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2009

Russia

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Table 1: Overview**Executive Summary**

File Name	Content Type	Date Uploaded	Description	Uploaded By
Executive Summary Nov 13.doc	application/msword	11/13/2008	FY09 Executive Summary	OFrolova

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.

Yes No

Description:

Ambassador Letter

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Letter to Ambassador Dybul signed.pdf	application/pdf	11/12/2008	Ambassador's letter signed	OFrolova

Country Contacts

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Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	\$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, 2009

	National 2-7-10	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	0	0
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	0	0
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	4,562	21,720	26,282
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	1,004	10,778	11,782
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	8,189	547,411	555,600
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	5,005	6,495	11,500
Human Resources for Health				
End of Plan Goal				
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0	0

2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
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	0
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	0
Care (1)			
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	5,246	24,978	30,224
***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	0
8.1 - Number of OVC served by OVC programs	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	0	0
Treatment			
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	0
Human Resources for Health			
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0

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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: MARP Prevention and Care

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11417.09
System ID: 11417
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: HIV/AIDS Twinning Center Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8718.09
System ID: 11410
Planned Funding(\$): \$570,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: American International Health Alliance
New Partner: No

Mechanism Name: Street Children

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7152.09
System ID: 11082
Planned Funding(\$): \$370,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Doctors of the World
New Partner: No

Mechanism Name: Three Ones Strategy

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7744.09
System ID: 11083
Planned Funding(\$): \$650,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Joint United Nations Program on HIV/AIDS
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HIV Prevention to MARPs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5683.09
System ID: 11411
Planned Funding(\$): \$900,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Drug Prevention Center, St. Petersburg
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Humanitarian Action, St. Petersburg
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Stellit, St. Petersburg
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Positive Initiative
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Alternative, Orsk
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Parents Against Drugs, Orsk
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: New Generation
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Sephim Vyritskiy Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: To Be Determined
Planned Funding: ■
Funding is TO BE DETERMINED: Yes
New Partner: Yes
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Youth Consultation of St. Petersburg
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Mechanism Name: HIV/AIDS Policy Advocacy

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5685.09
System ID: 11084
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Transatlantic Partners Against AIDS
New Partner: No

Mechanism Name: FBO Palliative Care and Prevention

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3955.09
System ID: 11412
Planned Funding(\$): \$650,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: United Nations Development Programme
New Partner: No

Sub-Partner: Russian Orthodox Sisters of Mercy, Moscow
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Na Rusi
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support

Sub-Partner: Christian Interchurch Diaconal Council
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support

Sub-Partner: Russian Orthodoxy Charity Fund
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support

Sub-Partner: Souchstie Informational Education Center
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support

Mechanism Name: Substance Abuse treatment & prevention to IDUs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5689.09
System ID: 11413
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: United Nations Office on Drugs and Crime
New Partner: No

Sub-Partner: Bureau on Drug Addiction, Orenburg
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support

Sub-Partner: Civil Will
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: New Life
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: IDUP - Biomedical Prevention: Drug Use, HBHC - Care: Adult Care and Support

Mechanism Name: Quality Assurance in Treatment and Care

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7754.09
System ID: 11414
Planned Funding(\$): \$990,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: University Research Company
New Partner: No

Mechanism Name: Admin Costs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6021.09
System ID: 11086
Planned Funding(\$): \$108,479
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: FSN&PSC Staff

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3873.09
System ID: 11085
Planned Funding(\$): \$318,971
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: IRM tax

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6022.09
System ID: 11087
Planned Funding(\$): \$32,550
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CSCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6024.09
System ID: 11386
Planned Funding(\$): \$20,500
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: HIV/AIDS Disease Surveillance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7788.09
System ID: 11409
Planned Funding(\$): \$260,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6023.09
System ID: 11385
Planned Funding(\$): \$53,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Staff Salaries

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6031.09

System ID: 11387

Planned Funding(\$): \$426,500

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5683.09	11411	Population Services International	U.S. Agency for International Development	GHCS (State)	To Be Determined	Y	■
5683.09	11411	Population Services International	U.S. Agency for International Development	GHCS (State)	Alternative, Orsk	Y	\$0
5683.09	11411	Population Services International	U.S. Agency for International Development	GHCS (State)	Drug Prevention Center, St. Petersburg	Y	\$0
5683.09	11411	Population Services International	U.S. Agency for International Development	GHCS (State)	Humanitarian Action, St. Petersburg	Y	\$0
5683.09	11411	Population Services International	U.S. Agency for International Development	GHCS (State)	New Generation	Y	\$0
5683.09	11411	Population Services International	U.S. Agency for International Development	GHCS (State)	Parents Against Drugs, Orsk	Y	\$0
5683.09	11411	Population Services International	U.S. Agency for International Development	GHCS (State)	Positive Initiative	Y	\$0
5683.09	11411	Population Services International	U.S. Agency for International Development	GHCS (State)	Sephim Vyritskiy Foundation	Y	\$0
5683.09	11411	Population Services International	U.S. Agency for International Development	GHCS (State)	Stellit, St. Petersburg	Y	\$0
5683.09	11411	Population Services International	U.S. Agency for International Development	GHCS (State)	Youth Consultation of St. Petersburg	Y	\$0
3955.09	11412	United Nations Development Programme	U.S. Agency for International Development	GHCS (State)	Christian Interchurch Diaconal Council	Y	\$0
3955.09	11412	United Nations Development Programme	U.S. Agency for International Development	GHCS (State)	Na Rusi	Y	\$0
3955.09	11412	United Nations Development Programme	U.S. Agency for International Development	GHCS (State)	Russian Orthodox Sisters of Mercy, Moscow	Y	\$0
3955.09	11412	United Nations Development Programme	U.S. Agency for International Development	GHCS (State)	Russian Orthodoxy Charity Fund	Y	\$0
3955.09	11412	United Nations Development Programme	U.S. Agency for International Development	GHCS (State)	Souchstie Informational Education Center	Y	\$0
5689.09	11413	United Nations Office on Drugs and Crime	U.S. Agency for International Development	GHCS (USAID)	Bureau on Drug Addiction, Orenburg	Y	\$0
5689.09	11413	United Nations Office on Drugs and Crime	U.S. Agency for International Development	GHCS (USAID)	Civil Will	Y	\$0
5689.09	11413	United Nations Office on Drugs and Crime	U.S. Agency for International Development	GHCS (USAID)	New Life	Y	\$0

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

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

n/a

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

Program Area: Sexual Prevention: Other Sexual Prevention

Of the 44,000 newly detected cases of HIV in Russia, 65% are attributed to injecting drug use and 34% of the new cases are attributed to heterosexual transmission (a gradual increase from 17% in 2002). Men account for almost 70% of all IDUs in Russia and they accounted for 57% of newly detected cases of HIV in 2007. Of the cases of HIV among women, two thirds of these were attributed to heterosexual contact, which has been linked with IDUs. A study of HIV-infected women in five cities in 2006 found high rates of personal injecting drug use (15% - 50%) and sexual contact with known IDUs (25% - 61%). Similarly, a case-control study found that, among women, strong risk factors for HIV were having regular partners who were HIV-positive or IDUs.

The 2008 UNGASS report found that only 36% of commercial sex workers (CSWs) both correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV. Although studies among CSWs show that condom use with clients is high (92% reported the use of a condom with their most recent client), condoms are rarely used with regular partners. A survey of CSWs in 10 regions under the National Priority Project on Health reported that 53% had not used a condom with their last non-commercial partner. 2005 studies reported ~30% condom use with last non-paying partner in St. Petersburg and 65% in Orenburg. Although many CSWs are also IDU and will be reached by the targeted IDU prevention activities, use of injecting drugs by CSWs varies by location in Russia; for example, lifetime IDU was reported by 94% of CSWs in St. Petersburg and 17% in Orenburg. This demonstrates the need for continued activities reaching non-IDU CSWs with sexual prevention programs.

In light of these findings, the primary focus of USG/Russia's prevention programs will continue to be on IDUs and their sex partners (see biomedical prevention), however, there is a window of opportunity, for the USG to provide targeted technical assistance to help prevent the spread of sexual transmission among non-injecting drug users within the most at-risk populations (MARPs), such as CSWs, MSM, and at-risk youth. The USG plans to allocate a small portion, approximately 20% of prevention funds in FY09, to support efforts by government and civil society to reach MARPs with sexual prevention services, and to build the capacity for local government, NGO, and GOR leadership in this area.

In recent years there has been an increase in the number of NGOs and faith-based organizations (FBOs) working in sexual and biomedical prevention among MARPs. According to the 2008 UNGASS report, only 24% of IDUs, 36% of SW, and 16% of MSM are reached with prevention activities, largely by NGOs and FBOs. While over 200 NGOs work in HIV in Russia, many barriers limit NGO access to GOR resources, for example, GOR tenders provide only 30% forward funding and they do not provide for administrative costs; moreover, there are only a limited number of tenders at federal and regional levels.

In 2008, the GOR increased the HIV prevention budget under the National Priority Project from \$8M in 2007 to \$17M. Unfortunately, this represents less than six percent of the overall budget for HIV/AIDS in Russia, with only a quarter of these funds allocated toward activities to reach MARPs. International support from the USG and the Global Fund have filled the gap in recent years by providing funding to NGOs to reach MARPs, and serving as a catalyst for strengthening GOR and NGO cooperation in the area of prevention for MARPs. However, many NGOs have voiced concerns that the GOR must take on a much stronger role if prevention effort are to be sustainable; reaching MARPs with prevention programs remains a key activity to contain the epidemic in Russia.

In FY09, the USG will work in the area of sexual prevention of HIV among CSWs populations in collaboration with governmental and NGO partners. USG partners primarily reach the most vulnerable female sex workers, those working on the streets, in railroad stations, and along truck routes. The key to getting prevention messages and services to CSWs is effective outreach, and the USG partners have been leaders in Russia in developing models to reach CSWs. USG partners working with CSWs have developed an integrated approach that will be prepared for replication and dissemination to GOR, local government and other NGO. The package includes outreach, education, condom promotion, peer education, and life skills training, plus effective links with clinical, legal and social services through referral networks.

