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2009

China

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
USG China FY 2009 Executive Summary.doc	application/msword	11/10/2008	Executive Summary	APoon

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

[X] Yes [ ] No

Description:

Please find attached an updated version of USG China's Five-Year Strategy for HIV/AIDS. Key updates since the Strategy was initially approved in March 2006 include the following:

• Maintain original strategies for fostering prevention, treatment, and care.
• Expand comprehensive PMTCT services to cover 3.2 million women and 533 counties.
• Enhance laboratory support for HIV diagnosis and clinical monitoring including HIV rapid, CD4, viral load, and drug resistance testing as well as early infant diagnosis.
• Use the Comprehensive Response Management Information System for HIV/AIDS to monitor the national response and develop an M&E framework and indicators.

Ambassador Letter

None uploaded.

Country Contacts

Contact Type	First Name	Last Name	Title	Email
HHS/CDC In-Country Contact	Marc	Bulterys	Director, Global AIDS Program	zbe2@cdc.gov
USAID In-Country Contact	Virginia	Bourassa	HIV/AIDS Program Manager, RDMA	vbourassa@usaid.gov
U.S. Embassy In-Country Contact	Brent	Christensen	Science Counselor	ChristensenWB@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	$225137
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

Prevention	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	62,500	2,345,756	2,408,256
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	90	2,415	2,505

Care (1)	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		64,629	26,745	91,374
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	64,629	26,745	91,374
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	1,217	2,965	4,182
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	645,165	549,873	1,195,038

Treatment	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		9,963	51,177	61,140
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	9,963	51,177	61,140

Human Resources for Health	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		0	0	0
End of Plan Goal	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0	0

2.2 Targets for Reporting Period Ending September 30, 2010

Prevention	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	70,000	3,100,000	3,170,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	101	3,278	3,379

Care (1)	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	70,919	29,300	100,219
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	70,919	29,300	100,219
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	1,257	3,113	4,370
8.1 - Number of OVC served by OVC programs	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	723,693	525,890	1,249,583

Treatment	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	11,937	74,431	86,368
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	11,937	74,431	86,368

Human Resources for Health	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	0	0	0
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CASU follow-on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7791.09
System ID: 10938
Planned Funding($): [redacted]
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Cables-CA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11912.09
System ID: 11912
Planned Funding($): $125,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Chinese Center for Disease Prevention and Control
New Partner: No

Mechanism Name: Cables-Core

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11911.09
System ID: 11911
Planned Funding($): $100,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Chinese Center for Disease Prevention and Control
New Partner: No

Mechanism Name: C-CDC COAG

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5777.09
System ID: 10902
Planned Funding($): $2,520,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Chinese Center for Disease Prevention and Control
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: C-CDC COAG

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5586.09
System ID: 10903
Planned Funding($): $1,080,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Chinese Center for Disease Prevention and Control
New Partner: No

Mechanism Name: TASC3

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5585.09
System ID: 10936
Planned Funding($): $1,298,655
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Gejiu Red Cross
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Jinhudong Community Committee
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Kaiyuan Center for Disease Control and Prevention
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Mengzi Center for Disease Control and Prevention
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Kunming Health Education Institute
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing
Sub-Partner:	Kunming Red Cross
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other
Sub-Partner:	Nanning Center for Disease Control and Prevention
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other
Sub-Partner:	Luzhai Center for Disease Control and Prevention
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing
Sub-Partner:	Ningming Center for Disease Control and Prevention
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment
Sub-Partner:	Pingxiang People’s Hospital
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing
Sub-Partner:	Gejiu Center for Disease Control and Prevention
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing
Sub-Partner:	Guangxi Center for Disease Control and Prevention
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HTXS - Treatment: Adult Treatment, HVCT - Prevention: Counseling and Testing
Sub-Partner:	Pingxiang Center for Disease Control and Prevention
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment

Sub-Partner: Honghe Brothers Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Luzhou Center for Disease Control and Prevention
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Mechanism Name: TASC3

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5606.09
System ID: 10937
Planned Funding($): $686,455
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: Health Resources and Services Administration I-TECH CoAg Supplement to Existing HRSA CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11397.09
System ID: 11397
Planned Funding($): $120,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: International Training and Education Centre for HIV
New Partner: Yes

Mechanism Name: Measure Evaluation Phase III

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11455.09
System ID: 11455
Planned Funding($): $239,227
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: John Snow, Inc.
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Measure Evaluation Phase III

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11458.09
System ID: 11458
Planned Funding($): $111,162
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: Yes

Mechanism Name: Strengthening Pharmaceutical Systems

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5587.09
System ID: 10939
Planned Funding($): $68,350
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: Strengthening Pharmaceutical Systems

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11659.09
System ID: 11659
Planned Funding($): $31,761
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: Community REACH Greater Mekong Region Associate Award

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5815.09
System ID: 10942
Planned Funding($): $786,028
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: International HIV/AIDS Alliance
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment

Mechanism Name: Community REACH Greater Mekong Region Associate Award

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5816.09
System ID: 10943
Planned Funding($): $365,249
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: International HIV/AIDS Alliance
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment

Mechanism Name: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7329.09
System ID: 10944
Planned Funding($): $580,977
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Ningming Center for Disease Control and Prevention
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Kaiyuan Center for Disease Control and Prevention
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Luzhai Center for Disease Control and Prevention
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Mechanism Name: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7779.09
System ID: 10945
Planned Funding($): $269,967
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Pingxiang Center for Disease Control and Prevention
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Nanning Center for Disease Control and Prevention
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Mengzi Center for Disease Control and Prevention
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Mechanism Name: Health Policy Initiative

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5589.09
System ID: 10948
Planned Funding($): $444,277
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Research Triangle Institute
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Health Policy Initiative

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11658.09
System ID: 11658
Planned Funding($): $206,445
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Research Triangle Institute
New Partner: No

Mechanism Name: Cost of Doing Business

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11660.09
System ID: 11660
Planned Funding($): $215,086
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Management/Technical Staffing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5607.09
System ID: 10949
Planned Funding($): $319,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Management/Technical Staffing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7786.09
System ID: 10950
Planned Funding($): $211,961
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Management and Staffing

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11066.09
System ID: 11066
Planned Funding($): $480,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Gejiu Center for Disease Control and Prevention	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Gejiu Red Cross	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Guangxi Center for Disease Control and Prevention	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Honghe Brothers Care	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Jinhudong Community Committee	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Kaiyuan Center for Disease Control and Prevention	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Kunming Health Education Institute	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Kunming Red Cross	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Luzhai Center for Disease Control and Prevention	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Luzhou Center for Disease Control and Prevention	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Mengzi Center for Disease Control and Prevention	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Nanning Center for Disease Control and Prevention	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Ningming Center for Disease Control and Prevention	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Pingxiang Center for Disease Control and Prevention	N	$0
5585.09	10936	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Pingxiang People’s Hospital	N	$0
5815.09	10942	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	International HIV/AIDS Alliance	N	$0
5816.09	10943	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	International HIV/AIDS Alliance	N	$0
7329.09	10944	Population Services International	U.S. Agency for International Development	GHCS (USAID)	Kaiyuan Center for Disease Control and Prevention	N	$0
7329.09	10944	Population Services International	U.S. Agency for International Development	GHCS (USAID)	Luzhai Center for Disease Control and Prevention	N	$0
7329.09	10944	Population Services International	U.S. Agency for International Development	GHCS (USAID)	Ningming Center for Disease Control and Prevention	N	$0
7779.09	10945	Population Services International	U.S. Agency for International Development	GHCS (State)	Mengzi Center for Disease Control and Prevention	N	$0
7779.09	10945	Population Services International	U.S. Agency for International Development	GHCS (State)	Nanning Center for Disease Control and Prevention	N	$0
7779.09	10945	Population Services International	U.S. Agency for International Development	GHCS (State)	Pingxiang Center for Disease Control and Prevention	N	$0

Table 3.3: Program Budget Code and Progam Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: $65,000

Program Area Narrative:

Efforts by the Government of China (GoC) to prevent mother-to-child transmission of HIV (PMTCT) began in earnest in 2003. In accordance with the general principle of “pilot implementation and gradual expansion”, GoC has rolled out PMTCT services as part of its “Four Frees and One Care” policy. Early partners, including the United Nations Children’s Fund (UNICEF), conducted pilot demonstrations in health facilities in a limited number of target counties. Current GoC partners include the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria (GFATM), UNICEF, World Health Organization (WHO), United States Government (USG), Clinton Foundation, Family Health International, and Médecins Sans Frontières (MSF). The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), with private funding, is providing support in 20 high HIV prevalence counties in Yunnan province. These partners play a pivotal role by providing primarily technical support but also limited financial support. Starting in January 2009, a portion of PMTCT supplies and commodities for rapid expansion of services will be provided through UNITAID (grant was approved in September 2008).

China is large and the overall HIV prevalence among pregnant women is low, albeit with great regional variation. By the end of 2007, the Chinese population totaled approximately 1.32 billion, including 637 million (48.5%) females. China has an estimated 700,000 people living with HIV/AIDS (PLHA), 0.05% (0.04-0.07%) of the total population, including 31% females and 41% infected through heterosexual transmission; there were 85,000 AIDS patients, 20,000 AIDS-related deaths, and an estimated 50,000 new infections for 2008. HIV prevalence among pregnant women ranges from <1/10,000 to 1-2% in the most affected areas. MTCT transmitted HIV infections in China have been rising each year, resulting in increased infant and pediatric infections detected. Among newly identified HIV infections in China, the proportion infected perinatally has increased from 0.1% in 1998, to 0.5% in 2003, and to 1.6% in 2007.

The number of deliveries in China in 2007 was 17,309,000. Although national antenatal clinic (ANC) coverage and hospital delivery rates were 90.7% and 91.7%, respectively in 2007, great disparities continue to exist between rural and urban areas. From the launch of pilot PMTCT implementation from September 2003 to September 2007, a total of 4,158,190 pregnant women in 271 cities and counties covered by national-level resources received antenatal and post-partum PMTCT services. Among all pregnant women receiving ANC, 79% received both antenatal care and an HIV test; 73% of HIV-positive pregnant women received antiretroviral (ARV) drugs, and 82% of their children received ARV prophylaxis. Besides the National Centre for Women and Children’s Health (NCWCH), other facilities such as private health care facilities and the local CDCs in certain cities and counties also implement PMTCT services. Data from these interventions are currently not well communicated to NCWCH, which is accountable for all PMTCT interventions in China. Note that both NCWCH and the National Center for AIDS/STD Control and Prevention (NCAIDS) are part of the China Centers for Disease Control and Prevention (CDC), under the Ministry of Health (MoH).

A global interagency task team (IATT) joint mission for PMTCT and pediatric AIDS was conducted in April 2008 in collaboration with GoC, IATT partners in China, and USG to review the implementation status of 1) PMTCT services (and make recommendations for improving their coverage and effectiveness in line with international standards), and 2) care, support, and treatment programs for HIV-infected children (see Pediatric HIV Care and Treatment narrative). As an immediate outcome of the IATT mission, GoC has committed to rapidly expand the scale-up of comprehensive PMTCT services from the current annual coverage of 1.96 million pregnant women and 271 counties to over 3.2 million women and 533 counties (nearly 20% coverage nationally) by September 2010. Clear criteria will be utilized for the PMTCT scale-up to ensure geographic areas most vulnerable to HIV infection are captured. The PMTCT reporting system will be integrated with the Web-based Comprehensive Response Management Information System (CRMIS) introduced in January 2008. USG will provide assistance to NCWCH in data capture, management, and analysis for PMTCT. GoC and its partners will evaluate the feasibility and applicability of repeat HIV testing targeting high-risk populations of women and their partners, accessing PMTCT services, and accessing preventive interventions.

GoC at all levels has continued to enhance investments in the prevention and treatment of HIV/AIDS, with a particular focus on women and children. Financial input from the central government increased from 100 million RMB in 2001 to 950 million RMB (US $140 million) in 2007; local governments contributed at least as much in 2007. National taxes were recently reduced and extra funds will be earmarked for HIV/AIDS activities for the next five years. GoC has prioritized PMTCT service coverage for people living in higher-prevalence provinces; over 46 million RMB (US $7 million) of central funds were dedicated to PMTCT in 2006.

HIV prevalence among pregnant women in the 271 counties currently covered by PMTCT services is 0.12%. Of 17,309,000 deliveries, 8,655 (0.05%) are estimated to be HIV-positive. With no intervention, an estimated 2,856 children (33% transmission rate) will become HIV-infected. By the end of 2008, 333 counties in 28 provinces will be implementing PMTCT services using centrally allocated funds. China has nearly 2800 counties in 31 provinces, but many of these have very low HIV prevalence. Current coverage of HIV testing among pregnant women using central funding is approximately 11% nationwide. Medical facilities providing obstetrical services in a number of cities that do not receive financial support from the central government also carried

out HIV antibody screening in 2008, but these data are not currently collated.

The GoC Plan of Action for Reducing and Preventing the Spread of HIV/AIDS (2006-2010), aiming by 2010 to reduce MTCT by 50%, proposed concrete and very ambitious targets: “By 2010, over 90% of the counties should be covered by PMTCT services;” and “Over 90% of the pregnant women infected with HIV have access to PMTCT.” While China is on track for a rapid scale-up to at least 3.2 million women accessing PMTCT services (nearly 20% coverage) by September 2010, it is clear that the ambitious targets in the 2006-2010 Plan of Action will likely not be reached. USG, in collaboration with UNICEF, is assisting the GoC in carrying out a cost-effectiveness analysis of different approaches to scaling-up HIV testing in ANC settings in low prevalence areas of the country. Many providers presently do not feel it is justified to do routine HIV testing in settings where ANC prevalence is less than the national average of 0.05%. The Action Plan also states that, “Artificial feeding should cover over 85% of identified perinatally HIV-exposed infants,” and this national objective has been met. Approximately 15% of HIV-exposed infants do receive breast milk, usually because the diagnosis was made late or the mothers, often from rural minority tribes, have a strong preference for breastfeeding despite the risk.

National guidelines for PMTCT implementation have been developed with input from USG. However, there are some differences between NCWCH guidelines and the antiretroviral therapy (ART) guidelines for HIV-positive pregnant women developed by NCAIDS. In the coming year, USG will assist to ensure that these two guidelines relevant for PMTCT are harmonized. Other national-level policy barriers will be addressed. Periodic cascade trainings have been carried out at national, provincial, city, and county levels each year. A series of teaching materials and books have been compiled by national experts and NCWCH. A cumulative number of more than 2,000 health care providers have been trained in national training sessions. In 2006, China developed and implemented the Monitoring and Evaluation (M&E) Plan for PMTCT. Each province and region applies the Plan, and a tiered M&E system has been gradually formed at provincial, city, and county levels, which supports the implementation and contributes to improved PMTCT service quality. In 2008, this system is functioning well in the 271 counties currently receiving central financing for PMTCT. NCAIDS is responsible for developing relevant technical guidelines for pediatric HIV/AIDS diagnosis and treatment and carrying out provincial training.

Preventing new HIV infections among young women (PMTCT Prong 1) is critical, not only for their own health but also to reduce the probability of transmitting HIV infection to infants. A wide range of prevention interventions are being implemented in China, and over 9,710,000 women have been trained as volunteers in HIV information and education. In some areas, such as Xinjiang and Yunnan, provider-initiated testing and counseling (PITC) are embedded in premarital health screenings, where routine physical check-ups and tests for HIV and other sexually transmitted infections (STI) are provided. However, scaling up of primary prevention services in the context of PMTCT is hampered by several societal and structural barriers such as the overall lack of involvement of male partners and the shortage of skilled health care providers.

