to address high-risk social norms and discourage multiple partnering and cross-generational sexual practices.

Further, the USG will emphasize a comprehensive ABC (abstain, be faithful, and correct and consistent use of condoms) approach to reduce transmission in MARPs, including specific workplace interventions and prevention messages to persons living with HIV/AIDS (PLWHA). Focused behavior change communication will include peer education programs, interpersonal communications, and other activities that directly interface with MARP target groups in high HIV transmission areas. USG partners will increase the variety of "edutainment" methods used, and increase the social marketing of condoms and associated behavior change. Interventions will target the military and uniformed services, agricultural workers, people in prostitution, communities along the transport corridors, and a growing urban population of intravenous drug users, in order to reduce HIV transmission and link prevention services to the continuum of care.

Principal partners: Academy for Educational Development, American Association of Blood Banks, Balm in Gilead, Elizabeth Glaser Pediatric AIDS Foundation, Family Health International, Harvard University School of Public Health, International Rescue Committee, Kikundi Huduma Majumbani, National AIDS Control Program, Rukwa and Ruvuma Regional Medical Offices, Selian Lutheran Hospital, University of Medicine and Dentistry, New Jersey, University Research Corporation, World Vision International, and Zanzibar AIDS Control Program.

Care: $52,449,415 ($51,147,922 Field and $1,301,493 Central) (28.9% of prevention, care, and treatment budget)

Care activities in Tanzania include the provision of basic palliative care, support for integrating tuberculosis (TB) and HIV programs, support for orphans and vulnerable children (OVC), and counseling and testing (CT). In fiscal year 2007, the USG will emphasize scaling up services, with a focus on improved quality, comprehensiveness and consistency. To strengthen the continuum of care at the regional, district, and community levels, the regionalization that

occurred among USG treatment partners in fiscal year 2006 will be mirrored in palliative care and, to the extent possible, with OVC programs.

In fiscal year 2007, the USG will reach additional HIV positive patients with HIV-related palliative care. The basic package of services will meet national standards, including the use of cotrimoxazole prophylaxis, insecticide-treated bed nets, and access to safe water.

The USG will continue to assist and advise the Government of Tanzania in the screening, diagnosis, and treatment of TB disease among PLWHA, including strengthening laboratory infrastructure, and supporting TB infection control in HIV palliative care settings and antiretroviral (ARV) programs. The USG will support expansion of HIV diagnostic counseling and testing for HIV in TB clinics, direct service delivery in HIV Care and Treatment Center sites, and training of clinicians in case management. All USG partners will work in collaboration with National TB and Leprosy Programme and National AIDS Control Programme efforts, to strengthen systems to screen all HIV patients for TB and set up referral monitoring systems.

With fiscal year 2007 funds, the USG will focus on expanding and improving the quality of services for OVC, who represent 10–12% of all Tanzanian children. In collaboration with the Presidential Malaria Initiative, OVC under 5 years of age will be provided with insecticide treated nets for malaria prevention. USG partners will increase efforts to identify HIV-positive OVC, in order to link them with ARV programs. Activities initiated in fiscal year 2006 for developing community agricultural plots for nutritional support and income generation will be expanded. Finally, the USG will support the review of laws and policies that affect OVC, and will continue to sit on the National Steering Committee for OVC and support the National Implementing Partner Group.

The USG will focus on increasing utilization and improving quality of counseling and testing services. A cornerstone of providing counseling and testing in Tanzania will be the integration of provider-initiated testing into clinical services. The USG will assist the GOT with developing policies, guidelines, protocols, and a standard curriculum. An anticipated change in the national HIV testing algorithm, which will no longer be cold-chain dependent, will allow testing to be conducted in more remote settings and in homes. In addition, the USG will focus on the promotion of services, with an emphasis on addressing stigma and discrimination as barriers to testing. Promotion of testing to adult men will be a critical element, as testing uptake among men remains low. Services will be expanded in high prevalence, high density locations such as border crossings. Quality improvement will be achieved through support for government efforts to strengthen supervision and improve coordination.

Principal partners: Africare, Deloitte Touche Tohmatsu, IntraHealth International, Kilombero Community Trust, Mennonite Economic Development Associates, Mildmay International, National AIDS Control Program, National Tuberculosis and Leprosy Control Program, Pact, Inc., Partnership for Supply Chain Management, Pastoral Activities & Services for People with AIDS, Pathfinder International, Program for Appropriate Technology in Health, and Salvation Army.

Treatment: $91,293,837 ($74,037,758 Field and $17,256,079 Central) (50.4% of prevention, care, and treatment budget)

Treatment activities in Tanzania include the provision of free ARV drug and service programs as well as laboratory support. An estimated 400,000 Tanzanians have advanced HIV infection and would benefit from HIV treatment.

In fiscal year 2007, the USG will focus on sustainability, increasing pediatric treatment, and enhancing linkages to care and support services. The USG will build the capacity of local authorities in both managing and providing supportive supervision of treatment services. USG programs will include improved identification of pediatric cases and referrals for services; raising health care worker awareness of pediatric care and improving clinical skills in ART therapy; promoting provider-initiated testing among children; and linking mothers' HIV status to the child health card for follow-up. Finally, the USG will strengthen linkages with other programs to ensure and enhance a continuum of care and quality of both adult and pediatric services.

The USG collaborates with the MOHSW and its partners to strengthen laboratory infrastructure and capacity for HIV diagnosis, disease staging, and therapeutic monitoring. In fiscal year 2007, the USG will implement a national quality assurance program for HIV-related laboratory services, facilitate capacity building, and strengthen the national program for infant diagnosis of HIV among children for recruitment into care and treatment.

The Partnership for Supply Chain Management (PFSCMS) will undertake procurement on behalf of the USG in Tanzania in fiscal year 2007. PFSCMS will focus on capacity building and monitoring of supply chains, emergency and buffer stock procurements, and quantification. Logistical activities in fiscal year 2007 will ensure that drugs procured by all parties arrive at their final destination—the patient—and provide both central level and zonal/regional support. The GOT will continue to procure first-line regimens utilizing Global Fund resources, and USG ARV procurements will be limited to alternate first line, second line, and pediatric formulations. USG funds also will assist in the procurement of medications necessary for the treatment of opportunistic infections, test kits, and laboratory reagents.

Principal Partners: Bugando Medical Centre, Catholic Relief Services, Columbia University, Deloitte Touche Tohmatsu, Elizabeth Glaser Pediatric AIDS Foundation, EngenderHealth, Harvard University School of Public Health, Mbeya Referral Hospital, Mbeya, Rukwa, and Ruvuma Regional Medical Offices, Partnership for Supply Chain Management, Pastoral Activities & Services for People with AIDS, PharmAccess, Regional Procurement Support Office, University of Washington, and University Research Corporation.

Other Costs: $24,171,390

In fiscal year 2007, the USG will support the GOT's efforts to monitor the extent of the HIV epidemic through direct funding and technical assistance to conduct population- and clinic-based surveys, as well as special surveys among at-risk groups. The USG also will provide support to strengthen national monitoring and evaluation activities and health management information

systems. The USG strategic information focus in fiscal year 2007 will be on decentralized data management at the district level and improving the flow of data from the facility to the national level, with appropriate aggregation and use of data at all levels for program planning and monitoring. To avoid duplication of information flow, the USG will support MOHSW to develop an electronic system for data entry for multiple program areas using a single portal. The USG will also help build national capacity and sustainability by supporting staff in the Epidemiology Unit of NACP and the Zanzibar AIDS Control Program.

The success and sustainability of Emergency Plan activities in Tanzania depend largely on crosscutting programs that encompass systems strengthening, policy, and stigma reduction. The USG has worked with the GOT, civil society and faith-based organizations, PLWHA groups, parliamentarians, the private sector, media, and other institutions to strengthen advocacy for policy change for improved implementation and access to services. To address the critical shortage in human resources for health, other policy and system strengthening activities will accelerate the implementation of an emergency hiring plan supported by the Global Fund, and also will improve the quality of pre-service HIV training in schools of allied health. The USG will continue to strengthen the policy environment for HIV/AIDS by improving the capacity of district and national leaders to advocate for HIV services and the passage of the AIDS bill. Stigma and discrimination reduction will be addressed broadly, through scaling up of best practices identified through an assessment of partners' work in stigma interventions.

Principal Partners**:** American International Health Alliance, Family Health International, Macro International, Management Sciences for Health, Mbeya Referral Hospital, Ministry of Health, National AIDS Control Program Tanzania, National Institute for Medical Research, Pathfinder International, Policy Project, State University of New York, University of North Carolina, World Health Organization, and Zanzibar AIDS Control Program.

Management and staffing funds will support the in-country personnel needed for USAID, HHS/OS, HHS/CDC, State, DOD and the Peace Corps. Working cooperatively, these agencies have developed innovative approaches and management structures that ensure program monitoring and accountability, capture the programming advantages of partner agencies, and ensure USG policy and technical leadership within the Tanzanian national response.

Other Donors, Global Fund Activities, Coordination Mechanisms

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

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

Committee (IHCC). This body, chaired by the Deputy Chief of Mission, oversees all USG activities and is the arbitrating body for internal matters. Together, both externally and internally, the USG continues to build a well-respected relationship across agencies, other donors, and the GOT.

Program Contact: Emergency Plan Coordinator, Tracy Carson

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: Tanzania
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - TANZANIA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	6,187,310	49,635	4,388,365	750,000	150,000	0	0	11,525,310		11,525,310	6.4%
Abstinence/Be Faithful	6,588,489	240,341	2,010,420	330,000	0	140,000	0	9,309,250	2,599,445	11,908,695	6.6%
Blood Safety	0	61,680	262,000	0	200,000	0	0	523,680	3,900,000	4,423,680	2.4%
Injection Safety	400,000	0	655,000	0	0	0	0	1,055,000	0	1,055,000	0.6%
Other Prevention	6,880,000	0	1,015,000	560,000	0	200,000	0	8,655,000		8,655,000	4.8%
Prevention Sub-total	*20,055,799*	*351,656*	*8,330,785*	*1,640,000*	*350,000*	*340,000*	*0*	*31,068,240*	*6,499,445*	*37,567,685*	*20.7%*
Care											
Palliative Care: Basic health care & support	9,897,000	106,620	3,206,380	990,000	0	250,000	0	14,450,000		14,450,000	8.0%
Palliative Care: TB/HIV	1,744,000	65,340	2,565,660	500,000	550,000	0	0	5,425,000		5,425,000	3.0%
Orphans and Vulnerable Children	*11,534,058*	*0*	*5,491,564*	*890,000*	*0*	*250,000*	*0*	*18,165,622*	*1,301,493*	*19,467,115*	*10.7%*
Of Which, Orphans Programs	11,534,058	0	800,000	890,000	0	250,000	0	13,474,058	1,301,493	14,775,551	8.1%
Of Which, Pediatric AIDS			4,691,564					4,691,564		*4,691,564*	2.6%
Counseling and Testing	7,515,874	67,718	3,817,608	1,396,100	310,000	0	0	13,107,300		13,107,300	7.2%
Care Sub-total (Including Pediatric AIDS)	*30,690,932*	*239,678*	*15,081,212*	*3,776,100*	*860,000*	*500,000*	*0*	*51,147,922*	*1,301,493*	*52,449,415*	*28.9%*
Treatment											
Treatment: ARV Drugs	19,780,000	0	0	0	0	0	0	19,780,000		19,780,000	10.9%
Treatment: ARV Services	14,929,000	344,092	25,116,169	8,330,600	3,918,898	0	0	52,638,759	17,256,079	69,894,838	38.5%
Laboratory Infrastructure	190,000	242,501	4,201,822	190,494	1,485,746	0	0	6,310,563		6,310,563	3.5%
Treatment Sub-total (Including Pediatric AIDS)	*34,899,000*	*586,593*	*29,317,991*	*8,521,094*	*5,404,644*	*0*	*0*	*78,729,322*	*17,256,079*	*95,985,401*	*52.9%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*-4,691,564*	*0*	*0*	*0*	*0*	*-4,691,564*		*-4,691,564*	-2.6%
Treatment Sub-total (Excluding Pediatric AIDS)	*34,899,000*	*586,593*	*24,626,427*	*8,521,094*	*5,404,644*	*0*	*0*	*74,037,758*	*17,256,079*	*91,293,837*	*50.4%*
Subtotal, Prevention, Care, and Treatment	*85,645,731*	*1,177,927*	*48,038,424*	*13,937,194*	*6,614,644*	*840,000*	*0*	*156,253,920*	*25,057,017*	*181,310,937*	*100.0%*
Other Costs											
Strategic Information	3,007,795	602,901	2,264,610	61,720	0	0	0	5,937,026		5,937,026	
Other/policy analysis and system strengthening	6,044,993	12,000	2,593,007	50,000	0	0	0	8,700,000		8,700,000	
Management and Staffing	3,463,037	2,090,172	2,289,637	1,130,518	451,000	110,000	0	9,534,364		9,534,364	
Other Costs Sub-total	*12,515,825*	*2,705,073*	*7,147,254*	*1,242,238*	*451,000*	*110,000*	*0*	*24,171,390*	*0*	*24,171,390*	
AGENCY, FUNDING SOURCE TOTALS	**98,161,556**	**3,883,000**	**55,185,678**	**15,179,432**	**7,065,644**	**950,000**	**0**	**180,425,310**	**25,057,017**	**205,482,327**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	98,161,556	98,161,556	3,900,938	102,062,494
HHS	55,185,678	59,068,678	21,156,079	80,224,757
DOD	15,179,432	15,179,432	0	15,179,432
State	7,065,644	7,065,644	0	7,065,644
Peace Corps	950,000	950,000	0	950,000
Labor	0	0	0	0
Total	**176,542,310**	**180,425,310**	**25,057,017**	**205,482,327**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	3,883,000	0	3,883,000
GHAI	176,542,310	25,057,017	201,599,327
Total	**180,425,310**	**25,057,017**	**205,482,327**

UGANDA

Project Title: **Uganda Fiscal Year 2007 Country Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	3,161,787	3,161,787	0	3,161,787	**3,161,787**	**0**	**3,161,787**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	8,040,000	74,180,766	82,220,766	8,040,000	93,986,236	**102,026,236**	**9,564,675**	**111,590,911**
Peace Corps	0	1,207,000	1,207,000	0	1,457,000	**1,457,000**	**0**	**1,457,000**
State	0	1,580,953	1,580,953	0	1,633,879	**1,633,879**	**1,350,000**	**2,983,879**
USAID	0	101,179,302	101,179,302	0	110,421,098	**110,421,098**	**7,011,740**	**117,432,838**
TOTAL Approved	**8,040,000**	**181,309,808**	**189,349,808**	**8,040,000**	**210,660,000**	**218,700,000**	**17,926,415**	**236,626,415**

HIV/AIDS Epidemic in Uganda:

Estimated Population: 28,816,000*
HIV Prevalence rate: 6.7%*[Φ]
# of HIV infected: 1,000,000*
Estimated # of OVCs: 1,000,000*[¥]
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
[Φ]Prevalence is in adults only (15-49 years)
[¥]Orphans aged 0-17 due to AIDS

Targets to Achieve 2-7-10 Goals:

Uganda	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of Fiscal Year 2004*	**252,500**	**33,000**
End of Fiscal Year 2005**	**371,200**	**67,500**
End of Fiscal Year 2006***	**511,800**	**89,200**
End of Fiscal Year 2007****	**477,113**	**100,000**
End of Fiscal Year 2008****	**549,974**	**120,000**

*Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, March 2005
**Results. "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2006
***Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2007
****FY 2007 Country Operational Plan targets

Program Description:

The results of the recently released Uganda HIV Sero Behavioral Survey (UHSBS) revealed an adult HIV prevalence of 6.4%. Approximately 940,000 Ugandans are HIV positive, of which

approximately 100,000 are children under the age of 18. Women, urban dwellers, and those living in the conflict regions are the most severely affected. Forty percent of those who are HIV positive have an HIV negative spouse. HIV incidence in Uganda's mature epidemic is showing signs of stagnating, which means that the number of new infections is no longer decreasing. More than one million people have died, and there are an estimated one million orphans as a direct result of HIV/AIDS. Families and communities are no longer able to absorb and meet the needs of those who are HIV-positive, and millions of children are vulnerable, orphaned, or otherwise affected by the epidemic. As a result, women, orphans, and other vulnerable groups are particularly susceptible to property-grabbing, sexual exploitation, violence, abuse, and a life of absolute poverty.

All of the 940,000 Ugandans who are HIV positive require access to comprehensive care and support services. In light of a severely burdened public health system, the USG is supporting faith-based networks, civil society, and the private sector to complement the public sector and play a key role in ensuring the delivery of services and essential commodities. An estimated 150,000 people in Uganda are currently in need of treatment. As of March 2006, Uganda's Ministry of Health (MOH) estimated that 75,000 Ugandans were receiving antiretroviral treatment (ART). Of these, the USG directly supported ART for 38,712 in 102 service outlets throughout the country. The USG is the largest provider of pediatric AIDS treatment services in the country. Approximately 8,000 pediatric patients, out of an estimated 36,000 in need, receive ART services through USG-supported programs.

As a result of the HIV/AIDS epidemic, Uganda is among the 22 countries in the world with the highest tuberculosis (TB) burden. TB remains the leading cause of morbidity and mortality for people living with HIV/AIDS. In fiscal year 2007, a key goal for the Emergency Plan in Uganda will be to increase the number of HIV positive TB patients receiving palliative care (PC) and ART. Treating these patients is part of the USG's comprehensive approach in support of national priorities.

Additional Funding: In June 2007, an additional $23,925,571 was allocated to expand the PMTCT portfolio and increased support for OVC and TB/HIV activities, while further strengthening basic care services. Through the technical working group (TWG) process, $1,200,000 of the additional funds were identified to support new medical male circumcision (MC) activities in Uganda.

The Emergency Plan funding will focus on the following programmatic areas to achieve the Plan's 2-7-10 targets:

Prevention: $43,560,420 ($35,639,124 Field and $7,921,296 Central) (21.1% of prevention, care, and treatment budget)

Data from national surveys and from two longitudinal study sites in Uganda (Masaka and Rakai) indicate that, after a period of declining HIV prevalence and incidence, the downward trend seems to be stabilizing. These findings have been further substantiated by the final analysis of the UHSBS, revealing an HIV prevalence of 6.4 % among the adult population. This rate, combined with the figure released by UNAIDS of 135,000 new infections in the last year, has

fueled concern within the Government of Uganda (GOU) that successes to date could be threatened. The predominant mode of HIV transmission in Uganda is sexual, and the key driver is higher risk sex, defined as multiple concurrent partners, HIV discordance (one partner is HIV positive while the other is HIV negative), and unprotected sex. Prevention priorities, identified in response to the transmission modes, include behavior change for risk reduction and risk avoidance, counseling and testing, supportive disclosure of HIV status, prevention of mother to child transmission (PMTCT), post exposure prophylaxis, and condoms. Emergency Plan activities in fiscal year 2007 are aligned with the Ugandan national 'Road Map for Accelerated HIV Prevention,' as well as USG global guidance, most notably in emphasizing the prevention of sexual transmission of HIV as a key priority area.

In fiscal year 2007, USG supported prevention programming will consolidate and strengthen its existing abstinence programs for young people through a combination of in-school and out-of-school programs, media, and community approaches. Programming will continue to support the Ministry of Education and Sports, to reach students in primary schools with information about HIV and life skills so that they may avoid risky situations and remain abstinent from sex; to strengthen and enhance teachers' skills to interact effectively with children; to create safe school environments; and to promote outreach activities from the school into the surrounding community. The USG will continue to support President Museveni's Presidential Initiative for AIDS Strategy for Communication to Youth (PIASCY). Additionally, messages targeting men will be incorporated into Emergency Plan activities.

Currently, the USG provides both direct and indirect support for PMTCT services, and plans to continue that support in fiscal year 2007 with routine opt-out counseling and testing (CT) for pregnant women. The USG also will continue working with the MOH to revise all training materials to reflect the revised national PMTCT policy; involve men in PMTCT through the family-centered model for HIV care; and strengthen integration of PMTCT into care and treatment programs and treatment referrals for eligible HIV positive mothers and their HIV positive babies.

Efforts to reduce new infections among high-risk or high-transmitter groups (such as HIV discordant couples; members of the uniformed services; mobile populations; and migrant workers) will be expanded and will target locales where high risk activities take place. The USG will target individuals through national behavior change communication, mass media prevention programs, supportive disclosure counseling, condom distribution, and social marketing. In fiscal year 2007, the link between alcohol consumption and HIV transmission will be a focus in selected activities. Support to Northern Uganda will remain a particular focus in fiscal year 2007, with activities targeting Internally Displaced Persons (IDPs) and members of Uganda's People's Defense Force. Additionally, positive prevention interventions, which include partner testing and supportive disclosure, STI diagnosis, treatment and prevention, PMTCT, and linkages to family planning, will be integrated into ongoing care and treatment activities by all USG partner organizations, as well as with national associations of People Living with HIV/AIDS (PLWHA).

