



Thailand

Operational Plan Report

FY 2010



Operating Unit Overview

OU Executive Summary

Consistent with the vision of PEPFAR, the USG Thailand PEPFAR team supports a national HIV/AIDS program led, managed, and coordinated by the Royal Thai Government (RTG). RTG has led the scale-up, coordination, and oversight of the HIV prevention, care and treatment programs. However, gaps in human capacity, technical implementation, program quality, program monitoring and evaluation, and involvement of civil society remain; USG has developed over the past several years an engagement strategy focused on working closely with RTG, other donors, international organizations, and NGOs, to address these gaps, with a focus on sustainability, government ownership, and coordination. For the Thailand PEPFAR program, this is achieved primarily through technical assistance (TA) to and in partnership with RTG and other organizations. Over the past several years, the Thailand PEPFAR program has made significant strides in transitioning to a technical assistance model; in fact, USG HIV/AIDS assistance to Thailand now focuses primarily on providing technical assistance and capacity building to RTG and Thai civil society organizations, with a special focus on strengthening RTG's ability to provide oversight and manage its national HIV response in a sustainable manner, and to build the capacity of civil society to contribute meaningfully to the HIV/AIDS response in Thailand. The Thailand PEPFAR program has been on the path of the new PEPFAR vision as articulated in recent messages and telephone calls to chiefs of mission, for several years; the program has made substantial progress, and has many lessons learned to share with other PEPFAR country programs as they undertake strategic planning and implementation of the vision. The USG Thailand team maximizes existing infrastructure and targets capacity building of RTG and NGOs, introducing and evaluating innovative science-based models with a focus on sustainability and scale-up through these partners. The USG role focuses on TA and capacity building to ensure sustainability and facilitate integration of models into routine systems. Successful models are moved to government or other external support, principally the Global Fund (GFATM), allowing USG support to address new areas. While the USG Thailand PEPFAR program has focused on TA, sustainability, and government ownership for the HIV/AIDS program, the team is working to identify new opportunities to more broadly affect and support national health systems.

RTG highly values the technical assistance provided by USG. The working relationship between the two countries is strong as a result of a long and close collaboration. As a result, even with extremely limited resources, USG technical assistance exerts a strong influence on RTG's HIV/AIDS response at the national, provincial and local levels. The U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Agency for International Development (USAID) Regional Development Mission for Asia (RDMA), the two USG agencies working under PEPFAR in Thailand, effectively use their individual comparative advantages for maximum impact: CDC's technical assistance relationship with the Ministry of Public Health (MOPH) at the national, provincial, and local government levels focuses on best-practice guidance and technical approaches, human capacity-building, model development and scale-up, quality systems, and monitoring and evaluation. This includes prevention, care and support for most-at-risk populations (MARPs), quality systems in care and treatment programs and laboratories, and new surveillance methodologies. USAID's technical assistance relationships with civil society and provincial and local implementing partners focuses on developing implementation models for MARPs, particularly the key population of Men who have Sex with Men (MSM). While RTG provides strong leadership and funding for the national HIV program, the availability and quality of HIV interventions for MARPs has frequently been lacking, and the technical capacity for MARPs work has been more limited than general population and youth components of the national program, especially at the provincial and local levels.

The USG PEPFAR team has demonstrated commitment to supporting RTG in its relationship with the



Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) and is one of the two donor representatives sitting as voting members on the Country Coordinating Mechanism (CCM). The GFATM has awarded RTG a \$106 million grant focused on MARP prevention and care over the next five years through GFATM Round 8. The success of RTG in winning this grant was based partially on the ability of the MOPH (with USG assistance) to write an excellent proposal, and partly on RTG's well-developed health financing system for moving resources from the national to the provincial and local levels. Where RTG requires further assistance, however, is in its ability to effectively implement quality MARP-focused interventions at the provincial and, even more so, at the local levels. Given USG's successful implementation of the TA-based model, its role in GFATM coordination, and its relationship with RTG and international organizations in Thailand, USG is uniquely positioned to provide technical assistance to RTG to ensure quality implementation of this GFATM HIV grant.

The USG Thailand PEPFAR team vision is that over the five years of this GFATM grant, RTG will gain the technical capacity, as well as the financial ability, to provide policy oversight and manage and coordinate the MARP-focused prevention and care implementation that is a necessary component of an effective, high-quality national HIV/AIDS program. To achieve that vision, over the next five years, the USG Thailand team expects to continue to provide intensive targeted technical assistance and capacity building to RTG, strategically adapting and testing models that have been proven in other settings for use in Thailand. USG will support state-of-the-art HIV surveillance efforts, provide critical policy input, build the capacity of targeted health care workers, improve the quality of MARP-focused HIV services and strengthen key elements of the health care system at the national, provincial and local levels.

Strengthening of the health system for sustainability is a key priority of the Thailand PEPFAR program, and has been for several years. Health system-focused TA includes mentoring government workers, improving the quality and monitoring of HIV-related clinical services, developing high-quality laboratory systems, developing strong leadership and governance skills and systems, and strengthening the availability and utilization of high quality strategic information (SI), policies, and guidelines as the foundation of prevention and care programs. The Thailand PEPFAR team has developed several examples of successful adoption of model programs, scale up, government ownership, and dissemination throughout Thailand and of adaptation or sharing of model programs or technical assistance to other countries, including for laboratory quality systems, HIVQUAL (care and treatment quality improvement project), HIV disclosure for HIV-infected children, and injecting drug users (IDU) peer outreach.

Increasingly, the PEPFAR USG Thailand team has focused part of its work on providing TA to other PEPFAR countries. This increasingly successful activity serves several critical functions. First, PEPFAR benefits from successful models developed and implemented in Thailand and adapted in the broader PEPFAR context. Second, PEPFAR promotes "south-south" TA/collaboration, and this activity is providing a road map to developing successful models of TA/collaboration between PEPFAR countries, regionally and beyond. Third, as Thailand makes the initial moves to become a donor assistance country in its own right, USG is playing a substantial role in mentoring Thai government and locally-employed USG staff to begin to provide TA to other countries. This activity takes advantage of and helps to maximize the contributions of PEPFAR technical and capacity-building investments. Thus, the USG team will continue to take advantage of opportunities to respond to the increasing requests from other PEPFAR countries to provide TA, and will engage both USG and Thai government staff in this important activity. Thus far, TA has focused in the technical areas of laboratory, SI, care and treatment quality improvement, outreach, PMTCT, and pediatric care and treatment. Examples include provision of TA for development of laboratory quality assurance systems in Ethiopia and Vietnam, and for development of peer outreach programs for IDU in Zanzibar, Tanzania.

USG Thailand agencies offer the following capacity:

- U.S. Department of Health and Human Services/CDC: partnering with RTG to develop, test, and replicate effective models in the public sector, building capacity and strengthening quality of



services, implementing GFATM HIV grants, and providing technical support to other PEPFAR countries.

- USAID: developing, testing, and replicating models through NGO partnerships, supporting SI, capacity building of GFATM recipients and providing technical support to other USAID presence and non-presence countries in the region.

Background: The spread of HIV in Thailand slowed from a high of 141,000 new infections in 1991¹ to approximately 14,000 in 2007². Currently, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that HIV prevalence among the overall adult (ages 15-49 years) population is 1.4%.³ The country's epidemic continues to be concentrated among MARPs, especially MSM, among whom an alarming increase was measured in Bangkok (from 17% in 2003 to 28% in 2005⁴ and 31% in 2007⁵), and a small increase in the northern province of Chiang Mai (from 15% in 2005 to 17% in 2007).⁶ Sentinel surveillance among male sex workers (MSW) in four provinces showed decreasing prevalence from 16% in 1997 to 7.9% in 2002 and 2003, then increased prevalence ranging between 8.9% and 12% during 2004-2008. HIV continues to be a serious problem among the estimated 40,000 injection drug users (IDU)⁷; although the prevalence in Bangkok declined steadily from 2003, at 40%-50% during the 1990s to 26% in 2007, reported prevalence among IDU in Bangkok in the last round of sentinel surveillance (2008) was 51%. Overall HIV prevalence in Thailand in the IDU population still remains high and was estimated at 48% in 2008 by national sentinel surveillance. HIV prevalence among female sex workers (FSW) has declined steadily from 18% in the mid-1990s, reaching 5.5% among direct FSW and 2.8% among indirect FSW in 2008. Several changes in the way sex work is practiced and the national response create the potential for resurgence in this group. FSW increasingly meet clients in indirect settings (now accounting for at least 92% of all FSW), placing sex workers at a disadvantage in negotiating condom use; sexually transmitted infection (STI) clinics have been relocated from community locations to hospitals, where sex workers are reluctant to go; and the volume of outreach activities and condom supplies have decreased, due in part to budget cuts. Street-based FSW may be at particularly high risk; a recent USG-supported respondent-driven sampling survey of primarily street-based FSW in three areas of Bangkok found that 20% were HIV-positive.

In 2008, there were an estimated 610,000 people living with HIV/AIDS (PLHA), including 14,000 children, in Thailand,⁸ and it is projected that about 45,000 PLHA develop AIDS each year.⁹ With nearly three-

¹ United Nations Development Programme. Thailand's Response to HIV/AIDS: Progress and Challenges. Bangkok: Keen Publishing (Thailand) Co., Ltd., 2008.

² Family Health International and Bureau of AIDS, TB, and STI, Department of Disease Control, Ministry of Public Health, Thailand. Summary Technical Report for the Asian Epidemic Model (AEM) Projections for HIV/AIDS in Thailand: 2005-2025. Bangkok: 2008.

³ UNAIDS. 2008 Report on the Global AIDS Epidemic, Geneva: 2008.

⁴ MMWR. HIV Prevalence among populations of men who have sex with men – Thailand, 2003 and 2005. August 11, 2006. Reported by: F van Griensven A Varangrat, W Wimonsate, JW Tappero, C Sinthuwattanawibool et al.

⁵ HIV Sentinel Surveillance, Thailand Bureau of Epidemiology, 2008

⁶ Plipat T, Kratsawad K. HIV prevention among men who have sex with men. Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health, 2008.

⁷ Family Health International and Bureau of AIDS, TB, and STI, Department of Disease Control, Ministry of Public Health, Thailand. Summary Technical Report for the Asian Epidemic Model (AEM) Projections for HIV/AIDS in Thailand: 2005-2025. Bangkok: 2008.

⁸ UNAIDS. 2008 Report on the Global AIDS Epidemic, Geneva: 2008.

⁹ Family Health International and Bureau of AIDS, TB, and STI, Department of Disease Control, Ministry of Public Health, Thailand. Summary Technical Report for the Asian Epidemic Model (AEM) Projections for HIV/AIDS in Thailand: 2005-2025. Bangkok: 2008.



quarters of the national HIV budget dedicated to treatment and care,¹⁰ clinical services are well developed. Based on projections from the Asian Epidemic Model (AEM) and Spectrum (UNAIDS), by the end of 2009, the number of persons on antiretroviral treatment (ART) is estimated at 179,797, or 65% of the estimated 275,821 eligible for ART. The private sector accounted for 10,000 of these persons on treatment. An estimated 31,000 persons died of AIDS in Thailand during 2007, half of the estimate for 2001 but still a substantial number.¹¹ In 2009, Thailand ranked 18th on WHO's list of 22 tuberculosis (TB) high-burden countries, and HIV testing reached 68% of registered TB cases in Thailand in 2007.¹²

Although Thailand has well-established HIV sero-surveillance systems, the current national budget for surveillance and monitoring and evaluation (M&E) remains small compared to total HIV funding. Local authorities have increasing responsibilities in this area, and need capacity development in use of information for decision making and in facilitating multisectoral engagement.

The country's strategic prevention and treatment targets include providing universal access to ARVs, and reducing by half the number of incident HIV cases in 2010 to 5,000. To achieve this target, interventions are intended to focus on five vulnerable groups: discordant couples, MSM, IDU, FSW and their clients, and youth. In addition, strategies are aligned among partners throughout the country, including NGOs, UNAIDS, and WHO. As a provider of TA, USG supports RTG in many coordination tasks involved in such alignment, as well as helping to monitor the progress toward meeting RTG commitments.

RTG's National Health Security Office (NHSO), which has authority over the national health services budget, has the important role of defining the health benefits package under universal health care, including HIV testing, ART, and associated services. NHSO also funds key supportive services such as external quality assessment for HIV serology and CD4 testing. NHSO has funded some HIV prevention services such as outreach and STI services, though generally with one-time funding allocations taken from budget excesses. In 2008, 110,045 patients received ARV treatment under the NHSO health scheme. GFATM funding has now been allocated for targeted prevention outreach with IDU, FSW, MSM and migrants, although challenges remain for capacity building in order to meet the needs of these groups.

Overall funding for HIV has been reduced compared to peak funding in 1996. From a total health expenditure of 248.8 billion Thai baht (\$7,384 million USD, or \$115 per capita) in 2007, 2.7%, or 6.7 billion baht (\$199 million USD) was spent on HIV/AIDS programs.¹³ RTG provided 83% of this funding, with 17% coming from international sources. Only 14% of the HIV/AIDS budget in 2007 was set aside for prevention work, including condom promotion, while 72% went to clinical services.¹⁴

PREVENTION

USG provides TA and funding to governmental and non-governmental partners to adapt proven effective approaches for HIV prevention into models for implementation in a resource-constrained setting. In addition to model development, USG supports promotion of policy change, capacity building, and facilitation of subsequent adoption, dissemination, and scale-up of the models.

Primary prevention is at the core of USG assistance to the national response and an area where RTG looks to USG for technical assistance. Although RTG has previous experience in HIV prevention

¹⁰ UNAIDS, 2008 Report on the Global AIDS Epidemic, Geneva: 2008.

¹¹ UNAIDS, 2008 Report on the Global AIDS Epidemic, Geneva: 2008.

¹² Bureau of AIDS, TB, and STI, Department of Disease Control, Ministry of Public Health, 2008.

¹³ National Committee for HIV and AIDS Prevention and Alleviation. UNGASS Country Progress Report, Thailand. New York: UNAIDS, 2008.

¹⁴ UNAIDS, 2008 Report on the Global AIDS Epidemic, Geneva: 2008.



interventions with FSW, interventions focused on MSM and IDU are mostly new to MOPH local staff. USG plays a key role in providing TA to improve the quality and sustainability of MARPs programming, particularly for MSM, by focusing on building capacity and providing models that are evidence-based, highly targeted and non-discriminatory. To build local capacity for prevention, USG will work with local sub-partners, including local MOPH and non-governmental organization (NGO) staff in HIV prevention, including behavior change programs, for MARPs.

USG Thailand works under the concept of a “comprehensive package of services,” including prevention and care services with linkages to treatment, in order to develop comprehensive, sustainable, high-quality approaches to service provision. In addition, the package includes institutional capacity building, community mobilization, using strategic information for improved planning, income generating activities and stigma and discrimination reduction. Comprehensive and targeted delivery of services in “hotspots” is being promoted in Thailand by RTG, and throughout the Mekong region, and should result in the greatest number of infections averted.

The USG model for IDU community outreach has been adopted by the Bangkok Metropolitan Administration and expanded to all 17 methadone clinics in the city, using RTG and GFATM funds. The USG model for prisoner peer outreach is being adapted and scaled up by the Department of Corrections with partial RTG funding. Prevention models for other MARPs, including STIQUAL, which is a performance measurement and quality improvement program for STI and HIV testing, and HIV prevention counseling in STI clinics, are at various stages of development, and were included in Thailand’s successful GFATM Round 8 proposal, which aims to scale up HIV prevention services for MARPs. USG Thailand and partners provide regional and global technical support for HIV prevention among MSM.

Thailand’s PMTCT program is well-developed; USG support focuses on integration and sustainability for the M&E system, and on sharing the proven approaches to PMTCT with other PEPFAR countries.

CARE AND TREATMENT

The existing RTG health services infrastructure is strong. However, the quality of both care and treatment and related laboratory services is inconsistent, and needs to be strengthened. USG supports RTG and its partners to develop sustainable approaches to develop quality systems, improve service delivery and human capacity, improve M&E and information systems, and implement quality improvement programs for clinical and laboratory services. These systems include performance measurement and quality improvement for care and treatment through HIVQUAL, a program which has developed modules for adult and pediatric clinical services, voluntary counseling and testing, comprehensive care and support centers, and STI clinic services. USG also provides TA to RTG’s efforts to expand access to pediatric treatment and to demonstrate and evaluate best practices for TB/HIV in selected provinces. USG also supports laboratory external quality assessment (EQA) programs for HIV-related testing, including CD4 testing, HIV serology, opportunistic infections, viral load, and genotypic resistance testing, as well as laboratory certification according to International Organization for Standardization (ISO) 15189 and Thai Medical Technology Council standards. The USG role includes TA and funding to RTG for initial development of systems, capacity building related to implementation and scale-up, and evaluation of model program effectiveness and expanded programs. For systems transferred to RTG or external support, USG continues technical engagement in M&E and capacity building to support scale-up.

HIVQUAL implementation expanded to virtually all 900 public hospitals in Thailand in 2009, with financial support from RTG and TA from USG. USG Thailand programmers developed an international version of HIVQUAL software, which was used as a basis for HIVQUAL implementation in several PEPFAR focus countries in Africa; USG Thailand staff provided TA to HIVQUAL implementation in Uganda, including a joint USG-UNICEF implementation of the pediatric module. The USG-supported pediatric care and treatment network and HIVQUAL model was also expanded from three to 15 provinces in Thailand with



high numbers of HIV-infected children, using GFATM funds and USG technical support.

TB/HIV best practices for provider-initiated HIV testing among TB patients have been adopted as national policy and specialized training has been provided in 20 of 76 provinces by RTG. Thailand's pilot of TB diagnosis with liquid culture—supported for HIV-infected patients by USG—contributed to WHO's endorsement of this approach in TB high-burden countries. USG Thailand staff provide extensive TB laboratory technical support to USG in Cambodia and Vietnam.

Laboratory EQA for HIV serology and CD4 testing initially supported by USG have been fully transferred to RTG support; these programs now also provide EQA for Cambodia and Vietnam. An RTG HIV quality systems expert provides TA and training to national laboratories in Cambodia, Vietnam, Laos, Papua New Guinea (PNG), and other PEPFAR focus countries in Africa through USG support. Thailand's experience in development and implementation of national standards for laboratory accreditation has also been a model for other PEPFAR focus countries in Africa, such as Ethiopia and Kenya. Also, USG supports sharing by Thai experts of their approach and experience with other countries and international organizations.

OTHER

Strategic Information (SI): RTG has strong surveillance infrastructure; however, significant gaps exist in the use of newer surveillance approaches, data synthesis and utilization to inform public health programs, and in the lack of a unified M&E system for HIV/AIDS that is consistent with the "Three Ones" (i.e., one national HIV/AIDS action framework, one national HIV/AIDS coordinating authority, and one country-level monitoring and evaluation system). USG provides TA to RTG to address these gaps by supporting RTG to test newer surveillance approaches, such as behavioral surveillance with handheld computers, HIV sero-incidence surveillance and ARV resistance surveillance and monitoring. USG also provides support to Analysis and Advocacy (A²), a project which brings together governmental and non-governmental partners for data synthesis, HIV epidemic estimates and projections, and advocacy with policymakers at the sub-national level, leveraging GFATM resources. In addition, USG supports the process for developing a unified M&E system. USG TA in SI is an example of support for sustainable, government managed programs; USG supported surveillance approaches have been integrated into RTG's routine surveillance systems, and new approaches are introduced annually, with USG TA."

Role of Thailand as a TA Provider to Other Countries: The USG-supported successes in Thailand have produced expertise and models that are being used in other PEPFAR countries. Thailand's early success with a national PMTCT monitoring system, developed collaboratively with USG Thailand, became the basis for development of a generic PMTCT monitoring system by CDC and WHO, a tool kit that is now available to all PEPFAR countries. As described above, the HIVQUAL software is being shared with several PEPFAR countries—Haiti, Mozambique, Namibia, Nigeria, PNG, and Uganda—and the USG team provides TA in several areas to other PEPFAR country programs. During 2010 and subsequent years, the expertise and models developed in Thailand will be used increasingly to provide TA and capacity building to PEPFAR programs globally. TA providers to other countries will include Thai government and other partner staff, as well as locally employed USG staff from Thailand.

Underlying Themes: The approaches used to implement these objectives have four underlying themes: building capacity, strengthening health systems, and strengthening government ownership and coordination. All activities supported by USG aim to develop national and local leadership and capacity to create an enabling policy environment, and integrate new activities into routine, sustainable systems. Coordination among RTG, NGOs, GFATM, and other donors is facilitated by USG through participation in government and multilateral meetings, and active membership on the GFATM country coordinating mechanism.



Political Context: Thailand's government has turned over several times since a military coup in September 2006. Despite an uncertain political environment, USG supports capacity building and development of model programs for prevention for MARPs, quality systems, and SI that are both taken over by RTG and can, in turn, be models for other PEPFAR countries. USG also provides technical support for implementation of the GFATM grant for prevention for MARPs in Thailand. These facets of the USG Thailand program ensure continued progress towards RTG ownership and sustainability of comprehensive and high quality HIV prevention, care and treatment programs in Thailand and opportunities for south-to-south collaboration and TA from Thailand to other PEPFAR countries, thus maximizing PEPFAR's investment in this TA-based program. Through several changes of government, and several ministers of health, there has been no wavering of RTG support for a strong HIV/AIDS program.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						



Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

(No data provided.)



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
HHS/CDC		4,000,000	200,000		4,200,000
USAID			300,000	1,000,000	1,300,000
Total	0	4,000,000	500,000	1,000,000	5,500,000

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency			Total
	HHS/CDC	USAID	AllOther	
HBHC	290,000	128,486		418,486
HLAB	268,000			268,000
HVCT	90,000	214,500		304,500
HVMS	2,549,000	76,915		2,625,915
HVOP	403,000	635,599		1,038,599
HVSI	309,000	100,000		409,000
HVTB	60,000			60,000
IDUP	48,000			48,000
MTCT	47,500			47,500
OHSS		144,500		144,500
PDCS	135,500			135,500
	4,200,000	1,300,000	0	5,500,000

Budgetary Requirements Worksheet

(No data provided.)



National Level Indicators

National Level Indicators and Targets
REDACTED



Policy Tracking Table

(No data provided.)



Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	418,486	
Total Technical Area Planned Funding:	418,486	0

Summary:

Adult Care and Treatment: Adult Care and Support Context and Background In 2004, RTG made ART available nationwide. Currently, all health insurance schemes pay for ART and HIV care. The national ART program, including all government health coverage schemes, accounts for all but 10,000 private sector patients on treatment. By the end of 2007, the number of persons on ART was estimated by WHO to be 61% of the estimated eligible population. In 2009, among 881 government hospitals in 12 regions, there were approximately 157,000 patients receiving HIV care and 115,000 patients on ART, based on data from the NAP database at NHSO. RTG provides HIV care and treatment to Thai citizens through the universal health care scheme managed by NHSO; 835 hospitals participate in the program. These services include not only ART but also basic medical care, HIV testing and counseling (TC), CD4 monitoring, and prophylaxis for opportunistic infections (OI). In Thailand, 78% of patients receive health care services through NHSO; other health insurance schemes include government schemes for employees of private companies and civil servants, and private coverage. Thai national ART guidelines provide the technical basis for NHSO's benefit package for HIV care. The Ministry of Social Development and Human Security is responsible for care and support for PLHA. Prior to expansion of the national ART program, PLHA networks were developed to reduce discrimination and work closely with providers, and these groups continue to play a pivotal support role. National care and treatment guidelines and counseling guidelines (including risk reduction, disclosure, HIV testing, and adherence) have been continually updated. Trainings have been routinely offered to all providers and PLHA groups. Positive prevention services for PLHA have been part of the national program in the context of PLHA groups that provide peer counseling, adherence support, and social and/or income-generation support. However, until recently there has not been a formal clinic-based positive prevention program or provider engagement in positive prevention services. Furthermore, positive prevention for MARPs, who may have unique prevention or counseling needs, has not been addressed. Other services such as home- and community-based care are provided through a combination of local and national budgets. However, since the decentralization of the Thai health system, funding allocations are now made at the local level which have resulted in a wide range of activities and have not always provided a full continuum of care, depending on local resource levels and the recognition and awareness of communities and prioritization of public health problems in each locality. Guidelines for Comprehensive Continuum of Care for PLHA were developed by MOPH in 2004, but they are not in systematic use. The quality of HIV care and treatment, including associated laboratory services, is variable; human resources to deliver care are insufficient in many places, and HIV TC services and linkages to treatment for MARPs are weak. Stigma and discrimination related to HIV are substantial barriers to HIV testing as well as care and treatment; this is especially true for MARPs. Overall, many patients access care late, and the median CD4 at treatment initiation is low and has not increased significantly since the national ART program began. It is expected that early access to care among MARPs may be even lower as result of stigma and discrimination. As expansion of



HIV care and treatment services occurs in Thailand, there is an ongoing need to monitor and support service quality, and MOPH and NHSO are working to expand quality systems for care and treatment. Current government priorities for the national HIV care and treatment program include improving the quality of care with improvements in infrastructure, financing, and policy as well as earlier access of patients to care. However, the broad national coverage of the ART program makes coordination among stakeholders challenging. The USG team provides TA at the national level by working through the Bureau of AIDS, TB, and STIs (BATS) at MOPH, the Department of Medical Services at the Bangkok Metropolitan Administration (BMA) as well as, indirectly, with NHSO. To address the above needs, the USG team provides technical support for the following: 1) national scale-up of performance measurement and quality improvement for HIV care and treatment services (HIVQUAL-T); 2) scale-up of national Positive Prevention training for facility-based services for general population patients; and 3) integration of comprehensive HIV/AIDS care for MARPs through development of a Positive Prevention program, community-based services, and referrals for MSM. The USG team support for models in these areas will include evaluation and dissemination of findings for replication within Thailand, and where appropriate, to other PEPFAR countries. Accomplishments since FY 2009 COP In response to the gaps in positive prevention and the need for systems for quality of care, USG supported programs for improved quality of care and positive prevention programs for clinic providers, patients, and MARPs. The HIVQUAL-T model for quality improvement (QI) of care and treatment programs began nationwide expansion in 2007 with funding from NHSO, following a successful pilot supported by the USG team. USG technical support for expansion included:

- Development and revision of indicators and program software to address changes in national guidelines or additional areas needing QI
- Adaptation of a QI curriculum for national use
- Development of organizational assessment tools for QI
- Capacity building of health care providers through QI training and indicators and software training
- Support for group learning at the regional level
- Development of a website, to which providers send their hospital data for national-level program monitoring, and on which increased communication takes place among participating providers
- Web-based self-learning

In addition, steps were taken to integrate the HIVQUAL indicators and database with the NAP database to decrease the burden of abstracting data from charts. Performance measurement results from 567 (64%) hospitals and 35,513 case lists found the following performance: CD4 testing - 93%; viral load testing among patients on ART - 62%; PCP prophylaxis - 86%; cryptococcal prophylaxis - 80%; ART for eligible patients - 88%; ART adherence screening - 93%; TB screening - 90%; syphilis screening - 48%; cervical cancer screening - 49%; and safe sex education - 94%. A positive prevention program was implemented in clinic settings and as a program to strengthen linkages between communities and clinics. In 2007, the clinic-based positive prevention program was implemented in six hospitals with USG support; in 2008, the positive prevention toolkit and materials were distributed to all government hospitals and training was provided for health care providers from all regions with government funding. In 2009, a training of trainers (TOT) was organized for providers to provide increased training on risk reduction, disclosure, and partner TC. A program evaluation of the positive prevention program was conducted in 2009, including a provider survey on acceptability and barriers to implementation and a client satisfaction survey. PLHA risk behaviors were assessed at 0, 3-6 months, and 9-12 months, and these data will be analyzed and results disseminated to stakeholders in FY 2010. Positive prevention among MSM was initiated in FY 2009 in four provinces along with an HIV prevention program. Preliminary program monitoring data from 114 HIV-positive MSM indicate that only 35% accessed care. Focus group discussions with HIV-positive MSM were conducted to identify factors affecting access to care. A positive prevention model was developed to promote health among HIV-positive MSM by involving stakeholders and developing effective linkages for prevention, TC, and care services. A demonstration project involving HIV rapid testing with same-day results is being introduced at USG-supported sites to increase the number of MSM who receive early diagnosis and treatment. As a result of the numbers of clients accessing tests and their test results with rapid testing, it appears that updated counseling and referral protocols need to be introduced. Referrals for early access to care are facilitated by HIV-positive MSM peers. To increase MSM-friendly services in ART clinics, training was provided to health care staff on MSM sexual and gender issues, and counseling skills. However, gaps remain in knowledge and capacity of MSM peers to provide care and support to HIV-positive MSM in



clinics and communities. To address these gaps, in four provinces in 2009, networks of community peers and clinical care providers were established with standard referral processes from the community to care clinics and vice versa. Positive prevention and healthy living concepts were introduced to the networks at workshops. USG also provided TA for GFATM on the MSM component. A new version of the national care and treatment guidelines is being developed, and USG staff are providing TA by participating in the editorial group. The national M&E plan for HIV care and treatment was developed in 2009 by the national M&E committee under the secretariat of the National AIDS Committee and the M&E committee of the NAP under NSHO. USG staff have a major role in both committees, and most processes and output indicators are in the HIVQUAL-T program. Finally, USG provided TA for ARV resistance monitoring and development of EWI surveillance. These activities are detailed in the SI Technical Area Narrative. Goals and Strategies for FY 2010 and FY 2011 The USG team will continue to provide support to the Thai government, civil society, and the GFATM to build sustainable, quality, and routinely integrated programs. The USG team will provide support for quality HIV care and treatment services, and ensure that the HIVQUAL model is fully expanded using government support, integrated into routine services, and sustainable with good knowledge of QI principles, database management and reporting among providers and national stakeholders. Positive prevention services and linkages to care, particularly for MSM, will continue to be a focus of USG support. In FY 2010, USG will develop a package of services for HIV-positive MSM. Its contents will consist of CD4 monitoring services, access to ARV and OI when eligible, and referrals to TB screening. Psychosocial support by peer educators from community-based groups will also be offered, along with home visits, case management, health promotion services such as partner testing, and capacity building for peer educators. Moreover, the Positive Prevention MSM curriculum will be developed through participatory approaches and consultations with HIV-positive MSM groups and piloted in six sites. These sites will be the same sites where the VCT rapid test same day results demonstration project will be conducted. The referral system from CBOs that provides psychosocial support and facility-based services will be established, and enhance access of psychosocial support for HIV-positive MSM through peer educators at standard facility-based services. Health care providers and CBO staff who provide MSM care and support will continue to be trained on sexuality issues, gender sensitivity, and counseling skills. The USG team will also support increased early access to treatment through improved linkages of HIV-infected MSM to care, providing TA to national HIV TC M&E systems to help determine the number of infected patients who should be accessing care, and a revision to the HIVQUAL indicators to include CD4 monitoring among patients that are not yet ART-eligible. For HIVQUAL, the USG team will finalize and provide training on a comprehensive performance measurement system which integrates HIVQUAL-T and NAP databases. The USG team will support and conduct a TOT of the QI curriculum for the HIV Quality National Committee, including representatives from all 12 regions of Thailand. The USG team will also provide TA for development of a post-scale-up program evaluation plan. The USG team will support positive prevention activities for general populations in clinic settings, which will be integrated into HIVQUAL-T. Development of disclosure, partner testing, and risk reduction counseling materials will be done at three hospitals. A TOT on these counseling materials will be conducted. The positive prevention guidelines will be added to the new care and treatment national guidelines. Finally, to increase early access to care of MSM, improved linkages to care and a positive prevention model will continue to be developed, and access to care will be monitored. To promote positive health including prevention of transmission, tools, materials and a curriculum will be developed for both clinic and community settings. Positive prevention for MSM in ART clinic settings will build on the already developed and expanded short messages for HIV providers in these clinics, as described above.

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
IDUP	48,000	



Total Technical Area Planned Funding:	48,000	0
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Summary:

Biomedical Prevention: Injecting and Non-Injecting Drug Use Context and Background HIV transmission among IDU in Thailand remains a critical problem. In 2008, clinic-based surveillance showed HIV prevalence in this population was as high as 48%, and the estimated number of IDU in the country range from 40,000 to 100,000. Projections derived from the Asian Epidemic Model estimate that in 2010 almost 10% of all HIV transmission nationally will occur through drug injection. During January 2005-July 2009, reports from IDU contacted by outreach workers in Bangkok (n=1297, BMA outreach program) indicated that 5% were sharing needles, and 50% were sharing other injection equipment. Among sexually active IDU, condom use during last sex with steady and casual partners was 45% (n=807) and 76% (n=693), respectively. Although the Government of Thailand's past anti-drug use campaigns resulted in widespread fear and mistrust in the IDU community, government policy changes in recent years have created a more supportive environment and acceptance for harm reduction intervention approaches. In 2009, Thailand hosted the annual International Harm Reduction Conference. The Thai government recently supported the scale-up of methadone treatment under the direction of NHSO, where methadone will be provided as part of national health security insurance in hospitals and government health care facilities nationwide. In addition, MOPH, in collaboration with the Office of Narcotic Control Board (a lead agency for drug policy in Thailand), developed a national policy on comprehensive harm reduction, which will guide the implementation of a pilot needle and syringe exchange program supported by GFATM. USG-supported HIV prevention interventions in Thailand are focused in Bangkok, and the Bangkok Metropolitan Administration (BMA) is the main USG implementing partner. BMA has 20 methadone clinics, which provide methadone treatment to IDU free of charge. BMA also has its own public health centers and hospitals, which provide general health services to all populations. Some BMA methadone clinics are located in public health centers while others are linked with BMA service delivery points through a referral system. Accomplishments since FY 2009 COP USG support for IDU prevention interventions in Bangkok includes a peer outreach program to promote HIV risk reduction messages and practices, and strengthening existing services for HIV-infected IDU at BMA methadone treatment centers, including referral linkages for VCT and HIV care services. The USG team has worked closely with BMA since 2004 to develop the peer outreach model, which includes IDU and health care staff capacity building, M&E activities, and referrals to existing drug treatment and HIV care services. Between 2005 and 2009, 1,297 IDU were reached through peer education outreach activities. The results of detailed multivariate analysis of routine program monitoring data suggest that repeated outreach worker contacts may help to reduce drug-related risk behaviors. The USG team assisted BMA to strengthen their strategic information (SI) system using computer-based technology to collect and download field data. Hand-held computers with programmed database questionnaires were introduced at 18 BMA methadone clinics. The resulting data were used to provide feedback to BMA policy makers (Division of Drug Abuse Prevention and Treatment, DOH). BMA will continue to use hand-held computers to support their IDU outreach prevention and other field work surveys. As part of networking and capacity building for IDU peer outreach workers, the USG team supports an annual forum for outreach workers to share information, experiences, techniques, and best practices for outreach activities. This event is hosted by BMA, and several organizations participate including the PSI Ozone, Raks Thai Foundation, Thai Treatment Action Group, and the Asian Harm Reduction Network. A total of 40 IDU outreach workers attended the forum in FY 2009. An external evaluation of the effectiveness of the peer-based model for outreach education is being conducted by Mahidol University to assess the strengths, weaknesses, and potential for integration of peer outreach into routine BMA services, and to improve the peer outreach program. (Note: Mahidol University worked with MOPH to conduct the successful Phase III HIV vaccine trial from 2003 to 2009.) USG supported BMA to develop Positive Prevention interventions among HIV-positive IDU. With USG TA, a technical working group was formed to develop a Positive Prevention package of services for IDU, including linkages to HIV care and other support services such as STI



diagnosis and treatment and social care. The USG team, together with MOPH and BMA, initiated a community-based RDS survey among IDU to estimate the prevalence of HIV infection and key behavioral outcomes in Bangkok and Chiang Mai. The resulting survey data will be used to estimate the population size of IDU and service utilization. Collectively, these data will increase knowledge of the dynamics of the HIV epidemic among IDU and inform program planning. Data collection is ongoing, and it is expected that the results will be available in FY 2010. To increase access to HIV testing and linkages to care and treatment, the USG team supported BMA to provide mobile HIV VCT services at an IDU drop-in center operated by PSI Ozone. The monthly mobile services started in September 2008. As of July 2009, 28 IDU received counseling, and 18 were tested for HIV and received their results. Of those tested, two HIV-positive IDU were identified. One of the reasons for low uptake of HIV testing among IDU at drop-in centers is that many of them are participating in a large ongoing Tenofovir clinical trial, which requires participants to be regularly tested. USG assisted BMA and MOPH to develop an IDU outreach implementation manual that will be distributed to major organizations with GFATM support to conduct outreach training. The M&E system for the outreach program was shared with several organizations at Mahidol University's Regional Workshop on Monitoring and Evaluation for HIV/AIDS Program. Goals and Strategies for FY 2010 and FY 2011 Financial support for the scale-up of the IDU peer outreach program has been successfully leveraged from GFATM Round 8. The USG team will provide TA to BMA's existing and expanding IDU peer outreach prevention program model activities, which will include continued capacity building for peers and clinic staff to enhance their outreach interventions and systems support for M&E. In addition to technical support for GFATM-supported peer-based outreach activities, USG will support to BMA to strengthen existing services at the methadone treatment clinics, including services for HIV-positive IDU in Bangkok. HIV VCT services at the methadone clinics will be extended to non-methadone patients and IDU at drop-in centers run by NGOs. HIV care referrals between methadone clinics, BMA public health centers, and BMA hospitals will be strengthened through network and referral meetings, while services for Positive Prevention will be developed or strengthened as appropriate. The package of services will include risk reduction for IDU, sexual risk reduction through STI prevention, disclosure support, family planning, pre-ART services, and linkages to HIV care. Behavior change interventions will target both drug use and sexual risk behaviors, and aim to increase HIV-positive IDU awareness and access to available care services. USG support to BMA will include trainings and coaching of IDU peers and health care staff, curriculum and manual development, strengthening M&E reporting systems, data use for program planning, and network facilitation with other partner organizations. Technical Priorities The primary target populations will be IDU reached through outreach and identified HIV-positive IDU in Bangkok. USG will provide TA to BMA to strengthen their peer outreach services, Positive Prevention services, and referral systems for HIV-infected IDU through:

- Building staff capacity and training peer IDU and health care providers;
- Strengthening VCT services at the methadone clinics, drop-in centers, and through expanded GFATM-supported IDU outreach activities;
- Identifying service delivery gaps for HIV-positive IDU, such as services for HIV-positive IDU with high CD4 levels (pre-ART services), STI prevention and treatment, disclosure counseling, family planning, injection and sexual risk reduction, and ARV adherence counseling;
- Strengthening the existing referral system by facilitating partner networking among methadone clinics, public health centers, BMA hospitals, and other organizations to ensure effective referrals of HIV-positive IDU to HIV care; and
- Strengthening M&E systems to better monitor the quality of the services provided, and standardize all methadone clinic reports related to Positive Prevention services.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	304,500	
Total Technical Area Planned Funding:	304,500	0

Summary:

Testing and Counseling (TC) Context and Background The NHSO provides free (two times per year with a Thai ID card) client-initiated voluntary counseling and testing (VCT) at all 835 government hospitals registered under NHSO. However, these services are not well utilized, nor are key high-risk populations being targeted. Testing and counseling (TC) services are primarily hospital-based, names-based, and directed at the general population. However, Thailand's highest HIV prevalence rates are among MARPs - 31% in MSM (Bangkok) in 2007 and 29% in IDU in 2006. Data are limited on the uptake of TC services among MARPs, but in 2007 at selected sites it ranged from 52% among MSM in Bangkok to 44% among MSM in Chiang Mai. Among other populations, 78% of TB patients and 30-40% of STI patients receive TC. Beyond these data, there are limited data on the uptake of TC nationally. Overall, 170,000 people received TC through NHSO last year, representing 0.36% of the adult Thai population (approximately 76% of the general population receive health care through NHSO). TC services are a critical component of the minimum package of services, which is part of the comprehensive prevention package the USG supports for MARPs, both as an entry point for care and treatment services and as the basis for primary prevention and positive prevention. In Thailand, MARPs in need of testing often do not have access to it, or are deterred from routine hospital testing sites by lack of anonymity and fear of stigma and discrimination. Within hospitals, there is still a need for sensitivity training on MARPs issues. Additionally, there is a perception among MARPs that there is little benefit to learning one's status. Low uptake of testing represents a critical missed opportunity to provide one-on-one prevention counseling to MARPs, and provide PLHA with care, support, and education that can reduce HIV transmission to others. The USG team is focusing on the development of standardized TC procedures for MARPs to ensure that those who test HIV-positive receive appropriate follow-up care with counseling. Implementation of the HIV testing algorithm in Thailand is variable, and includes enzyme immunoassay in most hospital-based VCT sites with results typically provided within 3-14 days. Rapid testing is sometimes available at selected sites at increased cost (approximately \$6 USD). But outside of research settings, confirmatory same-day results are rarely provided, even with rapid testing. As a result, at least 30% of MSM clients do not return for their results or post-test counseling after testing. Challenges exist for the few available targeted prevention services for MARPs. HIV testing for IDU is contingent upon joining a methadone treatment program. Although FSW are encouraged to get HIV testing every 3 months - especially if they are symptomatic or have high-risk behaviors - there is no formal guideline or policy. There has also been a shift from direct to indirect or street-based sex workers, who may not have access to TC services and tend to opt for limited STI services from private clinics. Only limited counseling is available for couples or HIV-positive clients. HIV-positive clients in routine hospital-based VCT centers are generally referred to the care and treatment program at that hospital, but referrals from mobile or outreach services for MARPs are limited. Finally, most counselors are part-time, have other primary work, and have limited support for counseling training. Recognizing the need to improve TC services, five areas have been identified that fit into the comparative advantage and strategic approach of the USG in HIV/AIDS in Thailand:

1. Assistance with development of national VCT guidelines, including testing algorithms, client- and provider-initiated counseling and testing messages, approaches for MARPs, and M&E.
2. Evaluation of quality improvement (QI) and performance measurement tools for VCT services (HIVQUAL-T VCT).
3. Pilot testing of rapid testing for MSM in all six USG-supported provinces, including clinic- and community-based models.
4. Development of friendly TC services for MARPs, including improved promotion and access to TC services, improved outreach and links to CBOs, and follow-up care, treatment, and counseling.
5. Development and implementation of specific HIV counseling models including risk reduction counseling, couples counseling, and disclosure counseling for both HIV-infected children (disclosure to them) and HIV-infected adults (disclosure to others). These counseling modules are further described in the PMTCT and Care and Treatment Technical Area Narratives.

Accomplishments since FY 2009 COP USG has an opportunity to provide improved access to TC for MSM in Thailand in collaboration with GFATM Round 8 implementation. In FY 2009, USG supported Thai NIH to validate different rapid testing algorithms, and the results were presented to MOPH and other stakeholders. One algorithm was selected for implementation as part of a two-year pilot at six USG-supported TC sites for



MSM. These sites will subsequently transition to GFATM implementation. To harmonize with GFATM Round 8, USG supported the adaptation of a generic TC curriculum for MARPs developed by FHI, UNICEF, and WHO. The curriculum will be used to train health care providers at GFATM sites (41 provinces for STI clinics for FSW and 14 provinces for MSM) during FY 2010. USG also developed a comprehensive prevention package for MSM at six urban centers (Bangkok, Chiang Mai, Khon Kaen, Pattaya, Phuket, and Ubon Ratchatani) to include referrals from outreach to TC. In FY 2009, efforts focused on improving linkages to care and support services, and developing guidelines for counseling MSM on positive prevention (further detailed in the Sexual Prevention and Care and Treatment Technical Area Narratives). Of those MSM tested, 108 (14.9%) are HIV-infected. Of those HIV-infected, 93 (86%) received CD4 testing; the rest are on the waiting list. In FY 2009, USG supported five prisons in four provinces (Chiang Rai, Khon Kaen, Pathum Thani, and Udon Thani) to strengthen their HIV TC services for prisoners. Prior to USG support, TC services were not actively promoted among prisoners. Following USG support, five prison clinics have actively begun providing HIV TC to prisoners and linking those who test HIV-positive into care. USG assisted partners to train 113 prison guards and 600 peer educators. Peer educators reached 3,412 prisoners. HIV TC was provided to 1,020 prisoners; of those, 62 (6%) were HIV-positive. Thirty five (56%) of the HIV-positive prisoners received CD4 testing, while the rest are waiting for their CD4 tests. In Thailand, there are no comprehensive TC guidelines that include all elements of pre-/post-test counseling, patient rights, counseling for specific groups including MARPs, laboratory testing, quality of counseling, and M&E systems. In FY 2009, the USG team supported MOPH to develop national HIV TC guidelines, which include both traditional VCT and PITC. There is also no monitoring system in Thailand that captures the number of clients who receive an HIV test and their test results through PITC or VCT settings. The national TB and PMTCT programs collect these data, but STI clinics and general VCT sites do not. USG provided TA to develop a five-year national plan with the secretariat of the National AIDS Committee to strengthen the HIV TC system to assure quality of TC services. The plan has three main objectives: 1) increase counseling capacity of health care providers; 2) increase PLHA involvement; and 3) build a national-level TC coordination mechanism. USG supported the development and evaluation of HIVQUAL-T VCT, which builds on the principles of HIVQUAL to build infrastructure for QI, conduct performance measurement at the local level, and use results at the local level for QI. In FY 2009, the VCT indicators were revised to specifically capture the quality of VCT, and the new indicators are currently being piloted. It is expected that support for HIVQUAL-T VCT will be transitioned to government support by 2011. The USG team has supported MOPH to develop and evaluate model TB/HIV interventions since 2004. In FY 2009, TB/HIV PITC rates improved dramatically nationwide, and external support is no longer needed in this area. A training curriculum was developed, implemented among more than 300 staff, and evaluated for accelerating initiation of ART among TB/HIV patients. The 2009 evaluation led to recommendations for revisions, and full roll-out of the curriculum through the national TB program. Goals and Strategies for FY 2010 and FY 2011 USG support for HIV TC in Thailand includes support for MARPs, rapid HIV testing, increased utilization rates in STI and TB clinics, M&E, performance measurement and QI, and positive prevention counseling. Ongoing challenges include service delivery and policies that are not focused on MARPs, lack of non-clinic-based TC services, lack of routine rapid testing with same-day results, quality of counseling particularly for MARPs, and limited M&E systems for VCT. USG will continue to provide support in all these areas. In collaboration with GFATM Round 8 recipients, USG will help build capacity of the principal recipient (Department of Disease Control/MOPH) and sub-recipient (Rainbow Sky Association of Thailand) through TA for future implementation. USG will encourage Thai ownership of rapid testing, in hopes of adopting national policy change through the six demonstration sites. USG supports HIV TC for MSM through outreach and promotion, integration of TC services into community-based MSM drop-in centers, and provision of TA and training to MSM clinics, MSM-friendly government hospitals, and STI sites. USG will continue to address key barriers, such as stigma and discrimination; and, promote the benefits of early testing for HIV treatment, improved health, and protection of partners. Moreover, referral systems between prevention and care and treatment services will be enhanced to ensure that those who test HIV-positive can access routine health care services. For closed settings, USG will continue to work closely with the Department of Corrections and Bureau of AIDS and STI to provide technical support to



strengthen the VCT system, including promoting VCT services through peer education and capacity building of health care staff, ensuring access to prevention and care of those testing HIV-positive, and strengthening the M&E system. Funding for implementation of TC and peer education services will be from GFATM Round 8. The USG team will support training on TC for FSW in the 41 provinces, scaling-up HIV TC services under GFATM Round 8. Performance measurement and QI tools for HIV testing in STI clinics will be implemented in GFATM implementing provinces. In all model development sites, VCT will continue to be offered through clinic settings that address MARP-specific needs, or through referrals to selected hospitals or clinics that have been sensitized to vulnerable populations. USG will work with partners and policy makers to advocate for integration of rapid testing into national guidelines, and increased use of rapid testing with same-day results. The USG has supported validation of a rapid testing algorithm, which will be incorporated into the national guidelines and used for policy advocacy. USG support for development of TC M&E systems will continue.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	144,500	
Total Technical Area Planned Funding:	144,500	0

Summary:

