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Thailand

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Thailand CN mini-cop 2009.doc	application/msword	11/10/2008	Thailand CN Summary FY 2009	JHenderson

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:

See uploaded supporting document.

Ambassador Letter

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Ambassador letter 2009.pdf	application/pdf	11/10/2008	Thailand Ambassador letter	JHenderson

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Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	$10000
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	0	598,800	598,800
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	4,493	4,493
Care (1)	**National 2-7-10**	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
		10,563	99,331	109,894
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	10,563	99,331	109,894
***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	2,828	10,848	13,676
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	33,915	5,855	39,770
Treatment	**National 2-7-10**	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
		4,644	90,600	95,244
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	4,644	90,600	95,244
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	0	0	0
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	0

Care (1)	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	4,005	119,074	123,079
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	4,005	119,074	123,079
***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)	1,990	12,806	14,796
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)	2,143	37,435	39,578

Treatment	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	400	106,500	106,900
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	400	106,500	106,900

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: 7800.09
System ID: 10621
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Management / Technical Staffing

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5814.09
System ID: 10626
Planned Funding($): $0
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: DHAPP
Prime Partner: Armed Forces Research Institute of Medical Sciences
New Partner: No

Mechanism Name: Bangkok Metropolitan Administration

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5811.09
System ID: 10635
Planned Funding($): $231,682
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Bangkok Metropolitan Administration
New Partner: No

Mechanism Name: TASC3 Task Order

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5806.09
System ID: 10628
Planned Funding($): $320,431
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Family Health International
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TASC3 Task Order

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10629.09
System ID: 10629
Planned Funding($): $86,873
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: Community REACH Greater Mekong Region Associate Award

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5807.09
System ID: 10630
Planned Funding($): $609,689
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: Service Workers IN Group
Planned Funding: $0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

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

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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Community REACH Greater Mekong Region Associate Award

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7855.09
System ID: 10631
Planned Funding($): $163,127
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Mechanism Name: Thailand Ministry of Public Health

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5810.09
System ID: 10633
Planned Funding($): $1,170,438
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Thailand Ministry of Public Health
New Partner: No

Mechanism Name: Thailand Ministry of Public Health

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7944.09
System ID: 10634
Planned Funding($): $250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Thailand Ministry of Public Health
New Partner: No

Mechanism Name: Management/Technical Staffing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5809.09
System ID: 10632
Planned Funding($): $45,680
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Management / Technical Staffing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5812.09
System ID: 10637
Planned Funding($): $2,597,880
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

Mechanism Name: Peace Corps

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10627.09
System ID: 10627
Planned Funding($): $0
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: Central GHCS (State)
Prime Partner: US Peace Corps
New Partner: Yes

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5807.09	10630	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Mplus	Y	$0
5807.09	10630	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Service Workers IN Group	Y	$0
5807.09	10630	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Sisters	Y	$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: $91,743

Program Area Narrative:

Approximately 800,000 pregnant women deliver in Thailand each year. HIV-positive women and their newborns are given ARV prophylaxis, either short-course zidovudine and single dose nevirapine (NVP) for women if they are asymptomatic and have a CD4 count greater than 200 cells/µL, or highly active ART if women are symptomatic or have a CD4 count less than 200 cells/µL. All women are provided with formula for their infants for 18 months as part of the national PMTCT program. Beginning in early 2007, a 7-day post-partum regimen of zidovudine and lamivudine for mothers receiving intra-partum single dose NVP was added to the national PMTCT policy to prevent NVP resistance in mothers.

Data from country reports show a high uptake of PMTCT services, as more than 95% of pregnant women in Thailand receive antenatal care (ANC). In 2007, 99.9% of all pregnant women attending ANC received HIV testing, 93.2% of HIV-positive pregnant women received ARV prophylaxis, and 99.5% and 93.5% of HIV-exposed infants received ARV prophylaxis and infant formula, respectively. Among women without ANC, 97.8% received HIV testing, but only 58.6% received ARV prophylaxis. According to the Perinatal Outcomes Monitoring System (PHOMS) in four provinces, the overall HIV-infection rate among children born to HIV-infected mothers decreased from 8.4% for infants born in 2001 to 2.9% for those born in 2006.

Since 2001, USG has provided technical and funding support to develop two monitoring systems, and has increased capacity for PMTCT health care providers, trainers, and program managers to increase PMTCT knowledge, identify program barriers, and improve PMTCT services. The Perinatal HIV Intervention Monitoring System (PHIMS), operated by the Department of Health (DOH), monitors PMTCT activities in all government hospitals; and the PHOMS, operated by the Bureau of Epidemiology (BOE), monitors HIV-infection outcomes in exposed children in 14 provinces. In 2007, USG supported DOH to develop a new monitoring system called “PHIMS plus.” The variables in this system cover both PHIMS and PHOMS variables, and include variables on PMTCT-plus services and linkages to HIV care programs. As the National AIDS Program (NAP) evolves, the PHIMS plus variables are being integrated to its monitoring system, which will be used nationwide for monitoring national PMTCT and HIV treatment and care programs. The system is the monitoring tool for the universal health care system, which covers approximately 76% of Thai people.

The universal health care scheme in Thailand has provided free infant HIV diagnostic testing for all HIV-exposed infants since 2006, using an in-house DNA polymerase chain reaction (PCR) assay developed by the Thai National Institute of Health (NIH). However, confidence in these test results among health care providers, logistical difficulties in drawing infants’ blood, and specimen transportation have been barriers to implementation. Data from a national PMTCT evaluation at 28 hospitals in 12 provinces of mothers delivering in 2006-2007 showed infant HIV testing coverage was 56% overall and 68% in PHOMS provinces. In 2007, the universal health care scheme provided two options for infant diagnostic testing: 1) a new version of the in-house DNA PCR assay developed by Thai NIH, and 2) an in-house dried-blood spot (DBS) PCR assay developed by Chiang Mai University. The DBS PCR may reduce logistical difficulties in drawing infants’ blood and inaccuracies resulting from specimen degradation during transportation.

As a result of the success of the current Thai national PMTCT program, USG support for PMTCT activities has been scaled back. PMTCT clinical and program management training is now fully supported by the Thai government. In 2008, USG supported the design and implementation of a national PMTCT program evaluation, including evaluation of HIV knowledge, ARV uptake, CD4 testing, referrals to care and treatment, infant feeding, and early infant diagnosis. In 2009, USG support will focus on PMTCT monitoring system adaptation and sustainability, with the expectation that USG PMTCT program engagement within one year will be limited to technical support for integrating key PMTCT variables into the NAP system, analysis and utilization of program data, and technical support to MOPH on issues identified from the 2008 national PMTCT evaluation. One issue already identified from the evaluation is the relatively low uptake of early infant diagnostic testing, given that it is free and recommended in national guidelines. To address this, USG will support a pilot to promote utilization of DBS PCR in four provinces. USG will also build on the lessons learned from a pilot of couples counseling in one province in FY 2006-2008 to develop national guidelines and a training curriculum for couples HIV counseling and testing.

USG-Supported Activities
• Provide national-level support for strengthening analysis and utilization of program data from the existing PMTCT monitoring and NAP systems, with a focus on identification of gaps in program implementation.
• Support DOH and the National Health Security Office (NHSO) to develop long-term plans for maintaining the PMTCT monitoring systems as part of routine government systems using the NAP system.
• Increase access to early infant diagnosis by assessing barriers to utilization of testing and developing plans to address these barriers. Provide enhanced training and support in four provinces on DBS PCR to determine if utilization can be increased.
• Disseminate 2008 national PMTCT evaluation results to key stakeholders to guide policy decisions for national PMTCT program.
• Provide EQA panels for DBS PCR testing to Chiang Mai University by CDC/Atlanta. Analyze EQA panels twice a year to ensure

the quality of early infant testing (see Laboratory Infrastructure narrative).
• Development of couples HIV counseling and testing curriculum and guidelines.

In addition, USG will continue to build on the successful implementation of the PMTCT program in Thailand to provide TA to other PEPFAR countries to scale-up PMTCT programs and increase coverage. During the last three years, USG and Thai government partners have provided TA to Cambodia for PMTCT clinical and program management training; and USG has coordinated clinical PMTCT and pediatric training courses with university hospitals in Bangkok for delegations from Nepal and Vietnam. In 2009, USG will expand TA in PMTCT to Laos and Papua New Guinea by working through WHO, UNICEF, and the Ministries of Health in those countries.

Referrals and Linkages
The Thai national PMTCT program includes PMTCT-plus services and linkages to HIV care programs. CD4 testing is recommended for HIV-positive pregnant women at 14 weeks gestation and within six months post-delivery. Male partners and HIV -infected children are also eligible for this program. A triple ARV regimen is given to women, partners, and their HIV-infected children who meet treatment criteria as part of the national program. Data from the 2008 national PMTCT evaluation, supported by USG in 12 provinces, indicate that 11%, 45%, and 35% of HIV-positive mothers received CD4 testing before pregnancy, during pregnancy, and within six months of delivery, respectively. Approximately 44% of their male partners also received HIV testing, and of those partners tested, 60% were HIV-positive. Of these, approximately 60% were referred to HIV treatment services. To increase partner testing and referral rates, the universal health care scheme is providing free HIV tests for partners of HIV-infected women, and MOPH is using GFATM funds to train health care providers on HIV disclosure with GFATM support.

Policy
Many departments within MOPH are involved with the PMTCT program. DOH oversees the Thai national PMTCT program, BOE manages the PHOMS surveillance system, and the Department of Medical Science and Chiang Mai University provide laboratory support for PCR testing with budget support from the NHSO, the office which manages the universal health care scheme. Coordination of their various responsibilities is challenging, particularly the analysis and sharing of data. Currently, ARVs for PMTCT and infant formula are supported by the DOH, but in the next year, ARVs for PMTCT and formula will be supported by NHSO. DOH and USG have provided input to the NAP system in NHSO on what PMTCT indicators should be integrated into the NAP database. A new version of the NAP database will be developed in 2009.Further staff training and management support are needed to develop a long-term plan for maintaining the monitoring systems, data management, data dissemination, and use of data for improving or sustaining high program coverage. These long-term planning issues are being addressed in part with USG support, as described above.

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5810.09
Mechanism: Thailand Ministry of Public Health
Prime Partner: Thailand Ministry of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 19124.25015.09
Planned Funds: $23,205
Activity System ID: 25015
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 19124

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19124	19124.08	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	7907	5810.08	Thailand Ministry of Public Health	$25,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$9,514
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5812.09
Mechanism: Management / Technical Staffing
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 27283.09
Planned Funds: $68,538
Activity System ID: 27283
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	$28,101
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: $0

Program Area Narrative:

Thailand is well recognized for its success in slowing the spread of HIV in the 1990s. As a result of an organized national prevention campaign, HIV transmission fell rapidly, from a high of 141,000 new infections in 1991 to approximately 14,000 in 2007. HIV prevalence among the overall adult population (ages 15-49 years) is estimated at 1.4%. Despite these successes, in recent years there are signs that the country is vulnerable to a resurgence of the HIV epidemic. HIV prevalence among most at risk populations (MARPs) continues to be high or is increasing (see Five-Year Strategy). Recent MOPH and MOPH/CDC surveys reveal an alarming increase in HIV prevalence among men who have sex with men (MSM) in Bangkok from 17% in 2003 to 28% in 2005 and 31% in 2007. In Chiang Mai, HIV prevalence remains high (15% in 2005 and 17% in 2007).

HIV prevalence among direct female sex workers (FSW) and indirect FSW in Thailand declined steadily from the mid-1990s reaching 4.6% among direct FSW and 2.3% among indirect FSW in 2006, and then increased to 5.6% among direct FSW and 3.4% among indirect FSW in 2007. FSW increasingly meet clients in indirect settings (over 90% of contacts), which places sex workers at a disadvantage in negotiating condom use. Sexually transmitted infection (STI) clinics have been relocated from community locations to hospitals, where sex workers are reluctant to go; and the volume of outreach activities and condom supplies have decreased, due in part to budget cuts. Street-based FSW may be at particularly high risk as a recent USG-supported survey of primarily street-based FSW in three areas of Bangkok found that 20% were HIV-positive.

Current epidemiologic models based on the shifting transmission dynamics of HIV in Thailand are from the Analysis and Advocacy (A2) Project supported by USG. In 2010, it is estimated that over 30% of new HIV infections will occur among MSM, while 25% of new cases will be from husband to wife and another 10% from wife to husband who are sero-discordant couples.

Prisoners are also an important priority population for HIV sexual prevention interventions. In 2008, prison-based voluntary counseling and testing (VCT) service delivery data indicated that 6.5% and 11.5% tested HIV-positive in Phuket and Pathumthani prisons, respectively. A 2001-2002 study conducted among prisoners in a Bangkok central prison found an HIV prevalence of 25%.

In contrast to MARPs, the HIV prevalence rates among pregnant women in antenatal care and young male military conscripts are less than 1%. HIV risk remains low among Thailand's youth—approximately 0.5% of reported AIDS cases and an estimated <1.0% of PLHA are 15-19 years of age. However, evidence is increasing that young people are at risk of STIs, potentially including HIV. Increasingly early sexual initiation, high rates of chlamydia infection, and low rates of condom use among vocational and high school students have prompted the Thai government to strengthen HIV prevention programs and promote condom use among sexually active teens. MOPH has endorsed a comprehensive ABC—Abstinence, Be Faithful, and correct and consistent Condom use—approach and collaborates with the Ministry of Education to implement HIV prevention programs for youth. For HIV-positive youth, there are currently no targeted Prevention with Positives (PwP) programs.

While the HIV epidemic is concentrated among MARPs in Thailand, prevention efforts among these populations have been inadequate. In the 2008 UNAIDS Global AIDS Epidemic Report, no national estimates are reported for prevention program coverage among FSW, injection drug user (IDU), and MSM populations. In the same UNAIDS report, it is estimated that only 54% of FSW and 35% of MSM were tested and learned their HIV status in the past year.

Male sex worker (MSW) exposure to HIV prevention outreach in the last year was low, but increased in USG-supported areas (Bangkok – 35% in 2005, 50% in 2007; Chiang Mai – 57% in 2007). MSW are more visible and accessible, but other MSM are more difficult to reach. Among MSM who are not sex workers, outreach exposure is significantly lower (Bangkok – 21% in 2005, 28% in 2007; Chiang Mai – 38% in 2007). Few prevention programs for MSM exist beyond USG support in Thailand. Barring the success of the Global Fund Round 8 proposal, which targets MARPs, a serious prevention gap for MARPs will continue. This gap comes at a time when MARPs are driving Thailand's concentrated epidemic and sexually bridging the epidemic to lower risk populations, such as wives and partners of HIV-infected MSM, IDU, and sex workers.