Finally, in fiscal year 2007, the USG will continue to support the Blood Safety program to consolidate achievements of the past years and bridge gaps in service delivery. Key areas of the

program include retention of low-risk, voluntary, non-remunerated repeat blood donors; referral of HIV positive donors to care services; blood collection, testing, storage, and distribution; staff training; quality assurance; infection control; and monitoring and evaluation.

Principal Partners: AIDS Information Center, CARE International, AIDSRelief Consortium/Catholic Relief Services, International Rescue Committee, International Youth Foundation, Inter-Religious Council of Uganda, Johns Hopkins University, John Snow International, Ministry of Education and Sports, Ministry of Gender, Labor and Social Development, Ministry of Health, PATH, Protecting Families Against AIDS, The AIDS Support Organization, Samaritan's Purse, Uganda Blood Transfusion Services, World Vision International, Family Health International, Population Services International, Mildmay Center International, Baylor University/Pediatric Infectious Disease Clinic, Research Triangle Institute, Young Empowered and Healthy (YEAH), Makerere University Faculty of Medicine, and Ugandan People's Defense Force (UPDF).

Care: $70,674,459 ($66,934,015 Field and $3,740,444 Central) (34.2% of prevention, care and treatment budget)

Care activities in Uganda include counseling and testing (CT), basic palliative care (PC), support for integrated tuberculosis (TB) care and treatment, and assistance to orphans and vulnerable children (OVC).

Findings from the 2002 Demographic Health Survey reported that 70% of the general population wanted to know their HIV status, but only 10% had access to CT services. To address this, the Ministry of Health (MOH) is emphasizing a national 'know your status' message. In support of this effort, USG programs will continue to follow the updated national counseling and testing policy and guidelines, to increase utilization of CT services using a variety of models. In fiscal year 2007, traditional facility-based Voluntary Counseling and Testing (VCT) services will include mobile and community services in several districts. Routine Counseling and Testing (RCT) will continue in regional referral hospitals, selected district hospitals, and Level IV Health Centers, with expanded home-based services to enhance partner and family testing. Finally, door-to-door CT will be continued in selected high prevalence districts. A major focus of all approaches will be to expand opportunities for access to CT, thereby increasing opportunities for partner testing in order to identify HIV discordant couples and provide family testing. CT services also will be further strengthened in health and education programs through additional support for partners to expand geographical coverage and community outreach activities, as well as through private sector initiatives to offer CT services in the workplace.

In fiscal year 2007, the USG will continue to support the implementation of the national TB/ HIV integration policy and communication strategy, through the consolidated and coordinated training of health care providers. Care and treatment implementing partners will be supported with technical assistance, to develop comprehensive TB/HIV activities and TB service, including HIV CT services that are provided either on-site or through effective referral mechanisms. Support for decentralized delivery of HIV/TB services also will be strengthened. The role of PLWHAs will be strengthened, as well, to facilitate referral and adherence and to improve linkages from CT to TB screening. These services will continue in the conflict affected districts.

Approximately 940,000 people in Uganda are living with HIV/AIDS, and all of them require basic palliative health care services and support, whether they are on ART or not. USG support includes a broad range of services that address the continuum of illness, ranging from management of opportunistic infections, psychosocial support, home based care, nutrition, basic preventive care, TB management, pain and symptom control, and spiritual care, to culturally appropriate end-of-life care. The USG will continue to utilize various community based structures for delivery of care and referral at the community level, and will provide access to the basic preventive health package -- which includes two long-lasting insecticide treated mosquito nets, a water safety vessel and chlorine solution, condoms as appropriate, and prevention for positives educational materials. These commodities also will be available through social marketing programs, to accommodate those who can afford to purchase the services.

Currently, Uganda has an estimated two million OVC (14% of all children), representing a more than two-fold increase since 1990. Results from the 2005 UHSBS report indicate that approximately 100,000 children are HIV positive; secondary analysis indicates that approximately 36,000 of these children require antiretroviral (ARV) treatment. Approximately 46% have been orphaned by HIV/AIDS; the remainder have lost their parents primarily through the armed conflict. Of the four million children living in conflict areas, one million are living in internally displaced persons (IDP) camps. The USG, in close partnership with the GOU, will work in the following strategic areas: technical support to the Ministry of Gender, Labor and Social Development; expansion of local government and civil society's response for service delivery and capacity building of national, district and community organizations; and strengthening networks and linkages between pediatric care and treatment programs and community based OVC services.

Principal Partners: Africare, African Medical and Research Foundation, AIDS Information Center, AIDSRelief Consortium/Catholic Relief Services, ACDI/VOCA, AVSI, Baylor University/Pediatric Infectious Disease Clinic, CARE, Christian AID, Hospice Uganda Africa, Integrated Community Based Initiatives, International Rescue Committee, Johns Hopkins University, Kumi District Director of Health Services, Makerere University Faculty of Medicine, Makerere University Institute of Public Health, Ministry of Health, Mildmay Center International, National Medical Stores, Research Triangle Institute, Opportunity International, Plan Uganda, Population Services International, Salvation Army, and The AIDS Support Organization.

Treatment $92,136,018 ($85,871,343 Field and $6,264,675 Central) (44.6% of prevention, care and treatment budget)

Treatment activities in Uganda include the provision of ARV drugs and service programs, as well as laboratory support.

Results from a secondary analysis of the UHSBS report indicate that, in 2006, approximately 940,000 Ugandans are HIV positive; of these, 170,000 adults and 36,000 children require ARV treatment. In fiscal year 2007, USG support will continue to provide Ugandans with ART in service outlets throughout Uganda. To address this ever-increasing need, the USG will continue

to provide comprehensive treatment using its existing networks of partners. The USG will support ART services in public, private, and NGO sector outlets, placing high priority on providing services to those who are most in need. In fiscal year 2007, there will be an emphasis on integrating prevention into treatment programs and providing comprehensive treatment programs in the highest prevalence areas in central and northern Uganda.

The network model continues to foster referrals among partners, which enables HIV positive clients to access a full spectrum of services, including supplemental nutritional support, training in income-generation, and family planning services. Additionally, family and community programs will be strengthened to support this network of comprehensive care for clients and their families. Where these programs have not been initiated, collaborative partnerships will be developed to link HIV positives' partners and family members to integrated prevention, care, and treatment services. Finally, in fiscal year 2007 the USG will continue its work in pediatric AIDS treatment.

For laboratory support, the USG will consolidate current initiatives and increase support for institutional strengthening of the central public health laboratory, as well as regional and district laboratory facilities. The USG also will continue to support both pre-service and in-service training programs for laboratory technicians, and expand initiatives to improve national quality assurance oversight. Additional laboratory data collection and reporting will be supported to improve the provision of services. National programs, such as the rapid HIV test training roll-out, will include laboratory techniques for patient monitoring and treatment.

Finally, fiscal year 2007 funding will continue to support the established Ugandan procurement structures and increase local institutions' capacity with technical assistance in forecasting, distribution logistics, and warehousing of commodities.

Principal partners: African Medical Research Foundation, AIDSRelief/Catholic Relief Services, Baylor University/Pediatric Infectious Disease Clinic, Central Public Laboratory Emerging Markets, Inter-Religious Council of Uganda, Makarere University Institute of Public Health, Joint Clinical Research Center, Makerere University Faculty of Medicine, Mildmay Center International, Ministry of Health, The AIDS Support Organization, Uganda Viral Reseach Institute, and University Research Corporation.

Other Costs: $30,255,518

The PEPFAR/Uganda Strategic Information (SI) strategy is comprehensive and supports a variety of activities, including routine data collection at district and national levels. A central component of the Emergency Plan's work in routine data collection involves building the capacity of national and local government, civil society, and faith-based organizations to develop and implement effective monitoring and evaluation systems.

Support for Uganda's HIV/AIDS antenatal care (ANC) sentinel surveillance activities includes both technical and material support of ANC clinics across Uganda, including those in the war-torn North, where large populations of displaced persons are served. Specific activities which

have been undertaken in this area include protocol development, training of site staff, data and specimen collection, supervision, and testing and analysis.

The USG has worked closely with the GOU to implement sentinel surveillance of sexually transmitted diseases among people living with HIV/AIDS, and has begun to support the MOH in conducting HIV surveys among its most-at-risk populations, specifically people in prostitution, members of fishing communities, and other mobile populations.

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

The USG is collaborating with the Ministry of Health, WHO, and other donors on a national human capacity assessment project focusing on health workers. Findings will inform decisions regarding priorities for the use of USG resources for training and system strengthening.

Principal Partners: Ministry of Health, Uganda AIDS Commission, Ministry of Defense, JHPIEGO.

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

Other Donors, Global Fund Activities, Coordination Mechanisms:

The USG continues to engage actively in coordinating, planning, and monitoring HIV/AIDS activities through both Government of Uganda and Development Partner coordination groups. The Uganda AIDS Commission (UAC) is the overall coordinating body for HIV/AIDS in Uganda, and it meets monthly with the national Partnership Committee, which consists of public and private representatives. In addition, the UAC acts as the Secretariat for the Emergency Plan Advisory Committee, which is chaired by the former Prime Minister and is comprised of 19 national representatives from public and private sectors, faith based organizations, and people living with AIDS. The UAC also leads a national HIV prevention working group and a national monitoring and evaluation committee in which the USG participates.

The USG plays an active leadership role in the well-established donor coordination groups for the health (including the national HIV/AIDS program) and education sectors. The MOH implements a "sector wide approach" and hosts monthly Health Policy Advisory Committee meetings, in which all groups working in the public health sector participate.

Long-term institutional arrangements for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) are being established to improve its performance. In addition, other national management systems are being streamlined. The UAC will assume a stewardship role

for HIV/AIDS funds to civil society, and will oversee the management of a grants mechanism being managed by a private agency. In addition, the USG is leading an effort to expand an existing grants mechanism, to accommodate funds from the Global Fund and other donors. The MOH will have a lead role in managing public sector funds and will coordinate this through the existing sector structures, including the involvement of USG and other development partners. This will enable the USG to ensure that the Emergency Plan and other HIV/AIDS activities complement one another.

In fiscal year 2007, the GOU will launch a new national social health insurance scheme. The USG will work closely with development partners, the private sector, and the GOU to ensure that the program will be informed with solid data and consultation.

Program Contact: Emergency Plan Coordinator, Premila Bartlett

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: Uganda
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - UGANDA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	5,638,338	0	7,517,939	100,000	128,869	0	0	13,385,146		13,385,146	6.5%
Abstinence/Be Faithful	9,518,319	0	1,221,098	138,000	97,449	84,300	0	11,059,166	2,952,960	14,012,126	6.8%
Blood Safety	0	0	0	0	0	0	0	0	4,650,000	4,650,000	2.3%
Injection Safety	300,000	0	200,000	50,000	0	0	0	550,000	318,336	868,336	0.4%
Other Prevention	8,817,681	0	1,289,000	150,000	75,131	313,000	0	10,644,812		10,644,812	5.2%
Prevention Sub-total	*24,274,338*	*0*	*10,228,037*	*438,000*	*301,449*	*397,300*	*0*	*35,639,124*	*7,921,296*	*43,560,420*	*21.1%*
Care											
Palliative Care: Basic health care & support	14,619,229	144,730	8,960,619	451,000	188,887	290,100	0	24,654,565		24,654,565	11.9%
Palliative Care: TB/HIV	4,335,000	148,239	3,547,774	50,000	97,170	0	0	8,178,183		8,178,183	4.0%
Orphans and Vulnerable Children	*13,816,569*	*0*	*1,861,000*	*250,000*	*269,754*	*542,000*	*0*	*16,739,323*	*3,740,444*	*20,479,767*	*9.9%*
Of Which, Orphans Programs	13,816,569	0	1,861,000	250,000	269,754	542,000	0	16,739,323	3,740,444	20,479,767	9.9%
Of Which, Pediatric AIDS								0		*0*	0.0%
Counseling and Testing	6,714,000	0	10,182,325	354,000	111,619	0	0	17,361,944		17,361,944	8.4%
Care Sub-total (Including Pediatric AIDS)	*39,484,798*	*292,969*	*24,551,718*	*1,105,000*	*667,430*	*832,100*	*0*	*66,934,015*	*3,740,444*	*70,674,459*	*34.2%*
Treatment											
Treatment: ARV Drugs	13,508,754	0	22,363,634	0	0	0	0	35,872,388	3,332,379	39,204,767	19.0%
Treatment: ARV Services	16,021,111	835,412	17,919,175	773,787	0	0	0	35,549,485	2,932,296	38,481,781	18.6%
Laboratory Infrastructure	2,950,000	1,529,599	9,084,871	350,000	535,000	0	0	14,449,470		14,449,470	7.0%
Treatment Sub-total (Including Pediatric AIDS)	*32,479,865*	*2,365,011*	*49,367,680*	*1,123,787*	*535,000*	*0*	*0*	*85,871,343*	*6,264,675*	*92,136,018*	*44.6%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*		*0*	0.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*32,479,865*	*2,365,011*	*49,367,680*	*1,123,787*	*535,000*	*0*	*0*	*85,871,343*	*6,264,675*	*92,136,018*	*44.6%*
Subtotal, Prevention, Care, and Treatment	*96,239,001*	*2,657,980*	*84,147,435*	*2,666,787*	*1,503,879*	*1,229,400*	*0*	*188,444,482*	*17,926,415*	*206,370,897*	*100.0%*
Other Costs											
Strategic Information	5,883,000	899,504	6,830,954	207,000	0	0	0	13,820,458		13,820,458	
Other/policy analysis and system strengthening	3,490,000	0	1,860,000	0	0	0	0	5,350,000		5,350,000	
Management and Staffing	4,809,097	4,482,516	1,147,847	288,000	130,000	227,600	0	11,085,060		11,085,060	
Other Costs Sub-total	*14,182,097*	*5,382,020*	*9,838,801*	*495,000*	*130,000*	*227,600*	*0*	*30,255,518*	*0*	*30,255,518*	
AGENCY, FUNDING SOURCE TOTALS	**110,421,098**	**8,040,000**	**93,986,236**	**3,161,787**	**1,633,879**	**1,457,000**	**0**	**218,700,000**	**17,926,415**	**236,626,415**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	110,421,098	110,421,098	7,011,740	117,432,838
HHS	93,986,236	102,026,236	9,564,675	111,590,911
DOD	3,161,787	3,161,787	0	3,161,787
State	1,633,879	1,633,879	1,350,000	2,983,879
Peace Corps	1,457,000	1,457,000	0	1,457,000
Labor	0	0	0	0
Total	**210,660,000**	**218,700,000**	**17,926,415**	**236,626,415**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	8,040,000	0	8,040,000
GHAI	210,660,000	17,926,415	228,586,415
Total	**218,700,000**	**17,926,415**	**236,626,415**

VIETNAM

Project Title: **Vietnam Fiscal Year 2007 Country Operational Plan (COP)**

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	2,844,500	2,844,500	0	3,550,500	**3,550,500**	**0**	**3,550,500**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	2,855,000	14,480,685	17,335,685	2,855,000	20,595,685	**23,450,685**	**0**	**23,450,685**
Peace Corps	0	0	0	0	0	**0**	**0**	**0**
State	0	0	0	0	0	**0**	**0**	**0**
USAID	0	31,863,815	31,863,815	0	38,788,815	**38,788,815**	**0**	**38,788,815**
TOTAL Approved	**2,855,000**	**49,189,000**	**52,044,000**	**2,855,000**	**62,935,000**	**65,790,000**	**0**	**65,790,000**

HIV/AIDS Epidemic in Vietnam:

Estimated Population: 84,238,000*
HIV Prevalence rate: 0.5%*$^{\Phi}$
# of HIV infected: 260,000*
Estimated # of OVCs: no official Vietnam Government or UNAIDS estimate
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
$^{\Phi}$Prevalence is in adults only (15-49 years)

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

Vietnam	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of Fiscal Year 2004*	**1,020**	**0**
End of Fiscal Year 2005**	**13,100**	**700**
End of Fiscal Year 2006***	**26,200**	**6,600**
End of Fiscal Year 2007****	**40,257**	**9,000**
End of Fiscal Year 2008****	**68,513**	**17,000**

*Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, March 2005
**Results. "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2006
***Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2007
****Fiscal Year 2007 Country Operational Plan targets

Program Description:

Vietnam, a densely populated country of 83.1 million, has an estimated 280,000 people living with HIV/AIDS (PLWHA), including 10,000 children (UNAIDS, 2005), and an estimated overall population prevalence of 0.53% (UNAIDS, 2006). However, several provinces with

significant numbers of injecting drug users (IDU) report prevalence rates above 1%; PEPFAR focuses its efforts in seven of these high-prevalence provinces: Hanoi, Ho Chi Minh City (HCMC), Haiphong, Quang Ninh, An Giang, and Can Tho. In this concentrated epidemic, transmission primarily occurs among most-at-risk populations (MARPs), including IDU, people in prostitution, and men who have sex with men (MSM). The highest prevalence is among IDU (who represent 50%–60% of all reported cases); prevalence among IDU has increased from an estimated 25% in 2000 to 34% in 2005, reaching as high as 50-60% in some provinces. Vietnam is a high-burden tuberculosis (TB) country. HIV prevalence among TB patients is 4% nationally and 24% in HCMC (2005), and has been rising steadily.

Additional Funding: In June 2007, an additional $7,015,000 was allocated to strengthen activities in PMTCT, supporting rapid expansion of PMTCT services in high ANC prevalence provinces and PMTCT social marketing in seven focus provinces; TB/HIV, including strengthening laboratory capacity; counseling and testing; and prevention, to expand coverage and support activities for drug users, mainstream HIV prevention education in the school curriculum, and support pre-service training on HIV and drug use prevention for health professionals.

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

Prevention: $14,163,571 (Field funded) (26.5% of prevention, care and treatment budget)

Prevention programs in Vietnam include: intensive and targeted behavior change; abstinence and be faithful interventions; injection safety; prevention of mother-to-child transmission (PMTCT); and blood safety. The USG will collaborate with non-governmental organizations (NGOs) to conduct outreach interventions to reduce men's use of prostitutes in seven focus provinces where sexual transmission rates are high.

The USG will continue to support targeted behavior change communication (BCC) with MARPs, including IDU, CSW and their clients, and MSM through peer-based outreach and referral to drop-in centers, health clubs, and care and support services. The USG also will continue to engage government and business leaders in establishing local and national HIV/AIDS workplace policies and programs that increase access to testing and address discrimination against infected and affected workers. All BCC interventions (PEPFAR and other donors) will be coordinated by new PEPFAR-sponsored provincial outreach coordinators.

The USG will work with government ministries, mass media organizations, and partners to strengthen a national abstinence and be faithful media and community outreach campaign targeting urban and rural youth. A campaign targeting potential clients of people in prostitution will reach men directly. Peer education activities in three focus provinces (Hanoi, HCMC, and Quang Ninh) will target in- and out-of-school and street youth.

In partnership with the Ministry of Health (MOH), Vietnam Administration for AIDS Control (VAAC), the USG and the World Health Organization (WHO) will develop national injection safety guidelines, training related to dissemination of these guidelines, and will support the procurement of sharps disposal equipment for the seven focus provinces.

In the area of PMTCT, the USG will coordinate services and build capacity at national, provincial and community levels, and will increase linkages among all levels. Emergency Plan support will continue to improve services at existing sites, with particular focus on community outreach and the referral network between PMTCT and pediatric and adult outpatient clinics (OPCs).

The Emergency Plan focuses its blood safety efforts on a program within the Ministry of Defense (MOD), which has a health care system independent of the MOH. This support will continue in fiscal year 2007.

Principal Partners: MOH, local Provincial AIDS Committees (PACs), MOD, Academy for Educational Development (AED), University of Hawaii, Pact/Community Reach, CARE International, Medecins du Monde (MdM) France, Pathfinder International, Save the Children U.S., STI and HIV/AIDS Prevention Center, UNAIDS, Family Health International (FHI), and Health Policy Initiative (HPI).

Care: $18,230,540 (Field funded) (34.1% of prevention, care and treatment budget)

Care activities in Vietnam include counseling and testing (CT), clinical and home-based care, basic palliative care, integration of TB and HIV programs, and orphans and vulnerable children (OVC). The USG will provide technical assistance to the MOH for national CT guideline development, and will support expansion of CT coverage, introducing new interventions for MARPs in the highest prevalence provinces.