Health Systems Strengthening When compared with other countries participating in PEPFAR, Thailand, a middle-income country that continues to develop in spite of the global financial crisis, has over the past five to ten years achieved significant advancements in strengthening the country's health system. These advances have occurred in areas such as policy and governance initiatives, human resources for health, medical devices, procurement and supply chains, laboratory infrastructure, information and quality health delivery and monitoring systems, and in the coordination, mobilization, and monitoring of health finances. As a technical assistance-focused PEPFAR program with a relatively small budget, the USG team focuses most programmatic and TA/staffing resources in Thailand on health systems strengthening, and strategically targets support based on addressing specific gaps, as identified and negotiated by the USG team and RTG. Many of these activities are identified and described in other sections of the COP: Laboratory, SI, and HRH sections are the most apparent, and include investment in laboratory quality (quality management systems, EQA, and laboratory accreditation), care and treatment quality improvement programs (HIVQUAL), and health care worker training. In addition, other sections of the COP describe specific contributions to health systems strengthening in areas such as: improving the quality of health service delivery (through development of guidelines, model programs, QA systems, and monitoring and evaluation systems); leadership and governance (through policy development); information systems; and support of a national Health Workforce Master Plan. Accomplishments, assessments, and evaluations are described in the relevant sections. This technical area narrative focuses on description of, and contributions to, health systems strengthening in Thailand regarding overall health systems assessments and approaches, governance and leadership. The USG team in Thailand does not support health finance or commodity and procurement systems support. Overarching approach to HSS The health workforce is routinely assessed, as described in the Human Resources for Health technical area narrative. There currently are no plans by the Thai government to formally assess the overall health system. Health systems strengthening and policy initiatives, undertaken by the Thai government, with support from USG and other donors, provide a solid foundation for HIV programs to enhance efficiency, planning, resource mobilization, and collaboration. In 2004, the Thai government instituted a political and administrative decentralization policy. Under decentralization, provincial policies and strategic plans that are consistent with national goals are developed by provincial leaders. For HIV programs, decentralization offers an opportunity to bring these programs closer to local communities and



to increase local coordination and adaptation of the response. However, local institutions must be ready to take over key responsibilities, including establishing linkages between HIV and other local priorities, addressing and funding key HIV-related programs, and monitoring and evaluating these programs. The USG team works with RTG, civil society, and the private sector to help improve the effectiveness of the country-level response to HIV/AIDS by focusing on capacity building, supporting enabling environments, reduction of stigma and discrimination, and quality assurance. These areas of focus have been chosen by both USG and RTG in a collaborative effort. USG health systems strengthening efforts are focused in three areas: strengthening government and local NGO capacity for HIV program planning and management; improving HIV prevention, care, and treatment services for MARPs by strengthening NGOs and building government leadership and technical capacity and a supportive policy environment; and strengthening GFATM management structures and donor coordination. 1) Strengthening government and local NGO capacity for HIV program planning and management. The USG team supports model development, evaluation, integration to routine services and expansion of activities. Through this process, the USG provides program planning and management support to government and NGOs. For example, following a successful demonstration of a USG-supported pilot program for adult and pediatric HIVQUAL, the MOPH decided to expand HIVQUAL nationally and NHSO committed to funding. USG provided critical support to government staff in the development of a five-year expansion plan and request for funding proposal. The USG team also provided technical support to the MOPH in developing the scale-up plans and in ensuring that sites were prepared, staff trained, and funding was in place for implementation. Similarly, the IDU peer outreach model developed by USG was integrated to routine services by the BMA. The USG team assisted BMA in the program planning and management of this model through development of M&E systems and integrating and routinizing training for peer outreach workers into BMA systems. Similar program planning and management support has been an integral part of USG-supported laboratory EQA, SI, and pediatric programs that have been integrated and/or expanded with MOPH or other donor funding. One of the USG team's core competencies is to improve organizational effectiveness of NGO/CBO grantees, including Rainbow Sky Association of Thailand, the sub-recipient (SR) for Global Fund for work with MSM. The capacity building, through the NGO known as Pact Thailand, includes support for strategic planning, project management, financial accountability and complete and accurate M&E with enhanced reporting and learning. To effectively work with key populations such as MSM and PLHA, existing community responses need to be strengthened and coordinated in consultation with local governments and other technical assistance providers. The approach to sustainability is to first develop long-term organizational capacity building (OCB) plans focusing on quality of services, and then on comprehensive systems development to ensure sound management. Organizational, financial and programmatic sustainability are viewed as concurrent objectives that can be pursued through tailored plans made with each partner with a high degree of buy-in. As a result of political reform and decentralization, support for HIV/AIDS prevention now requires leadership from local governors and coordination between multilateral organizations. Since 2007, the USG team has encouraged multisectoral collaboration to strengthen local leadership in four provinces of Thailand (Chiang Rai, Chonburi, Phuket, and Ubon Ratchathani). The twin goals of this project are: 1) in-depth analysis of strategic information and utilization of information to develop an integrated policy on HIV prevention and care; and 2) institutional capacity building of local agencies so they can develop integrated work plans and mobilize resources through health and non-health governmental organizations, NGOs, CBOs, and the private sector. Lessons learned from the four provinces have been used to expand in 2008 through the CDC-UNAIDS Programme Acceleration Funds (PAF) to two additional pilot provinces (Lampang and Nakhon Phanom), with a focus on reducing barriers to GFATM grant implementation in those provinces. From 2009-2014, through the Round 1 Global Fund Rolling Continuation Channel (RCC) grant, the multisectoral model will be implemented in 44 provinces. In FY 2010, the USG team will continue to build capacity in the six pilot provinces for sub-national leaders to use policy and strategy analyses for program planning and improvement. In coordination with HIV program planning and management at the national level, the following activities will aim to increase the integration of HIV into routine service delivery and to build capacity for harmonized programs. - USG technical support, in collaboration with UNAIDS, to build the leadership capacity of provincial governors, relevant provincial

authorities, and the public health and non-health sectors. The intended outcomes will be raising awareness in the community and improving joint program planning. USG technical support for capacity building will be provided through workshops and discussions among local political leaders who will implement HIV/AIDS prevention and care services in the Round 1 RCC award provinces. - Technical support for data triangulation—an in-depth integration and analysis of existing evidence-based information, including surveillance results, program data, M&E, and research information. The USG team also provides TA to MOPH to use data from this activity to help improve national program planning and advocacy for multisectoral involvement, resource mobilization, and prioritization and allocation of sufficient funds for effective interventions. 2) Improving HIV prevention, care, and treatment services for MARPs by strengthening NGOs and building government leadership and technical capacity and a supportive policy environment. In Thailand, human and institutional capacity is weak among many local government institutions, NGOs, and CBOs working with MARPs, despite the very high HIV prevalence rates in these populations. To increase the effectiveness of program interventions, USG will support a variety of training and coaching efforts to build capacity among outreach workers, clinical staff, program managers, and PLHA. • To address the unique and diverse needs of MARPs, an enabling environment within society is required. The USG team will address this need using a four-part approach: 1) strengthening political commitment by disseminating key information related to HIV/ AIDS trends among MARPs; 2) increasing participation of civil society in policy development and advocacy; 3) strengthening government capacity in policy development and advocacy; and 4) reducing stigma and discrimination. Activities will include assisting PLHA to form support groups and participate in NGO policy development and advocacy activities, and providing TA to nascent NGOs and other civil society organizations. • The USG team will strengthen a regional network of MSM groups addressing HIV/AIDS, and support capacity building for Thai MSM groups through this network. • USG will strengthen the institutional and technical capacity of governmental organizations, NGOs, CBOs, and PLHA groups to deliver high impact and comprehensive prevention, care and support programs for MSM in the five provinces where USG supports HIV prevention models for MARPs. This strengthening will be based on results of an organizational capacity building assessment. Specifically, TA will be provided to the following indigenous NGOs working on HIV prevention: SWING-Bangkok, SWING-Pattaya, Sisters in Pattaya, Rainbow Sky Association of Thailand, Mplus in Chiang Mai, Andaman Power in Phuket, M-Reach in Khon Kaen, and M-Friends in Udon Thani; and to indigenous NGOs working on HIV care and support for MSM including Violet Home in Chiang Mai. In addition, the institutional and technical capacity of government will be strengthened through training and mentorship of government staff for implementation of prevention and care activities for MSM as part of routine government services and under the Global Fund grant, for which the MoPH is one of the principal recipients. • The USG team will improve the current policy environment through activities to strengthen civil society, build local political and leadership capacity, improve access to information and services for vulnerable groups, and promote the greater involvement of PLHA. 3) Strengthening GFATM management structure and donor coordination. GFATM supports three HIV grants and three TB grants in Thailand (see Global Fund Supplemental narrative). The USG team strengthens GFATM management structure and donor coordination by: • Having one membership position on the country coordinating mechanism (CCM) and one on the HIV technical committee, allowing participation in CCM meetings, oversight of ongoing projects, contribution to phase II renewal plans, and substantive TA for developing new proposals. • Overseeing TA to GFATM projects provided through the UNAIDS PAF mechanism with USG funding. PAF support two projects: o The first PAF project has three objectives: 1) building capacity of the CCM to provide technical and programmatic oversight to GFATM grants strengthening the role of civil society in the CCM; 2) assessing needs to improve financial and programmatic monitoring and reporting, and providing training and TA to address these needs; and 3) developing and disseminating SI briefs to promote policies supportive of GFATM-funded HIV programs. o The second PAF project supports capacity building for local government and GFATM sub-recipients and sub-sub-recipients to improve their capacity to design and implement effective HIV programming at the local level. The capacity building brings together stakeholders from multiple sectors in two selected provinces, and will result in development of local response policy and capacity development guidelines, which will be disseminated in Thailand. • Supporting involvement of NGOs, CBOs, and PLHA groups in



proposal development and implementation of GFATM grants and providing capacity building and management support to government for implementation of GFATM grants. The USG team provides TA on MSM interventions, HIV counseling and testing, STI management, project management, M&E, and quality improvement. The USG team will share with the GFATM lessons learned and recommendations to strengthen and scale-up effective HIV prevention and care interventions in Thailand. The USG team will also advocate for the GFATM's support for scaling-up USG-supported TA-based models that have been shown to be effective. Intentional Spillover and Targeted Leveraging The USG Thailand PEPFAR program does not support routine service delivery with PEPFAR funds. Thus, there is little "intentional spillover". It is likely that, through USG-supported TA and model development, overall country capacity (RTG and CBO) has been built in the areas of program management, M&E, and data analysis, which can be applied to other areas outside of HIV. Since the USG Thailand PEPFAR program is a TA-based program, the majority of the program focus is "targeted leveraging", of both RTG and GFATM funds. Governance and Leadership USG is working to develop long-term organizational capacity building to strengthen the management capacity of government and of NGOs/CBOs in the areas of strategic planning, financial management, project/program management, M&E and reporting with learning, organizational structure improvements, teamwork for decision-making, quality improvement of service delivery, and sustainability.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	268,000	
Total Technical Area Planned Funding:	268,000	0

Summary:

Laboratory Infrastructure Context and Background In 2004, the RTG made ART available nationwide. Currently, all health insurance schemes pay for ART and HIV care. In 2009, among 881 government hospitals in 12 regions, approximately 157,000 patients were receiving HIV care and 115,000 patients were on ART, based on data from the NAP database at NHSO. HIV testing, CD4 testing, viral load monitoring, and ARV resistance testing are recommended as part of national treatment guidelines and are paid for by NHSO. HIV serology testing is available at all hospitals and many health care centers. There are nearly 30 types of HIV antibody test kits licensed by the Thai FDA for use in Thailand, including ELISA and simple and rapid HIV tests. A three-test diagnostic algorithm based on WHO guidelines is used, but there is no national policy allowing an exclusively rapid test-based algorithm to be used. There are approximately 100 CD4 machines available throughout the country, and approximately 30 centers can provide HIV viral load testing. However, because over 500 hospitals provide ART, patients may wait weeks for their CD4 and viral load test results. HIV infant diagnostic testing is included in the national health insurance scheme, and performed using in-house DNA PCR assay on DBS or whole blood. The BED HIV-1 Capture EIA assay is used for HIV incidence estimation by BOE and the Thai NIH. Many laboratories can now perform this assay. The Department of Medical Sciences (DMSc) serves as the national reference laboratory, and provides training to strengthen the capacity of laboratory personnel. MOPH also established a program to improve quality standards for health care service delivery by creating regional laboratory networks. Network members help each other on technical and administrative aspects of laboratory quality systems. External Quality Assessment (EQA) programs play an important role in quality management systems (QMS), especially in health laboratories. National EQA systems (NEQAS), especially for microbiology and serology, were created over a decade ago by DMSc to provide panels to laboratories within their regional networks. In 1997, the Bureau of Laboratory Quality Standards (BLQS) in DMSc was established, and provides proficiency testing to medical laboratories. About 600 laboratories participate in this program. A national QA program for HIV was established by DMSc in



1994 for HIV test kit evaluation, followed by a NEQAS program for HIV serology testing in 1997, and a program for HIV p24 antigen and viral load testing in 2003. The programs initially provided support and EQA panels only to public health laboratories located at the community, provincial, and regional levels. They were later expanded to include private hospital laboratories and the Thai Red Cross blood screening center, reaching about 1,000 laboratories. Supported in part for several years by USG to increase the number of laboratories served, this EQA scheme is now supported exclusively by MOPH and NHSO. The Thai program has also been adapted to some regional laboratories in Cambodia and Vietnam with USG Thailand support. As a result of USG support to NEQAS, a CD4 EQA scheme is now accepted by WHO regionally. Laboratories in Indonesia and Nepal have implemented this scheme with WHO-SEARO support. Medical laboratory certification and accreditation play an important role in promoting implementation of quality systems in laboratories. Until four years ago, hospital accreditation (HA) included little policy support for laboratory quality systems other than a few laboratory indicators. Recently, HA has increased focus and attention on laboratory assessments and quality systems, becoming the standard bearer for QA/QI and including a requirement for health facilities to provide services under the national health insurance plan. National policy endorses laboratory accreditation, and promotes networking of laboratories for QA. Two authoritative bodies provide accreditation and certification to medical laboratories according to international and Thailand laboratory standards: 1) an accreditation program for medical laboratories established in 1998 by BLQS according to ISO 15189; and 2) Thailand Laboratory Certifications established in 2001 by the Medical Technology Council using Thailand Medical Technology (MT) Standards. As of July 2009, nearly 200 of the country's 1,500 laboratories are certified according to the Thailand MT standards, and approximately 100 laboratories are accredited according to ISO-endorsed international standards. USG support for laboratory services focuses on strengthening laboratory quality and quality systems. The USG team works closely with all MOPH-affiliated laboratory partners, including DMSc, NIH, and regional and hospital laboratories. USG technical support has focused on development of EQA schemes and networks for laboratory accreditation, and validation of a rapid testing algorithm and laboratory testing as part of surveillance. There is no national EQA program for EID of HIV infection and BED-CEIA assay for HIV incidence estimation, but all laboratories doing EID and BED testing participate in EQA schemes from CDC/Atlanta at no cost. An additional component of CDC's Global AIDS Program laboratory activities is to provide TA for the development and implementation of laboratory quality systems and HIV testing QA to other PEPFAR countries and regional laboratories ("Global TA"). The program is designed to facilitate south-to-south and peer-to-peer TA programs to assist countries with limited resources to strengthen laboratory, surveillance, epidemiology, and public health capacity to support the development of sustainable public health systems. Accomplishments since FY 2009 COP The USG team supported the implementation of laboratory accreditation in accordance with Thailand MT standards by establishing a laboratory network for QI, and supporting training to build QMS capacity of laboratory personnel. USG funds were used to leverage government funds available for quality systems and accreditation processes to support a laboratory network including 44 public and private hospitals in four provinces. While some base funding is provided to all laboratories for accreditation, the laboratory network facilitated training by the MT Council and laboratory-to-laboratory support for accreditation. As a result, 14 laboratories have been accredited, three new laboratories have been accredited this year, and three laboratories are in the process of being accredited. Based on the successes in these provinces, the MT Council training program has now expanded nationally with funding from MOPH. To increase Thailand's provincial laboratory human capacity, USG supported the development of a training of trainers (TOT) package for the MT Council laboratory certification scheme. USG will continue to support TOT in FY 2010. In FY 2009, the USG team supported refresher courses for approximately 40 laboratory staff from four provinces on laboratory QMS according to Thailand MT standards. The USG team supported strengthening the cooperation among laboratory networks by promoting internal audits within the networks. Some hospitals received official auditing by the MT Council. The audit results indicated improvement in the majority of quality system essentials within the network. The USG also supported training for internal auditors in preparation for forming audit teams. To support the rapid expansion of ARV resistance testing under the national ART program, a national EQA program for HIV resistance was established in 2009 at the Thai NIH. The USG



team provided technical support for improvement of the data management system, and supported distribution of the first EQA panel to 10 participating laboratories. Training on ARV resistance testing and EQA participation was provided to 20 laboratories. Full implementation and program evaluation of the ARV resistance EQA scheme are planned for next year. During the past three years, USG supported the establishment of an EQA program for opportunistic infection (OI) diagnostic tests. This program provides EQA panels for microscopic identification of bacteria, fungi, and parasites causing OI, and training on laboratory diagnosis of OI for all participants. With USG support, this EQA program was expanded to 50 laboratories, and 76 laboratory staff were trained on OI diagnosis this year. USG continues to support strengthening of the HIV serology EQA program, including expansion of the number of participating sites for serology EQA and CD4 EQA. These two NEQAS programs have been successfully implemented nationwide, and integrated into the national EQA program for HIV testing supported by NHSO and MOPH. The Thai HIV incidence estimation surveillance system, using the BED CEIA assay, was initially supported by USG, and has now been integrated into the national sentinel surveillance system supported by BOE. In FY 2009, USG supported and provided TA for expansion of BED testing facilities from the Thai NIH to BMA and Chiang Mai University. As a result, BED CEIA testing has been incorporated into routine ANC sentinel surveillance by BMA. USG also provided laboratory support for other surveillance activities including respondent driven sampling (RDS) of IDU, MSM integrated biological and behavioral surveillance (IBBS) using RDS, and FSW IBBS. This support included training, monitoring and interpretation of laboratory results, and monitoring and supervision of laboratory staff in the field. USG supported and provided TA for validation of a rapid HIV test algorithm. The validation was completed this year, and results were presented to stakeholders including MOPH. Discussion on how to integrate these findings into national guidelines is ongoing. The USG team supported Global TA to build and improve laboratory systems in other PEPFAR countries. HIV serology, HIV viral load, and CD4 EQA programs have expanded to Cambodia and Vietnam with TA provided by MOPH and USG staff. USG also supported training by MOPH experts on establishing an EQA program for HIV serology testing in Cambodia, Papua New Guinea, and Vietnam. This year, Cambodia and Vietnam started implementing a NEQAS program on HIV serology with samples prepared in Thailand; next year, they expect to develop their own panels for in-country testing. As part of Thailand Global TA activities, USG supported Thai MOPH TA for expansion of an EQA program for OI diagnosis to seven laboratories in five provinces in Vietnam. USG also supported highly trained laboratory scientists in Thailand to share their knowledge and experience at international laboratory meetings on accreditation and TB diagnostic testing in Rwanda and South Africa, respectively. In addition, training on laboratory diagnosis of OIs was provided to Vietnam, laboratory QMS to Cambodia and Vietnam, and laboratory equipment calibration to Cambodia and Vietnam. Challenges and Opportunities With the rapid expansion of HIV laboratory support systems and laboratory accreditation programs, the number and capacity of health personnel to respond to these new roles is limited. It is difficult to sustain laboratory systems given under-funded medical services. National EQA programs are monitored by many government sectors, leading to redundancy of some EQA programs. Most programs are under-staffed, and there is limited staff capacity to provide additional training and TA in response to poor EQA performance. The QI policies are voluntary, which leads to varying levels of implementation. Although the Thai government supports the laboratory QI program by incorporating laboratory assessment as part of the hospital accreditation program, and NHSO supports the cost of EQA participation for all participating laboratories, there is no clear policy on human resources and laboratory facilities development. There are two accreditation programs in Thailand—the Thailand MT standards and ISO 15189—but there is no legal requirement for laboratory accreditation. Many laboratory improvement programs have been adopted by laboratory staff, but there is a need for policy and higher level support, leadership from those in charge of laboratory accreditation, and resource mobilization from all sectors. Goals and Strategies for FY 2010 and FY 2011 The goal of USG laboratory technical support is building capacity for sustainable, quality, government-funded and managed systems. This is achieved through provision of TA to develop quality programs and systems, and through support of human resource capacity building. In FY 2010, USG will focus on strengthening national EQA schemes at DMSc, improving linkages among different schemes, and improving and strengthening laboratory human capacity. EQA programs for HIV serology and viral



load testing are well established, but the programs have limited human resource capacity. USG will continue to support capacity building for both organizational and personnel development, especially for junior laboratory personnel, to ensure high quality work and sustainability, and maintain the program's role and recognition as a regional and global leader in EQA programs. The USG team will continue to support two newly established EQA programs for HIV drug resistance and OI diagnostic tests to improve program capability, support quality scale-up, and strengthen human capacity. The USG will facilitate negotiations between DMSc and EQA providers to identify appropriate mechanisms for long-term program sustainability and support for program expansion. The implementation of a laboratory quality system network is a strategy for improving the quality of laboratory services and capacity building. The USG team will support the expansion of a laboratory network, and work with the MT Council to develop nationally standardized training curricula and manuals. The USG team will provide technical and programmatic support, and support TOT for accreditation or certification. USG support will focus on the development of a comprehensive program and improvement of program M&E. To ensure program sustainability, the USG team, MT Council, DMSc and NHSO are working together, and NHSO has agreed to support the audit fee necessary for the Thailand MT Council laboratory accreditation process. The USG team will continue to leverage the expertise of laboratory experts in Thailand to provide Global TA support and capacity building to accreditation and EQA programs in Africa, Cambodia, Vietnam, and other PEPFAR countries.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	2,625,913	
Total Technical Area Planned Funding:	2,625,913	0

Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	135,500	
Total Technical Area Planned Funding:	135,500	0

Summary:
Pediatric Care and Treatment: Pediatric Care and Support Context and Background Most children living with HIV in Thailand become infected through mother-to-child transmission (MTCT). An estimated 7,907 infants were born to HIV-positive mothers in 2008 in government and private sector facilities. The MTCT rate was 2.9-5.6% in 2007 (based on results of a PMTCT evaluation in 12 provinces in 2008). The Asian Epidemic Model Projections for HIV/AIDS in Thailand: 2005-2025 estimated 490 new HIV-infected children and 660 AIDS deaths in children in 2008, and that an estimated 16,923 children were living with HIV, of which 51% were male. Of all infected children, about 26%, 35%, and 39% were 0-4, 5-9, and 10-14 years of age. As of June 2009, NHSO reported that 7,896 HIV-infected children were receiving HIV treatment. Treatment coverage for eligible children was more than 95% (calculated from the 2008 Estimates and Projections). The 2008 United Nations General Assembly Special Session on HIV/AIDS



reported 85% of Thai children remained on ART 12 months after initiation. Recommendations are for HIV-exposed infants in Thailand to be tested at 1-2 months and 2-4 months of age. An HIV antibody test is recommended as a confirmatory test for all HIV-exposed infants at 18 months of age and for all children with HIV signs and symptoms. In-house DNA PCR tests using either DBS samples (tested by Chiang Mai University) or whole blood samples (tested by the Thai NIH) are supported by NHSO, as are HIV antibody tests. Despite these recommendations and support for free early infant diagnosis, a USG-supported national evaluation of the PMTCT program in 2008 found that only 56% of the HIV-exposed infants were diagnosed (see PMTCT Technical Area Narrative). Delayed infant diagnosis leads to late ARV treatment initiation and higher morbidity and mortality. Cotrimoxazole prophylaxis is recommended for all HIV-exposed infants. However, individual physicians use their own judgment about whether to give prophylaxis to infants born to HIV-positive mothers. Most physicians routinely offer cotrimoxazole prophylaxis for HIV-exposed infants who have HIV signs and symptoms or receive incomplete PMTCT regimens. In the 2008 PMTCT evaluation, the prophylaxis coverage rate among HIV-exposed infants was 36%. The Thai government supports free ARV treatment and monitoring for all eligible patients. Most HIV-infected children receive HIV care and ARVs at public hospitals. More than half of HIV-infected children receive care at tertiary care or provincial hospitals. Some tertiary care centers are overburdened by the number of patients, and many patients come from remote areas of the provinces, making visits to the provincial hospitals difficult. In recent years, an increasing number of HIV-infected children have been referred to community hospitals for pediatric HIV care and treatment. However, most Thai community hospitals lack both pediatricians and pediatric HIV treatment experience (only about 100 hospitals have pediatricians available, and all are tertiary or secondary care hospitals). Taking care of children on ART is complex; thus, it is important to ensure the quality of pediatric HIV care in Thailand, regardless of whether care is being provided by pediatricians, general practitioners, or nurses. OI prophylaxis and treatment is part of the benefit package from NHSO. Cotrimoxazole is recommended for *Pneumocystis carinii* pneumonia (PCP) prevention in all HIV-infected infants and HIV-infected children who have CD4 less than 15% or 200 cells/mm³ (for children aged >6 years old). From pediatric HIVQUAL-T data in 2007 in 12 tertiary care hospitals, 100% of HIV-infected children received cotrimoxazole for PCP prevention. Non-nucleoside reverse transcriptase inhibitor (NNRTI)-based regimens are the first-line regimen for HIV-infected children; however, for HIV-infected infants with exposure to single dose NVP or NNRTI-containing maternal ART, a protease inhibitor-based triple ARV regimen is recommended. Referrals and Linkages All HIV-exposed infants delivering in hospitals (>95% of infants in Thailand are born in health care facilities) are referred to pediatric clinics for routine immunizations, PCP prophylaxis, growth and developmental monitoring, and follow-up of HIV infection status. HIV-infected children are given CD4 tests and screened for clinical TB. Caregivers are given basic information on HIV and ARVs, and are trained on how to take care of HIV-infected children. HIV-infected children who are eligible for ART initiate treatment, mainly at tertiary care centers. Clinical status, CD4 count, and viral load are monitored according to national guidelines. In provinces with community-based pediatric care networks, HIV-infected children who are clinically and immunologically stable are referred for ART and adherence support at community hospitals near their residence. HIV-infected children aged greater than 15 years old are referred to adult HIV clinics. Policy Many departments within MOPH are involved in the pediatric HIV care and treatment program. The Thai NIH and Chiang Mai University provide laboratory support for PCR testing with budget support from NHSO. NHSO supports HIV care and treatment services including ARVs, CD4 count testing twice a year, and viral load testing annually. The Department of Disease Control in MOPH and provincial health offices provide technical support and site supervision to public hospitals providing pediatric HIV care and treatment. The pediatric HIV care and treatment data are monitored using the NHSO NAP database. Further staff training and management support are needed to develop a long-term plan for coordination, data management, data dissemination, and use of data for improving or sustaining high program coverage. Accomplishments since FY 2009 COP The pediatric HIVQUAL-T model and community-based pediatric HIV care network were expanded from 12 tertiary care hospitals in 2008 to 17 tertiary care hospitals and 32 community hospitals in 2009, with USG and GFATM support. Results from preliminary analysis of pediatric HIVQUAL data showed improvement in many pediatric care indicators from 2007 to 2008 following QI activities, and it is expected that this improvement in service