China is also conducting roll-outs of more efficacious PMTCT regimens (beyond dual peripartum ARV prophylaxis) in five provinces, and will be examining the findings to determine if and in what contexts they are appropriate for China. Best practices from other countries in the region (e.g., Thailand) will also be reviewed and USG will assist in this policy process. In addition, USG will focus on piloting routine syphilis and HIV rapid screening in ANC clinics in Guangdong and Guangxi provinces (concurrently with an evaluation of the best management structures to ensure timely delivery of test results). For instance, in Shenzhen City (at the border with Hong Kong) routine PITC in the past year has identified 27 HIV-positive pregnant women, and >900 pregnant women who tested positive for syphilis among >30,000 women screened. Thus, it is critically important to include routine syphilis testing in ANC settings in China (<10% syphilis screening coverage currently). USG will also work with NCWCH and NCAIDS to evaluate optimal approaches to retesting vulnerable HIV-negative women identified during premarital and PMTCT ANC services. Improved efficiency of current testing algorithms and improved access to WHO prequalified tests in CDC, ANC, and township hospitals are important objectives. USG will help define an improved package of services to be provided by WCH staff linked to ART services for HIV-positive mothers and exposed infants at all levels, including cotrimoxazole prophylaxis for infants (currently <10% coverage) and infant feeding counseling and support. USG will also provide technical assistance (see Laboratory Infrastructure narrative) to implement early infant virologic diagnosis by dried blood spot (DBS) at 4-6 weeks of age in 10 provinces through the networking of specialized laboratories with health facilities implementing PMTCT.

USG will use limited USG funds (US $65,000) to assist at the central level with: a) harmonization of PMTCT guidelines; b) further development of the national PMTCT data management and reporting system; c) removal of key policy barriers; and d) supervisory visits by senior staff to improve implementation in the provinces. In addition, in Guangxi province, USG has been supporting (starting in 2008) a model pilot program for delivery of PMTCT services in rural high prevalence areas making optimal use of the three-tiered county/ township/rural village health care system. This pilot program will be further expanded in FY 2009, in close collaboration with NCWCH and the provincial CDC. USG’s primary focus is on technical assistance and development of replicable models; funding for activities on the ground will be provided by GoC.

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	5586.09	**Mechanism:**	C-CDC COAG
Prime Partner:	Chinese Center for Disease Prevention and Control	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	26572.09	**Planned Funds:**	$25,000

Activity System ID: 26572

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$2,500
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$750
Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$2,500
Economic Strengthening	
Education	
Water	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5777.09

Mechanism: C-CDC COAG

Prime Partner: Chinese Center for Disease Prevention and Control

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 26547.09

Planned Funds: $40,000

Activity System ID: 26547

Activity Narrative: n/a

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$4,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$1,200
Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$4,000
Economic Strengthening	
Education	
Water	

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: $0

Program Area Narrative:

The HIV/AIDS epidemic in China is concentrated in injection drug users (IDU), female sex workers (FSW), and men who have sex with men (MSM). Sentinel surveillance data from 1995 to 2007 show that HIV infection rates among IDU, sex workers, and pregnant women at the national level continue to increase, albeit at a slow rate. Although overall national HIV prevalence remains low (0.04–0.07%), cases of HIV/AIDS in China increased by an average of 3,000 monthly between January 2006 and June 2007. So far in 2008, 32,235 new HIV/AIDS cases have been reported, which represents an 8% increase over 2006. Sexual transmission is now the primary mode for the spread of HIV. Among HIV/AIDS cases reported between January and October 2007, 37.9% were infected through heterosexual transmission, 29.4% via IDU, and 3.3% through MSM transmission. The 38% of cases attributed to heterosexual contact were more than triple the 11% reported in 2005.

Prevalence among FSW nationwide is estimated to have risen from 1.1% in 2004 to 2.1% in 2005. Surveys of “hot spots” found FSW HIV prevalence rates between 5-10%. Prevalence in FSW who also inject drugs is up to 30% with the highest rates in Guangxi, Xinjiang, and Yunnan. HIV prevalence in FSW in Yunnan increased from 0.05% in the mid 1990s to 1.68% in 2006. In Guangxi, a similar pattern of HIV transmission exists - IDU as the major transmission mode, followed by sexual transmission. Rates of HIV infection vary from county to county. The highest HIV prevalence among FSW was seen in the counties where HIV prevalence among IDU was already high. According to current estimates, there are approximately 100,000 FSW in Yunnan province. In Guangxi, there are approximately 60,000 FSW.

Risk behaviors include low levels of consistent condom use and limited health seeking behavior, despite confidential anonymous services through government STI clinics. According to behavioral surveillance data, 60% of sex workers reported not using condoms at every sexual encounter. Although 85% of FSW report using condoms consistently with commercial partners, only 44% report using condoms consistently with regular partners, thereby increasing the risk of passing the virus to regular partners. Although FSW condom usage appears to be increasing, high-risk sex remains an issue, particularly among low-end sex workers. In studies conducted by Renmin University of China, 1 in 10 sexually active Chinese men have engaged in sex with a FSW at least once.

There is growing evidence and concern that China’s MSM epidemic is much larger and developing much faster than previously acknowledged. The proportion of cases among MSM increased eight-fold from 0.4% in 2005 to 3.3% in 2007. Until recently, there has been limited surveillance data on MSM. Beginning in early 2008, with support from the USG, NCAIDS has conducted a national MSM epidemiological survey in 61 cities. The preliminary results from the first round survey show HIV prevalence at 4.8% and syphilis prevalence at 11.4%. HIV prevalence in Kunming, the only city in Yunnan province covered in the first phase, was 14%. In a behavioral survey of MSM, 70% reported having had sex with more than one partner in the past six months, 50% used condoms when they engaged in sex work, and only 30% reported using condoms for anal sex. Size estimates for MSM have not been conducted.

In 2007, the State Council AIDS Working Group and UN Theme Group on AIDS in China reported that the proportion of women infected had doubled over the past decade. As 90% of these women are of child-bearing age (15–44), this could translate into increased potential for perinatal transmission. These data suggest that the HIV- 1 epidemic is maturing, and more effective preventive measures targeted to FSW and MSM (and their clients and partners) are needed in order to address the epidemic.

Primary prevention remains a top priority for GoC as well as for the USG program. Although GoC has established HIV prevention interventions with most at risk populations (MARPs) during the past several years, many of these efforts are of low or inconsistent quality due to the different levels of resources and skills among implementers. There is a strong need to provide models of HIV prevention that are evidence-based, highly targeted, and non-discriminatory. USG supports activities in 15 high-burden provinces, with increased resources to support replicable models in two provinces, Guangxi and Yunnan.

To prevent HIV transmission through commercial sex, GoC has set up “high-risk intervention teams” throughout the country to insure implementation of the 100% Condom Use Program (CUP). Shortcomings of the 100% CUP include poor implementation due to low capacity of staff, low coverage, and reliance on the stand-alone intervention of condom distribution without concurrent efforts placed on voluntary counseling and testing (VCT), behavior change, and STI service provision. In FY 2009, USG will provide technical support to GoC to improve the quality of CUP by revising the national guidelines on CUP, strengthening the capacity of implementing staff, and linking CUP with STI treatment, HIV testing, counseling, care, and treatment. USG will also support field testing of interventions for street-based FSW.

In FY 2008, USG supported the STI Clinic-Based Peer-Driven Behavioral Intervention Model, in which community-based organizations (CBOs) in Beijing, Heilongjiang, and Shandong conducted testing and counseling, behavioral change interventions, MSM-friendly STI clinics, and linked MSM PLHA to CBOs and ART providers for positive prevention services. In FY 2009, USG will continue to support the national MSM epidemiological survey and comprehensive intervention program in 61 cities. The popular opinion leaders (POL) behavior change model supported by USG has become a standard intervention model for all 61 pilot sites. USG will support the improvement and revision of the POL model, together with a compilation of best practices. USG will also support counties funded under GFATM Rounds 4, 5, and 6 with scale-up of the model.

The Minimum Package of Services (MPS) model will focus on establishing high quality, targeted prevention interventions that are linked with care and treatment services provided by other USG partners, local government, and CBOs for low-fee FSW, MSM who have multiple concurrent male sexual partners, and low-income clients of FSW. The MPS model for FSW and MSM includes peer education, drop-in centers, targeted interpersonal community outreach activities, community events, access to condoms and lubricants, voluntary counseling and rapid testing, support groups, STI management, and health service referrals.

From 2005 to 2008, USG has supported implementation of MPS in nine “hot spots” in Guangxi and Yunnan provinces as mutually

agreed upon between USG and GoC: Gejiu, Kaiyuan, Kunming, Luzhai, Mengzi, Nanning, Ningming, and Pingxiang. In FY 2009, USG support for an additional site at Hekou will be continued as requested by the Yunnan government and approved by USG. USG partners and relevant GoC authorities will work together to transition this program site by September 2010.

FY 2009 planned activities will fill gaps in the MPS sites by providing: 1) social marketing of highly-targeted HIV risk reduction products including male and female condoms and lubricants; 2) targeted behavior change communications (BCC), particularly peer outreach, through drop-in centers and outreach; 3) drop-in centers that provide a 'safe space' for FSW and MSM; 4) referrals and linkages to allow MARPs to access a full range of prevention, care, and treatment services; 5) mid- and mass media communications for general HIV knowledge and reduction of stigma and discrimination towards MARPs; and 6) capacity building of local partners, grassroots non-governmental organizations (NGOs), and GFATM project sites for replication of successful interventions.

Outreach teams engage MARPs where they work, socialize, or engage in risk contact. The drop-in center approach is a cornerstone of the outreach strategy, as drop-in centers provide a safe space for MARPs to congregate and provide a base of operations for the outreach teams. In addition to the core delivery of basic prevention messages, all programs aggressively promote the importance of knowing one's sero-status and understanding the need for regular STI check-ups, even in the absence of overt symptoms. Outreach teams provide referral support to any MARP who decides to seek VCT and STI screening. Most VCT services are currently provided by the local China CDC. Some agencies will have MARP-friendly VCT and STI services as part of their funded activities. For instance, Kunming CDC provides on-site STI and VCT services to FSW and STI mobile services and VCT referral to MSM; in Gejiu, on-site STI services for FSW are provided by Gejiu Red Cross with referral to Gejiu Red Cross' Maternal and Children Hospital; and on-site VCT and STI services for MSM in Nanning are provided by Nanning CDC.

To date, HIV programs targeting FSW are reasonably well-covered by GFATM, local CDCs, and USG partners. However, there is a lack of emphasis on lower-income and harder to reach FSW. For example, it is more difficult for outreach teams to engage with street-standing FSW who normally charge low fees for sex. Efforts to reach these most vulnerable women will be emphasized in FY 2009.

MSM still suffer from social persecution and isolation. The internet is becoming an increasingly popular medium for exchange of information (as well as sexual contact). However, the internet is most likely restricted to higher-income and better-educated MSM. USG programs in FY 2009 will concentrate on lower-income MSM to balance the prevention effort. USG partners will assist local MSM organizations to create linkages with the Yunnan MSM network. Barriers to VCT will be addressed by creating a demand for MSM-friendly VCT services, with an emphasis on the way government VCT providers deliver VCT services to MSM. A toolkit for MSM condom promotion will be developed, and training sessions will be offered to local and international organizations working with MSM. USG will also support local MSM groups in exploring the option of registering under Yunnan's newly instituted NGO registration policy.

USG will continue to support mid-media efforts including targeted billboard messages in the "hot spots" of Gejiu and Mengzi, as well as public events in MPS sites. USG partners will continue to assess communities on the periphery of the MPS sites, recognizing the spread of potential risk to outlying areas. When pockets of risk are detected, USG will support local partners or other agencies to cover these pockets with essential prevention services.

During FY 2009, USG partners will support capacity building of local partners by training local sub-partners, including local CDCs and other grassroots NGOs, in behavior change interventions, HIV prevention, and working with MARPs. Partners will work closely with sub-partners to build their expertise in FSW, client, and MSM interventions, and to ensure the quality of their programs.

Condom availability in China is high, with over 1,000 brands available, many of which are low-cost. While low-cost condoms are readily available and there are numerous brands, many are of low quality and not easily accessible for populations at highest risk of HIV transmission. Rather than developing its own brand, the USG-funded social marketing program in Guangxi and Yunnan promotes existing high-quality, low-cost brands that are available in China to help increase access and use by MARPs. USG will provide free male and female condoms and lubricants in FY 2009. These supplies can be used by the hardest to reach FSW (e.g., street- based FSW). USG will also assist its local partners in leveraging condoms from family planning programs supported by the Family Planning Commission. Condoms are also available through other local government-supported HIV programs.

In FY 2009, USG will develop successful pilot model sites of behavior change interventions with clients of sex workers, which can be replicated by GFATM project sites. In Anhui, Guangdong, and Yunnan provinces, the US Department of Labor (DoL)-funded International Labor Organization (ILO) project will promote "abstinence, be faithful, and use condoms" (ABC) messages in the workplace, with a specific focus on behavior change among high-risk workers. These new programs will be coordinated with ongoing programs in these provinces.

Based on the relatively low HIV prevalence rate in the general population and among youth, coupled with the need to scale-up coverage and unmet prevention needs for MARPs, USG will not invest its limited resources on AB prevention activities for youth and the general population. The bulk of its sexual transmission prevention funding will be directed towards creating replicable demonstration projects for FSW, their clients and partners, and MSM.

USG programs leverage funding from GFATM, Australian Agency for International Development (AusAID), and other donors. In FY 2009, USG partners will provide technical assistance to GFATM and 25 demonstration project sites in Guangxi and Yunnan. As part of the MPS approach, USG will support GFATM project sites to replicate successful models of targeted prevention interventions, including MSM and FSW drop-in centers and peer outreach for FSW and MSM. USG-supported programs will share methods, materials, and tools on strategic behavior change and prevention interventions targeting MARPs. As part of its commitment to build sustainable models, USG will discontinue its support of FSW MPS projects in Ningming and Pingxiang, as

both are now well covered by provincial and GFATM resources. These projects now serve as Centers of Excellence and provide technical assistance on the MPS model through site visits and consultations. USG has supported its partners in developing low-cost outcome monitoring systems for FSW and MSM. Data from these systems will be collected on a regular basis and used as a proxy measure for effectiveness of the projects.

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: $1,601,426

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5777.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 26549.09
Planned Funds: $200,000
Activity System ID: 26549
Activity Narrative: n/a
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$60,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$60,000
Water	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5586.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP
Program Budget Code: 03
Activity ID: 26573.09
Planned Funds: $90,000
Activity System ID: 26573
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$27,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$27,000
Water	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7329.09
Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 26135.09
Planned Funds: $70,000
Activity System ID: 26135
Activity Narrative: n/a
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$21,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$21,000
Water	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5607.09
Mechanism: Management/Technical Staffing
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 10835.26143.09
Planned Funds: $61,600
Activity System ID: 26143
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17487

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17487	10835.08	U.S. Agency for International Development	US Agency for International Development	7778	5607.08	Management/Technical Staffing	$22,400
10835	10835.07	U.S. Agency for International Development	US Agency for International Development	5607	5607.07	Management/Technical Staffing	$61,250

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$18,480
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$18,480
Water	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5585.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 10770.26100.09
Planned Funds: $827,655
Activity System ID: 26100
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17469

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17469	10770.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	$755,000
10770	10770.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	$869,500

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$248,297
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$248,297
Water	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5606.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 17509.26108.09
Planned Funds: $175,455
Activity System ID: 26108
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17509

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17509	17509.08	U.S. Agency for International Development	Family Health International	7772	5606.08	TASC3	$200,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$52,637
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$52,637
Water	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7791.09
Mechanism: CASU follow-on
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 17534.26115.09
Planned Funds: [redacted]
Activity System ID: 26115
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17534

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17534	17534.08	U.S. Agency for International Development	To Be Determined	7791	7791.08	CASU follow-on	[redacted]

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5815.09

Mechanism: Community REACH Greater Mekong Region Associate Award

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 11577.26119.09

Planned Funds: $33,316

Activity System ID: 26119

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17479

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17479	11577.08	U.S. Agency for International Development	Pact, Inc.	7774	5815.08	Community REACH Greater Mekong Region Associate Award	$293,600
11577	11577.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	$264,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$9,995
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$9,995
Water	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5816.09

Mechanism: Community REACH Greater Mekong Region Associate Award

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 17511.26124.09

Planned Funds: $25,000

Activity System ID: 26124

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17511

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17511	17511.08	U.S. Agency for International Development	Pact, Inc.	7775	5816.08	Community REACH Greater Mekong Region Associate Award	$67,700

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$7,500
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$7,500
Water	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7779.09

Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26136.09

Planned Funds: $70,000

Activity System ID: 26136

Activity Narrative: n/a

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$21,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$21,000
Water	

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: $0

Program Area Narrative:

Drug use is an important driver of the HIV/AIDS epidemic in China. It remains the major transmission mode in China's southwestern provinces and Xinjiang in the northwest. According to the 2006 China Report on Narcotics Control, there were 1.16 million registered drug users in China by the end of 2005. The estimated number of drug users is about 2-3 times higher than the registered number, and 85% inject heroin. In Guangxi, there are approximately 55,000 drug users. In Yunnan, there is an estimated 52,000 drug users (including both registered and estimated non-registered users). Guangxi and Yunnan are among seven provinces where the number of persons living with HIV infected through IDU is over 10,000. While HIV prevalence among IDU nationally averages around 7.54%, 2006 sentinel surveillance found an IDU HIV prevalence of 34% in Guangxi, 25% in Yunnan, 20.4% in Xinjiang, and 8% in Guizhou.