USG-Supported Activities

* HIV Prevention for MARPs:
USG supports the development, evaluation, dissemination, and replication of prevention models aimed at MARPs.These models will be implemented by both NGOs and government (MOPH, BMA, and local governments). The models are developed using proven MARP approaches, with Thai government input and support for potential future replication using funds from the government, GFATM, or other resources. Models are based on the USG-developed concept of a comprehensive prevention package which includes a "minimum package of services" (MPS), or the minimum combination of services needed to have a significant impact on the spread of HIV. Strategies used in these models are:

• Outreach for education, risk reduction, and condom promotion in communities where MARPs congregate. Risk reduction for MARPs includes comprehensive prevention messages, emphasizing reduction in partner numbers, condom promotion, and referral to STI and VCT services. USG is building the capacity of government and local partners to conduct peer outreach education.
• Drop-in centers which serve as "safe spaces" for MARPs to meet and for project implementers, including peer educators, to reach their target audiences with behavior change communication (BCC) and prevention education as well as providing access or referral to clinical services such as STI and VCT. USG is building the capacity of local partner agencies to implement the drop-in center model.
• Linked prevention services, especially VCT, with care and treatment services to facilitate access for marginalized populations.
• STI and VCT services that are "MARP-friendly," accessible to the populations, and include risk reduction counseling with comprehensive messages.

• PwP programs for MSM, including risk reduction counseling, disclosure counseling, and condom and lubricant distribution.
• Targeted media to increase awareness of HIV and risk behaviors. USG works with local partners to conduct audience research and develop and evaluate media messages.

MSM (MSW and transgenders [TG]): USG supports a comprehensive prevention package model for MSM (Bangkok, Chiang Mai, and Phuket), MSW (Bangkok, Chiang Mai, Pattaya, and Phuket), and TG (Pattaya). Additionally, USG has begun to build the model in Udon Thani and Khon Kaen, in the northeast of Thailand. In FY 2008, three new MSM-friendly clinics were established, and community-based groups were trained on organizational development. USG provided training on sensitivity and STI management for MSM and integrated STI services and VCT promotion for MSM into existing clinics. Complementary activities strengthening community-based organizations (CBOs) will be linked to government-run clinical services. A BCC training curriculum for MSM was developed and used to train outreach workers. The Popular Opinion Leader (POL) intervention activities ended this year with 64 POL trained and 934 MSM reached by them. All trained POL are now part of the Rainbow Sky Association, a CBO working with MSM in Thailand.

In FY 2009, priorities for these sites will include strengthening the capacity of MSM organizations and local health care providers in conducting outreach, VCT, and STI services, and advocating for provincial governments to include MSM-targeted STI services in their STI service plans. For HIV-positive MSM, PwP counseling and referrals to care and treatment will be key elements of the model. An MSM community group has already been formed in most sites to conduct outreach, and promote condom use and VCT and STI screening. USG will support capacity building and sustainability of these groups through Pact, working on organizational development.

FSW: USG will provide technical support to the MOPH and BMA to use the results from the respondent driven sampling survey completed in 2007 to adapt and implement surveillance and interventions for non-venue-based sex workers, who currently are not targeted by the mainstream HIV/AIDS prevention program. In STI clinics, USG will continue to provide TA to the government to improve STI services for high risk populations, including FSW and MSM. TA will be focused on VCT, STI screening, STI case management, and M&E.

Prisoners: USG support for HIV prevention with prisoners focuses on peer education, VCT and STI services, and linkages to care. Support includes development and implementation of an HIV training curriculum for both inmates and guards. For peer education, USG supports adaptation and evaluation of peer education for HIV prevention among prisoners at provincial prisons in Phuket and Pathum Thani in collaboration with the prison, the provincial health offices, local hospitals, and a local NGO. The peer education program aims to increase HIV knowledge and promote use of HIV VCT; linkages have been established with local hospitals to provide HIV VCT and HIV treatment to infected inmates. As of July 2008, the program in Pathum Thani successfully trained 120 peer educators who reached 1,009 inmates and provided HIV VCT to 200 inmates. The program in Phuket trained 50 peer educators who reached 1,360 inmates and provided HIV VCT to 340 inmates. In 2008, meetings were convened between USG partners and local stakeholders including the national-level Department of Corrections (DoC), and it was agreed that the integrated peer education, VCT/STI services, and referral model in Phuket will be transferred to the Wachira Phuket hospital in 2009. USG support for the integrated model programs will be continued in Phatum Thani and expanded to four additional sites (Chiang Rai Prison, Khon Kaen Prison, Khon Kaen Correctional Institution for Drug and Addicts, and Udon Thani Prison). USG will continue to provide technical support and coordination to local stakeholders and policy-level support to staff at DoC and the Bureau of AIDS, TB, and STIs to implement these models. This will include training support, supervision, and monitoring to help ensure the quality of services, and to support M&E for program effectiveness and potential scale-up.

* Prevention with Positives:
USG supports development of appropriate prevention service models for adult and pediatric PLHA, including specific models for MARPs (see Adult and Pediatric Care and Treatment narratives).

* Youth:
Due to the overall low HIV prevalence rates in general youth populations in Thailand and the significantly higher rates in MARPs, USG will not focus on primary HIV prevention in general youth populations. Rather, USG Thailand will address the need for secondary HIV prevention among HIV-infected youth, and will develop a youth PwP model. An aging cohort of perinatally-infected youth in Thailand is now reaching adolescence. These young people are facing the challenges of going through adolescence while being HIV-positive, and some are engaging in risky sexual behaviors. No tools or guidelines currently exist on how to provide counseling or address risky sexual behaviors in HIV-infected adolescents. Health care providers rarely address these issues with adolescents.

USG has developed a clinic-based intervention, including sessions on the following topics:
• Health promotion (adherence, sexual and reproductive health, and self-care counseling).
• Self-empowerment and life skills (communication/negotiation, decision making, problem solving, and stress management).
• Sexual and behavioral risk prevention (including counseling, substance abuse issues, disclosure/partner testing, and STI screening).
Outcomes and effectiveness of this model will be assessed in 2009 through pre- and post-intervention assessments at three sites, including two pediatric ART clinics and an orphanage.

USG Thailand will work with the Prevention for Positives Task Force to adapt the youth PwP model for African settings where HIV -infected youth are a mixture of vertically and sexually infected persons, and provide tools, materials, and technical support for adaptation and implementation of the model in other PEPFAR countries.

Policy
Condoms are not procured directly by USG. Condoms are readily available for purchase in Thailand, but free condoms are only available in limited quantity and are not targeted for distribution to MARPs. Since the successful Thai government response to HIV

in the early and mid-1990s, Thai government policy has become more restrictive and sometimes acts as a barrier to effective prevention efforts. For instance, under current law, the provision of condoms in entertainment venues is used as evidence by the Ministry of Public Security that the venue is an illegal establishment for commercial sex. This law discourages entertainment venue owners from participating in HIV prevention efforts. Additionally, BMA's policy of using only primarily health staff for outreach is counter to international recommendations that indicate that peer outreach workers are a crucial behavior change intervention tool.

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

Total Planned Funding for Program Budget Code: $1,516,986

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5810.09
Mechanism: Thailand Ministry of Public Health
Prime Partner: Thailand Ministry of Public Health
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: 11562.25016.09
Planned Funds: $196,333
Activity System ID: 25016
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17975

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17975	11562.08	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	7907	5810.08	Thailand Ministry of Public Health	$305,091
11562	11562.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$498,375

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$80,497

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7944.09
Mechanism: Thailand Ministry of Public Health
Prime Partner: Thailand Ministry of Public Health
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: 18094.25024.09
Planned Funds: $125,000
Activity System ID: 25024
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 18094

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18094	18094.08	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	7944	7944.08	Thailand Ministry of Public Health	$125,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$51,250
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7800.09
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: 17559.24977.09
Planned Funds: [redacted]
Activity System ID: 24977
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17559

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17559	17559.08	U.S. Agency for International Development	To Be Determined	7800	7800.08	CASU follow-on	[redacted]

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5807.09
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: 11541.24995.09
Planned Funds: $488,000

Activity System ID: 24995

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17544

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17544	11541.08	U.S. Agency for International Development	Pact, Inc.	7796	5807.08	Community REACH Greater Mekong Region Associate Award	$263,200
11541	11541.07	U.S. Agency for International Development	Pact, Inc.	5807	5807.07	Community REACH Greater Mekong Region Associate Award	$407,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7855.09

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: 17757.24999.09

Planned Funds: $51,684

Activity System ID: 24999

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17757

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17757	17757.08	U.S. Agency for International Development	Pact, Inc.	7855	7855.08	Community REACH Greater Mekong Region Associate Award	$124,800

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5806.09

Mechanism: TASC3 Task Order

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: 17555.24991.09

Activity System ID: 24991

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17555

Planned Funds: $250,431

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17555	17555.08	U.S. Agency for International Development	Family Health International	7795	5806.08	TASC3 Task Order	$190,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5809.09

Prime Partner: US Agency for International Development

Funding Source: GHCS (USAID)

Budget Code: HVOP

Activity ID: 11542.25010.09

Activity System ID: 25010

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17548

Mechanism: Management/Technical Staffing

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: $4,950

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17548	11542.08	U.S. Agency for International Development	US Agency for International Development	7797	5809.08	Management/Technical Staffing	$5,600
11542	11542.07	U.S. Agency for International Development	US Agency for International Development	5809	5809.07	Management/Technical Staffing	$50,400

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 10629.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 25006.09

Activity System ID: 25006

Mechanism: TASC3 Task Order

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: $16,873

Activity Narrative: n/a

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5812.09

Mechanism: Management / Technical Staffing

Prime Partner: US Centers for Disease Control and Prevention

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: 11584.25036.09

Planned Funds: $371,615

Activity System ID: 25036

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17984

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17984	11584.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7908	5812.08	Management / Technical Staffing	$622,543
11584	11584.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$500,328

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $152,362

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

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

Total Planned Funding for Program Budget Code: $0

Program Area Narrative:

HIV transmission among IDU in Thailand remains a critical problem. In 2007, HIV prevalence in this population was as high as 29%, and the estimated number of IDU in the country range from 40,000 to 100,000. In 2004, the number of IDU in Bangkok was estimated at around 3,600. Although the population size of IDU in Thailand appears to be declining, projections derived from the Asian Epidemic Model estimate that in 2010 almost 10% of all HIV transmission nationally will occur through drug injection. HIV-related risk behaviors among this population also continue. During January 2005 – August 2008, reports from IDU contacted by outreach workers in Bangkok (n=990, BMA outreach program) indicated that 6% were sharing needles and 43% were sharing other injection equipment. Among sexually active IDU, condom use during last sex with steady and casual partners was 42% (n=577) and 79% (n=504), respectively.

USG-Supported Activities
USG support for IDU prevention interventions includes a peer outreach program and referral linkages to methadone treatment and HIV care services in Bangkok. USG works closely with the Bangkok Metropolitan Administration (BMA) in developing the peer outreach model, which includes IDU and health care staff capacity building, M&E activities, and referral to existing drug treatment and HIV care services.

Incorporation of health care staff into community-based HIV prevention outreach activities was started in 2004, and by 2007 BMA had successfully integrated the staff-based outreach model into their routine services for IDU at all 18 public methadone clinics in Bangkok. Currently, USG supports the staff outreach model by supplying hand-held computers to collect and download field data, and by providing information technology support and training to BMA outreach staff. In FY 2009, USG will support a strategic information workshop among the 18 BMA methadone clinics on how to use resulting data to monitor program implementation and to share lessons learned and best practices.

Following the success of the staff-based outreach model, USG supported the development of a peer outreach model and the training of 50 peer educators on conducting community-based outreach. Between 2005 and 2008, 990 IDU have been reached through peer education outreach activities. As part of networking and capacity building for IDU peer outreach workers, USG supports an annual forum for outreach workers to share information, experiences, techniques, and best practices for outreach activities. This event is hosted by BMA, and several organizations participate in the forum including the PSI Ozone, Raks Thai Foundation, Thai Treatment Action Group, and the Asian Harm Reduction Network. In FY 2009, USG will continue to support IDU peer outreach by helping to coordinate efforts between partner organizations and by technically supporting the incorporation of a PwP program into this model. It is estimated that roughly one-quarter of IDU in Bangkok are HIV-positive, and the high-levels of risk behavior among IDU require customized behavior change interventions. Program data indicate that care and treatment service delivery uptake among HIV-positive IDU is poor, so linkages to care and treatment services will be strengthened as well. During 2009, an evaluation of the effectiveness the peer-based model for outreach education will be conducted to assess the potential for integrated scale-up.

In 2009, USG together with the MOPH and BMA will conduct a RDS survey among IDU to estimate the prevalence of HIV and key behavioral outcomes in Bangkok and Chiang Mai. The resulting survey data will be used to estimate the population size of IDU and service utilization as well. Collectively, these data will increase knowledge of the dynamics of the HIV epidemic among IDU and will inform program planning.

Services, Referrals, and Linkages
USG, together with BMA, uses IDU peers to provide HIV outreach interventions and to link IDU to care and treatment services, particularly among those who are not in methadone treatment or have never accessed HIV services. Linkages to VCT and methadone treatment are implemented through BMA's 18 methadone clinics throughout Bangkok, which provide methadone to heroin users at no cost.

Other services at these clinics include HIV counseling and testing and the four-month outpatient Matrix rehabilitation program for methamphetamine users. USG helps strengthen access to VCT for IDU by working together with BMA methadone clinic staff to provide mobile VCT twice a month at the PSI Ozone IDU drop-in center. IDU who need STI care are referred to BMA public health centers that provide STI services. USG will continue collaborating with NGOs working with IDU (PSI Ozone drop-in center and Raks Thai outreach program) under the direction of BMA and will assist in the coordination and linking of these activities. USG will also provide technical support to training curriculum development and for forums to share lessons learned, best practices, and opportunities for networking.

For FY 2009, USG will continue to support and strengthen activities implemented by BMA in Bangkok using the peer outreach model. Positive prevention messages will be added to the outreach component, and the linking of HIV-positive IDU into care (CD4 testing, ARV treatment, TB testing) will be strengthened by taking advantage of recent improvements in the HIV care referral system where ARV will be provided in 12 participating BMA public health centers. These public health centers are usually adjacent to BMA methadone clinics and can be easily accessed by IDU.