quality will continue concurrent with program expansion. The USG team assisted MOPH to write a five-year request for funding proposal to NHSO for pediatric HIVQUAL-T and community-based pediatric HIV care network expansion in 2010-2014. As a result, NHSO has agreed to fund MOPH to scale-up the pediatric HIVQUAL-T model and pediatric HIV care network to cover all voluntarily participating tertiary care hospitals and provinces by 2014. Pediatric HIVQUAL will also be integrated into adult HIVQUAL-T as part of this five-year plan. Currently, the NAP database cannot automatically generate pediatric HIV treatment and care reports for program improvement. However, the pediatric HIVQUAL-T and pediatric HIV care network model promote use of performance measurement data and other relevant pediatric HIV reports for program improvement. The USG team provided TA to MOPH and coordinated with WHO and various hospitals in implementing ARV early warning indicators (EWI) and developing EWI reports from the NAP database, including EWI reports for children. (See Strategic Information Technical Area Narrative and budget code narratives). The USG team supported workshops on promotion of EID utilization including DBS-PCR and whole blood DNA-PCR in four provinces in Thailand in 2009. Workshop topics included the importance of EID and early referral of HIV-infected infants to care, DBS PCR techniques, and specimen collection and transportation to laboratories; attendees included physicians, nurses/ counselors, and laboratory staff at participating hospitals. Data from NAP will be analyzed in FY 2010 to determine if EID rates have improved as a result of these efforts. The USG team and local partners developed an HIV disclosure model for HIV-infected children to address the growing number of perinatally HIV-infected adolescents and pre-adolescents. From 2005 through July 2009, 201 HIV-infected children at two Bangkok hospitals had their HIV status disclosed to them. The average age of these children was slightly over nine years old. USG supported development of a pediatric HIV disclosure manual in 2008, and this was distributed to nearly 100 hospitals across Thailand with training provided around the country to 600 nurses and counselors on how to provide HIV disclosure to infected children. A USG-supported evaluation of this disclosure model is ongoing. As a result of the success and interest in this model, USG supported a presentation of the HIV disclosure model by a local partner at a meeting in Geneva to develop international guidelines on pediatric HIV disclosure. As increasing numbers of perinatally HIV-infected youth reach adolescence, USG began support for the development, implementation, and evaluation of a Positive Prevention for Youth program. This model emphasizes basic reproductive health care for youth, increasing self esteem and negotiation skills, reduction of risk behaviors, and sex education and promotion of ARV adherence among youth. USG staff also served as invited expert speakers for PMTCT meetings to update local providers on changes to guidelines and new data. USG staff contributed to textbook chapters on PMTCT and care for HIV-exposed and -infected children, supported by the Pediatric Infectious Disease Society of Thailand. The USG is a member of the working group to develop national HIV treatment and care guidelines. The USG is also a member of the HIV M&E working group under the national AIDS committee and NHSO M&E committee. Goals and Strategies for FY 2010 and FY 2011 The USG team will continue to provide TA to MOPH and local partners to: 1) effectively utilize existing data systems for program evaluation and local data use; 2) improve the quality of pediatric HIV care through decentralization to the community and quality improvement systems; 3) build knowledge and capacity to address current gaps in program coverage; and 4) develop successful models (for positive prevention in youth and pediatric HIV disclosure) that can be expanded and integrated to routine services with government funding. The USG team will work closely with MOPH and NHSO to develop a system to automatically generate pediatric HIV treatment and care reports from the existing NAP database. The USG team will advocate for further staff training and management support to develop a long-term plan for maintaining the monitoring systems, data management, data dissemination, and use of data for improving program coverage. EWI systems for pediatric care and treatment will continue to be implemented, and results will be assessed in 2010. USG will provide technical support to MOPH on use of facility-based pediatric HIV-related data from HIVQUAL-T performance measurements, NAP database, and EWI reports for program monitoring, planning, and improvements. USG will provide technical and budgetary support to establish two additional regional training centers for pediatric HIV care and treatment network sites in northeastern and southern Thailand. Implementation of the pediatric HIV care network and pediatric HIVQUAL-T model in 17 tertiary care hospitals and 32 community hospitals will be evaluated using pediatric HIVQUAL performance data and



evaluation questionnaires. USG will provide TA on implementation of pediatric HIVQUAL with NHSO funds at 10 new tertiary care hospitals, for a total of 27 implementing tertiary care hospitals. USG will provide technical support to MOPH to conduct an evaluation to compare the uptake of EID in the provinces with increased training, comparing the uptake after training with uptake in the same provinces in the previous year or with other provinces participating in the routine system. USG will support implementation of a Positive Prevention for Youth program, and conduct a program evaluation of this new model. A positive prevention youth manual and materials will be developed. The USG team will continue to support integration of the pediatric disclosure model into routine services as well as data analysis and adaptation of the Thai pediatric disclosure guidelines and curricula for international use.

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	47,500	
Total Technical Area Planned Funding:	47,500	0

Summary:

Prevention of Mother to Child Transmission (PMTCT) Context and Background Approximately 800,000 pregnant women give birth in Thailand each year. About 0.7% of pregnant women were infected with HIV in 2008. HIV-positive women and their newborns are given ARV prophylaxis, either short-course zidovudine (ZDV) and single dose nevirapine (NVP) for women if they are asymptomatic and have a CD4 count greater than 200 cells/ μ L, or highly active ART (HAART) if women are symptomatic or have a CD4 count less than 200 cells/ μ L. Beginning in early 2007, a seven-day post-partum regimen of ZDV and lamivudine for mothers receiving intra-partum single dose NVP was added to the national PMTCT policy to prevent NVP resistance in mothers. All women are provided with free formula for their infants for 18 months as part of the national PMTCT program. PMTCT services are provided in all public hospitals in Thailand and some private hospitals. The Thai national PMTCT program includes PMTCT-plus services and linkages to HIV care programs. CD4 testing is recommended for HIV-positive pregnant women at 14 weeks gestation and within six months post-delivery. Existing policy states that male partners and HIV-exposed infants should receive HIV testing. The universal health care scheme provides free HIV tests for partners of HIV-infected women. In 2007, the universal health care scheme provided two options for infant diagnostic testing at 1-2 months and 2-4 months: 1) an in-house DNA PCR assay developed by the Thai National Institutes of Health (NIH); and 2) an in-house dried blood spot (DBS) PCR assay developed by Chiang Mai University. HAART is given to women, partners, and their HIV-infected children who meet treatment criteria as part of the national ART program. Many departments within MOPH are involved with PMTCT. The Department of Health (DOH) oversees the Thai national PMTCT program; the Bureau of Epidemiology (BOE) manages the Perinatal HIV Outcome Monitoring System (PHOMS); and the Department of Medical Science and Chiang Mai University provide laboratory support for PCR testing with budget support from the National Health Security Office (NHSO). Currently, ARVs for PMTCT are supported by NHSO, and infant formula is supported by DOH. Data from 878 public hospitals (reporting 563,471 deliveries with 4,165 HIV-positive infants) showed a high uptake of PMTCT services: 98% of pregnant women received antenatal care (ANC), but only 15% received couples counseling. In 2008, 100% of all pregnant women attending ANC received HIV testing; 91% of HIV-positive pregnant women received ARV prophylaxis; and 97% and 89% of HIV-exposed infants received ARV prophylaxis and infant formula, respectively. Among women without ANC, 98% received HIV testing, and 60% of HIV-positive pregnant women received ARV prophylaxis. According to the national PMTCT evaluation conducted by USG and MOPH in 28 public hospitals in 12 provinces in 2008, only 43% received CD4 testing (11%, 45%, and 35% of HIV-positive mothers received CD4 testing before pregnancy, during pregnancy, and within six months of delivery, respectively). The overall uptake of ARV prophylaxis was



more than 90%, but only 36% received appropriate ARV regimens based on maternal CD4 status and in accordance with national PMTCT guidelines. Approximately 44% of male partners received HIV testing, and of those partners tested, 60% were HIV-positive. Of these, approximately 60% were referred for HIV treatment. This national PMTCT evaluation found that only 56% of infants received an HIV diagnosis, but the proportion was slightly higher in provinces participating in an infant HIV outcomes surveillance program. The overall definitive, presumptive, and imputative HIV-infection rate among children born to HIV-infected mothers was 2.9%, 4.6% and 5.6%, respectively. According to this evaluation, only 15% of pregnant women received couples counseling, but more than 70% of pregnant women reported that they would have liked to receive couples counseling. A manual on couples counseling for pregnant women and partners in ANC was developed by MOPH and CDC's Global AIDS Program in 2008, and a pilot program was implemented in 2009. Despite the high uptake of HIV testing among pregnant women, couples counseling is not yet included as part of the national PMTCT policy because of concerns about feasibility. To address national concerns around continuing mother-to-child HIV transmission, DOH, Health Intervention and Technology Assessment Program (HITAP), and the Thai AIDS Society are assessing the feasibility of using HAART for all pregnant women in four provinces. Results will be presented to the national MCH board in September 2009, and the national PMTCT guidelines may be revised based on the findings from this pilot. USG staff presented data to MOPH and other stakeholders on the transmission rates from the national PMTCT evaluation, including the need for increased CD4 testing antenatally and HAART for treatment eligible women. USG staff will continue to provide technical assistance (TA) to MOPH for the revision of the national guidelines. Since 2001, USG has provided technical and funding support to develop two monitoring systems at the national level, and has increased capacity for PMTCT health care providers, trainers, and program managers to increase PMTCT knowledge, identify program barriers, and improve PMTCT services. The Perinatal HIV Intervention Monitoring System (PHIMS), operated by DOH, monitors PMTCT activities in all government hospitals; and PHOMS, operated by BOE, monitors HIV-infection outcomes in exposed children in 14 provinces. Accomplishments since FY 2009 COP The national PMTCT program has been monitored by DOH, but the monitoring system is now being integrated into the national AIDS program (NAP) to harmonize the national M&E system under the national health insurance scheme administered by NHSO. NAP is a monitoring tool for the universal health care system, which covers approximately 76% of Thai people and was started in 2006. However, the NAP database currently has no reporting system that is readily available for M&E purposes and local data use. The USG team supported development of a PMTCT reporting system that can be generated from the NAP database and will support staff training and data utilization for program improvement. As members of the HIV M&E working group under the national AIDS committee and the NHSO M&E committee, USG provided TA in interpreting NAP data and designing national indicators for PMTCT and pediatric HIV care. To address program gaps identified above, the USG team provided, in five provinces, TA for development and implementation of a couples counseling program among pregnant women and their partners (including curriculum and guidelines), couples counseling training in February 2009 for 17 hospital ANC clinics, and TA for a program evaluation of uptake and barriers to HIV counseling and testing. MOPH is supporting the implementation of the couples counseling program, and results from the evaluation are expected to be available in 2010. The USG team, as a member of a national-level couples counseling working group, also provided TA in planning for national scale-up of the couples counseling program, developing couples counseling guidelines and materials, designing a training plan for program expansion, and designing a M&E plan for the expanded couples counseling program. The USG team supported the pilot implementation and promotion of early infant diagnosis (EID), including DBS-PCR and whole blood DNA-PCR, in four provinces in 2009. Details about this pilot can be found in the Pediatric Care and Support narrative. USG staff provided TA to several other aspects of the national PMTCT program, including: 1) development of national guidelines for EID, PMTCT prophylaxis, and HIV care and treatment; and 2) development of a textbook for the Pediatric Infectious Disease Society of Thailand, including a chapter on PMTCT and care for HIV-exposed and -infected children. The textbook has been widely used as a reference among pediatricians in Thailand. Goals and Strategies for FY 2010 and FY 2011 Technical support for the Thai national PMTCT program is directed at program sustainability, quality of care, M&E systems, and addressing gaps



in program service delivery. USG will provide TA to address gaps in uptake of appropriate ARV prophylaxis or treatment regimens for pregnant women, EID, and couples counseling and referral of infected partners to treatment. In 2010, USG support will focus on adaptation and sustainability of the PMTCT monitoring system by providing TA for integrating PMTCT variables into the NAP system. The USG team will provide capacity building support for analysis and utilization of program data. The USG team will advocate for further staff training and management support to develop a long-term plan for maintaining the monitoring system, data management, data dissemination, and use of data for improving or sustaining high program coverage. The USG team will provide TA to MOPH to address issues identified from the national PMTCT evaluation by using the NAP database to assess the uptake of CD4 testing in HIV-positive pregnant women, receipt of appropriate ARV regimens according to the national guidelines, and uptake of early infant HIV diagnosis. Reports from the NAP database will be used to guide program improvements. The USG team will monitor uptake of EID testing in the four pilot provinces to evaluate whether strategies for promotion of DNA-PCR utilization are effective and useful for expansion to other provinces in Thailand. If effective, USG and MOPH staff will provide technical support to providers in other provinces with the goal of increasing the uptake of EID in all provinces. Building on the lessons learned from a pilot of couples counseling in five provinces, USG staff will collaborate with DOH and the United Nations Population Fund to develop national guidelines, a training curriculum for ANC nurses and counselors, and materials for couples HIV counseling and testing. USG will advocate to expand the couples counseling program nationwide and if approved by the MCH Board, then the couples counseling program and training will be expanded using NHSO and MOPH funds with technical support from USG.

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVOP	1,038,599	
Total Technical Area Planned Funding:	1,038,599	0

Summary:

Sexual Prevention: Other Sexual Prevention Context and Background Thailand is well recognized for its success in slowing the spread of HIV in the 1990s. As a result of an organized national prevention campaign, HIV transmission fell rapidly, from a high of 141,000 new infections in 1991 to approximately 14,000 in 2007. HIV prevalence among the overall adult population (ages 15-49 years) is estimated at 1.4%. Despite these successes, in recent years there are signs that the country is vulnerable to a resurgence of HIV. HIV prevalence among most-at-risk populations (MARPs) continues to be high or is increasing (see Executive Summary). Recent MOPH and MOPH/CDC surveys reveal an alarming increase in HIV prevalence among men who have sex with men (MSM) in Bangkok from 17% in 2003 to 28% in 2005 and 31% in 2007. In Chiang Mai, HIV prevalence remains high (15% in 2005 and 17% in 2007). HIV prevalence among direct female sex workers (FSW) and indirect FSW in Thailand declined steadily from the mid-1990s reaching 4.6% among direct FSW and 2.3% among indirect FSW in 2006, and then increased to 5.6% among direct FSW and 3.4% among indirect FSW in 2007. FSW increasingly meet clients in indirect settings (over 90% of contacts), which places sex workers at a disadvantage in negotiating condom use. Sexually transmitted infection (STI) clinics have been relocated from community locations to hospitals, where sex workers are reluctant to go; and the volume of outreach activities and condom supplies have decreased, due in part to budget cuts. Street-based FSW may be at particularly high risk as a recent USG-supported survey of primarily street-based FSW in three areas of Bangkok found that 20% were HIV-positive. Current epidemiologic models based on the shifting transmission dynamics of HIV in Thailand are from the Analysis and Advocacy (A2) Project supported by the USG team. In 2010, it is estimated that over 30% of new HIV infections will occur among MSM, while 25% of new cases will be from husband to wife (which may include MSM) and another 10% from wife to husband



who are sero-discordant couples. Prisoners are also an important priority population for HIV sexual prevention interventions. In 2008, prison-based voluntary counseling and testing (VCT) service delivery data indicated that 6.5% and 11.5% tested HIV-positive in Phuket and Pathum Thani prisons, respectively. A 2001-2002 study conducted among prisoners in a Bangkok central prison found an HIV prevalence of 25%. In contrast to MARPs, the HIV prevalence rates among pregnant women in antenatal care and young male military conscripts are less than 1%. HIV risk remains low among Thailand's youth – approximately 0.5% of reported AIDS cases and an estimated <1.0% of PLHA are 15-19 years of age. However, evidence is increasing that young people are at risk of STIs, potentially including HIV. Increasingly early sexual initiation, high rates of chlamydial infection, and low rates of condom use among vocational and high school students have prompted the Thai government to strengthen HIV prevention programs and promote condom use among sexually active teens. MOPH has endorsed a comprehensive ABC - Abstinence, Be Faithful, and correct and consistent Condom use - approach and collaborates with the Ministry of Education to implement HIV prevention programs for youth. For HIV-positive youth, there are currently no targeted Positives Prevention programs. While the HIV epidemic is concentrated among MARPs in Thailand, prevention efforts among these populations have been inadequate. In the 2008 UNAIDS Global AIDS Epidemic Report, no national estimates are reported for prevention program coverage among FSW, injection drug user (IDU), and MSM populations. In the same UNAIDS report, it is estimated that only 54% of FSW and 35% of MSM were tested and learned their HIV status in the past year. Male sex worker (MSW) exposure to HIV prevention outreach in the last year was low, but increased in USG-supported areas (Bangkok – 35% in 2005, 50% in 2007; Chiang Mai – 57% in 2007). MSW are more visible and accessible, but other MSM are more difficult to reach. Among MSM who are not sex workers, outreach exposure is significantly lower (Bangkok – 21% in 2005, 28% in 2007; Chiang Mai – 38% in 2007). The successful Global Fund Round 8 proposal, which targets MARPs (FSW, IDU, and MSM) and migrants, aims to fill a serious prevention gap for Thailand's concentrated epidemic. Accomplishments since FY 2009 COP USG supported the development, evaluation, dissemination, and replication of prevention models aimed at MARPs and capacity building tied to GFATM implementation. Through GFATM, models were implemented by NGOs and government (MOPH, BMA, and local governments) with the goal of national scale-up. The models were developed using proven MARP approaches with Thai government and civil society input. GFATM financial support has been successfully leveraged for replication and scale-up of these models that are based on the USG-developed concept of a comprehensive prevention package which includes a "minimum package of services" (MPS), or the minimum combination of services needed to have a significant impact on the spread of HIV. Strategies used in these models include:

- Outreach for education, risk reduction, and condom promotion in communities where MARPs congregate. Risk reduction for MARPs includes comprehensive prevention messages emphasizing reduction in partner numbers, condom promotion, and referral to STI and VCT services. The USG team helped build the capacity of government and local partners to conduct peer outreach education and develop monitoring tools for ongoing outreach activities.
- Drop-in centers which serve as "safe spaces" for MARPs to meet and for project implementers, including peer educators, to reach their target audiences with behavior change communication (BCC) and prevention education. They also provide venues for access or referral to clinical services such as STI and VCT. USG helped build the capacity of local partner agencies to implement the drop-in center model.
- Linked prevention services, especially focusing on expansion of VCT services through the piloting of serial HIV rapid test algorithms with same day results, with targeted care and treatment services to facilitate access for marginalized populations.
- STI and VCT services that are "MARP-friendly," accessible to the target populations, and include risk reduction counseling with comprehensive messages. The USG team helped develop the MSM VCT curriculum for health care providers and community-based organization staff who provide VCT for MSM.
- Positive Prevention programs for MSM, including risk reduction counseling, disclosure counseling, and condom and lubricant distribution.
- Targeted media to increase awareness of HIV and risk behaviors. USG worked with local partners to conduct audience research and develop and evaluate media messages. The USG team supported a comprehensive prevention package model for MSM (Bangkok, Chiang Mai, and Phuket), MSW (Bangkok, Chiang Mai, Pattaya, and Phuket), and TG (Pattaya and Chiang Mai). Additionally, USG continued to build the model in Udon Thani and Khon Kaen



provinces, and provided capacity building for GFATM, which will focus on 14 provinces in FY 2010 and plans a national scale-up over subsequent years. At three USG-supported MSM-friendly clinics, outreach workers reached 3,761 MSM in FY 2009. USG provided training on sensitivity and STI management for MSM, and integrated STI services and VCT promotion for MSM into existing clinics. In FY 2009, outreach worker training continued for Rainbow Sky Association of Thailand (RSAT), the NGO chosen as a sub-recipient (SR) for MSM implementation within the GFATM framework, along with other local NGOs. Capacity building activities focused on providing organizational development for RSAT to support their managing 18 GFATM implementing partners, and their leading technical role on training activities in collaboration with MOPH for MSM-appropriate prevention services. MSM community groups were formed in USG sites where they did not previously exist to conduct outreach, and promote condom use and VCT and STI screening. Through NGO known as Pact Thailand, USG supported the organizational development, capacity building, and sustainability of these groups. For HIV-positive MSM, Positive Prevention counseling, improved care and treatment referrals, and MSM-specific care and support models are being developed through a regional consultation of MSM HIV care and support programs. Without such models, MSM risk disappearing after testing positive through VCT, or showing up for clinical care after becoming very sick with late stage disease when treatment outcomes are considerably reduced. In addition, a joint process led by the USG team has harmonized MSM indicators, which are being used for national program scale-up via GFATM. STI clinics are often the entry point for high-risk groups such as MSM and FSW. To help assure high quality STI and HIV testing and counseling services in such clinics, the USG team developed and piloted the STI-QUAL model in five provinces during FY 2009. In addition to STI indicators, indicators on risk reduction counseling, behavioral risk assessments, and VCT were included. In FY 2010, the model will be expanded to 19 provinces at GFATM Round 8 sites. STI surveillance at the Bureau of Epidemiology (BOE) was also strengthened in FY 2009. USG support for HIV prevention with prisoners focuses on peer education, VCT, and STI services and linkages to care. In FY 2009, USG worked with MOPH and the Department of Corrections (DoC) to implement peer education activities in five prisons. These activities included training prison guards and peer educators to increase HIV/STI/TB awareness and reduce high-risk behaviors in prison settings. The trainings were also intended to link prisoners to VCT services in the prison health clinics. The USG team worked with DoC to strengthen its health care database system, which includes monitoring data on HIV counseling and testing, STIs, and TB among prisoners. An aging cohort of perinatally-infected youth in Thailand is now reaching adolescence. These young people are facing the challenges of going through adolescence while being HIV-positive, and some are engaging in risky sexual behaviors. USG continued to address the need for secondary HIV prevention among HIV-infected youth, and developed a youth Positive Prevention model. Outcomes and effectiveness of this model will be assessed in FY 2010 through pre- and post-intervention assessments at three sites, including two pediatric ART clinics and an orphanage. Goals and Strategies for FY 2010 and FY 2011 FY 2010 activities targeting MSM include continued strengthening of the capacity and strategic planning processes of MSM organizations and local health care providers to conduct outreach, VCT and STI services, and advocating for provincial governments to include MSM-targeted services in their local plans including M&E for MSM services. In six USG sites, pilot tests of VCT using HIV rapid testing algorithms will be implemented and monitored to improve the low uptake of counseling and testing among MSM. The goal is to provide evidence needed for national policy change and adoption of rapid testing through the National AIDS Plan. Health care providers will also be trained to provide Positive Prevention services, which include provision of and referral to the following services: VCT, CD4 testing, STI and OI screening, pre-ART and ART services, ART monitoring and counseling, risk assessment and safer sex counseling, and in some cases, family planning. The USG team will work closely with provincial health offices, provincial health hospitals, and community-based groups to establish or strengthen HIV care referral systems to ensure HIV-positive MSM receive a comprehensive package of services. A M&E plan of the Positive Prevention model will be developed. The USG team will also support the provincial health offices to evaluate outputs and outcomes of MSM prevention and care activities in the provinces surrounding three MSM-friendly clinics. The USG team will continue to provide technical support to the Thai government for the replication and scale-up of USG-supported prevention models for FSW and MSM with financial support leveraged from



GFATM. Technical support will focus on community outreach, VCT, STI screening and case management, and M&E. In FY 2010, the USG team will continue to provide technical support and coordination to local stakeholders and policy-level support to staff at DoC and MOPH to implement peer education prevention activities in prisons as mentioned above. Refresher trainings for peer educators will be organized in each prison. The USG team, MOPH, and DoC will facilitate access to condoms and lubricants, VCT and STI services, and access to HIV care among prisoners. Networking and referral meetings with local stakeholders, such as provincial hospitals, will continue, as well as staff trainings on HIV/STI-related topics and multi-site meetings to create a forum where all participating prisons and hospitals can exchange ideas and lessons learned. The prison-based peer education and health care service delivery model will be evaluated for its success in increasing prisoners' HIV/STI awareness, reducing high-risk behaviors, and linking prisoners to available prison services. The health care database system that USG assisted DoC to develop will be implemented in over 140 prisons throughout the country. USG will provide trainings and assist DoC to implement this system, and support M&E for program effectiveness and potential scale-up.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	409,000	
Total Technical Area Planned Funding:	409,000	0

Summary:

