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2008

Thailand

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Table 1: Overview

Executive Summary

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Thailand CN mini-cop 2008.doc	application/msword	9/25/2007	Congressional notification	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:

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Ambassador Letter

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Ambassador letter FY 08 Mini-COP Thailand.pdf	application/pdf	9/25/2007	Ambassador's letter	JHenderson

Country Contacts

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U.S. Embassy In-Country Contact	Jim	Waller	ESTH Officer	WallerJM@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	$0
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, 2008

Prevention	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
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	680,000	680,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	4,896	4,896
Care (1)	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		5,465	16,334	21,799
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	5,465	16,334	21,799
***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	0	1,317	1,317
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	6,705	24,570	31,275
Treatment	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		5,030	6,425	11,455
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	5,030	6,425	11,455
Human Resources for Health	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
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	680,000	680,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	4,896	4,896
	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Care (1)		1,088	91,741	92,829
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	1,088	91,741	92,829
***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	0	14,409	14,409
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	500	92,682	93,182
	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Treatment		350	61,150	61,500
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	350	61,150	61,500
	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Human Resources for Health				
End of Plan Goal	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: Management / Technical Staffing

Mechanism Type:	Local - Locally procured, country funded
Mechanism ID:	5814.08
System ID:	7905
Planned Funding($):	$0
Procurement/Assistance Instrument:	USG Core
Agency:	Department of Defense
Funding Source:	GHCS (State)
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:	5811.08
System ID:	7906
Planned Funding($):	$220,000
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: Bangkok Metropolitan Administration

Mechanism Type:	HQ - Headquarters procured, country funded
Mechanism ID:	7945.08
System ID:	7945
Planned Funding($):	$50,000
Procurement/Assistance Instrument:	Cooperative Agreement
Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)
Prime Partner:	Bangkok Metropolitan Administration
New Partner:	No

Mechanism Name: TASC3 Task Order

Mechanism Type:	Local - Locally procured, country funded
Mechanism ID:	5806.08
System ID:	7795
Planned Funding($):	$279,000
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: CASU follow-on

Mechanism Type:	HQ - Headquarters procured, country funded
Mechanism ID:	7800.08
System ID:	7800
Planned Funding($):	$22,000
Procurement/Assistance Instrument:	IAA
Agency:	U.S. Agency for International Development
Funding Source:	GHCS (USAID)
Prime Partner:	N/A
New Partner:	No

Mechanism Name: M&E T.O. follow-on

Mechanism Type:	HQ - Headquarters procured, country funded
Mechanism ID:	7851.08
System ID:	7851
Planned Funding($):	$50,000
Procurement/Assistance Instrument:	Contract
Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)
Prime Partner:	N/A
New Partner:	No

Mechanism Name: PNG

Mechanism Type:	HQ - Headquarters procured, country funded
Mechanism ID:	7919.08
System ID:	7919
Planned Funding($):	$300,000
Procurement/Assistance Instrument:	Cooperative Agreement
Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Prime Partner:	N/A
New Partner:	Yes

Mechanism Name: Lao PDR

Mechanism Type:	Local - Locally procured, country funded
Mechanism ID:	7917.08
System ID:	7917
Planned Funding($):	$100,000
Procurement/Assistance Instrument:	Contract
Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Prime Partner:	N/A
New Partner:	Yes

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:	5807.08
System ID:	7796
Planned Funding($):	$642,900
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 Area Programs:	HVOP - Condoms and Other Prevention

Sub-Partner:	Rainbow Sky Association of Thailand
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Area Programs:	HVOP - Condoms and Other Prevention

Sub-Partner:	Mplus
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Area Programs:	HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner:	Sisters
Planned Funding:	$0
Funding is TO BE DETERMINED:	Yes
New Partner:	No
Associated Area Programs:	HVOP - Condoms and Other Prevention

Sub-Partner:	International HIV/AIDS Alliance
Planned Funding:	$163,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVOP - Condoms and Other Prevention, OHPS - Other/Policy Analysis and Sys Strengthening

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:	7855.08
System ID:	7855
Planned Funding($):	$200,000
Procurement/Assistance Instrument:	Cooperative Agreement
Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)
Prime Partner:	Pact, Inc.
New Partner:	No

Sub-Partner:	International HIV/AIDS Alliance
Planned Funding:	$75,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVOP - Condoms and Other Prevention

Mechanism Name: Thailand Ministry of Public Health

Mechanism Type:	HQ - Headquarters procured, country funded
Mechanism ID:	5810.08
System ID:	7907
Planned Funding($):	$1,209,821
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:	7944.08
System ID:	7944
Planned Funding($):	$200,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Management/Technical Staffing

Mechanism Type:	Local - Locally procured, country funded
Mechanism ID:	5809.08
System ID:	7797
Planned Funding($):	$48,000
Procurement/Assistance Instrument:	Contract
Agency:	U.S. Agency for International Development
Funding Source:	GHCS (USAID)
Prime Partner:	US Agency for International Development
New Partner:	No

Mechanism Name: Management / Technical Staffing

Mechanism Type:	Local - Locally procured, country funded
Mechanism ID:	5812.08
System ID:	7908
Planned Funding($):	$3,170,179
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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	19123.08	Early funding is required to support personnel engaged full-time at CDC/Thailand through the first seven months of FY2008. These personnel provide technical oversight, technical assistance, and management for the conduct of PEPFAR-related activities. They include direct-hire U.S. staff, locally hired staff, and locally hired expatriate contractors. Funding is required to support salaries, travel, training, housing, and other personnel-related expenses.	$92,113	$157,908
01-MTCT	11583.08	Early funding is required to support personnel engaged full-time at CDC/Thailand through the first seven months of FY2008. These personnel provide technical oversight, technical assistance, and management for the conduct of PEPFAR-related activities. They include direct-hire U.S. staff, locally hired staff, and locally hired expatriate contractors. Funding is required to support salaries, travel, training, housing, and other personnel-related expenses.	$143,990	$246,841
05-HVOP	11584.08	Early funding is required to support personnel engaged full-time at CDC/Thailand through the first seven months of FY2008. These personnel provide technical oversight, technical assistance, and management for the conduct of PEPFAR-related activities. They include direct-hire U.S. staff, locally hired staff, and locally hired expatriate contractors. Funding is required to support salaries, travel, training, housing, and other personnel-related expenses.	$433,203	$742,633
06-HBHC	11585.08	Early funding is required to support personnel engaged full-time at CDC/Thailand through the first seven months of FY2008. These personnel provide technical oversight, technical assistance, and management for the conduct of PEPFAR-related activities. They include direct-hire U.S. staff, locally hired staff, and locally hired expatriate contractors. Funding is required to support salaries, travel, training, housing, and other personnel-related expenses.	$306,184	$524,887
12-HLAB	11589.08	Early funding is required to support personnel engaged full-time at CDC/Thailand through the first seven months of FY2008. These personnel provide technical oversight, technical assistance, and management for the conduct of PEPFAR-related activities. They include direct-hire U.S. staff, locally hired staff, and locally hired expatriate contractors. Funding is required to support salaries, travel, training, housing, and other personnel-related expenses.	$110,968	$190,231

13-HVSI	11590.08	Early funding is required to support personnel engaged full-time at CDC/Thailand through the first seven months of FY2008. These personnel provide technical oversight, technical assistance, and management for the conduct of PEPFAR-related activities. They include direct-hire U.S. staff, locally hired staff, and locally hired expatriate contractors. Funding is required to support salaries, travel, training, housing, and other personnel-related expenses.	$285,664	$489,710
07-HVTB	11586.08	Early funding is required to support personnel engaged full-time at CDC/Thailand through the first seven months of FY2008. These personnel provide technical oversight, technical assistance, and management for the conduct of PEPFAR-related activities. They include direct-hire U.S. staff, locally hired staff, and locally hired expatriate contractors. Funding is required to support salaries, travel, training, housing, and other personnel-related expenses.	$95,181	$163,168
09-HVCT	11587.08	Early funding is required to support personnel engaged full-time at CDC/Thailand through the first seven months of FY2008. These personnel provide technical oversight, technical assistance, and management for the conduct of PEPFAR-related activities. They include direct-hire U.S. staff, locally hired staff, and locally hired expatriate contractors. Funding is required to support salaries, travel, training, housing, and other personnel-related expenses.	$57,290	$98,210
11-HTXS	11588.08	Early funding is required to support personnel engaged full-time at CDC/Thailand through the first seven months of FY2008. These personnel provide technical oversight, technical assistance, and management for the conduct of PEPFAR-related activities. They include direct-hire U.S. staff, locally hired staff, and locally hired expatriate contractors. Funding is required to support salaries, travel, training, housing, and other personnel-related expenses.	$55,145	$94,534
14-OHPS	11591.08	Early funding is required to support personnel engaged full-time at CDC/Thailand through the first seven months of FY2008. These personnel provide technical oversight, technical assistance, and management for the conduct of PEPFAR-related activities. They include direct-hire U.S. staff, locally hired staff, and locally hired expatriate contractors. Funding is required to support salaries, travel, training, housing, and other personnel-related expenses.	$77,243	$132,417

| 15-HVMS | 11558.08 | Early funding is required to support a team of 43 personnel engaged full-time at CDC/Thailand through the first seven months of FY2008. These personnel provide technical oversight, technical assistance, and management 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. The 43 positions include 4 direct-hire U.S. staff, 37 locally hired staff, and two locally hired expatriate contractors. Funding is required to support salaries, travel, training, housing, and other personnel-related expenses. | $192,290 | $325,051 |

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5807.08	7796	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	International HIV/AIDS Alliance	N	$163,000
5807.08	7796	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Mplus	Y	$0
5807.08	7796	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Rainbow Sky Association of Thailand	Y	$0
5807.08	7796	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Service Workers IN Group	Y	$0
5807.08	7796	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Sisters	Y	$0
7855.08	7855	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	International HIV/AIDS Alliance	N	$75,000

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: **$296,841**

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

Table 3.3.01: Prevention of Mother-to-Child Transmission (MTCT)

Program Area Description:
Approximately 900 government hospitals in Thailand (representing 85-90% of annual births) offer VCT to more than 680,000 pregnant women each year. HIV-positive women and their newborns are given ARV prophylaxis (short-course zidovudine and single dose nevirapine) and formula for 12 months as part of the national PMTCT program. Beginning in early 2007, the revised national PMTCT policy added two new elements: ARV treatment for HIV-positive pregnant women whose CD4 count is less than 200 cells/μL, and a short post-partum regimen of zidovudine and lamivudine for mothers receiving intra-partum nevirapine (NVP).

