Thailand

Operational Plan Report

FY 2011

Operating Unit Overview

OU Executive Summary

Background

The spread of HIV in Thailand slowed from a high of 150,000 new infections in 1991 to approximately 12,000 in 2009. 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%. HIV prevalence among pregnant women at antenatal clinics (ANC) was 0.78% in 2008 and 0.64% in 2009, with 99% of pregnant women in ANC receiving HIV testing. However, while HIV prevalence has decreased in the general population, recent data suggest increasing HIV incidence in all most-at-risk populations (MARPs), where both HIV prevalence and high-risk behaviors are high. A rapid rise in HIV prevalence was observed in men who have sex with men (MSM in surveys from Bangkok, Chiang Mai and Phuket from 2003 to 2010; with HIV rates in the MSM and MSM sex worker populations ranging from 14-31%). Data from a series of surveys indicate that HIV continues to be a serious problem among injection drug users (IDU). Some surveillance activities among this group reported HIV prevalence in 2009 was 52%. HIV prevalence from sentinel surveillance among female sex workers (FSW) has declined steadily from 28% in the mid-1990s to 2-3% in these groups in recent years. Yet there is potential for resurgence in this group due to changes in the places where FSW meet clients and access sexually transmitted infection (STI) clinics. Street-based FSW may be at particularly high risk, with 10-20% HIV positive in two 2007 USG-supported surveys in Bangkok and Chiang Rai.

In 2009, there were an estimated 500,000 people living with HIV/AIDS (PLHA), including 14,000 children, in Thailand. These estimates represent 0.8% of the general population, which is low, while prevalence among most at risk populations remains high. Projections indicate that about 50,000 PLHA developed AIDS in 2009, and that the number of persons on antiretroviral treatment (ART) at the end of 2009 was 216,118, or 78% of the estimated 275,821 eligible for ART, using a CD4 threshold of 200. An estimated 28,000 persons died of AIDS in Thailand during 2009, half of the estimate for 2001 but still substantial. In 2009, Thailand ranked 18th on WHO's list of 22 tuberculosis (TB) high-burden countries, and 89% of registered TB cases in Thailand received TB testing in 2009. With nearly three-quarters of the national HIV budget dedicated to treatment and care, clinical services are well developed. Approximately 800,000 pregnant women deliver in Thailand each year. HIV-positive women and newborns are given ARV prophylaxis according to existing guidelines. Beginning in October 2010, antepartum highly active ART will be recommended for all HIV-positive pregnant women regardless of CD4 count, and public hospitals will begin to provide couples counseling and testing for pregnant women and their partners in ANC settings. Prevention of mother-to-child transmission (PMTCT) service uptake is very high.

The National Health Security Office (NHSO) has authority over the Royal Thai Government (RTG) national health services budget of 3.9 Billion baht ($126 million) for HIV/AIDS. NHSO contributes 55% of all HIV/AIDS expenditures in Thailand (including international sources), and plays the critical 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 (EQA) 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. Global Fund to Fight AIDS, TB, and Malaria (GFATM) funding has now been allocated for targeted prevention outreach with FSW, IDU, MSM, and migrants, although capacity building challenges remain 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 383.1 billion Thai baht ($11,607 million) in 2009, 1.9%, or 7.2 billion baht ($218 million) was spent on HIV/AIDS programs. RTG provided 93% of this funding, with 7% coming from international sources. Only 14% of the HIV/AIDS budget in 2009 was set aside for prevention work, including condom promotion (3%), while 76% went to care and treatment services and 10% for other areas, such as orphans and vulnerable children, strengthening program management administration, enabling environment and community development, and social protection and social services. Thailand intends to provide universal access to ARVs, and to prevent half the number of incident HIV cases in 2011 among MARPs.

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. Consistent with Thailand's overall approach to decentralize activities, local authorities have increasing responsibilities, and need capacity development in use of information for decision making and facilitating multisectoral engagement. The Global Fund Provincial Coordinating Mechanisms provide a forum for this purpose.

Political Context: Thailand's government has turned over several times since a military coup in September 2006, and anti-government protests in the spring of 2010 caused a temporary disruption to USG work but no meaningful decrease in productivity. Despite an uncertain political environment, the RTG continues to adopt U.S. government (USG) model programs for prevention for MARPs, quality systems, and strategic information (SI). Through several changes of government, several ministers of health, and violent protests, there has been no wavering of RTG support for a strong HIV/AIDS program.

Adopting the Core Principles of the Global Health Initiative (GHI): The approaches used to implement the objectives of the USG Thailand PEPFAR team have four underlying themes: building capacity, strengthening health systems, and strengthening government ownership and coordination. All activities supported by USG are aligned with the GHI principles and goals 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, non-governmental organizations (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.