Policy
In 2008, USG provided TA to BMA on proposal development to help leverage GFATM financial support to subsidize costs associated with the expansion of IDU prevention activities to more sites in Bangkok. In 2009, USG will support BMA proposal development to obtain financial support from Thai government resources. In addition, USG will provide technical leadership for the development of an outreach manual by the MOPH with WHO financial support. The results of the planned 2009 RDS survey among IDU in Bangkok and Chiang Mai will be used to inform policy decision making for IDU programs and services.

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: **$85,268**

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5811.09
Mechanism: Bangkok Metropolitan Administration
Prime Partner: Bangkok Metropolitan Administration
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: 27274.09
Planned Funds: $44,553
Activity System ID: 27274
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	$18,267
Public Health Evaluation	
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: 5812.09
Mechanism: Management / Technical Staffing
Prime Partner: US Centers for Disease Control and Prevention
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: 27284.09

Planned Funds: $40,715

Activity System ID: 27284

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 $16,693

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

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: **$840,370**

Program Area Narrative:

At the end of 2007, there were an estimated 610,000 PLHA (600,000 adults and 10,000 children) in Thailand, and it is projected that about 45,000 PLHA will develop AIDS each year in the next several years. Since 2004, Thailand has made ART available nationwide, and an estimated 115,000 patients receive ART through the universal health care scheme run by NHSO as of August 2008. By the end of 2007, the number of persons on ARV treatment was estimated by WHO to be 61% of the estimated eligible population. The national ART program, including all government health coverage schemes, accounted for all but 10,000 private sector patients on treatment. An estimated 31,000 persons died of AIDS in Thailand during 2007, half of the estimate for 2001 but still a very substantial number.

The government provides HIV care and treatment to Thai citizens through the universal health care scheme managed by NHSO; 835 hospitals participate in the program. These services include not only ART but also basic medical care, HIV counseling and testing, CD4 monitoring, and prophylaxis for opportunistic infections. In Thailand, 78% of patients receive health care services through NHSO; other health insurance schemes include government schemes for employees of private companies and civil servants, and private coverage. Thai national ART guidelines provide the technical basis for NHSO's benefit package for HIV care.

The quality of HIV care and treatment, including associated laboratory services, is variable; human resources to deliver care are insufficient in many places, and HIV counseling and testing services and linkages to treatment for MARPs are weak. Stigma and discrimination related to HIV are substantial barriers to HIV testing as well as care and treatment, especially for MARPs. As expansion of HIV care and treatment services occurs in Thailand, there is an ongoing need to monitor and support service quality, and the MOPH and NHSO are working to expand quality systems for these services.

Other services such as home- and community-based care are provided through a combination of local and national budgets. However, since the decentralization of the Thai health system, funding allocations are now made at the local level, which has resulted in a wide range of activities and not always providing a full continuum of care, depending on local resource levels and the recognition and awareness of communities and prioritization of public health problems in each locality. Guidelines for Comprehensive Continuum of Care for PLHA were developed by MOPH in 2004, but they are not in systematic use.

To address these needs, USG provides technical support for the following: 1) national scale-up of performance measurement and quality improvement for HIV care and treatment services (HIVQUAL-T), 2) scale-up of national PwP training for facility-based services for general population patients, and 3) integration of comprehensive HIV/AIDS care for MARPs through development of a PwP program and community-based services and referrals for MSM. USG support for models in these areas will include evaluation and dissemination of findings for replication within Thailand, and where appropriate, to other PEPFAR countries.

USG-Supported Activities

• Performance measurement and quality improvement of HIV/AIDS care in facilities HIVQUAL-T: HIVQUAL-T model development was supported by the Health Resources and Services Administration and the New York State Department of Health AIDS Institute, based on HIVQUAL used in the U.S. (for Ryan White services). The HIVQUAL-T model was piloted and underwent initial expansion in Thailand from 2004 – 2007. Nationwide implementation started in 2008 with collaboration between the MOPH, Thailand's Institute of Hospital Quality Improvement and Accreditation, and NHSO. As of the end of FY 2008, 734 hospitals from all regions have received training on HIVQUAL-T, and several hospitals and MOPH have received additional training on quality improvement methods. Also, 555 hospitals have done at least one performance measurement of HIV care, and their coverage of key indicators are: CD4 testing 91%, PCP prophylaxis 82%, cryptococcal prophylaxis 74%, ART for eligible patients 91%, TB screening 81%, and cervical cancer screening 25%.

In FY 2009, USG will continue to provide technical support to MOPH, in cooperation with NHSO on HIVQUAL-T model implementation with a goal of expanding to all 835 hospitals providing HIV care under NHSO. USG will provide technical support to the national QI committee and to hospitals for continued expansion of performance measurement and QI. An additional emphasis will be on integration of NHSO's facility-based HIV service data with HIVQUAL-T to facilitate and increase the capacity of hospitals to report HIVQUAL-T indicators.

• Prevention with positives (PwP) and increased linkages to care and treatment: A facility-based PwP model was developed by USG and MOPH in 2007, and covers six prevention strategies:
1) Sexual and behavioral risk reduction.
2) STI screening and treatment for PLHA and their partners.
3) Promotion of HIV disclosure to partners.
4) Promotion of partner HIV testing.
5) ARV treatment and adherence.
6) Family planning and PMTCT.

The PwP intervention tools, including a PwP service manual, risk screening form, flip chart to provide prevention messages, posters, reminder card with short PwP messages, prevention pamphlet, condom demonstration model, and a PwP training video, were developed in 2008. The PwP model has been piloted with more than 1,000 PLHA in seven hospitals in 2008 and will target 1,700 PLHA in 2009. Of these, one hospital has piloted a combined facility- and community-based PwP model with 100 patients. Evaluation of the community- and facility-based models is ongoing and will be completed by 2009-2010. USG is providing TA to Global Fund and MOPH for scale-up of community and facility-based PwP programs. MOPH and USG have expanded the facility-based PwP model by providing two-day PwP trainings in five regions in Thailand, with funding support from NHSO. In 2008, approximately 1,200 care providers from 400 hospitals in all provinces in Thailand were trained on PwP. 6,000 copies of PwP tools and materials will be distributed to all public hospitals (>800 hospitals) in all provinces by December 2008. In FY 2009, USG will continue to support the evaluation of the PwP implementation in seven hospitals. Risk reduction counseling and HIV disclosure and partner testing flip charts will also be developed in 2009. Facility-based PwP training of trainers (ToT) for health personnel in 12 regions is planned in 2009. The trainers will conduct training to cover another 400-500 hospitals in 2009-2010.

In FY 2009, USG will develop a PwP program for HIV-infected MSM and will pilot the model in four sites. The model includes both community- and clinical care-based interventions or counseling. Proposed strategies include:
1) Ensuring HIV-infected individuals learn their status.
2) Supporting HIV status disclosure by infected individuals.
3) Providing psychosocial care through community-based support groups.
4) Providing clinical care including STI treatment and ART.
5) Counseling on behavior change for individuals with HIV.
6) Developing leadership by MSM who are PLHA in positive prevention efforts.

The three main approaches will be: 1) capacity building of health care staff, MSM peers, and community groups, especially in knowledge of sexual risk behavior and in counseling skills; 2) development of tools/materials needed for interventions, training, and services; and 3) development of a referral system between communities and clinical settings. M&E plans will also be developed (see Sexual Prevention narrative).

• ARV resistance monitoring and development of early warning indicators (EWI) for ARV resistance.
With the establishment of the national ART program in Thailand, there is a need to monitor for the development of resistance to ARV drugs as well as the transmission of resistant virus. USG continues to provide technical support to the MOPH for their national ARV resistance monitoring (see Strategic Information narrative). Goals are the following:
1) Expand ARV resistance surveillance, according to WHO-CDC guidelines, to 43 provinces.
2) Adapt WHO-CDC recommended models for monitoring treatment outcomes and early warning indicators for ARV resistance and ART program failure and implement these models in pilot provinces.

Referrals and Linkages
National program needs continue to include early referral for CD4 testing and HIV care services for HIV-positive persons, and strengthening referral systems among hospitals, health centers, and communities. USG supports these linkages through prevention programs, including VCT services for TB patients and MARPs. USG also supports linkages to PwP services, including education, counseling, STI screening, and VCT for MARPs (see Sexual Prevention and Counseling and Testing narratives).

Policy
Effective HIV care and ART programs and HIVQUAL-T scale-up are challenged by the low priority given to HIV services in many hospitals and the high work burden on health care providers since the initiation of the universal health care scheme. The practicality and effectiveness of these models and the support from the MOPH and NHSO are key to the sustainability of these programs in Thailand.

Community involvement in HIV/AIDS prevention and care is included in the National AIDS Committee strategic plan. Integration of PWP programs with community- and facility-based services is consistent with this strategy, but needs a concrete action plan. Engagement with the MOPH and NHSO and careful M&E of PwP models that link community- and facility-based services with prevention is critical to successful program replication and scale-up.

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7944.09
Mechanism: Thailand Ministry of Public Health
Prime Partner: Thailand Ministry of Public Health
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: 18096.25025.09
Planned Funds: $125,000
Activity System ID: 25025
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 18096

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18096	18096.08	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	7944	7944.08	Thailand Ministry of Public Health	$125,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$51,250
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5811.09
Mechanism: Bangkok Metropolitan Administration
Prime Partner: Bangkok Metropolitan Administration
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: 18097.25033.09
Planned Funds: $33,978
Activity System ID: 25033
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 18097

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18097	18097.08	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	7945	7945.08	Bangkok Metropolitan Administration	$0

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$13,931

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5810.09
Mechanism: Thailand Ministry of Public Health
Prime Partner: Thailand Ministry of Public Health
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: 11564.25017.09
Planned Funds: $95,445
Activity System ID: 25017
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17976

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17976	11564.08	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	7907	5810.08	Thailand Ministry of Public Health	$147,588
11564	11564.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$264,875

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$39,132

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5812.09
Mechanism: Management / Technical Staffing
Prime Partner: US Centers for Disease Control and Prevention
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: 11585.25037.09
Planned Funds: $401,995
Activity System ID: 25037
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17985

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17985	11585.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7908	5812.08	Management / Technical Staffing	$474,799
11585	11585.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$493,929

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$164,818
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 10629.09
Mechanism: TASC3 Task Order
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: 25007.09
Planned Funds: $35,000
Activity System ID: 25007
Activity Narrative: n/a
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5806.09
Mechanism: TASC3 Task Order
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: 17671.24992.09
Planned Funds: $35,000
Activity System ID: 24992
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17671

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17671	17671.08	U.S. Agency for International Development	Family Health International	7795	5806.08	TASC3 Task Order	$30,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7855.09

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: 17758.25000.09

Planned Funds: $51,852

Activity System ID: 25000

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17758

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17758	17758.08	U.S. Agency for International Development	Pact, Inc.	7855	7855.08	Community REACH Greater Mekong Region Associate Award	$37,500

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5807.09

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: 11543.24996.09

Planned Funds: $50,000

Activity System ID: 24996

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17545

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17545	11543.08	U.S. Agency for International Development	Pact, Inc.	7796	5807.08	Community REACH Greater Mekong Region Associate Award	$126,300
11543	11543.07	U.S. Agency for International Development	Pact, Inc.	5807	5807.07	Community REACH Greater Mekong Region Associate Award	$75,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7800.09
Mechanism: CASU follow-on
Prime Partner: To Be Determined
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: 17659.24978.09
Planned Funds: [redacted]
Activity System ID: 24978
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17659

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17659	17659.08	U.S. Agency for International Development	To Be Determined	7800	7800.08	CASU follow-on	[redacted]

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: $155,049

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5811.09
Mechanism: Bangkok Metropolitan Administration
Prime Partner: Bangkok Metropolitan Administration
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: 11569.25029.09
Planned Funds: $13,923

Activity System ID: 25029

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17971

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17971	11569.08	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	7906	5811.08	Bangkok Metropolitan Administration	$10,000
11569	11569.07	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	5811	5811.07	Bangkok Metropolitan Administration	$18,324

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $5,708

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5810.09

Mechanism: Thailand Ministry of Public Health

Prime Partner: Thailand Ministry of Public Health

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: 11570.25020.09

Planned Funds: $34,807

Activity System ID: 25020

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17979

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17979	11570.08	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	7907	5810.08	Thailand Ministry of Public Health	$65,000
11570	11570.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$91,099

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $14,271

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5812.09
Mechanism: Management / Technical Staffing
Prime Partner: US Centers for Disease Control and Prevention
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: 27288.09
Planned Funds: $106,319
Activity System ID: 27288
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	$43,591

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

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

Total Planned Funding for Program Budget Code: $423,378

Program Area Narrative:

Most children living with HIV in Thailand become infected through mother-to-child transmission. An estimated 6,300 infants are born to HIV-positive mothers each year in government and private sector facilities. The Thailand PMTCT program has a high uptake of PMTCT interventions, including HIV testing, ARV prophylaxis for mothers and infants, and infant formula for 18 months (see PMTCT narrative). As a result, the mother-to-child transmission rate was 2-4% in 2007 (based on the results of a PMTCT evaluation in 14 provinces in 2008).

HIV-exposed infants in Thailand can be diagnosed using in-house DNA polymerase chain reaction (PCR) tests supported by the NHSO at 1-2 months and 2-4 months of age. HIV-DNA PCR testing for infants is available using either dried-blood spot (DBS) samples (tested by Chiang Mai University) or whole blood samples (tested by the Department of Medical Sciences, MOPH); the use of which testing method is determined by NHSO reimbursement to the laboratories. An HIV antibody test is recommended as a confirmatory test for all HIV-exposed infants at 18 months of age and for all children with HIV signs and symptoms. However, a USG-supported national evaluation of the PMTCT program in 2008 found that 56% of the HIV-exposed infants were diagnosed by 15-18 months of age (see PMTCT narrative). Delayed infant diagnosis leads to late ARV treatment initiation in these infants. Cotrimoxazole prophylaxis is recommended for all HIV-exposed infants. However, individual physicians use their own judgment about whether to give prophylaxis to infants born to HIV-positive mothers. Most physicians routinely offer cotrimoxazole prophylaxis for HIV-exposed infants who have HIV signs and symptoms or receive incomplete PMTCT regimens. In the 2008 PMTCT evaluation, the prophylaxis coverage rate among HIV-exposed infants was 36%.

According to UNAIDS, an estimated 14,000 children were living with HIV in Thailand in 2007. Of these, about 26%, 35%, and 39% were 0-4, 5-9, and 10-14 years old, respectively (based on data from the BOE, MOPH). In 2007, WHO, UNAIDS, and UNICEF reported that 6,687 HIV-infected children were receiving HIV treatment. In the 2007 report, >95% of HIV-infected ART eligible children were receiving ART. The 2008 United Nations General Assembly Special Session on HIV/AIDS reported 84.9% of children remained on treatment 12 months after initiation.