Data show a high uptake of PMTCT services. In 2006, more than 99% of all pregnant women received HIV testing, 90% of HIV-positive pregnant women received ARV prophylaxis, and 99% and 90% of HIV-exposed infants received ARV prophylaxis and infant formula, respectively. Among women without antenatal care, 97% received HIV testing, but only 56% received ARV prophylaxis. The overall HIV-infection rate among children born to HIV-infected mothers in six provinces has decreased from 8.4% for infants born in 2001 to 2.8% for those born in 2005.

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 Perinatal HIV Outcome Monitoring System (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. DOH plans to use PHIMS plus in selected surveillance provinces only.

The universal health care scheme in Thailand has provided free infant HIV diagnostic testing for all HIV-exposed infants in Thailand 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. Infant HIV testing coverage is approximately 70-80% in USG-supported surveillance provinces, but reported to be lower nationally. In 2007, the universal health care scheme provided two options for infant diagnostic testing: 1) a new version of an 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. 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 monitoring and evaluation and for new issues that arise in this program area. Given the recent changes to the PMTCT guidelines, USG will support a program evaluation to assess the uptake of the new policy to provide ARV therapy for eligible women during pregnancy, and the uptake and effectiveness of a 7-day ZDV/3TC tail for women who received single dose NVP.

USG Supported Activities:
•National-level support for strengthening analysis and utilization of program data from the existing monitoring systems, with a focus on identification of gaps in program implementation.
•Support to DOH and BOE to develop long-term plans for maintaining the PMTCT monitoring systems as part of routine

government systems.
•Assessment of access to early infant diagnosis and barriers to utilization of testing, and development of plans to address these barriers.
•Assessment of the uptake of ARV treatment for eligible ante-partum women under the revised policy.
•EQA panels for DBS PCR testing are provided to Chiang Mai University by CDC/Atlanta. The program analyzes EQA panels twice a year to ensure the quality of early infant testing (see Laboratory Infrastructure narrative).

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 two years, USG and Thai government partners have provided TA to Cambodia and Laos 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.

Referrals and Linkages:
The Thai National PMTCT program includes PMTCT-plus services and linkages to HIV care programs through CD4 count tests for HIV-positive pregnant women at 14 weeks gestation or 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 PMTCT-plus program, supported by USG in four provinces until 2006, indicate that more than 75% of HIV-positive mothers or pregnant women received CD4 testing during pregnancy or within six months of delivery. Approximately 50-70% of their male partners also received HIV testing, and of those partners tested, 50-60% are HIV-positive, but fewer receive CD4 testing or are enrolled in an HIV care program. To increase partner testing and referral rates, the universal health care scheme is providing free HIV tests for partners of HIV-infected women, and the MOPH is training healthcare 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 National Health Security Office (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 two years, ARVs for PMTCT and formula will be supported by NHSO, which has a separate monitoring system called "National AIDS Program" (NAP). Only a few PMTCT indicators will likely be integrated into the NAP database, but the PHIMS plus program will be used in sentinel sites to get more complete data. Further staff training and management support are needed in order 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.

Potential Upstream (Indirect) Products or Outputs:
1.Revision of PMTCT policy or PMTCT practice guidelines, including recommendations on HIV diagnosis for infants.
2.Development of revised PMTCT monitoring system as "PHIMS plus."
3.Completion of a PMTCT program evaluation to assess uptake of ARV treatment or a ZDV/3TC tail, including rates of NVP resistance.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	0
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	0

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	5812.08	**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 of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01

	Activity ID: 11583.08	**Planned Funds:** $246,841

Activity ID: 11583.08

Activity System ID: 17983

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11583

Related Activity:

Planned Funds: $246,841

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11583	11583.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$154,852

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: **$182,908**

Estimated PEPFAR contribution in dollars $0

Estimated local PPP contribution in dollars $0

Program Area Context:

Table 3.3.02 Abstinence/Be Faithful (AB)

Program Area Description:
Young people have been identified as a priority target group in the Thai government's strategy for preventing HIV/AIDS. As noted in the Thailand mini-COP five-year strategy, approximately 0.5% of Thailand's AIDS cases are among youth aged 15 to 19 years, but increasingly early sexual initiation, high rates of chlamydial infection, and low rates of condom use among teens have led to concern that HIV rates could increase in this group.

The Thai government's approach to HIV/AIDS education and prevention among youth is a comprehensive abstinence and be faithful (AB) message until the age of 13, when it incorporates an abstinence, be faithful, and as appropriate, correct and consistent use of condoms (ABC) message. The Thai government is actively leveraging resources from GFATM to deliver AB prevention services to youth.

USG-Supported Activities:
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 AB activities on primary HIV prevention in general youth populations. Rather, USG Thailand AB activities will address a specific gap in HIV services: the need for secondary HIV prevention among HIV-infected youth, and will develop a youth Prevention with Positives (PWP) model.

An aging cohort of HIV-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. Healthcare providers rarely address these issues with adolescents.

USG will develop a clinic-based intervention, including sessions on the following topics:
•health promotion (adherence, sexual and reproductive health, self care)
•self-empowerment and life skills (communication/negotiation, decision making, problem solving and stress management)
•sexual and behavioral risk prevention (including substance abuse, disclosure/partner testing, AB, and STI screening)
Outcomes or effectiveness of this model will be assessed through pre- and post-intervention assessments (see PHE Supplemental Activity Sheet).

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 infected and sexually infected persons, providing tools and materials and technical support for adaptation and implementation of the model in other PEPFAR countries.

Indirect targets:
1.Development of youth PWP model with counseling guidelines, scripts and tool kits
2.Program evaluation of youth PWP model
3.Completion of program for all eligible, interested adolescents

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	180
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	21

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	5810.08	**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:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	19124.08	**Planned Funds:**	$25,000
Activity System ID:	19124		
Activity Narrative:	n/a		
HQ Technical Area:			

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	5812.08	**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:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	19123.08	**Planned Funds:**	$157,908
Activity System ID:	19123		
Activity Narrative:	n/a		
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:			

HVOP - Condoms and Other Prevention

Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05

Total Planned Funding for Program Area: **$1,792,633**

Amount of total Other Prevention funding which is used to work with IDUs	$139,126
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Table 3.3.05: Condoms and Other Prevention

Program Area Description:

In Thailand, HIV prevalence among MARPs (MSM, IDU, FSW, and prisoners) is high: 6-28% among MSM, 35-50% in IDU, 5-30% in FSW outside of brothels. As a result, the country faces a real threat of a rebound epidemic. The Thai government has identified HIV prevention among MARPs as a priority area for USG support, complementing existing capacity within the government for HIV prevention with youth, general population, and brothel-based FSW. MOPH has requested assistance in developing an appropriate

model for prevention with positives (PWP), in anticipation of providing these services as an integrated part of HIV care and treatment nationally.

USG Supported Activities:

HIV Prevention for MARPs: USG supports the development, evaluation, dissemination, and replication of prevention models aimed at MARPs. These models are to 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 "minimum package of services" (MPS), which is defined for each MARP as the minimum combination of services needed to have a significant impact on the spread of HIV. Strategies used in these models are:
•Drop-in centers which serve as "safe spaces" for MARPs to meet, and for project implementers to reach their target audiences with prevention education and services, or referral to services such as peer education, STI, and VCT services. USG has built the capacity of local partner agencies to implement the drop-in center model.
•Outreach for education, risk reduction, and condom promotion in communities where MARPs congregate. Risk reduction for MARPs includes comprehensive ABC messages, emphasizing reduction in partner numbers, and condom promotion. USG has built the capacity of government and local partners to conduct peer outreach education.
•Targeted media to increase awareness of HIV and risk behaviors. USG works with local partners to conduct audience research, develop messages, and evaluate them.
•STI and VCT services that are appropriate and accessible to the population, and which include risk reduction counseling with comprehensive ABC messages.
•Linking prevention services, especially VCT, with care and treatment services to facilitate access for marginalized populations.

Specific activities by MARP:

MSM (including male sex workers [MSW] and transgenders [TG]): USG supports the MPS 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 MPS in Udon Thani and Khon Kaen, in the northeast of Thailand. Priorities for these sites will include strengthening the capacity of MSM 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. USG also supports MOPH, working with two local NGOs, to adapt and evaluate the Popular Opinion Leader (POL) intervention, which has proven effective for HIV prevention in MSM in the U.S. but has not yet been implemented in Asia. The POL intervention delivers HIV prevention messages and promotes risk reduction through behavior change for MSM attending entertainment venues in Bangkok. Behavioral and serosurveillance among MSM in the same areas will be used to monitor the impact of this intervention. During 2008, based on project monitoring data, serosurveillance, and input from project staff and stakeholders, decisions will be made about whether to seek support for continuing or scaling up the project after this year.

FSW: USG will provide technical support to the MOPH and BMA to use the results from the Respondent-Driven Sampling (RDS) 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.

IDU: USG has supported BMA to develop a model for community-based outreach using clinic staff. The staff outreach model has been adopted as routine by BMA and incorporated into routine services at all 17 public methadone clinics in Bangkok. USG now supports BMA to further develop the peer outreach model, focusing on strengthening the network among outreach workers and other NGOs (e.g., Raks Thai). USG will also support BMA to strengthen HIV care for IDUs by improving linkages among related BMA clinics and hospitals which can provide access to HIV care and treatment. The USG support will leverage BMA funds which will be used to provide additional training to its staff to improve the quality of HIV VCT and risk-reduction counseling services at the methadone clinics.

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 the peer education component, 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 office, a community hospital, and a local NGO. The peer education program aims to increase HIV knowledge and promote use of HIV VCT; linkages have been established with a local hospital to provide HIV VCT and HIV treatment to infected inmates. The program in Pathum Thani will be implemented during 2008, informed by the results of a recently completed baseline survey. The program in Phuket has trained 50 peer educators who have referred 213 inmates to access VCT services, as of August 2007. A survey to evaluate the peer education program in Phuket, as well as to monitor the inmates' risk behaviors, was recently completed and will be used to refine the program. During 2008, meetings to advocate for integration of the peer education and VCT/STI services and referral models will be convened among USG partners and local stakeholders, including the Department of Corrections. USG will provide technical support to local stakeholders in order to implement the selected models.