USG support in FY09 will continue to include strengthening the capacity of local NGOs (that reached more than 12,700 CSWs and their clients in FY08) to manage prevention programs and to package and disseminate their best practices. There are two key approaches used by USG-supported partners engaged in outreach. One uses former CSWs as peers, enlisting current and former CSWs to provide information and education on HIV; as links to counseling and testing; and to refer others to healthcare, social, and legal services. In many cases, these peer advisors end up serving as de facto case managers for the CSWs. Another model integrates students of psychology and social work who volunteer their time to provide outreach. In all prevention interventions, CSWs are provided with information on HIV, information on how to prevent infection through the consistent and proper use of condoms even with regular partners, behavior change messages, referral to clinical or other social welfare services through the referral network developed by the NGO. Hotline services staffed by trained psychologists to provide information and informal referrals have also become an effective outreach method in Russia, particularly those developed by USG partners. In FY09, partners will explore ways to secure other funding for such services.

In FY09, USG will support the development of a training and dissemination effort to package another innovative and integrated clinical/outreach approach for CSWs in a low-threshold, client-oriented clinic setting that provides a continuum of prevention, counseling, and sexually transmitted infection treatment services for CSWs in a safe and confidential environment. With FY08 funds the lead partner will have expanded the program into the Orenburg region and will evaluate the effectiveness of the programmatic approach which promotes the integration of strategic outreach and clinical services provided in a friendly environment, with providers trained to tailor their messages to the needs of the clients. Services are provided in a stigma-free environment, and women are linked to social, psychological and other services, testing and treatment for STI, HIV prevention information and condoms, behavior change programs, HIV testing, substance abuse programs, and referral to treatment.

In Russia, men having sex with men (MSM) are a difficult group to reach with HIV prevention programs. HIV prevalence among MSM has been less than or around 6% in almost all surveys although their risky sexual behavior remains unacceptably high. Studies have found that only 26% of MSM both correctly identified ways of HIV transmission and rejected misconceptions about HIV transmission. In the most recent UNGASS report, only 60% of men reported the use of a condom the last time they had anal sex with a male partner. Other surveys show about half report condom use with last nonpaying partner. In the past, USG assistance helped develop a prevention package for MSM; this approach was successfully transferred to a local NGO, and has been implemented under the GLOBUS program. This is the only program specifically targeting MSM, and it is scheduled to end in December of 2009. USG partners will continue to work with government and NGOs to identify models and approaches that have been effective in reaching MSM, and the results will be shared with government and civil society partners for wider application so that the services continue to be available.

It is anticipated that the USG support for at-risk youth programs will near completion with FY09 funds, focusing primarily on dissemination of best practices and institutionalizing successful approaches. USG has planned for the partners working on at-risk youth programs to develop transition strategies for transferring programs to be implemented and funded by municipal and regional governmental partners. These programs target youth attending boarding and technical vocational schools and those residing in dormitories, orphanages and/or drop-in centers. These youth are vulnerable to HIV infection; up to 75% are sexually active even though 45% believe that condoms are not necessary, they experiment with drugs, and they have a low perception of personal HIV risk (CDC, 2006). USG has supported the development and launching of several core approaches to at risk youth in the past few years: peer education programs, "Health Councils", "Youth Centers" and "Youth Groups."

Successful peer education programs include ABCD toolkits with training modules, informational materials, and activities to actively engage peers in HIV awareness and risk reduction. USG has supported different approaches which have included youth volunteers, parents, regional youth authorities, and municipal administrators who oversee and manage the implementation of in-school and extracurricular programs. A great success in this area is the USG's Healthy Russia Foundation program, which has supported Youth Prevention models for peer education. These programs will continue in a number of cities in the Orenburg region without USG support. Municipal Youth Affairs Departments in Orenburg have been trained in the methodology and will continue working with this population, and health providers have been engaged and linked with these youth programs. Other NGOs who have been supported by the USG to work with peer educators will receive assistance in business planning and proposal development so they will be prepared to seek government or private funding for sustained implementation. Other at-risk youth approaches include the institutionalization of existing "Health Councils", established with USG assistance through the work of a local NGO, Stellit, that integrates HIV prevention skills-building and outreach activities in vocational schools through teams of vulnerable youth, school staff, peer educators, and parents. This model combines formal HIV prevention education with the involvement of youth in HIV prevention outreach as part of their extracurricular activities. USG implementing partners will support the certification of the Health Council training curricula by the regional post-graduate education academy with a focus on institutionalizing this successful program. In this last year of funding, USG resources will support this process through limited technical assistance. This final year will be an opportunity for the USG partners to work with local governments to share this with other regions in a more systematic approach – through national HIV conferences and highly visible meetings. Similarly, the newly established association of vocational schools with HIV prevention programs will be supported to promote the exchange of experience, to facilitate contact between HIV prevention programs, and to encourage participants to pursue professional HIV prevention opportunities.

Involving FBOs in prevention has been important to reach at-risk youth in Russia (see also prevention IDU section). Led by World Vision in both target regions, FBO have successfully combined HIV prevention education with extra curricular activities for vulnerable youth in training schools. After engaging youth and adult trainers in the ABCD approach and risk-avoidance, young volunteers form youth groups with guidance and support from their trainers. These Youth Groups organize forums, stage drama skits, and participate in other HIV prevention outreach activities. USG implementing partners will disseminate this prevention approach to governmental authorities responsible for youth training schools. The curricula for the abstinence and risk-avoidance training will be adapted for the training of trainers within the faith-based community for wider dissemination and use. Faith-based partners will continue to work in close collaboration with health, social, and educational authorities, strengthening this successful public private partnership to meet the needs of vulnerable youth. FBO communities outside the PEPFAR target regions have expressed interest in implementing similar programs for youth. USG supported FBO partners will use limited USG funds to provide technical assistance in this dissemination effort with the FBO picking up the costs of running the programs.

The district level "Youth Center" model of HIV prevention among vulnerable out-of-school youth that was developed by a USG partner, PSI, will also be disseminated to governmental authorities responsible for youth centers. This interactive model helps out-of-school youth access HIV prevention education and health services and counseling by providing access to youth-focused doctors, psychologists and other medical staff in a youth-friendly environment at government-run youth centers. No additional funds are needed to support the existing youth center, as the local government has taken on the costs of running the program.

Products/Outputs:

- HIV sexual prevention for MARPs by GOR and NGOs strengthened, including additional low-threshold, client-oriented clinics that provide a continuum of prevention, counseling, and STI treatment services for CSWs.
- Successful models to reach MSM identified and promoted.
- Strengthened government capacity (regional youth affairs authorities, municipal administrations – health, social and youth departments) to implement prevention programs for vulnerable youth.
- Improved collaboration between the government, NGOs, and FBOs in implementing HIV prevention among vulnerable youth.
- Increased involvement of vulnerable youth in HIV prevention.
- Increased number of vulnerable youth reached with HIV prevention programs.
- Greater number of NGOs receiving support from regional governments for prevention activities in USG target regions and Global Fund supported regions (Ministries of health, social services, youth, substance abuse).

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

Total Planned Funding for Program Budget Code: \$250,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5683.09	Mechanism: HIV Prevention to MARPs
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 11025.27362.09	Planned Funds: \$150,000
Activity System ID: 27362	
Activity Narrative:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 16791	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16791	11025.08	U.S. Agency for International Development	Population Services International	7545	5683.08	HIV Prevention to MARPs	\$2,032,000
11025	11025.07	U.S. Agency for International Development	Population Services International	5683	5683.07	HIV Prevention to MARPs	\$1,738,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$112,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$15,000

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3955.09

Mechanism: FBO Palliative Care and Prevention

Prime Partner: United Nations Development Programme

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 19453.27364.09

Planned Funds: \$100,000

Activity System ID: 27364

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 19453

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19453	19453.08	U.S. Agency for International Development	United Nations Development Programme	7739	3955.08	FBO Palliative Care and Prevention	\$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

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

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

Biomedical Prevention: Intravenous and non-Intravenous Drug Use

The HIV/AIDS epidemic in Russia continues to evolve. Approximately 44,000 new cases of HIV were registered in 2007, a rate of ~10-12% per year since 2004. While an increased percentage of newly detected cases of HIV in Russia are attributed to heterosexual transmission (34% in 2007), available data from routine and surveillance data supports continued concentration of the HIV epidemic in Russia among injecting drug users (IDUs), mostly male, and their sex partners. A majority of the newly detected cases (65% in 2007) are attributed to injecting drug use. Men account for ~70% of all IDUs in Russia and they accounted for 57% of newly detected cases of HIV in 2007. Among the cases of HIV among women (44% of all cases), 2/3 of these were attributed to heterosexual contact; however, there is evidence that this is also linked with IDU. A study of HIV-infected women in 5 cities in 2006 found high rates of personal injecting drug use (15%-50%) and sexual contact with known IDUs (25%–61%). Similarly, a case-control study found strong risk factors for HIV among women were having regular partners who were HIV-positive or IDUs. In addition, HIV prevalence among non-IDU commercial sex workers (CSWs) who were hepatitis C-negative was less than 5% in a two city survey in 2007, suggesting that even among individuals with high numbers of partners, heterosexual HIV transmission remains limited. In light of these findings, the USG support will prioritize prevention among IDUs and their sex partners. A smaller portion of the prevention program will target sexual prevention activities (see Sexual Prevention).

The estimated IDU population in Russia is between 1.5–3 mln (2-4% of adults 15–49 years of age). HIV prevalence among surveyed IDUs varies widely between regions from 0-64% in 2005-2007. Due to high rates of IDU, HIV is now established in marginalized groups including CSWs, prisoners, street youth, and to a lesser extent men having sex with men (MSM). Among CSWs, HIV infection is tightly linked to IDU risk. Among 1,016 CSW surveyed in 10 cities in 2006, IDU-CSWs had an HIV rate of 11.2% versus 0.6% among non-IDUs. Among prisoners, 4% are HIV-positive and IDU is the overwhelming risk factor. Among street youth in St. Petersburg, more than 90% of HIV infections were in the half of street youth that admitted IDU. Among MSM, rates of HIV in available surveys are low (0–9%); where evaluated, the majority of these HIV infections are not linked to IDU, however IDU dramatically increases the risk of being HIV positive.