Most HIV-infected children receive HIV care and ARVs at public hospitals. More than half of HIV-infected children receive care at tertiary care or provincial hospitals. Some tertiary care centers are overburdened by the number of patients, and many patients come from remote areas of the provinces, making visits to the provincial hospitals difficult. In recent years, an increasing number of HIV-infected children have been referred to community hospitals for pediatric HIV care and treatment. Yet most Thai community hospitals lack both pediatricians and pediatric HIV treatment experience (only about 100 hospitals have pediatricians available, and all are tertiary or secondary care hospitals). Taking care of children on ART is complex. Therefore, it is important to ensure the quality of pediatric HIV care in Thailand, when care is being provided by pediatricians, general practitioners, and in some areas, nurses.

OI prophylaxis and treatment is part of the benefit package from NHSO. Cotrimoxazole is recommended for Pneumocystis carinii pneumonia (PCP) prevention in all HIV-infected infants and HIV-infected children who have CD4 less than 15% or 200 cells/mm3 (for children aged >6 years old). From pediatric HIVQUAL-T data in 2006 in five hospitals, 82% of HIV-infected children received cotrimoxazole for PCP prevention. Non-nucleoside reverse transcriptase inhibitor (NNRTI)-based regimens are first-line regimen

for HIV-infected children; however, for HIV-infected infants with exposure to single dose nevirapine (NVP) or NNRTI-containing maternal ART, a protease inhibitor-based triple ARV regimen is recommended.

In FY 2009, the overall USG strategies for pediatric HIV care, support, and treatment and care will be to 1) continue technical support for expanding pediatric HIV care and treatment network sites by providing monitoring and supervision; 2) improve the quality of pediatric HIV care services by implementing the pediatric HIVQUAL-T model and QI program in these settings; 3) conduct program evaluation to determine outcomes of expanding pediatric HIV care and treatment to community hospitals; 4) support development of a PwP youth program; and 5) improve coverage of early infant diagnosis by DBS PCR and early referral of HIV-infected infants to care.

USG-Supported Activities
• Pediatric HIVQUAL-T model: The pediatric HIVQUAL-T model was developed in 2005 in collaboration with MOPH, Thailand's Institute of Hospital Quality Improvement and Accreditation (IHQIA), Health Resources and Services Administration, and the New York Department of Health AIDS Institute. The model was implemented at five hospitals beginning in 2006 and was expanded to 28 hospitals in 2008, with USG and GFATM support. USG Thailand, along with NHSO, IHQIA, and MOPH, plans to scale-up the adult HIVQUAL-T model to all public hospitals in 2009 (see Adult Care and Treatment narrative). In 2009, USG will work with NHSO and MOPH to integrate pediatric HIVQUAL-T into the adult HIVQUAL-T model. USG will continue to provide technical support to MOPH on implementation and use of facility-based pediatric HIV-related data for program monitoring and planning. USG will support the use of pediatric HIVQUAL-T performance measurement data and hospital quality infrastructure assessment data for improvement of HIV service quality and hospital infrastructure. USG will also support training of trainers for both the adult and pediatric HIVQUAL and QI tools (see Adult Care and Treatment narrative).

• Pediatric HIV care network expansion: USG supported three provinces to develop and implement a comprehensive community-based HIV care network. Care networks allow routine follow-up and adherence monitoring of HIV-infected children to occur in community hospitals near their homes, in coordination with HIV-trained physicians at the community, district, or provincial hospitals. The pediatric HIV care network was developed in three provinces and 52 community hospitals with direct USG support, and was expanded to 12 additional provinces with USG technical support and GFATM funding in 2008. USG provides TA to MOPH to expand and integrate the pediatric community-based HIV care network model into the existing health system. USG will continue to provide TA to MOPH and participating hospitals, pediatric HIV treatment and care training, and tools, including the pediatric HIVQUAL-T manual, software, QI tools, and pediatric HIV care site supervision checklists. In 2009, an evaluation of this model with direct USG support will be completed. The feasibility of expanding the model to other provinces and hospitals will be assessed. MOPH is seeking Thai government funds for national scale-up of the pediatric network model, and has requested USG technical support.

• HIV disclosure model: USG developed an HIV disclosure model for HIV-infected children to address the growing number of perinatally HIV-infected adolescents and pre-adolescents. From 2005 through August 2008, 164 HIV-infected children at two Bangkok hospitals had their HIV status disclosed to them. A pediatric HIV disclosure manual was developed in 2008, and was distributed to many hospitals across Thailand. An evaluation of this model was initiated in 2008 and will be finalized in 2009. Preliminary expansion of the model has begun as, from May 2007 – August 2008, approximately 700 health care providers from hospitals in 16 provinces in Thailand were trained on HIV disclosure to children. In FY 2009, the feasibility for model expansion to additional provinces and hospitals will be assessed. USG will provide technical support for the model evaluation and expansion.

• Prevention for HIV-positive youth: Approximately 40% of HIV-infected children in care at two Bangkok hospitals are older than 10 years. A prevention program is needed for these HIV-positive youth. In 2008, a youth PwP model was developed, and will be piloted and evaluated at these two sites in Bangkok in 2009. If the model works well, it will be shared with other HIV care and treatment centers in Thailand. The model will be pilot tested for feasibility, acceptability, and impact on knowledge and practice among HIV-positive adolescents and pre-adolescents (see Sexual Prevention narrative).

• Early infant HIV diagnosis and early referral of HIV-infected infants: USG will provide technical support to MOPH to provide training for health care personnel and local HIV/ AIDS program managers at the provincial level on the importance of early infant diagnosis and early referral of HIV-infected infants to care, DBS PCR techniques, and specimen collection and transportation to laboratories in four pilot sites. An evaluation will be conducted to compare the uptake of early infant diagnosis in the same provinces in the previous year and/or with other provinces participating in the routine system.

Referrals and Linkages
All HIV-exposed infants delivering in hospitals (>95% of infants in Thailand are born in health settings) are referred to pediatric clinics for routine immunizations, PCP prophylaxis, growth and developmental monitoring, and follow-up of HIV infection status. HIV-infected children are given CD4 count tests and screened for clinical TB. Caregivers are given basic information on HIV and ARVs, and are trained on how to take care of HIV-infected children. HIV-infected children who are eligible for ART initiate treatment, mainly at tertiary care centers. Clinical status, CD4 count, and viral load are monitored according to national guidelines. In provinces with pediatric care networks, HIV-infected children who are clinically and immunologically stable are referred for ART and adherence support at community hospitals near their residence. HIV-infected children aged greater than 15 years old are referred to adult HIV clinics.

Policy
Many departments within MOPH are involved in the pediatric HIV care and treatment and program. The Department of Medical Sciences and Chiang Mai University provide laboratory support for PCR testing with budget support from NHSO. NHSO supports HIV care and treatment services. The Department of Disease Control in MOPH and provincial health offices provide technical support and site supervision to public hospitals providing pediatric HIV care and treatment. Coordination of their various responsibilities is challenging. The pediatric HIV care and treatment data are monitored using the NHSO database. Further staff training and management support are needed to develop a long-term plan for coordination, data management, data

dissemination, and use of data for improving or sustaining high program coverage. Current policy or guideline issues in Thailand include the use of DBS for early infant diagnosis, when to start ART in children <1 year old, and what regimen to provide for NVP-exposed infants. These long-term planning, policy, and guideline issues are being addressed in part with USG support.

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5812.09
Mechanism: Management / Technical Staffing
Prime Partner: US Centers for Disease Control and Prevention
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: 27289.09
Planned Funds: $311,996
Activity System ID: 27289
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	$127,918
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5810.09
Mechanism: Thailand Ministry of Public Health
Prime Partner: Thailand Ministry of Public Health
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: 27280.09
Planned Funds: $111,382
Activity System ID: 27280
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	$45,667
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: $150,504

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5810.09
Mechanism: Thailand Ministry of Public Health
Prime Partner: Thailand Ministry of Public Health
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: 27281.09
Planned Funds: $27,846
Activity System ID: 27281
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	$11,417
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5812.09
Mechanism: Management / Technical Staffing
Prime Partner: US Centers for Disease Control and Prevention
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: 27290.09
Planned Funds: $122,658
Activity System ID: 27290
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	$50,290
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

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

Total Planned Funding for Program Budget Code: $159,319

Program Area Narrative:

In 2008, Thailand ranked 17th on WHO's list of 22 "high-burden" TB countries; an estimated 90,000 persons develop TB annually for an annual incidence of 142 cases per 100,000 persons. HIV-associated TB accounts for an estimated 11% of all new TB cases in Thailand. TB is the most common opportunistic infection in HIV-infected persons, accounting for over 20% of all initial AIDS diagnoses. Nationally, approximately 42% of TB patients are HIV tested. National estimates for TB screening of HIV patients are not available, but data from HIVQUAL-T sites (see below) suggests that screening coverage has increased over the past few years. TB case notifications have not decreased, though, despite a declining HIV incidence. A 2007 WHO review of Thailand's TB program commended Thailand for its accomplishments in integration of TB and HIV services, but noted that improvements were still needed in recording and reporting, implementing HIV testing in TB clinics, promoting TB screening in HIV clinics, expanding laboratory services, and partnering with private sector TB care providers. A second drug-resistance survey initiated in 2006 found that the rate of multidrug-resistant (MDR) TB in Thailand was 1.7% in 1,150 new TB patients and 34.5% in 194 previously treated patients.

USG-Supported Activities
USG supports a partnership with the MOPH to demonstrate best practices for TB/HIV in selected provinces. This partnership, known as the Thailand TB Active Surveillance Network (TB Net), develops evidence-based models for sustainable TB interventions that can be scaled-up throughout Thailand and Asia with a particular focus on TB/HIV. In FY 2009, this activity will involve five provinces, the national infectious diseases hospital, and the national TB program. An important principle of this program has been leveraging other USG resources (USAID/Child Survival Health, CDC/Global Disease Detection) to support TB activities unrelated to HIV to strengthen the overall TB control infrastructure within TB Net sites. Moreover, the MOPH recognizes that USG will not be able to support full national scale-up of the model being developed in selected provinces. Rather, the goal is to identify best practices, support evidence-based national policy changes and, when necessary, provide seed funding for national initiatives to scale-up successful models.

The core TB/HIV activities in TB Net include:
• Conduct surveillance and program monitoring using an electronic information management system to measure the burden of TB/HIV and HIV-related services being provided to ~8,500 TB patients across a population of 5 million persons in the public and private sector.
• Provide provider-initiated HIV testing and counseling (PITC) as a routine part of TB services. With this approach, 80% of TB patients in TB Net sites receive HIV testing or have a pre-existing HIV diagnosis.
• Link HIV-infected TB patients to HIV care and treatment.
• Screen for TB disease in HIV-infected persons and for TB and HIV in contacts of HIV-infected TB patients in selected districts.
• Train ~300 health care staff at the district, provincial, and national level and in the private sector on increasing ART use among HIV-infected TB patients.
• Train PLHA leaders in 15 sites about TB screening in HIV-infected persons.
• Expand capacity to perform mycobacterial culture and drug-susceptibility testing on HIV-infected persons in five provinces and at the national level.

In addition, USG supports the HIVQUAL-T model for quality improvement (QI) and HIV care performance measurement (see Adult Care and Treatment narrative), which includes TB screening among HIV patients as one indicator and area for QI. Among the 550 hospitals implementing HIVQUAL-T to date, the percentage of HIV patients receiving TB screening according to national guidelines has increased from virtually 0 in 2002 to 81.5 % in 2008.

Key TB/HIV successes from USG support include:
• Development by MOPH of a national policy and health care worker training curriculum for PITC of TB patients.
• Increases in HIV testing among TB patients and TB screening among HIV patients, as described above.
• Engagement of national policy makers to support early access to ARV treatment for HIV-infected TB patients by demonstrating that 90% of these patients meet CD4 eligibility for ART.
• Demonstration of the feasibility and effectiveness of liquid media culture for the diagnosis of TB in HIV-infected persons.
• Development of an electronic M&E system for TB/HIV and integration of HIV-related variables into the national paper-based recording and reporting system.

In 2008, TB/HIV accomplishments include:
• Development by the MOPH national TB Program of a curriculum and manual for PLHA leaders on TB screening in HIV-infected persons with 73 PLHA leaders trained in 15 sites.
• Development of a curriculum and manual on increasing ART referrals for HIV-infected TB patients with 323 physicians and nurses trained.

Referrals and Linkages
MOPH, with financial support from GFATM, has recognized these successes, demonstrated its willingness, and "bought" products from TB-Net, funding the scale-up of HIV PITC in 20 additional provinces in Thailand, national scale-up of mycobacterial culture, and implementation of the electronic M&E system in over 20 private hospitals based on the success of TB-Net. Further, WHO has demonstrated its willingness to incorporate TB-Net's successes into regional and global TB/HIV policy and practice. In 2005 and

2006, WHO partnered with USG and MOPH to train country HIV and TB program managers from nine Asian countries on TB/HIV best practices. In 2007, data from TB-Net's mycobacteriology network was presented to policy makers from WHO, and the USG-supported national PITC initiative was used to support the revision of the WHO Western Pacific Regional Office's TB/HIV strategy.

Policy
Despite the successes of the USG program, major challenges remain to be addressed in FY 2009; these include:
• Scale up use of ART in HIV-infected TB patients.
• Document the cost-effectiveness of culture-based diagnosis of TB in HIV-infected patients.
• Strengthen TB infection control in hospitals.
• Address the large differences in the standard of care offered for persons with TB and HIV-associated TB in the public and private sectors.
• Strengthen program monitoring of TB, TB/HIV, and MDR-TB at the national level.
• Remove barriers to HIV testing, care, and treatment in selected provinces and scale up HIV testing of TB patients nationally.
• Develop successful public health models for TB screening of persons with HIV, and for incorporating HIV testing into contact investigations of HIV-infected TB patients.