Prevention with Positives: In addition to working with MARPs, USG supports development of appropriate prevention service models for PLHA. USG will support civil society partners, including a PLHA network, to develop and undertake a prevention education module targeting PLHA at ARV therapy clinics and in the communities. The project will develop approaches to increase prevention services access, especially for PLHA who are MSM and IDU. On the government services side of the model, USG supports MOPH and several hospitals to develop a model for prevention services, including risk-reduction and disclosure counseling and targeted STI testing, as an integrated part of HIV care and treatment. MOPH intends to integrate prevention services into HIV care nationally, and expects this model to be replicable through routine government systems in the next few years. USG will also develop the PWP service model for youth PLHA (this model is described in more detail in the AB narrative).

Policy

Condom procurement (not conducted directly by USG) occurs without difficulty in Thailand. However, 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. Thus, entertainment venue owners are discouraged from participating in HIV prevention efforts. Additionally, BMA's policy of using primarily health staff for outreach is counter to international research findings that peer outreach workers are most effective. USG will advocate to change this policy and to promote the role of peer outreach workers.

The indicator "Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond AB" is being proposed as a core country-level indicator, since prevention among MARPs and PLHA is the primary prevention focus of the USG Thailand HIV Strategy. (See uploaded document: Explanation of Target Calculations.)

Potential Upstream Indirect Products or Outputs:

•Successful model for HIV prevention among MSM developed for the NGO and government settings.
•Successful model developed to provide STI services for FSW within the current health care system.
•Successful model for peer outreach to IDU developed.
•Popular Opinion Leader intervention adapted for Bangkok.
•Prisoner peer educator program evaluation completed.
•High-risk youth drop-in center model evaluation completed.
•Successful model developed for prevention with positives, including government and civil society components.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	8
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	22514
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	556

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	7855.08	**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:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	17757.08	**Planned Funds:**	$124,800
Activity System ID:	17757		
Activity Narrative:	n/a		
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:			

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	7944.08	**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:** Condoms and Other Prevention Activities
Budget Code: HVOP	**Program Area Code:** 05
Activity ID: 18094.08	**Planned Funds:** $112,500
Activity System ID: 18094	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7945.08	**Mechanism:** Bangkok Metropolitan Administration
Prime Partner: Bangkok Metropolitan Administration	**USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	**Program Area:** Condoms and Other Prevention Activities
Budget Code: HVOP	**Program Area Code:** 05
Activity ID: 18095.08	**Planned Funds:** $12,500
Activity System ID: 18095	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5807.08	**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:** Condoms and Other Prevention Activities
Budget Code: HVOP	**Program Area Code:** 05
Activity ID: 11541.08	**Planned Funds:** $263,200
Activity System ID: 17544	
Activity Narrative: n/a	

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11541

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24995	11541.2499 5.09	U.S. Agency for International Development	Pact, Inc.	10630	5807.09	Community REACH Greater Mekong Region Associate Award	$488,000
11541	11541.07	U.S. Agency for International Development	Pact, Inc.	5807	5807.07	Community REACH Greater Mekong Region Associate Award	$407,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5806.08

Prime Partner: Family Health International

Funding Source: GHCS (USAID)

Budget Code: HVOP

Activity ID: 17555.08

Activity System ID: 17555

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: TASC3 Task Order

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: $190,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5809.08

Prime Partner: US Agency for International Development

Funding Source: GHCS (USAID)

Budget Code: HVOP

Activity ID: 11542.08

Activity System ID: 17548

Mechanism: Management/Technical Staffing

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: $5,600

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11542

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25010	11542.25010.09	U.S. Agency for International Development	US Agency for International Development	10632	5809.09	Management/Technical Staffing	$4,950
11542	11542.07	U.S. Agency for International Development	US Agency for International Development	5809	5809.07	Management/Technical Staffing	$50,400

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5811.08

Mechanism: Bangkok Metropolitan Administration

Prime Partner: Bangkok Metropolitan Administration

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 11561.08

Planned Funds: $111,000

Activity System ID: 17967

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11561

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11561	11561.07	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	5811	5811.07	Bangkok Metropolitan Administration	$144,288

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5812.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 11584.08

Planned Funds: $742,633

Activity System ID: 17984

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11584

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25036	11584.25036.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10637	5812.09	Management / Technical Staffing	$371,615
11584	11584.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$500,328

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5810.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 11562.08

Planned Funds: $215,000

Activity System ID: 17975

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11562

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25016	11562.2501 6.09	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	10633	5810.09	Thailand Ministry of Public Health	$196,333
11562	11562.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$498,375

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: $965,187

Estimated PEPFAR contribution in dollars $0

Estimated local PPP contribution in dollars $0

Estimated PEPFAR dollars spent on food $0

Estimation of other dollars leveraged in FY 2008 for food $0

Program Area Context:

Table 3.3.06 Palliative Care: Basic Health Care and Support

Program Area Description:

An estimated 92,000 patients receive ARV treatment through the national ARV program in Thailand. Additional patients are receiving palliative care services prior to initiating ARV treatment. The MOPH recognizes palliative care services as a critical component of services for HIV-infected people. Through the universal health care scheme run by the National Health Security Office (NHSO), the government provides HIV/AIDS palliative care to HIV-infected Thai citizens through the public hospital system. These services include basic medical care, CD4 monitoring, and opportunistic infection prophylaxis. Other services such as home -based care, community-based care, and other comprehensive care services are provided through a combination of local and national budgets.

Although the range of services is comprehensive, MOPH and NHSO have identified the need to strengthen palliative care through the expansion of quality systems to improve care in health facilities. Also, with increasing numbers of PLHA receiving care, there is a recognized need to decentralize care, and the MOPH has developed systems to provide clinical services, income-generating support, and other social services in community-level clinical facilities and other community settings. Finally, given the provision of ARVs under the national program and a resultant aging cohort of HIV-infected children in Thailand, psychosocial and palliative care services are needed for this unique population.

To address these needs, USG supports 1) the national scale-up of performance measurement and quality improvement for HIV palliative care services, 2) expansion of adult and pediatric HIV care networks under the MOPH, 3) technical support to national scale-up of comprehensive care and support centers, 4) expansion of a micro-credit loan model for PLHA, and 5) development and evaluation of educational and support tools for HIV disclosure for older, perinatally HIV-infected children. The USG support for models in these areas will include evaluation and dissemination of findings for replication within Thailand itself, and where appropriate, to other PEPFAR countries. USG has already engaged government counterparts regarding resources for program scale-up, which will come from either host government budget or GFATM.

USG Supported Activities:

•Performance measurement and quality improvement: TA and training of trainers for national scale-up of the HIVQUAL tools for adult and pediatric HIV care, and for comprehensive care and support center services. HIVQUAL was developed in collaboration with the 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 NHSO, IHQIA, and MOPH have committed to national scale-up at all public hospitals by 2009 (recently moved up from an earlier goal of 2011; see ARV Services narrative.) In addition to adult and pediatric HIV clinical services, HIVQUAL includes indicators for uptake of services at comprehensive care and support centers (for example, mental health counseling and income-generating skills). USG will continue to provide technical support to MOPH, in cooperation with NHSO, on implementation and use of facility-based HIV-related data for National AIDS Program monitoring. The database will also integrate HIVQUAL, including its variables, and increase the capacity of hospitals to report HIVQUAL indicators.

•Care network expansion: TA to MOPH to incorporate HIV care into existing "care networks" at the community health center level, including training, tools, and HIV care guidelines. Care networks will allow routine follow-up and adherence monitoring of HIV-infected patients to occur in health centers near their homes, in coordination with HIV-trained physicians at the community, district, or provincial hospitals. For adults, USG support will include TA (guidelines, model and training) to the MOPH and BMA for expansion to 50 MOPH and 20 BMA sites. For pediatrics, this will include expansion of the pediatric HIV care network to three provinces and 37 community hospitals with direct USG support, and to 10-15 additional provinces with USG technical support and GFATM funding (see ARV Services narrative). MOPH is seeking Thai government funds for national scale-up of the pediatric network model, and has requested USG technical support for this.

•Evaluation and expansion of community-based care models. A comprehensive care and support center model has been developed and evaluated in 18 community- and hospital-based centers in Chiang Rai with USG support. These centers provide clinical monitoring services, adherence counseling, mental health counseling, income-generating activities, and training on PLHA and community-based support activities. The evaluation results will be used to advocate with NHSO and MOPH for national scale-up of this model with Thai government support.

•Support for the Positive Partnership Project (PPP). This civil society model uses micro-credit loans as a tool for reducing stigma and discrimination against PLHA at the local community level. The project involves pairing HIV-positive individuals with HIV-negative individuals as business partners in three USG focus provinces. An assessment for scaling up the PPP was completed in July 2007. With USG support in FY 2008, the PPP will expand its implementation to 10 provinces by leveraging resources from Pfizer Foundation and the sub-district administration office in one province. USG will support the development of an implementation guide for program managers, standardized business and HIV/AIDS community education training curricula, and M&E tools.

•HIV disclosure model: Development of an HIV disclosure model for HIV-infected children to address the growing number of perinatally HIV-infected adolescents and pre-adolescents. From 2005 through mid-2007, 84 HIV-infected children had their HIV status disclosed to them. In FY 2008, evaluation of the model will be conducted, and its feasibility for expansion to other provinces and hospitals will be assessed. USG will provide technical support for the assessment and expansion.

Referrals and Linkages:

Needs of the national program continue to include early referral to 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 MARPs. USG also supports linkages to Prevention with Positives services, including education, counseling, and STI screening. (See Condoms and Other Prevention, and Counseling and Testing narratives.)

Policy:

Effective palliative care service delivery and HIVQUAL scale-up are challenged by the low priority given to HIV services in many hospitals and the high 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 other partners are keys to sustainability of these programs in Thailand. However, limited human resources and budget constraints under the routine health system may be obstacles in the future.