In 2008, the Government of Russia (GOR) demonstrated a growing commitment to HIV prevention by doubling the prevention budget under the National Priority Project from approximately \$8M in 2006 to \$17M in 2008 and 2009. However, this represents less than six percent of the total GOR spending on HIV and only 25% of this figure was targeted directly for interventions among most at-risk populations (MARPS). This prevention estimate includes a few, relatively small federal tenders for prevention programs through the NGO community such as last year's three year, \$2M award to a local NGO consortium for prevention among MARPS programs. Although it is often difficult for Russian NGOs to access GOR grants, there are a number of NGOs that have been able to secure support from either the municipal, regional or federal government. For example, the partially USG-supported Center for Drug Addiction in St. Petersburg is now receiving funds from the municipal government to provide case management for patients who have completed substance abuse treatment and need support to reintegrate into society. The NGO has also been able to secure funds to conduct training of other NGOs in Global Fund (GF)-supported regions. USG will explore ways to replicate this approach and promote successful NGO practices at federal and regional levels.

However, even with a doubling of GOR resources, international partners such as GF and USG remain the primary resource for prevention among MARPs. Prevention among MARPs is largely carried out by NGOs which effectively provide outreach, information and referrals to health and social services for these marginalized groups. In regions where GOR National Priority Project "Health", GF and PEPFAR programs for MARPs exist, coverage is estimated to reach only 24% of IDUs. In addition to insufficient GOR funding on prevention, there are a number of other challenges to effective HIV prevention for IDUs. Importantly, there is limited awareness of drug addiction and effective prevention, treatment and care interventions for substance abuse among decision-makers, affected families and the public. Within Russian society, considerable stigma and discrimination continues to be associated with HIV and drug abuse. Governmental health and social services lack trained specialists and services tailored to the needs of IDUs. The legal status of prevention programs among IDUs, such as for risk reduction, are ambiguous, and most medication assisted treatment (MAT) for opioid dependency is prohibited by law. IDUs have very limited access to counseling, drug treatment, and rehabilitation. Effective outreach to IDUs remains challenging, and innovative case management systems developed with USG support that facilitate access to services and encourage adherence are still new and require further technical assistance and monitoring.

Continued USG leadership will be especially important in FY 2009 and beyond as prevention programs for IDUs through the GF Rounds 3, 4 and 5 grants end in December 2009, 2010 and 2011 respectively. The USG program will continue working with the government and civil society to advocate for effective prevention programs for IDUs that are integrated into regional and national HIV programs.

In FY09, building on success in reaching a growing number of MARPS in PEPFAR target regions (almost 25,000 MARPs in FY 2008), the USG technical assistance will advance the work of NGOs working with HIV prevention among IDUs with the aim to reduce the risk of HIV transmission through three approaches to address the complex medical, social support and psychological assistance needs essential for sustained behavior change.

First, USG-supported partners will train local partners on effective monitoring and tracking of outreach to substance abusers and their sexual partners with a tailored package of HIV prevention programs. This package, based on USG-supported best practices the past few years will focus on IDUs and their sexual partners and include community-based and peer-to-peer outreach, provision of risk reduction information and counseling, and the promotion of condoms to prevent sexual transmission of HIV to IDUs' partners. In FY09 USG-supported partners will build on the successful case management approach that was developed through the PSI program that trained local NGO partners in case management and established four case management hubs in the two target PEPFAR regions where over 1,400 individuals received assistance. In FY09, USG assistance will include provision of training and capacity building to local partners to continue to reach IDUs with case management that addresses HIV prevention pioneered by USG partners, linking IDUs to necessary support services (e.g. to secure legal registration documents necessary to

access health services in Russia) and health care (e.g. for HIV counseling and testing, TB treatment and diagnosis, treatment of sexually transmitted infections (STIs), and substance abuse treatment and rehabilitation.) Another example will include the work through a Russian NGO to train female CSWs to deliver HIV prevention messages to other CSWs as peers, prioritizing those CSWs with substance abuse issues.

Second, USG/Russia partners will provide technical advice and guidance to health professionals and NGOs to enhance substance abuse programs as HIV prevention. USG's umbrella grant program with the UNDP will provide technical assistance and training to NGOs and FBOs to develop more effective monitoring and measurement of drug-free rehabilitation programs and the impact of support groups for substance abusers which currently reach over 200 clients in the target regions.

Supporting multiple entry points to substance abuse treatment and rehabilitation will be a priority. For example, USG partners will train NGO and governmental substance abuse center staff in offering outpatient clinics for female drug addicts with children. This will also include technical advice, training and support to governmental service providers for advancing the multi-disciplinary team approach at substance abuse facilities to link clients to other needed services, including counseling and testing for HIV, STI diagnosis and treatment and TB treatment. These programs give special attention to reaching sexual partners of IDUs and to addressing the needs of female and pregnant IDUs and ensuring their referral to appropriate services. Substance abuse among youth is another area of focus for the USG program. To address IDU and non-injection drug abuse (NIDU) among youth, the USG will continue to support initiatives that address experimental injection and NIDU among youth through peer outreach, training of parents and educators, family therapy, and referrals to relevant medical or social services.

In FY09, USG partners will promote the exchange of international best practices for HIV and drug abuse prevention in order to address the outdated, poor quality, highly priced and limited availability of substance abuse treatment and care services. This includes supporting an exchange of information, current research and experience with successful models of prevention between international experts and Russian policy makers and professionals in the areas of HIV, substance abuse, health, and social welfare. A series of "master classes" will be convened at regional and federal levels on a range of HIV and substance abuse treatment and rehabilitation interventions, such as drug free rehabilitation, cognitive therapy, therapeutic communities, a multidisciplinary approach to rehabilitation, 12-step programs, group therapy, and individual and family counseling. Special attention will be given to strengthening the collaboration between governmental and non-governmental service providers; integrating HIV prevention into existing health, substance abuse and social services for IDUs; and consolidating a system of referrals to ensure access to a broad package of HIV prevention interventions. For example, a USG partner will work with local NGO and governmental drug treatment facilities to provide training for peer counselors to conduct risk reduction counseling and link HIV-positive clients to AIDS Centers for treatment and care.

As part of the USG support for substance abuse programs as HIV prevention, particular attention will also be paid to opportunities for further consideration of MAT in Russia. Despite the aversion of some Russian officials to the use of methadone, which remains illegal in Russia, the USG program will pursue a strategic pathway to the adoption of greater treatment options and the expansion of MAT. The only drug approved in Russia for heroin addiction treatment is naltrexone. While studies in both the US and Russia on the effectiveness of naltrexone, especially long-acting formulations, are recent and limited, they provide a platform for further consideration of MAT as a tool for HIV prevention among drug abusers and for improving adherence to anti-retroviral treatment (ART) among HIV-positive drug abusers. In light of domestic production of naltrexone, its approved use for substance abuse treatment and recent interest in its use for outpatient treatment and rehabilitation of heroin addiction, the USG will continue to explore ways, such as exchanges between Russian and foreign health professionals, to further the dialogue and promote wider consideration of MAT as an important intervention in Russia's response to HIV/AIDS.

Third, USG partners will continue to address the policy barriers to effective HIV prevention among IDUs, including restrictive and prohibitive legislation, an outdated approach to substance abuse treatment and rehabilitation, and highly vertical systems for the separate delivery of HIV and substance abuse services. The USG/Russia PEPFAR program will intensify policy dialogue efforts at national and regional levels on issues relating to IDUs and MARPs access to information and services for HIV prevention (see health systems strengthening). For example, wider application of Russia's "preventive registration" for IDUs that agree to seek drug abuse treatment and care instead of being prosecuted under the law may facilitate IDUs accessing other HIV prevention services such as HIV counseling and testing, and treatment of sexually transmitted infections.

With FY09 funding, USG assistance will launch a process to bring together Russian decision-makers, providers, NGOs and people living with HIV/AIDS to prioritize effective interventions for IDUs that can be transferred to and disseminated more widely by Russian governmental, NGO and faith-based partners. The process will build on the inventory of best practices in USG- and GF-supported regions and regions participating in MARPs prevention under the GOR National Priority Health project. This inventory, expected this year (with FY08 USG funds) will inform the work of USG partners in the coming year and will provide a means for sharing best practices and strengthening partnerships between NGOs and GOR, including exploring options to formalize relationships best suited to reach the MARPs. This effort may include links with national NGO networks working on HIV/AIDS to facilitate their participation with the GOR in the development of a joint platform for action. It will also include work with NGOs currently providing services to build their capacity and develop sustainability plans for their eventual transition from USG support, building on the success of a growing number of NGOs who are accessing government support. Additionally, continued technical advice, training and support will enable new and existing partners to provide needed high quality services for IDU.

Products/Outputs:

- Increased awareness of the complexity of drug addiction and of effective HIV prevention for IDUs among policy makers, program managers and service providers
- Strengthened collaboration between NGOs and Government in HIV prevention
- Increased potential for greater GOR focus on support to NGOs
- USG-supported HIV prevention interventions for IDU summarized and shared with governmental and civil society partners for dissemination

- HIV prevention interventions provided to female IDUs, sexual partners of IDUs, and IDU's family members
- Increased number of IDUs receiving HIV prevention services

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

Total Planned Funding for Program Budget Code: \$0

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

Total Planned Funding for Program Budget Code: \$3,000,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5685.09	Mechanism: HIV/AIDS Policy Advocacy
Prime Partner: Transatlantic Partners Against AIDS	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 28605.09	Planned Funds: \$50,000
Activity System ID: 28605	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$17,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5683.09	Mechanism: HIV Prevention to MARPs
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

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

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 28600.09

Planned Funds: \$750,000

Activity System ID: 28600

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$562,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$75,000

Water

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 11417.09

Mechanism: MARP Prevention and Care

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

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

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 28603.09

Planned Funds: [REDACTED]

Activity System ID: 28603

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

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

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5689.09	Mechanism: Substance Abuse treatment & prevention to IDUs
Prime Partner: United Nations Office on Drugs and Crime	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 27372.09	Planned Funds: \$200,000
Activity System ID: 27372	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$70,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7152.09	Mechanism: Street Children
Prime Partner: Doctors of the World	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 26937.09	Planned Funds: \$200,000
Activity System ID: 26937	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$120,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$60,000

Water

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3955.09	Mechanism: FBO Palliative Care and Prevention
Prime Partner: United Nations Development Programme	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 27365.09	Planned Funds: \$200,000
Activity System ID: 27365	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$120,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

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

Total Planned Funding for Program Budget Code: \$0

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

Total Planned Funding for Program Budget Code: \$2,580,000

Program Area Narrative:

Program Area: Adult Care and Treatment

The provision of anti-retroviral treatment (ART) to over 35,000 people living with HIV/AIDS (PLWHA) in 2007, largely by the Government of Russia (GOR), is the greatest success to date in a growing national response to HIV/AIDS. With Russia's epidemic maturing, many of the large number of HIV-positive individuals infected between 1998 and 2001 are now reaching advanced stages of immunodeficiency, and the number of people needing ART and care will dramatically increase in the next few years. To address these needs, the GOR has committed to the universal access targets of providing ART services to at least 80% of PLWHA in need by 2010. The GOR has allocated \$197 million in 2007 compared to \$68 million in 2006. The Global Fund (GF)-supported cohort analysis showed that 78% of people living with HIV/AIDS (PLWHA) known to be on anti-retroviral treatment (ART) 12 months after initiation of antiretroviral therapy indicating improving quality of ART. The GOR's continued success in treatment will be predicated on the decentralization of ART and care services from specialized AIDS centers to primary care facilities; a successful model that was initiated with USG support in St. Petersburg and will be finalized by September 2009.