Based on a joint assessment of HIV/AIDS prevention, treatment, and care conducted by State Council AIDS Working Committee Office (SCAWCO) and the UN Theme Group on AIDS, the cumulative number of reported HIV cases in China as of October 2007 was 223,501, 38.5% of whom were infected via IDU. IDU transmission accounted for 42% of the 50,000 estimated new HIV infections in 2007. In Gejiu, one of four USG-supported MPS sites in Yunnan, IDU make up 65% of all HIV/AIDS cases.

Behavioral survey data show that 38% of IDU reported sharing needles prior to entering detoxification centers. In addition to needle and syringe sharing among IDU, a key determinant in assessing potential HIV transmission is the extent of sexual mixing between IDU and non IDU. Sexual transmission plays an increasingly important role in HIV infection among IDU and their sexual partners. In Yunnan, 21% of female IDU said they had sold sex for money or drugs in the previous month. FSW may also inject drugs, thereby transmitting the virus to other IDU, regular partners, and clients. In Sichuan, 2.5% of FSW reported injecting drugs; among street- based sex workers the proportion who reported injecting was twice as high. The HIV infection rate among IDU FSW is 18.3% in Geiju and 14.5% in Kaiyuan, two MPS sites in Yunnan province. A recent behavioral study in Yunnan and adjoining provinces showed that male IDU often buy sex, potentially infecting FSW. In Sichuan, 22% of male IDU reported buying sex and only a minority reported condom use at last commercial sex. Male IDU may also have male to male sex.

China has made great strides in addressing the issue of HIV transmission via IDU. It is one of the first countries in the world to make methadone maintenance treatment (MMT) a national priority in its response to HIV/AIDS and drug use issues. The MMT program initiated its pilot phase during 2004-2005. Since 2006, MMT has been a formal national program, co-managed by MoH, the Ministry of Public Security (MoPS), and the State Food & Drug Administration. By May 2008, a total of 507 MMT clinics had been set up in 23 of 31 provinces. The government has set a target of 1,000 MMT clinics to be operational by the end of 2008. As of May 2008, there were 133,002 clients enrolled in the national MMT program with 74,892 clients still on treatment. The average number of clients per clinic was 148, and the annual retention rate was 69%.

While MMT and other interventions aimed at IDU are being scaled-up, coverage of IDU remains hampered by continual police crack downs and regular incarceration in "rehabilitation centers." Recent developments suggest that the need to prevent HIV/AIDS is moving China's policy environment to take small but significant steps towards a less retributive response to drug users. First, a new "anti-drug" law, which came into effect on June 1, 2008, introduces the concept of "community-based drug rehabilitation," which can be delivered through neighborhood committees and designated grassroots organizations. This concept paves the way for a broader social response to drug use that does not simply treat it as a crime. Second, the latest version of the government guidelines for implementing the MMT program dispense with the eligibility requirement of two failed detoxification center detentions (for registered IDU) and allow for non-registered IDU (i.e., drug users who have never been arrested) to enroll directly into the program through the clinics without referral from the Public Security Bureau (PSB). Both of these changes create an opportunity to further develop existing services and implement new ones that push for improved access to drug treatment. There is a strong political concern in China about adherence rates within the country's MMT program. This has led to a greater willingness to explore new interventions to reduce program drop-out rates. Together, these four factors – the need to act quickly to halt the HIV/AIDS epidemic among IDU, a new more tolerant anti-drug law, a loosening of the entry requirements for the MMT program, and a strong concern about the MMT program's outcomes – create an opportunity for service improvement.

In light of the rapid expansion of the national MMT program, a number of challenges need to be addressed, including the limited capacity of the implementing staff, insufficient psychosocial support, and the lack of special care and support services for IDU, resulting in low enrollment and retention of clients at MMT sites. Through its involvement in scaling-up of the national program, USG supported the development of the Methadone Clinic-Based Comprehensive Prevention, Support, and Treatment Model to assist GoC in addressing enrollment and lost-to- follow-up issues of MMT clinics, providing training to improve MMT staff capacity in 15 provinces, and supporting the first mobile MMT clinic in Yunnan in 2006.

In FY 2009, USG will collaborate with GFATM Round 4 provinces in using peer educators and outreach workers to increase MMT enrollment in the 15 USG-supported provinces; expanding referral mechanisms from drug detoxification centers to MMTs for IDU; field testing the model by using PSB staff to conduct follow-up to improve IDU enrollment in MMT upon release from detoxification centers; providing psychosocial support through peers and MMT staff to improve MMT retention rates; and preferentially recruiting HIV-positive IDU to improve the prevention effectiveness of MMT. USG also will support piloting a smart card MMT management system in Guizhou province, aimed at improving MMT data management and referral of clients from one MMT clinic to another. The system will eventually be scaled up nationally by GoC. USG will provide support to GoC in assessing the national MMT program to generate data for decision making.

In FY 2008, USG supported the development of a community-based MMT adherence support program. An assessment of the program was conducted in 2008, by the Yunnan CDC and Yunnan Institute of Drug Abuse, and found adherence rates in China's MMT program to be low and flagged the need for more psychosocial support services to promote adherence. The current system concentrates mainly on dispensing methadone and fails to address the individual client's psychological process of giving up heroin and adjusting to a new way of life. An intervention was rolled out in FY 2008 in which peers and family members provide the

missing psychosocial support component. In FY 2009, this intervention will have been operating for 9 months, so activities will focus on refining the model, assessing its impact on MMT adherence rates, and supporting further development of the program around two MMT clinics in Nanning, while exploring the possibility of having it replicated in other sites by local partners.

Given China's leadership in initiating and scaling up MMT, USG will support GoC in developing a technical assistance program aimed at sharing China's MMT experience with other countries that have an IDU-driven epidemic, such as Vietnam, Ukraine, Kazakhstan and other Central Asian countries. The program will consist of convening workshops, sending Chinese experts abroad as consultants, and receiving study tours from other countries.

Over the past several years in Guangxi and Yunnan provinces, USG supported the development of a series of demonstration projects focused on establishing replicable models for delivering high quality, targeted prevention interventions linked with care and treatment services provided by local government and CBOs. The MPS model for IDU is being implemented in eight sites in Guangxi (Luzhai, Nanning, Ningming, and Pingxiang) and Yunnan (Gejiu, Kaiyuan, Kunming, and Mengzi) provinces. The model includes peer education, drop-in centers, targeted interpersonal community outreach activities, community events, VCT, support groups, STI management, and health service referrals. BCC interventions for IDU aim to normalize and promote correct and consistent condom use with all partners and decrease the sharing of needles.

As part of the MPS model, drop-in centers run by local partners allow IDU to meet and learn about HIV prevention as well as receive peer support and encouragement to quit using drugs. These centers also act as a base of operations for outreach workers and the project team. Outreach teams go out into the community to engage IDU where they socialize or engage in risky behavior. On-site counseling services for IDU to learn their sero-status is provided at the drop-in-centers, while testing is done at local CDC offices. GFATM and GoC's China Comprehensive AIDS Response (CARES) program provides funding for needle and syringe programs (NSP). NSP are situated proximate to the drop-in centers, and linkages are made to local MMT clinics. No USG funding is used to purchase needles and syringes per PEPFAR policy.

In 15 provinces, USG will support provincial MMTs and associated community groups to train outreach workers and female IDU peer educators on condom promotion and behavior change among female IDU. For FSW who also inject drugs and are reached through the MPS sites in Guangxi and Yunnan, USG will ensure that appropriate messages and behavior change interventions for the dual risk of sex work and injecting drug use are included.

Part of USG's IDU program in Guangxi and Yunnan includes the provision of technical assistance to GFATM and AUSAid IDU sites. In FY 2009, USG will support partner officials on a study tour of the Kunming drop-in center. The study tour will serve as part of an advocacy effort to convince GFATM sites and others to adopt the successful IDU drop-in center MPS model. USG also supports developing the capacity of its local partners as technical assistance providers. A local partner in Gejiu, the Jin Hudong Community, is providing systematic technical assistance to Jianshui County (a GFATM site in Yunnan) on IDU outreach and the creation of effective linkages among outreach, NSP, and MMT. USG will continue support of this systematic technical assistance to selected GFATM sites in FY 2009.

In June 2008, USG partners were requested by the Yunnan PSB to assist with programmatic support in launching the newly mandated Provincial IDU Community Outreach Program. This Program is a result of a new law instructing local authorities to no longer forcibly take IDU to detoxification centers if urine tests prove they have been using drugs. The law allows for offenders to remain within their communities, provided they regularly report to their designated community contact person. However, many officials remain unclear about what exactly this law mandates or how it may be implemented. USG sees this as an opportunity to ensure the operationalization of the law to the benefit of the rehabilitation approach to the drug problem. In FY 2009, USG partners will work closely with the Yunnan PSB to ensure the successful development of this program, which has the potential to influence the way the law is enacted not only in Yunnan but also throughout China.

In previous years, USG partners supported training peer educators in compulsory detoxification centers in 29 sites (17 under Global Fund, eight under USG, and four under the Australian government), and this essential work will continue in FY 2009. Given that at any one time many of the active IDU are incarcerated, this is an effective way to reach this otherwise hidden population and establish links for subsequent follow-up upon their release. The peer education model in the detoxification centers will be expanded in FY 2009 to operate in most MPS sites. The new Community Rehabilitation outreach efforts will be conducted in collaboration with PSB and the local community unit via peer educators in Kunming and Mengzi, with the potential to replicate the IDU Community model in other sites in FY 2009.

In FY 2009, USG will continue to support limited targeted media efforts including targeted billboard messages in "hot spots" in Gejiu and Mengzi, as well as public events in MPS sites. In the MPS model sites, USG funds will be used to build the capacity of local partners, including local CDCs and other grassroots IDU NGOs, in behavior change interventions, HIV prevention, and working with MARPs. USG partners will work closely with sub-partners to build their expertise in IDU and FSW interventions and ensure the quality of their programs. In all MPS sites, social marketing, HIV prevention, and condom training programs will be supported as needed.

USG and its partners will continue strong collaboration with national and local government partners, GFATM, and the Australian government-funded highly active antiretroviral therapy (HAARP) project to promote success in reducing the HIV epidemic. As part of the MPS approach, USG will support efforts to encourage GFATM project sites to replicate successful models of targeted prevention interventions. Specific models for replication include detoxification center peer education, community outreach for IDU, IDU drop-in centers, and peer outreach for IDU.

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: **$1,488,958**

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5816.09
Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP
Program Budget Code: 06
Activity ID: 17516.26125.09
Planned Funds: $66,757
Activity System ID: 26125
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17516

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17516	17516.08	U.S. Agency for International Development	Pact, Inc.	7775	5816.08	Community REACH Greater Mekong Region Associate Award	$12,900

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$20,027
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$33,379
Water	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5815.09
Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP
Program Budget Code: 06
Activity ID: 11578.26120.09
Planned Funds: $66,757
Activity System ID: 26120
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17480

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17480	11578.08	U.S. Agency for International Development	Pact, Inc.	7774	5815.08	Community REACH Greater Mekong Region Associate Award	$24,700
11578	11578.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	$19,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$20,027
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$33,379
Water	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5777.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP
Program Budget Code: 06
Activity ID: 11436.25910.09
Planned Funds: $212,000
Activity System ID: 25910
Activity Narrative: N/A
New/Continuing Activity: Continuing Activity
Continuing Activity: 18010

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18010	11436.08	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	7911	5777.08	C-CDC COAG	$40,000
11436	11436.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5777	5777.07	C-CDC COAG	$33,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$63,600
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$106,000
Water	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5606.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP
Program Budget Code: 06
Activity ID: 17512.26109.09
Planned Funds: $70,000
Activity System ID: 26109
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17512

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17512	17512.08	U.S. Agency for International Development	Family Health International	7772	5606.08	TASC3	$70,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$21,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$35,000
Water	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5585.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP
Program Budget Code: 06
Activity ID: 10836.26101.09
Planned Funds: $75,000
Activity System ID: 26101
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17470

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17470	10836.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	$274,800
10836	10836.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	$160,600

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$22,500
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$37,500
Water	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7779.09

Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 26137.09

Planned Funds: $156,217

Activity System ID: 26137

Activity Narrative: n/a

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$46,865
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$78,109
Water	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7329.09

Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 26131.09

Planned Funds: $467,227

Activity System ID: 26131

Activity Narrative: n/a

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$140,168
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$233,614
Water	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 11912.09
Mechanism: Cables-CA
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP
Program Budget Code: 06
Activity ID: 29189.09
Planned Funds: $125,000
Activity System ID: 29189
Activity Narrative: This PHE activity, A Methadone Maintenance Treatment Outcome Study in Three Provinces in China, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is CN.09.0217.
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation	$125,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 11911.09
Mechanism: Cables-Core
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP
Program Budget Code: 06
Activity ID: 29190.09
Planned Funds: $100,000
Activity System ID: 29190
Activity Narrative: This PHE activity, A Methadone Maintenance Treatment Outcome Study in Three Provinces in China, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is CN.09.0217.
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation	$100,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5586.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP
Program Budget Code: 06
Activity ID: 26574.09
Planned Funds: $150,000
Activity System ID: 26574
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$45,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$75,000
Water	

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: **$1,317,333**

Program Area Narrative:

In 2003, GoC issued the “Four Frees and One Care” policy that includes free ART for socioeconomically disadvantaged PLHA, HIV testing, schooling for AIDS orphans, and PMTCT as well as social support for PLHA. In support of this policy, the Minister of Civil Administration (2004) and GoC (2006) separately issued the “Strengthening Support for HIV Positives, their Families, and Orphans” and the “Five Year Action Plan 2006-2010,” respectively. China achieved remarkable changes for care and support to PLHA in the last year. At the end of 2007, estimated coverage of care and support for PLHA was 31%, CD4 testing at initiation into HIV care was around 70%, and CD4 testing rates at all four recommended time points during the first year (i.e., quarterly)

based on national guidelines was over 10%.

Nevertheless, the GoC faces many challenges for implementation of the “Four Frees and One Care” policy. These include the following: 1) lack of an adapted comprehensive care and support approach (mini-care package); 2) lack of linkage mechanisms between VCT and care, treatment, and support; 3) lack of referral mechanisms between prevention [MMT, needle exchange programs (NEP), PMTCT, and CUP] and care and treatment; 4) strong focus on ARV distribution but lagging focus on adherence, psychological counseling and social support, and palliative care; 5) low coverage with cotrimoxazole prophylaxis (due in part to user fee mechanisms in the hospital setting and cotrimoxazole prophylaxis being so cheap that the health provider cannot earn any profit); 6) lack of opportunistic infection (OI) prophylactic treatment in most of high epidemic provinces; 7) stigma and discrimination that still exists among health providers and their communities; 8) lack of family and community involvement; 9) relative lack of experience in providing quality HIV-related care to IDU, pregnant women, and MSM; 10) limited human resource capacity of rural health care providers; 11) poorly functioning three-tier county/township/village network health system in many rural areas that does not provide quality care and support services to PLHA; and 12) lack of cooperation between civil administration and health departments at the implementation level.