In fiscal year 2007, the Emergency Plan will support collaborative work to build comprehensive care services from the community to provincial levels. The USG will work with VAAC and other partners to develop a minimum package of services to ensure quality and consistency across sites. HIV clinical care and support activities focus on improving the capacity to provide care and treatment for opportunistic infections (OI), symptomatic and other disease prevention and care, and linking this care to CT and referral services.

The USG will work with the Government of Vietnam (GVN) to implement national palliative care guidelines approved in 2006. Based on the results of a pilot program, the Emergency Plan will support comprehensive, integrated HIV prevention, treatment and pre- and post-release services for residents from IDU rehabilitation centers. These services will be coordinated with Emergency Plan-trained case managers. Comprehensive psychosocial support, including addiction counseling, will be provided to residents entering the community.

To address the increasing HIV prevalence among TB patients, the USG will improve collaboration between TB and HIV programs in focus provinces, to ensure routine, standardized HIV testing of TB patients, TB screening of PLHWA, and referral of HIV-infected persons to diagnosis and TB care. The USG will also strengthen TB-HIV linkages among TB clinics, pediatric and adult clinics, and PMTCT programs.

The number of children living with and affected by HIV/AIDS in Vietnam remains relatively low, with 8,500 estimated HIV/AIDS cases in children under 15. Current services for OVC are

minimal. The Emergency Plan will support development of a multi-sectoral plan for family-centered care, community-based alternatives to institutional care, and functioning child protection systems. In fiscal year 2007, support for OVC services will more than double previous coverage and will integrate OVC into care and support programs in clinics as well as in the home and community. PEPFAR will support development of community-reintegration programs for abandoned and institutionalized children, which can serve as national models.

Principal Partners: MOH, HCMC PAC, MOD, Vietnam-CDC-Harvard Medical School AIDS Partnership, University of Hawaii, Pact, CARE International, MdM France, Worldwide Orphans Foundation, Mai Hoa AIDS Center, Center for Community Health and Development, UN Volunteers, UNAIDS, WHO, FHI, and HPI.

Treatment: $21,130,151 (Field funded) (39.5% of prevention, care and treatment budget)

Emergency Plan support for antiretroviral therapy (ART) includes: establishment of effective drug procurement and dispersal systems; policy development; strengthening of laboratory infrastructure; enhancement of human capacity; and effective monitoring and evaluation (M&E) systems. Currently, 36 sites in six high-prevalence provinces are providing adult, pediatric, and PMTCT-plus services for 3,000 PLWHA. In fiscal year 2007, the USG will continue to scale up ARV services for adults and children in the focus provinces. District-based clinics will provide a basic package of services and serve as "magnet" clinics for surrounding districts. To ensure quality services and long-term sustainability, the USG will develop human capacity through clinical mentoring, ongoing supervision, and development and implementation of a national training curriculum. Special attention will be given to education in addiction treatment and its interactions with ART, nursing, pharmaceutical, and social support programs, to improve the overall quality of services.

The USG will continue to build national and provincial laboratory capacity by supporting training in lab-related services; procuring necessary laboratory equipment, test kits, and basic diagnostics for HIV-related care and treatment activities; and developing quality assurance/quality control (QA/QC) systems.

Principal Partners: MOH, HCMC PAC, National Institute of Hygiene and Epidemiology (NIHE), MOD, Vietnam-CDC-Harvard Medical School AIDS Partnership, Management Sciences for Health, Supply Chain Management Services, University of Hawaii, Pact, MdM France, World Wide Orphans, Mai Hoa AIDS Center, FHI, and HPI.

Other Costs: $12,265,738

Strategic information (SI) is one of the high priority areas in the GVN's National HIV/AIDS Strategy. Through the development of a certificate-based training curriculum, the USG will help build SI institutional and human capacity. Additionally, the USG will provide technical assistance and training for evidence-based analysis and decision-making. The Emergency Plan will support improvement of surveillance activities; validation of estimations and projections; MARP size estimates; and routine health information system infrastructure. Program effectiveness will be measured through a targeted assessment of USG in-country support and institutionalization of program monitoring and data management systems.

The USG will focus on activities related to policy and systems strengthening, to assist the GVN in coordinating national HIV/AIDS activities, including HIV/AIDS training for key GVN leaders. Sustainable systems will be developed through human resources capacity building and infrastructure strengthening at the national, provincial, and district levels. Emergency Plan support will address stigma and discrimination, civil society development, and implementation of the National HIV/AIDS Law. The USG will link program efforts through support of coordination committees in the areas of care and treatment, PMTCT, CT, and TB. Direct advocacy and policy development support will be provided to enable key military leaders to attend regional and international trainings and conferences.

Principal Partners: MOH, HCMC PAC, Hanoi School of Public Health, NIHE, MOD, AED/SMARTWork, Pact, University of North Carolina/ MEASURE Evaluation, UNAIDS, Partner TBD (Evaluation of drug rehabilitation center activities, SI training and applications development), ORC/MACRO, HIVQUAL, University of Washington/ITECH, Harvard University Kennedy School, International Center for Research on Women, Pathfinder International, Institute for Social Development Studies, UNDP, UNAIDS, WHO, FHI, and HPI.

Management and staffing costs will support in-country personnel at HHS/CDC, HHS/SAMHSA, USAID, and the DOD. Funds will ensure program management, monitoring and accountability, and policy and technical leadership within the Vietnam national response; they also will cover compensation, logistics, travel, and office and administrative costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

There are approximately 30 international NGOs and seven government-sanctioned technical local NGOs, nine UN organizations, five major bilateral agencies and the Global Fund providing resources for HIV/AIDS programs. International organizations include faith-based, general development, and specialized consulting firms. Local NGOs include specialized research organizations, program design and implementation organizations, and community-based organizations. UN organizations include UNAIDS, WHO, UNICEF, UNODC, UNFPA, UNESCO, UN Volunteers, ILO, and UNDP. Since 2005, the U.S. Ambassador has led an international group of donors in coordinating technical programming, program management, and policy intervention.

The Global Fund project began in 2004 and runs to June 2008, with $12 million in Round 1 funding. Its mission is to support 3,000 persons on ART in fiscal year 2007 and to strengthen care, counseling, and support for PLWHA. The MOH, the principal recipient and implementing partner, has targeted 20 provinces for programs. The Emergency Plan has provided direct support to Global Fund grant implementation in the following ways: 1) as a voting member on the CCM; 2) through in-country technical assistance for grant application development; 3) through upstream support to the Vietnam Global Fund team through implementing partners; and 4) through support for on-site technical assistance to Global Fund-supported care and treatment clinics.

In August 2005, the Prime Minister established the Vietnam Administration of HIV/AIDS Control within the MOH, in order to coordinate and oversee all HIV/AIDS activities, including

those supported by the Emergency Plan. The USG team regularly meets with key officials of departments under the MOH, to ensure that Emergency Plan assistance continues to complement and support the GVN strategy for prevention, care, and treatment.

Program Contact: Emergency Plan Coordinator, Valerie Koscelnik

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: Vietnam
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - VIETNAM	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	590,000	32,728	1,572,272	125,000	0	0	0	2,320,000		2,320,000	4.3%
Abstinence/Be Faithful	2,526,871	0	0	360,000	0	0	0	2,886,871		2,886,871	5.4%
Blood Safety	0	0	0	425,000	0	0	0	425,000		425,000	0.8%
Injection Safety	75,000	0	0	0	0	0	0	75,000		75,000	0.1%
Other Prevention	7,010,000	166,700	1,070,000	210,000	0	0	0	8,456,700		8,456,700	15.8%
Prevention Sub-total	*10,201,871*	*199,428*	*2,642,272*	*1,120,000*	*0*	*0*	*0*	*14,163,571*	*0*	*14,163,571*	*26.5%*
Care											
Palliative Care: Basic health care & support	3,861,540	212,976	5,259,524	425,000	0	0	0	9,759,040		9,759,040	18.2%
Palliative Care: TB/HIV	885,500	152,500	1,340,000	0	0	0	0	2,378,000		2,378,000	4.4%
Orphans and Vulnerable Children	*1,676,500*	*50,000*	*85,000*	*0*	*0*	*0*	*0*	*1,811,500*	*0*	*1,811,500*	*3.4%*
Of Which, Orphans Programs	1,676,500	50,000	85,000	0	0	0	0	1,811,500		1,811,500	3.4%
Of Which, Pediatric AIDS								0		*0*	0.0%
Counseling and Testing	1,845,000	84,567	2,065,433	287,000	0	0	0	4,282,000		4,282,000	8.0%
Care Sub-total (Including Pediatric AIDS)	*8,268,540*	*500,043*	*8,749,957*	*712,000*	*0*	*0*	*0*	*18,230,540*	*0*	*18,230,540*	*34.1%*
Treatment											
Treatment: ARV Drugs	11,134,000	0	0	0	0	0	0	11,134,000		11,134,000	20.8%
Treatment: ARV Services	3,242,151	150,371	3,224,629	679,000	0	0	0	7,296,151		7,296,151	13.6%
Laboratory Infrastructure	0	123,426	2,113,074	463,500	0	0	0	2,700,000		2,700,000	5.0%
Treatment Sub-total (Including Pediatric AIDS)	*14,376,151*	*273,797*	*5,337,703*	*1,142,500*	*0*	*0*	*0*	*21,130,151*	*0*	*21,130,151*	*39.5%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*		*0*	0.0%
Treatment Sub-total (Excluding Pediatric AIDS)	*14,376,151*	*273,797*	*5,337,703*	*1,142,500*	*0*	*0*	*0*	*21,130,151*	*0*	*21,130,151*	*39.5%*
Subtotal, Prevention, Care, and Treatment	*32,846,562*	*973,268*	*16,729,932*	*2,974,500*	*0*	*0*	*0*	*53,524,262*	*0*	*53,524,262*	*100.0%*
Other Costs											
Strategic Information	1,375,910	356,499	2,653,501	0	0	0	0	4,385,910		4,385,910	
Other/policy analysis and system strengthening	2,861,467	137,105	886,895	195,000	0	0	0	4,080,467		4,080,467	
Management and Staffing	1,704,876	1,388,128	325,357	381,000	0	0	0	3,799,361		3,799,361	
Other Costs Sub-total	*5,942,253*	*1,881,732*	*3,865,753*	*576,000*	*0*	*0*	*0*	*12,265,738*	*0*	*12,265,738*	
AGENCY, FUNDING SOURCE TOTALS	**38,788,815**	**2,855,000**	**20,595,685**	**3,550,500**	**0**	**0**	**0**	**65,790,000**	**0**	**65,790,000**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	38,788,815	38,788,815	0	38,788,815
HHS	20,595,685	23,450,685	0	23,450,685
DOD	3,550,500	3,550,500	0	3,550,500
State	0	0	0	0
Peace Corps	0	0	0	0
Labor	0	0	0	0
Total	**62,935,000**	**65,790,000**	**0**	**65,790,000**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	2,855,000	0	2,855,000
GHAI	62,935,000	0	62,935,000
Total	**65,790,000**	**0**	**65,790,000**

ZAMBIA

Project Title: Zambia Fiscal Year 2007 Country Operational Plan (COP)

Budget Summary:

	Field Programs Funding by Account						Central Programs Funding by Account	
	Notified as of March 2007			Notified as of June 2007			Notified as of November 2006	
Implementing Agency	GAP	GHAI	Subtotal: Field Programs Funding	GAP	GHAI	New Subtotal: Field Programs Funding	GHAI Central Programs	Total Dollars Allocated: Field & Central Funding
DOD	0	4,780,080	4,780,080	0	5,563,929	**5,563,929**	**0**	**5,563,929**
DOL	0	0	0	0	0	**0**	**0**	**0**
HHS	2,914,000	41,635,500	44,549,500	2,914,000	55,955,500	**58,869,500**	**24,320,022**	**83,189,522**
Peace Corps	0	2,100,000	2,100,000	0	2,100,000	**2,100,000**	**0**	**2,100,000**
State	0	1,575,000	1,575,000	0	1,285,000	**1,285,000**	**0**	**1,285,000**
USAID	0	92,137,618	92,137,618	0	116,992,618	**116,992,618**	**6,881,711**	**123,874,329**
TOTAL Approved	**2,914,000**	**142,228,198**	**145,142,198**	**2,914,000**	**181,897,047**	**184,811,047**	**31,201,733**	**216,012,780**

HIV/AIDS Epidemic in Zambia:

Estimated Population: 11,668,000*
HIV Prevalence rate: 15.6%*$^{\Phi}$
# of HIV infected: 1,100,000*
Estimated # of OVCs: 710,000*$^{¥}$
*Figures are from the 2006 Report on the Global AIDS Epidemic, UNAIDS
$^{\Phi}$Prevalence is in adults only (15-49 years)
$^{¥}$Orphans aged 0-17 due to AIDS

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

Zambia	Total # Individuals Receiving Care and Support	Total # Individuals Receiving ART
End of Fiscal Year 2004*	**300,300**	**13,600**
End of Fiscal Year 2005**	**321,300**	**36,000**
End of Fiscal Year 2006***	**467,700**	**71,500**
End of Fiscal Year 2007****	**438,581**	**109,050**
End of Fiscal Year 2008****	**600,000**	**120,000**

* Results. "Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief." First Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, March 2005
** Results. "Action Today, a Foundation for Tomorrow: The President's Emergency Plan for AIDS Relief." Second Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2006.
*** Results. "Power of Partnerships: The President's Emergency Plan for AIDS Relief." Third Annual Report to Congress submitted by the Office of the U.S. Global AIDS Coordinator, U.S. Department of State, February, 2007.
**** Fiscal Year 2007 Country Operational Plan targets

Program Description

Zambia is facing its most critical health, development, and humanitarian crisis to date. An estimated 15.6% of the adult population is infected with HIV, of which 920,000 Zambian adults and children live with HIV/AIDS in a total population of 10.5 million people. About one in

every six adult Zambians is HIV positive. Women represent over half of those infected with HIV in Zambia. Despite a plateau in the growth of the HIV infection rate, the repercussions of the HIV/AIDS epidemic continue to loom over the nation, with the loss of 89,000 persons from AIDS every year, leaving behind an estimated 630,000 AIDS orphans. Zambia's HIV/AIDS epidemic primarily is transmitted through heterosexual contact and from mother to child. There are also clearly identifiable high risk groups that warrant special attention: HIV discordant couples; people in prostitution and their clients and partners; long distance truck drivers; bus drivers; fish camp traders; migrant workers; prisoners; refugees; and uniformed personnel, including members of the military and police forces.

HIV sero-discordant couples are estimated to make up 21% of all married couples. The strong relationships between gender inequality, alcohol and substance abuse, high risk sexual behavior, and sexual violence fuel the transmission of HIV. There is a high relative risk of HIV co-infection for those diagnosed with sexually transmitted infections (STIs). Orphans and vulnerable children (OVC) are particularly at risk for property grabbing, homelessness, sexual exploitation, violence, abuse, and a life of abject poverty. Youth are another high risk group, with a high proportion of females aged 15-24 years nearly twice as likely to be HIV positive as males in the same age group. It is estimated that over 50% of TB/HIV cases are co-infected.

Additional Funding: In June 2007, an additional $25,248,849 was allocated to expand services for PMTCT, opt-out counseling and testing, palliative care, and HIV/TB, and to increase coverage in rural areas. Additional funding will also provide opportunities for more integrated services, including comprehensive OVC care, integrated counseling and testing with STI services, and strengthened PMTCT and Maternal and Child Health service delivery. Through the technical working group (TWG) process, $3,000,000 of the additional funds were identified to support new medical male circumcision (MC) activities in Zambia.

PEPFAR funding for fiscal year 2007 will be focused on the following programmatic areas to achieve the 2-7-10 targets:

Prevention: $45,147,479 ($38,497,183 Field and $6,650,296 Central) (23.8% of prevention, care, and treatment budget)

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

In fiscal year 2007, the USG will continue to improve the quality of existing PMTCT programs, fully integrate PMTCT with other maternal and child health services, and increase access to high quality PMTCT services, including in areas that serve military personnel.

The USG will intensify prevention efforts with messages targeting youth, military, uniformed services, prisoners, and refugees. Blood and injection safety practices will be strengthened to prevent HIV transmission. The USG will continue Post Exposure Prophylaxis protocols and

guidelines in all antiretroviral therapy (ART) sites. These activities will train individuals to promote a comprehensive ABC approach (abstain, be faithful, and correct and consistent use of condoms), targeting high-risk populations. Support will result in behavior change interventions and the establishment of condom outlets at targeted sites, reaching high risk groups such as HIV discordant couples, people in prostitution, police, military, refugees, victims of sexual violence, and prisoners.

Principal partners include: Tulane University, International Executive Service Corps, Children AIDS Fund, Churches Health Association of Zambia, Ministry of Health, United Nations Children's Fund, Copperbelt University, JHPIEGO, Academy for Educational Development, Elizabeth Glaser Pediatric AIDS Foundation, CARE International, Family Health International, American Institutes for Research, Population Services International, Johns Hopkins University, International Youth Foundation, Cooperative League of the USA, Development Alternatives, Inc., World Vision International, John Snow Research and Training Institute, Project Concern International, U.S. Peace Corps, National Arts Council of Zambia, University of Zambia, Pact Inc., Zambia National Blood Transfusion Service, Chemonics International, and the United Nations High Commissioner for Refugees.

Care: $61,367,596 ($59,936,181 Field and $4,431,415 Central) (32.3% of prevention, care, and treatment budget)

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

A primary emphasis of the USG in fiscal year 2007 will be to improve the quality of CT services. In fiscal year 2007, the USG will place high priority on effective networks and referral linkages to other care and treatment services. Palliative care activities will reach HIV-positive individuals at service delivery sites by providing nursing/medical care, treatment of opportunistic infections, pain relief, nutritional supplements, psycho-social support, referral to ART and ART adherence programs, pediatric and family support, and training of caregivers and service providers. To address the high proportion of tuberculosis (TB) and HIV co-infection, the USG will continue to enhance the linkage between TB and HIV services. OVC will receive improved access to educational opportunities, provision of food and shelter, psychosocial support, health care, livelihood training, access to microfinance, and training for caregivers.

Principal partners include: University Teaching Hospital (Lusaka), Tulane University, Cooperative League of the USA, American Institutes of Research, CARE International, Christian Aid, Development Aid from People to People Zambia, HOPE Worldwide Zambia, Opportunity International, Educational Development Center, World Concern Development Organization, Partnership for Supply Chain Management, International Executive Service Corps, United Nations High Commissioner for Refugees, Project Concern International, World Vision International, John Snow Research and Training Institute, Catholic Relief Services, American International Health Alliance, Family Health International, Population Services International, Johns Hopkins University, Churches Health Association of Zambia, and JHPIEGO.

Treatment: $83,535,179 ($63,415,157 Field and $20,120,022 Central) (44.0% of prevention, care, and treatment budget)

As of September 2006, the number of sites providing ART has grown to over 300 government and religious mission health facilities. At the end of March 2006, 65,000 persons were receiving ART in the public sector. The USG will continue to collaborate with the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) to coordinate the purchase of antiretroviral drugs (ARVs) for the public sector. Through this collaboration, the Global Fund will purchase appropriate, approved first line regimens (comprised of generic ARVs), while the USG will procure second line ARVs, pediatric formulations, and one first line drug.

In fiscal year 2007, the USG will continue to provide comprehensive ART services, including public and private sector hospitals, clinic sites, and provincial and district public sector facilities. In addition to ART procurement, the USG will support comprehensive care and treatment services for infants and children; health care provider training on provision of quality ART services; strengthened effective service delivery networks and linkages; strengthened laboratory, logistics, and health information management systems; and implementation of ART adherence activities. Zambia's human capacity crisis will be addressed by supporting the MoH in human resource planning and management, hiring, and seconding key technical staff to provide HIV/AIDS services.

Principal partners: Partnership for Supply Chain Management, Columbia Mailman School of Public Health, Abt Associates, Comforce Technical Services Global, American Society for Microbiology, Tulane University, Ministry of Health, Elizabeth Glaser Pediatric AIDS Foundation, Family Health International, World Vision International, JHPIEGO, University Teaching Hospital (Lusaka), Catholic Relief Services, American International Health Alliance, University of Nebraska (Lincoln), Tropical Diseases Research Centre, Chest Diseases Laboratory, and the Regional Procurement Support Office.