The USG vision is that RTG and key NGO partners 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 four years, USG expects to continue to provide intensive targeted technical assistance (TA) and capacity building to RTG and GFATM-funded programs, strategically adapting and testing models that have been proven in other settings for use in Thailand. USG will provide critical policy input, build the capacity of targeted health care workers and community-based organizations (CBOs), improve the quality of MARP-focused HIV services, and strengthen key elements of the health care system at the national, provincial and local levels. To address the GHI principle of improving metrics, USG will continue to support state-of-the-art HIV surveillance efforts, and provide critical input into the monitoring and collection of data, improving data quality, data use, and evaluation. USG will continue to promote research and innovation, and provide technical expertise in national activities through its TA implementation model. The other core principles of GHI follow below:

<u>Sustainability and Country Ownership</u>

Consistent with the vision of PEPFAR and GHI, USG supports a national HIV/AIDS program led, managed, and coordinated by 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 M&E, and involvement of civil society remain significant challenges. Over the past several years, USG has transitioned to a TA-based strategy to address these gaps, focused on

sustainability, government ownership, and coordination, working closely with RTG, other donors, international organizations, and NGOs. USG assistance to Thailand focuses on providing TA and capacity building to RTG and Thai civil society organizations to strengthen RTG's and civil society's ability to provide oversight and manage the national HIV response in a sustainable manner. USG introduces and evaluates innovative science-based models with a focus on scale-up and sustainability through these partners, and a goal of facilitating integration of models into routine systems. As a result of this effective and successful approach, numerous USG-supported high-quality models have been scaled-up, evaluated, and incorporated into the national system through government or other external support, principally GFATM, allowing USG support to address new areas, such as opportunities to more broadly affect and support national health systems.

In addition to USG fostering successful Thai adoption of model programs and approaches, their scale-up through TA, and transition to government ownership within Thailand, dissemination of successful models is also adapted and shared through TA to other countries. This increasingly successful provision of country-to-country TA to other PEPFAR countries serves several critical functions. First, PEPFAR benefits from successful models developed and implemented in Thailand, and adapted in the broader PEPFAR context. Second, this activity provides a road map to developing successful models of TA/ collaboration between PEPFAR countries, regionally and beyond. Third, as Thailand moves to enhance its developing donor assistance, USG plays a substantial role in mentoring Thai government and locally employed USG staff to begin to provide TA to other countries. This activity maximizes the contributions of PEPFAR technical and capacity-building investments, and increases the sustainability of PEPFAR efforts in the region. To capitalize on these successes, USG will continue to engage both the U.S. Centers for Disease Control and Prevention (CDC) and Thai government staff to respond to the increasing requests from other PEPFAR countries for TA. Thus far, TA has focused in the technical areas of laboratory, SI, care and treatment quality improvement, outreach, PMTCT, TB, and pediatric care and treatment. Examples include provision of TA for development of laboratory quality assurance systems in Ethiopia and Vietnam; technical visits and trainings with Ethiopia, Kenya, Zambia; TB infection control trainings and assessments in the Asia region; and development of peer outreach programs for IDU in Zanzibar, Tanzania. These TA activities are funded partially through requesting country funding, with CDC Thailand contributing staffing support through Thailand COP funding including a small amount of funding for travel and coordination. U.S. Agency for International Development (USAID) Regional Development Mission Asia (RDMA) staff and partners also provide TA support for SI analysis and use, prevention with MARPs, care and treatment models (including livelihoods), policy analysis, and stigma and discrimination reduction, in addition to strengthening regional networks of MSM and PLHA in Asia. USAID does this through regional funding (not Thailand COP funds), and these activities are described in their Regional Operational Plan.

Integration across the USG

USG TA is highly valued by the RTG, not only in health, but also in economic, political, and legal spheres. Even with extremely limited resources, USG TA has a high impact and exerts a strong influence on RTG's HIV/AIDS response at the national, provincial, and local levels. In line with both PEPFAR and GHI principles, CDC and USAID/RDMA, the two USG agencies working under PEPFAR in Thailand, work closely together and effectively use their individual comparative advantages for maximum impact. CDC's TA relationship with the Ministry of Public Health (MOPH) focuses on best-practice guidance and technical approaches, human capacity building, model development and scale-up, quality systems, and M&E. This includes prevention, care and support for MARPs, quality systems in care and treatment programs and laboratories, and new surveillance methodologies. USAID's TA relationships with civil society and provincial and local implementing partners focus on developing implementation models for prevention and care and support for MARPs, particularly the key population of MSM.

PEPFAR is only one part of an extensive Thailand and regional health cooperation matrix conducted by CDC, USAID/RDMA and the U.S. Armed Forces Research Institute for Medical Sciences (AFRIMS).

Peace Corps has worked in Thailand since 1962, and currently has approximately 90 volunteers, some of whom work on health and are involved with HIV/AIDS awareness education. The Thailand MOPH-U.S. CDC Collaboration works on TB, emerging infections, influenza, immigrant screening, and outbreak investigation. USAID/RDMA provides public health disease prevention work in the region, including Thailand, for control of malaria, TB, avian influenza, and other emerging pandemic infections. The U.S. National Institutes of Health (NIH) has a long history of collaborations with Thailand, and the National Institute of Allergy and Infectious Diseases (NIAID) currently funds over 30 projects in Thailand in infectious diseases (HIV/AIDS, H1N1, malaria, and dengue fever), many through major HIV/AIDS Clinical Trials Networks. USG staff informally discuss and consult with NIH staff and NIH grantees on research development and results.