Building on the GOR's commitment to 80% ART coverage for their universal access goals and the development and anticipated dissemination of an effective decentralized model of ART service provision in PEPFAR sites, no additional PEPFAR funding will be provided in the Adult Treatment category. Instead the USG funds will target care and support for adults as described below.

With increased provision of ART, the needs for care and support services for people PLWHA are more and more apparent. Opportunistic infections are especially pronounced in HIV-positive patients with marginalized status, and more than 80% of PLWHA in Russia are or were substance abusers, commercial sex workers (CSWs), vulnerable youth, prisoners or a combination of these. There are significant challenges to linking these marginalized populations with care services and keeping them on treatment. It has been found that those in care are more likely to adhere to treatment, so getting people into care is critical. In the case of injecting drug users (IDUs), there are particular challenges to accessing care and treatment; for example the poor quality of many drug treatment and rehabilitation services and the limited availability of rehabilitation options. There are also legal barriers, including an opposition to medication assisted treatment (MAT) for opiate dependence. Methadone remains illegal. More generally, the lack of policies at the regional and municipal levels and the lack of mechanisms for their implementation are obstacles to achieving national goals for HIV/AIDS care.

Continued USG assistance for care is a key priority under the USG/Russia PEPFAR program. Influenced by international donors and the Global Fund (GF), the GOR has recognized the need for enhanced care services for PLWHA. The GOR has committed to

meeting universal access goals of providing treatment of opportunistic infections and monitoring for at least 70% of those in need, and psychological support and palliative care for at least 80% of those in need by 2010. Yet the implementation of such policies remains a challenge.

Previous USG assistance helped regional governments in PEPFAR sites to introduce a system for treatment and care that provides a platform for coordination of governmental and NGO interventions that are based on a patient-centered approach to service provision. Decentralization of services from AIDS centers to municipal level health and social facilities is strongly emphasized. Through training and technical expertise, this networking system integrates HIV/AIDS services with primary care, substance abuse prevention and treatment, social support services and other health care for PLWHA, and successfully targets the most at-risk populations (MARPs) to get them into needed treatment and care programs. The emphasis is on the role of primary care clinics including medical follow up of HIV-positive patients; referrals to substance abuse treatment; multidisciplinary adherence teams at the AIDS centers; psychosocial support services; treatment of opportunistic infections (OIs) provided by infectious disease specialists; and integration of counseling and testing services into the scope of general health care practitioners.

The USG supported the development of a framework that clearly identifies the roles and responsibilities of a regional/municipal network of health, social agencies and NGOs in provision of clinical, psychological, spiritual, social and prevention services from the time of diagnosis throughout the continuum of illness. In FY09, USG partners will explore best methods for dissemination to the GOR of this framework. The framework will include a description of algorithms and referral mechanisms between services, recording forms, models of district plans, and guidance on the formation and functioning of coordination councils/committees.

Part of this effort will include development of enabling policies, laws, and guidelines at the regional and municipal levels. This assistance will be provided by USG implementing partners who will work with government and NGO partners to inform regional and local governments on the impact of policy changes. These efforts will strengthen the ability and commitment of the regional governments and NGOs to implement this patient-centered, integrated system of quality care for MARPS.

Further limited USG assistance to the Russian post-graduate medical continuing education program for health professionals will help ensure a critical mass of treatment and care providers trained in HIV-related treatment and care best practices.

In FY09, in terms of targeting priority populations, USG assistance will include training and capacity building for NGOs and governmental providers working in various areas of the care continuum. First, building on the successes of USG-supported community-based program for HIV-positive street youth in St. Petersburg (37% of street youth were HIV+ in 2006), USG will support measures and technical assistance to institutionalize this program with longer-term financial support from the St. Petersburg Social Services Administration. With USG technical assistance and training, the integrated approach coordinates governmental agencies and NGOs providing street outreach, drop-in-centers, overnight shelters, halfway houses, HIV prevention, risk-reduction, and behavior change communication. By September 2010, over 100 NGO and state service providers will be well positioned to work as a network and serve as a resource center for wider dissemination of the approach in Russia. This will be especially important for local administrations grappling with street youth populations in other urban centers across Russia.

Second, the USG program will support faith-based organizations (FBOs) providing care, building on resource centers established to provide training for FBOs on three topics: home-based and terminal care, psychological assistance to PLWHA at the parishes, and HIV prevention and drug-free rehabilitation for IDUs (see biomedical prevention). With FY09 funds, FBOs will be supported both to engage with the GOR to influence HIV policies and programming for PLWHA care and support, and to disseminate their models of palliative care and spiritual support throughout the faith-based community.

Third, the USG will continue to support and build the capacity of Russian NGOs to provide care and support activities for HIV-positive people. Over the last ten years, some 200 NGOs have been increasingly engaged in the fight against HIV/AIDS. A growing number of these NGOs have recently begun providing care services to PLWHA. In PEPFAR focus regions in 2008, half of all NGO clients were HIV-positive, and NGOs provided needed care and support for these PLWHA, including behavioral counseling, case management, peer support groups, and counseling and testing of family members. Like the FBOs, NGOs will be supported to engage with the GOR in policy dialogue and program planning and coordination as well as to disseminate their successful care interventions more widely. Particular focus will be given to strengthening the formal relationships between the GOR and civil society, with a view to consolidating strong partnerships and eventually establishing contracting mechanisms that can sustain civil society's involvement in HIV care programming.

Fourth, complementary to USG assistance for care for PLWHA in the FBO or NGO setting, HIV-positive detainees are equally in need of care and treatment. It is widely recognized that substance abuse correlates with criminal behavior and, and many HIV-positive IDUs are in regular contact with the police and spend time in detention facilities and prisons. Building on the success of reaching more than 5,000 PLWHA in the penal system with HIV/AIDS care in PEPFAR-supported regions in 2008, the USG-supported model of care and support for detainees will be finalized and shared with the relevant GOR authorities for adoption and dissemination. The USG-supported efforts for HIV-positive prisoners provides for case management, medical services, drug abuse treatment and rehabilitation, psychological and legal support, employment training and counseling, self-help groups, peer support, and social services.

USG-supported strategic information activities are an integral part of the care program and will continue to provide data for decision making. For example, activities will include training in the use of CARE Ware HMIS software, how to conduct clinical chart audits, and how to use the PMTCT database to monitor treatment and care. Access to evidence-based practices will be provided to policy makers and care providers through the established resource centers, web-sites, distance learning and internet-based clinical consultations.

Since the driving force behind the HIV/AIDS epidemic across the Russian Federation has been, and continues to be, injecting

drug use, USG efforts will also specifically target the weak link in the Russian HIV/AIDS treatment and care system – namely the outdated, poor quality, and limited availability of substance abuse treatment and care services. (see biomedical prevention). USG implementing partners will promote an increased awareness of international best practices for care and treatment of HIV-positive IDUs. Building on previous success, a series of “master classes” on the continuum of HIV and substance abuse treatment and rehabilitation interventions will be convened at regional and federal levels; these will include information on effective methods to monitor and evaluate services for HIV-positive IDUs.

Additionally, particular attention will be paid to opportunities for further consideration of medication assisted treatment (MAT) in Russia. Despite the aversion of some Russian officials to the use of methadone, which remains illegal in Russia, the USG program will pursue a strategic pathway to the adoption of greater treatment options and the introduction of a form of MAT. The only drug approved in Russia for heroin addiction treatment is naltrexone. While studies in both the US and Russia on the effectiveness of naltrexone, especially long-acting formulations, are recent and limited, they provide a platform for further consideration of MAT as a tool for HIV prevention among drug abusers and for improving adherence to ART among HIV-positive drug users. In light of domestic production of naltrexone, its approved use for substance abuse treatment and recent interest in its use for outpatient treatment and rehabilitation of heroin addiction, the USG will continue to explore ways, such as exchanges between Russian and foreign health professionals, to further the dialogue and promote wider consideration of MAT as an important intervention in Russia’s response to HIV/AIDS.

In response to the increasing number of HIV-positive women who are either IDUs or sexual partners of IDUs, the USG will intensify assistance to care providers and policy makers to identify and share best practices and effective models to address the specific needs of these women and their families. A package of organizational guidelines for the delivery of care and social support services for HIV-affected families will be finalized by the Government of St. Petersburg and provided to federal and regional authorities for dissemination. These guidelines will further strengthen case management and treatment referral systems to ensure client-focused care and the provision of needed health care, social support and prevention.

Specialized training curricula on HIV/AIDS and related subjects will be disseminated to postgraduate medical training institutions to ensure the Russian ownership and sustainability of medical education on HIV/AIDS in high prevalence regions. To strengthen service provision, the role of nurses in ensuring universal access to HIV treatment and care will be emphasized. Technical assistance will be provided on early detection and clinical management of HIV related opportunistic infections to health care providers in primary care facilities. Limited TA will be provided to officials at federal and local levels to implement enhanced care models, including greater involvement of nurses. Experienced nurses will provide mentoring and other U.S. expertise will be drawn upon as appropriate. Expansion of specialized training curricula on HIV/AIDS and related subjects to postgraduate medical training institutions will continue through 2009.

The dissemination approaches will be proposed by USG and discussed with the GOR. The two critical conditions to success will be the GOR’s political commitment and buy-in at the federal and regional levels.

Products/Outputs:

- Integrated approach to HIV prevention, treatment and care for MARPs, particularly IDUs, fully implemented in PEPFAR sites and disseminated to other regions.
- Strategy for the dissemination of a system of improved HIV treatment and care with a focus on MARPs approved and launched at the federal level.
- Number of GOR, NGO and FBO service outlets providing HIV-related care increased.
- 900 community-based, health care, educational, psychosocial workers of GOR, NGOs and FBOs trained in care, thereby expanding the range of service providers able to provide palliative care.