To address the above challenges, USG continues to support GoC and GFATM Round 3 in scaling up the Essential Care Package (ECP) model in 72 counties to meet the needs of AIDS patients, 60% of whom live within these 7 Global Fund targeted provinces. ECP is a comprehensive approach for providing quality care and support services for PLHA (such as ARV adherence, home-based care and support, OI prophylaxis, regular follow-up services for ARV clinical monitoring, and condom promotion), through the involvement of the rural three-tier (village, township, and county) health network system, community, and family members of PLHA.

USG has focused on the Prevention with Positives (PwP) strategy through strengthening linkages between case finding (VCT) and case management (prevention, care, and support), setting up referral mechanisms between prevention programs and care and treatment services, building the capacity of rural health staff in 15 USG-supported provinces to address the major lost-to-follow-up and low coverage of care and support issues that China faces. The follow-up rate among newly tested-positive PLHA has already increased from 13.1% in 2006 to 31.7% in 2007, and is expected to increase above 40% in 2008.

USG has supported GoC in strengthening three-tier health network services that include the provision of OI and follow-up services to PLHA in Anhui and Henan provinces, using a strategy similar to the Tuberculosis (TB) Directly Observed Treatment Shortcourse (DOTS) strategy to conduct HIV ARV adherence counseling and support models through rural DOT volunteers and village doctors. USG will continue to provide technical and management support to help build capacity among village, township and county-level physicians, improve the current ART referral system, recruit family members and PLHA as DOT volunteers to improve ART adherence, and support county CDCs who provide HIV-positive patients with prevention and follow-up services including quarterly CD4 monitoring and annual viral load testing.

USG supported the enrollment of IDU PLHA into Guizhou and Qinghai MMTs, and the provision of peer psychological support and follow-up services to IDU PLHA in Anhui, Guangxi, Guizhou, Jiangsu, Qinghai, and Yunnan. Since 2006, USG has supported Guangxi and Yunnan on case finding (VCT and surveillance) and case management (prevention, care, and treatment) through setting up linkage and incentive mechanisms. Subsequently, the informing rate increased to 51% in Guangxi and 61% in Yunnan by the end of 2007. USG will continue to support Guangxi and Yunnan provinces on strengthening linkage mechanisms between VCT, prevention, care, and treatment to increase follow-up and referral rates, and support the development of a care package. USG will also support the use of IDU peers to improve ART adherence among PLHA in Guangxi and Yunnan, and the training of PLHA as counselors for adherence counseling and support in Anhui, Heilongjiang, and Henan.

USG will continue to assist NCAIDS, China CARES, and GFATM Rounds 3 and 4 counties in improving the planning and operation of quality care and support services for PLHA. In FY 2009, USG will assist GFATM Round 4 to scale up MMT clinics as a platform for care and support to HIV- positive IDU in 126 counties within Guangxi, Guizhou, Xinjiang, and Yunnan provinces as well as promote the integration of care and support with ART services in seven GFATM Round 4-supported provinces. Activities will include establishing PLHA self-help groups for improving enrollment rates, follow-up rates and adherence, setting up DOT in MMT clinics, conducting quarterly CD4 testing, providing cotrimoxazole for OI prevention, and setting up referral services to ANC, ARV, and TB clinics.

In Anhui, Beijing, Heilongjiang, Jiangsu, Shandong, and Yunnan where MSM HIV prevalence is growing, USG supported the development of self-help groups among MSM PLHA networks that include web-based support, telephone hotlines, and peer support particularly in VCT, MSM- friendly STI services, ART, and OI prophylaxis services. USG will expand this model to Guangdong and Guangxi provinces in the next year.

In central Chinese provinces where former plasma donors (FPD) account for the majority of PLHA, PwP among sero-discordant couples has been a main focus of USG support. USG will assist provincial and county CDCs and health bureaus to train DOT and adherence counselors in Anhui and Henan to promote condom use through BCC. Since 2003, China’s National Free ART Program has successfully and rapidly scaled-up the availability of first-line ART regimens, presently covering at least 1,440 counties in all 31 provinces. The mortality rate among persons started on ART has decreased from 9.0 per 100 person-years in 2004 to 3.3 in 2007. By the end of June 2008, a total of 48,551 AIDS patients have been on ART. Of these, 4,122 died mainly due to delays in case detection; 1,957 dropped-out mainly due to side effects and individual decisions to stop ART; and 348 were lost follow-up. The remaining 39,066 people are currently on ART, of which 45.1% contracted HIV through plasma donations, 27.1% through sexual contact, 12.9% through injection drug use, and 14.8 % have unknown causes. A majority of PLHA in China (70%) reside in rural areas.

Based on China’s National Free ART Program manual, the 12-month survival rate with ART is close to 90%; the follow-up rate for periodic physical health examinations is 33.8%; CD4 testing (four times per year) is 10%; and viral load testing is currently 6%. A

survey conducted by NCAIDS in 2007 showed that the prevalence of HIV-1 drug resistance among MSM to be 25% in Tianjin, 13.6% in Beijing, and 2.1% in Chengdu, and 3 to 4% in drug users in Hunan, Sichuan, and Xinjiang. It is estimated that a total of 5,000 to 6,000 ARV drug resistant patients need second-line ART in China. In March 2008, GoC piloted a second-line ART program in Anhui, Henan, and Hubei provinces. The main reasons for treatment failure, primarily among FPD, were poor adherence (~70%), drug resistance, side effects, wrong dosage, and lost-to-follow-up.

In FY 2008, a pilot evaluation of virologic outcomes among adult AIDS patients receiving ART through the National Free ART Program in 24 counties in 8 provinces was carried out with partial support from USG. The results demonstrated that virologic suppression was achieved in the majority of adult patients. However, virologic response was poorer among those who had started the program earlier (before 2005) and those who started on a ddI- containing first-line regimen. In addition, county hospitals (or above) generally had better virologic outcomes than smaller township hospitals or village clinics. Males also were at higher risk of treatment failure than females.

Ongoing challenges faced by the nationwide Free ART Program include: 1) poor cooperation and coordination between hospital administration and the CDC system; 2) lack of incentive mechanisms in hospitals for providing ART services; 3) lack of human capacity in rural areas; 4) poor functioning of the three-tier health service system in providing quality ART services; 5) lack of counseling and patient service mechanisms for supporting ARV adherence; 6) lack of PLHA and community participation; 7) limited availability of second-line ARV drugs; 8) lack of funds for laboratory testing and clinical monitoring beyond CD4 testing; 9) lack of free OI management to meet patients' needs; 10) low viral load testing rates (albeit rapidly increasing in recent months) among patients on ART; 11) low coverage rates among IDU, TB patients, pregnant women, and MSM living with HIV infection; 12) lack of supervision and training of rural health workers; and 13) lack of appropriate ART models for different HIV epidemic settings.

To address these challenges, USG in FY 2008 assisted GoC in revising its second version of the National Free ART Program manual (including ART for TB patients, IDU, pregnant women, and OI prophylaxis), and is in the process of developing a national implementation guideline for the second-line ARV program. USG will provide technical and management support to NCAIDS in the training and implementation of the manual's guidance. USG, together with the Clinton Foundation, will also support expanding the second-line ARV program to other non-pilot provinces. In addition, USG developed health education tools for PLHA and their family members to improve ART adherence, and assisted NCAIDS in developing a tool for improving adherence among IDU. Given the lack of experienced Chinese health workers in providing ART services to MSM and TB patients, USG will support GoC in developing and analyzing ART service models for these populations using the existing health services infrastructure. USG will also help improve certain aspects of the National Data Fax System, particularly its data collection quality, data analysis, and usage. To help improve the quality of HIV care and treatment services, USG will provide technical assistance and support to NCAIDS on integrating a M&E plan into the National Free ART Program.

USG, in partnership with Clinton Foundation, will continue to support the Anhui Lixin Rural AIDS Clinical Training Center in capacity building among county-level physicians on management of ART and OI, and also provide post-training technical assistance for trainees back in their home counties. By the end of August 2008, 72 physicians have been trained through this Center. Of them, 90% are providing ART and OI services to PLHA in their home counties. Based on a provider survey conducted in September 2008, these rural physicians have provided ART and HIV care services to about 15,755 HIV/AIDS patients in China. USG will continue to produce trainees to provide home- and community-based HIV care and support in their respective provinces upon their return to Anhui, Gangsu, Guizhou, Heilongjiang, Henan, Hunan, Inner Mongolia, Jiangsu, Ningxia, Qinghai, Shandong, Sichuan, Tibet, Xinjiang, and Yunnan. In FY 2009, USG will expand this training model to IDU-driven provinces to help GoC scale-up ART services to more rural or sub-urban IDU populations, especially those already receiving methadone maintenance services.

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	5607.09	**Mechanism:**	Management/Technical Staffing
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	26150.09	**Planned Funds:**	$44,000
Activity System ID:	26150		
Activity Narrative:	n/a		
New/Continuing Activity:	New Activity		
Continuing Activity:			

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$26,400
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$2,200
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$8,800
Water	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5777.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 26555.09
Planned Funds: $258,000
Activity System ID: 26555
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$154,800
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$12,900
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$51,600
Water	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5816.09
Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 17510.26123.09
Planned Funds: $165,282
Activity System ID: 26123
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17510

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17510	17510.08	U.S. Agency for International Development	Pact, Inc.	7775	5816.08	Community REACH Greater Mekong Region Associate Award	$68,200

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$99,169
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$8,264
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$33,056
Water	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5586.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 26576.09
Planned Funds: $175,000
Activity System ID: 26576
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$105,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$8,750
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$35,000
Water	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5585.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 17519.26102.09
Planned Funds: $120,000
Activity System ID: 26102
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17519

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17519	17519.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	$39,200

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$72,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$6,000
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$24,000
Water	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5606.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 17520.26110.09
Planned Funds: $120,000
Activity System ID: 26110
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17520

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17520	17520.08	U.S. Agency for International Development	Family Health International	7772	5606.08	TASC3	$10,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$72,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$6,000
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$24,000
Water	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5815.09
Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 11576.26118.09
Planned Funds: $435,051
Activity System ID: 26118
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17478

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17478	11576.08	U.S. Agency for International Development	Pact, Inc.	7774	5815.08	Community REACH Greater Mekong Region Associate Award	$246,900
11576	11576.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	$256,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$261,031
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$21,753
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$87,010
Water	

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: $648,621

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5815.09
Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 11579.26121.09
Planned Funds: $58,621
Activity System ID: 26121
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17481

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17481	11579.08	U.S. Agency for International Development	Pact, Inc.	7774	5815.08	Community REACH Greater Mekong Region Associate Award	$236,500
11579	11579.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	$65,650

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $29,311

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $2,931

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $11,724

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5816.09

Mechanism: Community REACH Greater Mekong Region Associate Award

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 11582.26126.09

Planned Funds: $58,000

Activity System ID: 26126

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17483

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17483	11582.08	U.S. Agency for International Development	Pact, Inc.	7775	5816.08	Community REACH Greater Mekong Region Associate Award	$80,800
11582	11582.07	U.S. Agency for International Development	Pact, Inc.	5816	5816.07	Community REACH Greater Mekong Region Associate Award	$141,350

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $29,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $2,900

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $11,600

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5777.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 26557.09
Planned Funds: $257,000
Activity System ID: 26557
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$128,500
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$12,850
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$51,400
Water	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11397.09

Mechanism: Health Resources and Services Administration I-TECH CoAg Supplement to Existing HRSA CoAg

Prime Partner: International Training and Education Centre for HIV

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 27312.09

Planned Funds: $90,000

Activity System ID: 27312

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$45,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$4,500
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$18,000
Water	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5585.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 10839.26103.09
Planned Funds: $50,000
Activity System ID: 26103
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17471

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17471	10839.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	$225,800
10839	10839.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	$346,050

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$25,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$2,500
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$10,000
Water	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5586.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 26580.09
Planned Funds: $80,000
Activity System ID: 26580
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$40,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$4,000
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$16,000
Water	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5606.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 26158.09
Planned Funds: $55,000
Activity System ID: 26158
Activity Narrative: n/a
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$27,500
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$2,750
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$11,000
Water	

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: $120,000

Program Area Narrative:

Of the estimated 700,000 HIV infections in China at the end of 2007, approximately 7,000 (1%) occurred through MTCT. By the end of June 2008, there were 4,200 cumulative pediatric HIV/ AIDS cases reported in China. Of these, 80% were from six provinces (Anhui, Guangxi, Henan, Shanxi, Xinjiang, and Yunnan). The majority of pediatric HIV/AIDS cases are reported from counties supported by China CARES or other government-led HIV/AIDS treatment and care programs.

Pediatric HIV/AIDS care policy is under the “Four Frees and One Care” policy issued by GoC in 2003. Due to limited capacity at each level in implementing this policy, China initiated a pediatric HIV care program in several China CARES counties in Anhui and Henan provinces in 2004, and then combined these with pediatric treatment programs (including OI prophylaxis) and expanded to six GFATM Round 3-supported provinces in 2005 (resulting in the National Free HIV/AIDS Pediatric Treatment Program). By the end of 2005, approximately 150 HIV- infected children were receiving ART. By August 2008, the program expanded to 22 provinces with approximately 1,200 infected children (ages 0-14 years) receiving ART. Of the children on ART, 91.8% are from seven provinces: Henan (53.4%); Yunnan (10.6%); Guangxi (9.9%); Hubei (5.3%); Xinjiang (4.4%); Anhui (4.2%); and Shanxi (4.2%).

Challenges faced by GoC in rolling out pediatric HIV/AIDS care and treatment include: 1) lack of capacity at the county level to manage pediatric HIV care and support programs; 2) delay in early case finding; 3) poor adherence to medication in mostly rural counties; 4) lack of linkages between PMTCT and pediatric programs; 5) late diagnosis and other factors leading to the median age of HIV-infected children in HIV care to be 8 years; 6) lack of family and community support; and 7) stigma and discrimination in communities and families.

Gaps in the National Free Pediatric AIDS Treatment program include: 1) poor integration of pediatric treatment with local pediatric health services system; 2) limited cooperation between PMTCT and pediatric HIV treatment programs; 3) lack of capacity at the county level to manage children infected with HIV; 4) lack of follow-up resulting in many HIV-infected children dying before they can be put on ART; 5) poor ARV drug adherence for children and their family members, especially in rural areas; 6) lack of funds for laboratory testing, regular clinical monitoring, and OI management; 7) poor quality of pediatric HIV treatment in Henan province, where most of the cases are currently located; and 8) limited early case finding and referral for ART, which remains an issue in high epidemic provinces such as Guangxi, Guizhou, Sichuan, Xinjiang, and Yunnan.

To help address these challenges and gaps, USG will work with Maternal and Child Health (MCH) and CDC systems on strengthening cooperation between PMTCT and pediatric HIV/AIDS programs, and supporting development of a referral mechanism between these two critical programs. USG will assist GoC in developing technical guidelines for early infant diagnosis (EID) and transport of DBS specimens, and implementing the EID guidelines in at least the 333 PMTCT program counties. The Clinton Foundation is providing regular monitoring, mentoring, and direct program support for pediatric HIV/AIDS care and treatment in five provinces (Anhui, Guangxi, Henan, Xinjiang, and Yunnan). USG is working closely with the Clinton Foundation in addressing gaps and barriers in pediatric HIV care and infant diagnosis by polymerase chain reaction (PCR).

USG will work with GFATM Round 3 and 4 offices (including the top six pediatric HIV/AIDS case load provinces) on strengthening the three-tier health network system and involving families in providing quality care including OI management and medication adherence support for HIV-exposed and -infected children. At the provincial level, USG will pilot home-based VCT and PITC approaches in several high epidemic areas (e.g., Xinjiang and Yunnan) for early case detection and enrollment of more needy children on care and treatment. USG will support all 15 USG-supported provinces in implementing the PwP strategy and improving case management mechanisms for all HIV-infected children and their families to increase follow-up rates.