USG Thailand agencies offer the following capacities:

- 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 RDMA: developing, testing, and replicating models for prevention and care to MARPs through NGO partnerships, supporting SI, and capacity building of GFATM recipients.

Health Systems Strengthening and Human Resources for Health

One of GHI's core principles is to build sustainability through health systems strengthening (HSS). USG support for HSS and human resources for health (HRH) is focused on capacity building of existing health care workers, government public health staff, and civil society organizations to allow for improved quality, implementation, and sustainability of HIV programs. USG support includes didactic in-service training; mentoring of and TA to health care providers, government staff, and civil society organizations; development of tools and curricula that are then used at a national level with government funding and USG technical support; and development, implementation, evaluation, and expansion of models for task shifting and decentralization. MOPH conducts annual health workforce assessments, and approved a master HRH plan for 2004-2013. USG contributes to the plan's goals through specialized training, tools, and other technical support to build the capacity of health care workers to conduct better HIV programs.

MOPH provides management and leadership development training through its Institute of Health Workforce Development. Designated courses are required before a health officer can be promoted to the next level in the health system at both central and local levels. To complement training, a Thai adaptation of the CDC Atlanta Management in Public Health course is provided primarily to provincial-level health staff through Mahidol University. Training for task shifting is taking place in several ways. MOPH supports village health volunteers to provide health education at household and community levels, and serve as liaisons to the health system and focal points in emergencies. Volunteers receive five days pre-service training, followed by periodic brief courses on priority issues for the province, and annual refresher training. USG also supported projects to increase community-based health care workers' HIV knowledge and training so that care can be decentralized from congested tertiary care centers.

In FY11, USG will provide training to implementing partners and health care workers on a variety of prevention, care, and treatment topics, including a) PMTCT and ART for pregnant women and babies; b) revised IDU guidelines and STI, Prevention with Positives, and outreach services for IDU; c) quality improvement for HIV/AIDS care in hospitals; d) advanced counseling and couples counseling and testing; e) laboratory quality monitoring systems; f) HIV drug resistance (DR) threshold surveys and integrated behavioral and biological surveys using respondent driven sampling (RDS); g) interpreting the early warning indicators guidelines for HIV DR prevention; and h) HSS and enabling environments.

Coordination with Other Donors and the Private Sector

The USG strategy is aligned with partners throughout the country, including UNAIDS, WHO, and other NGOs. 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. USG has demonstrated commitment to supporting RTG in its relationship with GFATM, and is one of the two donor representatives sitting as voting members on the Country Coordinating Mechanism. GFATM has awarded Thailand a $106 million grant focused on MARP prevention over five years through GFATM Round 8. The success of Thailand in winning this grant was based partially on two factors: the ability of the MOPH and interagency work groups (with USG assistance) to write an excellent proposal, and the transfer by RTG's well-developed health financing system of resources from the national to the provincial and local levels. Yet these levels require further assistance in their ability to effectively implement quality MARP-focused interventions. USG's successful implementation of the TA-based model, its role in GFATM coordination, and its relationship with RTG and international organizations in Thailand, uniquely position it to provide TA to RTG to ensure quality implementation of the GFATM HIV and TB grants.

Women, Girls, and Gender Equality Approach

As articulated in GHI's Women, Girls, and Gender Equality principle, gender equality and women's empowerment are integrated throughout USG HIV programs. USG's work in these areas encompasses relevant data collection and analysis; policy and advocacy; development of tools and methodologies to better integrate gender, and measure gender norms and inequalities and their impact on health outcomes; innovations in behavior change communication and community mobilization techniques; operations research to test innovative models of service delivery; capacity building of health personnel; improvements in health systems to better meet the needs of youth, women, and men; linkages with non-health sectors to provide comprehensive services dissemination and training on state-of-the-art gender interventions and resources; and development and harmonization of gender and health indicators. Additionally, USG is a technical leader in sexual orientation/gender identity issues and HIV in Asia.

Developing and supporting interventions that target the unique needs of women at high risk of HIV infection is a continuing priority, as is transgender health because global and regional information about HIV and transgenders (TG) is scarce. Data collection methods at testing sites do not accurately identify and track TG or capture their experiences and sexual risks behaviors. Health professionals, due to assumptions and/or discomfort about gender identity, miscount TG. Many health departments and government agencies do not even allow for the reporting of TG as patients.