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8718.09	Mechanism: HIV/AIDS Twinning Center Program
Prime Partner: American International Health Alliance	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 19558.27356.09	Planned Funds: \$570,000
Activity System ID: 27356	
Activity Narrative:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 19558	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19558	19558.08	HHS/Health Resources Services Administration	American International Health Alliance	8718	8718.08	HIV/AIDS Twinning Center Program	\$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$484,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3955.09	Mechanism: FBO Palliative Care and Prevention
Prime Partner: United Nations Development Programme	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 19455.27366.09	Planned Funds: \$350,000
Activity System ID: 27366	
Activity Narrative:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 19455	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19455	19455.08	U.S. Agency for International Development	United Nations Development Programme	7739	3955.08	FBO Palliative Care and Prevention	\$120,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$210,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5689.09 **Mechanism:** Substance Abuse treatment & prevention to IDUs

Prime Partner: United Nations Office on Drugs and Crime **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Care: Adult Care and Support

Budget Code: HBHC **Program Budget Code:** 08

Activity ID: 11032.27374.09 **Planned Funds:** \$200,000

Activity System ID: 27374

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 16796

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16796	11032.08	U.S. Agency for International Development	United Nations Office on Drugs and Crime	7547	5689.08	Substance Abuse treatment & prevention to IDUs	\$200,000
11032	11032.07	U.S. Agency for International Development	United Nations Office on Drugs and Crime	5689	5689.07	Substance Abuse treatment & prevention to IDUs	\$200,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$70,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7754.09	Mechanism: Quality Assurance in Treatment and Care
Prime Partner: University Research Company	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 17423.27371.09	Planned Funds: \$990,000
Activity System ID: 27371	
Activity Narrative:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17423	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17423	17423.08	U.S. Agency for International Development	University Research Company	7754	7754.08	Quality Assurance in Treatment and Care	\$500,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$742,500

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.08: Activities by Funding Mechanism**

Mechanism ID: 7152.09	Mechanism: Street Children
Prime Partner: Doctors of the World	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 16892.26938.09	Planned Funds: \$170,000
Activity System ID: 26938	
Activity Narrative:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 16892	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16892	16892.08	U.S. Agency for International Development	Doctors of the World	7542	7152.08	Street Children	\$250,000

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$102,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Estimated amount of funding that is planned for Education \$51,000
Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 11417.09	Mechanism: MARP Prevention and Care
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 27377.09	Planned Funds: ██████████
Activity System ID: 27377	
Activity Narrative:	
New/Continuing Activity: New Activity	
Continuing Activity:	

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

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$0

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

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

n/a

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$0

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

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

Program Area: Care and Support - TB/HIV Co-Infection

Given reduced PEPFAR funding and the progress made under Russia's TB control program, no USG PEPFAR funding for TB/HIV co-infection will be provided in FY09. USAID support through Freedom Support Act funds for TB will serve as the wrap around program through which the USG will address key TB/HIV co-infection programs.

Russia is one of 22 countries with the highest burden of Tuberculosis (TB) in the world, and growing rates of multi- and extensively drug resistant strains of TB are of particular concern. Recent data show that TB/HIV co-infection is increasing rapidly as many Russians infected with HIV in the peak of the HIV epidemic in 2000/2001 are now experiencing advanced stages of immune suppression. Nationally, 5,985 new cases of TB/HIV co-infection were reported in 2007, a 23% increase in civilian cases over 2006. In 2007, there were over 14,000 cases of TB/HIV co-infection, representing 5.2% of all registered active TB cases, and TB was associated with 66.5% of AIDS-related deaths.

To address the challenge of TB/HIV co-infection in Russia, the Government of Russia (GOR) has strengthened its commitment to both TB control and HIV/AIDS treatment and care programs. The GOR has markedly increased the national budget for TB control, exceeding \$488M in 07, and they have implemented a World Bank loan totaling \$100M (from '04-08), Global Fund (GF) grants under Rounds 3 and 4 totaling \$99M (from '04-10). USAID support in FY08 totaled \$7.2M. International assistance for TB control and TB/HIV co-infection has encouraged adoption of international guidelines in Russia, although actual implementation nationwide remains a significant challenge.

With previous year funding, PEPFAR partners will facilitate the hand-over of current efforts to enhance effective coordination of the highly vertical HIV and TB systems, to build capacity of health personnel, to improve detection and diagnosis of cases, and to provide effective preventive and treatment regimes. USG-supported PEPFAR programs on TB/HIV have been successful in introducing new and effective screening and referral systems for TB and HIV patients. USG partners will continue to participate in national discussions and technical working groups for TB/HIV however without PEPFAR funding.

TB/HIV co-infection control will be an integral part of the USAID-supported (Freedom Support Act funds) TB control technical assistance program which is implemented by a number of partners in coordination with the USG-supported World Health Organization. Targeted technical assistance will support promoting GOR commitment to scale-up improved TB services nationwide with special emphasis on TB/HIV co-infection. USAID support will include an emphasis on strengthening outreach efforts that can naturally link messages and support systems to improve patient adherence to both TB and HIV treatment.

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

n/a

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

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

n/a

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

n/a

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: \$0

Program Area Narrative:

n/a

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: \$910,000

Program Area Narrative:

Program Area: Strategic Information

The major strategic information (SI) challenges in FY 2009 include incomplete integration of available data to characterize the epidemic; incomplete institutionalization of MARP surveillance, and improving but still inconsistent M&E capacity and coordination.

While more strategic information is available than several years ago, incomplete characterization of the scale and direction of the HIV epidemic in Russia remains a major problem for directing an increasingly well-resourced national response to the epidemic. For example, increased funding for prevention measures for most at-risk populations (MARPs) in Russia is imperiled by impressions among national authorities that generalization of the HIV epidemic has already occurred. The available data are complex and show an increased percentage of female cases overall (44%) and an increased number of female HIV cases who report only sexual risk factors. Yet, the data also show that many HIV-infected women who deny injecting drug abuse are co-infected with hepatitis C, suggesting past injecting drug abuse, and in some regions, many HIV-infected women report being sexual partners of an IDU. Additionally, recent surveys of commercial sex workers (CSWs) found HIV rates are <5% among those that deny injecting drug abuse and are hepatitis C negative, suggesting limited sexual transmission despite high exposure among this risk group.

Targeted USG support in FY 2009 will bring together approaches and tools introduced jointly with the World Health Organization (WHO), UNAIDS and the Government of Russia (GOR) to improve monitoring and evaluation (M&E) and establish improved surveillance in Russia. Building on MARP surveillance studies and activities to improve routine surveillance completed with funding from FY 2008, the major focus for final-year FY 2009 resources will be 1) activities to improve the capacity for integration of data from available sources and 2) targeted activities to use this integrated data to influence key policy issues such as funding levels needed for prevention.

An optimal HIV surveillance system in Russia would include several components: a system of HIV case reporting with behavioral data and incidence testing, a system of integrated biologic and behavioral surveillance studies among MARPS, capacity to conduct special studies to address additional issues, and a process to adequately analyze and integrate the data. Russia's existing national HIV/AIDS surveillance system collects HIV case data from widespread serologic screening at medical facilities (with very high HIV testing coverage in antenatal, tuberculosis, drug treatment, and sexually transmitted disease clinics), prisons, and some workplaces, with more than 20 million HIV tests done annually. The system collects useful data; however, it misses a proportion of high-risk groups, collects very limited behavioral data, lacks incidence testing, suffers from methodological weaknesses, including selection bias, and has limited analysis, communication and strategic use. Formal mapping of the surveillance data is not routinely conducted, although case rates are calculated down to the county/district level. This surveillance system has been evaluated by UNAIDS at the national level (2005) and at the sub-national level (2006) as part of M&E evaluations.

The availability of data from, and the capacity to conduct integrated biologic and behavioral surveillance studies among MARPS has significantly improved over the past five years due to support from the USG, Global Fund, and other international organizations. Russian authorities have an increased appreciation of data from these studies and have included such data in the 2008 UNGASS report; however, support for these studies has not yet been incorporated into the governmental surveillance system. Similarly, numerous special studies and evaluations have been conducted with (mostly) international support; however, the data has largely not been effectively integrated with data from other sources. The integration of data from routine and sentinel surveillance, special studies, and M&E systems to more fully describe the epidemic is needed to guide HIV-surveillance, prevention, and care and treatment programs for all participants and stakeholders.

With FY 2008 funds, the USG will finalize support for an improved surveillance system in two pilot oblasts, including integrated biologic and behavioral studies among MARPs (IDUs, commercial sex workers (CSWs), and men having sex with men (MSM)), training of a regional reference laboratory in HIV incidence testing, and improved analysis of existing routine HIV surveillance data. The surveys among CSW and IDU are planned to begin in Q1 and Q2 2009 and will include HIV, syphilis, and hepatitis C testing in both St. Petersburg and Orenburg, and pilot BED testing in St. Petersburg. As part of survey preparations in both regions, personnel from local AIDS Centers and NGOs will be trained to increase local capacity for future studies. FY 2008 funds will also support data integration exercises with stakeholders in the two oblasts to integrate the results of the PEPFAR surveys with routine surveillance and special study data for the most complete picture of the epidemic including documentation of best practices for this process.

FY 2009 PEPFAR funding will support a survey for a locally important risk group in St. Petersburg (street youth), additional training for selected regional AIDS Center and NGO MARP HIV surveillance specialists in data triangulation (integration), and a series of national exercises/forums for national stakeholders to integrate data for each of the major risk groups, to better estimate prevalence among MARPS, and to develop an improved estimate of epidemic size and anti-retroviral treatment (ART) needs. The leading Russian national level SI institution will be integrally involved in planning and conducting the data integration activities in order to facilitate similar future exercises. These forums will also be used to influence key policy makers on pressing issues, such as the need for increased funding for prevention activities among MARPS. An inventory of surveys and studies that will provide required data for UNGASS and Universal Access indicators will be developed.