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5810.09
Mechanism: Thailand Ministry of Public Health
Prime Partner: Thailand Ministry of Public Health
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: 11566.25018.09
Planned Funds: $34,371
Activity System ID: 25018
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17977

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17977	11566.08	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	7907	5810.08	Thailand Ministry of Public Health	$250,000
11566	11566.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$454,986

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$14,092
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: 5812.09
Mechanism: Management / Technical Staffing
Prime Partner: US Centers for Disease Control and Prevention
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: 11586.25038.09
Planned Funds: $124,948
Activity System ID: 25038
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17986

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17986	11586.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7908	5812.08	Management / Technical Staffing	$163,168
11586	11586.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$183,235

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $51,229

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:

N/A in Thailand

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

Total Planned Funding for Program Budget Code: $284,720

Program Area Narrative:

The National Health Security Office (NHSO) provides free (two times per year with a Thai ID card), client-initiated voluntary counseling and testing (VCT) at all 835 government hospitals registered under NHSO. However, these services are not well utilized. Nor are key high-risk populations being targeted. VCT services are primarily hospital-based, names-based, and directed at the general population. Thailand's highest HIV prevalence rates are among MARPs—31% in MSM (Bangkok) in 2007 and 29% in IDU in 2006. Data are limited on the uptake of VCT services among MARPs, but in 2007 at selected sites it ranged from 52% among MSM in Bangkok to 44% among MSM in Chiang Mai. Among other populations, 42% of TB patients and 30-40% of STI patients receive VCT. Beyond these data, there are limited data on the uptake of VCT nationally in Thailand. Overall, 170,000 people received VCT through the NHSO last year, representing 0.36% of the adult Thai population (approximately 76% of the general population receive health care through NHSO).

MARPs in need of testing often do not have access to it, or are deterred from routine hospital testing sites by lack of anonymity and fears of stigma and discrimination. Additionally, there is a perception among MARPs that there is little benefit to learning one's status. Low uptake of testing represents a critical missed opportunity to provide one-on-one prevention counseling to MARPs, and to provide PLHA with care, support, and education that can reduce HIV transmission to others. Currently, rapid testing is not widely available through NHSO; approximately 30% of clients do not return for their results or post-test counseling after testing. There is a lack of standardized procedures for testing MARPs to ensure that those who test HIV-positive receive appropriate follow-up care with counseling.

Few targeted prevention services exist for MSM in general, and VCT for IDU has been contingent upon joining a methadone treatment program. Similarly, STI centers are not providing universal testing for high-risk clients and uptake is quite limited. There has been a shift from direct to indirect or street-based sex workers, who may not have access to VCT services and tend to opt for limited STI services from private clinics. Only limited counseling is available for couples or HIV-positive clients. HIV-positive clients in routine hospital-based VCT centers are generally referred to the care and treatment program at that hospital, but referrals from mobile or outreach services for MARPs are limited. Finally, VCT services in Thailand are constrained by the fact that most counselors are part-time, have other primary work, and have limited support for counseling training.

Implementation of the HIV testing algorithm in Thailand is variable and includes enzyme immunoassay in most hospital-based VCT sites with results typically provided within 3-14 days. Rapid testing is sometimes available at selected sites at increased cost (approximately $6 USD). But outside of research settings, confirmatory same-day results are rarely provided, even with rapid testing. Recognizing the need to improve this situation, four areas have been identified that fit into the comparative advantage of the USG and the strategic approach of the USG in Thailand in HIV/AIDS:

1. Assistance with development of national VCT guidelines, including testing algorithms, client- and provider-initiated counseling and testing messages, approaches for MARPs, and M&E.
2. Evaluation and expansion of quality improvement (QI) and performance measurement tools for VCT services (HIVQUAL-T VCT).
3. Development of VCT services for MARPs, including improved promotion and access to VCT services, improved outreach and links to community-based organizations, and follow-up care and counseling.
4. Development and implementation of specific HIV counseling models including risk reduction counseling, couples counseling, and disclosure counseling for both HIV-infected children (disclosure to them) and HIV-infected adults (disclosure to others).

USG-Supported Activities
HIVQUAL-T VCT: HIVQUAL-T was developed and implemented with support from the New York Department of Health AIDS Institute, Health Resources and Services Administration, Institute of Hospital Quality Improvement and Accreditation, MOPH, and USG as a performance measurement and QI tool in Thailand. HIVQUAL-T (adult care and treatment) was expanded to 550 sites in FY 2008, and all 835 public hospitals will be reached in FY 2009. A VCT component of HIVQUAL-T was developed in FY 2007; in FY 2008, the model was tested in nine BMA hospitals, and in 2009 support will be provided to evaluate and improve this model. Performance data from HIVQUAL-T VCT have shown high (>90%) rates of pre- and post-test counseling at most hospitals. Weaker performance areas, such as informed consent and post-test counseling in some hospitals, are being addressed through QI initiatives. Increased implementation of HIVQUAL-T VCT should facilitate improvement in the proportion of clients receiving pre -test counseling, HIV testing, and post-test counseling according to national standards. In FY 2009, this model will be evaluated for validity and potential for scale-up to other hospitals in Thailand.

MARPs and VCT: Counseling and testing services are a critical component of the minimum package of services, which is part of the comprehensive prevention package the USG supports for MARPs, both as an entry point for care and treatment services and as the basis for primary prevention and PwP. Over the past year, USG supported model development programs for MSM, prisoners, IDU, and FSW. As noted above, VCT services have been promoted as part of routine services in hospitals nationally although there is urgent need for sensitivity training on MARPs issues within these hospitals. USG continues to support developing comprehensive prevention package models for MSM in six urban centers (Bangkok, Chiang Mai, Khon Kaen, Pattaya, Phuket, and Ubon Ratchatani). USG supports VCT for MSM through outreach and promotion, by integrating VCT services into community-based MSM drop-in centers and through provision of TA and training to MSM clinics and MSM-friendly government STI sites. USG plans to address key barriers, such as stigma and discrimination, while promoting benefits of early testing for treatment and control of HIV and better health as well as protection of partners.

In FY 2009, USG will provide TA to NHSO to develop provider-initiated counseling and testing (PICT) guidelines and training materials, specifically addressing MSM and FSW, for use in STI and TB clinics and. Among IDU, VCT has been promoted through peer outreach workers who refer other IDU to methadone clinics for VCT in Bangkok. Unfortunately, the uptake of VCT through referrals has been low and, although this may be partially explained by high HIV testing rates as part of screening and enrollment for the Bangkok Tenofovir Study, a new model to bring health center staff to IDU drop-in centers will be evaluated at one site. Among prison populations, USG worked with a provincial health office and a local NGO to support promotion of VCT through peer educators in two prisons. To date, this program has provided VCT to 540 prisoners (approximately 10% of the prison population in the two provinces). Of these, 8% were HIV-positive and have been referred for care. One of the barriers to VCT in prisons has been the lack of services on-site and this will be addressed in the future. In 2009, USG will work with the Department of Corrections at the national level to integrate the successes of the two model prison sites into additional prisons.

In all model development sites, VCT will continue to be offered through clinic settings that address MARPs' specific needs, or through referrals to selected hospitals or clinics that have been sensitized to vulnerable populations. USG will work with partners and policy makers to advocate for integration of rapid testing into national guidelines and for increased use of rapid testing with same-day results. USG supported validation of a rapid testing algorithm, and this will be incorporated into the national guidelines and used for policy advocacy.

PLHA and VCT: A PwP model will be developed and assessed for MSM, including curricula and training materials for counseling HIV-positive MSM, provision of psychosocial support, and linkages to care and treatment services. USG is supporting the development and evaluation of a PwP program for general population PLHA in seven hospitals in FY 2008 – FY 2009. This program provides disclosure, family, risk reduction, and couples counseling to PLHA. The model also promotes partner HIV testing. Tools and materials from this program include a short prevention messages flipchart and a PwP manual. In FY 2008, training on the PwP model was conducted in all 12 regions in Thailand for 1,200 providers in 400 hospitals. The evaluation of this model is ongoing and is expected to be completed by the end of FY 2009. For HIV-infected children, a disclosure counseling curriculum was developed for use in clinic settings, and 700 providers in 16 provinces were trained (see Pediatric Care and Treatment narrative). Couples counseling for women in ANC and their partners has been offered since mid-2008. A manual and materials are being developed; training will be conducted in early 2009; and implementation and evaluation are planned for later in 2009.

TB/HIV: USG-supported TB clinics developed a model for PICT for TB patients, which supports implementation of a national policy on PICT developed during 2006 (see TB/HIV narrative). As a result of implementing this model, 82% of TB patients in these sites have been HIV tested, and HIV-infected TB patients are linked to HIV care and treatment. In addition, there is screening for TB disease in HIV-infected persons, and for TB and HIV in contacts of HIV-infected TB patients in selected districts. For TB/HIV-

infected patients, USG will work with the Bureau of TB to increase PICT for all TB patients nationally. Currently, national HIV testing rates for TB patients is approximately 40%, as compared to >70% in USG-supported sites. Additionally, USG will support implementation of guidelines to increase referrals and access of TB patients to ART.

Policy
USG support in Thailand for VCT includes support for MARPs, rapid HIV testing, increased utilization rates in STI and TB clinics, M&E, performance measurement and QI, and disclosure and couples counseling for HIV-infected clients. Ongoing challenges include policies and service delivery which are not focused on MARPs, lack of non-clinic-based VCT services, lack of routine rapid testing with same-day results, and limited M&E systems for VCT.

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5810.09
Mechanism: Thailand Ministry of Public Health
Prime Partner: Thailand Ministry of Public Health
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: 11568.25019.09
Planned Funds: $77,596
Activity System ID: 25019
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17978

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17978	11568.08	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	7907	5810.08	Thailand Ministry of Public Health	$40,000
11568	11568.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$100,962

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $31,814

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5811.09
Mechanism: Bangkok Metropolitan Administration
Prime Partner: Bangkok Metropolitan Administration
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: 11567.25028.09
Planned Funds: $92,819
Activity System ID: 25028
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17970

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17970	11567.08	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	7906	5811.08	Bangkok Metropolitan Administration	$19,000
11567	11567.07	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	5811	5811.07	Bangkok Metropolitan Administration	$19,902

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $38,056

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5812.09
Mechanism: Management / Technical Staffing
Prime Partner: US Centers for Disease Control and Prevention
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: 11587.25039.09
Planned Funds: $114,305

Activity System ID: 25039

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17987

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17987	11587.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7908	5812.08	Management / Technical Staffing	$98,210
11587	11587.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$107,596

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

Water

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: $0

Program Area Narrative:

N/A in Thailand

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: $445,221

Program Area Narrative:

Thailand has a well-established public health laboratory system. The Thai NIH serves as a national reference laboratory, and a network of regional, provincial, and community laboratories provide routine laboratory services. HIV serology testing is conducted at a wide range of laboratories at all levels, using an algorithm of two or three enzyme immunoassay tests based on WHO guidelines. Because there is no formal policy or established algorithm regarding rapid testing in Thailand, use of these tests is

limited. Thai national guidelines for HIV care recommend CD4 testing for initial staging and for monitoring of persons on ARVs. Under the country's universal health care scheme, CD4 testing, viral load monitoring and, in some cases, ARV resistance testing are covered services. HIV IgG BED capture immunoassay (BED-CEIA) testing to estimate HIV incidence is performed as part of the MOPH's annual sentinel surveillance among pregnant women and FSW. Acid-fast bacilli (AFB) smear is performed routinely for patients with suspected TB; conventional TB culture is performed routinely for patients with positive AFB smears. However, quality systems are lacking in many laboratories.

A national External Quality Assessment (EQA) program for HIV serology testing was established in 1994 for public health laboratories located at the community, provincial, and regional levels. This program was later expanded to include private hospital laboratories and the Thai Red Cross blood screening center, reaching around 1,000 laboratories. Supported in part for several years by USG to increase the number of laboratories served, this EQA scheme is now supported by the MOPH and NHSO. However, human resource capacity to provide needed training and TA in response to poor performance in the EQA scheme is limited. A national CD4 EQA program was developed by Mahidol University with USG support and in collaboration with the MOPH; this program was adopted and funded by NHSO beginning in 2007 for expansion to all laboratories conducting flow cytometry. During the past two years, with USG support, 44 laboratories began participating in a new EQA program for TB and opportunistic infection (OI) diagnostic tests managed by Bamrasnaradura National Infectious Diseases Institute. This program provides EQA panels for AFB smear and for microscopic identification of bacteria, fungi, and parasites causing OI. Chiang Mai University, which is now providing infant diagnostic testing for the universal health care scheme using an in-house DNA polymerase chain reaction (PCR) on dried-blood spots (DBS), participates in CDC's DBS EQA panel for DNA PCR. The Thai NIH participates in CDC's BED EQA scheme.

Public health laboratory certification and accreditation play an important role in promoting implementation of quality systems in laboratories. National policy endorses laboratory accreditation, and promotes networking of laboratories for quality assurance. However, fewer than 70 of the country's 1,300 laboratories are accredited to the WHO-endorsed international standard. A few additional laboratories have met the standards set by the Association of Medical Technologists of Thailand (AMTT) for national laboratory accreditation, a set of minimum requirements that contain elements of International Organization for Standardization (ISO) 15189 and 17025 standards. New accreditations occur at the rate of approximately seven per year.

USG-Supported Activities
Despite the progress in laboratory services and programs in Thailand, a number of gaps exist. To address these needs, USG will continue to provide TA and other support for development and scale-up of EQA schemes for HIV-related clinical testing, implementation of specialized testing for surveillance and TB/HIV, and establishment of the quality systems necessary for laboratory accreditation.

* EQA Programs
USG support will address the following gaps: some laboratories still do not participate in HIV serology EQA; turnover of hospital laboratory staff creates training needs that exceed the capacity of the current training system; EQA schemes for viral load, AFB smear, and microscopic diagnosis of OI are not fully developed.

Specifically, USG will support MOPH to:
• Strengthen the quality of the HIV serology EQA program by providing additional training to participants on proper testing methods, and increasing membership and full participation by all members in the program.
• Support ongoing development of HIV viral load and HIV genotyping (ARV resistance) EQA programs.
• Expand the AFB smear and microscopic diagnosis of OI EQA program through Bamrasnaradura to regional laboratories within Thailand.

The USG role in supporting MOPH to develop and monitor these EQA programs focuses on TA and training for underperforming laboratories. For long-term sustainability, the EQA programs will require additional support by MOPH or another organization such as NHSO. The current EQA for HIV serology is supported directly by MOPH and NHSO, whereas the new EQA for CD4 testing is supported by NHSO alone. USG will facilitate further negotiations to identify appropriate mechanisms for long-term support of the expanded and new EQA programs.

The HIV serology and CD4 EQA schemes described above are now being provided to a number of other PEPFAR countries in the region. Cambodia and Vietnam participate in the schemes with USG Thailand support. The CD4 EQA scheme developed with USG support will expand to Laos and Papua New Guinea in 2009, and is also provided to Indonesia and Nepal with WHO funding. Vietnam has participated, with USG support, in the microscopic diagnosis of OI EQA scheme since 2007. In addition, USG supports Thai NIH to provide TA and training to Vietnam Ministry of Health (MOH) to develop their own EQA schemes.