In FY11, USG activities to address these priority groups will focus on the following key areas:

- Couples HIV counseling and testing (CHCT) for pregnant women and their male partners at ANC clinics. Activities will include analyzing, summarizing, and disseminating the results of couples HIV counseling and testing services provided in 14 pilot hospitals in four provinces; and providing technical support for the national expansion of CHCT through supervision and trainings.
- Prevention with Positives (PwP) for youth. Activities will include analyzing behavioral data before and after the implementation of the "Happy Teens" program for HIV-positive youth at three pilot sites, finalizing the PwP youth package, and assessing the feasibility of this intervention.
- PwP for women, including training care providers on such topics as assessing sexual risk behaviors, risk reduction counseling, and partner HIV testing and HIV disclosure status; and assessing the quality of life of PLHA as part of the "Positive Partnership Project," which aims to reduce stigma and discrimination and support livelihoods.
- HIV prevention for FSW, which includes replicating and scaling up HIV prevention models for FSW that focus on community outreach, voluntary counseling and testing (VCT), and STI screening and case management; and conducting integrated HIV-related behavioral surveillance among non-venue-based FSW using RDS.
- Care, support, and treatment for MSM and TG to address marginalization and stigmatization of these groups by greater society. USG continues to support PwP services and linkages to care for MSM and TG, and will provide support to RTG to develop a package of services for HIV-positive MSM consisting of CD4 monitoring, access to ARV and OI when eligible, and referrals to TB screening. Psychosocial support by community-based peer educators will be offered, along with home visits,

case management, health promotion services such as partner testing, and capacity building for peer educators. A referral system from CBOs providing psychosocial support to facility-based services will be established. To promote positive health including prevention of transmission, tools, materials, and a curriculum will be developed through participatory approaches and consultations with HIV-positive MSM groups, and piloted in six sites. Health care providers and CBO staff who provide MSM care and support will be trained on sexuality issues, gender sensitivity, and counseling skills.

It is important to note that both RTG and a women's fund of the UN, UNIFEM, are addressing gender issues, particularly the promotion of gender roles and equality, development of M&E on AIDS rights protection, and awareness of violence against women.

Programmatic Focus

1. Prevention: Primary prevention is at the core of USG assistance to the national response. Although RTG has previous experience in HIV prevention interventions with FSW, interventions focused on MSM and IDU are mostly new to MOPH staff, and RTG looks to USG for TA in these areas. In FY10, USG played 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 continue to build local capacity for prevention, USG will use FY11 funds to provide TA to governmental and non-governmental partners to adapt proven effective approaches for HIV prevention into effective models for HIV behavior change. In addition to model development, USG supports the subsequent adoption, dissemination, and scale-up of these models.

USG works under the concept of a "Comprehensive Prevention Package" (CPP) that links prevention, care, treatment services to critical supportive interventions that helps build an enabling environment for these marginalized populations. This CPP model includes outreach, IEC, condom and lubricant distribution, STI diagnosis and treatment, and VCT, as well as strengthening referral linkages to care and treatment. For these services to effective, the CPP includes policy change advocacy, institutional capacity building, community mobilization, SI for improved planning, income generating activities, and stigma and discrimination reduction activities. RTG promotes comprehensive and targeted delivery of services in "hotspots" throughout Thailand and the Mekong region. These services are designed to result in the greatest number of infections averted.

In FY10, technical support to RTG focused on community outreach, counseling and testing, STI screening and case management and strengthening of M&E and informatics systems. In FY11, USG will continue to provide intensive technical support to RTG for the replication and scale-up of USG-supported prevention models for MSM, prisoners, and IDU, with financial support leveraged from GFATM. Additionally, to build the capacity and strategic planning processes for MSM in FY11, USG will continue to work with Provincial Coordinating Mechanisms to better integrate community-based with health facility-based services as part of enhanced GFATM implementation. Technical assistance is provided to local MSM organizations and health care providers to improve their capacity to provide outreach, VCT and STI services, with appropriate M&E. Support for health care providers includes MARPS sensitivity training and Positive Prevention services. In FY11, USG will work to improve the low uptake rates of HIV testing among MSM. Rapid testing with same-day results is being piloted at multiple clinics and mobile sites to promote behavior change as well as earlier access to care and treatment. Rapid testing also aims to encourage PwP services and behavioral risk reduction among HIV-negative MSM. Ultimately, the goal is changing national policy to adopt HIV rapid testing for routine use in both facility as well as community settings.

In FY11, a USG-supported model for integrated prison HIV prevention and care interventions is being expanded to 32 prisons with support leveraged from GFATM. USG will continue to provide technical support including guidelines development for closed settings to the Department of Corrections and MOPH for coordinating the expansion of this model. This support also includes the development and integration of a standardized M&E system for tracking peer education activities in prisons.

Results of recent USG-supported community-based RDS surveys from FY10 among IDU in Bangkok and Chiang Mai have provided key indicators on HIV prevalence, behavioral outcomes, service utilization, and population size. An important finding from these surveys was the high prevalence of methamphetamine injection. In FY11, a formative assessment is being planned with Bangkok Metropolitan Authority (BMA) using these findings to inform the development of HIV prevention programs. The RDS survey methodology has been adopted by MOPH, and is being implemented with GFATM support in eight provinces.

Based on low rates of uptake of counseling and testing among IDU, a key role for USG support in FY11 will be to focus on community outreach that promotes VCT through the BMA. This enhanced outreach is being expanded to all 17 methadone clinics in the city, using RTG as well as GFATM funding. Additionally, methadone clinic staff will receive training on positive health and STI services. In FY10, USG provided TA for GFATM implementation through national level trainings for STI and VCT to improve service quality, as well as developing curricula and program monitoring tools which are being implemented in FY11.