As exemplified in the 2008 UNGASS report, increased collection of M&E data from different government and some NGO sources and its increased use at the national level has been achieved through the M&E Analytical Group operating under the Federal Service on Surveillance in the Sphere of Consumers Rights Protection and Human Well-being. In FY 2009, USG implementing partners will finalize their activities to improve capacity in HIV M&E. At the national level, an M&E training of trainers will be conducted. Technical support to the M&E Analytical Group will be reduced with a gradual transfer to national funding. The methodology for the National AIDS Spending Assessment, a systematic monitoring of HIV/AIDS financial flows at national and sub-national levels, will be refined and a training curriculum will be finalized to allow for institutionalization and roll-out to the regional level.

The USG/Russia Country Team contains one LES SI/M&E specialist (responsible for M&E from implementing partners, COP/APR) who functions as the SI Liaison, and a US FTE surveillance specialist (surveillance studies) who also provides technical input to M&E. The M&E data is provided directly to the Country Team members at any time needed and for the APR; the surveillance specialist also routinely provides updates of surveillance and study data at planning and review meetings. Data is collected from the 15 USG partners in standardized email forms that are transmitted to USAID; partner data is stored in Excel spreadsheets and maintained on the USAID data network. USG partners also provide data to the GOR national M&E network. Data provided by the SI team are used in the target setting process and in decisions on allocation of resources

In FY 2009, the PEPFAR/Russia SI Reporting Guide that focuses on reporting program-level indicators will be updated to reflect changes in OGAC reporting requirements and describe procedures for periodic data quality assessments according to the Mission's Data Quality Improvement Plan. In end-October 2008, the USG/Russia SI Team held an Annual SI Partners meeting to address target-setting and results reporting issues.

USG SI efforts continue to leverage resources from other sources. Some USG-supported activities described in the Care and

Treatment also provide information useful for SI purposes (clinical chart audits, CAREWare HMIS software). In the PEPFAR regions, GLOBUS conducts monitoring studies among IDUs and CSWs, and PSI leverages Global Fund monies through its agreement to use data from the GLOBUS studies to monitor and evaluate its USAID-funded interventions with CSWs and IDUs. Also, the USG will leverage resources from UNODC by using the data from a UNODC-funded surveillance survey of IDUs in St. Petersburg in 2009.

Products/Outputs:

- Improved description of the HIV epidemic in focus oblasts with 1) documentation of best practices for integration of data from available sources in the Russian context and 2) increased capacity for HIV surveillance data integration.
- Improved national consensus on the implications of available data and improved policy based on this consensus.
- GOR and USG implementing partners' reporting, analytic capacities, and data quality activities increased.

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7788.09	Mechanism: HIV/AIDS Disease Surveillance
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 28522.09	Planned Funds: \$10,000
Activity System ID: 28522	
Activity Narrative: Staff Travel for HIV Specialist (TBD)	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7788.09	Mechanism: HIV/AIDS Disease Surveillance
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 28521.09	Planned Funds: \$104,000
Activity System ID: 28521	
Activity Narrative: Salary for HIV Specialist (TBD)	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7788.09	Mechanism: HIV/AIDS Disease Surveillance
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 28523.09	Planned Funds: \$16,000
Activity System ID: 28523	

Activity Narrative: ICASS for HIV Specialist (TBD)

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 7788.09

Mechanism: HIV/AIDS Disease Surveillance

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 15448.27347.09

Planned Funds: \$130,000

Activity System ID: 27347

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 16800

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16800	15448.08	HHS/Centers for Disease Control & Prevention	World Health Organization	7551	7086.08	US Centers for Disease Control and Prevention/SI	\$706,000
15448	15448.07	HHS/Centers for Disease Control & Prevention	To Be Determined	8607	8607.07		

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$65,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 6023.09

Mechanism: ICASS

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 27298.09

Planned Funds: \$53,000

Activity System ID: 27298

Activity Narrative: Estimated ICASS costs in FY 08 for CDC \$52,000 for CDC which will cover translation, transportation, office space, office equipment and computer costs (IT) etc.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7744.09

Mechanism: Three Ones Strategy

Prime Partner: Joint United Nations Program on HIV/AIDS

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 27017.09

Planned Funds: \$150,000

Activity System ID: 27017

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$22,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 6031.09

Mechanism: Staff Salaries

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 12031.27287.09

Planned Funds: \$32,000

Activity System ID: 27287

Activity Narrative: Staff Travel.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16799

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16799	12031.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7550	6031.08	Staff	\$414,000
12031	12031.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6031	6031.07	Staff	\$374,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 6031.09

Mechanism: Staff Salaries

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 27296.09

Planned Funds: \$394,500

Activity System ID: 27296

Activity Narrative: The Centers for Disease Control has played a key role in advancing work on strategic information. CDC recruited a full-time USDH medical and strategic information advisor for a Moscow posting who arrived in December 2006. In FY 09 CDC will continue support for the Advisor in Moscow, which will include housing and educational costs for the Advisor as well as salary.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 6024.09

Mechanism: CSCS

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 27297.09

Planned Funds: \$20,500

Activity System ID: 27297

Activity Narrative: Approximate CSCS fees are \$20,500 which cover support for desk and non-desk positions overseas for CDC.

New/Continuing Activity: New Activity

Continuing Activity:

Total Planned Funding for Program Budget Code: \$800,000

Program Area Narrative:

Program Area: Health Systems Strengthening

Health systems strengthening and policy is a key area of focus for the USG/Russia program, particularly in this phase-down period as the USG program transitions to a program that emphasizes technical assistance and dissemination of effective approaches in HIV prevention and care. USG implementing partners will continue to contribute to Russia's implementation of the United Nations' "Three Ones" principles and to support Russia in reaching its Universal Access targets. Following the conclusion of Presidential and Parliamentary elections last year, Russia's National Commission on HIV resumed its work in April 2008. In May 2008, Russia held the second national consultation to assess Russia's progress to date towards reaching 2010 Universal Access targets. While noting significant progress towards targets set for the prevention of mother-to-child transmission, HIV testing and counseling, and anti-retroviral treatment, participants from the Government of Russia (GOR) and Russian civil society recognized the need to boost prevention activities for most at-risk populations, as current programs only reach 24% of injecting drug users (IDUs), 36% of commercial sex workers (CSWs), and 16% of men having sex with men (MSM). Contributions of civil society and external partners were central to the completion of Russia's second UNGASS report for 2006/2007. The foundation for the UNGASS progress report is the national strategic information (SI) system supported in part by USG partners, UNAIDS and WHO for routine and sentinel surveillance data as well as special studies.

The GOR is demonstrating a growing commitment to address the weaknesses in programming as identified in the UNGASS report and by stakeholders such as NGOs and external partners (USG, Global Fund (GF) and UN groups). One example is the doubling of the prevention budget under the National Priority project up to \$17 million in 2008. This includes continued support, albeit limited for federal tenders for prevention programs through the NGO community such as last year's three year, \$2M award made to a local NGO consortium to develop outreach programs. However, this is not enough, given the continued concentration of the epidemic in Russia among MARPs and in light of the GOR commitment to repaying its HIV grants from the GF in the cumulative amount of \$217M. The continued engagement of external partners such as the USG will help catalyze GOR resources to better target priority areas in order to contain the epidemic.

Last year, with World Bank, USG and UNAIDS support, the Ministry of Health and Social Development (MOHSD) organized the review and adoption of 50 new normative guidelines on HIV prevention, treatment and care, an essential step forward to solidify effective implementation of new policies and programmatic approaches. Although there has been progress in strengthening HIV/AIDS policy, programming and system development, many challenges remain. The doubling of the GOR prevention budget represents less than four percent of the total funds allocated for HIV-related programs in Russia. GOR authorities recognize the existence of gaps in its implementation of the "Three Ones": there is still no official national HIV strategy; although a National Governmental HIV Commission has been established, it does not have a sufficiently high level of multi-sector representation to enable interagency coordination within the GOR; coordination with NGOs and international agencies needs to be improved, and stigma and discrimination towards HIV-positive people continues to be problem in Russia, including among the medical professions and employers.

With FY 2009 funding, UNAIDS partners will continue their collaboration with the GOR and will develop a plan to assist the MOHSD and the Federal AIDS Center in dissemination and monitoring of the use of the recently completed and approved normative guidelines on HIV prevention, treatment and care. Shoring up full implementation of the "Three Ones" will continue to be a priority area for USG support to UNAIDS in FY09. USG will also continue to support UNAIDS in facilitating the development of a unified HIV strategy by the GOR. Continued support for the capacity building and involvement of civil society in policy making forums at national and regional levels will further efforts to both de-stigmatize attitudes towards the most at-risk populations (MARPs) and to ensure that policy decisions are well-informed and meet the needs of target groups.

In FY 2009, the USG will develop an overall dissemination strategy, based on successes of the past few years of the USG HIV program. The goal of this effort will be to establish a sustainable approach to dissemination of key practices endorsed by the USG. These practices and approaches are tools that can help the Russian health care system adapt to meet the needs of the growing epidemic and number of people living with HIV/AIDS (PLWHA) who will be coming for treatment and care in the next few years. Each innovative activity will have an appropriate pathway for dissemination at additional regional levels and federal level.

For example, UNAIDS support will include institutionalization of a unified HIV M&E program in collaboration with the Federal AIDS Service and other government organizations. Together with the Federal Service, USG plans to support UNAIDS for providing technical advice through the seven Federal Okrugs (districts) to improve their collaboration within the unified system on data collection, submission, and analysis. At the second consultation on Universal Access, participants recommended the further institutionalization of the SI framework (see SI section). This will include, importantly, the National AIDS Spending Assessment and its use not only at the national level but also in the regions. As the methodology for systematic monitoring of HIV/AIDS financial flows at national and sub-national levels are refined, a training curriculum will be finalized and disseminated. Continued investment of small amounts of USG funding will help catalyze not just major increases in Russian funding, but ensure that these resources are targeted in the most effective way.

Another example will be the development of a plan for dissemination of the decentralized approach to HIV health systems as promoted in St. Petersburg and Togliatti, with 2008 funding (see success story). USG partners will develop a strategic approach for disseminating this model to other parts of Russia. This may include the creation of a dissemination team to develop the package of documents, training modules, technical assistance plans, and a strategy for dissemination in coordination with the GOR. It is envisioned that USG partners will provide targeted technical expertise for training of trainers to supplement the regional MOH experts or institutes who would lead the process. There may be opportunities to secure regional government commitment to this effort once the package of services and approaches is prepared and shared with the regions. FY09 funds will be used to implement the dissemination and transition the model to GOR.