* Specialized Testing for HIV Surveillance and other HIV-Related Testing
USG support will address two main gaps. First, use of HIV rapid testing is limited because there are no established guidelines or algorithm for it. Second, mycobacterial culture capacity has been developed in five provinces and drug susceptibility testing (DST) capacity strengthened at the national level, but performance of culture and DST need monitoring and optimization.

USG will provide technical support to MOPH to:
• Develop an HIV rapid test algorithm (with FY 2008 funds).
• Train trainers to roll-out implementation of the HIV rapid test algorithm, and monitor the implementation process.
• Build capacity to optimize performance of mycobacterial culture and DST for specimens from HIV-infected persons at the provincial and national level (see TB/HIV narrative).

USG will continue supporting an NGO to use rapid HIV tests within the MPS model for MSM in one site. USG will also support Thai NIH to provide training on fungal culture and identification to Vietnam MOH laboratory staff.

* Quality Systems for Laboratory Accreditation
Leadership, technical support, and funding aimed at implementing quality systems in hospital laboratories are limited. The USG team will provide TA and funding to regional offices of the MOPH's Department of Medical Sciences to support the initial implementation of quality systems and accreditation processes in hospital laboratories within that region. USG funding will be used to leverage government funds that are available for quality systems and accreditation processes for particular provinces. USG will support the processes for hospital laboratories to meet ISO 15189 or AMTT standards in selected provinces with a high burden of HIV. USG has already initiated implementation of laboratory quality systems at 54 public health laboratories in three provinces. In FY 2008, one of these laboratories achieved AMTT certification, bringing the total to 14.

To facilitate sustainability of the laboratory accreditation process, USG brought together the stakeholders for hospital laboratory quality (NHSO, MOPH Departments of Medical Sciences and Medical Services, and the Medical Technologist Council, which is the certifying body for AMTT certification) to discuss the critical role that quality systems play in the laboratory and future options for funding the process. As a result, the Department of Medical Sciences and the council will develop a curriculum for training on laboratory accreditation; the Department of Medical Sciences will include national laboratory accreditation, along with ISO accreditation, in the indicators it requires hospitals to report; and NHSO has agreed to pay the audit fee necessary for the national laboratory accreditation process.

Policy
MOPH has policies for laboratory quality systems and use of EQA schemes to ensure quality of testing at laboratories around the country. USG will continue to support training, laboratory accreditation processes, and development of model systems consistent with these policies.

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 5810.09
Mechanism: Thailand Ministry of Public Health
Prime Partner: Thailand Ministry of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Budget Code: 16
Activity ID: 11571.25021.09
Planned Funds: $259,014
Activity System ID: 25021
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17980

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17980	11571.08	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	7907	5810.08	Thailand Ministry of Public Health	$184,821
11571	11571.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$231,402

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$106,196

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: 5812.09
Mechanism: Management / Technical Staffing
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Budget Code: 16
Activity ID: 11589.25041.09
Planned Funds: $186,207
Activity System ID: 25041
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17989

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17989	11589.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7908	5812.08	Management / Technical Staffing	$170,231
11589	11589.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$101,080

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$76,345
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: $807,510

Program Area Narrative:

In Thailand, the USG SI strategy focuses on providing SI technical assistance and support for HIV/AIDS prevention, care, and treatment activities conducted by the government, GFATM, and other donors while strengthening linkages between the national and sub-national levels. For FY 2009, the major SI priorities will focus on the following areas:

• Technical transfer and capacity building for counterparts at national levels for development of high quality, second generation surveillance models targeting MARPs, including MSM, non-venue-based FSW, and IDU.
• Integration of the “Third One” by strengthening government HIV/AIDS surveillance and M&E management information systems and data use to inform program planning and policy advocacy.
• Development of standardized program monitoring guidelines to monitor implementation of MSM programs.
• TA for scale-up of performance measurement and quality improvement (QI) systems in care settings.
• Promotion of data use for developing policy and strategic plans at the sub-national level.

Functioning of the SI Team within the Country Team
The USG SI Team includes four staff members—two Senior Technical Advisors who closely work with and supervise the CDC/GAP prevention, care, and treatment teams; a Medical Epidemiologist who leads the CDC/GAP surveillance, monitoring, and evaluation team; and a SI Specialist who works with the USAID RDM/A HIV team and serves as the SI Liaison.

During the FY 2009 mini-COP development process, the USG program and SI teams set targets, which were then reviewed by the SI Advisor for Thailand from CDC/GAP Atlanta. Technical staff and USG partners held discussions to set downstream (direct) and upstream (indirect) targets for FY 2009 and FY 2010 based on FY 2008 program results and projected program growth. The USG SI team obtained information from the MOPH and the GFATM on their future program plans and targets, which were used to estimate the USG upstream targets.

Overarching SI System
National surveillance systems in Thailand are well established, including passive case-based AIDS surveillance, HIV sero-surveillance, and sentinel behavioral surveillance. However, with evolving risk behaviors, the changing nature of the HIV epidemic, and widespread availability of ARV therapy, new approaches are needed to appropriately monitor the HIV epidemic and provide data for planning national responses. Systems are limited in their ability to track the early warning signs of a rising HIV epidemic with new HIV infections and risk behaviors among high-risk populations, as well as the early warning signs of ARV resistance. Although Thailand has high quality data, these data are underutilized. Capacity to undertake integrated analysis and synthesis and use data for policy and program planning needs to be strengthened at both the national and provincial levels.

USG is committed to building the long-term SI infrastructure and capacity of the Thai government’s national HIV/AIDS surveillance, monitoring, and information systems. The USG strategy includes 1) developing and evaluating replicable surveillance models, 2) integrating and expanding these models by the Thai government, and 3) assuring the quality of these models once they are integrated into routine surveillance systems. Each surveillance system typically requires a 3-5 year period for program development, piloting, and transitional integration with routine governmental systems. In FY 2008, the HIVQUAL-T

program to monitor the quality of HIV/AIDS care and treatment services at governmental facilities and HIV incidence surveillance using IgG BED capture immunoassay (BED-CEIA) were successfully integrated with routine governmental systems. In FY 2009, these programs will be fully funded by the MOPH, and the USG will provide technical support for program supervision and mentoring.

A national integrated M&E framework and system (the UNAIDS “Third One”) has recently been developed. However, many individual programs, such as PMTCT, still have M&E systems that were specifically designed for their programs and funding agencies. Transition to a decentralized health care policy and concomitant strengthening of local health authorities have created new challenges for planning, implementing, and evaluating national SI tools. To make the “Third One” work in Thailand, strong leadership from government, technical support, and close collaboration from all stakeholders will be needed.

In FY 2008, the M&E subcommittee appointed by the National AIDS Committee helped plan, prepare, and harmonize the UNGASS report. A process was established to compile and analyze relevant data through full participation of various stakeholders from government, NGOs, civil society, academic institutions, international organizations, and donors. Key results from the UNGASS report will guide the work plan for the NAP.

Surveillance and Surveys
Between FY 2006 – FY 2008, the USG and MOPH successfully undertook HIV incidence sentinel surveillance among FSW, second generation surveillance among FSW and MSM in pilot provinces, and ARV drug resistance monitoring. USG provided TA to adapt surveillance approaches to Thailand, conducted training and pilot tests of these approaches, supported initial implementation, assessed implementation and results, and transitioned the surveillance systems to Thai government support. In FY 2009, USG activities will focus on supporting MOPH to:

• Pilot an integrated biomarker and behavioral risk surveillance system using RDS among non-venue-based FSW in three tourist provinces and among IDU in two provinces.
• Provide TA to expand a biennial survey using venue-day-time sampling to monitor risk behaviors and HIV infection among MSM in five provinces.
• Continue TA on HIV incidence surveillance, using BED-CEIA testing, to monitor the impact of the National HIV Prevention Strategy among venue-based FSW, women attending antenatal care, and male military conscripts.
• Expand ARV resistance surveillance, according to WHO-CDC guidelines, to 43 provinces.
• Adapt WHO-CDC recommended models for monitoring treatment outcomes and early warning indicators for ARV resistance and ART program failure and implement these models in pilot provinces.
• Undertake population size estimation of IDU in two provinces.
• Share surveillance training curricula and practical surveillance guidelines with other PEPFAR countries, and provide TA in HIV-related surveillance and use of epidemiologic data to Laos and Papua New Guinea.

USG will continue to support capacity building on the analysis and reporting of biological and behavioral surveillance data to monitor the response to the epidemic, and will work closely with MOPH to modify the national surveillance framework for MSM and non-venue-based FSW.

Health Management Information Systems
NHSO developed a comprehensive national health information system that includes HIV/AIDS. In FY 2008, significant progress was made on implementing a facility-based reporting system, which includes clinical care, ARV treatment, and HIV counseling and testing, from government health facilities to the NHSO. In FY 2009, USG Thailand will compliment these efforts by strengthening community-based information systems for monitoring prevention activities for MARPs. USG will continue to provide TA to MOPH and NHSO in formulating the NAP database and integrating key indicators related to performance measurement for QI in care and treatment (HIVQUAL), PMTCT, HIV counseling and testing, PwP, and early warning indicators for ARV resistance.

Monitoring and Evaluation
USG Thailand TA and support for M&E includes:

1) Develop standardized monitoring guidelines and build M&E capacity for MARPs prevention programs particularly MSM.

An effective and efficient monitoring and quality assurance and quality improvement (QA/QI) system is key for successful MSM interventions. USG aims to develop a simplified tool to produce consistent and reliable information to track project progress and improvement. In FY 2009, USG will develop standardized M&E indicators and intervention definitions for MSM and provide training to USG partners and the MOPH on how to use the monitoring system.

USG will continue to strengthen the capacity of MSM implementing agencies and the MOPH in QA/QI assessments by providing the following TA:

• Monitor and ensure standardized M&E guidelines are followed to correctly and completely monitor and report on MSM interventions in accordance with the MPS for MSM.
• Assist MSM implementing agencies in developing and implementing QI plans for MSM interventions in accordance with standard operating procedures developed for the MPS.
• Conduct a training workshop to strengthen M&E and QA/QI systems.

USG will work to institutionalize and sustain M&E systems within the government, NGOs, and CBOs providing services to MARPs. USG will support customization of the system to suit local needs while ensuring consistency across organizations in understanding and complying with standard definitions, procedures for data collection, and reporting. USG will support development of standardized definitions, clear data collection protocols, and enhanced use of data to improve quality of services

for MARPs in seven provinces.

USG will ensure routine data quality assessments will be implemented as an integral part of USG-supported activities. A simplified tool and method will be developed and institutionalized within USG and USG partners. TA and forums to share lessons learned from the assessments will be provided by the USG SI team.

2) Implement data use for development of policy and strategic plans at sub-national level.

To build on this national level success and address the challenges created by health system decentralization, USG, in collaboration with MOPH, has developed a model to strengthen local leadership to develop an integrated policy on HIV prevention and alleviation and provide institutional capacity building for local agencies to develop integrated work plans and resource mobilization. A major technical strategy of this model includes strengthening local capacity to undertake in-depth analysis of strategic information, develop and implement local M&E plans, and increase use of data for resource mobilization and action through health and non-health government organizations, NGOs, CBOs, and the private sector (see Health Systems Strengthening narrative). The model was piloted in three provinces (Chiang Rai, Phuket, and Ubon Ratchathani) in 2007, and was expanded to another two provinces (Lampang and Nakhon Phanom) via the Programme Acceleration Funds (PAF) in 2008.

In FY 2009, USG will provide technical support to the MOPH for the integrated analysis and triangulation of available data as a broad strategy to better understand the success of the national response to the evolving HIV epidemic in Thailand among MSM, FSW, and IDU. Key findings of this effort will inform the next national HIV/AIDS strategy and program planning.

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5812.09
Mechanism: Management / Technical Staffing
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 11590.25042.09
Planned Funds: $432,393
Activity System ID: 25042
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17990

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17990	11590.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7908	5812.08	Management / Technical Staffing	$446,529
11590	11590.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$632,204

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$177,281

Public Health Evaluation

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: 5809.09
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: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 11549.25011.09
Planned Funds: $15,730
Activity System ID: 25011
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17550

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17550	11549.08	U.S. Agency for International Development	US Agency for International Development	7797	5809.08	Management/Technical Staffing	$20,000
11549	11549.07	U.S. Agency for International Development	US Agency for International Development	5809	5809.07	Management/Technical Staffing	$19,600

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5807.09
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: Strategic Information
Budget Code: HVSI
Program Budget Code: 17

Activity ID: 11548.24997.09

Activity System ID: 24997

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17546

Planned Funds: $20,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17546	11548.08	U.S. Agency for International Development	Pact, Inc.	7796	5807.08	Community REACH Greater Mekong Region Associate Award	$38,700
11548	11548.07	U.S. Agency for International Development	Pact, Inc.	5807	5807.07	Community REACH Greater Mekong Region Associate Award	$64,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7855.09

Prime Partner: Pact, Inc.

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 17664.25001.09

Activity System ID: 25001

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17664

Mechanism: Community REACH Greater Mekong Region Associate Award

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: $23,760

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17664	17664.08	U.S. Agency for International Development	Pact, Inc.	7855	7855.08	Community REACH Greater Mekong Region Associate Award	$10,300

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5806.09

Prime Partner: Family Health International

Funding Source: GHCS (USAID)

Budget Code: HVSI

Mechanism: TASC3 Task Order

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Budget Code: 17

Activity ID: 11546.24994.09

Activity System ID: 24994

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17543

Planned Funds: $30,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17543	11546.08	U.S. Agency for International Development	Family Health International	7795	5806.08	TASC3 Task Order	$49,000
11546	11546.07	U.S. Agency for International Development	Family Health International	5806	5806.07	TASC3 Task Order	$50,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 10629.09

Mechanism: TASC3 Task Order

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: 25003.09

Planned Funds: $30,000

Activity System ID: 25003

Activity Narrative: n/a

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5810.09

Mechanism: Thailand Ministry of Public Health

Prime Partner: Thailand Ministry of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 11573.25022.09

Planned Funds: $255,627

Activity System ID: 25022

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17981

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17981	11573.08	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	7907	5810.08	Thailand Ministry of Public Health	$257,500
11573	11573.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$363,569

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $104,807

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: $234,500

Program Area Narrative:

Health systems strengthening and policy initiatives provide a solid foundation for HIV programs to enhance efficiency, planning, resource mobilization, and collaboration. USG will work with the Thai government, civil society, and the private sector to help improve the effectiveness of the country-level response to HIV/AIDS by focusing on capacity building, supporting enabling environments, reduction of stigma and discrimination, and quality assurance.