Thailand's PMTCT program is well-developed; in FY11, USG support will focus on integration and sustainability for the M&E system, and sharing the proven approaches to PMTCT with other PEPFAR countries. Thailand's early success with a national PMTCT monitoring system, developed collaboratively with USG, became the basis for development of a generic PMTCT monitoring system by CDC and WHO, including a tool kit that is now available to all PEPFAR countries.

2. Care and Support: The existing RTG health services infrastructure is strong. However, the quality of both care and treatment and related laboratory services is inconsistent and needs strengthening. Over the past several years, USG has supported RTG and its partners to develop sustainable approaches to 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 the HIVQUAL model, a program that has developed modules for adult and pediatric clinical services, VCT, comprehensive care and support centers, and STI services. USG also provided TA to expand access to pediatric treatment, and demonstrate and evaluate best practices for TB/HIV in selected provinces.

TB/HIV best practices for provider-initiated HIV testing among TB patients have been adopted as national policy, and specialized training has been provided by RTG in 20 of 76 provinces. In FY10, a new evidence-based TB screening and diagnostic algorithm for PLHA was piloted to improve intensified case finding and uptake of Isoniazid prophylaxis, and USG staff assisted RTG colleagues to develop TB infection control assessment tools, guidelines, and skills-based training curricula for hospital infection control staff. In addition, Thailand's USG-supported pilots of drug-resistant TB diagnosis with new rapid molecular diagnostic tests contributed to WHO's endorsement of these approaches in TB high-burden countries. USG Thailand staff provide extensive TB laboratory technical support to USG in Cambodia and Vietnam.

In FY10, USG supported PwP model development and trainings to incorporate short prevention messages into routine clinical care visits, and developed curriculum for advance HIV counseling in six pilot sites. RTG supported funding for distributing the PwP messages tools to all public hospitals in Thailand.

In FY11, USG will continue providing technical support to: 1) national program implementation of HIV quality improvement in technical areas, program management, and program monitoring; 2) integrating the quality improvement model of STI/VCT services among MARPs to the national program, funded through GFATM, in 12 provinces; 3) expanding the quality improvement model of HIV counseling from BMA to 5 provinces; and 4) Positive Health Promotion, Dignity and Prevention pilot project among positive MSM in four provinces. USG will also begin working with RTG to strengthen and improve the quality of STI

reference and STI testing laboratories. Optimizing STI diagnosis and enhancing surveillance will have a positive impact on planning and M&E of all STI interventions, including HIV.

The need is increasing for client-centered and friendly services for the care and treatment of MSM and TG who live with HIV. USG is working closely with MSM and TG positive community-based care and support groups to provide community-based care and support, psychosocial support, and improved adherence among these groups. A USG small grants program for organizational capacity development also aims to improve adherence and access to standard care and treatment services. Expected results include better uptake for ART for MSM, development of a positive lifestyle with community support leading to positive health, and reduction of self-stigma with significant changes in the enabling environment for MSM-targeted services. In FY11, USG will document the results for dissemination to national and regional authorities, and support scale-up by other CBOs.

3. Treatment: USG has provided TA to evaluate and improve the quality of HIV treatment programs. In FY09 and FY10, HIVQUAL implementation expanded to virtually all 900 public hospitals in Thailand, with financial support from RTG and TA from USG. USG programmers in Thailand developed an international version of HIVQUAL software, which was used as a basis for HIVQUAL implementation in several PEPFAR focus countries in Africa. USG staff provided TA to HIVQUAL implementation in Uganda and Papua New Guinea (PNG), 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 30 provinces in Thailand with high numbers of HIV-infected children, using GFATM funds and USG technical support. USG collaborated with Thai HIV/ ART experts to develop the national guidelines in Laos for the use of ART, and management of opportunistic infections in both adult and children. In FY11, USG will continue to provide TA to RTG to expand and evaluate HIVQUAL, develop HIVQUAL modules for pediatrics, and evaluate HIVQUAL implementation nationally.

4. Other Programs:
A) Laboratory Infrastructure: USG has supported laboratory external quality assurance (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. USG-supported laboratory EQA for HIV serology and CD4 testing has been fully transferred to RTG support, which now provides EQA for Cambodia, Laos, and Vietnam. An RTG HIV quality-systems expert provides TA and training to national laboratories in Cambodia, Laos, PNG, Vietnam, and other PEPFAR 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 countries in Africa, such as Ethiopia and Kenya.

USG staff provided technical support and advocacy to RTG to develop implementation of rapid test-based algorithms that allow for rapid return of HIV test results. In FY11, to support implementation and expansion of a rapid test algorithm, USG will provide TA to evaluate a new simple program for HIV rapid testing, and will work with RTG to improve and strengthen the national proficiency testing programs, which will serve as a useful tool for laboratories to monitor and improve their ongoing quality assurance processes. USG will also provide support to a regional PEPFAR rapid testing meeting that will provide a venue for partner government, CBO, NGO, and USG agency staff to discuss the latest scientific knowledge, challenges, and lessons learned, and develop plans to assist countries to move forward to implement rapid test algorithms.