Potential Upstream (Indirect) Products or Outputs:
•Expansion of adult HIVQUAL to 800 sites and pediatric HIVQUAL to 20 sites.
•Expansion of adult HIV care networks to 50 hospital-community health center networks for MOPH and 20 hospital-health center networks for BMA.
•Expansion of the pediatric care network to 10-15 provinces.
•Development of national HIV disclosure guidelines for HIV-infected children and HIV-infected youth model following implementation, revision and evaluation at two sites.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)   9

6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)   1088

6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)   475

Custom Targets:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	5810.08	**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:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	11564.08	**Planned Funds:**	$97,500
Activity System ID:	17976		
Activity Narrative:	n/a		
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	11564		
Related Activity:			

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25017	11564.25017.09	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	10633	5810.09	Thailand Ministry of Public Health	$95,445
11564	11564.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$264,875

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	5812.08	**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:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	11585.08	**Planned Funds:**	$524,887
Activity System ID:	17985		
Activity Narrative:	n/a		
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	11585		

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25037	11585.25037.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10637	5812.09	Management / Technical Staffing	$401,995
11585	11585.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$493,929

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5809.08	**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:** Palliative Care: Basic Health Care and Support
Budget Code: HBHC	**Program Area Code:** 06
Activity ID: 17660.08	**Planned Funds:** $2,400
Activity System ID: 17660	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5807.08	**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:** Palliative Care: Basic Health Care and Support
Budget Code: HBHC	**Program Area Code:** 06
Activity ID: 11543.08	**Planned Funds:** $126,300
Activity System ID: 17545	
Activity Narrative: April 08 reprogramming: recission of $8,100 n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	

Continuing Activity: 11543

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24996	11543.24996.09	U.S. Agency for International Development	Pact, Inc.	10630	5807.09	Community REACH Greater Mekong Region Associate Award	$50,000
11543	11543.07	U.S. Agency for International Development	Pact, Inc.	5807	5807.07	Community REACH Greater Mekong Region Associate Award	$75,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7945.08

Mechanism: Bangkok Metropolitan Administration

Prime Partner: Bangkok Metropolitan Administration

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 18097.08

Planned Funds: $37,500

Activity System ID: 18097

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7944.08

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: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 18096.08

Planned Funds: $87,500

Activity System ID: 18096

Activity Narrative: n/a

HQ Technical Area:	
New/Continuing Activity:	New Activity
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	7855.08	**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:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	17758.08	**Planned Funds:**	$37,500
Activity System ID:	17758		
Activity Narrative:	n/a		
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:			

HVTB - Palliative Care: TB/HIV

Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07

Total Planned Funding for Program Area:	**$448,168**

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

Table 3.3.07: Palliative Care: TB/HIV

Program Area Description:
In 2007, 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 135 cases per 100,000 persons. HIV-associated TB now accounts for an estimated 15% of all TB cases in Thailand. TB case notifications have failed to decrease, despite declining HIV incidence. TB is the most common opportunistic infection in HIV-infected persons, accounting for over 20% of all initial AIDS diagnoses. Nationally, approximately 50% of TB patients are HIV tested. National estimates for TB screening of HIV patients are not available, but data from HIVQUAL sites (see below) suggests that screening levels are low. A 2007 WHO review of Thailand's TB program commended Thailand for its accomplishments in integrating TB and HIV services, but noted that improvements were still needed in recording and reporting, implementing HIV testing in TB clinics nationally, promoting TB screening in HIV clinics, expanding laboratory services, and partnering with private sector TB care providers.

USG Supported Activities:
The 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 2008, 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, in order to strengthen the overall TB control infrastructure within TB Net sites. MOPH recognizes that USG will not 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 change 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 approximately 6,000 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, 78% 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 levels and in the private sector on diagnosis and treatment of TB 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 model for HIV care performance measurement and quality improvement (see Palliative Care: Basic Health Care narrative), which includes TB screening among HIV patients as one indicator and area for quality improvement. Among the 63 hospitals in six provinces implementing HIVQUAL to date, the percentage of HIV patients receiving TB screening according to national guidelines has increased from 38% in 2003 to 94% in 2005.

Key TB/HIV successes with USG support include:
•Development by the 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 ARV treatment.
•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.

Referrals and Linkages:
MOPH, with financial support from GFATM, has recognized these successes 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 contributed to WHO's endorsement of liquid-media culture in high-burden TB countries. In 2007, data from 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 TB/HIV challenges remain to be addressed in FY 2008. 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 HIV-associated TB in the public and private sectors.
•Strengthen program monitoring of TB/HIV, including multi-drug resistant 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.

Potential Upstream (Indirect) Products or Outputs:
•Guidelines, standard operating procedures, training materials, training facilities, and scientific evidence for:
odiagnostic HIV counseling and testing in TB clinics and provision of ART to HIV-infected TB patients.
oscreening for TB in HIV-infected persons.
operforming culture and drug-susceptibility testing in HIV-infected persons.

opromoting collaboration between the national TB program and non-government TB care providers related to TB/HIV.
•National system for surveillance, monitoring, and evaluation of HIV-associated TB.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	0
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	0
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	0
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	0

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	5811.08	**Mechanism:**	Bangkok Metropolitan Administration
Prime Partner:	Bangkok Metropolitan Administration	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	11565.08	**Planned Funds:**	$35,000
Activity System ID:	17969		
Activity Narrative:	n/a		
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	11565		
Related Activity:			

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11565	11565.07	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	5811	5811.07	Bangkok Metropolitan Administration	$77,808

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	5812.08	**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:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	11586.08	**Planned Funds:**	$163,168

Activity System ID: 17986

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11586

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25038	11586.25038.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10637	5812.09	Management / Technical Staffing	$124,948
11586	11586.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$183,235

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5810.08

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: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 11566.08

Planned Funds: $250,000

Activity System ID: 17977

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11566

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25018	11566.25018.09	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	10633	5810.09	Thailand Ministry of Public Health	$34,371
11566	11566.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$454,986

HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Total Planned Funding for Program Area: **$199,210**

Estimated PEPFAR contribution in dollars $0

Estimated local PPP contribution in dollars $0

Program Area Context:

Table 3.3.09 Counseling and Testing

Program Area Description:
Thailand's highest HIV prevalence rates are among MARPs—32% in MSM (Bangkok) in 2007 and 36% in IDU in 2006. VCT services are primarily hospital-based, confidential, and directed at the general population. Few data are available on the uptake of VCT services. MARPs in need of testing often do not have access to it, or are deterred from routine hospital testing sites by stigma and discrimination fears. 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. Only limited counseling is available for couples or HIV-positive clients. Furthermore, most counselors are part-time, have other primary work, and have limited support for counseling training. However, since 2007, the universal health care scheme has provided budgetary support for HIV testing. This should increase the number of clients for VCT services.

The testing algorithm in Thailand includes rapid testing at select sites with same-day results, and enzyme immunoassay in most hospital-based VCT sites. HIV-positive clients in routine hospital-based VCT centers are generally referred to the care and treatment program at that hospital.

Recognizing the need to improve this situation, three areas of need 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.Expansion of the implementation of quality improvement and performance measurement tools for VCT services
2.Model development of VCT services for MARPs
3.Development and implementation of specific HIV counseling models including risk reduction counseling and disclosure counseling

USG Supported Activities:
HIVQUAL has been 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 quality improvement tool in Thailand. HIVQUAL implementation will be expanded to 500 sites in FY 2008, and all 961 public hospitals in FY 2009. A VCT component of HIVQUAL was developed in FY 2007, and will be incorporated into all HIVQUAL sites in FY 2008. Implementation of this component will facilitate improvement in the proportion of clients receiving pre-test counseling, HIV testing, and post-test counseling according to national standards.

Counseling and testing services are a critical component of the "Minimum Package of Services" (MPS) model that USG supports for MARP interventions, both as an entry point for care and treatment services and as the basis for the promotion of prevention with positives. Counseling and testing for MARPs has remained underutilized due to a general lack of risk perception, fear of stigma and discrimination, and policy barriers that limited the effectiveness of these services. This low uptake of testing represents a critical missed opportunity to provide one-on-one prevention counseling to MARPs and to provide PLHA with support and education that can reduce HIV transmission to others. In all model development sites, counseling and testing will continue to be offered either through clinic settings that address MARPs' specific needs, or through referrals to selected hospitals or clinics that have been sensitized to vulnerable populations.

MARPs and VCT: USG supports VCT within the MPS model by providing TA to integrate VCT into services at MSM STI drop-in center clinics, STI sites, and mobile VCT services at establishment sites in Chiang Mai, Pattaya, and Phuket; and to strengthen referral to VCT in Bangkok. USG supports VCT services provided on-site for sex workers, including rapid HIV testing with same-day results. Through outreach workers, FSW are also referred to clinics for confidential HIV testing in 14 clinics in four provinces. Among IDUs, VCT is promoted through peer outreach workers who refer other IDUs to methadone clinics for HIV counseling and testing in Bangkok. USG continues to promote provider-initiated HIV testing in STI clinics.

Other vulnerable populations and VCT: Among prison populations, USG works with a provincial health office and local NGO to support promotion of VCT through peer educators in prisons. Linkage to HIV care outside the prison is provided by a local hospital.

PLHA and VCT: USG will support the ongoing development and evaluation of a model Prevention with Positives (PWP) program in six hospital sites in FY 2008 – FY 2009. This program model provides disclosure counseling, family counseling, risk reduction counseling and couples counseling to PLHA. The model also promotes partner HIV testing. Tools and materials from this project include a short prevention messages flipchart and a PWP manual. Training on the PWP model is planned for all 12 regions in Thailand in FY 2008.

Finally, USG-supported TB clinics have developed a model for provider-initiated testing and counseling (PITC) for TB patients. This model supports implementation of a national policy on PITC developed during 2006. (See Palliative Care: TB/HIV narrative.) As a result of implementing this model, 78% 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.