USG will continue to support graduates from the Lixin Rural AIDS Clinical Training Center on providing facility-based care and support (including cotrimoxazole prophylaxis) to HIV-positive children in their respective provinces, including Anhui, Gangsu, Guizhou, Heilongjiang, Henan, Hunan, Inner Mongolia, Jiangsu, Ningxia, Qinghai, Shandong, Sichuan, Tibet, Xinjiang, and Yunnan. At least 24 physicians will be trained in pediatric HIV care and treatment each year. USG will also provide technical assistance to NCAIDS on analysis and utilization of pediatric ART follow-up data.

The second-line ARV program started in Henan province in December 2007, and includes Abacavir (ABC), lamivudine (3TC), and Kaletra. Tenofovir will become available before the end of 2008. GoC and the Clinton Foundation anticipate that approximately 200 children in five to six provinces will be on second-line therapy by December 2008. One national ARV drug resistance study in 2007 showed that the genotypic resistance to NRTI/NNRTI among HIV- infected children on first-line ARV therapy was quite high. USG will assist in efforts to improve ARV drug adherence among HIV-infected children and their families.

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	5586.09	**Mechanism:**	C-CDC COAG
Prime Partner:	Chinese Center for Disease Prevention and Control	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	26581.09	**Planned Funds:**	$50,000
Activity System ID:	26581		

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$10,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$5,000
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5777.09

Mechanism: C-CDC COAG

Prime Partner: Chinese Center for Disease Prevention and Control

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 26560.09

Planned Funds: $70,000

Activity System ID: 26560

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$14,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$7,000
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: $145,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5586.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 26582.09
Planned Funds: $30,000
Activity System ID: 26582
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$9,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$3,000
Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$6,000
Economic Strengthening	
Education	
Water	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11397.09

Mechanism: Health Resources and Services Administration I-TECH CoAg Supplement to Existing HRSA CoAg

Prime Partner: International Training and Education Centre for HIV

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 27313.09

Planned Funds: $30,000

Activity System ID: 27313

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$9,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$3,000
Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$6,000
Economic Strengthening	
Education	
Water	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5777.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 26562.09
Planned Funds: $85,000
Activity System ID: 26562
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$25,500
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$8,500
Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$17,000
Economic Strengthening	
Education	
Water	

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: $66,000

Program Area Narrative:

China accounts for nearly 17% of the world's TB burden, which includes an estimated 1.5 million new cases and 270,000 deaths each year, 80% of which are in rural areas where public health systems are not optimally functioning. There is a significant increase in the incidence of multidrug-resistant TB (MDR-TB) (up to 8.9% of new cases), particularly in regions of the country without a DOTS program. The State Council created the National TB Control Program (2001-2010) with an annual disbursement of 400 million RMB by the central government. Since 2005, the Global Fund has also provided significant support for TB control in China, leading to the expansion of DOTS coverage from 68% to 90% of the population, an increase in the detection rate of new smear-positive cases from 29% to 70%, and maintenance of a cure rate of at least 85% for smear-positive cases treated in the DOTS program. Financing from the Global Fund will ensure that eight provincial governments working in 536 counties can deliver diagnostic services to detect TB and offer DOTS free of charge for infectious cases. Within three years, China anticipates that an additional 930,000 infectious TB cases will be detected and treated. National data in 2006 showed that the prevalence of isoniazide (INH) drug resistance was about 19% in China. As a result, Chinese policy makers have been reluctant to implement intermittent preventive therapy (IPT) using INH for TB prophylaxis among HIV- positive patients.

The prevalence of active TB among HIV-positive patients is geographically heterogeneous in China. Based on 2006 data from Guangxi and Yunnan field tests by USG-supported China CDC TB/HIV co-infection programs, the prevalence of active TB among HIV-positive patients is between 10% and 20% while the prevalence of HIV among TB patients nationwide is only 1.3% -2.2%.

At the national level, the separation of TB and HIV/AIDS health systems poses a major barrier to improving TB service coverage for HIV/AIDS patients. Much assistance is needed to improve the collaboration between these two systems. USG assisted GoC in developing national guidelines for TB/HIV co-infection, and will work closely with the National AIDS Treatment Taskforce to improve linkages between the TB and HIV systems and enhance the current national diagnosis and treatment guidelines for TB in PLHA. The implementation of these national guidelines is conducted through GFATM Round 5. USG supported the field testing and scaling-up of TB/HIV co-infection programs in 134 GFATM Round 5 counties. These programs focus on HIV testing and counseling for clients in TB clinics through opt-out strategies, referral mechanisms for HIV-positive TB patients to HIV/AIDS prevention, care, and treatment programs (including ART and cotrimoxazole prophylaxis), TB screening of PLHA, and referral of HIV-positive patients diagnosed with TB to clinics for treatment through DOTS.

To assist GoC in better implementation of the national TB program, including the TB/HIV co- infection program, China CDC has requested USG to recruit a senior TB clinical scientist under the umbrella of the USG Emerging and Re-emerging Infectious Disease Program in China. If fully agreed upon during the CDC Directors' meeting in Beijing later this year between US CDC and China CDC, this person will provide daily technical assistance and support to the National TB Center as well as NCAIDS on TB/HIV-related policy.

In FY 2009, USG will continue to work with GoC to promote PITC programs at TB clinics located in high HIV endemic provinces such as Anhui, Guangdong, Guangxi, Guizhou, Henan, Xinjiang, and Yunnan. In response to the IDU-driven epidemic in the southwest and northwest of China, USG will work on an operations manual with GoC that includes the development and field testing of optimal HIV care and treatment models for TB/HIV co-infected IDU (with first implementation in Hunan province).

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5606.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: TB/HIV
Budget Code: HVTB
Program Budget Code: 12
Activity ID: 17517.26112.09
Planned Funds: $13,000
Activity System ID: 26112
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17517

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17517	17517.08	U.S. Agency for International Development	Family Health International	7772	5606.08	TASC3	$20,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$2,600

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5585.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: TB/HIV
Budget Code: HVTB
Program Budget Code: 12
Activity ID: 10986.26104.09
Planned Funds: $13,000
Activity System ID: 26104
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17472

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17472	10986.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	$127,800
10986	10986.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	$100,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$2,600
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5586.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: TB/HIV
Budget Code: HVTB
Program Budget Code: 12
Activity ID: 26583.09
Planned Funds: $15,000
Activity System ID: 26583
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$3,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5777.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Care: TB/HIV
Budget Code: HVTB
Program Budget Code: 12
Activity ID: 26564.09
Planned Funds: $25,000
Activity System ID: 26564
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: $0

Program Area Narrative:

Not applicable

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: **$793,000**

Program Area Narrative:

Counseling, testing, and knowing one's HIV status is one critical element in behavior change and the main entry point for care, support, and treatment. Of the estimated 700,000 PLHA as of 2007, about 30% know their current HIV status. GoC has positioned counseling and testing as one of the major components of its national comprehensive AIDS program and, as a result, more than 5,000 stand-alone VCT sites have been set-up nationwide. Approximately 1,000 of these are special counseling and testing clinics in hospitals. However, uptake of the service is still low, especially by MARPs. The current stand-alone VCT is sub-optimal because it emphasizes the number of VCT sites rather than the quantity and quality of services delivered. Testing at VCT sites and routine health facilities is hampered due to the national testing algorithms, reflective of GoC's commitment to expensive confirmatory Western Blot testing which limits MARPs' access to VCT and "confirmed" results and, therefore, severely restricts the

proportion of PLHA who receive free government ART. The result is a 2-to-6 week waiting period before test results can be given to patients, which translates into many MARPs being lost-to-follow-up. Instead of the stand-alone VCT clinic model, USG is advocating for linking HIV counseling and testing with other program components such as surveillance, health education, peer education, STI services, care, outreach, and behavior change interventions, including, where feasible, within NGO facilities targeting MARPs. Currently, USG supports the establishment of linkage mechanisms to bridge VCT sites with local CDCs, which provide counselor training and quality assurance/quality improvement (QA/QI) guidance.

USG is advocating for making HIV testing routine and simple through rapid HIV testing models and USG participation in the Revision of the National HIV Laboratory Testing Guidance. For instance, USG is improving the rate of status-learning by field testing rapid tests. In an IDU peer-driven VCT site, the percentage of people tested who know their status increased from 35% to 74% with the application of rapid tests. In Shandong, the reach-in method is being field tested to bring counseling and testing services to facilities commonly visited by MSM through a local CBO (Jinan)-CDC partnership. By advocating for the use of rapid tests in Shandong, the proportion of clients who know their status on-site reached 100% in 2008. USG has successfully used data from these models to advocate for the use of rapid tests at the national level. At present, however, the Chinese central government is providing direct financial support for only 10% of the rapid test kits used in the provinces. Based on these results, USG will assist in scaling-up the outreach-based and reach-in models in the 15 USG-supported provinces targeting IDU, FSW, and MSM through partnerships between local CDCs, MMTs, STI clinics, CBOs, and other local organizations, and will continue to advocate for the use of rapid tests at the provincial level to improve status learning rates. This will address the existing lack of linkages between testing and knowing one's HIV status, and also allow for better linkages to care, treatment, and support services through local CDC involvement.

Some provinces have introduced policies and regulations that reduce demand for VCT, which could also be addressed with the introduction of rapid testing. For example, the Yunnan government and a number of other provinces introduced new regulations that require state- issued identification be shown by persons seeking HIV confirmatory testing, ostensibly to improve follow-up for those who test positive. However, once a person knows they are HIV-positive, they have to provide their "real name" to access free government services. For many MARPs, this requirement to reveal their full name and address for confirmatory tests causes them to doubt the confidentiality of their results as well as whether they will not be discriminated against if they test HIV-positive. For some MARPs, such as IDU and FSW, there is a corresponding fear of arrest and detention linked to this "real name" policy. In Yunnan, to influence VCT policies and operations, USG will support the operational cost of a Counseling and Testing technical working group (TWG) under the auspices of Yunnan CDC to actively review related issues and establish measures to counter the "counseling and testing bottleneck" at both policy and operation levels, as well as work with all partners to increase demand for VCT through effective promotional strategies and activities. The success of efforts to scale-up VCT for MARPs and OI prophylaxis, OI treatment, and ART for PLHA in China will depend, in large part, on whether senior health officials can be influenced to break through this "bottleneck" by exempting MARPs from the Western Blot confirmatory requirement, and phasing-in confirmatory rapid testing (using a second and/or tie-breaker rapid test algorithm) beginning with MARP-targeted VCT sites. This will reduce costs, ensure more people tested actually leave VCT services knowing their HIV status, and incidentally eliminate MARPs' concerns about "real name" testing at VCT sites. USG will continue to persistently promote the importance and responsibility of knowing one's sero-status as a consequence of engaging in high risk behaviors. With ART becoming more widely available, and some prefectures turning to rapid tests or ELISA for confirmation, some of the barriers to VCT service utilization should weaken. Through a renewed emphasis on VCT, USG support will help to significantly accelerate the transition to greater sero-awareness and reduced risk.

To better target MARPs, USG is promoting outreach-based, confidential HIV VCT with peer educators or specially trained health professionals as outreach staff in 15 provinces. USG is also providing assistance to NCAIDS to pilot VCT and follow-up services provided by MSM CBOs in two sites in Sichuan province in which MSM counselors are trained by and work in cooperation with local CDCs, especially in HIV testing and case reporting. In addition, USG is providing assistance to GoC in better targeting IDU, FSW, and MSM through the MPS model targeting MARPs in Guangxi and Yunnan. USG will work with GoC to provide VCT, as appropriate, within the MARP drop-in centers in the MPS sites, and strengthen government testing linked to MARP outreach at the sites. In Guangxi, USG will continue to play a leading role in provision of province-wide VCT training through the USG-supported Center of Excellence on Counseling and Testing. In addition, USG will provide direct technical assistance and quality assurance for VCT sites supported by USG partners in Guangxi. The MSM VCT clinic located in the MPS drop-in center and managed by a sub-grant to the Nanning CDC in Guangxi province was nominated in 2008 as one of the best MSM-friendly VCT sites in China by the UN TWG on Counseling and Testing.

In detoxification facilities, all attendees are tested for HIV upon entry. In Guizhou, USG has facilitated partnerships between CDC, MMT, and PSB (which runs the detoxification facilities) to allow CDC staff to enter into the facilities and conduct counseling sessions. This has lead to better follow-up of HIV-positive attendees after they exit the facilities. Detoxification facilities are also linked with MMTs through pre-registration for services of willing detoxification attendees. USG will scale-up this model in Xinjiang and Yunnan provinces with a large IDU- driven epidemic.

To better target MARPs through the routine health system, USG is assisting GoC in drafting PITC guidelines to be included in the revised national HIV testing and counseling guidelines. PITC guidelines will encourage VCT in routine health facilities in areas with high HIV prevalence among MARPs, hospital departments commonly visited by MARP patients (such as STI, Ob/gyn, urology, infectious disease), and TB institutes. The draft guidelines are being field tested in Guangdong, Liaoning, and Shandong provinces, and USG will provide direct support to sites in these provinces through NCAIDS. In FY 2009, together with the local CDC and hospital authorities, USG will develop a PITC pilot for children hospitalized in Luzhai County, Guangxi province (an area with particularly high HIV prevalence).

A current barrier in the hospital system is the lack of incentives for doctors to counsel HIV- positive patients and their lack of capacity and time to conduct counseling. USG has addressed this issue by developing the Clinical-setting-CDC-Connection (C3) Model to create linkage mechanisms through a hotline for hospital staff to call the city CDC to come to the hospital to counsel HIV-

positive patients and provide follow-up services. Field testing of the model in Guangdong City in 2007 showed that knowing one's HIV status increased from 11% to 34%. Field testing will expand to three provinces in FY 2009 to improve status disclosure of PLHA in clinical settings.

USG will support GoC in building counseling and testing capacity at all levels, providing training to improve counseling skills, providing training to local CDC, hospital, and detoxification facility staff, and assisting GFATM Rounds 3, 4, 5, and 6 to better target MARPs for VCT at the national, provincial, and local levels.

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5777.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 26565.09
Planned Funds: $318,000
Activity System ID: 26565
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$95,400
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$31,800
Water	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5586.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 26584.09
Planned Funds: $215,000
Activity System ID: 26584

Activity Narrative: N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$64,500
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$21,500
Water	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7329.09

Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 26133.09

Planned Funds: $17,500

Activity System ID: 26133

Activity Narrative: n/a

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$5,250
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$1,750
Water	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7779.09

Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 26139.09

Planned Funds: $17,500

Activity System ID: 26139

Activity Narrative: n/a

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$5,250
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$1,750
Water	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5585.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 17521.26105.09
Planned Funds: $125,000
Activity System ID: 26105
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17521

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17521	17521.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	$78,400

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$37,500
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$12,500
Water	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5606.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 17515.26111.09
Planned Funds: $100,000
Activity System ID: 26111
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17515

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17515	17515.08	U.S. Agency for International Development	Family Health International	7772	5606.08	TASC3	$50,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$30,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$10,000
Water	

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: $0

Program Area Narrative:

Not applicable

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: $460,000

Program Area Narrative:

The USG China Five-Year Strategy for HIV/AIDS (2006-2010) aims to assist GoC in maintaining the HIV/AIDS prevalence below 1 per 1000 or 1.5 million HIV-infected persons nationwide by 2015 (in line with GoC, USG recently updated this to 2015). By the end of 2007, China established an HIV testing network with 6,918 HIV antibody screening laboratories; and by August 2008, there were 201 HIV antibody confirmatory laboratories in operation. There are 435 local CDC offices in generally low HIV prevalence areas with no laboratories for HIV antibody screening.

The National AIDS Reference Laboratory (NARL) in NCAIDS is the HIV/AIDS Reference Laboratory in the China CDC system and coordinates the network of HIV/AIDS laboratories nationwide. According to the most recent MoH strategy (2008), NARL is also responsible for hepatitis C virus (HCV) testing, quality assurance/quality control (QA/QC), and syphilis QA/QC in the HIV laboratory network. Since 2003, CDC China and USG have collaborated extensively on HIV BED incidence testing, HIV-2 diagnosis, and ARV drug resistance testing on DBS. Until recently, USG had limited involvement in other laboratory areas such as evaluation of rapid test algorithms, rapid test reagent quality, and support for monitoring HIV treatment and care for patients.