USG implementing partners will capitalize on Russia's commitment to Universal Access processes and targets to promote needed policies and adequate funding for effective programs, especially for MARPs. To assist the GOR in formulating sound policies and plans to reach their ambitious target for universal access by 2010, USG implementing partners will support the dissemination of best practices from USG-supported regions, regions supported by the Global Fund (GF) and other external donors, and regions participating in the National Priority Project on Health. One potential venue for sharing this will be Federal level HIV conferences and roundtables. This year, the US National Institutes of Health (NIH) will contribute to the Russian HIV meeting planned for May 2009. The dissemination of best practices in HIV prevention, treatment and care developed with USG support will help the GOR build its programs based on the experiences of governmental institutions, NGOs, faith-based organizations (FBOs), community-based organizations (CBOs), and businesses.

Central to the continued involvement of NGO and civil society in HIV programming in Russia is the need to strengthen partnerships with the GOR and to develop mechanisms to formalize relationships. There are over 200 NGOs working in the area of HIV/AIDS in Russia (UNAIDS database), and although the external partners such as USG and Global Fund have increased support to them in recent years, GOR funding and collaborative systems for partnering with governmental service providers remain insufficient. USG implementing partners will continue to support a dialogue with the GOR on developing contractual or other mechanisms to fund NGOs to provide HIV/AIDS prevention and care services. In 2009, the USG will explore ways to incorporate best practices of USG and other NGO partners and outline an effective strategy for informing government of the successes the NGO interventions in order to aid GOR representatives in planning for future collaboration, including support for additional government tenders and financial support. This effort may include links with national NGO networks working on HIV/AIDS to facilitate their participation with the GOR in the development of a joint platform for action.

Similar to the GOR, the faith-based community has demonstrated an ongoing and broadened commitment to the fight against HIV/AIDS. Five denominations (Baptist, Lutheran of Ingria, Lutheran, Catholic and Evangelic) have either developed or adopted a strategic framework on HIV/AIDS, building on the first such framework developed by the Russian Orthodox Church with USG support. The Inter-Church Committee on HIV/AIDS has expanded to include the Jewish community as observers, and in co-operation with the Islamic community, the Committee is currently organizing the Second Inter-Religious Conference on HIV/AIDS, which is expected to result in the establishment of the Inter-Religious Committee on HIV/AIDS. Regional Inter-Church Committees on HIV/AIDS have been formed in St. Petersburg, Orenburg and Kaliningrad, meeting quarterly to co-ordinate efforts. Importantly, the issue of faith based organizations' (FBO) involvement in the Russian response to HIV/AIDS was recently included in the agenda of the Council of PLWHA. This PLWHA Council has developed concrete proposals on cooperation with churches in the South and Far East regions of Russia and has nominated a focal point to develop a strategy of co-operation with churches and maintain working relationships with them.

The faith-based community plays a significant role in policy advocacy and has the potential to contribute more to HIV/AIDS programs in Russia. With FY 2009 funds, UNDP partners will continue their successful work with faith-based leaders at the national level to strengthen the policy environment to reduce stigma and discrimination within the religious community and to develop sustainable and measurable systems for continued and expanded FBO involvement. Efforts towards the development of a multi-religion HIV strategic framework will continue to be supported. UNDP will expand their HIV policy development activities with the Russian Orthodox Church to include other religions. Beginning with a conference in November 2008, the existing Inter-Church Council currently supported by the USG will be expanded to become an Inter-Religious Council as a way to improve collaboration on HIV/AIDS between different sects at national and local levels. The conference will be the first step to secure the commitment of other senior religious leaders and to disseminate best practices in HIV prevention and care piloted by FBOs in Russia. Continued USG assistance for faith-based policy dialogue will further support efforts to share best practices, possibly through exchange visits between the different regions, as well as providing for technical advice and training for new faith-based partners engaging in Russia's response to HIV/AIDS.

In FY09, the USG will continue to develop alliances with the private sector in Russia. Leveraging private sector resources and involving the private sector in social program development and implementation will be one of the key directions in the upcoming years. Building on the existing strong collaboration of TransAtlantic Partners Against AIDS and the Global Business Coalition (TPAA/GBC) with the private sector, including the Business Against AIDS Coalition and other business alliances, the USG will support the development of the Public-Private Partnership (PPP) model for HIV/AIDS. TPAA/GBC has strong partnerships with the private sector, government, and legislators (through the Parliamentary Working group on HIV/AIDS and TB), and is well positioned to advance PPP policy development. Policy briefs, round-table discussions with partners, and PPP best practices dissemination activities will facilitate the establishment of the PPP as a model of government and private sector collaboration on HIV/AIDS. This model and approach can then be applied to build alliances to confront other socially significant problems.

Products/Outputs:

- ? Facilitate NGO and civil society participation with the GOR in the development of a joint platform for action to address MARPs.
- ? Increased GOR funding for NGOs to provide HIV outreach and care to MARPs.
- ? National Aids Spending Assessment institutionalized.
- ? Strengthened support of religious leadership of the faith-based response for HIV/AIDS issues and programs.
- ? Stigma and discrimination associated with HIV and substance abuse decreased.

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7744.09 **Mechanism:** Three Ones Strategy
Prime Partner: Joint United Nations Program on HIV/AIDS **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 17400.26647.09 **Planned Funds:** \$500,000
Activity System ID: 26647
Activity Narrative: n/a
New/Continuing Activity: Continuing Activity
Continuing Activity: 17400

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17400	17400.08	U.S. Agency for International Development	Joint United Nations Program on HIV/AIDS	7744	7744.08	Three Ones Strategy	\$500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5685.09 **Mechanism:** HIV/AIDS Policy Advocacy
Prime Partner: Transatlantic Partners Against AIDS **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 11485.27020.09 **Planned Funds:** \$300,000
Activity System ID: 27020
Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 16794

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16794	11485.08	U.S. Agency for International Development	Transatlantic Partners Against AIDS	7546	5685.08	HIV/AIDS Policy Advocacy	\$650,000
11485	11485.07	U.S. Agency for International Development	Transatlantic Partners Against AIDS	5685	5685.07	HIV Parliamentary Working Group	\$600,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$105,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 19 - HVMS Management and Staffing

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

Program Area Narrative:

Program Area: Management and Staffing

The Embassy's inter-agency Health and HIV/AIDS Working Group is committed to the HIV/AIDS plans for USG technical assistance in Russia for 2009. The Working Group, consisting of USAID, CDC, Department of State (DOS)/Environment, Science and Technology (EST), DOS/International Narcotics and Law Enforcement (INL), DOD and Public Affairs provides leadership, direction and coordination among all USG Agencies working on HIV/AIDS in Russia. The Working Group meets quarterly sharing updates on programs and information on upcoming HIV and related health events and issues. This year there are a number of new staff on the Working Group including the new Deputy Chief of Mission, new USAID Mission Director, and new Counselor for EST.

The USG HIV/AIDS Russia team continues to support and monitor progress in the two PEPFAR target regions of St. Petersburg and Orenburg through meetings in the regions, site visits and high level Embassy involvement in HIV/AIDS policy and leadership events. Due to the vast geographic size of the Russian Federation, the USG team also has an effective group of USG partners in Moscow, including the Ministry of Health and Social Development and the Agency for Consumer Protection and Well Being which oversees the Federal AIDS Center and the regional AIDS Centers in each of the 88 regions in Russia. The Embassy has three Consulate Generals based in St. Petersburg, Vladivostok and Yekaterinburg. Each Consulate is actively engaged in HIV program outreach events, such as World AIDS Day, opening ceremonies and other key events. With St. Petersburg being one of the PEPFAR target regions, the Consulate is particularly active and provides high visibility and support to PEPFAR programs. Orenburg, the other PEPFAR target region is located in the Yekaterinburg Consular district. Last year the Yekaterinburg Consul General and the Ambassador participated in the World AIDS Day events in Orenburg.

In 2008, the USG team focused on transitioning the USG program to accelerate the hand over of selected program areas, such as ARV treatment, counseling and testing and the final activities linked with the prevention of mother to child transmission – all of which are being advanced within the Russian governmental system to varying degrees. USG will focus efforts on prevention and care programs for the most at-risk populations in FY09, as these areas continue to face significant challenges in Russia. In addition to program management and oversight, staff maintained and fostered relationships with key governmental officials, such as the St. Petersburg City government with whom we have a Memorandum of Understanding and officials in the national Federal AIDS Center and Ministry of Health and Social Development (MOHSD). USG staff also liaised with NGO counterparts, providing oversight and guidance to NGOs and faith-based organizations (FBOs) working on critical prevention and care programs for those most vulnerable.

In FY08, the USAID team worked with implementing partners to finalize USG PEPFAR support for abstinence and being faithful prevention, the prevention of mother-to-child transmission, counseling and testing, co-infection of HIV/TB, and ARV treatment. Critical gaps in Russia's response were targeted for intensified efforts, especially in providing prevention and care for MARPs. "Wrap around" programs in reproductive health, TB, vulnerable youth and child welfare were leveraged to promote greater synergies in meeting the needs of those affected by HIV/AIDS. In FY08 and FY09, USAID will continue to play the key coordination and liaison role with PEPFAR for the Embassy and will also continue to manage the interagency PEPFAR and Global Fund reporting and most of the administrative and local accounting and contracting support.

The CDC Representative in Moscow actively engaged with senior MOHSD staff, UNAIDS, WHO and other Strategic Information experts working to advance surveillance programs to track the epidemic, particularly for MARPS; as the Country representative for the US Department of Health and Human Services (HHS), CDC provided continuity for other HHS programs with NIH and SAMHSA. Within the USG/Russia team, CDC provides leadership of Strategic Information activities. USAID and CDC worked together to jointly prepare the USG/Russia HIV/AIDS plan, review partner performance, and assess progress and future priorities within each program area. The co-location of USAID and CDC enable on-going dialogue and collaboration on a daily basis.

The Substance Abuse and Mental Health Support Agency (SAMHSA) of HHS, continues as one of the main partners in the USG HIV program in Russia although they do not have a presence in country. SAMHSA works in support of curriculum development that links HIV and substance abuse services and is responsible for providing guidance on programs for HIV prevention, treatment and care for substance abusers. USAID mechanisms are used to implement SAMHSA initiatives, and USAID works closely with SAMHSA representatives to monitor progress. The Embassy's EST section continued to promote greater political and scientific leadership in battling the epidemic and to advance the dialogue on HIV vaccine research with the MOHSD and the relatively new Public Health Centers of Excellence. EST and the CDC representative are the liaison with the National Institutes for Health (NIH), which continued to sponsored HIV-related research on multiple topics, and plans to co-fund and participate in a high level MOHSD-sponsored HIV meeting in May which will include the NIH prevention research, including the potential development of microbicides.