Potential Upstream (Indirect) Products or Outputs:

•Evaluation of the VCT HIVQUAL model, including provision of model to the MOPH for further scale-up.
•Completed evaluation of HIV testing rates among MARPs using model programs to reach clients.
•Development of standard operating procedures (SOP) for the VCT services model targeting MSM and IDU. The SOP will be presented to the MOPH for further scale-up.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	5
9.3 Number of individuals trained in counseling and testing according to national and international standards	138
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	500

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	5810.08	**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:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	11568.08	**Planned Funds:**	$40,000
Activity System ID:	17978		
Activity Narrative:	n/a		
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	11568		
Related Activity:			

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25019	11568.25019.09	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	10633	5810.09	Thailand Ministry of Public Health	$77,596
11568	11568.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$100,962

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	5812.08	**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:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	11587.08	**Planned Funds:**	$98,210
Activity System ID:	17987		
Activity Narrative:	n/a		
HQ Technical Area:			

New/Continuing Activity: Continuing Activity

Continuing Activity: 11587

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25039	11587.25039.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10637	5812.09	Management / Technical Staffing	$114,305
11587	11587.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$107,596

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5811.08

Mechanism: Bangkok Metropolitan Administration

Prime Partner: Bangkok Metropolitan Administration

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 11567.08

Planned Funds: $19,000

Activity System ID: 17970

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11567

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25028	11567.25028.09	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	10635	5811.09	Bangkok Metropolitan Administration	$92,819
11567	11567.07	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	5811	5811.07	Bangkok Metropolitan Administration	$19,902

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5806.08

Mechanism: TASC3 Task Order

Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	17671.08	**Planned Funds:**	$30,000
Activity System ID:	17671		
Activity Narrative:	n/a		
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:			

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	5807.08	**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:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	19116.08	**Planned Funds:**	$12,000
Activity System ID:	19116		
Activity Narrative:	n/a		
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:			

HTXS - ARV Services

Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11

Total Planned Funding for Program Area: **$234,534**

Amount of Funding Planned for Pediatric AIDS	$0
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

Table 3.3.11 Treatment: ARV Services

Program Area Description:
The Thai national program for HIV care and treatment is well established. HIV care, including ARV treatment, is provided as part of the universal health care scheme, a package of services available to Thai citizens through the public hospital system. Rapid scale-up of the ARV program began in 2003; treatment is provided to an estimated 88,000 patients as of December 2006, and to an expected 120,000 by the end of 2007. As increasing numbers of PLHA receive treatment, MOPH has recognized that it is necessary to decentralize care and treatment in order to relieve the burden on providers at provincial and community hospitals, and that a system for monitoring and improving the quality of care is critical. To meet the key needs of ARV services programs in Thailand, USG is focusing on continued technical support for scale-up of the HIVQUAL program and on support for community-based adult and pediatric HIV care and treatment programs.

USG supports the scale-up of the HIVQUAL performance measurement and quality improvement system, and development of modules to expand the areas of care covered by this system. USG supported the development, piloting, and initial scale-up of HIVQUAL in Thailand, through collaboration with MOPH, Institute of Hospital Quality Improvement and Accreditation (IHQIA), Health Resources and Services Administration (HRSA), and the New York Department of Health AIDS Institute (NY AIDS Institute). HIVQUAL systems have been developed for adult and pediatric clinical services, comprehensive care and support centers, and counseling and testing services in Thailand. (See Palliative Care: Basic Health Care, and Counseling and Testing Services narratives.)

HIVQUAL indicator areas for adult clinical services include monitoring of HIV clinical and immunologic status, primary opportunistic infection prophylaxis, TB screening, prevention with positives, and ARV treatment monitoring. The HIVQUAL adult clinical services system was piloted in 12 hospitals in 2004, and significant improvements were seen in the proportion of patients receiving care according to national guidelines. HIVQUAL was subsequently scaled up to 63 hospitals in 2006, and now as a collaborative effort among the MOPH, National Health Security Office (NHSO), and IHQIA, HIVQUAL will be scaled up nationally. Among public hospitals in Thailand, 97% are included in the national quality improvement system managed by the IHQIA and will be included in the national HIVQUAL program. Furthermore, as a result of the successful implementation of HIVQUAL in Thailand, other PEPFAR countries, including Uganda, Mozambique, and Ethiopia, are now adapting this model. These countries are using the international version of HIVQUAL software developed by USG Thailand staff, and Uganda is receiving TA for implementation from USG Thailand in collaboration with HRSA and the NY AIDS Institute. Additional countries have expressed interest and are expected to receive HIVQUAL TA from USG Thailand staff.

For adult treatment, USG will also provide TA to MOPH to incorporate HIV care and treatment into existing "care networks" at the community health center level, including training, tools, and HIV care guidelines. These networks will allow routine follow-up and adherence monitoring of HIV-infected patients to occur in health centers near their homes, in coordination with HIV-trained physicians at the community, district, or provincial hospitals. USG support will include TA (guidelines, model and training) to the MOPH and BMA for expansion to 50 MOPH and 20 BMA sites.

In pediatric treatment, USG Thailand provides TA to MOPH to update national pediatric ARV treatment guidelines, based on revisions to WHO and U.S. Public Health Service guidelines and the availability of new first and second line ARVs in Thailand. USG Thailand also continues to support the expansion of pediatric HIVQUAL and a community-based pediatric care and treatment network.

A HIVQUAL pediatric module was developed in 2005 and has been implemented since 2006. Indicators specific to the pediatric module include growth and development, immunizations, and psychosocial support. USG is also partnering with UNICEF and PEPFAR to introduce the HIVQUAL pediatric module to other countries in the Asia region and in African countries (e.g., Uganda and Ethiopia).

In order to meet the needs for increasing pediatric treatment and care at the community hospital level, USG worked closely with MOPH to develop a pediatric care network model in three provinces in 2007. In this model, community hospital staff are trained to provide HIV treatment, thereby decreasing the burden on tertiary care providers and allowing the follow-up of infected children to happen closer to their homes. To date (August 2007), 647 children have initiated ARVs in this program, and more than 176 of these are followed in community hospitals. Through collaboration with MOPH and Chiang Rai Regional Hospital, the pediatric HIV care network model developed in Chiang Rai was expanded to Ubon Ratchathani and Udon Thani provinces. These networks include 17 community sites in Chiang Rai, 15 in Ubon Ratchathani, and eight in Udon Thani provinces. Success of the project has been a result of strong support from the regional and provincial hospitals, and of an active NGO and PLHA network in the community for home visits, patient psychosocial support, and adherence monitoring. In order to expand the pediatric care network in Thailand, USG is leveraging funding from GFATM, and this network is expected to expand to an additional six provinces in 2008 and 6-8 more in 2009.

Prevention with positives programs are also being expanded in Thailand in clinic settings, both for adults in general HIV treatment clinics, and for youth in pediatric clinics. USG will support civil society partners, including a PLHA network, to develop and undertake a prevention education module targeting PLHA at ARV therapy clinics and in the communities. On the government services side of the model, USG supports MOPH and several hospitals to develop a model for prevention services integrated into HIV care and treatment. MOPH intends to integrate prevention services into HIV care nationally, and expects this model to be replicable through routine government systems in the next few years.

USG Supported Activities:
•USG Thailand will provide TA and training of trainers for national scale-up of the HIVQUAL system for adult clinical services. As described above, the scale-up is a joint effort of MOPH, NHSO, and IHQIA. Previous goals for scale-up were 144 hospitals (15% of 5-year goal) in FY 2007 and 294 hospitals (31% of 5-year goal) in FY 2008, reaching all 961 target hospitals (97% of all public hospitals) by FY 2011. However, NHSO has provided additional resources to support expansion to 500 hospitals in 2008 and 800 hospitals in 2009. USG will provide TA, including monitoring and supervision for these hospitals.

•The pediatric HIVQUAL model will be integrated with the adult HIVQUAL model and scaled up to 14-20 pediatric sites in FY 2008.

•The pediatric care network will now be expanded to an additional 10-15 provinces, with technical support from USG and funding from GFATM, by 2009. Tool kits for expansion of the pediatric network model, based on lessons learned in Chiang Rai, are being developed with USG support and will be provided to all provinces implementing the model.

•Support to two university hospitals in Bangkok to develop a prevention and health promotion services model for perinatally HIV-infected youth in FY2008. The model will be implemented and evaluated in FY 2009.

•Through the Thai National Institute of Health, USG Thailand supports HIV laboratory quality improvement and EQA programs for HIV-related testing (see Laboratory Infrastructure narrative).

Referrals and Linkages:
ARV services include linkages from PMTCT programs, and the national program recommends routine CD4 monitoring for ante- and post-partum women and referral to ARV services if eligible. Linkages between PMTCT and treatment for HIV-infected infants will be strengthened by improving the utilization of early infant diagnostic testing (see PMTCT, and Laboratory Infrastructure narratives).

Policy:
While the expansion of HIVQUAL is well established, there are ongoing challenges to program scale-up. Cooperation among stakeholders needs further strengthening, clear policies and requirements from NHSO must be developed, and the HIVQUAL system needs to be further coordinated and integrated with existing ARV program reporting, M&E, and hospital accreditation systems.

Potential Upstream (Indirect) Products or Outputs:
•Expansion of adult HIVQUAL to 500 sites in FY2008 and 800 sites in FY2009.
•Expansion of pediatric HIVQUAL to 14-20 sites in Thailand under the MOPH.
•Completion of a toolkit for a community-based pediatric network.
•Development and evaluation of prevention for positives youth model.
•Revised pediatric ARV treatment guidelines to include new ARV regimens.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	42
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	80
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	360
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	350
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	475

Custom Targets:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	5811.08	**Mechanism:**	Bangkok Metropolitan Administration
Prime Partner:	Bangkok Metropolitan Administration	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Activity ID: 11569.08

Activity System ID: 17971

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11569

Related Activity:

Program Area Code: 11

Planned Funds: $10,000

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25029	11569.25029.09	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	10635	5811.09	Bangkok Metropolitan Administration	$13,923
11569	11569.07	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	5811	5811.07	Bangkok Metropolitan Administration	$18,324

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5812.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GAP

Budget Code: HTXS

Activity ID: 11588.08

Activity System ID: 17988

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11588

Related Activity:

Mechanism: Management / Technical Staffing

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: $94,534

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11588	11588.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$106,182

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5810.08	**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:** HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	**Program Area Code:** 11
Activity ID: 11570.08	**Planned Funds:** $65,000
Activity System ID: 17979	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11570	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25020	11570.25020.09	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	10633	5810.09	Thailand Ministry of Public Health	$34,807
11570	11570.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$91,099

HLAB - Laboratory Infrastructure

Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12

Total Planned Funding for Program Area:	**$505,052**

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Table 3.3.12 Laboratory Infrastructure

Program Area Description:
Thailand has a well-established public health laboratory system. The Thai National Institute of Health (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 annually as part of sentinel surveillance by the MOPH. 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 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 in order to increase the number of laboratories served, this EQA scheme is now supported by the MOPH and the National Health Security Office (NHSO)—the office responsible for managing the universal health care scheme. 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.

Chiang Mai University, which is now providing infant diagnostic testing for the universal health care scheme using an in-house DNA PCR on dried-blood spots (DBS), participates in testing CDC's DBS EQA panel. During the past year, with USG support, 44 labs began participating in a new EQA program for TB and fungal opportunistic infection diagnostic tests, managed by Bamrasnaradura National Infectious Diseases Institute. This program provides EQA panels for AFB smear and microscopy for fungal identification.

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 1300 labs are accredited to the WHO-endorsed international standard. A few additional laboratories have met the certification standards set by the Association of Medical Technologists of Thailand (AMTT), a set of minimum requirements that contain elements of 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; viral load, TB, and fungal opportunistic infection EQA schemes are not fully developed; and, the new implementation of DBS HIV PCR testing for infant diagnosis creates a need for an EQA scheme for this test.