Other Costs: $25,962,526

PEPFAR funding will support strategic information, policy analysis and systems strengthening, and management and staffing. Fiscal year 2007 funds will strengthen local health management information systems, expand use of quality program data for policy development and program management, upgrade quality assurance procedures, provide essential training and support, provide technical assistance in developing sustainable Monitoring and Evaluation systems and information and communication technology.

Principal Partners include: Elizabeth Glaser Pediatric AIDS Foundation, JHPIEGO, Catholic Relief Services, Ministry of Health, National Association of State and Territorial AIDS Directors, National HIV/AIDS/TB/STI Council, Central Statistics Office, Tropical Diseases Research Centre, Comforce Technical Services Global, Macro International, University of North Carolina Chapel Hill, and John Snow Research and Training.

Policy and advocacy efforts will be expanded to reduce stigma and discrimination within communities and in the workplace, encourage strong national and local leadership among

traditional, religious, and political leaders, and increase financial and human resources for HIV prevention, care, and treatment services. Sub-grants and technical support will be provided to HIV-positive people's networks and to community and national leaders for HIV/AIDS prevention, care, and treatment advocacy.

Principal Partners include: National Association of State and Territorial AIDS Directors, University of Zambia, Vanderbilt Institute for Global Health, JHPIEGO, Project Concern International, Partnership for Supply Chain Management, John Snow Research and Training, Abt Associates, National HIV/AIDS/STI/TB Council

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

Other Donors, Global Fund Activities, Coordination Mechanisms

To date, the Global Fund has provided a total of $477.906 million to Zambia in Round One and Round Four funding, of which $346.455 million is for HIV/AIDS activities. Nearly half of the funds go through the MoH for public sector services, including $10.4 million of Round Four monies that will be used for ARV procurement. In August 2006, Zambia submitted a proposal for Round Six**.** Other major donors working in the HIV/AIDS sector are the World Bank (whose Multi-Country HIV/AIDS Program is scheduled to close at the end of 2007) and UNICEF, as well as the British Department for International Development (DFID), which supports PMTCT, workplace prevention and treatment programs, condoms, and sexually transmitted infection drug procurement.

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

Program Contact: PEPFAR Coordinator, Cristina Garces

Time Frame: Fiscal year 2007 – fiscal year 2008

Approved Funding by Program Area: Zambia
Approved as of June 2007
Fiscal Year: 2007

FY 2007 SUMMARY BUDGET TABLE - ZAMBIA	Field Programs Funding Allocated by Program Area							Subtotal: Field Programs Funding by Program Area	Subtotal: Central Programs Funding by Program Area	TOTAL DOLLARS ALLOCATED: Field & Central Funding	% of Prevention, Treatment, & Care Budget Approved to Date
	USAID	HHS		DOD	State	Peace Corps	Labor				
Program Area	GHAI account	GAP (HHS Base) account	GHAI account	GHAI account	GHAI account	GHAI account	GHAI account		GHAI account		
Prevention											
PMTCT	6,683,887	0	8,864,500	262,500	0	0	0	15,810,887		15,810,887	8.3%
Abstinence/Be Faithful	10,356,716	0	1,355,000	180,000	400,000	1,300,000	0	13,591,716	1,450,296	15,042,012	7.9%
Blood Safety	0	0	0	0	0	0	0	0	4,200,000	4,200,000	2.2%
Injection Safety	0	0	0	220,080	0	0	0	220,080	1,000,000	1,220,080	0.6%
Other Prevention	6,092,000	0	1,925,000	332,500	25,000	500,000	0	8,874,500		8,874,500	4.7%
Prevention Sub-total	*23,132,603*	*0*	*12,144,500*	*995,080*	*425,000*	*1,800,000*	*0*	*38,497,183*	*6,650,296*	*45,147,479*	*23.8%*
Care											
Palliative Care: Basic health care & support	11,157,864	0	850,000	630,000	0	0	0	12,637,864		12,637,864	6.6%
Palliative Care: TB/HIV	1,977,000	124,000	5,896,000	225,000	0	0	0	8,222,000		8,222,000	4.3%
Orphans and Vulnerable Children	*10,320,923*	*0*	*5,184,000*	*0*	*150,000*	*0*	*0*	*15,654,923*	*4,431,415*	*20,086,338*	*10.6%*
Of Which, Orphans Programs	10,320,923	0	0	0	150,000	0	0	10,470,923	4,431,415	14,902,338	7.8%
Of Which, Pediatric AIDS			5,184,000					5,184,000		*5,184,000*	2.7%
Counseling and Testing	14,766,394	0	4,930,000	675,000	50,000	0	0	20,421,394		20,421,394	10.7%
Care Sub-total (Including Pediatric AIDS)	*38,222,181*	*124,000*	*16,860,000*	*1,530,000*	*200,000*	*0*	*0*	*56,936,181*	*4,431,415*	*61,367,596*	*32.3%*
Treatment											
Treatment: ARV Drugs	23,000,000	0	2,420,000	0	0	0	0	25,420,000	1,615,895	27,035,895	14.2%
Treatment: ARV Services	11,184,157	0	16,740,000	225,000	200,000	0	0	28,349,157	18,504,127	46,853,284	24.7%
Laboratory Infrastructure	10,100,000	0	3,880,000	850,000	0	0	0	14,830,000		14,830,000	7.8%
Treatment Sub-total (Including Pediatric AIDS)	*44,284,157*	*0*	*23,040,000*	*1,075,000*	*200,000*	*0*	*0*	*68,599,157*	*20,120,022*	*88,719,179*	*46.7%*
Less Pediatric AIDS Attributed to OVC (Care)	*0*	*0*	*-5,184,000*	*0*	*0*	*0*	*0*	*-5,184,000*		*-5,184,000*	-2.7%
Treatment Sub-total (Excluding Pediatric AIDS)	*44,284,157*	*0*	*17,856,000*	*1,075,000*	*200,000*	*0*	*0*	*63,415,157*	*20,120,022*	*83,535,179*	*44.0%*
Subtotal, Prevention, Care, and Treatment	*105,638,941*	*124,000*	*46,860,500*	*3,600,080*	*825,000*	*1,800,000*	*0*	*158,848,521*	*31,201,733*	*190,050,254*	*100.0%*
Other Costs											
Strategic Information	2,000,000	0	6,770,000	180,000	0	0	0	8,950,000		8,950,000	
Other/policy analysis and system strengthening	4,269,000	0	1,025,000	1,233,849	100,000	0	0	6,627,849		6,627,849	
Management and Staffing	5,084,677	2,790,000	1,300,000	550,000	360,000	300,000	0	10,384,677		10,384,677	
Other Costs Sub-total	*11,353,677*	*2,790,000*	*9,095,000*	*1,963,849*	*460,000*	*300,000*	*0*	*25,962,526*	*0*	*25,962,526*	
AGENCY, FUNDING SOURCE TOTALS	**116,992,618**	**2,914,000**	**55,955,500**	**5,563,929**	**1,285,000**	**2,100,000**	**0**	**184,811,047**	**31,201,733**	**216,012,780**	

Agency	Subtotal Field Programs Budget by Agency: GHAI Only	Subtotal Field Programs Budget by Agency: GHAI & GAP	Subtotal Central Programs Budget by Agency: GHAI	Total Budget by Agency: Field & Central
USAID	116,992,618	116,992,618	6,881,711	123,874,329
HHS	55,955,500	58,869,500	24,320,022	83,189,522
DOD	5,563,929	5,563,929	0	5,563,929
State	1,285,000	1,285,000	0	1,285,000
Peace Corps	2,100,000	2,100,000	0	2,100,000
Labor	0	0	0	0
Total	**181,897,047**	**184,811,047**	**31,201,733**	**216,012,780**

Account	Subtotal Field Programs Budget by Account	Subtotal Central Programs Budget by Account	Total Budget by Account: Field & Central
GAP	2,914,000	0	2,914,000
GHAI	181,897,047	31,201,733	213,098,780
Total	**184,811,047**	**31,201,733**	**216,012,780**

SECTION IV

OTHER PEPFAR COUNTRIES

1) Introduction
2) Table 7: FY 2005, 2006 and 2007 Funding Totals for Other PEPFAR Countries
3) Table 8: FY 2007 Funding for Other PEPFAR Countries, by Agency and Account
4) Summary Program Descriptions

Introduction: Other PEPFAR Countries

Tables 7 & 8 in this section are summary tables which show funding levels among the 54 bilateral countries and 11 regional programs that are receiving an increase in U.S. funding for HIV/AIDS activities above their pre-Emergency Plan levels.

New to this update of the Operational Plan, Lesotho, Malawi and Swaziland will implement medical male circumcision (MC) activities, totaling $1,000,000. In addition, funds will support two "South-to-South" activities, in which partners in two focus countries will be paired with partners in other PEPFAR countries - Namibia with Angola and South Africa with Lesotho - to provide technical assistance.

Table 7 shows the total approved allocations for these countries or regions from all sources in fiscal years 2005, 2006 and 2007. Table 8 shows approved allocations for FY 2007 in greater detail, by indicating the amount of funding that these countries or regions are receiving by funding account, and the distribution of funds among implementing agencies. Following the tables is a description of how the approved funding will be used in each country or region.

Table 7: FY 2005, 2006 and 2007 Funding Totals for Other PEPFAR Countries

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

	FY 2005 Total (All Sources)	FY 2006 Total (All Sources)	FY 2007 Total Planned (All Sources)
AFR Regional (Sustainable Development)			2,013,000
Angola	5,482,722	5,516,000	6,140,000
Asia & Near East Regional (ANE Regional)			1,089,000
Bangladesh			2,673,000
Barbados	434,850		
Belize - Central American Regional	180,500	180,500	485,000
Benin - Subtotal Country & West Africa Regional	-	-	2,340,000
[Country Funding]			*1,980,000*
[Regional Funding]			*360,000*
Bolivia			1,000,000
Brazil	2,900,000	2,000,000	2,500,000
Burkina Faso			73,000
Burma - South and East Asia Regional	2,100,000	2,100,000	2,100,000
Burundi - Subtotal Country & East Africa Regional	-	-	2,680,000
[Country Funding]			*2,480,000*
[Regional Funding]			*200,000*
Cambodia	17,420,000	19,252,000	19,002,000
Cameroon - West Africa Regional			660,000
Caribbean Regional - Regional Activities	7,956,500	8,039,272	9,140,000
Central America Regional (G/CAP) Regional/Scale up	2,981,500	2,921,500	1,219,000
Central Asia Regional (CAR) - Regional Activities			1,238,000
China - Subtotal Country & South and East Asia Regional	7,250,000	9,250,000	9,750,000
[Country Funding]	*3,450,000*	*5,450,000*	*4,950,000*
[Regional Funding]	*3,800,000*	*3,800,000*	*4,800,000*
Costa Rica - Central America Regional	154,000	154,000	242,000
Dem Republic of the Congo - Subtotal Country & East Africa Regional	7,000,000	9,260,000	10,775,000
[Country Funding]	*7,052,000*	*9,155,000*	*10,375,000*
[Regional Funding]			*400,000*
Djibouti	334,000	325,000	300,000
Dominican Republic	5,871,820	6,449,500	6,538,000
East Africa Regional (REDSO) - Regional Activities			2,800,000
Egypt			1,488,000
El Salvador - Subtotal Country & Central America Regional	1,443,883	2,029,000	2,166,000
[Country Funding]	*503,883*	*1,089,000*	*1,089,000*
[Regional Funding]	*940,000*	*940,000*	*1,077,000*
Europe & Eurasia Regional (E&E) Regional	1,551,000	1,480,000	652,000
Georgia			1,520,000
Ghana - Subtotal Country & West Africa Regional	7,304,300	7,291,000	6,630,000
[Country Funding]	*7,304,300*	*7,291,000*	*6,270,000*
[Regional Funding]			*360,000*
Guatemala - Subtotal Country & Central America Regional	1,915,383	2,698,500	3,364,000
[Country Funding]	*503,883*	*1,287,000*	*2,287,000*
[Regional Funding]	*1,411,500*	*1,411,500*	*1,077,000*
Guinea - Subtotal Country & West Africa Regional	-	-	2,658,000
[Country Funding]			*2,178,000*
[Regional Funding]			*480,000*
Honduras	5,988,698	5,906,000	5,750,000
India	26,610,000	29,335,000	29,935,000
Indonesia	9,820,000	8,220,000	8,566,000
Jamaica			1,300,000
			500,000
Kazakhstan			1,220,000
Kyrgyzstan			1,020,000
Latin America and the Caribbean Regional (LAC)			509,000
Laos - South and East Asia Regional	1,000,000	1,000,000	1,000,000

	FY 2005 Total (All Sources)	FY 2006 Total (All Sources)	FY 2007 Total Planned (All Sources)
Lesotho - Subtotal Country & Southern Africa Regional	6,566,000	7,001,000	9,556,030
[Country Funding]	*65,000*		*6,556,030*
[Regional Funding]	*6,501,000*	*7,001,000*	*3,000,000*
Liberia - Subtotal Country & West Africa Regional	1,171,000	1,689,000	2,360,000
[Country Funding]	*1,171,000*	*1,689,000*	*1,940,000*
[Regional Funding]			*420,000*
Madagascar - Subtotal Country & East Africa Regional	2,424,000	2,352,000	2,030,000
[Country Funding]	*2,424,000*	*2,352,000*	*1,980,000*
[Regional Funding]			*50,000*
Malawi	15,155,307	16,369,500	18,887,000
Mali - Subtotal Country & West Africa Regional	-	-	4,290,000
[Country Funding]			*3,810,000*
[Regional Funding]			*480,000*
Mexico			2,200,000
Morocco	300,000		
Nepal			6,000,000
Nicaragua - Subtotal Country & Central America Regional	1,320,383	1,806,500	2,177,000
[Country Funding]	*503,883*	*990,000*	*1,100,000*
[Regional Funding]	*816,500*	*816,500*	*1,077,000*
Pakistan			1,500,000
Panama - Subtotal Country and Central America Regional	733,500	672,000	458,000
[Country Funding]	*61,500*		*458,000*
[Regional Funding]	*672,000*	*672,000*	
Papua New Guinea - South and East Asia Regional	1,183,000	1,000,000	1,500,000
Peru			1,200,000
Philippines			990,000
Russia	13,965,000	13,935,000	14,600,000
Senegal - Subtotal Country & West Africa Regional	7,110,750	6,314,668	6,991,000
[Country Funding]	*7,110,750*	*6,314,668*	*6,511,000*
[Regional Funding]			*480,000*
Sierra Leone - West Africa Regional			480,000
South & East Asia Regional (Regional Development Mission Asia/ RDMA) - Regional Activities	6,252,000	6,187,000	3,450,000
Southern Africa Regional - Regional Programs	3,336,000	3,251,000	3,261,000
Sudan - Subtotal Country & East Africa Regional	4,000,000	4,828,000	6,885,000
[Country Funding]	*4,000,000*	*4,828,000*	*6,485,000*
[Regional Funding]			*400,000*
Swaziland - Subtotal Country & Southern Africa Regional	6,551,000	7,051,000	9,000,000
[Country Funding]			*6,400,000*
[Regional Funding]	*6,551,000*	*7,051,000*	*2,600,000*
Tajikistan			1,154,000
Thailand - Subtotal Country & South and East Asia Regional	7,609,770	7,360,000	7,110,000
[Country Funding]	*6,109,770*	*5,860,000*	*5,710,000*
[Regional Funding]	*1,500,000*	*1,500,000*	*1,400,000*
Turkmenistan			500,000
Ukraine	7,074,000	5,027,000	6,444,000
Uzbekistan	4,548,000	1,205,000	1,200,000
[Country Funding]	2,458,000		1,200,000
[Regional Funding]	2,090,000	1,205,000	
West Africa Regional - Regional Activities (Burkina Faso, Cape Verde, Chad, Gambia, Guinea Bissau, Mauritania, Niger, and Togo)			2,280,000
Zimbabwe	20,561,398	21,957,000	23,471,000
GRAND TOTAL	232,612,264	240,567,940	293,009,030

Table 8: FY 2007 Funding for Other PEPFAR Countries, by Agency and Account

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

	FY 2007																			
	FY 2007 Total Planned (All Sources)	TOTAL PLANNED GHAI	**Peace Corps**	**DOD**	**DOL**	**HHS/ CDC**			**HHS/ HRSA**	**HHS/ SAMHSA**	**USAID**								**STATE**	
			GHAI	GHAI	GHAI	GHAI	GAP	Total	GHAI	GHAI	CSH	ESF	SEED	FSA	IMET	PL480	GHAI	Total	GHAI	FSA
AFR Regional (Sustainable Development)	2,013,000	-						-			2,013,000							2,013,000		
Angola	6,140,000	1,320,000		500,000		492,000	1,548,000	2,040,000			3,272,000						328,000	3,600,000		
Asia & Near East Regional (ANE Regional)	1,089,000	-						-			1,089,000							1,089,000		
Bangladesh	2,673,000	-						-			2,673,000							2,673,000		
Belize - Central American Regional	485,000	-						-			485,000							485,000		
Benin - Subtotal Country & West Africa Regional	2,340,000	-	-	-	-	-	-	-	-	-	2,340,000	-	-	-	-	-	-	2,340,000	-	-
[Country Funding]	*1,980,000*	-						-			*1,980,000*							*1,980,000*		
[Regional Funding]	*360,000*	-						-			*360,000*							*360,000*		
Bolivia	1,000,000	-						-			1,000,000							1,000,000		
Brazil	2,500,000	-					1,500,000	1,500,000			1,000,000							1,000,000		
Burkina Faso	73,000	-						-								73,000		73,000		
Burma - South and East Asia Regional	2,100,000	-						-			2,100,000							2,100,000		
Burundi - Subtotal Country & East Africa Regional	2,680,000	-	-	-	-	-	-	-	-	-	2,680,000	-	-	-	-	-	-	2,680,000	-	-
[Country Funding]	*2,480,000*	-						-			*2,480,000*							*2,480,000*		
[Regional Funding]	*200,000*	-						-			*200,000*							*200,000*		
Cambodia	19,002,000	1,600,000				700,000	2,750,000	3,450,000			14,652,000						900,000	15,552,000		
Cameroon - West Africa Regional	660,000	-						-			660,000							660,000		
Caribbean Regional - Regional Activities	9,140,000	1,500,000				1,500,000	1,500,000	3,000,000			6,140,000							6,140,000		
Central America Regional (G/CAP) Regional/Scale up	1,219,000	-					250,000	250,000			969,000							969,000		
Central Asia Regional (CAR) - Regional Activities	1,238,000	232,000				-		-			988,000			18,000			232,000	1,238,000		
China - Subtotal Country & South and East Asia Regional	9,750,000	1,950,000	-	-	-	1,575,000	3,000,000	4,575,000	-	-	4,800,000	-	-	-	-	-	375,000	5,175,000	-	-
[Country Funding]	*4,950,000*	*1,950,000*				*1,575,000*	*3,000,000*	*4,575,000*									*375,000*	*375,000*		
[Regional Funding]	*4,800,000*	-						-			*4,800,000*							*4,800,000*		
Costa Rica - Central America Regional	242,000	-						-			242,000							242,000		
Dem Republic of the Congo - Subtotal Country & East Africa Regional	10,775,000	3,000,000	-	400,000	-	1,800,000	2,415,000	4,215,000	-	-	5,360,000	-	-	-	-	-	300,000	5,660,000	500,000	-
[Country Funding]	*10,375,000*	*3,000,000*		*400,000*		*1,800,000*	*2,415,000*	*4,215,000*			*4,960,000*						*300,000*	*5,260,000*	*500,000*	
[Regional Funding]	*400,000*	-						-			*400,000*							*400,000*		
Djibouti	300,000	300,000		150,000				-									150,000	150,000		
Dominican Republic	6,538,000	1,000,000	118,450	250,000		631,550		631,550			5,538,000						-	5,538,000		
East Africa Regional (REDSO) - Regional Activities	2,800,000	-						-			2,800,000							2,800,000		
Egypt	1,488,000	-						-				1,488,000						1,488,000		
El Salvador - Subtotal Country & Central America Regional	2,166,000	-	-	-	-	-	-	-	-	-	2,166,000	-	-	-	-	-	-	2,166,000	-	-
[Country Funding]	*1,089,000*	-						-			*1,089,000*							*1,089,000*		
[Regional Funding]	*1,077,000*	-						-			*1,077,000*							*1,077,000*		
Europe & Eurasia (E&E) Regional	652,000	-						-			336,736		10,000	305,264				652,000		
Georgia	1,520,000	710,000	20,000					-						810,000			690,000	1,500,000		
Ghana - Subtotal Country & West Africa Regional	6,630,000	300,000	100,000	150,000	-	-	-	-	-	-	6,330,000	-	-	-	-	-	30,000	6,360,000	20,000	-
[Country Funding]	*6,270,000*	*300,000*	*100,000*	*150,000*				-			*5,970,000*						*30,000*	*6,000,000*	*20,000*	
[Regional Funding]	*360,000*	-						-			*360,000*							*360,000*		
Guatemala - Subtotal Country & Central America Regional	3,364,000	-	-	-	-	-	-	-	-	-	3,364,000	-	-	-	-	-	-	3,364,000	-	-
[Country Funding]	*2,287,000*	-						-			*2,287,000*							*2,287,000*		
[Regional Funding]	*1,077,000*	-						-			*1,077,000*							*1,077,000*		
Guinea - Subtotal Country & West Africa Regional	2,658,000	-	-	-	-	-	-	-	-	-	2,658,000	-	-	-	-	-	-	2,658,000	-	-
[Country Funding]	*2,178,000*	-						-			*2,178,000*							*2,178,000*		
[Regional Funding]	*480,000*	-						-			*480,000*							*480,000*		
Honduras	5,750,000	750,000	43,000	150,000				-			5,000,000						557,000	5,557,000		
India	29,935,000	8,971,000		630,000	250,000	2,823,205	3,000,000	5,823,205	1,000,000		17,964,000						4,267,795	22,231,795		
Indonesia	8,566,000	250,000		250,000				-			8,316,000							8,316,000		
Jamaica	1,300,000	-						-			1,300,000							1,300,000		
Jordan	500,000	-						-			-	500,000						500,000		
Kazakhstan	1,220,000	270,000	20,000					-						950,000			250,000	1,200,000		
Kyrgyzstan	1,020,000	160,000	20,000					-						860,000			140,000	1,000,000		
Latin America and the Caribbean Regional (LAC)	509,000	-						-			509,000							509,000		
Laos	1,000,000	-						-			1,000,000							1,000,000		