B) Strategic Information (SI): USG SI activities follow a TA-based model complementing RTG's National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation (2007-2011), and in keeping with the GHI's core principle of improving metrics, and M&E. Activities focus on strengthening governmental and non-governmental SI capacity at national and sub-national levels, and piloting

innovative and replicable SI models that RTG and GFATM integrate and expand. In FY11, USG will continue to support the development, implementation, evaluation, and documentation of innovative SI methods and models, with an emphasis on measuring outcomes through TA and specialized trainings.

At the national level, USG will assist RTG with developing the new National HIV/AIDS Strategic Plan for 2012-2016, and implementing the National M&E Agenda developed in FY10. Ongoing technical support will be provided to local CBOs and NGOs (particularly Global Fund Round 8 partners) to enable them to undertake in-depth analyses of SI, develop and implement local M&E plans, and increase the use of data for program improvement, quality assurance, resource mobilization, and advocacy.

SI activities planned for FY11 include a) strengthening and improving the quality of integrated HIV monitoring and reporting systems (for HIV/AIDS case reporting, PMTCT, HIV counseling, STI and VCT services and referral mechanisms for MARPs, and HIV DR early warning indicators); b) providing TA and capacity building activities to strengthen M&E systems (for GFATM, VCT, and HIV prevention, care, and support services for MARPs); c) conducting formative assessments and outcome evaluations (of HIV risk behaviors of methamphetamine IDU, HIV rapid testing with same-day results, the quality of life of PLHA, and models of pediatric HIV care, PwP for youth, and HIVQUAL-T); d) implementing integrated HIV-related behavioral surveillance (among male military conscripts, non-venue-based FSW, and IDU at drug dependence treatment centers; e) TA to MOPH for the field implementation and data analysis of GFATM-supported bio-behavioral RDS surveys for IDU, FSW and MSM; and f) documenting and disseminating findings and lessons learned (from couples HIV counseling and testing services provided in ANC clinics, HIV prevention, care, and support for MSM, and PLHA livelihoods development programs).

C) Community Mobilization and Organizational Capacity Building: To build sustainability, USG focuses on the mobilization, capacity building, and organizational development of CBOs to develop comprehensive and high-quality approaches to integrated HIV prevention, care, support, and treatment services. USG has worked with GFATM to increase the capacity of CBOs in six pilot provinces as part of the roll out of the Round 8 grant. This increased organizational capacity at the local level benefitted other provinces implementing services for MSM and other MARPs through increased capacity of a national-level CBO (RSAT) and provincial-level CBOs. In FY11, results will be available from a USG small grants program for organizational capacity development to improve adherence and access to standard care and treatment services. Expected results include better uptake for ART for MSM, development of a positive healthy lifestyle, and reduction of self-stigma.

D) Stigma and Discrimination: For MARPs, barriers to early access to ART include a) access to and uptake of counseling and testing for MARPs, due to the lack of rapid testing, anonymous testing, stigma and discrimination by health care providers, and convenient services and service hours; and b) access to care services, due to difficulties with registrations as the universal coverage scheme rolled out, stigma, high mobility of MARPs (particularly FSW and MSW), negative attitudes toward HIV-infected patients in general, and lack of sensitivity of providers. Barriers to care for the general population are similar. Among pregnant women who access ART at a late stage, many male partners of HIV-positive women refuse to come for counseling and testing. Non-disclosure of HIV status to sex partners prevails due to stigma by sex partners and family members. In FY11, USG will continue to collaborate with NHSO in the development of a five-year plan to address many of these issues for the general population and MARPs. The plan focuses on improving the quality of HIV counseling services, retraining counselors, creating a coordinated system for counseling training, supervision, and M&E.

E) Policy Development and Reform: Most RTG policies provide good support for general population HIV prevention, care, and treatment services, with some challenges in the implementation of policies or quality of care. However, policies in support of MARPs can be strengthened. Recent successful policy changes include:

- MOPH adopted a policy of recommending couples counseling and testing for pregnant women and their partners in ANC clinics, and anticipates covering all of Thailand in the next five years. USG helped develop the scale-up plan, draft training manuals, materials, and the training of trainers curriculum, and provide M&E.
- USG worked closely with MOPH to integrate HIV testing and STI screening and management for MARPs in the national health benefits budget. USG also worked with MOPH to strengthen the overall HIV counseling system in Thailand by helping to conduct an assessment to identify gaps, which has lead to a proposal for policy change.
- As part of the national HIV quality improvement program, MOPH, local NGOs, and the PLHA network developed (with USG TA), a checklist on "compliance to standard HIV guidelines" which will be used to certify that hospitals meet and comply with HIV care standards.
- USG and the AIDS Fund Benefit Board (with representatives from NHSO, MOPH, NGOs, and universities) advocated for strengthening the quality of HIV care under the National AIDS Program.

In FY11, USG will continue to advocate for policy changes for support of HIV rapid testing by NHSO, allowance of community-based HIV counseling and testing by lay health care workers, and support of anonymous HIV testing.