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 an HIV viral load EQA program
•Expand the TB and fungal opportunistic infection EQA program through Bamrasnaradura to four additional laboratories.
•CDC/Atlanta will provide DBS HIV PCR EQA panels to two labs at Chiang Mai University that conduct early infant diagnostic testing.

The USG role in supporting MOPH to develop and monitor these EQA programs focuses on TA and activities such as 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 with USG support; this is facilitated by USG in Thailand. The CD4 EQA scheme developed with USG support is also provided to the PEPFAR countries Indonesia and Nepal, with WHO funding support.

Specialized Testing for HIV Surveillance and other HIV-Related Testing
USG support will address the following gaps: capacity for HIV BED-CEIA testing (for HIV incidence surveillance) exists only at the MOPH yet continued centralized testing of all surveillance specimens is impractical; ARV resistance testing capacity for surveillance and for treatment program monitoring is not fully established; use of HIV rapid testing is limited because there are no established guidelines or algorithm for it; and, mycobacterial culture capacity has been developed in five provinces and drug-susceptibility testing capacity strengthened at the national level, but the outcomes of this system still need to be evaluated.

USG will provide technical support to MOPH to:
•Decentralize HIV BED-CEIA testing through training of regional laboratories in use of the test.
•Implement optimal specimen handling for the national ARV resistance management program.
•Build capacity to perform mycobacterial culture and drug-susceptibility testing for specimens from HIV-infected persons at the provincial and national level (see Palliative Care: TB/HIV narrative).

USG is currently supporting MOPH to develop an HIV rapid test algorithm (with FY 2007 funds) and will continue supporting an NGO to use rapid HIV tests within the minimum package of services model for MSM in one site.

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 certification processes in hospitals within that region. USG funding will be used to leverage government funds that are available for quality systems and certification processes for particular provinces. USG will support the processes for hospital laboratories to meet ISO 15189 or AMTT standards in selected provinces with high burdens of HIV. USG has already initiated implementation of laboratory quality systems at 73 public health laboratories in three provinces. In FY 2007, two of these labs achieved AMTT certification, bringing the total to 13. To facilitate sustainability of this process, USG will bring together the stakeholders for hospital laboratory quality (NHSO, MOPH Departments of Medical Sciences and Medical Services, and the MT 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.

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.

Potential Upstream (Indirect) Products or Outputs:
•Perform 30,000 HIV-related tests at USG-supported laboratories.
•30 laboratories participating in EQA programs for HIV viral load.
•48 laboratories participating in EQA programs for fungal and TB microscopic examination.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests   1

12.2 Number of individuals trained in the provision of laboratory-related activities   30

12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring   3600

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	5810.08	**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 Area Code:**	12
Activity ID:	11571.08	**Planned Funds:**	$184,821
Activity System ID:	17980		
Activity Narrative:	n/a		
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		
Continuing Activity:	11571		
Related Activity:			

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25021	11571.2502 1.09	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	10633	5810.09	Thailand Ministry of Public Health	$259,014
11571	11571.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$231,402

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5812.08		**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 Area Code:** 12	
Activity ID: 11589.08		**Planned Funds:** $190,231	
Activity System ID: 17989			
Activity Narrative: n/a			
HQ Technical Area:			
New/Continuing Activity: Continuing Activity			
Continuing Activity: 11589			
Related Activity:			

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25041	11589.2504 1.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10637	5812.09	Management / Technical Staffing	$186,207
11589	11589.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$101,080

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5806.08		**Mechanism:** TASC3 Task Order	
Prime Partner: Family Health International		**USG Agency:** U.S. Agency for International Development	
Funding Source: GHCS (USAID)		**Program Area:** Laboratory Infrastructure	
Budget Code: HLAB		**Program Area Code:** 12	
Activity ID: 12596.08		**Planned Funds:** $10,000	
Activity System ID: 17542			
Activity Narrative: na			
HQ Technical Area:			
New/Continuing Activity: Continuing Activity			
Continuing Activity: 12596			
Related Activity:			

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24993	12596.2499 3.09	U.S. Agency for International Development	Family Health International	10628	5806.09	TASC3 Task Order	$5,000
12596	12596.07	U.S. Agency for International Development	Family Health International	5806	5806.07	TASC3 Task Order	$5,000

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: **$1,050,210**

Estimated PEPFAR contribution in dollars $0

Estimated local PPP contribution in dollars $0

Program Area Context:

Table 3.3.13 Strategic Information

National surveillance systems in Thailand are well established, including passive case-based AIDS surveillance, HIV serosurveillance, and sentinel behavioral surveillance. However, with evolving risk behaviors, the changing nature of the HIV epidemic, and widespread availability of antiretroviral therapy, new approaches are needed to appropriately monitor the HIV epidemic and provide data for planning national responses. Systems to track early warning signs such as new HIV infections, risk behaviors, and STI prevalence are limited.

The national PMTCT program monitoring and outcomes surveillance systems are key successes of the USG contribution to Thailand, and have been adapted for use in other countries in and outside the Asian region.

A national integrated M&E framework and system (the "Third One") has recently been developed. However, many individual programs still have M&E systems that were specifically designed for their programs and institutions. Transition to a decentralized health care policy and concomitant strengthening of local health authorities has 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.

Although Thailand has some high quality data, these are underutilized. Capacities to undertake integrated analysis and synthesis, and to use data for policy and program planning, need to be strengthened at both the national and provincial levels.

The SI strategy for USG Thailand in FY 2008 and 2009 will focus on technical transfer and capacity building. USG will assist counterparts at both the national and provincial levels in undertaking high quality second generation surveillance targeting MARPs. In addition, support will continue for implementation of an integrated national M&E framework. USG will help develop simplified M&E tools for Prevention with Positives (PWP) programs, promote performance measurement and quality improvement systems, support Public Health Evaluations (PHEs), and implement a data synthesis and utilization model at the sub-national level.

USG Technical Work and Services:
1. SI Team and Target Setting Process
The USG SI Team includes three staff members – a Medical Epidemiologist who works closely with the CDC/GAP prevention, care, and treatment teams, a Medical Epidemiologist who leads the CDC/GAP surveillance, monitoring, and evaluation team, and an SI Specialist who works with the USAID RDM/A HIV team and serves as the SI Liaison. During the 2008 Mini-COP development process, targets were developed by the USG program and SI teams, and reviewed by the SI Advisor for Thailand

from CDC/GAP/Atlanta. Discussions were held with technical staff and USG partners to set direct and indirect targets for FY 2008 and 2009 based on FY 2007 program results and projected program growth. The USG SI team obtained information from MOPH and GFATM on their future program plans and targets, which were used to estimate the USG upstream targets.

2. Results Reporting
USG planning and reporting
In addition to PEPFAR reporting indicators, there are two main program areas—MSM and PWP—where USG will pilot test a joint program monitoring and reporting system by 2009. This system will allow the USG team to have adequate information for regular performance measurement and program quality improvement, and for USG partner portfolio reviews and future program planning. This system will be available to be replicated by MOPH in other provinces. To monitor progress of the minimum package of services targeting MSM in Thailand, USG will collate, analyze, and use relevant data from various sources for improvement of its implementation and program planning.

Strengthening implementation of one integrated national M&E framework
In 2007, the HIV/AIDS national strategy and M&E framework, including national core indicators, were finalized. USG Thailand will work closely with other donors to ensure effective implementation of an integrated M&E plan. UNAIDS will hire a national SI technical advisor to be embedded in the national M&E unit. GFATM and MOPH will help develop the system and provide human resources. In concert with others, USG will support the development of the M&E implementation plan at the national level and pilot its implementation at the provincial level by:
•Providing technical assistance on developing unified data collection forms to collect national core indicators;
•Continuing technical assistance on field testing a harmonized management information system and data warehouse to monitor HIV/AIDS-related prevention efforts among health and non-health sectors, including Global Fund, in four provinces; and,
•Continuing technical assistance for local public officials, NGOs, and related organizations to implement an integrated M&E system in four provinces, including using data for program planning and improvement.

Develop simplified M&E tools for PWP program
Beginning in 2006, USG supported implementation of the PWP program, which provides a comprehensive prevention package to PLHA from clinic settings to community levels. MOPH plans to replicate the model throughout the country in 2009. As part of the expansion of the PWP intervention, USG will support development of simplified M&E tools. These tools will be used in clinic settings and at the community level so that care providers and community organizations can use the information for program planning and quality improvement. This effort will include: 1) reviewing existing M&E of PWP programs in Thailand, 2) harmonizing and finalizing reporting forms and indicators, 3) developing a single set of indicators and data collection forms for PWP programs, and 4) training all stakeholders to use these tools.

3. Implement data use model at sub-national level: Analysis and Advocacy (A2) Project
Through a process of reviewing existing information, undertaking an integrated analysis, and completing a synthesis and cost analysis, the A2 Project in Thailand successfully advocated among policy makers and provided technical direction to establish a new national HIV prevention strategy as part of the new national AIDS plan (2007 to 2011). The government has now committed an additional $15 million for prevention programs in support of this strategy. To build on this national level success, and address the challenges created by health system decentralization, USG will support expansion of the A2 Project at the sub-national level in four provinces where USG is also supporting HIV prevention activites: Chiang Mai, Chiang Rai, Chonburi, and Phuket. USG will also help build capacity at the provincial level to develop a provincial HIV/AIDS framework, undertake in-depth analysis of strategic information, develop and implement provincial M&E plans, and increase use of data for resource mobilization and action through consortia of health and non-health government organizations, NGOs, CBOs, and the private sector (See the Other/Policy and Systems Strengthening narrative).

4. Surveillance and Surveys
In response to the challenges of monitoring an evolving HIV epidemic in Thailand, in 2006-2007 USG and MOPH successfully undertook HIV incidence sentinel surveillance among FSW; second generation surveillance among FSW, MSM, and youth in pilot provinces; and ARV drug resistance monitoring. USG support is used to develop procedures for innovative surveillance approaches, conduct training and pilot testing of the approach, and support initial implementation and assessment of lessons learned. Over a three-year cycle, new surveillance approaches are introduced and then transitioned to Thai government support, allowing additional new approaches to be supported. USG activities will focus on supporting the MOPH to:
•Expand a biennial survey to monitor risk behaviors and HIV infection among MSM using appropriate sampling techniques, such as venue-day-time sampling or respondent-driven sampling, to five provinces;
•Expand second generation surveillance system among venue-based FSW to 15 sentinel provinces;
•Monitor treatment outcomes and ARV resistance, according to WHO-CDC guidelines, in 14 provinces;
•Field test hand-held computer-assisted self interviewing and IgG BED capture immunoassay (BED-CEIA) for monitoring risk behaviors and HIV recent infections among IDU in Bangkok;
•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; and,
•Share epidemiology and surveillance training curricula and practical surveillance guidelines with other PEPFAR countries, and provide technical assistance in HIV-related surveillance and use of epidemiologic data to Laos and Papua New Guinea.