			FY 2007																		
	FY 2007 Total Planned (All Sources)	TOTAL PLANNED GHAI	Peace Corps	DOD	DOL	HHS/ CDC			HHS/ HRSA	HHS/ SAMHSA	USAID								STATE	
			GHAI	GHAI	GHAI	GHAI	GAP	Total	GHAI	GHAI	CSH	ESF	SEED	FSA	IMET	PL480	GHAI	Total	GHAI	FSA
Lesotho - Subtotal Country & Southern Africa Regional	9,556,030	6,400,000	50,400	310,000	200,000	3,145,198	150,000	3,295,198	50,000	-	3,000,000	-	-	-	6,030	-	2,026,052	5,032,082	618,350	-
[Country Funding]	*6,556,030*	*6,400,000*	*50,400*	*310,000*	*200,000*	*3,145,198*	*150,000*	*3,295,198*	*50,000*						*6,030*		*2,026,052*	*2,032,082*	*618,350*	
[Regional Funding]	*3,000,000*	-						-			*3,000,000*							*3,000,000*		
Liberia - Subtotal Country & West Africa Regional	2,360,000	950,000	-	250,000	-	-	-	-	-	-	1,410,000	-	-	-	-	-	700,000	2,110,000	-	-
[Country Funding]	*1,940,000*	*950,000*		*250,000*				-			*990,000*						*700,000*	*1,690,000*		
[Regional Funding]	*420,000*	-						-			*420,000*							*420,000*		
Madagascar - Subtotal Country & East Africa Regional	2,030,000	-	-	-	-	-	-	-	-	-	2,030,000	-	-	-	-	-	-	2,030,000	-	-
[Country Funding]	*1,980,000*	-						-			*1,980,000*							*1,980,000*		
[Regional Funding]	*50,000*	-						-			*50,000*							*50,000*		
Malawi	18,887,000	2,900,000	180,500	130,000		1,615,138	3,602,000	5,217,138	273,362		12,385,000						570,000	12,955,000	131,000	
Mali - Subtotal Country & West Africa Regional	4,290,000	-	-	-	-	-	50,000	50,000	-	-	4,240,000	-	-	-	-	-	-	4,240,000	-	-
[Country Funding]	*3,810,000*	-					*50,000*	*50,000*			*3,760,000*							*3,760,000*		
[Regional Funding]	*480,000*	-						-			*480,000*							*480,000*		
Mexico	2,200,000	-						-			2,200,000							2,200,000		
Nepal	6,000,000	-						-			6,000,000							6,000,000		
Nicaragua - Subtotal Country & Central America Regional	2,177,000	100,000	-	-	-	-	-	-	-	-	2,077,000	-	-	-	-	-	100,000	2,177,000	-	-
[Country Funding]	*1,100,000*	*100,000*						-			*1,000,000*						*100,000*	*1,100,000*		
[Regional Funding]	*1,077,000*	-						-			*1,077,000*							*1,077,000*		
Pakistan	1,500,000	-						-			1,500,000							1,500,000		
Panama - Central America Regional	458,000	-						-			458,000							458,000		
Papua New Guinea - South and East Asia Regional	1,500,000	-						-			1,500,000							1,500,000		
Peru	1,200,000	-						-			1,200,000							1,200,000		
Philippines	990,000	-						-			990,000							990,000		
Russia	14,600,000	5,345,000		965,000		1,350,000		1,350,000		500,000	2,970,000			5,585,000			2,530,000	11,085,000		700,000
Senegal - Subtotal Country & West Africa Regional	6,991,000	300,000	-	300,000	-	-	50,000	50,000	-	-	5,466,000	-	-	-	-	1,175,000	-	6,641,000	-	-
[Country Funding]	*6,511,000*	*300,000*		*300,000*			*50,000*	*50,000*			*4,986,000*					*1,175,000*		*6,161,000*		
[Regional Funding]	*480,000*	-						-			*480,000*							*480,000*		
Sierra Leone - West Africa Regional	480,000	-						-			480,000							480,000		
South & East Asia Regional (Regional Development Mission Asia/ RDMA) - Regional Activities	3,450,000	-					250,000	250,000			3,200,000							3,200,000		
Southern Africa Regional - Regional Programs	3,261,000	-					650,000	650,000			2,611,000							2,611,000		
Sudan - Subtotal Country & East Africa Regional	6,885,000	3,000,000	-	-	-	3,000,000	-	3,000,000	-	-	3,885,000	-	-	-	-	-	-	3,885,000	-	-
[Country Funding]	*6,485,000*	*3,000,000*				*3,000,000*		*3,000,000*			*3,485,000*							*3,485,000*		
[Regional Funding]	*400,000*	-						-			*400,000*							*400,000*		
Swaziland - Subtotal Country & Southern Africa Regional	9,000,000	6,200,000	120,000	305,000	150,000	2,651,966	200,000	2,851,966	-	-	2,600,000	-	-	-	-	-	2,531,171	5,131,171	441,863	-
[Country Funding]	*6,400,000*	*6,200,000*	*120,000*	*305,000*	*150,000*	*2,651,966*	*200,000*	*2,851,966*									*2,531,171*	*2,531,171*	*441,863*	
[Regional Funding]	*2,600,000*	-						-			*2,600,000*							*2,600,000*		
Tajikistan	1,154,000	354,000						-						800,000			354,000	1,154,000		
Thailand - Subtotal Country & South and East Asia Regional	7,110,000	-	-	-	-	-	5,710,000	5,710,000	-	-	1,400,000	-	-	-	-	-	-	1,400,000	-	-
[Country Funding]	*5,710,000*	-					*5,710,000*	*5,710,000*										-		
[Regional Funding]	*1,400,000*	-						-			*1,400,000*							*1,400,000*		
Turkmenistan	500,000	250,000						-			250,000						250,000	500,000		
Ukraine	6,444,000	1,328,000	200,000	200,000				-			2,170,000			2,946,000			928,000	6,044,000		
Uzbekistan	1,200,000	40,000						-						1,160,000			40,000	1,200,000		
West Africa Regional - Regional Activities (Burkina Faso, Cape Verde, Chad, Gambia, Guinea Bissau, Mauritania, Niger, and Togo)	2,280,000	-						-			2,280,000							2,280,000		
Zimbabwe	23,471,000	4,000,000		100,000		1,900,000	6,670,000	8,570,000	100,000		12,801,000						1,900,000	14,701,000		
GRAND TOTAL	293,009,030	53,480,000	872,350	5,040,000	600,000	23,184,057	33,295,000	56,479,057	1,423,362	500,000	188,847,736	1,988,000	10,000	13,434,264	6,030	1,248,000	20,149,018	225,683,048	1,711,213	700,000

Summary Program Descriptions: Other PEPFAR Countries

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

Angola (Total GHAI: $1.320.000)

DOD ($500,000): Funds will be used to assist the Angolan Forces in establishing voluntary counseling testing (VCT) programs that will be available to all military personnel and will guarantee confidentiality and support; to provide technical assistance to conduct surveys on Knowledge, Attitudes and Practices among military personnel; and to increase evidence-based interventions for this high-risk population.

HHS ($492,000): Funds will support technical assistance to strengthen laboratory facilities, improve blood safety protocols, and support HIV counseling and testing activities implemented by the Ministry of Health (MOH) and the National HIV Institute (INLS) and technical assistance to the MOH to repeat the antenatal sentinel surveillance survey in Angola.

USAID ($328,000): Funds will be used to develop high quality, comprehensive voluntary counseling and testing (VCT) centers in Luanda and Cunene provinces targeted at high-risk populations, and strengthen outreach programs for the broader population; and will support collaborative efforts with local partners in programs preventing mother-to-child transmission of HIV by training health workers in providing obstetric services and integrating behavior change strategies to ensure safe motherhood practices.

Cambodia (Total GHAI: $1,600,000)

HHS (GHAI $700,000): Funds will support the continuation of work with the Ministry of Health (MOH) to expand laboratory capacity for HIV care and treatment and to improve its quality; improve the ability of the MOH to collect information about the HIV epidemic and its HIV programs; and work with the MOH to develop sound strategies and policies for HIV program activities. In addition, funds will be used for scale-up of prevention of mother-to-child transmission (PMTCT) programs, basic HIV care, tuberculosis and HIV co-infection (TB/HIV) programs, and antiretroviral therapy (ART) in three provinces.

USAID (GHAI $900,000): Funds will support ongoing efforts focused on high-risk groups by expanding targeted social marketing and behavior change communications activities in areas with high-risk populations and documented high levels of HIV/AIDS prevalence; strengthening community outreach and venue-based Abstinence, Be Faithful and Correct, Consistent Condom Use as Appropriate (ABC) programs for populations engaged in high-risk behaviors; and by supporting education activities and messages aimed at increasing the demand for appropriate sexual health services and reducing the stigma associated with the use of services and changing male behavioral norms around multiple sexual partners and low condom use outside of stable relationships.

Caribbean Regional Program (Total GHAI: $1,500,000)

HHS (GHAI $1,500,000): These funds will support the following regional institutions: 1) Caribbean Epidemiology Center (CAREC), for surveillance, epidemiology, laboratory strengthening and PMTCT activities. Funding will be used to strengthen regional surveillance systems and laboratory capacity to support HIV care and treatment and to scale up HIV testing in the region. 2) University of the West Indies, for public health leadership programs and to support the Caribbean HIV/AIDS Regional Training (CHART) network to identify and train HIV/AIDS clinical care providers. 3) Caribbean Regional Network for people living with HIV/AIDS (PLWHA) to spearhead the development of HIV/AIDS treatment advocates to provide social and adherence support to PLWHA. 4) Ambassadors Quick Impact Prevention Program for US Embassies in the Caribbean, for in-country Ambassadors to raise the profile of HIV/AIDS issues. In particular, the Small Grants Program will focus on behavior change programs, stigma and discrimination, and HIV education.

Central Asia Regional Program

USAID (GHAI $232,000): Continue work on regional strategic papers on establishing the "Three Ones" principle, engendering stewardship, and developing a communication strategy around HIV/AIDS. Continue collaboration and coordination with major stakeholders involved in HIV/AIDS control, including the World Bank-funded Central Asia AIDS Control Program, the implementers of grants from the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the United Kingdom's Central Asia Regional HIV/AIDS Project, and develop a uniform system for information exchange among partners. Host a regional seminar on increasing coverage of vulnerable populations with information and services. Provide funding for USG staff to help manage, administer and support programs in this area including related salaries, travel, housing, office space, equipment, training, and other personnel-related expenses (e.g. ICASS, and ASP costs).

China (Total GHAI: $1,950,000)

HHS (GHAI $1,575,000): Funds will support the development of a comprehensive prevention program, including development of a provincial AIDS surveillance network with case-finding capacity, improved management capacity of all AIDS programs in China, and expansion of care and treatment in rural settings.

USAID (GHAI $375,000): Funds will support prevention programs, comprehensive AIDS care, advocacy, and policy development. Building capacity for health workers, peer educators, people living with HIV/AIDS (PLWHA), and others will be a core component of all of these activities.

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

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

HHS (GHAI $1,800,000): Funds will support technical assistance to support family-centered HIV services; development of a uniform monitoring and evaluation (M&E) system for all TB/HIV activities; assistance to expand laboratory support for increasing HIV care and

treatment; and expanding service hours of the HIV telephone hotline to 24 hours a day, 7 days a week.

STATE (GHAI $500,000): Funds will support ongoing innovative approaches to preventive programs and the initiation of a public dialogue on key prevention messages; introduce HIV/AIDS awareness at all levels of English as a Second Language (ESL) teaching in high schools; support community groups to implement preventive programs; promote a Congolese music CD as part of a project to increase public discourse on HIV; and expand messaging media to include radio and television serial drama.

USAID (GHAI $300,000): Funds will support temporary VCT services to Demographic Health Survey participants receiving HIV test results.

Djibouti (Total GHAI: $300,000)

DOD (GHAI $150,000): Funds will be used to assist the Djiboutian military with capacity building and prevention efforts and will support counseling and testing (CT) services, training, a seroprevalence survey, and blood safety activities.

USAID (GHAI $150,000): Funds will support the ROADS Project, working closely with the AIDS Executive Secretary, MOH, French Cooperation, Ethiopian truck drivers and other community partners to strengthen and extend Abstinence, Be Faithful (AB), other prevention (OP), CT, and orphans and vulnerable children (OVC) services, focusing on two existing and two new sites. The project mobilizes truckers and community members to increase uptake of HIV services and provides technical assistance to national partners to strengthen services for truck drivers, people in prostitution, and community, men, women and youth.

Dominican Republic (Total GHAI: $1,000,000)

DOD (GHAI $250,000): Funds will support the existing Dominican Armed Forces (DAF) HIV/AIDS program through prevention programs and condom social marketing; the procurement and distribution of condoms within the DAF; the enhancement of VCT programs within the DAF and the procurement of laboratory supplies and test kits for DAF labs to support testing for HIV and other sexually transmitted infections (STI). In addition, funds will be used to enhance reporting and quality assurance programs, supply chain management, health communication messaging, social marketing, policy development, M&E, and human capacity development (HCD) within the DAF. Funds will also be used to provide ongoing support to the Committee for the Prevention and Control of HIV/AIDS in the Armed Forces and National Police of Latin America and the Caribbean and the development of two Centers of Health in the Dominican Air Force for the management of programs related to HIV/AIDS, TB, and STIs.

Peace Corps (GHAI $118,450): Funds will continue to support the successful Escojo strategy, with an emphasis on sustainability. Peace Corps volunteers and community-based NGOs operate on community, regional, and national levels, focusing on peer education, promoting healthy life choices by individual youths and the groups they form. Funds will also support sexual and reproductive health training for peer educators, as well as education on correct and consistent condom use as appropriate and will bring sensitization and anti-discrimination messages to communities.

HHS/CDC (GHAI $631,550): Funds will be used to coordinate and support implementation of the two-year plan, recommended by the Centers for Disease Control and Prevention (CDC), to gather strategic information and strengthen existing HIV/AIDS systems; to support CDC's work to assess and improve HIV testing policies, procedures and guidelines (in both prenatal and general population settings) on a national level, and to support the training of laboratory staff. In addition, funds will support CDC's assistance to the National AIDS Program regarding the long-term national epidemiological surveillance plan, sentinel surveillance sites, data collection for antiretroviral (ARV) drug resistance and monitoring of patients on ARV drugs, HIV/AIDS case reporting, and support for epidemiological and behavioral information gathering.

Georgia (GHAI: $710,000)

Peace Corps (GHAI $20,000): Funds will be used to support the expansion of the successful HIV/AIDS activities initiated by Peace Corps Georgia's Healthy Lifestyles Committee in 2006; provide enhanced HIV/AIDS technical training for Volunteers and host country counterparts; translation and printing of a Georgian language version of the Peace Corps Life Skills Manual, which was rated a United Nations Educational, Scientific and Cultural Organization (UNESCO) best practice in HIV/AIDS prevention in 2004; and the production and dissemination of HIV/AIDS prevention materials and resources for Volunteers' communities.

USAID (GHAI $690,000): Funds will be used to support the civil society response to HIV/AIDS care and prevention needs, by mobilizing technical leadership and support through new alliances; activities to fill gaps in programming to reduce TB/HIV co-infection; a pilot TB/HIV drug prevention and treatment model; and ancillary technical assistance for HIV/TB co-infection interventions.

Ghana (GHAI: $300,000)

DOD (GHAI $150,000): Funds will support an ongoing prevention program jointly developed by the Ghana Armed Forces and USG implementing partners, with an additional focus on stigma reduction and efforts to strengthen the counseling and testing program for the military, civil employees and family members through training and support for health management information systems (HMIS).

Peace Corps (GHAI $100,000): Funds will support greater collaboration, training, and small grant opportunities for Volunteers and their counterparts to target most-at-risk populations (MARPS); enhanced technical training for Volunteers and host country counterparts in evidence-based behavior change communication strategies and tools, and working with most-at-risk populations; and community-initiated activities in support of HIV/AIDS prevention and care.

STATE (GHAI $20,000): Funds will be used to expand the Ambassador's Self-Help Fund to focus on support for associations of persons living with HIV/AIDS (PLWHA), including developing income-generating activities and increasing access to palliative care and ART.

USAID (GHAI $30,000): Funds will be used to develop a high-level policy initiative, led by the Ambassador and implemented through USAID's Democracy and Governance program, to reduce stigma and discrimination and strengthen human rights.

Honduras (Total GHAI: 750,000)

DOD (GHAI $150,000): Funds will be used to assist the Honduran Armed Forces in further developing the Armed Forces HIV/AIDS Prevention Program; further develop the multi-media stigma and reduction/mass awareness campaign; expand the number of VCT centers; further develop the training center curriculum and capabilities of the instructors; increase peer education, with the development of a cadre of peer educators; develop laboratory infrastructure, including equipment and reagents; and expand programs for military personnel and their family members living with HIV/AIDS.

Peace Corps (GHAI $43,000): Funds will support Peace Corps Honduras' recently expanded HIV/AIDS program, which focuses on AB prevention among youth, PLWHA support, and targeting men (in informal settings, men in uniforms, prisoners, and clients of women in prostiution) with prevention messages and enhanced HIV/AIDS technical training for Volunteers and host country counterparts and funding for community-initiated small grants in support of HIV/AIDS activities.

USAID (GHAI $557,000): Funds will support efforts to increase access to quality prevention services, especially for MARPS; increase access to quality care-and-support systems for people infected and affected by HIV/AIDS; and improve the capacity of NGOs and the Ministry of Health (MOH) to implement HIV/AIDS activities. Funds will also be used to enable local nongovernmental organizations (NGOs) to change risk-related behaviors and expand community care and voluntary counseling and testing (VCT) services among MARPs; support mass-media communication, in both the Garifuna and urban youth populations, and community-mobilization activities that promote abstinence for youth; and will fund assistance to the MOH to strengthen its national epidemiologic surveillance and monitoring and evaluation systems, to better assess and address the epidemic and expand social marketing, condom distribution and educational outreach to MARPs.

India (Total GHAI: $8,971,000)

DOD (GHAI $630,000): Funds will support efforts to build the capacity of the Armed Forces Medical Services (AFMS) to deliver HIV prevention, care and treatment through workshops to train peer educators, counselors and health care providers, and procurement of equipment and CD4 and PCR (cluster of differentiation 4 and polymerase chain reaction) test kits to upgrade AFMS laboratory services. Funds will also support the participation of key military leaders in training programs and international exchanges.

DOL (GHAI $250,000): Funds will support technical assistance at the national and state level on workplace programs, working with new and existing industry partners.

HHS (GHAI $3,823,205 – CDC $2,823,205; HRSA $1,000,000): Funds will support technical assistance to the Government of India and the state governments in policy and program implementation of the national ARV roll-out; provide training, guidance for curriculum development, care and treatment guidelines, and delivery of related services through the public and private sector; support consultants to the State AIDS Control Societies in Tamil Nadu and Andhra Pradesh to provide TA for care and support, CT, PMTCT, communication, and (M&E).