Strategic Information (SI) Context and Background In FY 2009, USG supported an assessment of the current national HIV-related health information and surveillance systems in Thailand. A group of local HIV epidemiologists and technical consultants intensively reviewed the current performance and achievements. A public hearing among public health and surveillance officers was conducted to provide feedback, and preliminary recommendations for surveillance improvement were reported to the MOPH. Key assessment findings and recommendations included the following: Health Management Information Systems (HMIS) There is a critical need for human resources to implement and maintain quality health information systems, and use information for policy and program planning at national and sub-national levels. The transition to a decentralized health care policy and concomitant strengthening of local health authorities have created new challenges for planning, implementing, and improving HIV intervention programs. Strengthening information systems at the sub-national level is critical as well as building local human resource capacity to support the use of information for decentralized health care policy- and decision-making. Monitoring and Evaluation (M&E) Currently, there are several HIV/AIDS-related monitoring and surveillance systems being implemented by different organizations (e.g., passive HIV case reporting, PMTCT, ART monitoring, etc.). Exploring opportunities for potential harmonization and integration should be prioritized, along with facilitating the development of harmonized systems to monitor national HIV/AIDS responses for prevention, care, and treatment. In addition, strengthening the triangulation and utilization of health information to monitor national and sub-national responses and guide intervention plans is essential. Widespread availability of ARV therapy in Thailand has been successfully implemented by three governmental organizations—the Civil Servant Fund (CSF), NHSO, and Social Security Office (SSO). As of 2007, approximately 10% of all HIV/AIDS patients were registered and received treatment support through CSF and the private sector, 20% through SSO, and 70% through NHSO. Service delivery outputs are monitored for hospital reimbursement purposes through NHSO's National ART Program (NAP) database and SSO's ART Program Monitoring database. However, there is no single national monitoring system to monitor ART program outcomes and impacts. Strong technical recommendations, competent informatics, and appropriate policy advocacy are needed to harmonize and integrate these different systems for effective ART monitoring and use of information for program



improvement at national and sub-national levels. Surveys and Surveillance Surveillance is well established in Thailand, including HIV sero-surveillance and sentinel behavioral surveillance. However, with the changing nature of the HIV epidemic from a generalized to concentrated epidemic among high-risk populations, the current national surveillance systems are limited in their ability to track early warning signs of a rising HIV epidemic with new HIV infections and changing risk behaviors among hard-to-reach populations, including non-venue-based FSW, IDU, MSM, and migrant workers. New surveillance approaches have been piloted, including HIV incidence surveillance using BED-CEIA testing, behavioral surveillance among students using hand-held computers, integrated biological markers and behavioral surveillance (IBBS) among venue-based FSW and MSM, HIV drug resistance (HIVDR) surveillance, and monitoring early warning indicators (EWI) for HIVDR. High priority should be focused on involving and building capacity among local partners to scale-up these new approaches, and integrating surveillance activities with appropriate referral systems to increase the access of MARPs to HIV prevention, care, and treatment. Accomplishments since FY 2009 COP HMIS USG provided technical support for the NHSO NAP information system and database, and a) worked with MOPH's Department of Health to integrate key indicators and formulate a minimum dataset related to PMTCT; b) collaborated with MOPH's Department of Disease Control to establish a minimum set of key indicators needed for HIVQUAL-T and design a system for transferring data from NHSO NAP to HIVQUAL-T; and, c) developed a work plan to review the NHSO NAP and SSO ART Program Monitoring databases and establish a single harmonized and integrated national ART monitoring system between FY 2010-FY 2011. M&E The USG team provided technical support to MOPH to establish three working groups to support national M&E efforts – the Situation Analysis, IDU M&E, and MSM M&E working groups. The Situation Analysis working group supported an analysis of Thailand's HIV epidemic and the measurement of outcome and impact indicators for prevention, care, and treatment for national and global reports (e.g., UNGASS). The MSM M&E working group collaborated with various stakeholders to establish appropriate measures for intervention responses and achievements among MSM. The IDU M&E working group was established in late FY 2009. Finally, a conceptual framework was developed for a minimum data set needed to monitor HIV prevention, care, and treatment service delivery and interventions among IDU and MSM. USG provided technical support to the MOPH for an integrated analysis of available data to better understand the successes and limitations of the national response to the evolving HIV epidemic among FSW, IDU, MSM, and youth. Through the National AIDS Committee, chaired by the Prime Minister, policy makers were informed of the key findings, and revised the coordinating mechanism and governmental budget allocation and investment to HIV by multi-sectoral stakeholders. In collaboration with the MOPH and WHO, USG provided technical support to establish 50 sentinel sites to monitor ART program outcomes and the occurrence of HIVDR. A list of national monitoring indicators was developed, national targets were set, and measurement tools (including NAP database query software and annual facility surveys) were designed. Surveys and Surveillance The USG team provided technical support to pilot IBBS among non-venue-based FSW, IDU, and male military conscripts. Results from existing and new innovative approaches to surveillance were triangulated to better describe the current HIV epidemic, and reported to the National AIDS Committee on July 24, 2009 for policy planning. Strengths, limitations, and lessons learned were reviewed to scale-up future surveillance activities among MARPs using GFATM resources. SI Staff The USG SI Team includes four staff members—two Senior Technical Advisors who work with and supervise the CDC/GAP prevention, care, and treatment teams; a Medical Epidemiologist who leads the CDC/GAP surveillance, monitoring, and evaluation team; and a SI Specialist who works with the USAID RDM/A HIV team and serves as the SI Liaison. REDACTED. Goals and Strategies for FY 2010 and FY 2011 USG is committed to building the long-term SI infrastructure and capacity of the Thai government's national HIV/AIDS information, monitoring, and surveillance systems. The USG strategy includes 1) developing and evaluating replicable models for program monitoring and surveillance; 2) integrating and expanding these models by the Thai government; 3) assuring the quality of these models once they are integrated into routine information systems; and 4) building human resource capacity to utilize SI for program planning and improvement. HMIS USG activities will focus on supporting MOPH, NHSO, and SSO to:

- Formulate the NHSO NAP database and integrate key indicators related to PMTCT, HIV testing and counseling, HIVQUAL-T, EWI for HIVDR, and the national ART program key



performance indicators • Develop a measurement tool for HIV passive case reporting, according to WHO recommendations, and consider integrating it with the NHSO NAP database • Improve data quality through the development and implementation of data quality guidelines and training of data managers at the local level M&E The USG team will continue to institutionalize and sustain M&E systems within the government, NGOs, and CBOs providing services to IDU and MSM through GFATM. The USG team will provide technical support to customize these systems to suit local needs, and ensure consistency across organizations in understanding and complying with standard definitions, data collection procedures and reporting. The USG team will enhance the use of data to improve the quality of services. Specific USG activities will include: • Develop and implement standardized monitoring guidelines and build M&E capacity for HIV prevention among MARPs (particularly IDU) • Develop standardized guidelines for monitoring outcome and impact indicators needed for national and global reports (e.g., MDG, UNGASS, etc.) • Explore the feasibility of developing and implementing a single harmonized and integrated national ART monitoring system for the CSF, NHSO, and SSO • Provide TA to ensure effective M&E for Global Fund Round 8 by strengthening MSM program monitoring systems, building the capacity of MSM organizations to analyze and use monitoring data for program improvement, conducting a triangulation analysis of key MSM SI, establishing a monitoring system for a MSM VCT rapid test same day result demonstration project, and evaluating the demonstration project • Strengthen the capacity of key MOPH resource persons to undertake integrated analyses of available data to better understand the successes and limitations of sub-national responses to HIV/AIDS and facilitate policy advocacy • Enhance capacity among local NGOs and CBOs (particularly Global Fund Round 8 partners) to undertake in-depth analyses of SI, develop and implement local M&E plans, and increase the use of data for resource mobilization and action Surveys and Surveillance The USG team will focus on supporting MOPH to integrate and expand replicable surveillance models, and increase the human resource capacity of central government organizations, local NGOs, local communities, and outreach volunteers in conducting and interpreting surveys and surveillance. Specific USG activities will include: • Provide TA to pilot and scale-up IBBS using RDS among venue-based and non-venue-based FSW in three tourist provinces, develop and implement a biennial survey using RDS among IDU in eight provinces, and expand a biennial survey using venue-day-time sampling to monitor risk behaviors and HIV infection among MSM in 12 provinces (all supported by GFATM funds) • Continue TA for HIV incidence surveillance using BED-CEIA testing to monitor the impact of the National HIV Prevention Strategy among venue-based FSW, women attending ANC, and male military conscripts • Strengthen ARV resistance surveillance and monitoring by evaluating and revising the protocol for ARV resistance surveillance among ART patients in select sentinel sites according to WHO-CDC guidelines, implementing a HIVDR threshold survey among pregnant women in Bangkok, and monitoring EWI for HIVDR and ART program failure at all levels (national, regional, provincial, and hospital) • Provide technical support and build human resource capacity on the utilization of surveillance results for program planning by undertaking population size estimation of IDU and MSM in select sentinel sites (two sites for IDU and five sites for MSM), and triangulating surveillance and related information to monitor the response to the HIV epidemic at national and sub-national levels Partners USG SI activities complement the support provided by other donors to the Thai government including the Global Fund, UNAIDS, UNICEF, the World Bank, and WHO.

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	60,000	
Total Technical Area Planned Funding:	60,000	0

Summary:

TB/HIV Context and Background In 2009, Thailand ranked 18th on WHO's list of 22 "high-burden" TB



countries; an estimated 91,000 persons develop TB annually for an annual incidence of 142 cases per 100,000 persons and a prevalence of 192 per 100,000. General adult population HIV prevalence is estimated at 1.4%. HIV-associated TB accounts for 17% of all new TB cases in Thailand. According to the most recent national drug resistance survey (2006), 1.7% of new cases and 35% of previously treated TB cases were multi-drug resistant. Thailand has rapidly expanded TB/HIV core activities within the national TB program in recent years, with both a full 2007 WHO review and a recent 2009 mini-review commending Thailand for its accomplishments in integration of TB and HIV services. Provider-initiated HIV counseling and testing and linkage to HIV care has been rolled out as national policy, and approximately 69% of TB patients nationally had known HIV status as of 2007; of these, 67% received cotrimoxazole preventive therapy (CPT) and 32% received ART. TB screening is reported to have been done among 90% of PLHA; however, the quality and specific approach to screening varies by site. Quality-assured smear microscopy is widely available, and with USG support, culture capacity has been expanded and rapid molecular testing for drug resistance introduced. GFATM support is further expanding liquid culture capacity to each of the 12 disease control regions of the country. General infection control policies are available throughout the public health system, but national TB-specific infection control recommendations are just being developed in 2009 with USG support. TB/HIV indicators (HIV testing, referral, CPT, ARV status) have been incorporated into standard TB registers. HIV treatment registers document TB screening status. Despite overall excellent progress in TB/HIV collaborative activities, important challenges remain in accelerating access to ART, and mortality rates for TB/HIV cases remain above 20%. Since 2004, the Thailand TB Active Surveillance Network (TB Net), a USG-MOPH partnership, has developed evidence-based models for sustainable TB interventions that can be scaled-up throughout Thailand and Asia with a particular focus on TB/HIV. An important principle of this program has been leveraging other USG resources (USAID/Child Survival Health, CDC/Global Disease Detection) to support TB activities unrelated to HIV to strengthen the overall TB control infrastructure within TB Net sites. Moreover, MOPH recognizes that USG will not be able to support full national scale-up of the model being developed in selected provinces, which includes ~8,500 TB patients annually across a population of five million. Rather, the goal is to identify best practices, support evidence-based national policy changes and, when necessary, provide seed funding for national initiatives to scale-up successful models. Core TB/HIV activities in TB Net include: enhanced surveillance in both the public and private sectors with an electronic information management system; model TB/HIV collaborative services including PITC, linking HIV-infected TB patients to HIV care and treatment, and screening for TB disease in HIV-infected persons; staff training; and development of laboratory capacity to perform mycobacterial culture and drug susceptibility testing. In addition, USG supports the HIVQUAL-T model for quality improvement (QI) and HIV care performance measurement (see Adult Care and Treatment Technical Area Narrative), which includes TB screening among HIV patients as one indicator and area for QI. Among the 550 hospitals implementing HIVQUAL-T to date, the percentage of HIV patients receiving TB screening according to national guidelines has increased from virtually zero in 2002 to 90% in 2008. Key TB/HIV successes from USG support include:

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

Accomplishments since FY 2009 COP USG is committed to providing TA to build the infrastructure and capacity of the Thai government's national TB program, and developing models to ensure integrated, quality, and sustainable TB/HIV programs. In 2009 with USG support, TB/HIV accomplishments included:

- Completion and dissemination of a three-country (Cambodia, Thailand, and Vietnam) study to identify the best way to screen for and diagnose TB among PLHA
- Documentation of the cost-effectiveness of liquid culture-based diagnosis in the Thai setting
- Completion of a cost-effectiveness analysis of the proposed new TB screening algorithm
- Validation of rapid molecular methods for drug sensitivity testing (Hain MTBDR+) in two laboratories, and initiation of an evaluation to measure the public health impact of implementing this



assay • Following curriculum development and training of over 300 health care staff on accelerating ART initiation for TB/HIV patients, an evaluation process that resulted in MOPH adopting the revised curriculum to be rolled out nationally • Agreement of MOPH to include isoniazid preventive therapy as part of routine care guidelines for PLHA. USG staff provided TA in policy development (ongoing) Goals and Strategies for FY 2010 and FY 2011 USG will continue to focus on supporting sustainable TB/HIV programs through TA for quality and human resource development, and addressing major gaps in technical programmatic implementation such as expanding PITC and referrals and increasing ART coverage among TB/ HIV patients. The USG team will support MOPH to revise the previously developed curriculum for ART acceleration in TB/HIV, and produce a handbook for national distribution using non-USG funds. USG staff will participate in revising the national TB/HIV guidelines to ensure that systemic barriers to timely ART (e.g., workflow, referral systems) are appropriately addressed. The evaluation of the public health impact of implementing a new rapid molecular test for drug susceptibility testing will continue in the five TB Net sites, with preliminary findings to be shared with stakeholders within the year. This project also enhances the surveillance of MDR TB in the participating sites, and lessons learned regarding case management will be shared with appropriate stakeholders. USG staff will assist MOPH to develop national TB infection control guidelines and a training curriculum, pilot a facility/workplace practices assessment tool, and evaluate the efficacy of infection control interventions. This work will complement GFATM-supported infection control interventions by providing technical support and enhancing the evaluation component. Finally, the new approach to TB screening and diagnosis will be implemented in selected sites, along with an isoniazid preventive therapy arm for those deemed eligible after screening. The USG team will support an evaluation of the performance and acceptability of the new algorithm, which will result in recommendations regarding scale-up. This project is being implemented with non-PEPFAR USG resources.



Technical Area Summary Indicators and Targets
REDACTED



Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7361	Family Health International	NGO	U.S. Agency for International Development	GHCS (USAID)	216,099
7362	Family Health International	NGO	U.S. Agency for International Development	GHCS (State)	62,500
10047	Pact, Inc.	NGO	U.S. Agency for International Development	GHCS (USAID)	706,986
10048	Pact, Inc.	NGO	U.S. Agency for International Development	GHCS (State)	237,500
10049	Thailand Ministry of Public Health	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP	1,305,000
10050	Thailand Ministry of Public Health	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	200,000
10051	Bangkok Metropolitan Administration	Host Country Government Agency	U.S. Department of Health and Human Services/Centers	GAP	146,000



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Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7361	Mechanism Name: TASC3 Task Order
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 216,099	
Funding Source	Funding Amount
GHCS (USAID)	216,099

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FHI Implementing Mechanism Narrative

Family Health International (FHI) has a five-year regional HIV/AIDS contract with USAID/RDMA. The purpose of this task order is to provide technical support to the USAID HIV/AIDS prevention, care, and treatment program focused on MARPs.

FHI supports activities designed to reduce the incidence and prevalence of HIV/AIDS and mitigate its impact on PLHA and their families, which entails reducing transmission among MARPs (FSW and their clients, IDU, and MSM) as well as PLHA. By the end of the task order, it is expected that the following tangible outcomes will have been achieved:

- Strategic information made more available and useful
- Access to comprehensive prevention interventions for MARPs increased
- Access to care, support, and treatment for PLHA and their families increased
- Enabling environment strengthened by increasing participation of civil society, including regional networks, and developing and implementing supportive policies and regulations
- Effectiveness of USG-supported programs enhanced by leveraging other donor resources



- Capacity development and scale-up of successful innovative models

With limited USAID HIV resources in Thailand and escalating rates of HIV among MSM, the primary focus of the program is on MSM activities. FHI focuses on providing targeted and coordinated TA for MSM activities supported by the recently awarded Global Fund Round 8 prevention grant for MSM activities. TA is primarily focused in the following six USG sites: Bangkok, Chiang Mai, Khon Kaen, Pattaya, Phuket, and Udon Thani.

FHI supports the USAID strategy for MARPs by providing technical support to local NGOs and USG partners to increase access to a quality comprehensive package of services (CPS), which includes HIV prevention, linkages to HIV and STI care and treatment, and activities addressing stigma and discrimination. The CPS focuses on MSM, MSW, and TG, and complements the work of the Royal Thai Government (RTG) to strengthen the national response to the HIV epidemic among these groups. FHI provides TA in HIV programming for MSM, MSW and TG interventions to local implementing agencies (IA) receiving USAID support through Pact/Thailand in Bangkok, Chiang Mai, and Pattaya. FHI also works closely with CDC/TUC on M&E and technical training for sites in Kohn Kaen, Phuket, and Udon. FHI collaborates with Pact/Thailand, and provides technical input and recommendations to strengthen MSM intervention strategies (specifically for Global Fund Round 8 MSM activities); address TA needs related to program implementation and M&E; and, build the capacity of the Global Fund grant sub-recipient, Rainbow Sky Association of Thailand (RSAT), and other partners supported by USAID, USG, and RTG to effectively implement MSM, MSW, and TG interventions in these six sites. A key area of focus in FY 2010 will be counseling and testing, specifically rapid testing with same day results for MSM.

FHI works in the following technical areas: Sexual prevention, counseling and testing, care and support, strategic information, and health systems strengthening. The current role of the USG team and its partners is TA. FHI will become more cost efficient over time through the leveraging of Global Fund resources.

In FY 2011, FHI will continue to serve as a principal TA provider for USG partners implementing HIV programs for MSM, MSW, and TG in the six sites. Interventions at the three USAID sites—Bangkok, Chiang Mai, and Pattaya—are implemented by Mplus, PSI/Sisters, and SWING, who receive support from USAID through Pact Thailand. Through its strategic partnership with Pact Thailand, FHI will continue to provide technical support to strengthen the quality of the current interventions, while Pact Thailand will center on organizational capacity building of these NGOs.

FHI's TA will also focus on providing technical support to RSAT and other GFATM partners to effectively implement and expand the GFATM-funded MSM program to targeted provinces. Specifically, FHI will



provide the following support:

- TA for the implementation and evaluation of the rapid HIV testing and counseling (TC) with same day results pilots (which include anonymous, HIV rapid testing, and/or referral services for those who are HIV-positive) primarily aimed at capturing MSM, MSW, and TG in the six USG sites.
- TA on referral systems for HIV TC and STI services to increase uptake of these services among MSM.
- TA to ensure the quality of the interventions and identify TA needs by supporting quarterly meetings with RSAT and the SSRs to follow-up on the progress of the MSM activities.
- TA to monitor and assess the quality of the MSM interventions and follow-on TA on QI as needed.
- TA on M&E to complement the support that Pact Thailand will provide to RSAT and their SSRs. Pact TA will include implementing the use of the outreach activity forms and training RSAT on basic data monitoring. FHI will assist with data use and further analysis of data (evaluation).

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 7361			
Mechanism Name: TASC3 Task Order			
Prime Partner Name: Family Health International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	37,500	
Narrative:			
08-HBHC Care: Adult Care and Support Budget Code Narrative for FHI In FY 2010 and FY 2011, FHI will continue to serve as a principal TA provider for USG partners			



implementing HIV programs for MSM, MSW, and TG in six sites including Positive Prevention, and ensuring HIV-positive MSM are entered into Continuum of Care services. The six sites include three USAID sites located in Bangkok, Chiang Mai, and Pattaya; and, three CDC/TUC sites located in Khon Kaen, Phuket, and Udonthani. Interventions at the three USAID sites are implemented by NGOs Mplus, PSI/Sisters, SWING, and Violet Home—all of which receive support from USAID through Pact Thailand. Through its strategic partnership with Pact Thailand, FHI will provide technical support to strengthen the quality of the current interventions, while Pact Thailand will center on organizational capacity building of these NGOs.

FHI's TA will also focus on providing technical support to RSAT to effectively implement and expand the GFATM-funded MSM program to targeted provinces to ensure effective referral linkages exist for HIV-positive MSM. FHI will provide TA for the targeted community-based care program. Specifically, FHI will provide the following TA to partners in Thailand:

USG Partners

- TA to SWING and Mplus through bi-monthly TA monitoring visits to increase their technical capacity and enhance their quality, including developing curricula for Positive Prevention aimed at capturing MSM, MSW, and TG in the USG sites.
- TA to monitor and assess the quality of MSM interventions implemented by MSM partners. Following the training on QI approaches for program strengthening in September 2009, FHI will encourage the USG and GFATM partners to use routine monitoring data to set-up QI projects that strengthen their programs. In FY 2010 and FY 2011, FHI will provide follow-on TA on QI to these partners as needed.
- TA as required to NGOs Violet Home (based in Chiang Mai) and Poz and APN+ (in Bangkok), who receive support from USAID through Pact Thailand.
- Training of new partners as the implementation of the rapid HIV TC with same day results pilots reach many new HIV-positive MSM who need referral services as well as direct services for care, support, and treatment in the six USG sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	37,500	

Narrative:

12-HVCT Care:
 Counseling and Testing
 Budget Code Narrative for FHI

In FY 2010 and FY 2011, FHI will continue to serve as the principal TA provider for USG partners

implementing HIV programs for MSM, MSW, and TG in six sites. The six sites include three USAID sites located in Bangkok, Chiang Mai, and Pattaya, and three CDC/TUC sites located in Khon Kaen, Phuket, and Udonthani. Interventions at the three USAID sites are implemented by SWING, Mplus, and PSI/Sisters. FHI will provide technical support to strengthen the quality of the current interventions.

FHI's TA will also focus on providing technical support to RSAT and other GFATM partners to effectively implement and expand the GFATM-funded MSM program to targeted provinces. FHI will provide TA for the implementation and evaluation of the rapid HIV TC with same day results pilots aimed at capturing MSM, MSW, and TG in the six USG sites. Specifically, FHI will provide the following TA to partners in Thailand:

USG Partners

- TA to SWING and Mplus through bi-monthly TA monitoring visits to increase their technical capacity and enhance the quality of their ongoing MSM interventions in Bangkok, Chiang Mai and Pattaya.
- TA to monitor and assess the quality of the MSM interventions implemented by the MSM partners.

Following the training on QI approaches for program strengthening in September 2009, FHI will encourage USG and GFATM partners to use routine monitoring data to set up QI projects that strengthen their programs.

GFATM Partners

- TA for the implementation and evaluation of the rapid HIV TC with same day results pilots in the six USG sites.
- TA on referral systems for TC and STI services aimed at increasing uptake of these services among MSM.
- TA to ensure the quality of the interventions and continue identifying TA needs by supporting quarterly meetings with RSAT and the SSRs to follow-up on the progress of the MSM activities.
- TA to monitor and assess the quality of the MSM interventions, and follow-on TA on QI as needed.
- TA on M&E to complement the support Pact Thailand will provide to RSAT and their SSRs. Pact TA will include implementing the use of outreach activity forms and training RSAT on basic data monitoring. FHI will assist with data use and further analysis of data (evaluation).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	37,500	

Narrative:

17-HVSI Strategic Information
Budget Code Narrative for FHI

FHI will provide TA to ensure effective M&E for Global Fund Round 8, particularly the MSM program. Specific activities will include:

- Strengthening MSM program monitoring systems and building the capacity of MSM organizations to analyze and use monitoring data for program improvement

FHI will provide technical support to Rainbow Sky Association, Thailand (RSAT) as a Sub Recipient (SR) of Round 8 and 18 other MSM groups and networks involved in implementing unified data collection forms. FHI will ensure the successful roll-out of the MSM program monitoring system. FHI will undertake monitoring visits to RSAT and other sub-SRs to identify gaps and develop activities to strengthen the system. To improve the use of program monitoring data, FHI will regularly analyze and synthesize data at all levels, and provide feedback to implementing partners and key stakeholders.

- Conducting triangulation analysis of key MSM strategic information

Under Global Fund Round 8, the MSM-IBBS will be undertaken by the BOE in 2009-2010. Size estimation will be carried out by MOPH in 2010. A cost-effectiveness analysis will be conducted by International Health Policy and Planning (IHPP) and supported by the World Bank. In FY 2011, FHI will conduct a MSM triangulation analysis using all existing data to monitor national responses toward MSM after two years of Round 8 implementation and prepare for Phase II proposal development.

- Establishing monitoring program for MSM VCT rapid test same day result demonstration project

FHI provided training and TA on the Global Fund Round 8 M&E system for MSM. USG will initiate VCT rapid testing with same day results demonstration projects at six sites in FY 2010 to improve the uptake of testing and counseling among MSM. FHI will build quality assurance monitoring for testing and counseling MSM in community- and facility-based settings.

- Evaluating MSM VCT rapid test same day result demonstration project.

USG will conduct an evaluation of the VCT rapid testing with same day results demonstration projects at six sites. If the results show significant changes in the uptake of VCT for MSM, this information will be critical for policy changes in Phase II and the scale-up of services through GFATM.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	17,500	

Narrative:

18-OHSS Health Systems Strengthening
Budget Code Narrative for FHI

During FY 2010 and FY 2011, FHI will target program resources on effective TA provision for MSM model development, replication, and scale-up funded by USAID, CDC/TUC, and GFATM. FHI will continue to serve as a principal TA provider for USG partners implementing HIV programs for MSM, MSW, and TG in six sites. Interventions at the three USAID sites are implemented by Mplus, PSI/Sisters, SWING, and Violet House, who receive support from USAID through Pact Thailand. Through its strategic partnership with Pact Thailand, FHI will strengthen the quality of the current interventions, while Pact Thailand will focus on organizational capacity building of these NGOs.