In 2004, the Thai government instituted a political and administrative decentralization policy. Under decentralization, provincial policies and strategic plans that are consistent with national goals are developed by provincial leaders. For HIV programs, decentralization offers an opportunity to bring these programs closer to local communities and to increase local coordination and adaptation of the response. However, local institutions must be ready to take over key responsibilities, including establishing linkages between HIV and other local priorities, addressing and funding key HIV-related programs, and monitoring and evaluating these programs.

HIV prevalence is very high among MARPs (31% among MSM, 29% among IDU, 25% among prisoners, 20% among street-based FSW, 5.5% among indirect FSW, and 3.3% among direct FSW), so the capacity of government and NGOs to work with MARPs is critical. Under decentralization, this capacity must exist in local government. Currently, the absence of supportive policies and the limited capacity of government (central and local) and civil society to work with MARPs have resulted in inadequate prevention efforts among these groups.

USG-Supported Activities
USG health systems strengthening efforts are focused in three areas: strengthening government and local NGO capacity for HIV program planning and management; improving HIV prevention, care, and treatment services for MARPs by strengthening NGOs and building leadership and a supportive policy environment; and strengthening GFATM management structure and donor coordination.

1) Strengthening government and local NGO capacity for HIV program planning and management.

As a result of political reform and decentralization, support for HIV/AIDS prevention now requires leadership from local governors and coordination between multilateral organizations. Since 2007, USG Thailand has encouraged multisectoral collaboration to strengthen local leadership in four provinces of Thailand (Chiang Rai, Chonburi, Phuket, and Ubon Ratchathani). The twin goals of this project are: 1) in-depth analysis of strategic information and utilization of information to develop an integrated policy on HIV prevention and care; and 2) institutional capacity building of local agencies so they can develop integrated work plans and mobilize resources through health and non-health governmental organizations, NGOs, CBOs, and the private sector. Lessons learned from the four provinces have been used to expand in 2008 through the CDC-UNAIDS Programme Acceleration Funds (PAF) to two additional pilot provinces (Lampang and Nakhon Phanom), with a focus on reducing barriers to GFATM grant implementation in those provinces. From 2009-2014, through the Round 1 Global Fund Rolling Continuation Channel (RCC) grant, the multisectoral model will be implemented in 44 provinces.

In FY 2009, USG will continue to build capacity in the six pilot provinces for sub-national leaders to use policy and strategy analyses for program planning and improvement. In coordination with HIV program planning and management at the national level, the following activities will aim to increase the integration of HIV into routine service delivery and to build capacity for harmonized programs.

• USG technical support, in collaboration with UNAIDS, to build the leadership capacity of provincial governors, relevant provincial authorities, and the public health and non-health sectors. The intended outcomes will be raising awareness in the community and improving joint program planning. USG technical support for capacity building will be provided through workshops and discussions among local political leaders who will implement HIV/AIDS prevention and care services in the Round 1 RCC award provinces.
• Technical support for data triangulation—an in-depth integration and analysis of existing evidence-based information, including surveillance results, program data, M&E, and research information. Use of these techniques will help improve national program planning and advocacy for multisectoral involvement, resource mobilization, and prioritization and allocation of sufficient funds for effective interventions.

2) Improving HIV prevention, care, and treatment services for MARPs by strengthening NGOs and building leadership and a supportive policy environment.

In Thailand, human and institutional capacity is weak among many local government institutions, NGOs, and CBOs working with MARPs, despite the very high HIV prevalence rates in these populations. To increase the effectiveness of program interventions, USG will support a variety of training and coaching efforts to build capacity among outreach workers, clinical staff, program managers, and PLHA.

• To address the unique and diverse needs of MARPs, an enabling environment within society is required. USG will address this need using a four-part approach: 1) strengthening political commitment by disseminating key information related to HIV/ AIDS trends among MARPs; 2) increasing participation of civil society in policy development and advocacy; 3) strengthening capacity in policy development and advocacy; and 4) reducing stigma and discrimination. Activities will include assisting PLHA to form support groups and participate in NGO policy development and advocacy activities, and providing TA to nascent NGOs and other civil society organizations.
• USG will strengthen a regional network of MSM groups addressing HIV/AIDS, and support capacity building for Thai MSM groups through this network.
• USG will strengthen the institutional and technical capacity of NGOs, CBOs, and PLHA groups to deliver high impact MSM and PwP comprehensive programs in the five provinces where USG supports HIV prevention models for MARPs. This strengthening will be based on results of an organizational capacity building assessment. Specifically, TA will be provided to the following indigenous NGOs working on HIV prevention: SWING-Bangkok, SWING-Pattaya, Sisters in Pattaya, Rainbow Sky Association of Thailand, Mplus in Chiang Mai, Andaman Power in Phuket, M-Reach in Khon Kaen, and M-Friends in Udon Thani; and to the following indigenous NGOs working on HIV care and support: Violet Home in Chiang Mai and Mercy Center in Bangkok.
• USG will improve the current policy environment through activities to strengthen civil society, build local political and leadership capacity, improve access to information and services for vulnerable groups, and promote the greater involvement of PLHA.
• USG and RTG will provide support to strengthen the capacity of sub-district offices and PLHA groups to plan and implement HIV programs through US Peace Corps volunteers.

3) Strengthening GFATM management structure and donor coordination.

GFATM supports three HIV grants and three TB grants in Thailand (see Global Fund Supplemental narrative). USG Thailand strengthens GFATM management structure and donor coordination by:

• Having one membership position on the country coordinating mechanism (CCM) and one on the HIV technical committee, allowing participation in CCM meetings, oversight of ongoing projects, contribution to phase II renewal plans, and substantive TA for developing new proposals.
• Overseeing TA to GFATM projects provided through the UNAIDS PAF mechanism with USG funding. PAF support two projects:
  o The first PAF project has three objectives: 1) building capacity of the CCM to provide technical and programmatic oversight to GFATM grants strengthening the role of civil society in the CCM; 2) assessing needs to improve financial and programmatic monitoring and reporting, and providing training and TA to address these needs; and 3) developing and disseminating SI briefs to promote policies supportive of GFATM-funded HIV programs.
  o The second PAF project supports capacity building for local government and GFATM sub-recipients and sub-sub-recipients to improve their capacity to design and implement effective HIV programming at the local level. The capacity building brings together stakeholders from multiple sectors in two selected provinces, and will result in development of local response policy and capacity

development guidelines, which will be disseminated in Thailand.
• Supporting involvement of NGOs, CBOs, and PLHA groups in proposal development and implementation of GFATM grants.

USG provides TA on MSM interventions, HIV counseling and testing, STI management, project management, M&E, and quality improvement. USG will share with the GFATM lessons learned and recommendations to strengthen and scale-up effective HIV prevention and care interventions in Thailand. USG will also advocate for the GFATM's support for scaling-up USG-supported TA-based models that have been shown to be effective.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5810.09
Mechanism: Thailand Ministry of Public Health
Prime Partner: Thailand Ministry of Public Health
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: 11575.25023.09
Planned Funds: $54,812
Activity System ID: 25023
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17982

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17982	11575.08	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	7907	5810.08	Thailand Ministry of Public Health	$75,000
11575	11575.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$305,644

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $22,473

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: 5806.09
Mechanism: TASC3 Task Order

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: 12596.24993.09

Planned Funds: $5,000

Activity System ID: 24993

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17542

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17542	12596.08	U.S. Agency for International Development	Family Health International	7795	5806.08	TASC3 Task Order	$10,000
12596	12596.07	U.S. Agency for International Development	Family Health International	5806	5806.07	TASC3 Task Order	$5,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 7855.09

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: 17759.25002.09

Planned Funds: $35,831

Activity System ID: 25002

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17759

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17759	17759.08	U.S. Agency for International Development	Pact, Inc.	7855	7855.08	Community REACH Greater Mekong Region Associate Award	$27,400

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5807.09

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: 11551.24998.09

Planned Funds: $51,689

Activity System ID: 24998

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17547

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17547	11551.08	U.S. Agency for International Development	Pact, Inc.	7796	5807.08	Community REACH Greater Mekong Region Associate Award	$202,700
11551	11551.07	U.S. Agency for International Development	Pact, Inc.	5807	5807.07	Community REACH Greater Mekong Region Associate Award	$241,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5811.09

Mechanism: Bangkok Metropolitan Administration

Prime Partner: Bangkok Metropolitan Administration

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: 11574.25031.09

Planned Funds: $46,409

Activity System ID: 25031

Activity Narrative: n/a

New/Continuing Activity: Continuing Activity

Continuing Activity: 17973

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17973	11574.08	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	7906	5811.08	Bangkok Metropolitan Administration	$30,000
11574	11574.07	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	5811	5811.07	Bangkok Metropolitan Administration	$119,370

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$19,028
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: 10629.09
Mechanism: TASC3 Task Order
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: 25008.09
Planned Funds: $5,000
Activity System ID: 25008
Activity Narrative: n/a
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5812.09
Mechanism: Management / Technical Staffing
Prime Partner: US Centers for Disease Control and Prevention
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: 11591.25043.09
Planned Funds: $35,759
Activity System ID: 25043
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17991

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17991	11591.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7908	5812.08	Management / Technical Staffing	$132,417
11591	11591.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$160,817

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $14,661

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: $305,432

Program Area Narrative:

The institutionalization of the team structure to reach the PEPFAR goals in Thailand is well underway. The U.S. Ambassador leads the PEPFAR team with agency representation from the State Department, USAID, HHS, and DoD. The embassy's Environment, Science, Technology, and Health Officer facilitates interaction with the embassy. Agency roles are clearly defined based on core strengths. Cross-agency planning and management began in FY 2007. Joint PEPFAR team meetings are held periodically, with representation from each agency, along with regular e-mail and telephone communications.

The PEPFAR management staffing in Thailand is based on the TA focus of the program, and the broad range of program areas in which the USG team provides TA. Specifically, the skills necessary to implement PEPFAR in Thailand and provide TA to other PEPFAR countries, include:

1. Technical skills in the supported program areas - prevention, care, treatment, laboratory, and strategic information.
2. Public health program skills to facilitate translation of science into programs, and adaptation of proven approaches to the local context.
3. Skills in working with NGOs to provide oversight to NGO capacity building, and development of program models in the NGO setting.
4. Administrative support for program logistics and coordination.

For overall technical leadership and management of PEPFAR in Thailand, and for coordination of TA provided to other countries, 1.90 full time equivalent (FTE) U.S. direct hire (USDH) staff are currently in place. These staff also provide management of TA in specific priority areas (prevention services for MSM and IDU, quality of care, SI, and evaluation of model programs), and oversight of NGO capacity building and model development. An additional 2.0 FTE USDH staff serve as senior technical advisors to the locally-employed staff (LES), providing capacity building and mentoring in state-of-the-art technical skills, TA provision, and diplomacy and communications skills, especially for global TA work. A total of 38.12 FTE LES and 0.3 FTE contractors with skills

in the four categories listed above provide TA in all supported program areas, as well as some administrative and operational support. The TA focus of PEPFAR Thailand creates sustainable public health program improvements, while capacity building for LES develops a group of technical experts who can provide TA to government and NGOs for the long term. No new staff is requested for FY 2009.

In FY 2009, USG in Thailand will take on a more substantial role in transferring technical expertise and experience in the four categories listed above to the Thai government and other PEPFAR countries, with a focus on developing local capacity for implementing and managing PEPFAR activities. This expanded role recognizes the important contributions that PEPFAR Thailand can make to other PEPFAR countries by sharing intervention models that have been successfully developed, implemented, evaluated, and adapted for local use.

The USG team will examine several of its current practices. Among these practices are communication, coordination, and management within the USG team and with host governments, partners, and other stakeholders; adoption of technical working groups; and annual priority and budget setting processes. In FY 2008, the USG Thailand team established regular coordination meetings to discuss and coordinate joint MSM HIV/AIDS programming and issues related to VCT. The team will also examine the impact of the movement by OGAC away from a Thailand-specific HIV program to a more global focus. One challenge the team faces, as a result of the greater focus on global aspects of the program, is the current balance of staff with experience and skills appropriate to providing global TA, as opposed to staff with experience and skills more appropriate to developing and evaluating model programs in Thailand.

The USG Team works closely with non-program offices at the Mission, particularly HR, the Executive Office, and the Regional Office of Procurement to carry out relevant PEPFAR activities. USAID/RDMA is currently in the process of possible expansion to launch a training center under Henrietta Fore's Development Leadership Initiative for new USAID Foreign Service Officers. Details of this potential expansion are still being determined. Given that USAID/RDMA manages six country programs, all staff have a large management burden.

While not physically housed together, all of the USG PEPFAR team for Thailand is located in Bangkok. The USAID HIV staff are located at the USAID Regional Development Mission/Asia (RDM/A), adjacent to the U.S. embassy complex in Bangkok. All USAID staff working on PEPFAR Thailand are also responsible for PEPFAR programs in other USAID non-presence countries. The HHS/CDC offices are co-located with the MOPH, facilitating close collaboration with MOPH policy makers and program directors. HHS/CDC technical staff are frequently asked to serve on various planning and evaluation committees for MOPH HIV-related programs, offering important opportunities to contribute to policies and strategic direction.

As requested in the Department of State cable 112759, best practices for interagency collaboration in Thailand include:
• USAID and/or CDC representation at appropriate planning sessions for joint USG HIV/AIDS programming.
• Collaboration on activities where both agencies are working in a specific PEPFAR program area; specifically, this includes representatives from both agencies participating in program design and ongoing coordination meetings.
• Establishing interagency coordination groups on thematic areas (i.e., programming for MSM, VCT, and strategic information and surveillance efforts).
• Sharing technical expertise (and mechanisms) of USG-supported partners across USG agencies (i.e., USAID supported international NGO Pact will assist in capacity building efforts for CDC-supported MSM NGOs in Thailand).
• Ensuring joint programming in shared provinces through partner meetings.

Additional health-related government agencies, such as the Institute of Hospital Quality Improvement and Accreditation and the National Health Security Office (NHSO), are located in the same compound or nearby, facilitating critical collaboration with these agencies for scale-up of care and treatment quality programs. The Country Coordination Mechanism (CCM) secretariat is located within the MOPH compound and CCM meetings are held at MOPH, facilitating active USG participation in the CCM. WHO is also located within the MOPH compound, facilitating a WHO-MOPH-USG collaboration to address ARV resistance. The Armed Forces Research Institute of Medical Sciences (AFRIMS) is co-located with the main medical campus of the Royal Thai Army, facilitating close collaboration on HIV surveillance and other scientific issues.

As mentioned above, USG agencies focus on areas that use their comparative advantages: HHS/ CDC focuses on TA and working with host governments, USAID focuses on NGO programs and NGO capacity building, and DoD/AFRIMS collaborates with the Royal Thai Army.