In 2007, about 85,000 CD4 tests were conducted in China by laboratories nationwide. In the 24 provinces that have initiated viral load testing, about 29,000 viral load tests were carried out in 2007. However, there are concerns about the test accuracy and quality of training received by laboratory technicians in several of the provinces. Along with expanding the National Free ART Program, by early 2008, 190 and 120 laboratories were equipped with instruments for CD4 and viral load testing, respectively. In FY 2009, USG will focus on expanding and enhancing the QA/QC for HIV diagnosis and clinical monitoring, including HIV rapid, CD4, and viral load testing at the provincial, prefecture, and county levels.

Along with the rapid expansion of these testing networks, personnel training and QA are critical for successful implementation at all levels. At the national level, USG has assisted NARL in participating in a number of international QA networks. At the provincial level, USG is supporting 15 provincial CDC laboratories to conduct QA twice a year. Since 2004, USG, through NARL, has supported QA covering 2,987 laboratories, among which 2,927 (98%) were found to be qualified and 60 (2%) unqualified.

In FY 2009, USG will continue to support NCAIDS on the development of the most optimal HIV rapid testing algorithms, and help implement standardized record keeping at HIV testing sites. In addition, QA elements and practical proficiency testing approaches, such as the use of dried tube specimens, will be piloted. USG will provide technical assistance for post-marketing surveillance of test kits to ensure the consistent quality of kits. USG will also work with NCAIDS to improve national CD4 testing guidelines, and extend a proficiency testing system to the county level. USG will assist NCAIDS to revise and update the National Guidelines for Detection of HIV/AIDS. In FY 2009, USG will assist NARL in developing national HCV testing guidelines. Along with expansion of the National Free ART Program (by the end of August 2008, 52,191 persons had been enrolled on ART), USG will support NARL to enhance the monitoring of drug resistance testing at the national level. At the provincial level, USG will support Guangdong province and one other province (TBA) as a pilot to establish a network of drug resistance testing, appropriate specimen transportation, and reporting.

USG has supported the implementation of BED-CEIA for HIV incidence estimation in seven provinces (Chongqing, Guangdong, Guangxi, Guizhou, Sichuan, Xinjiang, and Yunnan) since 2005. In FY 2009, USG will support the development and implementation of the national protocol for BED testing, including QA/QC, and extend this technology to one or two more provinces. USG will focus on capacity building at the provincial and national levels in advanced statistical analysis and estimation of HIV incidence trends among MARPs using BED data from multiple cross-sectional surveys. These estimations improve projections of the spread of HIV regionally in China, and provide important feedback on the effectiveness of HIV prevention programs such as those among IDU in different cities.

To strengthen early infant diagnosis of HIV, USG will support NARL and several provincial CDC laboratories in the use of DNA PCR on infant DBS. Currently, very few HIV-infected infants in China are diagnosed in a timely manner to start ART in the first year of life. The average age of children initiating ART in the past three years has been 8 years of age (see Pediatric Care, Support, and Treatment narrative). As of September 2008, fewer than 10 out of more than 1,000 children on ART (<1%) are infants. In FY 2009, USG will collaborate with the Clinton Foundation and NARL to develop a workable system for transportation of specimens and timely return of PCR results to the field. Seventeen technicians in six provinces (Guangxi, Henan, Hubei, Shandong, Shanghai, and Yunnan) have been trained on performing DNA PCR and the equipment has been installed; in addition, NARL can provide regular QA/QC for all provincial EID laboratories.

To help achieve the above objectives, a senior laboratory scientist has been recruited and will join the USG China team in January 2009 to work closely with the NARL, Clinton Foundation, and other partners. CDC Atlanta is assisting NARL to create a medium- and long-term plan for strengthening HIV/AIDS laboratory capacity in China, and develop an HIV national laboratory strategic plan for the next five years. In FY 2009, USG support will focus on: training a laboratory scientist on HIV drug resistance genotyping using DBS; assisting with data analysis and timely delivery of HIV drug resistance data to practicing clinicians; providing technical assistance on establishing a provincial HIV drug resistance testing network; assisting with BED-CEIA incidence estimation and QA/QC; implementing new easy-to-use and cost-effective proficiency testing methods for HIV serologic diagnostic QA; assisting with laboratory information systems; providing guidance to NARL in pursuing accreditation by international laboratory accreditation agencies; and assisting with an evaluation of HIV rapid test and HCV test algorithms.

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID:	5777.09	**Mechanism:**	C-CDC COAG
Prime Partner:	Chinese Center for Disease Prevention and Control	**USG Agency:**	HHS/Centers for Disease Control & Prevention

Funding Source: GAP
Budget Code: HLAB
Activity ID: 26567.09
Activity System ID: 26567
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Program Area: Laboratory Infrastructure
Program Budget Code: 16
Planned Funds: $360,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $72,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 5586.09
Prime Partner: Chinese Center for Disease Prevention and Control
Funding Source: GHCS (State)
Budget Code: HLAB
Activity ID: 26586.09
Activity System ID: 26586
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: C-CDC COAG
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Laboratory Infrastructure
Program Budget Code: 16
Planned Funds: $100,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$20,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: $1,197,350

Program Area Narrative:

In China, the USG strategic information (SI) strategy focuses on providing SI technical assistance and support for HIV/AIDS prevention, care, and treatment activities conducted by GoC, GFATM, and other donors while strengthening linkages between the national and provincial levels. For FY 2009, the major SI priorities will be to: 1) support SI capacity building and technical transfer among national, provincial, and GFATM counterparts; 2) ensure full collaboration and partnership between GoC and other donors (particularly GFATM) to integrate second generation surveillance among MARPs including estimating new HIV infections; 3) increase data analysis and use for strategic planning; 4) strengthen existing health management information systems (HMIS); and 5) expand the implementation of proven SI models at the provincial level.

The USG SI Team is currently composed of three staff members: 1) a Medical Epidemiologist who works closely with the CDC/GAP China project officers and serves as the SI Liaison; 2) an ASPH Fellow who concentrates on M&E and surveillance, and 3) a SI Specialist who works with the USAID RDM/Asia HIV/AIDS team and serves as the SI point person for USAID activities in Guangxi and Yunnan provinces.

During the FY 2009 Mini-COP development process, target setting was undertaken by the USG SI Team members from CDC/GAP China and USAID RDM/Asia and reviewed by the SI Advisor from CDC/GAP Atlanta. Meetings and discussions were held with USG technical project officers and partners to set downstream (direct) and upstream (indirect) targets for FY 2009 and FY 2010 based on their FY 2008 program results, projected programmatic growth, and expected expansion. The USG SI Team also met with MoH and GFATM to discuss their program results, future plans, and targets; their targets were used to estimate USG China's upstream targets.

China CDC identified data systems integration as a priority for better program management and, since 2006, USG has provided technical assistance and support to China CDC on the development of a new Comprehensive Response Management Information System (CRMIS) for HIV/AIDS, which was officially launched in January 2008. USG helped to improve data collection forms and questionnaires, conduct a pilot study of CRMIS, and develop the system infrastructure. This HIV/AIDS Web-based information and reporting platform covers all levels (national, provincial, prefecture, and county), and improves the efficiency of data collection, reporting, analysis, and use as well as security. CRMIS also produces electronic HIV/AIDS statistics on a monthly, quarterly, or annual basis. In FY 2009, USG will support China CDC to strengthen its training activities for CRMIS.

China's first National HIV/AIDS M&E Framework was approved by MoH in June 2007 as part of China's Action Plan for Containment and Control of HIV/AIDS (2006-2010). The M&E framework uses existing data collection systems as its major source of information, and investigates specific topics or issues when needed. Seventeen major indicators measure four areas: 1) implementation of guarantee measures, 2) implementation of prevention and care activities, 3) knowledge and behavior change, and 4) impact of prevention and care efforts. Coordination and harmonization between organizations and projects is of high priority in the national M&E framework; and, multiple sectors, NGOs, and affected populations are actively represented. In FY 2008, the USG provided technical assistance for a mid-term evaluation of China's Action Plan using the new M&E framework and indicators. USG assisted with the evaluation design and methodology and training of the data collectors, and will continue to provide assistance in FY 2009 with the analysis and interpretation of the data. Results of the evaluation will guide the strategic

direction of the next five-year action plan. USG will also support the development of a national M&E framework for the National Free ART program.

China CDC also convenes multi-sectoral NGOs or TWGs on an ad hoc basis. For example, a few MSM NGOs actively participated in the first round of the recent national MSM survey; and a multi-sectoral TWG was formed to assist with projections of the number of HIV/AIDS cases by 2020 using five different methods (the Delphi method, Asian Epidemic Model, SPECTRUM, workbook method, and rough estimation).

In FY 2007, a baseline HMIS assessment in Guangxi and Yunnan provinces (using Lot Quality Assurance Sampling [LQAS] to validate routine facility- and county-level information systems) found fragmented HIV/AIDS information systems, low knowledge and skills in data analysis, interpretation, and use, limited technical supervision and feedback, poor quality software, and limited linkages between different HIV/AIDS services and integration of their available information. During FY 2008, the USG developed and piloted a training curriculum (entitled Continuous Improvement of HMIS Performance: Quality and Information Use) in Guangxi and Yunnan to improve knowledge and skills in data analysis, interpretation, and use and strengthen the VCT, MMT, PMTCT, ART, and HIV/AIDS case reporting systems. The curriculum was well received by the two provincial CDCs and implemented in 12 counties, which showed marked improvements when evaluated in early October 2008. In FY 2009, implementation of the training curriculum will be expanded to additional counties in Guangxi and Yunnan and offered to other USG partners including GFATM.

During FY 2008, USG provided technical assistance and support to strengthen HIV/AIDS information systems in Guangxi and Yunnan provinces, which can serve as models of how to successfully implement solid information systems at the national level. In FY 2009, USG will help establish a data warehouse to integrate different types of HIV/AIDS information into a unified system, and initiate and facilitate dialogue among the GoC, GFATM, and NGOs in the need to develop a community-based information system for HIV/ AIDS services in the two provinces. At the national level, USG will provide technical support to scale up the use of LQAS as a baseline assessment tool to identify critical gaps in existing information systems and recommend potential interventions. In FY 2009, USG will also support the NARL to develop an electronic information management system for internal quality control and expand its use to the provincial level. In the USG-supported provinces, USG will strengthen the capacity of provincial laboratories to standardize procedures and organize and manage the internal quality control system more efficiently.

USG is committed to ensuring the successful implementation of the national M&E framework and indicators at the provincial level, as well as supporting the institutionalization of standard M&E definitions, clear and consistent data collection and reporting procedures, and routine data quality assessments. In FY 2009, USG will support strengthening the provincial M&E frameworks in Guangxi and Yunnan, and improving the quality of services in eight provincial “hot spots” for MARPs. USG will also support the development and implementation of M&E frameworks in the other 13 USG-supported provinces.

The Integrated Analysis and Advocacy (A2) project successfully used data to develop five-year HIV/AIDS operational plans in Guangxi and Yunnan provinces. In Guangxi, as a result of the A2 project, the provincial AIDS committee received increased funding from the provincial authority. In FY 2008, the USG assisted the Guangxi and Yunnan CDCs in applying the Asian Epidemic Model (AEM) as part of the A2 project to organize data, refine trend analyses, and validate forecasts to effectively allocate and maximize resources for provincial HIV/AIDS programming. Currently, AEM and other tools are being used by GoC to project HIV/AIDS epidemic trends at the national level. USG will continue to build capacity among its government counterparts in using modeling and forecasting tools. In FY 2009, USG will develop and pilot a simplified A2 module (A2 Lite) with more limited data inputs needed for local analysis to help increase its accessibility and usability at the provincial level in Guangxi and Yunnan and other USG-supported provinces.

USG recognizes the importance of having evidence-based data to enhance and improve HIV/ AIDS interventions. In FY 2009, USG will support a “tracking” survey among FSW and IDU in the cities of Kaiyuan, Kunming, and Mengzi to measure the intensity and impact of their exposure to BCC interventions. In FY 2010, USG will synthesize and share lessons learned, as well as analyze the cost effectiveness of the “tracking” survey methodology within the China context. If this methodology works well, its use will be expanded to other USG-supported sites in Guangxi and Yunnan provinces.

USG works closely with China CDC to implement surveillance and survey activities by improving national protocols, piloting new methods such as Respondent Driven Sampling (RDS) and Time-Location Sampling (TLS), providing quality assurance during implementation, helping with data analysis and interpretation, and linking surveillance and survey results with HIV/AIDS programming.

USG will continue to provide technical assistance and support for strengthening surveillance systems and size estimation for MARPs at the national and provincial levels. In FY 2009, USG will focus on improving second generation surveillance among MARPs, and helping to establish and refine the MARP surveillance network in each of the 15 USG-supported provinces. The networks will gradually be handed over as local governments guarantee continued financial support for them.

To estimate the population size for MARPs, USG advocates using the multipliers method within existing surveillance systems or undertaking MARP mapping as an integral part of community-based prevention activities. In FY 2008, USG used the multipliers method by adding special questions to FSW, IDU, and MSM questionnaires implemented in some major cities. In FY 2009, USG will expand its use of the multipliers method to additional populations and USG-supported provinces. In FY 2010, the USG will undertake MARP mapping in select counties in Guangxi and Yunnan provinces.

China CDC established the national Behavioral Sentinel Surveillance (BSS) system in 2001. In FY 2009, USG will provide technical assistance to China CDC to refine the protocol for integrating current surveillance systems with a focus on BSS, simplify and improve the surveillance questionnaires, sampling methods, and data collection procedures, and expand the system to more sites. USG will continue to mentor the Guangxi and Yunnan CDCs and build their technical capacity to refine questionnaires,

select sampling methods, implement data collection procedures, and analyze, interpret, and use the data collected.

During FY 2008, USG supported NCAIDS in using RDS in 10 major cities and TLS in Shenzhen as part of the national MSM survey. USG also developed and piloted Integrated Biological and Behavioral Surveillance (IBBS) studies using RDS among MSM in the cities of Beijing, Guangzhou, Jinan, and Yunnan. In FY 2009, USG will work with China CDC to expand the MSM IBBS surveillance protocol to at least 5 other major cities in the USG-supported provinces.

In FY 2008, USG supported NCAIDS to conduct a social network analysis among newly- identified HIV/AIDS cases in Chongqing, Guangdong, Henan, and Yunnan provinces to better understand the social networks of cases, strengthen the epidemiologic investigation of HIV- positive contacts, and identify major sources of the HIV/AIDS epidemic. In FY 2009, USG will continue to support NCAIDS' expansion of social network analysis to additional provinces and provide technical assistance for data analysis.

During FY 2008, USG conducted special surveys among other locally significant populations at risk for HIV/AIDS, including women from high HIV prevalence provinces who marry local men in Shandong, migrant IDU in Guangdong, high-risk heterosexual migrants in Guangzhou, and sexually active male tin miners in Yunnan. USG also supported the NARL's use of BED assay to estimate HIV incidence and project trends among IDU in five provinces (see Laboratory Infrastructure narrative). In FY 2009, USG will expand these special surveys to other provinces and other populations (like pregnant women in high HIV prevalence areas) to detect possible new epidemics and trends. Results from these surveys will form the basis for planning targeted prevention programs.

This PHE activity, "Enhanced Evaluation of ART Program in Guangxi Province, China" was approved for inclusion in the FY09 Mini-COP. The PHE Tracking ID associated with this activity is: CN.07.0012.