FHI's TA will also focus on providing technical support to RSAT and other GFATM partners to effectively implement and expand the GFATM-funded MSM program to targeted provinces. Specifically, FHI will provide the following TA to partners in Thailand:

USG Partners

- TA to SWING and Mplus through bi-monthly TA monitoring visits to increase their technical capacity and enhance the quality of their ongoing MSM interventions in Bangkok, Chiang Mai and Pattaya. TA as required to Violet Home in Chiang Mai.
- Following the training on QI approaches for program strengthening in September 2009, FHI will encourage USG and GFATM partners to use routine monitoring data to set-up QI projects that strengthen their programs. In FY 2011, FHI will provide follow-on TA on QI to these partners as needed.

GFATM Partners

- TA for implementation and evaluation of the VCT rapid testing demonstration projects aimed at capturing MSM, MSW, and TG in the six USG sites, and on referral systems for VCT and STI services to increase uptake of these services among MSM.
- TA to support quarterly meetings with RSAT and the SSRs to follow-up on progress of the MSM activities, monitor and assess the quality of the MSM interventions, and provide follow-on QI TA as needed.
- TA on M&E to complement the support Pact Thailand will provide to RSAT and the SSRs. Pact TA will include implementing outreach activity forms and training RSAT on basic data monitoring. FHI will assist with data use and further analysis of data (evaluation).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	86,099	

Narrative:

03-HVOP Sexual Prevention:

Other Sexual Prevention

Budget Code Narrative for FHI

In 2007, a survey conducted by MOPH's BOE revealed alarming HIV prevalence among MSM: 30.7% in Bangkok and 16.9% in Chiang Mai. Since FY 2008, FHI has served as the primary TA provider to local NGOs and CBOs supported by USAID through Pact Thailand and in collaboration with USCDC/TUC. This mechanism focuses on strengthening local organizational technical capacity to increase MSM access to a quality comprehensive package of services among MSM in six sites. The six sites include three USAID sites located in Bangkok, Chiang Mai, and Pattaya, and three USCDC/TUC sites located in Khon Kaen, Phuket, and Udonthani.

The Comprehensive Package of Services (CPS) includes outreach activities, development of targeted media, condoms and water-based lubricant distribution and/ or social marketing, and linkages to HIV and STI care and treatment. The CPS focuses on MSM, MSW, and TG, and complements the work of the Royal Thai Government (RTG) to strengthen the national response to the HIV epidemic among these most-at-risk groups. The latest data compiled by BOE in 2007 showed that the level of access to all services combined by MSM (all sub-populations) in Bangkok and Chiang Mai was very low: 11% and 18%, respectively. The findings of the 2007 survey also revealed that MSM uptake of VCT and STI services in these two cities was lower than those who had access to outreach activities, condoms and water-based lubricant, and targeted media. Concerted efforts are underway to improve this situation with the advent of GFATM Round 8.

In FY 2010 and FY 2011, FHI will continue to provide TA to USG partners implementing HIV programs for MSM, MSW, and TG in the six sites. In addition, FHI will provide on-going TA to GFATM partners - RSAT (SR), its SSRs, and the Department of Disease Control (PR) - to ensure effective implementation and expansion of the GFATM-supported MSM program to the targeted provinces. TA will include providing technical support to strengthen the quality of the interventions, supportive supervision through regular site visits, program QA/QI, and data use and analysis (evaluation). FHI's TA to RSAT will be done in partnership with Pact Thailand whose TA will focus on RSAT's organizational development.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



Mechanism ID: 7362	Mechanism Name: TASC3 Task Order
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 62,500	
Funding Source	Funding Amount
GHCS (State)	62,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FHI Implementing Mechanism Narrative

Family Health International (FHI) has a five-year regional HIV/AIDS contract with USAID/RDMA. The purpose of this task order is to provide technical support to the USAID HIV/AIDS prevention, care, and treatment program focused on MARPs.

FHI supports activities designed to reduce the incidence and prevalence of HIV/AIDS and mitigate its impact on PLHA and their families, which entails reducing transmission among MARPs (FSW and their clients, IDU, and MSM) as well as PLHA. By the end of the task order, it is expected that the following tangible outcomes will have been achieved:

- Strategic information made more available and useful
- Access to comprehensive prevention interventions for MARPs increased
- Access to care, support, and treatment for PLHA and their families increased
- Enabling environment strengthened by increasing participation of civil society, including regional networks, and developing and implementing supportive policies and regulations
- Effectiveness of USG-supported programs enhanced by leveraging other donor resources
- Capacity development and scale-up of successful innovative models

With limited USAID HIV resources in Thailand and escalating rates of HIV among MSM, the primary focus of the program is on MSM activities. FHI focuses on providing targeted and coordinated TA for MSM



activities supported by the recently awarded Global Fund Round 8 prevention grant for MSM activities. TA is primarily focused in the following six USG sites: Bangkok, Chiang Mai, Khon Kaen, Pattaya, Phuket, and Udon Thani.

FHI supports the USAID strategy for MARPs by providing technical support to local NGOs and USG partners to increase access to a quality comprehensive package of services (CPS), which includes HIV prevention, linkages to HIV and STI care and treatment, and activities addressing stigma and discrimination. The CPS focuses on MSM, MSW, and TG, and complements the work of the Royal Thai Government (RTG) to strengthen the national response to the HIV epidemic among these groups. FHI provides TA in HIV programming for MSM, MSW and TG interventions to local implementing agencies (IA) receiving USAID support through Pact/Thailand in Bangkok, Chiang Mai, and Pattaya. FHI also works closely with CDC/TUC on M&E and technical training for sites in Kohn Kaen, Phuket, and Udon. FHI collaborates with Pact/Thailand, and provides technical input and recommendations to strengthen MSM intervention strategies (specifically for Global Fund Round 8 MSM activities); address TA needs related to program implementation and M&E; and, build the capacity of the Global Fund grant sub-recipient, Rainbow Sky Association of Thailand (RSAT), and other partners supported by USAID, USG, and RTG to effectively implement MSM, MSW, and TG interventions in these six sites. A key area of focus in FY 2010 will be counseling and testing, specifically rapid testing with same day results for MSM.

FHI works in the following technical areas: Sexual prevention, counseling and testing, care and support, strategic information, and health systems strengthening. The current role of the USG team and its partners is TA. FHI will become more cost efficient over time through the leveraging of Global Fund resources.

In FY 2011, FHI will continue to serve as a principal TA provider for USG partners implementing HIV programs for MSM, MSW, and TG in the six sites. Interventions at the three USAID sites—Bangkok, Chiang Mai, and Pattaya—are implemented by Mplus, PSI/Sisters, and SWING, who receive support from USAID through Pact Thailand. Through its strategic partnership with Pact Thailand, FHI will continue to provide technical support to strengthen the quality of the current interventions, while Pact Thailand will center on organizational capacity building of these NGOs.

FHI's TA will also focus on providing technical support to RSAT and other GFATM partners to effectively implement and expand the GFATM-funded MSM program to targeted provinces. Specifically, FHI will provide the following support:

- TA for the implementation and evaluation of the rapid HIV testing and counseling (TC) with same day results pilots (which include anonymous, HIV rapid testing, and/or referral services for those who are HIV-



positive) primarily aimed at capturing MSM, MSW, and TG in the six USG sites.

- TA on referral systems for HIV TC and STI services to increase uptake of these services among MSM.
- TA to ensure the quality of the interventions and identify TA needs by supporting quarterly meetings with RSAT and the SSRs to follow-up on the progress of the MSM activities.
- TA to monitor and assess the quality of the MSM interventions and follow-on TA on QI as needed.
- TA on M&E to complement the support that Pact Thailand will provide to RSAT and their SSRs. Pact TA will include implementing the use of the outreach activity forms and training RSAT on basic data monitoring. FHI will assist with data use and further analysis of data (evaluation).

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 7362			
Mechanism Name: TASC3 Task Order			
Prime Partner Name: Family Health International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	12,500	
Narrative:			
<p>08-HBHC Care: Adult Care and Support Budget Code Narrative for FHI</p> <p>In FY 2010 and FY 2011, FHI will continue to serve as a principal TA provider for USG partners implementing HIV programs for MSM, MSW, and TG in six sites including Positive Prevention, and ensuring HIV-positive MSM are entered into Continuum of Care services. The six sites include three USAID sites located in Bangkok, Chiang Mai, and Pattaya; and, three CDC/TUC sites located in Khon Kaen, Phuket, and Udonthani. Interventions at the three USAID sites are implemented by NGOs Mplus,</p>			

PSI/Sisters, SWING, and Violet Home—all of which receive support from USAID through Pact Thailand. Through its strategic partnership with Pact Thailand, FHI will provide technical support to strengthen the quality of the current interventions, while Pact Thailand will center on organizational capacity building of these NGOs.

FHI's TA will also focus on providing technical support to RSAT to effectively implement and expand the GFATM-funded MSM program to targeted provinces to ensure effective referral linkages exist for HIV-positive MSM. FHI will provide TA for the targeted community-based care program. Specifically, FHI will provide the following TA to partners in Thailand:

USG Partners

- TA to SWING and Mplus through bi-monthly TA monitoring visits to increase their technical capacity and enhance their quality, including developing curricula for Positive Prevention aimed at capturing MSM, MSW, and TG in the USG sites.
- TA to monitor and assess the quality of MSM interventions implemented by MSM partners. Following the training on QI approaches for program strengthening in September 2009, FHI will encourage the USG and GFATM partners to use routine monitoring data to set-up QI projects that strengthen their programs. In FY 2010 and FY 2011, FHI will provide follow-on TA on QI to these partners as needed.
- TA as required to NGOs Violet Home (based in Chiang Mai) and Poz and APN+ (in Bangkok), who receive support from USAID through Pact Thailand.
- Training of new partners as the implementation of the rapid HIV TC with same day results pilots reach many new HIV-positive MSM who need referral services as well as direct services for care, support, and treatment in the six USG sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	12,500	

Narrative:

12-HVCT Care:

Counseling and Testing

Budget Code Narrative for FHI

In FY 2010 and FY 2011, FHI will continue to serve as the principal TA provider for USG partners implementing HIV programs for MSM, MSW, and TG in six sites. The six sites include three USAID sites located in Bangkok, Chiang Mai, and Pattaya, and three CDC/TUC sites located in Khon Kaen, Phuket, and Udonthani. Interventions at the three USAID sites are implemented by SWING, Mplus, and PSI/Sisters. FHI will provide technical support to strengthen the quality of the current interventions.

FHI's TA will also focus on providing technical support to RSAT and other GFATM partners to effectively implement and expand the GFATM-funded MSM program to targeted provinces. FHI will provide TA for the implementation and evaluation of the rapid HIV TC with same day results pilots aimed at capturing MSM, MSW, and TG in the six USG sites. Specifically, FHI will provide the following TA to partners in Thailand:

USG Partners

- TA to SWING and Mplus through bi-monthly TA monitoring visits to increase their technical capacity and enhance the quality of their ongoing MSM interventions in Bangkok, Chiang Mai and Pattaya.
- TA to monitor and assess the quality of the MSM interventions implemented by the MSM partners.

Following the training on QI approaches for program strengthening in September 2009, FHI will encourage USG and GFATM partners to use routine monitoring data to set up QI projects that strengthen their programs.

GFATM Partners

- TA for the implementation and evaluation of the rapid HIV TC with same day results pilots in the six USG sites.
- TA on referral systems for TC and STI services aimed at increasing uptake of these services among MSM.
- TA to ensure the quality of the interventions and continue identifying TA needs by supporting quarterly meetings with RSAT and the SSRs to follow-up on the progress of the MSM activities.
- TA to monitor and assess the quality of the MSM interventions, and follow-on TA on QI as needed.
- TA on M&E to complement the support Pact Thailand will provide to RSAT and their SSRs. Pact TA will include implementing the use of outreach activity forms and training RSAT on basic data monitoring. FHI will assist with data use and further analysis of data (evaluation).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	12,500	

Narrative:

17-HVSI Strategic Information
Budget Code Narrative for FHI

FHI will provide TA to ensure effective M&E for Global Fund Round 8, particularly the MSM program. Specific activities will include:

- Strengthening MSM program monitoring systems and building the capacity of MSM organizations to analyze and use monitoring data for program improvement

FHI will provide technical support to Rainbow Sky Association, Thailand (RSAT) as a Sub Recipient (SR) of Round 8 and 18 other MSM groups and networks involved in implementing unified data collection forms. FHI will ensure the successful roll-out of the MSM program monitoring system. FHI will undertake monitoring visits to RSAT and other sub-SRs to identify gaps and develop activities to strengthen the system. To improve the use of program monitoring data, FHI will regularly analyze and synthesize data at all levels, and provide feedback to implementing partners and key stakeholders.

- Conducting triangulation analysis of key MSM strategic information

Under Global Fund Round 8, the MSM-IBBS will be undertaken by the BOE in 2009-2010. Size estimation will be carried out by MOPH in 2010. A cost-effectiveness analysis will be conducted by International Health Policy and Planning (IHPP) and supported by the World Bank. In FY 2011, FHI will conduct a MSM triangulation analysis using all existing data to monitor national responses toward MSM after two years of Round 8 implementation and prepare for Phase II proposal development.

- Establishing monitoring program for MSM VCT rapid test same day result demonstration project

FHI provided training and TA on the Global Fund Round 8 M&E system for MSM. USG will initiate VCT rapid testing with same day results demonstration projects at six sites in FY 2010 to improve the uptake of testing and counseling among MSM. FHI will build quality assurance monitoring for testing and counseling MSM in community- and facility-based settings.

- Evaluating MSM VCT rapid test same day result demonstration project.

USG will conduct an evaluation of the VCT rapid testing with same day results demonstration projects at six sites. If the results show significant changes in the uptake of VCT for MSM, this information will be critical for policy changes in Phase II and the scale-up of services through GFATM.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	12,500	

Narrative:

18-OHSS Health Systems Strengthening
Budget Code Narrative for FHI

During FY 2010 and FY 2011, FHI will target program resources on effective TA provision for MSM model development, replication, and scale-up funded by USAID, CDC/TUC, and GFATM. FHI will continue to serve as a principal TA provider for USG partners implementing HIV programs for MSM, MSW, and TG in six sites. Interventions at the three USAID sites are implemented by Mplus, PSI/Sisters, SWING, and Violet House, who receive support from USAID through Pact Thailand. Through its strategic partnership with Pact Thailand, FHI will strengthen the quality of the current interventions, while Pact Thailand will focus on organizational capacity building of these NGOs.

FHI's TA will also focus on providing technical support to RSAT and other GFATM partners to effectively implement and expand the GFATM-funded MSM program to targeted provinces. Specifically, FHI will provide the following TA to partners in Thailand:

USG Partners

- TA to SWING and Mplus through bi-monthly TA monitoring visits to increase their technical capacity and enhance the quality of their ongoing MSM interventions in Bangkok, Chiang Mai and Pattaya. TA as required to Violet Home in Chiang Mai.
- Following the training on QI approaches for program strengthening in September 2009, FHI will encourage USG and GFATM partners to use routine monitoring data to set-up QI projects that strengthen their programs. In FY 2011, FHI will provide follow-on TA on QI to these partners as needed.

GFATM Partners

- TA for implementation and evaluation of the VCT rapid testing demonstration projects aimed at capturing MSM, MSW, and TG in the six USG sites, and on referral systems for VCT and STI services to increase uptake of these services among MSM.
- TA to support quarterly meetings with RSAT and the SSRs to follow-up on progress of the MSM activities, monitor and assess the quality of the MSM interventions, and provide follow-on QI TA as needed.
- TA on M&E to complement the support Pact Thailand will provide to RSAT and the SSRs. Pact TA will include implementing outreach activity forms and training RSAT on basic data monitoring. FHI will assist with data use and further analysis of data (evaluation).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	12,500	

Narrative:

03-HVOP Sexual Prevention:



Other Sexual Prevention

Budget Code Narrative for FHI

In 2007, a survey conducted by MOPH's BOE revealed alarming HIV prevalence among MSM: 30.7% in Bangkok and 16.9% in Chiang Mai. Since FY 2008, FHI has served as the primary TA provider to local NGOs and CBOs supported by USAID through Pact Thailand and in collaboration with USCDC/TUC. This mechanism focuses on strengthening local organizational technical capacity to increase MSM access to a quality comprehensive package of services among MSM in six sites. The six sites include three USAID sites located in Bangkok, Chiang Mai, and Pattaya, and three USCDC/TUC sites located in Khon Kaen, Phuket, and Udonthani.

The Comprehensive Package of Services (CPS) includes outreach activities, development of targeted media, condoms and water-based lubricant distribution and/ or social marketing, and linkages to HIV and STI care and treatment. The CPS focuses on MSM, MSW, and TG, and complements the work of the Royal Thai Government (RTG) to strengthen the national response to the HIV epidemic among these most-at-risk groups. The latest data compiled by BOE in 2007 showed that the level of access to all services combined by MSM (all sub-populations) in Bangkok and Chiang Mai was very low: 11% and 18%, respectively. The findings of the 2007 survey also revealed that MSM uptake of VCT and STI services in these two cities was lower than those who had access to outreach activities, condoms and water-based lubricant, and targeted media. Concerted efforts are underway to improve this situation with the advent of GFATM Round 8.

In FY 2010 and FY 2011, FHI will continue to provide TA to USG partners implementing HIV programs for MSM, MSW, and TG in the six sites. In addition, FHI will provide on-going TA to GFATM partners - RSAT (SR), its SSRs, and the Department of Disease Control (PR) - to ensure effective implementation and expansion of the GFATM-supported MSM program to the targeted provinces. TA will include providing technical support to strengthen the quality of the interventions, supportive supervision through regular site visits, program QA/QI, and data use and analysis (evaluation). FHI's TA to RSAT will be done in partnership with Pact Thailand whose TA will focus on RSAT's organizational development.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10047	Mechanism Name: Community REACH Greater Mekong Region Associate Award
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Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Pact, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 706,986	
Funding Source	Funding Amount
GHCS (USAID)	706,986

Sub Partner Name(s)

Anchan Home	Andaman Power	APN+
M Friends	M Reach	Mplus
PDA	POZ	PSI/Sisters
RSAT	Swing Star Youth Group	TNP+
Violet Home		

Overview Narrative

Pact Implementing Mechanism Narrative

Pact's goals reflect breadth across key technical and cross-cutting areas, as well as Pact's capacity to support and mobilize local partners including CBOs, private partners, and provincial governments involved in the HIV/ AIDS response. As per the cooperative agreement (CoAg), the general goal is to "enhance the scale, quality, and effectiveness of the HIV prevention, care, support, and treatment interventions in the region through the efficient provision of grants along with organizational capacity building (OCB)."

Each year, Pact submits a detailed annual work plan to USAID RDM/A. The work plan includes updated results frameworks that incorporate the latest USG program direction. More detailed objectives from RDMA's partners are closely linked to RDM/A's evolving regional and country-specific strategies and translated immediately into action on the ground. This flexibility was critical for the GFATM, VCT, and care and support initiatives developed by USAID in FY 2009.

Strategic Objectives, Geographic Coverage, and Target Populations



For FY 2010, Pact's three strategic objectives for Thailand are listed below; and, the target populations include MSM and PLHA.

1. Reduce HIV transmission among MSM in Thailand by ensuring access to comprehensive prevention services, building a continuum of MSM-friendly prevention, care, and support services, and strengthening regional HIV/AIDS initiatives for MSM.
2. Improve the quality of life of MARPs and PLHA and their families in Thailand by increasing livelihood skills and income generating opportunities, and enabling access to prevention, care, and support services.
3. Develop, document, and disseminate effective models and methodologies for HIV prevention, care, and support for MSM and PLHA/MARPS livelihoods.

Pact provides an efficient grants mechanism for CBOs at a low 3% overhead rate to ensure funds are quickly mobilized to organizations delivering critical services. At the same time, Pact provides a tailored OCB program for these organizations.

Organizational Capacity Building (OCB) Approach

Pact works to improve service delivery performance of CBOs through tailored OCB support plans using highly participatory methods including self-assessment, facilitation and small group coaching, and mentoring by specialized providers. In Thailand, this includes OCB support for organizational sustainability for key local organizations serving the country's MSM community. Key OCB content areas include strategic planning, program management, organizational structure and governance, teamwork, human resources, financial management, resource mobilization, and M&E. Pact's OCB work strengthens the community response in Thailand.

In addition, Pact works to develop the emerging technical area of community systems strengthening (CSS), which includes:

- Technical innovation in the intersection of the fields of livelihoods and HIV/ AIDS.
- Effective linkages between comprehensive prevention and community care and support pilots for MARPs.
- Strong support for strategic information including Pact's approach to MERL (Monitoring, Evaluation, Reporting, and Learning) strengthening at the CBO level.
- Strong documentation of replicable models.
- Strategic linkages between USG pilot programs and scale up with GFATM programs in Thailand.

Cost Effectiveness and Efficiency



Pact's Community REACH strategy is to achieve efficient and cost-effective programming through a coordinated community response that combines grants with OCB for CBOs to become more sustainable and resilient, rooted in community assets and social capital. In addition, Pact provides needed coordination for efficient HIV/ AIDS programming across a multi-donor portfolio. For example, Pact works to:

- Strengthen partners' use of data from their financial systems to improve budgeting and resource allocation decisions.
- Ensure smooth coordination with GFATM that avoids duplication and enhances the technical value of USAID-funded programs.
- Leverage USAID-developed models and scales them up with GFATM funds.
- Develop cost-effective approaches to TA from local providers for a more sustainable support for the CBO response.
- Support USG in making more rational resource allocation decisions for multi-country programming in the GMR.

Monitoring and Evaluation Plans

Pact develops M&E plans at the project and partner level. For example, Pact used state-of-the-art methods with the Population and Development Association in the Positive Partnership Project (PPP) in Thailand to measure stigma reduction over time as a result of PPP programming. At the partner level, through our regional and local advisors, Pact works intensively with local CBO partners for improvement of data quality, and ensures timely and quality reporting to USAID. Pact also actively coordinates and implements harmonized M&E frameworks with key local partners including government technical staff. Pact develops detailed MERL operational guidelines for HIV/AIDS prevention, care and support, and livelihoods interventions. Pact provides TA to CBOs, NGOs, and government-funded programs on how to monitor and evaluate HIV/AIDS and livelihoods interventions for continuous improvements in targeting, implementation, and effectiveness.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID: 10047			
Mechanism Name: Community REACH Greater Mekong Region Associate Award			
Prime Partner Name: Pact, Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	40,986	

Narrative:

08-HBHC Care:
 Adult Care and Support
 Budget Code Narrative for Pact

Continuing Adult Care and Treatment Activities for HIV-Positive MSM
 In FY 2010 and FY 2011, Pact grantees will better define the service package for community care, increase coverage levels of HIV-positive MSM through the Continuum of Care, strengthen economic activities for HIV-positive MSM, and build linkages with other Pact livelihood programs in the region.

Community- and Home-Based Care for and by HIV-Positive MSM
 Pact will continue its work in community- and home-based care and "positive health" for HIV-positive MSM linked to publicly provided ART/OI treatment in Bangkok, Chiang Mai, and Pattaya. Pact will support Sisters, SWING, and Violet Home to make referrals to MSM community-based TC and HIV-positive MSM community-based care and support.

Psychosocial Support and Counseling for HIV-Positive MSM
 Pact is developing several models, including 1) drop-in centers for HIV-positive MSM that provide social support, 2) peer buddies that provide advocacy and support to HIV-positive MSM accessing and adhering to publicly-delivered treatment services, 3) web-based outreach, 4) home visits, and 5) more integrated models for HIV-positive MARPs and members of the general population.

Positive Health for MSM
 Pact will work with other NGOs (like APN+, Poz, and Violet Home) to develop norms and adjust curricula for positive health, dignity, and prevention, including shared responsibility for preventing HIV transmission, and human rights advocacy for marginalized populations for healthy sexuality and male sexual health. Attention will focus on providing appropriate psychosocial support, assisting HIV-positive MSM in acceptance of diagnosis, supporting disclosure of status to loved ones, and increasing



knowledge in treatment literacy and adherence.

Referrals and Linkages

Pact will focus on promoting linkages among all stakeholders for HIV counseling, voluntary testing, and STI and HIV/AIDS treatment and care. Pact partners will advocate for improved access for low-income MSM to the government 30-Baht health scheme, particularly for those living away from home as is the case of many HIV-positive MSW.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	77,000	

Narrative:

12-HVCT Care:

Counseling and Testing

Budget Code Narrative for Pact

Pact is supporting two important USG pilot initiatives—community-based VCT with same-day results (six sites), and community-based care and support for HIV-positive MSM (Bangkok and Pattaya)—that were initiated in FY 2009. Pact's role includes facilitating partnerships necessary for the success of the pilots (including MoUs with provincial government authorities, action plans, and sub-agreements with CBOs), and coordinating work plans for TA from specialized providers, such as FHI and others. Pact also works directly with local partners to ensure high-quality routine monitoring and QI approaches for MSM-targeted services. At the conclusion of the pilots, Pact will document the results for dissemination to national and regional authorities, and support scale up by other CBOs.