Management and Staffing: Management and staffing funds will support the in-country personnel needed for USAID and CDC. No new USDH positions are requested for this upcoming year; current staffing is detailed in the separate M&O narrative. Funding will support program monitoring and accountability, ensure U.S. policy and technical leadership within the Thailand national response, and cover compensation, logistics, and office and administrative costs.

New Activities and Awards

USAID will have one new award in FY11, a follow-on to a cooperative agreement previously focused on HIV prevention and care with MARPs that provided TA to enhance capacity of indigenous groups. The new award will improve access to HIV testing, STI diagnosis and treatment, and HIV care and support through implementation of behavior change communication activities and social marketing of commodities as part of the CPP model for MARPs; test, document, and replicate elements of the model, improving service access and reducing HIV-related behavioral risk among MARPs; achieve replication of successful model elements; and scale-up the model through leveraged resources with high-quality TA.

USG will work with OGAC and other PEPFAR country staff to develop TA-based indicators for incorporation into routine PEPFAR reporting, thus strengthening the ability of USG to measure critical inputs related to TA achievements and progress.

Program Contacts

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Acronyms List

AFRIMS	U.S. Armed Forces Research Institute for Medical Sciences
ANC	Antenatal care
ART	Antiretroviral treatment
BMA	Bangkok Metropolitan Administration
CBO	Community-based organization
CDC	U.S. Centers for Disease Control and Prevention
CHCT	Couples HIV counseling and testing
CPP	Comprehensive prevention package
DR	Drug resistance
EQA	laboratory external quality assessment
FSW	Female sex workers
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GHI	Global Health Initiative
HRH	Human resources for health
HSS	Health systems strengthening
IDU	Injection drug users
ISO	International Organization for Standardization
M&E	Monitoring and evaluation
MARPs	Most-at-risk populations
MOPH	Ministry of Public Health
MSM	Men who have sex with men
NGO	Non-governmental organization
NHSO	National Health Security Office
NIAID	National Institute of Allergy and Infectious Diseases
NIH	National Institutes of Health
PEPFAR	President's Emergency Plan for AIDS Relief
PLHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PNG	Papua New Guinea
PwP	Prevention with positives
RDS	Respondent-driven sampling
RSAT	Rainbow Sky Association, Thailand
RDMA	Regional Development Mission Asia
RTG	Royal Thai Government
SI	Strategic information
STI	Sexually transmitted infection
TA	Technical assistance
TB	Tuberculosis
TG	Transgenders
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
USG	United States Government
VCT	Voluntary counseling and testing
WHO	World Health Organization

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	520,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	28,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	932,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for	6,600	2009	Towards Universal Access. Scaling up priority			

PMTCT			HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	530,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	350,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	210,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

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

Name	Type of Activity	Target Population	Stage
Assessment of False Recency Rate (FRR) for HIV incidence surveillance	Recent HIV Infections	Other	Development
Implementation of AIDS/HIV case surveillance with ART- program-based monitoring system	AIDS/HIV Case Surveillance	Other	Implementation
Monitoring of HIV drug resistance Early Warning Indicators (EWI)	HIV Drug Resistance	Other	Implementation
Monitoring of Outcomes and Impacts of Antiretroviral Treatment Program	HIV-mortality surveillance	Other	Implementation
Projection and estimation of number of persons accessing ART and antiretroviral demands using modeling scenario analysis	Other	Other	Implementation
Strengthen self-administered behavioral surveys using personal digital assistant (PDA) technology among students	Population-based Behavioral Surveys	Other	Development
Strengthening national integrated bio-behavioral surveillance surveys among female sex workers	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Implementation
Strengthening national integrated bio-behavioral surveillance surveys among injecting drug users	Behavioral Surveillance among MARPS	Injecting Drug Users	Implementation
Strengthening national integrated bio-behavioral surveillance surveys among men who have sex with men	Behavioral Surveillance among MARPS	Men who have Sex with Men	Implementation
Utilization of Strategic Information for Measurement of Impact of HIV Prevention Program, National and Provincial Levels	Modeling Infections Averted	Other	Implementation

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	180,000		**4,180,000**
USAID			320,000	1,000,000	**1,320,000**
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	168,536	200,000		**368,536**
HLAB	464,249			**464,249**
HVCT	119,037	250,000		**369,037**
HVMS	2,454,279	97,060		**2,551,339**
HVOP	357,696	550,000		**907,696**
HVSI	246,121	150,000		**396,121**
HVTB	56,890			**56,890**
IDUP	53,405			**53,405**
MTCT	19,685			**19,685**
OHSS	74,768	72,940		**147,708**
PDCS	165,334			**165,334**
	4,180,000	**1,320,000**	**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	368,536	
Total Technical Area Planned Funding:	**368,536**	**0**

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
IDUP	53,405	
Total Technical Area Planned Funding:	**53,405**	**0**

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	369,037	
Total Technical Area Planned Funding:	**369,037**	**0**

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	147,708	
Total Technical Area Planned Funding:	**147,708**	**0**

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	464,249	
Total Technical Area Planned Funding:	**464,249**	**0**

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	2,551,339	
Total Technical Area Planned Funding:	**2,551,339**	**0**

Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	165,334	
Total Technical Area Planned Funding:	**165,334**	**0**

Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	19,685	
Total Technical Area Planned Funding:	**19,685**	**0**

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVOP	907,696	
Total Technical Area Planned Funding:	**907,696**	**0**

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	396,121	
Total Technical Area Planned Funding:	**396,121**	**0**

Summary:
(No data provided.)