Currently, the PEPFAR team builds on existing CDC-MOPH structures (Executive Committee and HIV/STI Steering Committee) for formal communication with the MOPH about PEPFAR. More frequent working-level communication with MOPH occurs through specific project meetings and USG participation in several MOPH or Thai government technical working groups. PEPFAR staff serve as active members of several working groups and committees, such as:
• Thai Working Group on HIV Estimates and Projections
• MOPH committees to write national adult and pediatric HIV management guidelines
• Monitoring and evaluation team for "2010 Universal Access, Thailand"
• Working group for development of national guidelines for ARV resistance monitoring
• Working group for development of national monitoring system for PMTCT
• Working group for revision of national surveillance guidelines for youth and sex workers
• MOPH-BMA working group on Prevention with Positives
• MOPH HIVQUAL-T advisory committee
• BMA HIV Care Quality Improvement Advisory Committee
• MOPH Advisory Committee for HIV Prevention in Female Sex Workers
• MOPH Working Group for FSW HIV Prevention Projects
• Ethical Review Committee of the Department of Disease Control, MOPH

• NHSO committee on HIV laboratory standards
• Technical Committee for GFATM Round 8 Proposal Development

The USG is represented on the Thailand CCM for the GFATM, and on the CCM HIV Technical Team. The USG PEPFAR staff participates in the National TB/HIV Committee and CCM TB Technical Team in a non-membership role. In addition, PEPFAR staff are frequently invited to participate in ad hoc committees for curriculum development, training of trainers, and program evaluation related to non-USG-supported MOPH programs.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5812.09
Mechanism: Management / Technical 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: 11558.25044.09
Planned Funds: $189,121
Activity System ID: 25044

Activity Narrative: The management and staffing budget for CDC is used to provide technical oversight and technical assistance for the conduct of PEPFAR-related activities by the Thai Ministry of Public Health (MOPH), its provincial health offices, the Bangkok Metropolitan Administration (BMA), and partner NGOs. A team of 41 personnel engaged full-time at CDC/Thailand carries out this support. The 41 positions include 4 direct-hire U.S. staff, 36 locally hired staff, and one locally hired expatriate contractor. Of the direct hires, one is in a technical leadership/management position, two are in a technical advisor/non-M&S staff position, and one is in a technical advisor/program manager position. Of the locally hired staff, six are in technical leadership/management positions, 23 are in technical advisor/non-M&S staff positions, two are in technical advisor/program manager positions, and five are administrative/support staff. The contractor is in technical advisor/non-M&S staff position. Additionally, seven non-PEPFAR funded personnel from the CDC TB Program provide 30% to 50% of their time supporting GAP activities.

Activities carried out by these staff are:
• Technical oversight and technical assistance for project design, implementation, and evaluation, working collaboratively with partners primarily in the Thai government and to a lesser extent in collaborating NGOs, in the areas of PMTCT, Other Prevention, Palliative Care (basic health care and TB), VCT, ARV Services, Laboratory Infrastructure, Policy and Systems Strengthening, and Strategic Information
• Capacity building for government and NGO staff, within the context of specific projects or to meet specific objectives of the National AIDS Plan
• Project management, including reporting and financial oversight, for all collaborative projects with the Thai government
• Coordinating PEPFAR Thailand strategy and planning with the MOPH and BMA to ensure that PEPFAR Thailand contributions address priority areas and gaps within existing programs, and to ensure that PEPFAR Thailand support will lead to strengthened, sustainable programs within the government systems
• Liaising and coordinating with other USG agencies (USAID and DoD/AFRIMS) on the PEPFAR Thailand team
• Preparing strategic and operational plans and reporting results for OGAC
• Representing CDC and USG at coordination meetings with other donors, on the CCM, and on multiple technical working groups of the MOPH.
• Global technical assistance role: technical assistance and training for PEPFAR programs in other countries, especially Vietnam and Cambodia, in the areas of PMTCT, TB/HIV, Pediatric Care and Treatment, Biomedical Prevention (IDU), and Laboratory Infrastructure.

New/Continuing Activity: Continuing Activity
Continuing Activity: 17992

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17992	11558.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7908	5812.08	Management / Technical Staffing	$325,051
11558	11558.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$274,453

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5812.09
Mechanism: Management / Technical 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: 11559.25045.09
Planned Funds: $91,311
Activity System ID: 25045
Activity Narrative: ICASS charges support the administrative costs associated with supporting 40 FTEs by the Embassy. This includes the ICASS basic package for four U.S. direct hire FTEs, human resources services for 36 locally employed staff (LES), procurement actions, and vouchering.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17993

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17993	11559.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7908	5812.08	Management / Technical Staffing	$4,589
11559	11559.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$154,699

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5809.09
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: 11552.25012.09
Planned Funds: $8,800
Activity System ID: 25012

Activity Narrative: Overall program management and oversight will be led by a US Direct hire funded with Operational Expense Funds. These funds will also support travel and support costs for the HIV/AIDS team leader.

Positions funded under other Program Areas of the Mini-COP include:

Condoms and Other Prevention:
HIV/AIDS Team Leader (US)—USAID RDMA/Bangkok—7%
HIV/AIDS Project Management Specialist (LES)—USAID RDMA/Bangkok—10%

Palliative Care Basic Health Care and Support:
HIV/AIDS Team Leader (US)—USAID RDMA/Bangkok—3%

Strategic Information:
Strategic Information Specialist (LES)—USAID RDMA/Bangkok—10%

New/Continuing Activity: Continuing Activity

Continuing Activity: 17551

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17551	11552.08	U.S. Agency for International Development	US Agency for International Development	7797	5809.08	Management/Technical Staffing	$17,025
11552	11552.07	U.S. Agency for International Development	US Agency for International Development	5809	5809.07	Management/Technical Staffing	$19,100

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5809.09 **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: 11553.25013.09 **Planned Funds:** $16,200

Activity System ID: 25013

Activity Narrative: The cost of doing business associated with the staff positions described in the USAID management and staff entry includes ICASS and IRM tax.

The above planned cost is based on a formula initiated under the F process. Given that Thailand is one of six countries/regions receiving funds at RDMA, the Office of Public Health was required by the RDMA/ Program Office to use this formula to determine the 'cost of doing business' across all six countries/regions.

In addition, a small proportion of funding will support administrative support staff at RDM/A (e.g. procurement, communications, and financial management services) and administrative related costs.

Capital Security Cost Sharing charges are not applicable for USAID.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17552

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17552	11553.08	U.S. Agency for International Development	US Agency for International Development	7797	5809.08	Management/Technical Staffing	$2,975
11553	11553.07	U.S. Agency for International Development	US Agency for International Development	5809	5809.07	Management/Technical Staffing	$4,300

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10627.09 **Mechanism:** Peace Corps

Prime Partner: US Peace Corps **USG Agency:** Peace Corps

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

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

Activity ID: 25014.09 **Planned Funds:** $0

Activity System ID: 25014

Activity Narrative: Post has integrated HIV/AIDS activities into its two projects (education and community development) and added specific HIV/AIDS objectives for Volunteers and their community partners to meet. Five volunteers serve on the HIV/AIDS Global Initiative Group (GIG). This group is supported by one Thai Program Officer, who assists with conference logistics, translation, and other support activities, and by minimal support from language facilitators during specific HIV/AIDS-related activities in Pre-Service Training. The GIG members conduct training for Peace Corps trainees and their counterparts in HIV/AIDS prevention strategies. A toolkit has been developed and is distributed to all volunteers, who use it to plan community based workshops and camps for teachers, community health workers, youth, and families affected by HIV/AIDS.

In FY09 PC/Thailand uses its appropriated funds and funds from other sources to support prevention activities and orphans and vulnerable children.

Overall management and supervision of Peace Corps PEPFAR activities in Thailand is provided by one U.S. direct-hire staff.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5814.09 **Mechanism:** Management / Technical Staffing

Prime Partner: Armed Forces Research Institute of Medical Sciences **USG Agency:** Department of Defense

Funding Source: DHAPP **Program Area:** Management and Staffing

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

Activity ID: 11554.24989.09 **Planned Funds:** $0

Activity System ID: 24989

Activity Narrative: “Cost of Doing Business Assessment”

The cost of doing business associated with the staff positions for DoD/AFRIMS described in the DOD management and staffing entry will include ICASS charges. The cost for FY 2009 will be provided once budget planning levels are available. No Capital Security Cost Sharing charges are attributable to PEPFAR work in Thailand.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17965

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17965	11554.08	Department of Defense	Armed Forces Research Institute of Medical Sciences	7905	5814.08	Management / Technical Staffing	$0
11554	11554.07	Department of Defense	Armed Forces Research Institute of Medical Sciences	5814	5814.07	Management / Technical Staffing	$0

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5814.09 **Mechanism:** Management / Technical Staffing

Prime Partner: Armed Forces Research Institute of Medical Sciences **USG Agency:** Department of Defense

Funding Source: DHAPP **Program Area:** Management and Staffing

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

Activity ID: 11555.24990.09 **Planned Funds:** $0

Activity System ID: 24990

Activity Narrative: DoD/AFRIMS will support Royal Thai Army HIV surveillance with 8 locally hired staff: a database administrator and four data entry technicians, as well as three laboratory technicians for specimen processing and archival. The laboratory external quality assurance program is supported through a part-time locally hired technical advisor.

Funding levels for local staff will be provided once budget planning levels are available.

Overall management and supervision of DOD/AFRIMS PEPFAR activities in Thailand is provided by 0 U.S. direct-hire staff.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17966

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17966	11555.08	Department of Defense	Armed Forces Research Institute of Medical Sciences	7905	5814.08	Management / Technical Staffing	$0
11555	11555.07	Department of Defense	Armed Forces Research Institute of Medical Sciences	5814	5814.07	Management / Technical Staffing	$0

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10627.09 **Mechanism:** Peace Corps

Prime Partner: US Peace Corps **USG Agency:** Peace Corps

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

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

Activity ID: 25046.09 **Planned Funds:** $0

Activity System ID: 25046

Activity Narrative: “Cost of Doing Business Assessment”

The cost of doing business associated with the staff positions for Peace Corps Thailand described in the Peace Corps management and staffing entry will include ICASS charges. The cost for FY 2009 will be provided once budget planning levels are available. No Capital Security Cost Sharing charges are attributable to PEPFAR work in Thailand.

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?				
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?				
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?	**X**	**Yes**		**No**
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?			11/30/2009	
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: BED-CEIA Incidence Surveillance

Brief Description of the data collection activity:

Annual BED-CEIA incidence surveillance is done on leftover specimens from HIV seroprevalence among pregnant women receiving ANC, female sex workers, and military conscripts. Preliminary data will be available November/December 2009.

Preliminary Data Available:

11/30/2009

Name: HIV Seroprevalence Study

Brief Description of the data collection activity:

MOPH conducts an annual sentinel HIV seroprevalence survey among female and male sex workers, pregnant women receiving ANC, IDU, male military conscripts, and blood donors. Preliminary data will be available November/December 2009.

Preliminary Data Available:

11/30/2009

Name: Integrated behavioral surveillance and biomarker (IBBS) among injecting drug users

Brief Description of the data collection activity:

The IBBS among injecting drug users was delayed in FY 2008. It will be piloted in Bangkok during FY 2009 to determine current HIV epidemic status, including HIV prevalence and HIV incidence. The behavioral risks of injecting drug users will be determined.

Preliminary Data Available:

11/30/2009

Name: Integrated behavioral surveillance and biomarker (IBBS) among men who have sex with men

Brief Description of the data collection activity:

The IBBS among men who have sex with men (MSM) will be piloted in Chonburi Province during FY 2009 to determine current HIV epidemic status, including HIV prevalence and HIV incidence. The behavioral risks of MSM will be determined, and an access to prevention program will be assessed.

Preliminary Data Available:

11/30/2009

Name: Personal Digital Assistant (PDA) Behavioral Sentinel Surveillance

Brief Description of the data collection activity:

The PDA behavioral sentinel surveillance is conducted annually with grade 8, grade 11, and vocational school students. The student behavioral surveillance covers high-risk behavior (sexual risks, illicit drug use) and knowledge about HIV prevention. However, there is no HIV testing of students. Preliminary data will be available November 2009.

Preliminary Data Available:

11/30/2009

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Thailand CN mini-cop 2009.doc	application/msword	11/10/2008	Thailand CN Summary FY 2009	Executive Summary	JHenderson
Ambassador letter 2009.pdf	application/pdf	11/10/2008	Thailand Ambassador letter	Ambassador Letter	JHenderson
Human Resources for Health narrative v6.doc	application/msword	11/10/2008	Thailand HRH Program Area Narrative	HRH Program Area Narrative*	JHenderson
Gender Narrative - 2009 mini-COP v5.doc	application/msword	11/10/2008	Thailand Gender Program Area Narrative	Gender Program Area Narrative*	JHenderson
Global Fund Supplemental - 2009 mini-COP v5.doc	application/msword	11/10/2008	Thailand Global Fund Supplemebtal	Global Fund Supplemental	JHenderson
Budgetary Requirements Worksheet (Thailand) 2009 mini-COP - v1.xls	application/vnd.ms-excel	11/11/2008	Thailand Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	JHenderson
Management and Staffing Budget Table (Thailand) - 2009 mini-COP - v2.xls	application/vnd.ms-excel	11/12/2008	Thailand Management and Staffing Budget Table	Management and Staffing Budget Table	JHenderson
OVC and treatment justification.doc	application/msword	11/10/2008	Thailand justifications for spending on OVC and on care and treatment	Other	JHenderson
Staffing spreadsheet (Thailand) 2009 mini-COP - v1.xls	application/vnd.ms-excel	11/11/2008	Thailand Staffing Analysis	Staffing Analysis	JHenderson
acronyms defined in 5-year strategy 2009 mini-COP (Thailand).doc	application/msword	11/12/2008	Acronyms defined in 5-year strategy (Thailand)	Other	JHenderson
acronyms 2009 mini-COP (Thailand).xls	application/vnd.ms-excel	11/12/2008	Acronyms defined throughout program area narratives (Thailand)	Other	JHenderson
5 year strategy - 2009 mini-COP v9.doc	application/msword	11/10/2008	Thailand 5-Year Strategy, revised for FY 2009 Mini-COP	Other	JHenderson
USG_Thailand_FY2009_Mini_COP_Summary_Targets_and_Explanations v2.xls	application/vnd.ms-excel	11/12/2008	Thailand Summary Targets and Explanation of Target Calculations	Summary Targets and Explanation of Target Calculations	JHenderson