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	5777.09	**Mechanism:**	C-CDC COAG
Prime Partner:	Chinese Center for Disease Prevention and Control	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	26568.09	**Planned Funds:**	$450,000
Activity System ID:	26568		
Activity Narrative:	N/A		
New/Continuing Activity:	New Activity		
Continuing Activity:			

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$225,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$22,500
Water	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11455.09
Mechanism: Measure Evaluation Phase III
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 27886.09
Planned Funds: $239,227
Activity System ID: 27886
Activity Narrative: n/a
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$119,614
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$11,964
Water	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11458.09
Mechanism: Measure Evaluation Phase III
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 27891.09
Planned Funds: $111,162
Activity System ID: 27891
Activity Narrative: n/a
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$55,581
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$5,558
Water	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7786.09
Mechanism: Management/Technical Staffing
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 26147.09
Planned Funds: $31,461
Activity System ID: 26147
Activity Narrative: n/a
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$15,730
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$1,573
Water	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7329.09

Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 26134.09

Planned Funds: $26,250

Activity System ID: 26134

Activity Narrative: n/a

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$13,125
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$1,313
Water	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5586.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 26587.09
Planned Funds: $150,000
Activity System ID: 26587
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$75,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$7,500
Water	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5606.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 17523.26113.09
Planned Funds: $83,000
Activity System ID: 26113
Activity Narrative: The PHE activity, “Enhanced Evaluation of ART Program in Guangxi Province, China” was approved for inclusion in the FY09 Mini-COP. The PHE Tracking ID associated with this activity is: CN.07.0012.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17523

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17523	17523.08	U.S. Agency for International Development	Family Health International	7772	5606.08	TASC3	$10,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $83,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5585.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 10849.26106.09
Planned Funds: $40,000
Activity System ID: 26106
Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17473

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17473	10849.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	$94,000
10849	10849.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	$175,200

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $2,000

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7779.09

Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 26140.09

Planned Funds: $26,250

Activity System ID: 26140

Activity Narrative: n/a

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$13,125
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$1,313
Water	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5606.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 29187.09
Planned Funds: $40,000
Activity System ID: 29187
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$20,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$2,000
Water	

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: $1,316,326

Program Area Narrative:

Strengthening health systems within China is essential for sustaining the low prevalence of HIV/AIDS in the country. The Chinese health infrastructure operates vertically, with each administrative level possessing firm command over the next lower level, from the national to the provincial, prefecture, county, and township levels. Under this framework, USG-supported HIV/AIDS policy activities work closely with GoC at all levels to effectively improve China's capacity to control this epidemic. In the USG China Five -Year Strategy for HIV/AIDS (2006- 2010), a set of principles has been identified to accelerate and complement an effective national response, which include supporting government policy development, building capacity for policy analysis, and fostering an enabling environment at the community level.

At the national level, USG supports capacity building activities such as assisting NCAIDS divisions with annual work plans and providing program management training. In addition, USG supports NCAIDS' efforts to pay close attention to capacity development at the lower levels. Institutional capacity building of government partners is supported through the development of management skills which are more participatory, inclusive, and respectful of the community's contribution.

In FY 2008, USG continued successful communication of the PwP strategy to GoC. Additionally, in a multi-year effort to change the national MMT policy of NCAIDS, USG supported advocacy of recommendations to preferentially enroll PLHA in national MMT programs. GoC's adaptation of the strategy is reflected in issuing national-level HIV/AIDS indicators that measure the number of PLHA enrolled in MMT and the number of PLHA receiving palliative care and support. USG also supported NCAIDS in developing national guidelines for the implementation of rapid testing, TB/HIV co-infection treatment, and ARV adherence. In FY 2009, USG will initiate dialogue with NCAIDS to discuss how HIV/AIDS is financed in China and develop a plan for policy advocacy to increase the amount of public financing. Through this effort, a better understanding of total resource mobilization towards HIV/AIDS programming at the national, provincial, and county levels will result.

At the provincial and county levels, USG has focused efforts to address the lack of trained management and operational personnel in underserved areas. USG's main strategy is to strengthen the public health system through two training programs to improve human capacity: 1) the Lixin Anhui Rural AIDS Clinical Training Center, and 2) the Provincial Program Management Training Program (PPMTP). Both programs are practical internships and provide comprehensive clinical home-based care, support, and treatment under the mentorship of an HIV/AIDS US-trained clinician.

In its sixth year of operation, the Lixin Anhui Rural AIDS Clinical Training Center program is implemented through partnerships with the Clinton Foundation, National Division for Care and Treatment, and the Anhui provincial health bureau. At the end of FY 2008, 71 clinicians from 31 provinces had been trained to better care for people with advanced HIV/AIDS. This is the only practical clinical training program focused on the rural HIV/AIDS epidemic. In FY 2009, the training curriculum will be strengthened by the involvement of the University of Washington's International Training and Education Center on HIV (I-TECH). The hope is to double the number of participants by launching a second training center focused on advanced HIV disease among IDU. This activity will be supported by a consortium of technical resources from the National Division of HIV/AIDS Care and Treatment, Gates Foundation, and the local implementing unit.

PPMTP supports capacity building through a 6-month practical internship for 16 provincial HIV/AIDS personnel. Trainees identify specific projects managed by technical experts in NCAIDS and are mentored under individual divisions. Because the Chinese health system does not permit the transfer of provincial personnel to the national level, this training gives participants the opportunity to learn from national programs, strengthen their contacts at the national level, improve their skills, and enhance implementation at the provincial level. In FY 2009, PPMTP will expand the number of participants to include junior- and second-level managers responsible for implementing HIV/AIDS activities.

USG will continue to assign technical advisors to GoC to better integrate USG efforts with the Chinese national and provincial needs, ensure USG participation in HIV/AIDS annual provincial planning meetings, participate in strategic planning with the NCAIDS, support NCAIDS' efforts to implement the "Three Ones" in every province, and assist in the acceptance of rapid testing at the lower levels.

USG continues to provide technical assistance to GoC and other parties to prioritize and address pharmaceutical management needs that have been identified to ensure an uninterrupted supply of quality ARV drugs and other pharmaceuticals and commodities at ARV treatment sites. The ARV distribution system in China operates on five levels – provincial, prefectural, county, township, and village health center. ARV procurement at the provincial, prefecture, county, and township levels operates on a pull basis from the next highest level. The lead time needed to obtain drugs is five to 10 days. Village health centers obtain their ARV supplies on a monthly basis. The system faces challenges as China rolls out ARV drugs on a wider basis; for example, in Yunnan, 100 of 129 counties are currently providing ARV drugs and diagnostics. Establishment of a framework for appropriate drug logistics management has become more important as the number of patients on ARV drugs in China rapidly increases.

In FY 2008, USG worked with local stakeholders in Guangxi province to strengthen ART management by providing technical input, developing or adapting necessary tools and training materials, and providing follow-up support in implementing identified

interventions for ART. In addition, USG, through MSH, worked with WHO and MoH to explore potential technical assistance needs related to the provision of ARV treatment in the GFATM Round 6 award. Based on an assessment conducted in Yunnan in early 2007, serious recordkeeping and reporting issues were identified, such as inconsistent recording of inventory transactions; lack of formal methods to control inventory at all levels; lack of records of consumption figures for ARV drugs; no formal methods for estimating future needs; and weak monitoring of pharmaceutical management below the county level with no standardized procedures.

Potential needs for technical assistance and support include: improving drug management information systems (stock recordkeeping and regular reporting systems); strengthening the flow of information to and from village, township, and county levels; enhancing methods for drug estimation and inventory control; developing monitoring and supervision systems for ARV drugs and other medicines; and developing standard operating systems and providing on-the- job training to reinforce proper procedures. In FY 2009, USG plans to expand the use of technical tools and training materials, while applying lessons learned from Guangxi province, to strengthen ARV management in Yunnan. Specific proposed activities for Yunnan province include conducting a stakeholders meeting, a workshop to assist national and provincial staff in introducing standard operating procedures and tools for ARV management, and a training- of-trainers (TOT) workshop. USG will also provide follow-up support.

USG will focus on improving operational policies to support access to services, protection of rights, and harmonization of HIV legal frameworks and policies that support community participation, including registration of NGOs. Importantly, USG will reposition MARPs and PLHA to enable them to meaningfully participate in the policy process by strengthening their advocacy capacity, supporting community mobilization, and consolidating community structures. All activities are underpinned by a commitment to ensure the best quality data is driving decision making, and data is used for policy analysis, advocacy, and public consumption. USG aims to demonstrate, document, and disseminate successful approaches to policy making and implementation that are supportive of MARP and PLHA. USG works with the Chinese government to advocate that successful approaches to HIV policy be replicated beyond Guangxi and Yunnan provinces.

In FY 2008, USG efforts at the community level focused on facilitating linkages between current community-level indigenous organizations and provincial and county CDCs and health bureaus, particularly in Guangxi and Yunnan provinces where USG supports many CBOs. USG has encouraged CBOs and GoC to engage in increased dialogue with provincial and local CDCs and health bureaus to influence the policy process.

By providing small grants to regional PLHA networks to work with their national member organizations to transfer policy analysis skills, USG has increased the ability of county networks to participate in national policy dialogue activities. To complement this activity, USG assisted newly-formed networks to establish steering committees, and provided training to these groups in advocacy, organization and financial management, and HIV/AIDS awareness. USG emphasizes the bottom-up approach to build advocacy skills among local PLHA networks and MARP peer groups. Progress has been made on training and mobilizing them, and ensuring buy-in and support from local governments to sustain indigenous organizations and link services they provide to current government and other donor-provided services.

Strengthening local CBOs continues to be a focus of the USG China program. Adaptation of CBO capacity tools to the China context is being carried out, and USG will use the CBO analysis toolkit to assess group development needs, analyze group capacity, and assist groups in devising work plans focused on building capacity. Given the unique situation in China where it is not possible for CBOs and NGOs to register unless they are affiliated with a government partner or agency, USG will simultaneously build the capacity of government partners to enable them to effectively support these groups, which will require a similar assessment and capacity building process as well as development of tailor-made tools for these partners. Given the relative newness of CBOs among MARPs, many groups lack the expertise that could make them more sustainable and improve the quality of life for their members. To address this situation, USG will begin building their expertise around savings-led, income-generation options, micro-finance group mobilization and development, business planning, and simple marketing and accounting skills.

In FY 2009, USG will support a variety of new and continuing efforts to support the strengthening of China’s health system at the national, provincial, county, and community levels. USG will continue its work on reducing stigma and discrimination against MARPs and PLHA by measuring the extent to which national policies are known and understood. USG will employ MARPs and PLHA to measure discrimination by health care providers after this year’s implementation of the stigma and discrimination curriculum in Guangxi. USG will measure discrimination among providers who have not been trained, and the range and effectiveness of current incentives and sanctions for health care providers and public service personnel when discrimination does occur. Results of this analysis will be incorporated into policy dialogue and advocacy activities.

USG will also work with local PSBs to improve their treatment of IDU and foster partnerships between local PSBs and CDCs to increase referrals of IDU to MMT, thus complementing and building on the PwP work. USG will create opportunities for PSBs and CDCs to engage in dialogue and harmonize public health and policing practices. Building on past regional meetings, USG will convene groups of police and public health officials from the model communities to share emerging “best practices” on interagency coordination and communication. Through joint efforts with GFATM Rounds 4 and 5, USG will support activities to reduce stigma and discrimination specifically among MSM.

USG will support ongoing staff development activities and capacity building of local implementing partners in the areas of advocacy, effective use and dissemination of data, and public relations. USG will support the brokering and provision of grants to establish ‘twinning’ relationships between young organizations and more established and accepted ones. USG will also monitor developments in the formation of NGOs as the 10-year national poverty alleviation plan explicitly calls for increased NGO involvement in anti-poverty activities.

USG will also continue to assist local policy makers, planners, and public officials in applying strategic information in planning and

advocacy for adequate HIV/AIDS resources with the A2 project. These types of activities are having tremendous impact, as noted during a recent MoH presentation in Yunnan province where a decision to realign the HIV/AIDS budget was made after receiving technical assistance from USG in this area.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5816.09
Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 17503.26127.09
Planned Funds: $50,210
Activity System ID: 26127
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17503

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17503	17503.08	U.S. Agency for International Development	Pact, Inc.	7775	5816.08	Community REACH Greater Mekong Region Associate Award	$20,400

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $35,147

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5815.09
Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 11580.26122.09
Planned Funds: $192,283
Activity System ID: 26122
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17482

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17482	11580.08	U.S. Agency for International Development	Pact, Inc.	7774	5815.08	Community REACH Greater Mekong Region Associate Award	$202,800
11580	11580.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	$304,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $134,598

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5587.09
Mechanism: Strengthening Pharmaceutical Systems
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 10842.26116.09
Planned Funds: $68,350
Activity System ID: 26116
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity

Continuing Activity: 17477

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17477	10842.08	U.S. Agency for International Development	Management Sciences for Health	7773	5587.08	Strengthening Pharmaceutical Systems	$100,000
10842	10842.07	U.S. Agency for International Development	Management Sciences for Health	5587	5587.07	Strengthening Pharmaceutical Systems	$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $47,845

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5585.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 17504.26107.09
Planned Funds: $48,000
Activity System ID: 26107
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17504

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17504	17504.08	U.S. Agency for International Development	Family Health International	7770	5585.08	TASC3	$25,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$33,600
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5606.09
Mechanism: TASC3
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 17524.26114.09
Planned Funds: $30,000
Activity System ID: 26114
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17524

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17524	17524.08	U.S. Agency for International Development	Family Health International	7772	5606.08	TASC3	$50,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$21,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5589.09
Mechanism: Health Policy Initiative
Prime Partner: Research Triangle Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 26142.09
Planned Funds: $444,277
Activity System ID: 26142
Activity Narrative: n/a
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$310,994
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11658.09
Mechanism: Health Policy Initiative
Prime Partner: Research Triangle Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 28494.09
Planned Funds: $206,445
Activity System ID: 28494
Activity Narrative: n/a
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $144,512

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11659.09
Mechanism: Strengthening Pharmaceutical Systems
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 28495.09
Planned Funds: $31,761
Activity System ID: 28495
Activity Narrative: n/a
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$22,233
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5777.09
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 26569.09
Planned Funds: $245,000
Activity System ID: 26569
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$171,500
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: $1,088,986

Program Area Narrative:

The USG management and staffing plan is designed to work ourselves out of a job, and to ensure that China's HIV/AIDS program has the technical and management competence to successfully contain and control the epidemic. USG will accomplish this goal by providing technical assistance to public and private sector partners to carry out innovative and replicable demonstration projects; jointly collect and analyze data to demonstrate effectiveness; facilitate the policy process, both formally and informally; and integrate and provide incentives for the Chinese health system to adopt effective HIV control strategies based on cost-effective and "best practice" evidence. To achieve this goal, the USG HIV/AIDS program incorporates the strengths and comparative advantages of all USG agencies working in HIV/AIDS in China.

The Embassy AIDS Committee (EAC), headed by the Deputy Chief of Mission (DCM), plays a coordinating role for the USG agencies working on HIV/AIDS in China. Under DCM's direction, the Science Counselor and Health Attache serve as the official liaisons with the Chinese MoH and other implementing agencies to ensure proper follow-through on the "One USG" policy. As a member agency, HHS/CDC works closely with China CDC and NCAIDS, the Chinese government agency that coordinates the national response to HIV/AIDS. HHS/CDC has direct relationships at the national and provincial levels, with eight Divisions of NCAIDS (Behavioral Intervention, Data Integration and Evaluation, Epidemiology, Laboratory, Policy and Information, Treatment and Care, International Cooperation, ChinaCARES, and the Center Office for Training), the National Center for Women and Children's Health (NCWCH), and 15 provincial CDCs. HHS/CDC has technical and management staff that provide timely and strategic direct technical assistance to China CDC and its partners to help China adopt comprehensive and cost-effective control strategies and facilitate adoption at the national and provincial levels. Through its involvement in the planning process for each round of GFATM, NCAIDS division, and annual national planning processes, HHS/CDC has effectively influenced national policy with minimal resources.

USAID works closely with NGOs and the provincial and the local MoH, focusing its efforts primarily in two provinces. Providing technical expertise and oversight, it funds international and local non-governmental organizations to implement programs focused on community-based support, follow-up, and care for people most affected by HIV/AIDS. Currently, USAID partners also implement activities aimed at strengthening the capacity of local governments and civil society to implement client-friendly supportive services and outreach activities which link to available government services. USAID's goal is to develop effective, non-duplicative, cost-effective, and sustainable models for adoption by GoC.