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	56,890	
Total Technical Area Planned Funding:	**56,890**	**0**

Summary:
(No data provided.)

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 (State), GHCS (USAID)	200,000
10047	Pact, Inc.	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	822,940
10050	Thailand Ministry of Public Health	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP, GHCS (State)	1,556,000
10051	Bangkok Metropolitan Administration	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP	169,721
13449	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted

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: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	50,000
GHCS (USAID)	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**7361**

Mechanism Name: Prime Partner Name:	TASC3 Task Order Family Health International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	100,000	
Narrative:			
GHCS (USAID) = $80,000 GHCS (STATE) = $20,000			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	50,000	
Narrative:			
GHCS (USAID) = $35,000 GHCS (STATE) = $15,000			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	50,000	
Narrative:			
GHCS (USAID) = $35,000 GHCS (STATE) = $15,000			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10047	**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: 822,940

Funding Source	Funding Amount
GHCS (State)	210,000
GHCS (USAID)	612,940

Sub Partner Name(s)

Andaman Power	HON	M Friends
M Reach	Mplus	POZ
PSI/Sisters	RSAT	SWING
Thai Red Cross	Violet Home	

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation

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	200,000	
Narrative:			
GHCS (USAID) = $150,000 GHCS (STATE) = $ 50,000			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	100,000	
Narrative:			
GHCS (USAID) = $75,000 GHCS (STATE) = $25,000			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	50,000	
Narrative:			
GHCS (USAID) = $35,000 GHCS (STATE) = $15,000			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	72,940	
Narrative:			
GHCS (USAID) = $52,940 GHCS (STATE) = $20,000			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	400,000	
Narrative:			
GHCS (USAID) = $300,000 GHCS (STATE) = $100,000			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10050	**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: 1,556,000	
Funding Source	**Funding Amount**
GAP	1,376,000
GHCS (State)	180,000

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 heath 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)

Gender: Reducing Violence and Coercion	25,958
Human Resources for Health	588,797

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Military Population
Safe Motherhood
TB
Workplace Programs
Family Planning

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	163,351	
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	75,583	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	165,334	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	HVSI	205,334	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	74,768	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	357,696	
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	19,685	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Treatment	HLAB	464,249	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	30,000	
Narrative:			
None			

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: 169,721	
Funding Source	**Funding Amount**
GAP	169,721

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)

Human Resources for Health	94,451

Key Issues

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

Safe Motherhood

Family Planning

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	5,185	
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
Care	HVCT	43,454	

Narrative:

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

With USG assistance, BMA will monitor the quality of HIV counseling at nine hospitals in Bangkok. Using VCT-HIVQUAL-T, quality improvement of HIV care is gradually being integrated into the BMA system. USG will support activities that facilitate and strengthen the system during this transitional period, including HIV/AIDS standard of care activities for health care providers in 27 BMA health centers, workshops to monitor referral system progression, and capacity building for coordinating mechanism staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	40,787	

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	53,405	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	26,890	

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.)

Implementing Mechanism Details

Mechanism ID: 13449	**Mechanism Name: TBD**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13449**
Mechanism Name:	**TBD**

Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	Redacted	Redacted
Narrative:			
GHCS (USAID) = REDACTED GHCS (State) = REDACTED			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
GHCS (USAID) = REDACTED GHCS (State) = REDACTED			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
GHCS (USAID) = REDACTED GHCS (State) = REDACTED			

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					2,486	2,486
ICASS					1,284	1,284
Institutional Contractors					12,000	12,000
Management Meetings/Professional Developement					3,000	3,000
Non-ICASS Administrative Costs					5,100	5,100
Staff Program Travel					8,750	8,750
USG Staff Salaries and Benefits					64,440	64,440

Total	0	0	0	0	97,060	97,060

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (USAID)		2,486
ICASS		GHCS (USAID)		1,284
Management Meetings/Professional Developement		GHCS (USAID)		3,000
Non-ICASS Administrative Costs		GHCS (USAID)		5,100

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			22,500			22,500
Computers/IT Services			20,000			20,000
ICASS			77,418			77,418
Institutional Contractors			43,943			43,943
Non-ICASS Administrative Costs			308,355			308,355
Staff Program Travel			317,000			317,000
USG Staff Salaries and			1,665,063			1,665,063

Benefits						
Total	**0**	**0**	**2,454,279**	**0**	**0**	**2,454,279**

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		22,500
Computers/IT Services		GAP		20,000
ICASS		GAP		77,418
Non-ICASS Administrative Costs		GAP		308,355