5. Information Systems
USG will continue its technical support to MOPH for HIVQUAL, a model for performance measurement for quality improvement in HIV care and treatment, which will be scaled up to all public hospitals in 2009. (See Palliative Care: Basic Care, and ARV Services narratives.)

6. Support PHEs
Five public health evaluations, addressing questions in PMTCT, pediatric disclosure, and PWP, are planned or ongoing. (See PHE Supplemental Activity Sheets for details.)

Potential Upstream (Indirect) Products or Outputs:

- Simplified M&E tools for PWP Program
- Documentation of implementation of A2 project in Chonburi province
- National MSM and FSW surveillance implementation guidelines

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	26
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	138

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5806.08		**Mechanism:** TASC3 Task Order	
Prime Partner: Family Health International		**USG Agency:** U.S. Agency for International Development	
Funding Source: GHCS (USAID)		**Program Area:** Strategic Information	
Budget Code: HVSI		**Program Area Code:** 13	
Activity ID: 11546.08		**Planned Funds:** $49,000	
Activity System ID: 17543			
Activity Narrative: n/a			
HQ Technical Area:			
New/Continuing Activity: Continuing Activity			
Continuing Activity: 11546			
Related Activity:			

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24994	11546.2499 4.09	U.S. Agency for International Development	Family Health International	10628	5806.09	TASC3 Task Order	$30,000
11546	11546.07	U.S. Agency for International Development	Family Health International	5806	5806.07	TASC3 Task Order	$50,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5807.08		**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 Area Code:** 13	
Activity ID: 11548.08		**Planned Funds:** $38,700	
Activity System ID: 17546			

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11548

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24997	11548.24997.09	U.S. Agency for International Development	Pact, Inc.	10630	5807.09	Community REACH Greater Mekong Region Associate Award	$20,000
11548	11548.07	U.S. Agency for International Development	Pact, Inc.	5807	5807.07	Community REACH Greater Mekong Region Associate Award	$64,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7855.08

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: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 17664.08

Planned Funds: $10,300

Activity System ID: 17664

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5811.08

Mechanism: Bangkok Metropolitan Administration

Prime Partner: Bangkok Metropolitan Administration

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 11572.08

Planned Funds: $15,000

Activity System ID: 17972

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11572

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11572	11572.07	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	5811	5811.07	Bangkok Metropolitan Administration	$27,486

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5809.08

Prime Partner: US Agency for International Development

Funding Source: GHCS (USAID)

Budget Code: HVSI

Activity ID: 11549.08

Activity System ID: 17550

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11549

Related Activity:

Mechanism: Management/Technical Staffing

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Area Code: 13

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
25011	11549.25011.09	U.S. Agency for International Development	US Agency for International Development	10632	5809.09	Management/Technical Staffing	$15,730
11549	11549.07	U.S. Agency for International Development	US Agency for International Development	5809	5809.07	Management/Technical Staffing	$19,600

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5812.08

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 Area Code:**	13		
Activity ID:	11590.08			**Planned Funds:**	$489,710		
Activity System ID:	17990						
Activity Narrative:	n/a						
HQ Technical Area:							
New/Continuing Activity:	Continuing Activity						
Continuing Activity:	11590						
Related Activity:							

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25042	11590.25042.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10637	5812.09	Management / Technical Staffing	$432,393
11590	11590.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$632,204

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	5810.08			**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 Area Code:**	13		
Activity ID:	11573.08			**Planned Funds:**	$257,500		
Activity System ID:	17981						
Activity Narrative:	n/a						
HQ Technical Area:							
New/Continuing Activity:	Continuing Activity						
Continuing Activity:	11573						
Related Activity:							

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25022	11573.2502 2.09	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	10633	5810.09	Thailand Ministry of Public Health	$255,627
11573	11573.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$363,569

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14

Total Planned Funding for Program Area: **$467,517**

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Table 3.3.14 Other/Policy and Systems Strengthening

Program Area Description:
Policy and systems strengthening initiatives provide a solid foundation for HIV programs to enhance efficiency, planning, resource mobilization, and collaboration. By focusing on capacity building, supporting enabling environments, and stigma and discrimination reduction, USG will work with the Thai government, civil society, and the private sector to help improve the overall effectiveness of the country-level response.

Since 2004, the Thai government transitioned to a political and administrative decentralization policy. Under decentralization, provincial policies and strategic plans 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 issues, and monitoring and evaluating programs.

The USG has focused on creating leadership at all levels and strengthening local leadership competencies in strategic planning, resource mobilization, multi-sectoral coordination, and monitoring and evaluation at the provincial level. Additionally, USG will continue to strengthen civil society by building the organizational capacity of community-based organizations (CBOs) to implement services for MARPs and programs to reduce stigma and discrimination.

Key USG Intervention Areas:
Creating Leadership: In order to mobilize resources for HIV efforts at the national, provincial, and district levels, USG has supported the Analysis and Advocacy (A2) Project for data synthesis and utilization, and collaborated with MOPH to develop an approach for effective multi-sectoral collaboration. With technical support from USG and the A2 Project in 2006, MOPH launched a campaign to reinstate HIV prevention on the national agenda. A new HIV prevention strategy was developed with full participation from civil society, aiming to achieve a 50% reduction in new infections by 2011. The Thai government has now committed an additional $15 million to HIV prevention programs.

In 2008, USG will increase emphasis on strengthening sub-national leaders' abilities to use information from policy and strategy analyses. In connection with HIV program planning and management, the activities below aim to assist with the development of strategies to increase the integration of HIV issues into public sector service delivery mechanisms, and the building of provincial- and district-level capacity for harmonized program accountability across sectors.

•Based on the A2 Project success at the national level, USG will support adaptation of the A2 Project at the sub-national level in four provinces where USG is also supporting HIV prevention activities: Chonburi (including Pattaya), Chiang Mai, Chiang Rai, and Phuket. Proposed activities include synthesizing HIV data and facilitating use of that data to develop effective local strategic plans and appropriately targeted and resourced programs (see Strategic Information narrative).
•Support MOPH to facilitate collaboration among provincial and district officials, provincial health offices and AIDS committees, and representatives from local public sector institutions (Ministries of Education, Labor, Public Health, Social Welfare, Provincial and District Administration Office) and private sectors in three provinces where USG supports several types of HIV activities: Chiang Rai, Phuket, and Ubon Ratchathani. The collaboration is aimed at improving planning, resource mobilization, and multi-sectoral collaboration to address HIV issues at the local level. Once successful, the approach will be shared with other provinces through MOPH's Bureau of Policy and Strategy.
•USG will advocate for the allocation of sufficient funds for HIV activities from provincial and district budgets to ensure their sustainability.
•Build human resources capacity through relevant HIV training courses (see below).

Building Capacity: In Thailand, human and institutional capacity is weak among many local government institutions, NGOs, and CBOs working with MARPs. To increase the effectiveness of program interventions, USG will support a variety of training and coaching efforts to develop new skills 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 continue addressing this need using a four-part approach: 1) strengthening the political commitment by disseminating appropriate information related to HIV/AIDS trends; 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 the regional network of MSM groups addressing HIV/AIDS, and support capacity building for Thai MSM groups through this regional network.
•USG will strengthen institutional and technical capacity of NGOs, CBOs, and PLHA groups to deliver high impact MSM and Prevention with Positives comprehensive programs in the five provinces where USG is supporting development of HIV prevention models for MARPs.
•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 will create a sound, enabling policy environment, in order to reduce stigma and discrimination affecting PLHA. In 2007, USG supported the Positive Partnership Project (PPP), a civil society model which uses microcredit loans as a tool for reducing stigma and discrimination at the community level in three provinces (see Palliative Care: Basic Health Care and Support narrative). With USG support in 2008, PPP will expand its implementation to 10 provinces by leveraging resources with Pfizer Foundation and the sub-district administration office in Nakhon Ratchasima province.

Strengthening Coordination: Coordination among the Thai government, NGOs, GFATM, and other donors is facilitated by USG through participation in multilateral meetings, membership in the CCM, and direct coordination of funded activities.

GFATM supports four HIV grants and two TB grants in Thailand (see Global Fund Supplemental). USG Thailand supports these projects by:
•Having one membership position on the CCM and one on the HIV technical committee, which allows participation in CCM meetings, oversight of ongoing projects, contribution to phase II renewal plans and substantive TA for developing the Round 6 TB proposal, Round 7 HIV proposal, and currently the Round 1 RCC proposal;
•Overseeing TA to GFATM projects provided through the UNAIDS Program Acceleration Funds (PAF) mechanism with USG funding. PAF funds support 1) building capacity of the CCM to provide technical and programmatic oversight to GFATM grants, and to strengthen 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.
•Supporting involvement of NGOs, CBOs, and PLHA groups in proposal development and implementation of GFATM grants.