Funds will also be used to provide ongoing support to the Center of Excellence for HIV/AIDS treatment and care at the Government Hospital for Thoracic Medicine (GHTM), Tambaram, Tamil Nadu, including support for the National Training Center at GHTM.

USAID (GHAI $4,267,795): Funds will support an ongoing AB program for youth and married men and women in the USG focus states (Tamil Nadu, Maharashtra, Andhra Pradesh and Karnataka); support a comprehensive prevention, treatment and care program in Sangli District, Maharashtra, and the expansion of treatment, care and support activities through the private sector in Tamil Nadu, Maharashtra and Karnataka; continue and expand the OVC program in the USG focus states; and support the PEPFAR Coordinator position. Funds will also support technical assistance at the national and state level to support the roll-out of the national HIV/AIDS program, including strengthening M&E and providing technical input to PMTCT, CT, and ARV services; capacity building of NGOs; and strengthening of the media response by building media capacity.

Indonesia (Total GHAI: $250,000)

DOD (GHAI $250,000): Funds will support an ongoing program with the Indonesia Defense Forces (TNI), including procurement of vital diagnostic laboratory equipment and HIV screening supplies and training of TNI health care providers in advocacy, peer counseling and HIV treatment, care and support.

Kazakhstan (Total GHAI: $270,000)

Peace Corps (GHAI $20,000): Funds will be used to support the expansion of Peace Corps Kazakhstan HIV/AIDS Task Force and HIV/AIDS prevention activities; provide enhanced HIV/AIDS technical training for Volunteers and their host country counterparts; and provide local language HIV/AIDS prevention materials and resources.

USAID (GHAI $250,000): Funds will be used to provide ongoing assistance to national AIDS program on M&E, communication across stakeholders, and liaising with nongovernmental organizations; provide targeted HIV prevention activities to at-risk youth in Almaty; assist in implementation of the TB/HIV component of the Global Fund TB grant; conduct a rapid assessment to identify barriers to anti-retroviral therapy adherence; continue targeted outreach and education activities for the groups at risk for HIV infection; and support USG staff to help manage, administer and support programs on HIV/AIDS, including salaries, travel, housing, office space, equipment, training, and other personnel-related expenses.

Kyrgyzstan (Total GHAI: $160,000)

Peace Corps (GHAI $20,000): Funds will be used to support Peace Corps Kyrgyzstan's recently developed HIV/AIDS strategy, which integrates HIV/AIDS prevention into the education and business sector projects, and strives to build partnerships with international and local organizations working in HIV/AIDS prevention. Funds will also be used to provide enhanced HIV/AIDS technical training for Volunteers and their host country counterparts and to support integration of HIV/AIDS activities in all Volunteer project sector areas.

USAID (GHAI $140,000): Funds will be used to provide ongoing assistance to Kyrgyzstan in implementation of the State HIV/AIDS Program through seconded staff working on monitoring and evaluation, communication across stakeholders, and liaising with non-governmental

organizations; assist in improving the capacity of the health system to manage dual TB/HIV infection, ART, and VCT; evaluate a pilot model on TB/HIV co-infection established earlier in Chui oblast and make recommendations for its scale-up; continue to target activities for at-risk groups through condom social marketing and behavior change communication, including promotion of abstinence, faithfulness, and risk reduction, and to run and monitor a center to provide targeted HIV prevention activities to at-risk youth in Bishkek; and support USG staff to help manage, administer and support HIV/AIDS programs including related salaries, travel, housing, office space, equipment, training, and other personnel-related expenses.

Lesotho (Total GHAI: $6,400,000)

DOD (GHAI $310,000): Funds will be used to provide support to the Lesotho Defense Forces, their dependents, civilian employees and surrounding civilian communities, including prevention activities to the military at all bases; provision of a facility for TB/HIV palliative care services; provision and support of a mobile health care clinic; provision of ART management training; training for laboratory personnel; and support for strategic information and management and staffing.

DOL (GHAI $200,000): Funds will support activities that build on the foundation already established by the U.S. Department of Labor (DOL) Workplace Education Project by developing comprehensive workplace-based prevention and education programs addressing behavior change, gender issues, and linkages with care and support services in five to seven new industrial-sector enterprises and developing and reinforcing the formulation, adoption and application of rights-based policies in all partner enterprises.

HHS (GHAI $ 3,195,198 – CDC $3,145,198; HRSA $50,000): Funds will be used to provide ongoing support for fixed and mobile VCT centers while providing technical assistance to increase provider-initiated CT; provide technical assistance to strengthen and integrate the TB and HIV programs with a special focus on multi-drug resistant TB (MDR TB) surveillance; support the development and implementation of a comprehensive national laboratory strategy; develop leadership and clinical expertise among nurses to deliver HIV/AIDS nursing care; and further strengthen local partnerships with nursing schools and national nursing organizations to develop country-specific nursing curricula and mentoring, including the building of leadership and advocacy skills needed to provide a voice in the policy environment. Funds will also support development of medical male circumcision activities.

Peace Corps (GHAI $50,400): Funds will be used to support Peace Corps Lesotho's efforts to strengthen relationships with local, district, and national leadership to build on the success of the past years' HIV/AIDS interventions; provide enhanced HIV/AIDS technical training for Volunteers, Peace Corps staff, and host country counterparts on working with traditional leaders, orphaned and vulnerable children, and PLWHA support groups; provide funding for community initiated small grants in support of HIV/AIDS activities; and provide HIV/AIDS materials and resources to support the Ministry of Education's pilot of the Life Skills Curriculum, which targets primary and secondary school students.

State (GHAI $618,350): Funds will be used to support office costs for all seven PEPFAR-funded staff, salary and benefits costs for two Foreign Service Nationals (Program Assistant and

Administrative Assistant), local support costs for four Direct Hires or their equivalent (Coordinator, CDC Program Director, CDC Technical and Program Manager, USAID Program Manager), and capital security costs. Local support costs include one-time costs such as housing or security upgrades and/or renovation, and furniture.

USAID (GHAI $2,026,052): Funds will be used to expand staff to three in-country staff (two Personal Services Contractors, one of whom will be seconded to State and one Foreign Service National), who will provide administrative and backup support from the regional office and to improve rational pharmaceutical management of ARVs and other HIV-related drugs and support TB/HIV integration to enhance HIV testing, TB testing and diagnosis, TB/HIV reporting and TB treatment of co-infected individuals. Funds will support planning and national strategy development for medical male circumcision.

Liberia (Total GHAI: $950,000)

DOD (GHAI $250,000): Funds will be used to begin an HIV/AIDS prevention program for the Liberian military that will be integrated into military training and medical programs; hire an HIV Program Manager to oversee the program; establish a capacity building effort; support policy analysis and development; conduct a seroprevalence survey; establish a master trainer and peer leader program; and provide training aids and ABC materials.

USAID (GHAI $700,000): Funds will support abstinence, fidelity, use of condoms, and behavior change as key prevention activities; support systems for the treatment and care of PLWHA; and initiate a three-year program to provide life-skills training and education for students and out-of-school youth. The program will focus on promoting positive healthy behaviors through interactive learning and behavior change communication methodologies and materials.

Malawi (Total GHAI: $2,900,000)

DOD (GHAI $130,000): Funds will be used to provide ongoing support for the targeted prevention program jointly developed by the Malawi Defense Force (MDF) and USG, which focuses on AB behavior change messages and condom education and uptake among military families and to continue training programs focused on increasing the effectiveness of the MDF's health programs by training MDF health workers in PMTCT and strategic information skills.

HHS (GHAI $1,888,500 – CDC $1,615,138; HRSA $273,362): Funds will be used to provide technical assistance and support to surveillance, HMIS, laboratory, and HIV counseling and testing activities to the Ministry of Health, the National AIDS Commission, and non-governmental organizations; support a national strategic information technical advisor and a national CT technical advisor, and support national training centers for providers of CT, care, and treatment services; to continue to strengthen blood safety, support alcohol and HIV prevention policy development and support the national public health reference laboratory and HIV surveillance activities; support a center of excellence in care and treatment for pregnant mothers and infants that includes a laboratory-based pediatric diagnosis and care program; and support strengthening of a decentralized M&E system for HIV/AIDS. Funds will also support the development of medical male circumcision policy.

Peace Corps (GHAI $180,500): Funds will support Peace Corps Malawi's well-established HIV/AIDS Community Health Project that collaborates with the MOH and focuses on women, children, and those affected by HIV/AIDS; support the efforts of approximately 100 Peace Corps Volunteers who are engaged in HIV/AIDS education and prevention through secondary activities in their communities (e.g., working with PLWHA, youth and women's HIV/AIDS groups, orphan care, income generating activities, etc.); provide enhanced HIV/AIDS technical training for Volunteers, staff, and host country counterparts; and fund ten Crisis Corps Volunteers, who will support Malawi's new District AIDS Coordinators.

STATE (GHAI $131,000): Funds will provide ongoing support for salary, benefits and identified travel costs for the Emergency Plan country coordinator.

USAID (GHAI $570,000): Funds will be used to continue strengthening ART roll-out through improved coordination and implementation; support advocacy for policy changes to expand OVC support directly to families and communities; leverage expansion of the ART program to strengthen systems and support community approaches to palliative care and HIV counseling and testing; support female condom education and social marketing. Support palliative care activities with indigenous organizations; and improve pharmaceutical management. Funds will support development of a communications strategy for medical male circumcision.

Nicaragua (Total GHAI: $100,000)

USAID (GHAI $100,000): Funds will support the Quality Assurance and Workforce Development Project (QAP), which is an ongoing project to improve the quality and accessibility of HIV/AIDS testing and treatment. QAP will advance the policy environment by supporting the implementation and monitoring of Nicaragua's new National HIV/AIDS Strategy; assist local Ministry of Health authorities to develop, monitor and implement customized operational plans to improve HIV/AIDS services at the department level; and support Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM/Global Fund) activities.

Russia (Total GHAI: $5,345,000)

DOD (GHAI $965,000): Funds will be used to expand the military HIV prevention program to reach several additional regions; leverage support from the host country and the Global Fund to Fight AIDS, Tuberculosis and Malaria; convene an annual military conference on HIV prevention to develop resource commitments, logistics plans, and target estimates; develop policy to mandate HIV testing prior to entry into the military and to mandate compliance with the HIV prevention program; establish a pilot VCT program for the military in a high prevalence region such as St. Petersburg; develop policies to permit anonymous testing within the military and referral to civilian treatment programs; train and support counselors to conduct HIV testing; and support one full-time administrative staff person to manage the DOD program, which will scale up significantly.

HHS (GHAI $1,850,000 – CDC $1,350,000; SAMHSA $500,000): Funds will be used to implement a rapid testing algorithm in maternity hospitals in St. Petersburg and expand this program to Orenburg; introduce HIV testing technologies to identify HIV-positive infants before 18 months and prevent unnecessary social isolation and abandonment in collaboration with the Federal Pediatric AIDS Center; develop a series of publications on pediatric HIV treatment and

PMTCT issues; support the senior HHS/CDC epidemiologist based in Russia to oversee development of a unified federal strategic information SI system and its roll-out in two oblasts; and support one part-time administrative staff member to support these activities.

USAID (GHAI $2,530,000): Funds will be used to support faith-based organizations (FBOs) in their efforts to scale up effective HIV/AIDS prevention activities; strengthen the capacity of religious organizations to develop and implement AB and drug demand reduction (DDR) programs; develop and disseminate AB and DDR materials targeting vulnerable youth and prisoners; train teachers to deliver healthy lifestyle education programs focused on HIV prevention and risk reduction, referrals for detoxification, and stigma reduction to reach high-risk youth; expand the recently launched Russian Orthodox Church (ROC) program of compassionate palliative care for PLWHA; disseminate the ROC-developed patient care curriculum in two sites and support FBO rehabilitation centers for intravenous drug users; consolidate the screening of PLWHA for TB and integrate TB, HIV and primary care services to ensure coordinated clinical management of patients with TB/HIV in Orenburg and St. Petersburg; and continue to provide training to health service providers to address TB/HIV co-infection issues, including the clinical aspects of managing TB/HIV co-infected patients at both TB and HIV clinics. In addition, funding will be used to pilot a software application for managing and monitoring HIV care and treatment; conduct a pilot study to enhance services provided at youth centers by introducing psychosocial counseling for drug use and drug-free addiction recovery programs as part of a comprehensive HIV prevention program for drug-using youth; support the Interconfessional Coordination Committee on HIV/AIDS to improve collaboration on HIV/AIDS at the national level and foster commitment among senior religious leaders to address the epidemic; and expand the workplace health education program to emphasize substance abuse prevention and the link to HIV/AIDS.

Senegal (Total GHAI: $300,000)

DOD (GHAI $300,000): Funds will be used to support the continued development of a comprehensive HIV prevention program with the Senegalese military; mass awareness/sensitization campaigns; support VCT centers (now dispersed across the country, including in remote sites); support and train peer educators attached to UN peacekeeping operations; support laboratory technician training; train medical workers on injection safety and safe blood transfusion; provide laboratory infrastructure support, and train health care workers in PMTCT guidelines and techniques.

Sudan (Total GHAI: $3,000,000)

HHS (GHAI $3,000,000): Funds will be used to provide technical assistance with HIV surveillance to the Government of Southern Sudan and Government of National Unity HIV management organs; support the development of an HIV control program in the Sudan People's Liberation Army; support provision of integrated prevention (including PMTCT on a limited basis), CT and basic care interventions in areas defined by the Emergency Plan country strategy; and strengthen clinical and public laboratory capacity on a limited scale.

Swaziland (Total GHAI: $6,200,000)

DOD (GHAI $305,000): Funds will be used to provide support to the Umbutfo Swaziland Defence Force, their dependents, civilian employees and surrounding civilian communities, including prevention activities for the military at all bases; provision of a facility for HIV palliative care services; provision and support of a mobile health care clinic; provision of ART management training; training for laboratory personnel; support for strategic information; and management and staffing. Funds will support strategic planning for potential medical male circumcision activities.

DOL (GHAI $150,000): Funds will support activities that build on the foundation already established by the DOL Workplace Education Project by developing comprehensive workplace-based prevention and education programs addressing behavior change and promoting, offering, or referring people to counseling and testing and care and support services.

HHS (GHAI $2,651,966): Funds will provide continued support for client-initiated VCT, while providing technical assistance to support a gradual shift to provider-initiated counseling and testing; provide technical assistance to strengthen TB Control Program activities, with a special focus on TB and HIV integration and multi-drug resistant/extensively drug resistant (MDR/XDR) TB surveillance and management; support implementation of a national laboratory strategy and provide technical assistance towards laboratory infrastructure and management; and support multiple monitoring and evaluation activities and the generation of key deliverables in strategic information.

Peace Corps (GHAI $120,000): Funds will support ongoing work with traditional leadership in rural areas in HIV/AIDS prevention, mitigation, and support by fostering improved communication and understanding of community challenges regarding HIV; abstinence-focused programs for youth; activities for groups of in-school and out-of-school girls designed to empower them in HIV prevention through improved decision-making skills, goal-setting and delaying sexual activity; Activities that help volunteers support HIV-prevention activities at youth camps, workshops and community gatherings using Volunteer Activity Support Training funds; and efforts with the Anglican Church to facilitate parish-level trainings on HIV prevention, with an emphasis on abstinence and fidelity and stigma reduction.

STATE (GHAI $441,863): Funds will support office costs for all seven PEPFAR-funded staff, salary and benefit costs for two Foreign Service Nationals (Program Assistant and Administrative Assistant); local support costs for four Direct Hires or their equivalent (Coordinator, CDC Director, CDC Technical and Program Manager, USAID Program Manager); and capital security costs. Local support costs include one-time costs such housing or security upgrades and/or renovation, and furniture as well as annual ICASS costs.

USAID (GHAI $2,531,171): Funds will be used to expand staff to three in-country staff (one Foreign Service National and two Personal Services Contractors, one of whom will be seconded to State) with administrative and backup support provided from the regional platform. Funds will also support national PMTCT programs, improve rational pharmaceutical management of ARVs and other HIV-related drugs and commodities; and support TB/HIV integration to enhance HIV testing, TB testing and diagnosis, TB/HIV reporting and TB treatment of

individuals co-infected with HIV and TB. Funds will also support policy development and expanded delivery of medical male circumcision services.

Tajikistan (GHAI $354,000)

USAID (GHAI $354,000): In an effort to prevent HIV by addressing injecting drug use, which is the main driver of the HIV epidemic in Tajikistan, funds will provide ongoing support for youth centers that provide peer education, counseling, and alternative activities to at-risk youth; train drug-treatment professionals in HIV treatment readiness and drug-free treatment and rehabilitation; train prison staff in drug prevention and health promotion; develop materials for secondary and vocational schools; and support local non-governmental organizations involved in outreach to target groups; and coordinate with the National Drug Control Agency. Funds will also support efforts to document models created to reduce the demand for drugs, which should improve Tajikistan's ability to reduce this destabilizing threat and contain the HIV epidemic and will support USG staff to help manage, administer and support HIV/AIDS programs including related salaries, travel, housing, office space, equipment, training, and other personnel-related expenses (e.g. ICASS, and ASP costs).

Turkmenistan (GHAI $250,000)

USAID (GHAI $250,000): Funds will be used to provide ongoing support for seconded staff that work with the host country government to provide assistance in HIV/AIDS prevention. Funds will also be used to obtain country approval to conduct an assessment of the current situation on HIV and develop a plan for activities targeting youth through assistance provided to a local youth center. The center will deliver education on HIV/AIDS and drug demand reduction and provide alternative activities targeted to young people at risk of drug use and HIV. Funds will also support USG staff to help manage, administer and support HIV/AIDS programs including related salaries, travel, housing, office space, equipment, training, and other personnel-related expenses.

Ukraine (Total GHAI: $1,328,000)

DOD (GHAI: $200,000): Funds will support an existing program with the Ukrainian Armed Forces to develop VCT capacity in five centers at Ukrainian military installations, including the introduction of rapid testing and counseling (RT&C), peer-to-peer counseling, development of educational activities and training of VCT staff.

Peace Corps (GHAI: $200,000): Funds will be used to support work with local community leaders in small towns and villages to address stigma and discrimination against PLWHA; participate in local training activities to increase knowledge about HIV/AIDS and mobilize community support; and educate young people about HIV/AIDS prevention.

USAID (GHAI: $928,000): Funds will be used to support activities targeted for TB/HIV policy, referral, case finding, peer-to-peer outreach and laboratory strengthening. Funds will also be used to initiate innovative models for the treatment and support of individuals triply affected by injection drug use, HIV infection and TB.

Uzbekistan (GHAI $40,000)

USAID (GHAI $40,000): Funds will support an ongoing activity aimed at decreasing injecting drug use, the main driver of the HIV epidemic in the region, including operating Youth Power Centers that provide HIV and drug prevention peer education, counseling, alternative activities, and outreach to at-risk youth; training of drug-treatment professionals; training of prison staff in Drug Abuse Prevention and Health Promotion; development of teaching materials for secondary and vocational schools; support to local non-governmental organizations involved in outreach; and coordination with the National Drug Control Agency. Funds will also support USG staff costs, including salaries, travel, housing, office space, equipment, training, and other personnel-related expenses.

Zimbabwe (Total GHAI: $4,000,000):

DOD (GHAI $100,000): Funds will support CT services and improve laboratory infrastructure for military personnel, their families, and civilians in the surrounding catchment area and will fund training for military personnel in peer leadership, HIV symptom management, HMIS, and ARV services.

HHS (GHAI $2,000,000 – CDC $1,900,000; HRSA $100,000): Funds will support operational evaluations and improve prevention programs; an increase in the number of primary care counselors; private sector ART training, laboratory services, and public and private sector partnerships; implementation of a national monitoring and evaluation system; and expanded HIV counseling and testing. Funds will also support the development of a system for electronically managing health care records to allow tracking of opportunistic infections and ARV treatment.

USAID (GHAI $1,900,000): Funds will support the continued roll-out of the national ART and PMTCT programs by funding the procurement, storage and distribution of HIV test kits.

SECTION V

CENTRAL PROGRAMS

1) Introduction
2) Table 9: FY 2007 Budget for Central Programs by Agency Implementing Activity
3) Summary Program Descriptions

Introduction: Central Programs

This section summarizes approved funding planned for central programs to support activities in the focus countries (Table 9), and provides individual narrative descriptions for each program. These programs are funded with FY 2007 GHAI funds.