The Embassy's International Narcotics and Law Enforcement Section (LES) served as the focal point for all issues related to drug trafficking and illegal drug use, border control of drug transport, and drug demand reduction. LES supports the drug prevention program in the Russian Far East regions of Irkutsk and Sakhalin that is administered by the Healthy Russia Foundation. The Embassy Public Affairs (PA) and the USAID Communications Advisor managed USG messages, public relations and external events.

The Department of Defense (DOD) maintains a position on the USG HIV/AIDS working group. The military HIV/AIDS prevention program, in coordination with PSI and the Russian Ministry of Defense (MOD), has been suspended due to ongoing problems with transparency and access. Additionally, both DOD and the Russian MOD did not participate in recent military HIV/AIDS conferences. Currently, there is no active DOD program in place.

The Economic Affairs section (ECON) oversees the coordination of the Freedom Support Act funds (FSA) at Post, including HIV/AIDS resources. In FY08, the FSA account financed 67% of the PEPFAR programs in Russia and 80% of the "wrap-around" programs in maternal and child health, family planning, vulnerable children and TB. In FY09, the FSA account will not cover the HIV/AIDS programs, instead the program will be covered in part by the GHCS-State funds (\$5.5M) and partially by the GHCS-USAID funds (\$2.5M). The FSA account will continue to support the majority of the related health and social welfare programs. The management and coordination function that USAID plays is critical for effective links within the overall health portfolio.

Staffing patterns in FY08 were as follows: USAID had one full-time USDH HIV/AIDS Officer, one half-time and one quarter time USDH officer, and two full-time and two three-quarters time FSN professionals (one shared with CDC). One of the USAID FSN's assisted with the on-going communications with the Medical staff of the Russian Ministry of Defense, working under the advisement of the DOD counterpart in Office of Development Cooperation (ODC).

In FY08, CDC had one full-time USDH epidemiologist serving as the country representative and co-funded one FSN health professional staff member with USAID. This staffing pattern will continue in FY09.

The Embassy's EST sector allocated less than 10% technical staff time of one USDH and two professional FSNs in FY08. The non-PEPFAR, NIH-funded, FSN HIV/AIDS research specialist, who began work in October 2006 continued through FY08. The EST Section is currently discussing with NIH the renewal of this position in FY09 that works closely with CRDF on AIDS research, and dialogue with the GOR on possible joint vaccine research.

In FY08, SAMSHA continued to allocate staff time of a USDH in Washington to provide technical oversight and support for HIV/AIDS and substance abuse, a critical component of the HIV epidemic in Russia. This pattern is expected to continue in FY09.

In-country, EST, USAID, and CDC devote substantial portions of direct hire staff time to managing, budgeting and evaluating

HIV/AIDS programs and reporting on the issue. USAID also devotes considerable staff time to donor coordination with USAID representation on the GOR's Country Coordinating Mechanism (CCM) for the Global Fund, the UN Theme Group on HIV/AIDS, and UNAIDS' monitoring and evaluation working group, and maternal health committees. Substantial CDC time is devoted to work with the HIV M&E work group at the national level and work with UN partners this past year in developing the UNGASS report. The total OE funded DH time attributed to PEPFAR for the Embassy is estimated to be a total of 2.75 full-time FTE (although about 5 additional USDH spend less than 10 percent on AIDS).

The "cost of doing business" in Russia is as follows. Estimated ICASS costs in FY09 will total about \$52,500 for USAID and \$53,000 for CDC. Approximate CSCS fees are \$20,500 for CDC (USAID's is covered by HQ). IRM tax (USAID only) is estimated at \$32,550. Costs associated with the CDC advisor posting (including housing/schooling) as well as salary, ICASS, and CSCS are reflected in the SI section.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3873.09	Mechanism: FSN&PSC Staff
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 6113.27023.09	Planned Funds: \$318,971
Activity System ID: 27023	
Activity Narrative: USAID Staff Salaries	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17939	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17939	6113.08	U.S. Agency for International Development	US Agency for International Development	7895	3873.08	FSN&PSC Staff	\$251,860
11005	6113.07	U.S. Agency for International Development	US Agency for International Development	5695	3873.07	FSN&PSC Staff	\$279,200
6113	6113.06	U.S. Agency for International Development	US Agency for International Development	3873	3873.06	FSN&PSC Staff	\$516,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 6022.09	Mechanism: IRM tax
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 12021.27021.09	Planned Funds: \$32,550
Activity System ID: 27021	
Activity Narrative: In order for the USAID in-country staff to function effectively, there is a need for computer and other non-program technical support that will be funded through the IRM tax applied under the USAID portion of the funding. The IRM tax in FY08 is estimated at \$32,550.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17941	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17941	12021.08	U.S. Agency for International Development	US Agency for International Development	7897	6022.08	IRM tax	\$34,800
12021	12021.07	U.S. Agency for International Development	US Agency for International Development	6022	6022.07	IRM tax	\$34,800

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 6021.09

Mechanism: Admin Costs

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 12020.27024.09

Planned Funds: \$52,500

Activity System ID: 27024

Activity Narrative: Estimated ICASS costs in FY09 will total \$52,500 for USAID, which covers transportation, translation, guard services, office space, office equipment, etc. for two full-time FSN health professionals, and two ¼-funded senior FSN professionals. This does not include the ICASS costs for the direct hire staff which is covered under USAID OE costs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17940

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17940	12020.08	U.S. Agency for International Development	US Agency for International Development	7896	6021.08	ICASS	\$51,340
12020	12020.07	U.S. Agency for International Development	US Agency for International Development	6021	6021.07	ICASS	\$25,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 6021.09

Mechanism: Admin Costs

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 21890.27025.09

Planned Funds: \$46,759

Activity System ID: 27025

Activity Narrative: Staff travel expenses are estimateed for FY09 as \$46,759.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21890

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21890	21890.08	U.S. Agency for International Development	US Agency for International Development	9483	9483.08		\$44,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 6021.09
Mechanism: Admin Costs
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 27026.09
Planned Funds: \$9,220
Activity System ID: 27026
Activity Narrative: Administrative costs are estimated as \$9,220 for FY09.
New/Continuing Activity: New Activity
Continuing Activity:

Table 5: Planned Data Collection

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

Other Significant Data Collection Activities

Name: Biologic and behavioral surveillance among MARPs/PEPFAR-funded

Brief Description of the data collection activity:

Biological and behavioral studies of CSWs and IDUs in St.Petersburg and Orenburg regions will be conducted through CDC-supported project.

Preliminary Data Available:

9/1/2009

Name: Biologic and behavioral surveillance among MARPs/Global Fund Round 3

Brief Description of the data collection activity:

Biological and/or behavioral studies of risk groups (CSWs and/or IDUs and/or MSMs) are conducted approximately biannually in some of the 10 regions that are supported by Global Fund resources.

Preliminary Data Available:

12/1/2009

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
HIV COP 09 CN Notification Russia.doc	application/msword	11/11/2008	CN Notification Russia	Other	OFrolova
HIV COP 09 GF Supplemental Nov 12.doc	application/msword	11/12/2008	FY09 Global Fund Supplemental	Global Fund Supplemental	OFrolova
COP 09 PPP Supplemental table.xls	application/vnd.ms-excel	11/12/2008	FY09 PPP Supplemental	PPP Supplement	OFrolova
Acronym List.doc	application/msword	11/11/2008	Acronym List	Other	OFrolova
HIV COP 09 Human Resources Health Nov 11 #2.doc	application/msword	11/12/2008	HRH Program Area Narrative	HRH Program Area Narrative*	OFrolova
HIV COP 09 Gender Nov 11.doc	application/msword	11/12/2008	FY09 Gender Program Area Narrative	Gender Program Area Narrative*	OFrolova
FY09 Budgetary Requirements Worksheet Nov 11.xls	application/vnd.ms-excel	11/12/2008	FY09 Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	OFrolova
FINAL FY 09 Mini-COP staffing spreadsheet Nov 12.xls	application/vnd.ms-excel	11/12/2008	FY09 Staffing Analysis	Staffing Analysis	OFrolova
Letter to Ambassador Dybul signed.pdf	application/pdf	11/12/2008	Ambassador's letter signed	Ambassador Letter	OFrolova
Executive Summary Nov 13.doc	application/msword	11/13/2008	FY09 Executive Summary	Executive Summary	OFrolova
HIV COP 09 Proposed Management and Staffing Budget Table for Other Bilat Nov 13.xls	application/vnd.ms-excel	11/13/2008	FY09 Management and Staffing Budget Table	Management and Staffing Budget Table	OFrolova
HIV COP 09 Adult care and treatment budget. requirement justification Nov 13.doc	application/msword	11/13/2008	FY09 Budgetary Requirement Justification	Budgetary Requirement Justifications	OFrolova
Revised FY09 COP \$8M budget worksheet Nov 13.xls	application/vnd.ms-excel	11/13/2008	FY09 HIV Budget	Other	OFrolova
COP_09_Explanation_of_Target_Calculations_Nov14.doc	application/msword	11/14/2008	COP 09 Upstream Target Explanation	Summary Targets and Explanation of Target Calculations	OFrolova
Nov14_08.Table.Populated.Program.Summary.Indicator.20non-focus.xls	application/vnd.ms-excel	11/14/2008	COP 09-10 Downstream Targets with Explanations	Summary Targets and Explanation of Target Calculations	OFrolova
COP 09 Russia PEPFAR program-level targets COP 09 Nov14.xls	application/vnd.ms-excel	11/14/2008	COP 09 Master Spreadsheet of targets by Partner and Indicator	Other	OFrolova
HIV COP Epid.data Nov 14.doc	application/msword	11/14/2008	COP 09 Epidemiologic Summary	Other	OFrolova
HIV COP 09 TBHIV co-infection Nov 12 #2.doc	application/msword	11/26/2008	COP 09 TB/HIV Section	Other	OFrolova
HIV COP 09 OVC budgetary requirement justification.doc	application/msword	11/25/2008	COP 09 OVC Budgetary Requirements Justification	Budgetary Requirement Justifications	OFrolova