In FY 2010 and FY 2011, Pact will continue direct support for the rapid HIV TC with same day results pilots for MSM, MSW, and TG in three USAID locations (Bangkok, Chiang Mai, and Pattaya), and indirect support in three CDC/TUC locations (KhonKaen, Phuket, and Udon). Pilots will be conducted at government clinics, CBOs, and private providers. All pilots will follow the USG/TUC program-approved algorithm for rapid testing with same day results in close consultation with DDC. The role of CBOs will be to promote the service in the MSM communities, make referrals to/from prevention and treatment as well as community care, and support other CBOs serving MSM who are HIV-positive. Pact will ensure strong routine monitoring, and collaborate with FHI and others for program evaluation. Pact will work with RSAT to ensure the successful models are documented, disseminated, and scaled up in Phase 1 and Phase 2 of GFATM Round 8 as appropriate. Finally, Pact will work closely with Provincial Health Offices to sign MoUs and involve them in the pilot programs to ensure ownership.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Other	HVSI	12,500	
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Narrative:

17-HVSI Strategic Information

Budget Code Narrative for Pact

Pact will focus on improving M&E capacities among NGOs and CBOs as a critical component of the Community-based System Strengthening (CSS) project for USAID and Global Fund Round 8 partners, including the SR for MSM implementation – RSAT.

Pact has designed and implemented organizational strengthening activities with each partner, which resulted in the use of standardized definitions, clear data collection protocols, and enhanced use of data to improve the quality of service delivery. This was achieved by linking coaching and systems development in M&E with broader organizational strengthening strategies that support teamwork, standard setting, and strategic planning.

Pact will continue to strengthen M&E systems and build learning agendas with partners to improve the quality of HIV prevention services. This will involve working with partners to respond to issues of effective coverage, program intensity, strengthening referral mechanisms, using information locally for decision-making, and improving efforts by front-line outreach workers. Pact works intensively with local CBO partners in all six USG-supported provinces on improving data quality, and will ensure the timely reporting of quality data to USAID and the GFATM.

Pact will support the documentation, packaging, replication, and scale-up of proven USG-funded models in Thailand. Many of the Pact partners will become sub-grantees under the Global Fund Round 8 proposal, and will be in a position to scale-up between FY 2011-FY 2012. This will require better documentation and replication of lessons learned and more advanced systems development.

Pact utilizes a participatory approach to build community buy-in for improving M&E. Pact will strengthen this approach by including the development of local learning agendas with TA from Pact's regional office. These activities will continue in FY 2011 with a greater emphasis on tracking service delivery performance and packaging models with key lessons learned incorporated into the materials for use by others to improve community-based services and strategies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	77,000	



Narrative:

18-OHSS Health Systems Strengthening
 Budget Code Narrative for Pact

Continuing Activities in Community Systems Strengthening

One of Pact's core competencies is to improve organizational effectiveness of its NGO/CBO grantees, resulting in strengthened organizations capable of strategic planning, project management, financial accountability, and complete and accurate M&E with enhanced reporting and learning. Pact is instrumental in strengthening the MSM community response to the HIV epidemic through improved services, better access to services, and more sustainable organizations rooted in the community.

Pact will work to support the development of an effective, sustainable response to HIV/AIDS in Thailand resulting in behavior change in MSM through services provided by local partners from the affected communities. Pact will work with NGOs to identify which capacity-building services and technical resources are needed, and which are already available in the community. Pact will also develop a more coordinated response in consultation with local governments and other TA providers.

Technical Support/Services

Pact will organize a mix of training, TA, and coaching to strengthen the management capacity of NGOs/CBOs from the following menu:

- Strategic planning
- Financial management
- Project/program management
- M&E and reporting with learning (MERL)
- Organizational structure improvements
- Teamwork for decision-making
- Quality improvement of service delivery
- Sustainability

Approach to Sustainability

Pact's approach to sustainability is to develop long-term organizational capacity building (OCB) plans focusing first on quality of services, and then on comprehensive systems development to ensure sound management. Different kinds of sustainability—organizational, financial, and programmatic—are viewed as concurrent objectives that can be pursued through tailored OCB plans made with each partner with a high degree of buy-in.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Prevention	HVOP	499,500	
Narrative:			
<p>03-HVOP Sexual Prevention: Other Sexual Prevention Budget Code Narrative for Pact</p> <p>Pact's Community REACH – Asia Program targets MSM, including MSW and TG, in Thailand who are at risk for unprotected anal sex and multiple concurrent partners.</p> <p>Small Grants for CBOs Serving MSM, MSW, and TG Pact's small grants mechanism directly funds MSM HIV prevention services, including peer education and outreach, behavior change communications, distribution of condoms and lube, targeted media, referrals for STI treatment, and counseling and testing. In FY 2010 and FY 2011, Pact will work in six urban locations—the original USAID sites of Bangkok, Chiang Mai and Pattaya plus three CDC sites in Khon Kaen, Phuket, and Udon Thani.</p> <p>OCB Services for CBOs in HIV Prevention for MSM Pact provides organizational capacity building (OCB) for CBOs to develop skills, leadership, and management systems in strategic planning, program management, human resource management, M&E, and finance and resource mobilization. In FY 2009, Pact supported three CBOs to develop strategic plans; efforts will continue in FY 2010 to use the plans to achieve targeted sustainability objectives and make specific improvements in services.</p> <p>Pact's Work with RSAT and GFATM Round 8 One important platform for HIV prevention for MSM in Thailand is the GFATM Round 8 program, where Pact's partner RSAT serves as the SR for the national MSM response in Thailand through an umbrella mechanism supporting up to 19 IAs in Phase 1 from July 2009 to June 2011. RDMA anticipates that the USG-supported pilot interventions for MSM will be scaled-up in GFATM Phase 2 from 2011-2013. In FY 2010 and FY 2011, Pact will continue funding RSAT on OCB. Pact will also offer TA and OCB services through RSAT to additional MSM SSRs and IAs working with RSAT on the GFATM project.</p> <p>Innovation in MERL In 2009, Pact designed and implemented organizational strengthening activities, and one deliverable was a set of "indicator protocols" that explained in precise terms what data is collected and how it is collected, collated, transcribed, verified, analyzed, and reported. In FY 2010 and FY 2011, Pact will introduce the innovative MERL approach to build community buy-in for improving M&E, and strengthen participatory approaches including development of local learning agendas.</p>			



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10048	Mechanism Name: Community REACH Greater Mekong Region Associate Award
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Pact, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 237,500	
Funding Source	Funding Amount
GHCS (State)	237,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Pact Implementing Mechanism Narrative

Pact's goals reflect breadth across key technical and cross-cutting areas, as well as Pact's capacity to support and mobilize local partners including CBOs, private partners, and provincial governments involved in the HIV/ AIDS response. As per the cooperative agreement (CoAg), the general goal is to "enhance the scale, quality, and effectiveness of the HIV prevention, care, support, and treatment interventions in the region through the efficient provision of grants along with organizational capacity building (OCB)."

Each year, Pact submits a detailed annual work plan to USAID RDM/A. The work plan includes updated results frameworks that incorporate the latest USG program direction. More detailed objectives from RDMA's partners are closely linked to RDM/A's evolving regional and country-specific strategies and translated immediately into action on the ground. This flexibility was critical for the GFATM, VCT, and care and support initiatives developed by USAID in FY 2009.



Strategic Objectives, Geographic Coverage, and Target Populations

For FY 2010, Pact's three strategic objectives for Thailand are listed below; and, the target populations include MSM and PLHA.

1. Reduce HIV transmission among MSM in Thailand by ensuring access to comprehensive prevention services, building a continuum of MSM-friendly prevention, care, and support services, and strengthening regional HIV/AIDS initiatives for MSM.
2. Improve the quality of life of MARPs and PLHA and their families in Thailand by increasing livelihood skills and income generating opportunities, and enabling access to prevention, care, and support services.
3. Develop, document, and disseminate effective models and methodologies for HIV prevention, care, and support for MSM and PLHA/MARPS livelihoods.

Pact provides an efficient grants mechanism for CBOs at a low 3% overhead rate to ensure funds are quickly mobilized to organizations delivering critical services. At the same time, Pact provides a tailored OCB program for these organizations.

Organizational Capacity Building (OCB) Approach

Pact works to improve service delivery performance of CBOs through tailored OCB support plans using highly participatory methods including self-assessment, facilitation and small group coaching, and mentoring by specialized providers. In Thailand, this includes OCB support for organizational sustainability for key local organizations serving the country's MSM community. Key OCB content areas include strategic planning, program management, organizational structure and governance, teamwork, human resources, financial management, resource mobilization, and M&E. Pact's OCB work strengthens the community response in Thailand.

In addition, Pact works to develop the emerging technical area of community systems strengthening (CSS), which includes:

- Technical innovation in the intersection of the fields of livelihoods and HIV/ AIDS.
- Effective linkages between comprehensive prevention and community care and support pilots for MARPs.
- Strong support for strategic information including Pact's approach to MERL (Monitoring, Evaluation, Reporting, and Learning) strengthening at the CBO level.
- Strong documentation of replicable models.
- Strategic linkages between USG pilot programs and scale up with GFATM programs in Thailand.



Cost Effectiveness and Efficiency

Pact's Community REACH strategy is to achieve efficient and cost-effective programming through a coordinated community response that combines grants with OCB for CBOs to become more sustainable and resilient, rooted in community assets and social capital. In addition, Pact provides needed coordination for efficient HIV/ AIDS programming across a multi-donor portfolio. For example, Pact works to:

- Strengthen partners' use of data from their financial systems to improve budgeting and resource allocation decisions.
- Ensure smooth coordination with GFATM that avoids duplication and enhances the technical value of USAID-funded programs.
- Leverage USAID-developed models and scales them up with GFATM funds.
- Develop cost-effective approaches to TA from local providers for a more sustainable support for the CBO response.
- Support USG in making more rational resource allocation decisions for multi-country programming in the GMR.

Monitoring and Evaluation Plans

Pact develops M&E plans at the project and partner level. For example, Pact used state-of-the-art methods with the Population and Development Association in the Positive Partnership Project (PPP) in Thailand to measure stigma reduction over time as a result of PPP programming. At the partner level, through our regional and local advisors, Pact works intensively with local CBO partners for improvement of data quality, and ensures timely and quality reporting to USAID. Pact also actively coordinates and implements harmonized M&E frameworks with key local partners including government technical staff. Pact develops detailed MERL operational guidelines for HIV/AIDS prevention, care and support, and livelihoods interventions. Pact provides TA to CBOs, NGOs, and government-funded programs on how to monitor and evaluate HIV/AIDS and livelihoods interventions for continuous improvements in targeting, implementation, and effectiveness.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues



(No data provided.)

Budget Code Information

Mechanism ID: 10048			
Mechanism Name: Community REACH Greater Mekong Region Associate Award			
Prime Partner Name: Pact, Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	37,500	

Narrative:

08-HBHC Care:
 Adult Care and Support
 Budget Code Narrative for Pact

Continuing Adult Care and Treatment Activities for HIV-Positive MSM
 In FY 2010 and FY 2011, Pact grantees will better define the service package for community care, increase coverage levels of HIV-positive MSM through the Continuum of Care, strengthen economic activities for HIV-positive MSM, and build linkages with other Pact livelihood programs in the region.

Community- and Home-Based Care for and by HIV-Positive MSM
 Pact will continue its work in community- and home-based care and "positive health" for HIV-positive MSM linked to publicly provided ART/OI treatment in Bangkok, Chiang Mai, and Pattaya. Pact will support Sisters, SWING, and Violet Home to make referrals to MSM community-based TC and HIV-positive MSM community-based care and support.

Psychosocial Support and Counseling for HIV-Positive MSM
 Pact is developing several models, including 1) drop-in centers for HIV-positive MSM that provide social support, 2) peer buddies that provide advocacy and support to HIV-positive MSM accessing and adhering to publicly-delivered treatment services, 3) web-based outreach, 4) home visits, and 5) more integrated models for HIV-positive MARPs and members of the general population.

Positive Health for MSM
 Pact will work with other NGOs (like APN+, Poz, and Violet Home) to develop norms and adjust curricula for positive health, dignity, and prevention, including shared responsibility for preventing HIV transmission, and human rights advocacy for marginalized populations for healthy sexuality and male

sexual health. Attention will focus on providing appropriate psychosocial support, assisting HIV-positive MSM in acceptance of diagnosis, supporting disclosure of status to loved ones, and increasing knowledge in treatment literacy and adherence.

Referrals and Linkages

Pact will focus on promoting linkages among all stakeholders for HIV counseling, voluntary testing, and STI and HIV/AIDS treatment and care. Pact partners will advocate for improved access for low-income MSM to the government 30-Baht health scheme, particularly for those living away from home as is the case of many HIV-positive MSW.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	87,500	

Narrative:

12-HVCT Care:

Counseling and Testing

Budget Code Narrative for Pact

Pact is supporting two important USG pilot initiatives—community-based VCT with same-day results (six sites), and community-based care and support for HIV-positive MSM (Bangkok and Pattaya)—that were initiated in FY 2009. Pact’s role includes facilitating partnerships necessary for the success of the pilots (including MoUs with provincial government authorities, action plans, and sub-agreements with CBOs), and coordinating work plans for TA from specialized providers, such as FHI and others. Pact also works directly with local partners to ensure high-quality routine monitoring and QI approaches for MSM-targeted services. At the conclusion of the pilots, Pact will document the results for dissemination to national and regional authorities, and support scale up by other CBOs.

In FY 2010 and FY 2011, Pact will continue direct support for the rapid HIV TC with same day results pilots for MSM, MSW, and TG in three USAID locations (Bangkok, Chiang Mai, and Pattaya), and indirect support in three CDC/TUC locations (KhonKaen, Phuket, and Udon). Pilots will be conducted at government clinics, CBOs, and private providers. All pilots will follow the USG/TUC program-approved algorithm for rapid testing with same day results in close consultation with DDC. The role of CBOs will be to promote the service in the MSM communities, make referrals to/from prevention and treatment as well as community care, and support other CBOs serving MSM who are HIV-positive. Pact will ensure strong routine monitoring, and collaborate with FHI and others for program evaluation. Pact will work with RSAT to ensure the successful models are documented, disseminated, and scaled up in Phase 1 and Phase 2 of GFATM Round 8 as appropriate. Finally, Pact will work closely with Provincial Health Offices to sign



MoUs and involve them in the pilot programs to ensure ownership.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	37,500	
Narrative:			
<p>17-HVSI Strategic Information Budget Code Narrative for Pact</p> <p>Pact will focus on improving M&E capacities among NGOs and CBOs as a critical component of the Community-based System Strengthening (CSS) project for USAID and Global Fund Round 8 partners, including the SR for MSM implementation – RSAT.</p> <p>Pact has designed and implemented organizational strengthening activities with each partner, which resulted in the use of standardized definitions, clear data collection protocols, and enhanced use of data to improve the quality of service delivery. This was achieved by linking coaching and systems development in M&E with broader organizational strengthening strategies that support teamwork, standard setting, and strategic planning.</p> <p>Pact will continue to strengthen M&E systems and build learning agendas with partners to improve the quality of HIV prevention services. This will involve working with partners to respond to issues of effective coverage, program intensity, strengthening referral mechanisms, using information locally for decision-making, and improving efforts by front-line outreach workers. Pact works intensively with local CBO partners in all six USG-supported provinces on improving data quality, and will ensure the timely reporting of quality data to USAID and the GFATM.</p> <p>Pact will support the documentation, packaging, replication, and scale-up of proven USG-funded models in Thailand. Many of the Pact partners will become sub-grantees under the Global Fund Round 8 proposal, and will be in a position to scale-up between FY 2011-FY 2012. This will require better documentation and replication of lessons learned and more advanced systems development.</p> <p>Pact utilizes a participatory approach to build community buy-in for improving M&E. Pact will strengthen this approach by including the development of local learning agendas with TA from Pact's regional office. These activities will continue in FY 2011 with a greater emphasis on tracking service delivery performance and packaging models with key lessons learned incorporated into the materials for use by others to improve community-based services and strategies.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	OHSS	37,500	
<p>Narrative:</p> <p>18-OHSS Health Systems Strengthening Budget Code Narrative for Pact</p> <p>Continuing Activities in Community Systems Strengthening One of Pact's core competencies is to improve organizational effectiveness of its NGO/CBO grantees, resulting in strengthened organizations capable of strategic planning, project management, financial accountability, and complete and accurate M&E with enhanced reporting and learning. Pact is instrumental in strengthening the MSM community response to the HIV epidemic through improved services, better access to services, and more sustainable organizations rooted in the community.</p> <p>Pact will work to support the development of an effective, sustainable response to HIV/AIDS in Thailand resulting in behavior change in MSM through services provided by local partners from the affected communities. Pact will work with NGOs to identify which capacity-building services and technical resources are needed, and which are already available in the community. Pact will also develop a more coordinated response in consultation with local governments and other TA providers.</p> <p>Technical Support/Services Pact will organize a mix of training, TA, and coaching to strengthen the management capacity of NGOs/CBOs from the following menu:</p> <ul style="list-style-type: none"> • Strategic planning • Financial management • Project/program management • M&E and reporting with learning (MERL) • Organizational structure improvements • Teamwork for decision-making • Quality improvement of service delivery • Sustainability <p>Approach to Sustainability Pact's approach to sustainability is to develop long-term organizational capacity building (OCB) plans focusing first on quality of services, and then on comprehensive systems development to ensure sound management. Different kinds of sustainability—organizational, financial, and programmatic—are viewed as concurrent objectives that can be pursued through tailored OCB plans made with each partner with a high degree of buy-in.</p>			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	37,500	

Narrative:

03-HVOP Sexual Prevention:

Other Sexual Prevention

Budget Code Narrative for Pact

Pact's Community REACH – Asia Program targets MSM, including MSW and TG, in Thailand who are at risk for unprotected anal sex and multiple concurrent partners.

Small Grants for CBOs Serving MSM, MSW, and TG

Pact's small grants mechanism directly funds MSM HIV prevention services, including peer education and outreach, behavior change communications, distribution of condoms and lube, targeted media, referrals for STI treatment, and counseling and testing. In FY 2010 and FY 2011, Pact will work in six urban locations—the original USAID sites of Bangkok, Chiang Mai and Pattaya plus three CDC sites in Khon Kaen, Phuket, and Udon Thani.

OCB Services for CBOs in HIV Prevention for MSM

Pact provides organizational capacity building (OCB) for CBOs to develop skills, leadership, and management systems in strategic planning, program management, human resource management, M&E, and finance and resource mobilization. In FY 2009, Pact supported three CBOs to develop strategic plans; efforts will continue in FY 2010 to use the plans to achieve targeted sustainability objectives and make specific improvements in services.

Pact's Work with RSAT and GFATM Round 8

One important platform for HIV prevention for MSM in Thailand is the GFATM Round 8 program, where Pact's partner RSAT serves as the SR for the national MSM response in Thailand through an umbrella mechanism supporting up to 19 IAs in Phase 1 from July 2009 to June 2011. RDMA anticipates that the USG-supported pilot interventions for MSM will be scaled-up in GFATM Phase 2 from 2011-2013. In FY 2010 and FY 2011, Pact will continue funding RSAT on OCB. Pact will also offer TA and OCB services through RSAT to additional MSM SSRs and IAs working with RSAT on the GFATM project.

Innovation in MERL

In 2009, Pact designed and implemented organizational strengthening activities, and one deliverable was a set of "indicator protocols" that explained in precise terms what data is collected and how it is collected, collated, transcribed, verified, analyzed, and reported. In FY 2010 and FY 2011, Pact will introduce the



innovative MERL approach to build community buy-in for improving M&E, and strengthen participatory approaches including development of local learning agendas.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10049	Mechanism Name: Thailand Ministry of Public Health
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Thailand Ministry of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,305,000	
Funding Source	Funding Amount
GAP	1,305,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

MOPH Implementing Mechanism Narrative

HHS/CDC funds the Thai MOPH through a five-year cooperative agreement (CoAg). Currently, CDC's Global AIDS Program (GAP) is entering the fourth year of the second five-year CoAg with MOPH. The goals of this collaboration are to provide technical support to the Thai MOPH for HIV prevention, care, and treatment programs as determined by MOPH leadership and GAP/ Thailand and in accordance with the national HIV/AIDS strategy. The expected outcomes of the collaboration include: 1) strengthening health systems, human capacity, guidelines and protocols, and quality systems in order for the government of Thailand to finance and manage in-country programs; 2) supporting replicable models for prevention and care; 3) improving the quality of prevention and care programs; 4) increasing the collection and use of strategic information; and, 5) sharing successful models and providing TA to other



PEPFAR countries.

Models may include service delivery models, surveillance methodologies, or laboratory systems. Support for model development typically proceeds through phases: 1) model development, implementation, and evaluation; 2) scale-up through leveraging of other donor or government funds; 3) integration to routine services; and 4) technical support to ensure quality of national programs and for national-level program M&E.

Support through this implementing mechanism is national. Technical areas and target populations include HIV prevention, care, and support for FSW, IDU, MSM, and prisoners; PMTCT monitoring and early infant diagnosis; national HIV testing and counseling guidelines and monitoring systems; quality of adult and pediatric HIV care and laboratory systems, including EQA programs and laboratory accreditation; positive prevention for HIV-infected MSM, youth, and general population PLHA; surveillance for FSW, IDU, and MSM; and, ARV resistance monitoring, threshold surveys, and early warning indicators. In addition, experts in Thailand receive support through this implementing mechanism to provide TA to other PEPFAR programs (i.e., "Global TA" activity), building on the experience and expertise in Thailand.

Contributions to health systems strengthening are made through all aspects of USG Thailand's TA-based program. Health information systems, laboratory infrastructure, and human resources for health are all areas of emphasis in the Thailand PEPFAR program. USG provides technical support for a) existing surveillance systems in MOPH, b) the development of new surveillance methodologies that are subsequently integrated into routine systems, c) M&E of prevention, care, and treatment programs administered by MOPH, NHSO, or GFATM, and d) data management systems, data analysis, and reporting and use of data for program improvement.

The USG team supports laboratory accreditation programs and quality systems at a national and sub-national level by strengthening the existing organizational structure and the technical capacity of government partners. The USG team supports human resources for health through in-service training in specific technical areas, adoption of new concepts or programs as part of national curricula and guidelines, specific models for task-shifting in HIV care and support, and development of decentralized referral networks that allow patients to receive services at the community level. The USG team supports model and curriculum development with government partners, and provides training of trainers so that national curricula can be used by government staff to provide trainings at different regional, provincial, and district levels, thereby ensuring that programs and technical capacity are integrated into routine government programs.

All USG Thailand technical support to MOPH is for programs that are, or have a plan to be, fully



integrated into routine public health programs. Technical support and capacity building are provided to MOPH staff for development, implementation, evaluation, and expansion of programs that are funded by the national government. If a new program, method, or service delivery strategy is developed, it is developed jointly with MOPH, and training and technical capacity building support are provided at all stages of the process, including for fully expanded national programs in the form of M&E and support for quality systems. M&E is conducted for new program models of service delivery and new quality systems, as well as for national programs or systems to identify gaps or areas that need strengthening. M&E serves to identify the effectiveness or success of a program, and build the M&E capacity of MOPH counterparts. USG health systems strengthening support to MOPH includes development of M&E and database systems, increased technical knowledge and capacity, policy change, development and evaluation of quality systems and programs, and Global Fund technical support.

As a TA-based program, costs are low for this implementing mechanism, and will continue to be low. Model development and evaluation are supported for a time-limited period, and then other donor or government funding is leveraged for program expansion and integration. This CoAg may be a model for countries that are transitioning to reduced programmatic funding, or are moving to a TA-based system.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 10049			
Mechanism Name: Thailand Ministry of Public Health			
Prime Partner Name: Thailand Ministry of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	218,000	
Narrative:			
08-HBHC Care:			

Adult Care and Support

Budget Code Narrative for MOPH

With USG assistance, MOPH will finalize and provide training on a comprehensive performance measurement system which integrates HIVQUAL-T and the NAP databases. MOPH will conduct a TOT on the QI curriculum for the HIV quality national committee, including representatives from all 12 regions. The USG team will provide TA for development of a post-scale-up program evaluation plan.

MOPH will support implementation and evaluation of advanced counseling tools for risk reduction counseling, HIV disclosure, and partner testing. The counseling modules will be tested at three hospitals. Results from the evaluation will be presented to MOPH stakeholders for possible use of the counseling materials in other settings.

Through MOPH, CDC will support model development of positive prevention for MSM in four provinces (Bangkok, Khon Kaen, Phuket, and Udon Thani). This will complement USAID support in two additional provinces. The model includes improved linkages for prevention through outreach activities, and promotion of HIV TC to increase early access to HIV care. Development of a network of MSM peers in the community, HIV-positive MSM, and ARV clinic staff, as well as a referral system, will be part of the model. Capacity building for both MSM peers and ARV clinic staff will be provided. Program monitoring tools have been developed, and linkages between HIV TC and comprehensive health care and health promotion among HIV-positive MSM (including prevention of transmission and behavioral risk assessments and counseling) will be monitored.

These activities will be developed and implemented with input from the MSM technical advisory board, which also serves as the technical advisory board for GFATM activities for MSM. Successful activities will be expanded to MSM sites in other GFATM-supported provinces, and technical support will be provided for similar activities in GFATM-supported sites and to GFATM partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	90,000	

Narrative:

12-HVCT Care:
Counseling and Testing
Budget Code Narrative for MOPH

With USG assistance, MOPH will pilot rapid HIV testing and counseling (TC) with same day results in six

USG sites to increase the number of MSM accessing TC and learning about their HIV status and the number of HIV-positive MSM who access care. All USG sites are part of GFATM support for MSM prevention activities. MOPH will support development of an HIV counseling curriculum for MARPs, and provide training to all counselors working in MSM clinics under GFATM support.