The antiretroviral therapy, safe medical injections, safe blood supply, abstinence/faithfulness and OVC programs are ongoing programs receiving their third year of funding. Supply chain management is a contract that was competitively procured during FY 2005 and is in its third year of funding. Drug Quality Assurance and Twinning (linking US-and Focus Country institutions) programs were announced in FY 2004 and began implementation in early FY 2005. Technical Leadership and Support and the New Partners Initiative were new activities during FY 2005 and are in their third year of programming in FY 2007.

TABLE 9: FY 2007 BUDGET FOR CENTRAL PROGRAMS
Allocations Approved as of June 2007
By Agency Implementing Activity
(In Whole USD)

Activity	USAID Allocated	HHS Allocated	STATE Allocated	DOD Allocated	TOTAL Allocated
Abstinence/Faithfulness	19,361,142				**19,361,142**
Anti-Retroviral Therapy		105,359,943			**105,359,943**
New Partners Initiative	65,000,000				**65,000,000**
Orphans and Vulnerable Children	21,482,354				**21,482,354**
Drug Quality Assurance		3,700,000			**3,700,000**
Safe Blood Supply	900,000	38,113,000	3,550,000		**42,563,000**
Safe-Injections	3,281,952				**3,281,952**
Supply Chain Management	20,000,000				**20,000,000**
Technical Leadership and Support	6,435,000	9,515,000	3,347,436	200,000	**19,497,436**
Twinning		4,000,000			**4,000,000**
TOTAL	**136,460,448**	**160,687,943**	**6,897,436**	**200,000**	**304,245,827**

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2007

Project Title: Abstinence and Be Faithful (AB)

Budget: FY 2007 GHAI: $19,361,142

Implementing Mechanism: USAID grants with Non-governmental Organizations (NGOs) and Community/Faith-Based Organizations (CBOs/FBOs) include the following organizations: Adventist Development Relief Agency (ADRA), American Red Cross, Catholic Relief Services (CRS), Children's AIDS Fund, Food for the Hungry, HOPE Worldwide South Africa, International Youth Federation, Pact, Program for Appropriate Technology in Health (PATH), Salesian Missions, Samaritan's Purse, World Relief, and World Vision.

Contact Person(s): John Crowley (USAID/GH)

Program Description:

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

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

There are 14 cooperative agreements awarded to carry out AB activities. These 14 Partners work with over 30 local faith-based organizations such as Anglican Church of Kenya Western Diocese, Fellowship of Christian Unions, Kenya Students Christian Fellowship, as well as many secular indigenous community-based organizations. Programs supported include culturally appropriate prevention activities for young people emphasizing "Abstinence" and "Be Faithful" (AB) messages, as well as medically accurate information about condoms for older and at-risk youth and referrals to health providers where at-risk youth can obtain other HIV services. These efforts complement ongoing USAID-funded prevention programs that target risky adult behaviors and contribute to the overall national prevention programs.

By the end of FY 2006, the partners under this program trained more than 160,000 individuals to provide HIV/AIDS prevention education that emphasizes abstinence and/or fidelity. In this time period, partners also reached more than 5.5 million individuals with community outreach programs that promote abstinence and/or being faithful, of which nearly three million aged 14 and under primarily received abstinence messages.

In FY 2006 USAID initiated an evaluation of the AB programs, and the results will be available in FY 2007. Partners have received initial feedback and have begun adjusting their programs to

reflect the preliminary findings. A second phase of this evaluation funded in FY 2006 will examine the effectiveness of peer outreach prevention programs.

FY 2007 Program:

With an estimated forty percent of all new infections occurring in youth aged 15-24, FY 2007 funding will continue to scale up youth-oriented AB prevention programs in 14 Emergency Plan focus countries and improve on the quality of their delivery. Activities will continue to expand the promotion of primary and secondary abstinence, faithfulness, monogamous relationships, and avoidance of unhealthy sexual behaviors among youth. Many partners are focusing on expanding their program to reach more parents, men, and other adults who act as barriers to abstinence and fidelity and affect the environment in which youth make decisions. All of these programs are expected to continue to achieve their targets, thereby contributing to the Emergency Plan goal of preventing seven million new infections.

Time Frame: FY 2007 – FY 2008

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2007

Project Title: Antiretroviral Treatment (ART)

Budget: FY 2007 GHAI: $105,359,943

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

Contact Person(s): Tedd Ellerbrock (HHS/CDC/GAP) and Deborah Parham (HHS/HRSA/HAB)

Program Description:

Emergency Plan funds provide central support to four U.S. organizations working in 13 of the 15 Emergency Plan focus countries. These Department of Health and Human Services (HHS) awarded grants, which were selected based on competitive bidding, to the Mailman School of Public Health of Columbia University, the Elizabeth Glaser Pediatric AIDS Foundation, Harvard University School of Public Health, and AIDSRelief (formerly, the Catholic Relief Services Consortium) have sub-contracted with local in-country organizations, such as: Ministries of Health; faith-based hospitals in nine countries; Muhimbili National Hospital, Tanzania; Moi Teaching and Referral Hospital, Kenya; University of Transkei, South Africa; and Lusaka Health District, Lusaka, Zambia.

The grant recipients are engaged in providing clinical HIV care, including ART; drug and health commodities management; laboratory services for diagnosing HIV infection and opportunistic infections; training of health care workers; community services; and monitoring and evaluation. Areas of focus include the following:

- Providing comprehensive HIV care, including ART, and diagnosing and treating TB and other HIV-related opportunistic infections;
- Selecting and procuring the appropriate ART drugs in accordance with U.S. and host Government policies;
- Ensuring the availability and appropriate use of laboratory services for diagnosing HIV infection and opportunistic infections; and
- Providing training to increase capacity of local staff and encourage local ownership.

As of September 30, 2006, more than 209,000 patients were on ART at 404 medical facilities in 13 countries through this program. As of February 2007, the number of patients receiving ART through this program is projected to increase to approximately 260,000. Further expansion is dependent on the receipt of funding from country budgets.

FY 2007 Program:

HHS will use FY 2007 funding to provide HIV care and treatment for those enrolled in the program through February 2008. Funding for scientific and technical advice, assistance,

and monitoring for this program and management and administrative costs associated with the program are reflected in the technical oversight and management.

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

Time Frame: FY 2007 – FY 2008

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2007

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

Budget: FY 2007 GHAI: $21,482,354

Implementing Mechanism: USAID cooperative agreements with Non-Governmental Organizations (NGOs) and Community/Faith-based Organizations (CBOs/FBOs), including the following: Africare, Association of Volunteers in International Service (AVSI), CARE USA, Catholic Relief Services (CRS), Christian Aid, Christian Children's Fund, Family Health International (FHI), HOPE Worldwide South Africa, Opportunity International, Plan USA, Project Concern International, Project HOPE, Salvation Army, Save the Children, and World Concern.

Contact Person(s): John Crowley (USAID/GH/ISD)

Program Description:

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

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

In FY 2006, almost 500,000 OVC received services from the USG partners with support from this program. One project reached 40,874 children in Ethiopia and 26,005 children in Mozambique with a range of psychosocial, food and nutrition, educational, recreational, and protection services through the mobilization and capacity building of local organizations. Several partners have adopted a strategy of reaching communities primarily through their local community/faith-based partners, this has proven effective in engaging sustainable, community-based responses by using a trusted and established mechanism within a community. In Haiti, in addition to partnering with FBOs, one partner works through a network of children's safety net organizations that help link OVC caregivers with other local groups such as agricultural and nutrition programs.

FY 2007 Program:

In FY 2007, funding will support OVC partners to carry on collaboration with locally-based organizations to implement and scale up activities that:

- Strengthen the capacity of families and caregivers to address OVC needs in their local context
- Support OVCs through microfinance programs for caregivers of OVCs;
- Increase capacity of children and youth to meet their own needs;
- Strengthen the capacity of local organizations to provide care for OVCs;
- Work toward reducing the stigma and discrimination of OVCs and their caregivers; and,
- Increase OVC access to essential programs and services, specifically in education, psychosocial support, health and livelihood training.

Partners will continue to work with schools, local government and social programs to help identify vulnerable children and to establish links for support including referrals for home based care, food/nutrition, and psychosocial needs. With all 15 partners entering their second full year of implementation, program activities will continue to reach more OVC, while an emphasis on quality will help ensure that interventions are truly making a measurable difference in the lives of children affected by HIV/AIDS.

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

Time Frame: FY 2007 – FY 2008

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2007

Project Title: Blood Transfusion Safety

Budget: FY 2007 GHAI: $42,563,000

Implementing Mechanism: HHS/CDC Cooperative Agreements with National Blood Transfusion Services or Ministries of Health in 14 focus countries (Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zambia) and with five technical assistance organizations (American Association of Blood Banks; Sanquin Blood Consulting; Safe Blood for Africa; Social and Scientific Systems, Inc.; and the World Health Organization).

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

Program Description:

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

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

FY 2007 Program:

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

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

Time Frame: FY 2007 – FY 2008

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2007

Project Title: Safe Medical Injections

Budget: FY 2007: GHAI $3,281,952

Implementing Mechanism: USAID Task Order Proposal Requests through existing Indefinite Quantity Contracts, including John Snow Inc., University Research Co. LLC , Chemonics International, Initiatives, Inc.

Contact Person(s): Robert Ferris (USAID)

Program Description:

Emergency Plan funds provided central support for injection safety activities in FY 2006 through an integrated approach that included improving the safety of medical practices through technical innovations; developing behavior change communications, education and training campaigns; providing sufficient quantities of injection materials, including needles, and syringes; strengthening logistical systems and management; and strengthening waste management systems for sharps.

In FY 2006, this program improved the availability of safe injection by supporting commodity management and procurement support, including the procurement and distribution of more than 97.2 million syringes in Emergency Plan focus countries. It also expanded capacity building and training in injection practices, supply management, waste handling, and interpersonal communications; reduced the excessive use of injectable pharmaceuticals; developed a standardized system for sharps disposal; and conducted a formal assessment of injection safety and healthcare waste management practices using standardized tools.

FY 2007 Program:

In FY 2007, the USG will continue to implement strategies for wider public understanding and support for the availability of safe medical injections in the Emergency Plan focus countries; decrease the frequency of unnecessary and unsafe injections; improve the supply and distribution systems for commodities needed for safe injections; and improve waste management of sharps. Focus will be on prioritizing sharps procedures at highest risk of HIV transmission (e.g., phlebotomy) and cost-effective strategies (e.g., ensuring availability of sharps containers proximate to point of sharps use).

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

Time Frame: FY 2007 - FY 2008

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2007

Project Title: Drug Quality Assurance

Budget: FY 2007 GHAI: $3,700,000

Implementing Mechanism: HHS/FDA direct expenses and contracts.

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

Program Description:

In direct support of the President's Emergency Plan for AIDS Relief (the Emergency Plan), the Department of Health and Human Services' (HHS) Food and Drug Administration (FDA) has implemented an expedited process to help ensure that the United States can provide safe, effective, and quality manufactured antiretroviral drugs to the 15 focus countries. HHS/FDA published guidance for the pharmaceutical industry that encouraged sponsors to submit applications for approval (or tentative approval, if U.S. patents blocked issuance of approval for U.S. marketing) of fixed dose combinations (FDCs – new products that combine already-approved individual HIV/AIDS therapies into a single dosage) or co-packaged versions of previously HHS/FDA-approved FDCs or single-entity antiretroviral therapies for the treatment of human immunodeficiency virus (HIV). Drugs approved or tentatively approved under this expedited process meet all FDA standards for drug safety, efficacy, and manufacturing quality.

HHS/FDA's involvement includes the following activities:

- Outreach Activities: HHS/FDA is developing and implementing comprehensive outreach programs that target drug manufacturers and national drug regulatory authorities in focus countries. These programs include training in the general marketing application review process; disseminating current good manufacturing practices, review and standards for active pharmaceutical ingredients; and monitoring post-authorization drug safety and manufacturing reporting.

- Application Activities: HHS/FDA is expediting the review of new and generic drug marketing applications under the Emergency Plan. Generally, a priority review designation provides for the review of a new drug marketing application within six months or less and the legal standard for review of a generic drug application is 180 days. However, under the expedited review the application (new drug or generic) is reviewed within approximately eight weeks. HHS/FDA reviewers are working closely with potential drug marketing application sponsors to foster the development and submission under the Emergency Plan of well-documented, quality marketing applications that have the highest chance for a successful review. As of January 4, 2007, HHS/FDA had approved or tentatively approved 34 single-entity and co-packaged versions of previously HHS/FDA-approved, brand name antiretroviral drug preparations.

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

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

In addition, in FY 2006 HHS/FDA sponsored two technical assistance conferences for regulatory agencies that included Emergency Plan focus countries. The purpose was to educate and support these government agencies in their interpretation and evaluation of the findings and outcomes of the HHS/FDA approval process with the goal of reducing the time to actually procure and distribute antiretrovirals (ARVs) in countries receiving Emergency Plan support following HHS/FDA approval.

FY 2007 Program:

FY 2007 funding will be used to continue to finance the following HIV drug marketing application review and inspection activities necessary for the purchase of drugs for the Emergency Plan:

- The review of approximately 20 new drug and 55 generic drug marketing applications;
- Ten pre-approval inspections of active pharmaceutical ingredients manufacturing facilities;
- Ten pre-approval inspections of finished dosage manufacturing facilities;
- Thirty-five pre-approval inspections of bioequivalence studies; and,
- Two inspections to target manufacturing problems.

Funds may also be required to facilitate activities related to providing consultation and documentation to the World Health Organization (WHO), and to facilitate listing of FDA approved and tentatively approved products on the WHO Prequalification drug website.

Furthermore, in FY 2007 HHS will provide strategic support to ARV producers who would like to participate in the HHS/FDA approval process but need help to do so effectively. Such support will consist of providing guidance in interpreting and complying with the requirements of the HHS/FDA application process. The expected result of this work will be an increase in the number of drug products available in an accelerated manner to be purchased with Emergency Plan funds to treat HIV-infected persons.

In addition, HHS/FDA will plan and attempt to provide regional in-country training to support registration by local drug regulatory authorities of ARVs that have been tentatively approved by HHS/FDA so that they can be procured and distributed to patients in those countries.

This program will contribute to achieving the critical Emergency Plan goal of supporting treatment for two million HIV-infected individuals.

Time Frame: FY 2007 – FY 2008

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2007

Project Title: New Partners Initiative (NPI)

Budget: FY 2007 GHAI: $65,000,000

Implementing Mechanisms:
USAID Cooperative Agreements and other procurement mechanisms with Non-Governmental Organizations and Community/Faith-based Organizations (C/FBOs) include the following: Ajuda de Desenvolvimento de Povo para Povo, Catholic Medical Mission Board, Christian Reformed World Relief Committee, Church Alliance for Orphans, Foundation for Hospices in Sub-Saharan Africa, Genesis Trust, Geneva Global, Global Outreach for Addiction Leadership & Learning, Kara Counseling and Training Trust, Light and Courage Centre Trust, Luapula Foundation, Mothers 2 Mothers, Natural Family Planning Center of Washington DC, Nazarene Compassionate Ministries, Nordic Assistance to Vietnam, Ong Le Soutien, Réseau Ivoirien des Organisations de PVVIH (RIP+), *Serve*HAITI, Inc, Universidade Catolica De Mocambique, Visions in Action, World Hope International, and Youth Health Organization.

Contact Person(s):
Megan Petersen (USAID/GH), Janet Paz-Castillo (USAID/GH), and Patrick Purtill (OGAC)

Program Description:
NPI is a means to increase the number of Emergency Plan (EP) partners by establishing a competitive grants process for organizations with the desire and the ability to help implement the President's Emergency Plan, but which may have little or no experience in working with the federal government. NPI will increase the total number of EP implementing partner organizations and improve their capacity to respond effectively to help meet the President's goals. Additionally, the initiative will develop indigenous capacity so that affected countries can address AIDS on their own and decrease dependence on foreign organizations and foreign skills.

In coordination with OGAC, USAID will initiate the following actions in order to establish NPI:

- Through an Annual Program Statement or other procurement mechanism, conduct outreach to identify and inform potential partners working in affected countries about NPI;
- Identify potential new partners from among private and voluntary organizations, faith-based organizations, community-based organizations and other non-profit entities with the desire and the ability to help implement the EP but with limited or no experience in working with the Federal Government through current solicitation promotion practices; and
- Improve the capacity and implementation of new partners, including indigenous partners in affected countries, to respond effectively by making available post-award technical (TA) and capacity-building (CB) assistance through an identified partner, competent in providing both TA and CB.

During the first round 22 new partners were selected out of 221 concept papers submitted to USAID.

FY 2007 Program:
The 22 partners identified from Round One will implement prevention and care program in 13 of the PEPFAR focus countries. Post-award activities, including program implementation, will incorporate technical and capacity building assistance such as:

- Conducting needs assessments of the partners to identify priority areas for organizational and technical assistance;
- Reviewing activities, strategies, implementation steps, and outcomes for consistency with the priorities, goals and strategies of the President's Emergency Plan for AIDS Relief;
- Reviewing geographic scale and beneficiaries to ensure that the programs reflect priority needs (e.g., difficult or underserved populations) and are targeted with appropriate strategies;
- Developing clear plans for devolution to indigenous service providers and promotion of sustainability;
- Ensuring that programs are applying evidence-based strategies, reflect best practices and are consistent with national guidelines and policies;
- Developing and implementing monitoring and evaluation plan to ensure quality;
- Ensuring a high level of involvement of local partners in program implementation; and
- Building capacity of indigenous partners.

Additionally, in FY2007, PEPFAR expects to compete and select additional new partners through a competitive process.

This program will contribute to achieving critical Emergency Plan goals, including supporting prevention of seven million new HIV infections and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2007 – FY 2008

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2007

Project Title: Supply Chain Management System

Budget: FY 2007 GHAI: $20,000,000

Implementing Mechanism: The Partnership for Supply Chain Management

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

Program Description:

In order to respond to the rapid increase in patients being treated and tested and improve the capacity of existing supply chains, the Supply Chain Management System (SCMS) was formed. At the end of FY 2005, the SCMS contract was awarded to the Partnership for Supply Chain Management, a non-profit consortium of 17 organizations, including four African organizations, with extensive experience. The 17 organizations that form SCMS are led by John Snow Inc. and Management Sciences for Health. Each of the 17 partners offer unique capabilities to ensure that high-quality supplies are available to the people who need them. During FY 2006, SCMS began work in all 15 PEPFAR focus countries and supported the USG programs through commodity procurement, technical assistance or coordination of key stakeholders and donors.

The project exceeded its goal of setting up offices in 7 of the 15 countries. To date, SCMS has an established field presence in 14 of the 15 PEPFAR focus countries. Another one of SCMS's main objectives was to ensure that the lowest priced, highest-quality drugs are available for antiretroviral treatment. To date, over 90% of the ARVs procured by SCMS were generic FDA-approved or FDA tentatively approved.

Additionally, SCMS contributes to the coordination of significant, donor-funded initiatives, such as the World Health Organization/Joint United Nations Programme on HIV/AIDS (UNAIDS) efforts to prepare a global antiretroviral drugs (ARVs) demand forecast through 2008. As the technical secretariat of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, and PEPFAR's joint procurement planning initiative, SCMS facilitates national procurement planning and supply chain management of HIV/AIDS commodities in six countries (Ethiopia, Guyana, Haiti, Mozambique, Rwanda, and Vietnam).

FY 2007 Program:

SCMS will continue to build an uninterrupted supply of commodities while building capacity for long-term sustainable procurement and distribution. With FY 2007 funds, SCMS will continue to: improve procurement and distribution; support countries that experience unforeseen stock-outs; coordinate with international organizations to increase efficiency; maintain transparent procurement, quality assurance and control systems; provide freight forwarding and warehousing services; and build on procurement information management systems.

With central FY 2007 funds SCMS will support a headquarters office. Central funds will also be used for the procurement of HIV commodities in emergency situations and on related, follow-up technical assistance to prevent further stock-outs from taking place. SCMS will continue to help lead a coordination effort between major donors and stakeholders such as the Global Fund and the World Bank in the area of commodity procurement and supply chain strengthening.

This program will contribute to achieving two critical Emergency Plan goals, including supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS.

Time Frame: FY 2007 - FY 2008

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2007

Project Title: Technical Leadership and Support

Budget: FY 2007 GHAI: $19,497,436

Implementing Mechanism: USAID, HHS, DOD and State Department contracts and grants

Contact Person(s): Michele Moloney-Kitts (OGAC), Debbi Birx (HHS/CDC), Deborah Parham (HHS/HRSA/HAB), Carolyn Williams (HHS/NIH), Paul Mahanna (USAID/GH/OHA), and Anne Thomas (DOD).