The majority of the USG team is located in Beijing with three at the US Embassy, 13 current and four vacant CDC staff, one USAID technical advisor and two planned USAID local staff co- located at the HHS/CDC GAP office in the Dongwai Diplomatic Office Building, a CDC GAP office located at NCAIDS of China CDC, and another office located at the UNAIDS office to facilitate USG program planning within the multilateral community. Four additional staff members are located at the USAID Bangkok-based Regional Development Mission Asia (RDM/A). The regional platform at RDM/A continues to exercise overall management responsibility, budgeting and financial management, procurement, and technical assistance to China since it does not have a bilateral USAID Mission. Except for the two persons highlighted in the staffing chart and the one USAID technical advisor in the GAP office, all other persons at RDM/A dedicate less than 20% of their time on the China program.

The USG China HIV/AIDS program is supported by 45 persons. Of those 45 persons, 24 are dedicating 100% of their time to the program, and the others dedicate anywhere from 20% to 50%. This equates to 33.8 Full-Time Equivalents (FTEs). Many staff are responsible for providing assistance and oversight in more than one technical area. Currently, 0.8 FTEs on PMTCT, 1.3 FTEs on Other Sexual Prevention, 2.5 FTEs on Injecting and Non-Injecting Drug Use, 1.5 FTEs on Adult Care and Support, 1.0 FTEs on Adult Treatment, 1.0 FTEs on Pediatric Care and Support, 1.0 FTEs on Pediatric Treatment, 0.8 FTEs on TB/HIV, 3.0 FTEs on Counseling and Testing, 2.5 FTEs on Laboratory Infrastructure, 5.6 FTEs on Strategic Information, 2.0 FTEs on Health Systems Strengthening, and 10.6 FTEs on Management and Staffing. Of the 10.6 FTEs, three are related to management and the rest are support staff. During the next planned retreat in June 2009, one of the tasks will be to revisit the current staffing pattern and propose revisions if deemed necessary. It is envisioned that some support from RDM/A will decrease next year as the Beijing staff acquire the experience needed to manage the program.

Processes have begun over the last two years to improve coordination, and the agencies will continue to set up more effective mechanisms for information sharing, facilitating interagency communication, and managing the overall program. This is the first year where USAID and HHS/CDC are co-located in China. This strategy of co-location has already assisted USG in improving communication, coordination, and overall management of the program.

In addition to co-location, HHS/CDC and USAID will continue several co-management mechanisms and strategies to reinforce the one USG HIV/AIDS control program and draw upon each agency's relative strengths. These include: team input on government and non- government contract and cooperative agreement development and implementation (including joint reporting and technical monitoring trips), sharing quarterly and annual partner reports, and joint meetings with key counterparts; conducting all-team meetings every quarter; orienting new staff to PEPFAR in an interagency approach; involving counterparts and partners, when appropriate, in strategic planning meetings; instituting joint site visits and partner work plan meetings; conducting joint evaluations; and holding joint meetings with key counterparts.

In FY 2009, the USG team plans to form TWGs around the key areas of USG intervention. This will substantially enhance our

ability to provide technical support as well as monitor progress and fine tune our supported interventions, as needed. The four planned TWGs are: Prevention (sexual and IDU), Counseling and Testing, Treatment and Care, and Strategic Information. These groups will be made up of representatives from GoC, HHS/CDC, USAID, and partners.

The USG HIV/AIDS team seeks permission to hire three persons during the FY 2009 implementation year. Currently, the team lacks adequate personnel to provide quality assistance to the GoC in prevention, counseling and testing, and care and treatment. We propose to fill these positions with junior project officers who will work under two seasoned CDC GAP employees already on staff. In addition, the USG team proposes to hire two locally employed staff (LES) through a USAID mechanism. There are currently only 1.5 FTE administrative assistants funded by CDC GAP and available to assist all the USG HIV/AIDS staff located in Beijing. This is not adequate given the number of persons requesting these types of services. It is of growing importance to have strategically placed, highly adaptable, and qualified staff throughout the Chinese health system as USG continues provision of timely advice to GoC counterparts. The continued expansion of technical assistance provided by USG in China has led to a greater need for more strategically placed staff.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID:	11066.09	**Mechanism:**	Management and Staffing
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Management and Staffing
Budget Code:	HVMS	**Program Budget Code:**	19
Activity ID:	11463.26596.09	**Planned Funds:**	$276,000
Activity System ID:	26596		

Activity Narrative: The management and staffing budget for HHS/CDC GAP is used to ensure adequate support for PEPFAR-related activities is provided as detailed in the Mini-COP and not already accounted for in the program areas. Program management and administrative staff are funded under this activity, including the following positions:

Current and Vacant Positions:
Director (USDH) – CDC/GAP Beijing – 20%
Deputy Director (USDH) – CDC/GAP Beijing – 20%
Laboratory Chief (USDH) – CDC/GAP Beijing – 20%
Administration Chief (LES) – CDC/GAP Beijing – 50%
Administrative Assistant (LES) – CDC/GAP Beijing – 50%
Executive Assistant (LES) – CDC/GAP Beijing – 50%
Executive Assistant (UNAIDS) – 50%
Janitor 1 (LES) – CDC/GAP Beijing – 50%
Janitor 2 (LES) – CDC/GAP Beijing – 50%
Chauffer 1 (LES) – CDC/GAP Beijing – 50%
Chauffer 2 (LES) – CDC/GAP Beijing – 50%
Chauffer 3 (LES) – CDC/GAP Beijing – 50%
Chauffer 4 (LES) – CDC/GAP Beijing – 50%
Chauffer 5 (LES) – CDC/GAP Beijing – 50%
Information Specialist (Program) (LES) – CDC/GAP Beijing – 50%
Program Management (LES) – CDC/GAP Beijing – 100%
Program Management Assistant (LES) – CDC/GAP Beijing – 100%
Program Management (LES) – CDC/EID Beijing – 50%
ASPH Fellow 1- Program Management (US Contractor) – CDC/GAP Beijing – 20%
ASPH Fellow 2- Epidemiology (US Contractor) – CDC/GAP Beijing – 25%

Proposed New Positions:
Chief Management Officer (LES) – CDC/GAP Beijing – 25%
Information Specialist (Hardware) (LES) – CDC/GAP Beijing – 50%
Program Management (LES) – CDC/EID/IEIP Beijing – 50%

Collectively, this team provides managerial and administrative support for CDC/GAP activities to ensure smooth operation of PEPFAR-funded programs in China.

Current and Vacant Positions:
Positions under other program areas of the Mini-COP include:

Director (USDH) – CDC/GAP Beijing – 80%
Deputy Director (USDH) – CDC/GAP Beijing – 30%
Associate Director for Science (LES) – CDC/GAP Beijing – 100%
HIV Advocate (LES) – CDC/GAP Beijing – 100%
Laboratory Chief (USDH) – CDC/GAP Beijing – 80%
Training/Care and Treatment Chief (LES) – CDC/GAP Beijing – 100%
Care and Treatment Project Officer (LES) – CDC/GAP Beijing – 100%
Risk Reduction Chief (LES) – CDC/GAP Beijing – 100%
Risk Reduction Senior Project Officer (LES) – CDC/GAP Beijing – 100%
Strategic Information Chief (LES) – CDC/GAP Beijing – 100%
Surveillance Project Officer (LES) – CDC/GAP Beijing – 100%
Surveillance Project Officer Assistant (LES) – CDC/GAP Beijing – 100%
ASPH Fellow 1- Program Management (US Contractor) – CDC/GAP Beijing – 30%
ASPH Fellow 2- Epidemiology (US Contractor) –CDC/GAP Beijing – 75%

Proposed New Positions:
Chief Management Officer (LES) – CDC/GAP Beijing – 25%
Statistical Data Analyst (LES) – CDC/GAP Beijing – 100%
Laboratory Project Officer (LES) – CDC/GAP Beijing – 100%
HIV/AIDS Resource Center Manager (LES) – CDC/GAP Beijing – 100%
Training Project Officer Assistant (LES) – CDC/GAP Beijing – 100%
Counseling and Testing Project Officer (LES) – CDC/GAP Beijing – 100%
Risk Reduction Project Officer Assistant (LES) – CDC/GAP Beijing – 100%
Management and Evaluation Project Officer (LES) – CDC/GAP Beijing – 100%

New/Continuing Activity: Continuing Activity

Continuing Activity: 18028

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18028	11463.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7913	5778.08	Management and Staffing	$334,000
11463	11463.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5778	5778.07	Management and Staffing	$484,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11066.09
Mechanism: Management and Staffing
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 18774.26597.09
Planned Funds: $204,000
Activity System ID: 26597
Activity Narrative: The cost of doing business associated with the staff positions described in the HHS/CDC management and staffing entry includes ICASS for two current USDH at $68,000 and another $68,000 for the epidemiologist position.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18774

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18774	18774.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7913	5778.08	Management and Staffing	$106,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 7786.09
Mechanism: Management/Technical Staffing
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 26149.09
Planned Funds: $180,500
Activity System ID: 26149

Activity Narrative: In FY 2008, USAID RDM/A successfully recruited and placed a full-time US PSC HIV/AIDS Program Manager in Beijing. The USAID HIV/AIDS China Program Manager collaborates closely with the HHS/CDC, US Department of State, and other USG agencies working in HIV/ AIDS to ensure a coordinated USG China program. This person also works closely with counterparts in the GoC. Overall program management and oversight will be provided by the Director of the Office of Public Health and HIV/AIDS Team Leader both based in Bangkok at USAID RDM/A. Additional technical and management support will be provided as needed by USAID RDM/A staff. In FY 2009, two LES will be recruited to support the HIV/AIDS China Program Manager in Beijing (these two positions were already approved in the FY08 China Mini-COP). Once this staff is hired, the percentage of staff time from USAID RDM/A will be reduced. The management and staffing costs in China funded under this program area also include travel costs for US Embassy Beijing personnel to participate in USG China HIV/AIDS-related activities.

Positions funded under other program areas of the FY09 China Mini-COP include:

Other Sexual Prevention:
HIV/AIDS Team Leader (US) - USAID RDM/A Bangkok - 20%
Project Management Specialist (LES - China) – USAID – 50%

Adult Care and Support:
Project Management Specialist (LES – China) - USAID – 50%

Strategic Information:
Strategic Information Specialist (LES) - USAID RDM/A Bangkok - 20%

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5607.09 **Mechanism:** Management/Technical Staffing

Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Management and Staffing

Budget Code: HVMS **Program Budget Code:** 19

Activity ID: 10841.26145.09 **Planned Funds:** $213,400

Activity System ID: 26145

Activity Narrative: In FY 2008, USAID RDM/A successfully recruited and placed a full-time US PSC HIV/AIDS Program Manager in Beijing. The USAID HIV/AIDS China Program Manager collaborates closely with the HHS/CDC, US Department of State, and other USG agencies working in HIV/ AIDS to ensure a coordinated USG China program. This person also works closely with counterparts in the GoC. Overall program management and oversight will be provided by the Director of the Office of Public Health and HIV/AIDS Team Leader both based in Bangkok at USAID RDM/A. Additional technical and management support will be provided as needed by USAID RDM/A staff. In FY 2009, two LES will be recruited to support the HIV/AIDS China Program Manager in Beijing (these two positions were already approved in the FY08 China Mini-COP). Once this staff is hired, the percentage of staff time from USAID RDM/A will be reduced. The management and staffing costs in China funded under this program area also include travel costs for US Embassy Beijing personnel to participate in USG China HIV/AIDS-related activities.

Positions funded under other program areas of the FY09 China Mini-COP include:

Other Sexual Prevention:
HIV/AIDS Team Leader (US) - USAID RDM/A Bangkok - 20%
Project Management Specialist (LES - China) – USAID – 50%

Adult Care and Support:
Project Management Specialist (LES – China) - USAID – 50%

Strategic Information:
Strategic Information Specialist (LES) - USAID RDM/A Bangkok - 20%

New/Continuing Activity: Continuing Activity

Continuing Activity: 17489

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17489	10841.08	U.S. Agency for International Development	US Agency for International Development	7778	5607.08	Management/Technical Staffing	$9,600
10841	10841.07	U.S. Agency for International Development	US Agency for International Development	5607	5607.07	Management/Technical Staffing	$26,250

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11660.09

Mechanism: Cost of Doing Business

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 28498.09

Planned Funds: $215,086

Activity System ID: 28498

Activity Narrative: The cost of doing business associated with the staff positions described in the USAID management and staff entry includes ICASS costs and the IRM tax. RDMA ICASS costs and the IRM tax are approximately $23,000 and are proportionate to the FY 2008 costs to support three Bangkok-based staff. China ICASS costs to support three Beijing-based staff are approximately $73,700. Capital Security Cost Sharing charges are not applicable for USAID.

The planned funding also includes a proportional amount of funding for non-health USAID offices which support PEPFAR programs (Regional Office of Procurement, Executive Office, Program Development Office, and the Office of Financial Management).

New/Continuing Activity: New Activity

Continuing Activity:

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	**Yes**	**X**	**No**
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?	**Yes**	**X**	**No**
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2009?	**Yes**	**X**	**No**
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2009?	**Yes**	**X**	**No**
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2009?	**Yes**	**X**	**No**

Other Significant Data Collection Activities

Name: Integrated biomedical and behavioral surveillance among MSM

Brief Description of the data collection activity:

Expand MSM IBBS surveillance to at least 5 other major cities in USG- supported provinces.

Preliminary Data Available:

1/1/2010

Name: Social and sexual networking study among newly-identified HIV/ AIDS

Brief Description of the data collection activity:

NCAIDS is planning to undertake a special study by using social network analysis among newly-identified HIV/ AIDS case.

Preliminary Data Available:

1/1/2010

Name: A behaviral survey among potential high risk populations

Brief Description of the data collection activity:

NCAIDS is planning to undertake special surveys to other populations (like pregnant women in high HIV prevalence areas) to detect possible new epidemics and trends.

Preliminary Data Available:

1/1/2010

Supporting Documents

None uploaded.

				Supporting Doc. Type	
USG China FY 2009 Executive Summary.doc	application/msword	11/10/2008	Executive Summary	Executive Summary	APoon
USG China 5 Year Strategy Update FINAL 11-6-08.doc	application/msword	11/10/2008		Other	APoon
USG China FY 2009 HIVAIDS Supporting Map.doc	application/msword	11/10/2008		Other	APoon
USG China FY 2009 Mini COP Summary Targets and Explanations FINAL11-06-2008.xls	application/vnd.ms-excel	11/10/2008	Summary Targets and Explanation of Target Calculations	Summary Targets and Explanation of Target Calculations	APoon
USG China FY 2009 Human Resource for Health.doc	application/msword	11/10/2008	Human Resources for Health	HRH Program Area Narrative*	APoon
Acronyms List for USG China FY 2009 Mini-COP.doc	application/msword	11/10/2008	Acronyms	Other	APoon
FY09 China mini-COP Gender Narative 11-14 FINAL.doc	application/msword	11/14/2008	Gender Program Area Narrative	Gender Program Area Narrative*	APoon
2009 Global Fund Supplemental 14.10.08.doc	application/msword	11/14/2008	Global Fund Supplemental	Global Fund Supplemental	APoon
FY09 Budgetary Requirements Worksheet_CHINA_11_13_08.xls	application/vnd.ms-excel	11/14/2008	Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	APoon
2009 Proposed Management and Staffing Budget Table for Other Bilat_CHINA.xls	application/vnd.ms-excel	11/14/2008	Management and Staffing Budget Table	Management and Staffing Budget Table	APoon
FINAL FY 09 Mini-COP staffing spreadsheet (China) _USG_11_7_08.xls	application/vnd.ms-excel	11/14/2008	Staffing Analysis	Staffing Analysis	APoon
China Mini COP 09 Budget Justifications.doc	application/msword	11/14/2008	Budgetary Requirement Justifications	Budgetary Requirement Justifications	APoon
Letter to Ambassador Dybul for FY09 Mini-COP.doc	application/msword	12/4/2008	Ambassador Letter	Other	AConforto