MOPH will provide laboratory training, and establish a laboratory QA system for rapid HIV testing. USG will support HIV rapid test kits during this pilot, but the RTG will assume budgetary responsibility for this activity after 2011. M&E plans will be developed to demonstrate the feasibility of implementing rapid testing, and whether it increases the number of MSM accessing HIV TC services and learning about their HIV status.

With support from GFATM, HIV TC services will be scaled up to prisons in a few provinces. MOPH will continue to provide prison health care staff trainings, and develop referral systems between prisons, preventive medicine units, and ARV clinics at local hospitals. MOPH will work with participating prisons to ensure linkages between peer education and VCT services through referral of prisoners by peer educators. An HIV VCT reporting system will be implemented as part of the DoC prison health care monitoring system, and data will be used to inform DoC, MOPH, GFATM, and other stakeholders on the success of the HIV TC service model.

MOPH will provide TOT for HIV counseling for FSW based on the adapted training curriculum from FHI/UNICEF/WHO. This training will benefit counselors in the 41 provinces scaling up HIV TC services for FSW under GFATM. MOPH will expand STI-QUAL following the pilot phase to all GFATM-supported provinces. Key indicators in STI-QUAL are related to the uptake of HIV testing and receipt of results by FSW and clients with STIs.

MOPH will pilot the national guidelines for HIV TC, including counseling recommendations for MARPs, rapid testing algorithm recommendations, and M&E systems. MOPH will receive USG technical support to develop a monitoring system for HIV TC in Thailand.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	135,500	

Narrative:

14-PDCS Care:
Pediatric Care and Support
Budget Code Narrative for MOPH

With USG assistance, MOPH will monitor uptake of EID testing to evaluate whether strategies for promotion of DNA-PCR utilization are effective and useful for expansion to other provinces in Thailand that have low uptake of DNA-PCR for EID. By the end of FY 2011, provinces with low uptake will be identified, and additional training to promote utilization of DNA-PCR for EID will be conducted or planned. As a result of EID, infants should increasingly receive early treatment which will decrease mortality of HIV-infected infants during the first year of life.

MOPH and NHSO will fund the expansion of the community-based pediatric HIV network and pediatric HIVQUAL-T program. At least 27 tertiary care hospitals from 27 provinces are expected to implement the pediatric HIV network and pediatric HIVQUAL-T. This will help strengthen referral services from tertiary to community hospitals and increase data utilization at the local level, including pediatric HIVQUAL performance measurement data, EWI, and NAP reports for program improvement. To assist program expansion in the early phase, USG will provide support for coordination with MOPH and NHSO of expanded activities. USG will also support an annual meeting for various sites to share lessons learned and evaluation results from program expansion.

MOPH will evaluate the positive prevention for HIV-infected youth program, and disseminate evaluation results to stakeholders. As part of this project, USG will support meetings with stakeholders on ARV adherence promotion among HIV-infected youth. Guidance on promotion of ARV adherence in HIV-infected youth will be developed. Lessons learned from the Positive Prevention for Youth program will be shared with hospitals in the pediatric network and key stakeholders, including techniques for ARV adherence promotion among youth.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	263,000	

Narrative:

17-HVSI Strategic Information

Budget Code Narrative for MOPH

With USG assistance, MOPH has implemented the national HIV/AIDS information, monitoring, and surveillance systems. Key activities in FY 2010-FY 2011 include developing and evaluating replicable models for program monitoring and surveillance, building human resource capacity within the Thai government to integrate and expand these models, and using the results for program planning and improvement. Specifically, MOPH will undertake:

- 1) scaling-up of IBBS among non-venue-based FSW, IDU, and MSM by developing standardized

operational procedures, and building capacity in surveillance implementation among key resource persons, including MOPH surveillance officers, provincial health offices, local NGOs, and outreach volunteers;

2) developing and piloting in the field monitoring tools to monitor HIV prevention service delivery and program outcomes among IDU and MSM;

3) evaluating and validating the measurement tools for monitoring HIVDR EWI, and organizing training workshops to implement EWI for HIVDR prevention;

4) field work and technical consultative workshops to explore the feasibility of establishing a single harmonized and integrated health management information system for national HIV and ART monitoring, which is currently managed by three governmental organizations (the Civil Servant Fund, NHSO, and SSO). It is expected that by the end of FY 2011, Thailand will have a harmonized HIV and ART monitoring system to monitor national ART program efficiency and effectiveness and integrate HIV case reporting surveillance; and,

5) consultative and training workshops to conduct in-depth analysis of SI, develop and implement local M&E plans, and increase the use of data for policy planning, resource mobilization, and action by health and non-health government organizations, NGOs, CBOs, and the private sector at national and sub-national levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	248,000	

Narrative:

03-HVOP Sexual Prevention:

Other Sexual Prevention

Budget Code Narrative for MOPH

With USG assistance, MOPH has supported provincial health offices in major areas of Thailand to implement peer outreach education for MSM since 2004. In FY 2010, MOPH will continue to support to MSM peer outreach activities, including capacity building, outreach trainings, and M&E activities.

Together with the USG team, MOPH has developed curricula for sensitivity training and health care management training for health care providers who will work with MSM. In FY 2010, MOPH will organize a Training of Trainers on sensitivity and health care management to be funded by GFATM. The USG

team will support MOPH to monitor these trainers to ensure that quality trainings are provided.

To promote testing and counseling for MARPs, MOPH will work with GFATM and the USG team to develop work and budget plans to harmonize the work of MOPH and USG.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	47,500	

Narrative:

01-MTCT Prevention:

PMTCT

Budget Code Narrative for MOPH

USG supports the national PMTCT program through MOPH in specific technical areas, particularly in M&E and addressing gaps in program services. Otherwise, the national PMTCT program is fully funded and supported by the Government of Thailand.

With USG assistance, MOPH will support an evaluation of the couples counseling program at 17 public hospitals in five provinces including program uptake, feasibility and acceptability of couples counseling, and positive and negative consequences of couples counseling. Results from the evaluation will be presented to DOH for policy recommendations. Monitoring and supervision results of couples counseling will be shared as lessons learned and best practices from participating sites. The couples counseling manual and materials will be disseminated to hospitals, and recommended as part of the national PMTCT guidelines.

With USG assistance, MOPH will support meetings with key stakeholders to develop PMTCT reports that can be generated from the NAP database. The reports will be used at pilot sites to test for report validity and program improvement. By the end of FY 2011, it is expected that the NAP database will automatically generate PMTCT reports to use at hospital, provincial, regional, and national levels for program monitoring and improvement.

For USG reporting, the national outcome PMTCT indicators will be reported in line with data reported to UNGASS. Although USG does not provide direct support for PMTCT program services, the USG team will explore whether national-level data are available to report on the number of known positive pregnant women, what PMTCT regimens these women receive, proportion of infected women assessed for ART eligibility, and percent of infants born to HIV-infected mothers. As noted in the PMTCT Technical Area Narrative, these are potential program gaps identified through a national program evaluation, and USG

will provide technical support to MOPH to increase the uptake of services. Improvement in uptake should be reflected in data from the NAP database. Furthermore, depending on the success of the couples counseling pilot, if this program is expanded nationally, systems may be instituted to monitor the uptake of partner testing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	268,000	

Narrative:

16-HLAB Laboratory Infrastructure
Budget Code Narrative for MOPH

With USG assistance, MOPH will support software development, and provide technical and management support for the HIV DR EQA scheme. For OI diagnosis, MOPH will support program expansion of EQA schemes, and identify mechanisms for long-term sustainability. MOPH will support development of web-based technology for virtual microscopy for OI EQA schemes, and to harmonize more than 40 EQA schemes.

MOPH will implement an HIV rapid test algorithm at six USG-supported MSM clinics. This includes the development of SOPs, training, and establishment of rapid testing QA/QC programs. MOPH will help NIH roll out selected algorithms, and provide TOT for rapid HIV testing. MOPH will support post-marketing evaluation of HIV test kits by Thai NIH by developing a protocol and selecting appropriate panels for testing.

MOPH, in collaboration with USG, has provided training on laboratory QMS for local and regional laboratories. To harmonize all QMS training curricula, MOPH will support the development and evaluation of a generic laboratory QMS curriculum. To strengthen the national laboratory accreditation program, MOPH will continue to support the development of a training curriculum for trainers according to MT Council laboratory standards, as well as implementation of the training package.

MOPH will support the Chiang Rai laboratory network by providing training on QMS according to Thai MT Council standards. An estimated 60% to 80% of 44 hospitals in the network are expected to receive a quality score level 3. MOPH will leverage Thai government funds to expand support to another network for laboratory accreditation.

Thai MOPH staff will provide TA to a) Cambodia for OI diagnosis, auditor training, and QMS; b) Laos for HIV serology, OI diagnosis, STI diagnosis, and CD4 EQA programs; c) Papua New Guinea for HIV

serology EQA programs and QMS; and, d) Vietnam for EID, ARV DR testing, OI diagnosis, STI diagnosis, HIV test kit pre-marketing evaluation, QMS, CD4 and HIV serology EQAS interpretation, and auditor training. MOPH laboratory experts will also provide TA to countries in Africa to develop and implement EQA programs, establish reference laboratories, and consult on implementation of laboratory accreditation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	35,000	

Narrative:

10-HVTB Care:

TB/HIV

Budget Code Narrative for MOPH

With USG assistance, MOPH has developed, implemented, and evaluated model TB/ HIV interventions and a training curriculum for accelerating initiation of ART among TB/HIV patients. The evaluation during 2009 led to recommendations for revisions, and full rollout through the national TB program. In FY 2010, MOPH will add more case studies to the curriculum, and develop a more condensed handbook for clinicians.

In 2009, USG supported the introduction and validation of a new rapid molecular test (Hain MTBDR+) at the National TB Reference Laboratory. Routine implementation of this new test by MOPH, in parallel with conventional drug susceptibility testing methods, is being supported for one calendar year for TB patients from four provinces. The public health impact of the new assay will be evaluated. This process began mid-FY 2009, and will continue to be supported during FY 2010. The USG will support the cost of reagents and technician time, and the refresher training of clinicians in MDR TB management.

With USG assistance, MOPH will develop national TB infection control guidelines and training curriculum, pilot a facility/workplace practices assessment tool, and evaluate the efficacy of infection control interventions. USG technical support to MOPH will complement GFATM-supported infection control interventions, and enhance the evaluation of their implementation.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10050	Mechanism Name: Thailand Ministry of Public
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	Health
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Thailand Ministry of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	Funding Amount
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

MOPH Implementing Mechanism Narrative

HHS/CDC funds the Thai MOPH through a five-year cooperative agreement (CoAg). Currently, CDC's Global AIDS Program (GAP) is entering the fourth year of the second five-year CoAg with MOPH. The goals of this collaboration are to provide technical support to the Thai MOPH for HIV prevention, care, and treatment programs as determined by MOPH leadership and GAP/ Thailand and in accordance with the national HIV/AIDS strategy. The expected outcomes of the collaboration include: 1) strengthening health systems, human capacity, guidelines and protocols, and quality systems in order for the government of Thailand to finance and manage in-country programs; 2) supporting replicable models for prevention and care; 3) improving the quality of prevention and care programs; 4) increasing the collection and use of strategic information; and, 5) sharing successful models and providing TA to other PEPFAR countries.

Models may include service delivery models, surveillance methodologies, or laboratory systems. Support for model development typically proceeds through phases: 1) model development, implementation, and evaluation; 2) scale-up through leveraging of other donor or government funds; 3) integration to routine services; and 4) technical support to ensure quality of national programs and for national-level program M&E.

Support through this implementing mechanism is national. Technical areas and target populations include



HIV prevention, care, and support for FSW, IDU, MSM, and prisoners; PMTCT monitoring and early infant diagnosis; national HIV testing and counseling guidelines and monitoring systems; quality of adult and pediatric HIV care and laboratory systems, including EQA programs and laboratory accreditation; positive prevention for HIV-infected MSM, youth, and general population PLHA; surveillance for FSW, IDU, and MSM; and, ARV resistance monitoring, threshold surveys, and early warning indicators. In addition, experts in Thailand receive support through this implementing mechanism to provide TA to other PEPFAR programs (i.e., "Global TA" activity), building on the experience and expertise in Thailand.

Contributions to health systems strengthening are made through all aspects of USG Thailand's TA-based program. Health information systems, laboratory infrastructure, and human resources for health are all areas of emphasis in the Thailand PEPFAR program. USG provides technical support for a) existing surveillance systems in MOPH, b) the development of new surveillance methodologies that are subsequently integrated into routine systems, c) M&E of prevention, care, and treatment programs administered by MOPH, NHSO, or GFATM, and d) data management systems, data analysis, and reporting and use of data for program improvement.

The USG team supports laboratory accreditation programs and quality systems at a national and sub-national level by strengthening the existing organizational structure and the technical capacity of government partners. The USG team supports human resources for health through in-service training in specific technical areas, adoption of new concepts or programs as part of national curricula and guidelines, specific models for task-shifting in HIV care and support, and development of decentralized referral networks that allow patients to receive services at the community level. The USG team supports model and curriculum development with government partners, and provides training of trainers so that national curricula can be used by government staff to provide trainings at different regional, provincial, and district levels, thereby ensuring that programs and technical capacity are integrated into routine government programs.

All USG Thailand technical support to MOPH is for programs that are, or have a plan to be, fully integrated into routine public health programs. Technical support and capacity building are provided to MOPH staff for development, implementation, evaluation, and expansion of programs that are funded by the national government. If a new program, method, or service delivery strategy is developed, it is developed jointly with MOPH, and training and technical capacity building support are provided at all stages of the process, including for fully expanded national programs in the form of M&E and support for quality systems. M&E is conducted for new program models of service delivery and new quality systems, as well as for national programs or systems to identify gaps or areas that need strengthening. M&E serves to identify the effectiveness or success of a program, and build the M&E capacity of MOPH counterparts. USG health systems strengthening support to MOPH includes development of M&E and



database systems, increased technical knowledge and capacity, policy change, development and evaluation of quality systems and programs, and Global Fund technical support.

As a TA-based program, costs are low for this implementing mechanism, and will continue to be low. Model development and evaluation are supported for a time-limited period, and then other donor or government funding is leveraged for program expansion and integration. This CoAg may be a model for countries that are transitioning to reduced programmatic funding, or are moving to a TA-based system.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 10050			
Mechanism Name: Thailand Ministry of Public Health			
Prime Partner Name: Thailand Ministry of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	45,000	
Narrative:			
<p>08-HBHC Care: Adult Care and Support Budget Code Narrative for MOPH</p> <p>With USG assistance, MOPH will finalize and provide training on a comprehensive performance measurement system which integrates HIVQUAL-T and the NAP databases. MOPH will conduct a TOT on the QI curriculum for the HIV quality national committee, including representatives from all 12 regions. The USG team will provide TA for development of a post-scale-up program evaluation plan.</p> <p>MOPH will support implementation and evaluation of advanced counseling tools for risk reduction</p>			

counseling, HIV disclosure, and partner testing. The counseling modules will be tested at three hospitals. Results from the evaluation will be presented to MOPH stakeholders for possible use of the counseling materials in other settings.

Through MOPH, CDC will support model development of positive prevention for MSM in four provinces (Bangkok, Khon Kaen, Phuket, and Udon Thani). This will complement USAID support in two additional provinces. The model includes improved linkages for prevention through outreach activities, and promotion of HIV TC to increase early access to HIV care. Development of a network of MSM peers in the community, HIV-positive MSM, and ARV clinic staff, as well as a referral system, will be part of the model. Capacity building for both MSM peers and ARV clinic staff will be provided. Program monitoring tools have been developed, and linkages between HIV TC and comprehensive health care and health promotion among HIV-positive MSM (including prevention of transmission and behavioral risk assessments and counseling) will be monitored.

These activities will be developed and implemented with input from the MSM technical advisory board, which also serves as the technical advisory board for GFATM activities for MSM. Successful activities will be expanded to MSM sites in other GFATM-supported provinces, and technical support will be provided for similar activities in GFATM-supported sites and to GFATM partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	155,000	

Narrative:

03-HVOP Sexual Prevention:

Other Sexual Prevention

Budget Code Narrative for MOPH

With USG assistance, MOPH has supported provincial health offices in major areas of Thailand to implement peer outreach education for MSM since 2004. In FY 2010, MOPH will continue to support to MSM peer outreach activities, including capacity building, outreach trainings, and M&E activities.

Together with the USG team, MOPH has developed curricula for sensitivity training and health care management training for health care providers who will work with MSM. In FY 2010, MOPH will organize a Training of Trainers on sensitivity and health care management to be funded by GFATM. The USG team will support MOPH to monitor these trainers to ensure that quality trainings are provided.

To promote testing and counseling for MARPs, MOPH will work with GFATM and the USG team to

develop work and budget plans to harmonize the work of MOPH and USG.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10051	Mechanism Name: Bangkok Metropolitan Administration
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Bangkok Metropolitan Administration	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 146,000	
Funding Source	Funding Amount
GAP	146,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

BMA Implementing Mechanism Narrative

HHS/CDC funds the Bangkok Metropolitan Administration (BMA) through a five-year cooperative agreement (CoAg). Currently, CDC's Global AIDS Program (GAP) is entering the fourth year of the second five-year CoAg with BMA. The goals of the award are to provide technical support for HIV prevention, care, and treatment programs as determined by BMA leadership and GAP/Thailand and in accordance with the national HIV/AIDS strategy. The specific objectives of the GAP-BMA CoAg are: 1) supporting replicable models for prevention and care; 2) improving the quality of prevention and care programs; 3) increasing the collection and use of strategic information; and 4) sharing successful models and providing TA to other PEPFAR countries. Models may include service delivery models, surveillance methodologies, or laboratory systems. Support for model development typically proceeds through phases: 1) model development, implementation, and evaluation; 2) scale-up through leveraging of other donor or



government funds; 3) integration to routine services; and 4) technical support to ensure quality of national programs and for national-level program M&E.

Support through this implementing mechanism covers the city of Bangkok and hospitals and health clinics (public and private) under BMA governorship. Of note, some hospitals in Bangkok fall under MOPH, not BMA. Technical areas and target populations include HIV prevention for IDU, quality of HIV care, positive prevention for general PLHA, surveillance for MSM and IDU, ARV threshold surveys, and early warning indicators.

Contributions to health systems strengthening are made through all aspects of support to BMA. Health information systems and human resources for health are areas of emphasis in USG support to BMA. The USG team provides technical support for the development of new surveillance methodologies that are subsequently integrated into routine systems, and for M&E of prevention, care, and treatment programs administered by BMA, NHSO, or GFATM. USG also supports human resources for health through in-service training in specific technical areas, adoption of new concepts or programs as part of national curricula and guidelines, and task-shifting of key services from government clinic staff to peer and community workers. USG provides training of trainers so that national curricula can be used by government staff to provide trainings at all levels, thereby ensuring that programs and technical capacity are integrated into routine BMA government programs.

All GAP/Thailand technical support to BMA is for programs that are, or have a plan to be, fully integrated into routine public health programs. Technical support and capacity building are provided to BMA staff for development, implementation, evaluation, and expansion of programs that are funded by the Bangkok city government. If a new program, method, or service delivery strategy is developed, it is developed jointly with BMA, and training and technical capacity building support are provided at all stages of the process, including for fully expanded programs in the form of M&E and support for quality systems. M&E is conducted for new program models of service delivery and new quality systems, as well as for national programs or systems to identify gaps or areas that need strengthening. M&E serves to identify the effectiveness or success of a program, and builds the M&E capacity of BMA counterparts. USG health systems strengthening support to BMA includes development of M&E and database systems, increased technical knowledge and capacity, policy change, and development and evaluation of quality systems and programs.

As a TA-based program, costs are low as part of this implementing mechanism, and will continue to be low. Model development and evaluation are supported for a limited time, and then other donor or government funding is leveraged for program expansion and integration. However, new programmatic gaps or technical support needs may be identified as some programs are integrated.



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 10051			
Mechanism Name: Bangkok Metropolitan Administration			
Prime Partner Name: Bangkok Metropolitan Administration			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	27,000	

Narrative:

08-HBHC Care:
 Adult Care and Support
 Budget Code Narrative for BMA

With USG assistance, BMA will continue to provide support for integration of the HIVQUAL-T model through the Department of Medical Services, which is responsible for nine ARV clinics in BMA hospitals.

BMA supports QI activities through sharing of performance measurement results and discussion among BMA stakeholders as to how the quality of services can be improved. Furthermore, the QI activities themselves are conducted with BMA financial support. Performance measurement results are sent directly to MOPH and combined at the national level.

Following the development and implementation of clinic-based positive prevention tools with short messages, BMA will support implementation and evaluation of advanced counseling materials including risk reduction, HIV disclosure, and partner testing counseling. The counseling modules will be tested at two BMA hospitals. Tools and materials and results from the evaluation will be presented to BMA stakeholders for use in other settings. BMA will also support a TOT for all nine BMA hospitals and some

health centers on the positive prevention short messages.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	46,000	

Narrative:

17-HVSI Strategic Information

Budget Code Narrative for BMA

With USG assistance, BMA has implemented HIV/AIDS information, monitoring, and surveillance systems. Key activities in FY 2010-FY 2011 include piloting models for program monitoring and surveillance, building human resource capacity within local governments to integrate and expand these models, and using the results for program planning and improvement. Specifically, BMA will undertake:

1) a pilot HIV drug resistance (HIVDR) threshold survey to estimate the prevalence of HIVDR among recently HIV infected pregnant women in Bangkok. USG will provide technical support to develop standardized operational procedures, build capacity in survey implementation among key resource persons, and fund field data collection and laboratory supplies; and,

2) consultative and training workshops to conduct in-depth analysis of SI on ART monitoring, HIVDR early warning indicators, HIVDR resistance surveillance, HIVDR threshold survey data, and HIVQUAL-T. Results will be used to support policy planning and action by health and non-health government organizations and the private sector for program improvement. Lessons learned will be shared for scaling-up the national program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	48,000	

Narrative:

06-IDUP Biomedical Prevention:

Injecting and Non-Injecting Drug Use

Budget Code Narrative for BMA

With USG assistance, BMA will support the IDU peer outreach prevention program, including capacity building for peers and clinic staff to enhance their outreach interventions for HIV-positive IDU. BMA will develop Positive Prevention activities at the methadone clinics in Bangkok, such as support of HIV status disclosure, counseling and testing for partners, pre-ART services (e.g., CD4 monitoring and supportive counseling), referral to HIV care, ARV adherence counseling, injecting and sexual risk reduction

counseling, STI self screening, and referral for treatment. BMA will strengthen and expand the services provided at methadone clinics, including STI self-screening and referral to treatment services at BMA public health centers and hospitals. In addition, BMA will increase access to HIV testing and counseling services by extending them to IDU who are non-methadone patients, and supporting mobile VCT services from an IDU drop-in-center operated by PSI in Bangkok. BMA will develop an integrated M&E system to assess the success of these services, including the development of service record forms, a data base program, and a reporting system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	25,000	

Narrative:

10-HVTB Care:

TB/HIV

Budget Code Narrative for BMA

With USG assistance, BMA has enhanced laboratory capacity for TB diagnosis and drug susceptibility testing (DST). The BMA central laboratory conducts mycobacterial culture (liquid and solid media), and DST when indicated, for all specimens referred from BMA clinics and hospitals. In FY 2009, the USG team supported the laboratory to validate its performance using a new rapid molecular test (Hain MTBDR+) for DST. Routine implementation of this new test by BMA, in parallel with conventional DST methods, is being supported for one full calendar year. The public health impact of the new assay will be evaluated. This process began mid-FY 2009, and will continue to be supported during FY 2010. The USG team will support the cost of reagents and technician time, and the refresher training of clinicians in MDR TB management.

Implementing Mechanism Indicator Information

(No data provided.)



USG Management and Operations

1.
Redacted
2.
Redacted
3.
Redacted
4.
Redacted
5.
Redacted

Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services					2,131	2,131
ICASS					19,273	19,273
Institutional Contractors					22,000	22,000
Management Meetings/Professional Development					6,494	6,494
Non-ICASS Administrative Costs					5,211	5,211
Staff Program Travel					9,759	9,759
USG Staff Salaries and Benefits					12,047	12,047



Total	0	0	0	0	76,915	76,915
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U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (USAID)		2,131
ICASS		GHCS (USAID)		19,273
Management Meetings/Professional Development		GHCS (USAID)		6,494
Non-ICASS Administrative Costs		GHCS (USAID)		5,211

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing			27,463			27,463
Computers/IT Services			23,545			23,545
ICASS			117,655			117,655
Institutional Contractors			27,927			27,927
Non-ICASS Administrative Costs			435,073			435,073
Staff Program Travel			312,641			312,641
USG Staff Salaries and			1,604,696			1,604,696



Benefits						
Total	0	0	2,549,000	0	0	2,549,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		27,463
Computers/IT Services		GAP		23,545
ICASS		GAP		117,655
Non-ICASS Administrative Costs		GAP		435,073