Program Description:

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

FY 2007 Program:

In FY 2007, the technical leadership and support program will fund technical assistance and centrally-funded activities with an emphasis on strengthening several high priority technical areas including; innovative approaches to Prevention of Mother-to-Child Transmission (PMTCT) services, expanding linkages between TB and HIV programming, intensifying counseling and testing interventions, expanding gender initiatives and assisting countries in the development of medical male circumcision interventions as requested by host country governments. In addition, funds will be also utilized to provide assistance to the World Health Organization (WHO) to bolster their HIV/AIDS response to key priority areas.

Funding will be used to accelerate implementation of PMTCT services and improve approaches to infant HIV diagnosis and pediatric treatment. In addition, funds will be used to increase community engagement and address barriers to referrals and linkages within PMTCT programs; and link with other related programs ("wraparounds") to increase PMTCT and to leverage HIV programs to further improve maternal and child health (e.g., antenatal care, food, expanded program on immunization, malaria and safe delivery). Funding for TB/HIV programs will focus on support for capacity-building, laboratory strengthening and improved infection control approaches. Counseling and testing approaches are integral to both PMTCT and TB programs and additional resources requested will assist to intensify prevention counseling for persons testing HIV-negative.

Prevention approaches continue to be a high priority for PEPFAR and these additional funds will help support several key areas to improve efforts to curb the epidemic, such as support the design and scale up of model programs to address critical drivers of the most severe epidemics and support medication assisted therapy for intravenous drug users. In addition, following the

WHO's announcement on medical male circumcision as an HIV prevention intervention, additional funds will help to support the field to strengthen preparatory activities and service delivery approach related to provision of medical male circumcision when consistent with local norms and policies. PEPFAR will work closely with host country governments and within the context of the WHO/UNAIDS normative guidance. Funds will be used to help training centers safely meet existing demand for voluntary medical male circumcision services; and systematically collect, synthesize, and promote the utilization of data to inform future programmatic efforts.

Funds will also support ongoing collaboration with the WHO. The Emergency Plan and the WHO will embark on a new program to scale-up HIV prevention, care and antiretroviral therapy at primary health centers in several key countries. PEPFAR support for WHO will also include efforts to address human capacity deficits through such approaches as task-shifting. Additional resources to WHO will also support international approaches to counseling and testing and strengthen program and policy guidance related to medical male circumcision.

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Time Frame: FY 2007 – FY 2008

EMERGENCY PLAN CENTRAL PROGRAMS: FY 2007

Project Title: Twinning Center

Budget: FY 2007 GHAI: $4,000,000

Implementing Mechanism: Cooperative Agreement with the American International Health Alliance (AIHA)

Contact Person(s): Sera Morgan (HHS/HRSA/HAB)

Program Description:

American International Health Alliance (AIHA), through a Cooperative Agreement with the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), has established an "HIV/AIDS Twinning Center" (www.twinningagainstaids.org) to support twinning and volunteer activities in 15 focus countries as part of the implementation of the President's Emergency Plan for AIDS Relief.

The overall goal of the Twinning Center is to strengthen the human and organizational capacity necessary to scale up and expand HIV/AIDS prevention, care, treatment, and support services within the broader context of human resource development strategies addressing the HIV/AIDS epidemics in these countries. Through the establishment of volunteer-driven institutional/ organizational partnerships of 3-5 years duration and the incorporation of long-term individual volunteers through the Volunteer Healthcare Corps (VHC), the Twinning Center contributes to the President's Emergency Plan goals by:

- Strengthening educational institutions and training facilities;
- Training and mentoring individual care-givers;
- Developing models of care for improved organization and delivery of services and for rapid scale-up of interventions; and,
- Transferring appropriate technology.

AIHA and its partners work closely with HRSA, host country officials and ministries of health, and U.S. Government teams to create twinning partnerships that advance each country's Strategic HIV/AIDS Plan and Country Operational Plan (COP). To date, potential twinning partnerships have been identified in Zambia, Ethiopia, Uganda, South Africa, Kenya, Mozambique, and Tanzania. The Twinning Center has conducted site assessment visits to five countries, and has developed partnerships in Zambia, Ethiopia, South Africa, and Tanzania, and is in the process of developing twinning partnerships in Kenya and Mozambique and additional partnerships in Ethiopia and South Africa.

FY 2007 Program:

The initial twinning partnerships were selected in the spring and summer of 2005, with a second round of partnerships established in early 2006. FY 2007 funding will support existing

successful twinning partnerships that are capable of rapidly expanding and scaling up for increased impact. In these cases, Twinning Center funding is expected to supplement, not supplant, other funding sources.

This program will contribute to achieving critical Emergency Plan goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2007 – FY 2008

SECTION VI

INTERNATIONAL PARTNERS

1) Introduction
2) Table 10: International Partners
3) Program Descriptions

Introduction: International Partners

This section describes funding for The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). Table 10 shows the allocation of funds, followed by program descriptions.

TABLE 10: FY 2007 BUDGET FOR INTERNATIONAL PARTNERS
By Funding Source
(Dollars in thousands)

	USAID/CSH	HHS/NIH	STATE/GHAI	Total
UNAIDS	0	0	29,700	29,700
GLOBAL FUND	247,500	99,000	377,500	724,000
TOTAL	**247,500**	**99,000**	**407,200**	**753,700**

EMERGENCY PLAN INTERNATIONAL PARTNERS: FY 2007

Project Title: Joint United Nations Program on HIV/AIDS (UNAIDS)

Budget: FY 2007 GHAI: $29,700,000

Implementing Mechanism: Public International Organization (PIO) Grant

Contact Person(s): Mr. David Stanton (USAID/GH)

Program Description:

The main objective of the PIO grant is to increase significantly UNAIDS' effort to scale up the global response to HIV/AIDS with particular emphasis at the country level. This global response seeks to prevent the transmission of HIV/AIDS, provide care and support, reduce individual and community vulnerability to HIV/AIDS and mitigate the impact of the epidemic. To achieve these goals, UNAIDS implements activities that:

- Catalyze action and strengthen capacity at the country level in the priority areas identified by the Programme Coordinating Board (PCB) including monitoring and evaluation, resource mobilization and expansion of civil society involvement; technical assistance and interventions related to security, stability and humanitarian responses.
- Improve the scope and quality of UN support to national partners, through strengthened UN Theme Groups on AIDS, better coordination at the regional level, increasing staff capacity in key areas, and development of more coordinated UN programs in line with national priorities and objectives.
- Increase the accountability of UNAIDS at the country level through support for country-level reviews of national HIV/AIDS responses, development of joint UN programs to support countries' responses, and having Theme Groups report annually to the PCB.
- 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. This includes the Country Response Information System (CRIS). This computerized data management system has been globally disseminated including multiple regional training sessions.
- Expand the response of the development sector to HIV/AIDS, particularly with respect to human capacity depletion, food security, governance, OVC, and the impact of the epidemic on the public sector (education in particular), as well as on women and girls.
- Sustain leadership on HIV/AIDS at all levels**.**
- Forge partnerships with political and social leaders to ensure full implementation of the Declaration of Commitment and to realize the related Millennium Development Goals.

This program will contribute to achieving critical Emergency Plan goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2007 - FY 2008

EMERGENCY PLAN INTERNATIONAL PARTNERS: FY 2007

Project Title: The Global Fund to Fight AIDS, Tuberculosis and Malaria

Budget:	FY 2007: USAID CSH	$247,500,000
	FY 2006: State GHAI	$377,500,000
	FY 2006: HHS/NIH	$ 99,000,000
	Maximum U.S. contribution:	$724,000,000

Implementing Mechanism: USAID grant to the World Bank acting as Trustee with funding from HHS, State, and USAID accounts.

Contact Person(s): Mary Jeffers (OGAC)

Program Description:

Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), an international foundation, is an integral part of the Administration's global strategy against the three diseases. The initial authorization of the Leadership Act and subsequent appropriations have stipulated terms for United States Government (USG) contributions to GFATM, most notably that cumulative 2004-2008 USG funds may not constitute more than 33 percent of total contributions to GFATM. Provisions also require additional withholding of funds if GFATM is found to have provided financial assistance to the governments of states that consistently support terrorism, or for excessive administrative expenses and salaries.

GFATM, created in December 2001, has the legal personality of a public-private, non-profit foundation, headquartered in Geneva, Switzerland, that operates as a provider of grants to combat HIV/AIDS, tuberculosis (TB) and malaria. GFATM does not generate these grants out of its Geneva Secretariat, nor does it work exclusively through governments. Instead, proposals arise out of committees (termed "Country Coordinating Mechanisms") that are intended to consist of local non-governmental organizations (NGO), governments, the private sector, international partners and people living with the diseases. The entities that receive GFATM grants can be public, private or international organizations. The role of the GFATM Secretariat in Geneva is limited to monitoring the performance of grants and sending periodic disbursements of grant money on a quarterly basis from the Fund's trustee account at the World Bank. Under the "Fund model," the Secretariat should not disburse new funds until the grant recipient can demonstrate results from previous funding tranches.

Funding takes place in "rounds," wherein the GFATM Board issues an invitation for grant proposals, and then votes on those proposals that have been determined by an independent review panel to be technically sound. Grants normally cover five years, but the Board's initial funding approval for a grant covers only the first two years. The Board has thus far completed six rounds of grant financing, and made commitments of $5.8 billion to 450 grants in 136 countries.

FY 2007 Program:
The GFATM Secretariat currently projects that it will have sufficient resources to cover the second phase of all current grant commitments (years 3-5 of a grant proposal based on satisfactory performance) during 2007 and all grants approved as part of Round Six. The United States' maximum contribution in FY 2007 is $724 million, subject to a number of possible statutory and discretionary withholdings. During FY 2007, the U.S. Government will provide technical assistance to assist several GFATM grants that are experiencing implementation bottlenecks and other program management issues.

Time Frame: FY 2006 – FY 2007

SECTION VII

TECHNICAL OVERSIGHT AND MANAGEMENT HEADQUARTERS (HQ)

1) Introduction
2) Table 11: FY 2007 Technical Oversight and Management Expenses, Headquarters, by Agency Implementing activity
3) Program Descriptions

Introduction: Technical Oversight and Management

This section provides a summary of approved FY 2007 funding allocations for technical oversight and management costs, mostly borne at headquarters, in Table 11, as well as summary descriptions for OGAC, USAID, HHS, and other agencies.

Note that these expenses do not include the established operating expenses dedicated to previously existing HIV/AIDS activities of the various agencies involved in the Emergency Plan. Rather, these are costs solely associated with the expansion of programs and reporting occasioned by the Emergency Plan.

TABLE 11: FY 2007 TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES
HEADQUARTERS (HQ)
Allocations Approved as of June 2007
By Agency Implementing Activity
(Dollars in thousands)

	USAID	HHS	STATE	DOD	PC	DOL	Total
Technical Oversight & Management	11,600	25,659	11,897	2,827	811	0	52,794
TOTAL	**11,600**	**25,659**	**11,897**	**2,827**	**811**	**0**	**52,794**

EMERGENCY PLAN TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2007

Project Title: USAID Technical Oversight and Management

Budget: FY 2007 GHAI: $11,600,000

Implementing Mechanism: Direct expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Ken Yamashita (USAID/GH/OHA)

Program Description:

Under the direction of the U.S. Global AIDS Coordinator, the U.S. Agency for International Development (USAID) is a partner in the unified U.S. Government (USG) effort to implement the President's Emergency Plan for AIDS Relief (the Emergency Plan).

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

USAID's headquarters offices support Emergency Plan implementation by:

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

This program will contribute to achieving critical Emergency Plan goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-

infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2007

EMERGENCY PLAN TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2007

Project Title: HHS Technical Oversight and Management

Budget: FY 2007 GHAI: $25,659,000

Implementing Mechanism: Direct expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Michael Johnson/Jessica Daly (HHS/OGHA)

Program Description:

Under the direction of the U.S. Global AIDS Coordinator's Office, the Department of Health and Human Services (HHS) is a partner in the unified U.S. Government (USG) effort to implement the President's Emergency Plan for AIDS Relief (the Emergency Plan). HHS includes several agencies that are key players in the Emergency Plan such as the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH) and the Food and Drug Administration. HHS efforts are coordinated by the Office of the Secretary/Office of Global Health Affairs (OGHA).

HHS headquarters offices support Emergency Plan implementation by:

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

This program will contribute to achieving critical Emergency Plan goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2007

EMERGENCY PLAN TECHNICAL OVERSIGHT AND MANAGEMENT EXPENSES: FY 2007

Project Title: Other Agency Technical Oversight and Management

Budget:		
	FY 2007 GHAI for OGAC	$11,896,500
	FY 2007 GHAI for Other	$ 3,638,000
	Total GHAI	$ 15,534,500

Implementing Mechanism: Direct expenses including salary, benefits, travel, supplies, professional services and equipment.

Contact Person(s): Christine Abrams (OGAC)

Program Description:

Office of the U.S. Global AIDS Coordinator (OGAC): OGAC is responsible for coordinating and overseeing the President's Emergency Plan for AIDS Relief (the Emergency Plan). OGAC seeks to work with leaders throughout the world to combat HIV/AIDS by promoting integrated prevention, treatment and care interventions with an urgent focus on countries that are among the most afflicted nations in the world. To reach these goals, OGAC activities include:

- Supporting operations of field offices;
- Directing and providing scientific and technical assistance and monitoring of central cooperative agreements for field programs;
- Providing technical assistance to country programs; and,
- Coordinating agency activities with those of other USG agencies implementing the Emergency Plan.

OGAC expenses include personnel, travel and transportation, rent, communications and utilities, printing and reproduction, other services, supplies and materials, and equipment.

Peace Corps: Peace Corps volunteers work with local community-based organizations and individuals to build capacity and mobilize communities around HIV/AIDS prevention, and care activities as well as treatment services with governmental and nongovernmental agencies, faith-based organizations, youth, PLWHA and others. Headquarters expenses include a program coordinator, a monitoring and evaluation analyst and two technical advisors.

Department of Defense (DOD) The DOD supports military-to-military HIV/AIDS awareness and prevention education, the development of policies for dealing with HIV/AIDS in a military setting, counseling, testing, and HIV-related palliative care for military members and their families, as well as clinical and laboratory infrastructure development. DOD activities will include:

- Supporting, managing, and executing military HIV operations of field offices;

- Directing and providing military specific scientific and technical assistance and monitoring of central cooperative agreements for field programs;
- Coordinating DOD HIV activities with those of other USG agencies implementing the Emergency Plan; and,
- Supporting international clinical HIV education for military personnel.

DOD expenses include personnel, travel and transportation, rent, communications and utilities, printing and reproduction, other services, supplies and materials, and equipment.

This program will contribute to achieving critical Emergency Plan goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2007

SECTION VIII

STRATEGIC INFORMATION/EVALUATION

1) Introduction
2) Table 12: Strategic Information/Evaluation Budget
3) Project Description

INTRODUCTION: Strategic Information/Evaluation

This section provides information in Table 12 for the allocation of funds to agencies for the strategic information system that is used to monitor program performance, including tracking progress toward goals and evaluating interventions for efficacy, and to provide descriptive information about Emergency Plan activities. It also provides a narrative for this allocation.

TABLE 12: FY 2007 STRATEGIC INFORMATION/EVALUATION FUNDING BY IMPLEMENTING AGENCY

Allocations Approved as of June 2007

(In Whole USD)

AGENCY	FUNDING
United States Agency for International Development	**6,175,000**
Department of Health and Human Services	**5,200,000**
Centers for Disease Control and Prevention	4,900,000
Health Resources Services Administration	300,000
Department of State	**1,367,000**
U.S. Census Bureau 1/	1,092,000
Bureau of Intelligence and Research/Humanitarian Information Unit	150,000
Office of the U.S. Global AIDS Coordinator	125,000
TOTAL, Strategic Information Funding	**12,742,000**

1/ These funds will be obligated in the Department of State's accounting system and will pay for U.S. Bureau of the Census services provided to the Office of the U.S. Global AIDS Coordinator.

EMERGENCY PLAN STRATEGIC INFORMATION/EVALUATION: FY 2007

Project Title: Strategic Information/Evaluation (SI)

Budget: FY 2007 GHAI: $12,742,000

Implementing Mechanism: United States Government (USG) Agency (HHS, USAID, DOD, Census Bureau, State Department, Peace Corps) Cooperative Agreements, Contracts and Grants.

Contact Person(s): Kathy Marconi (OGAC)

Program Description:

Strategic Information measures progress toward the Emergency Plan's 2-7-10 goals through surveillance and surveys, management information, program monitoring and evaluation. Counts of progress toward two million people supported in treatment and ten million individuals in care, including orphans, and vulnerable children are measured semi-annually. The goal of averting seven million infections is estimated using surveillance and survey data. In addition to reporting results, Strategic Information supports field target setting activities and capacity building efforts in these technical areas. Work is done in coordination with technical staff of other international donors. The SI budget funds multiple USG agencies to implement these technical efforts. USG agency SI work plans are defined jointly by technical working groups (TWGs) that include health management information systems (HMIS), monitoring and evaluation, and surveillance.

FY 2007 Program:

In FY 2007, the SI program has four priorities, as described below.

- Providing support to international agencies and host countries for program management and reporting systems: A priority of the SI TWGs will continue to be building capacity of national government systems to effectively manage their HIV/AIDS programs. Having strong national systems will also be key to sustainability. To date, much of the focus of routine reporting at country level has been on facility-based service delivery, primarily at the hospital level. Much progress has been made, but the SI TWGs will continue to work to strengthen these systems. In addition, an increasing number of services are now being managed at the community level, often by small, discrete CBOs. Developing and implementing effective program monitoring systems across this set of providers is challenging, particularly since reporting burden falls disproportionately on these smaller organizations. SI will work with other programmatic TWGs to develop requirements for and support of community program monitoring. Additional support will be provided to strengthen surveillance systems in countries. Work with the World Health Organization, UNAIDS, The World Bank, and the Global Fund will continue on identifying common information management standards and content for use by all partners working in HIV.

- Access to and use of surveillance, survey and PEPFAR programmatic information to improve design and focus of programs: The PEPFAR program has expanded rapidly over the past three years, and commensurate informational needs, both for program monitoring and evaluation as well as for day to day management, have increased in scope and complexity. While the COPRS has allowed for data capture, its current structure has not been as well-suited to its role as a system of record. As the COPRS also will have to be integrated with the new Department of State FACTS over the next year, it is an opportune time to address some of these design issues. Efforts will be directed toward strengthening country team utilization of COPRS and country-based survey and surveillance data to rationalize decisions around the placement and design of programs. Further work with data quality issues will continue, and countries will be supported with their own requests for analyses. Modeling efforts for infections averted, in addition to modifications to RupHIVAIDS, will continue.

- Use of information by service providers to improve the quality of service delivery and improve outcomes: Rapid scale-up of treatment and care presents a number of operational challenges that can potentially affect the quality of services and the overall outcomes. Two characteristics of managing a complex chronic disease such as HIV/AIDS are the need for services to be delivered consistently and the need for coherent integration of services, both at the individual level over time as well as across populations. In order to provide for these requirements, well developed systems at the service provision level are essential. Yet in many of the countries that PEPFAR supports, record systems are weak or effectively non-existent. Recently, WHO has published guidelines for the development of clinically-focused record systems in developing countries. Activities this year will extend those guidelines to the operational level as well as expand their scope to link with other key program areas.

- Ensure management, staffing, and capacity of strategic information units are appropriate to country contexts: Information from countries – through the COPS, SI Advisors, or in-country staff – demonstrates that SI staffing is often inadequate in the countries, either in numeric or qualitative capacities. This same issue will intensify as country programs and budgets grow in the upcoming years. The OGAC Staffing for Results initiative will guide responses to the more generic problems regarding sufficient numbers of personnel, but supporting the quality of SI staff and their work remains of paramount concern. A coordinated capacity building initiative will be implemented to strengthen SI Advisor and Liaison knowledge of PEPFAR procedures and of the relevant spectrum of M&E, survey and surveillance, and HMIS issues. Methods will include a variety of internet and telecommunication modalities, offering appropriate curricula and other reference documents. OGAC and agency HQ support of country SI activities will expand through reorganization of SI Advisor teams, greater use of electronic media, and direct country activities.

This program will contribute to achieving critical Emergency Plan goals, including supporting prevention of seven million new HIV infections; supporting treatment for two million HIV-

infected individuals; and supporting care for ten million people infected or affected by HIV/AIDS, including orphans and vulnerable children.

Time Frame: FY 2007 – FY 2008