Potential Upstream (Indirect) Products or Outputs:
•Increased funding from provincial and district governors for HIV/AIDS in three provinces – Chiang Rai, Phuket, and Ubon Ratchathani
•Provincial- and district-level strategies and work plans for HIV/AIDS in three provinces that demonstrate multi-sector collaboration
•Harmonized management information system and data warehouses for monitoring HIV/ AIDS-related prevention efforts among health and non-health sectors field tested in three provinces
•Documentation of the A2 process and results in Chonburi province

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development   5

14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building   8

14.3 Number of individuals trained in HIV-related policy development   0

14.4 Number of individuals trained in HIV-related institutional capacity building   65

14.5 Number of individuals trained in HIV-related stigma and discrimination reduction   20

14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment   20

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5810.08	**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:** Other/Policy Analysis and System Strengthening
Budget Code: OHPS	**Program Area Code:** 14
Activity ID: 11575.08	**Planned Funds:** $75,000
Activity System ID: 17982	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11575	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25023	11575.25023.09	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	10633	5810.09	Thailand Ministry of Public Health	$54,812
11575	11575.07	HHS/Centers for Disease Control & Prevention	Thailand Ministry of Public Health	5810	5810.07	Thailand Ministry of Public Health	$383,562

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5812.08	**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:** Other/Policy Analysis and System Strengthening
Budget Code: OHPS	**Program Area Code:** 14
Activity ID: 11591.08	**Planned Funds:** $132,417
Activity System ID: 17991	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11591	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25043	11591.2504 3.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10637	5812.09	Management / Technical Staffing	$35,759
11591	11591.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5812	5812.07	Management / Technical Staffing	$53,469

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5811.08	**Mechanism:** Bangkok Metropolitan Administration
Prime Partner: Bangkok Metropolitan Administration	**USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP	**Program Area:** Other/Policy Analysis and System Strengthening
Budget Code: OHPS	**Program Area Code:** 14
Activity ID: 11574.08	**Planned Funds:** $30,000
Activity System ID: 17973	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11574	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25031	11574.2503 1.09	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	10635	5811.09	Bangkok Metropolitan Administration	$46,409
11574	11574.07	HHS/Centers for Disease Control & Prevention	Bangkok Metropolitan Administration	5811	5811.07	Bangkok Metropolitan Administration	$148,800

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5807.08	**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:** Other/Policy Analysis and System Strengthening

	Budget Code:	OHPS		Program Area Code:	14

Budget Code: OHPS

Activity ID: 11551.08

Activity System ID: 17547

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11551

Related Activity:

Program Area Code: 14

Planned Funds: $202,700

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24998	11551.24998.09	U.S. Agency for International Development	Pact, Inc.	10630	5807.09	Community REACH Greater Mekong Region Associate Award	$51,689
11551	11551.07	U.S. Agency for International Development	Pact, Inc.	5807	5807.07	Community REACH Greater Mekong Region Associate Award	$241,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7855.08

Prime Partner: Pact, Inc.

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 17759.08

Activity System ID: 17759

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: Community REACH Greater Mekong Region Associate Award

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: $27,400

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: **$349,640**

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Table 3.3.15 Management and Staffing

To be consistent with the vision of Staffing for Results (SFR), the USG Thailand PEPFAR team in 2008 will develop an implementation plan which builds on the current joint team processes, and identifies and overcomes obstacles to achieving the goals of SFR. The foundation of this plan will be the USG Thailand PEPFAR strategy. It will ensure that staff are placed appropriately to support the strategy's technical assistance-based approach, and reflect the changing USG support for global HIV programs.

The institutionalization of the team structure to reach the PEPFAR goals in Thailand has already begun. The US Ambassador leads the PEPFAR team with agency representation from the State Department, USAID, HHS, and DoD. 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 email and telephone communications.

The PEPFAR management staffing in Thailand is already 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 and 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 the TA provided to other countries, 2.1 full time equivalent (FTE) U.S. direct hire staff are currently in place. Those staff also provide management of TA in specific priority areas (prevention services for MSM and IDU, quality of care, strategic information, and evaluation of model programs), and oversight of NGO capacity building and model development. An additional 2.0 FTE direct hire 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 37.4 FTE LES and 2.0 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 2008.

In FY 2008, USG PEPFAR staff in Thailand will take on a more substantial role in transferring technical expertise and experience in the four categories listed above to 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. 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. A decision will need to be taken in the near future whether the current balance is appropriate to support the global TA role, or whether this balance needs to be shifted.

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 policymakers 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. Additional health-related government agencies such as the Institute of Hospital Quality Improvement and Accreditation, and the National Health Security Office, are located in the same compound or nearby, facilitating critical collaboration with these agencies for scale-up of care and treatment quality programs. The 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. DoD/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 technical assistance 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 are members of the following working groups or committees:

•Thai Working Group on HIV Estimates and Projections
•National Committee for Development of 10th National AIDS Plan (2007-2011)
•MOPH committees to write national adult and pediatric HIV management guidelines (2004, 2006)
•National committee for 2005 UNGASS data collection
•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 working group on model development for provincial pediatric care networks
•MOPH working group on reproductive health services for HIV-infected persons
•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
•MOPH committee for viral load reagent purchasing for GFATM projects
•Association of Medical Technologists of Thailand committee to define required competencies and to standardize training for medical technologists in Thailand
•Thai FDA subcommittee for drafting regulations on oral fluid HIV testing devices
•MOPH Committee on Health Intervention and Technology Assessment Program
•Technical Committee for GFATM Round 7 Proposal Development
•Technical Committee for GFATM Round 1 Rolling Continuation 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.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	5814.08	**Mechanism:**	Management / Technical Staffing
Prime Partner:	Armed Forces Research Institute of Medical Sciences	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Management and Staffing
Budget Code:	HVMS	**Program Area Code:**	15
Activity ID:	11554.08	**Planned Funds:**	$0
Activity System ID:	17965		
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 2008 will be provided once budget planning levels are available. No Capital Security Cost Sharing charges are attributable to PEPFAR work in Thailand.		
HQ Technical Area:			
New/Continuing Activity:	Continuing Activity		

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24989	11554.2498 9.09	Department of Defense	Armed Forces Research Institute of Medical Sciences	10626	5814.09	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 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5814.08	**Mechanism:** Management / Technical Staffing
Prime Partner: Armed Forces Research Institute of Medical Sciences	**USG Agency:** Department of Defense
Funding Source: GHCS (State)	**Program Area:** Management and Staffing
Budget Code: HVMS	**Program Area Code:** 15
Activity ID: 11555.08	**Planned Funds:** $0
Activity System ID: 17966	

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11555

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24990	11555.2499 0.09	Department of Defense	Armed Forces Research Institute of Medical Sciences	10626	5814.09	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 3.3.15: Activities by Funding Mechansim

Mechanism ID:	5809.08	**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 Area Code:**	15
Activity ID:	11552.08	**Planned Funds:**	$17,025
Activity System ID:	17551		

Activity Narrative: Overall program management and oversight will be led by a US Direct hire funded with Operational Expense Funds. Additional management support will be provided by an RDM/A HIV/AIDS Project Management Specialist (LES)—20% FTE. In addition, a smaller proportion of funding will support other support staff at RDM/A (e.g. procurement, communications, and financial management services) and administrative related costs.

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

Condoms and Other Prevention:
HIV/AIDS Team Leader (US) —USAID RDMA/Bangkok—7%

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—20%

HQ Technical Area:	
New/Continuing Activity:	Continuing Activity
Continuing Activity:	11552
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25012	11552.25012.09	U.S. Agency for International Development	US Agency for International Development	10632	5809.09	Management/Technical Staffing	$8,800
11552	11552.07	U.S. Agency for International Development	US Agency for International Development	5809	5809.07	Management/Technical Staffing	$19,100

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	5809.08	**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 Area Code:**	15
Activity ID:	11553.08	**Planned Funds:**	$2,975
Activity System ID:	17552		

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 7% of FY07 ICASS and IRM tax to support 3 staff.

Capital Security Cost Sharing charges are not applicable for USAID.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11553

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25013	11553.25013.09	U.S. Agency for International Development	US Agency for International Development	10632	5809.09	Management/Technical Staffing	$16,200
11553	11553.07	U.S. Agency for International Development	US Agency for International Development	5809	5809.07	Management/Technical Staffing	$4,300

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5812.08	**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 Area Code:** 15
Activity ID: 11558.08	**Planned Funds:** $325,051
Activity System ID: 17992	

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 43 personnel engaged full-time at CDC/Thailand carries out this support. The 43 positions include 4 direct-hire U.S. staff, 37 locally hired staff, and two locally hired expatriate contractors. 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, five are in technical leadership/management positions, 24 are in technical advisor/non-M&S staff positions, three are in technical advisor/program manager positions, and five are administrative/support staff. The two contractors are in technical advisor/non-M&S staff positions. 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.
•Technical assistance and training for PEPFAR programs in other countries, especially Vietnam and Cambodia, in the areas of PMTCT, Palliative Care: TB/HIV, ARV Services, and Laboratory Infrastructure.

The numbers of HHS/CDC technical staff by program area are shown below:

Program Area# FTE staff

Prevention
MTCT   3.2
HVOP   9.5

Care
HBHC   9.8
HVTB   2.9
HVCT   1.15

Treatment
HTXS   1.65
HLAB   2.7

Other
HVSI   6.4
OHPS   1.7
HVMS   3.8

TOTAL42.8

There are no plans to hire additional staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11558

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25044	11558.2504 4.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10637	5812.09	Management / Technical Staffing	$189,121
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 3.3.15: Activities by Funding Mechansim

Mechanism ID:	5812.08	**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 Area Code:**	15
Activity ID:	11559.08	**Planned Funds:**	$4,589
Activity System ID:	17993		

Activity Narrative: "Cost of Doing Business" Assessment

The cost of doing business associated with the 3 FTEs described in the CDC management and staff entry includes ICASS and Capital Security Cost Sharing charges, as follows:

ICASS costs are $2,456
CSCS charges are $2,133

The actual costs to support the entire 43 personnel are estimated to be:

ICASS costs are $35,082
CSCS costs are $34,070

These costs are spread across the program areas, according to percentage of staff working in each program area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11559

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25045	11559.25045.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10637	5812.09	Management / Technical Staffing	$91,311
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 5: Planned Data Collection

	Yes	X	No
Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	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 2008?	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 2008?		Yes	X	No

When will preliminary data be available?

Is an Anc Surveillance Study planned for fiscal year 2008?	X	Yes		No
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?				11/28/2008

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 2008?		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 2008.

Preliminary Data Available:

11/28/2008

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 2008.

Preliminary Data Available:

11/28/2008

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

Brief Description of the data collection activity:

The IBBS among injecting drug users will be piloted in Bangkok 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:

11/28/2008

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/December 2008.

Preliminary Data Available:

11/28/2008

Name: Self Answered Questionnaire (SAQ) Behavioral Survey

Brief Description of the data collection activity:

The SAQ is conducted annually with male and female factory workers. The survey covers high-risk behavior (sexual risks, illicit drug use) and knowledge about HIV prevention. However, there is no testing of participants. Preliminary data will be available November/December 2008.

Preliminary Data Available:

11/28/2008

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
acronyms defined in strategy 2008 mini-COP.doc	application/msword	9/25/2007	acronyms used in Thailand 5-year strategy	Other	JHenderson
USG Thailand Table 2 1 Table 2 2 and Table 3 3 target Justification 12 sep 2007.doc	application/msword	9/25/2007	Targets justification	Explanation of Targets Calculations*	JHenderson
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