Asia Regional Program

Operational Plan Report

FY 2013

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

Important note: To meet PEPFAR character-count constraints for this document, the following is a substantially abbreviated Executive Summary. A comprehensive Executive Summary is provided as an annex to the ROP and is highly preferred for reading. Where text has been removed to allow for data entry, it has been indicated with a "**".

1. REGIONAL CONTEXT

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Asia Regional Program (ARP) is a platform for technical assistance (TA) to national HIV/AIDS programs and their partners (including other PEPFAR programs) throughout Asia, with a special focus on the HIV responses in China, Laos, and Thailand. Activities in China are being included in the ARP for the first time in FY 2013, as PEPFAR's work in that country continues to evolve. The unrivalled pace of development in parts of Asia is being accompanied by accelerated transmission of HIV/AIDS across borders, in urbanized areas, and among key populations. While HIV/AIDS programs in the region have made impressive progress, these gains have been uneven geographically and epidemiologically and most countries are still far from achieving universal access targets. Despite substantial evidence that smart investments in HIV prevention, testing, care, and treatment can prevent the spread of HIV among key populations, critical gaps persist. These gaps underscore the need to identify and implement innovative, life-saving approaches and practices, while at the same time strengthening and increasing the coverage of effective programs that already exist and building the country capacity needed for sustainable local ownership of the HIV/AIDS response. The U.S. Government (USG) is leading the way toward an AIDS-free generation. Our work on health in the region has strongly contributed to this positive impact on people around the world. In FY 2013, the PEPFAR ARP will continue our efforts to help conquer this disease among vulnerable populations in the region and beyond.

1A. Epidemiology of the HIV Epidemic in Asia

Asia is home to the largest number of people living with HIV (PLHIV) outside sub-Saharan Africa. In 2011, there were nearly five million PLHIV in Asia. The epidemic is currently concentrated in key populations, including female sex workers (FSW), men who have sex with men (MSM), persons who inject drugs (PWID), and transgendered individuals (TG). Although they are not driving the epidemic, vulnerable populations (such as migrant workers, people in conflict and disaster-affected areas, and the partners/spouses, children, and clients of key populations) also continue to have substantial incident and prevalent infections, and require HIV services. Building systems and country ownership contributes to fighting the disease among all populations, and is one of the focuses of the ARP. The United Nations

estimates that since 2001 the number of annual new infections in the region has declined by almost 25% (from 370,000 in 2001 to 280,000 in 2011). The declines have been greatest in countries in which the risks associated with sex work initially made the greatest contribution to the total number of new infections and in which there were strong political commitments to mitigate these risks by meeting the HIV prevention needs of SW. Greater access to antiretroviral therapy (ART) and improvements made to underpinning systems, such as laboratory and strategic information (SI) systems, have made it possible to realize these political commitments. Unfortunately, the region is experiencing a resurgence in new HIV infections among key populations that is defying HIV/AIDS programs. Individuals engaged in multiple risk behaviors face the highest levels of risk. The relative contribution of different kinds of risk behaviors to local epidemics varies widely across countries. For example, increasing infection rates among MSM and TG are the single largest contributor to new HIV infections in Thailand, while most new infections in Vietnam stem from injecting drug use, and most new infections in Cambodia and China appear to stem from sex work or heterosexual sex. UNAIDS (the Joint United Nations Programme on HIV/AIDS) reports that, in both China and Thailand, only about 40% of MSM used a condom the last time they had anal sex with a male partner.

- China

The epidemiology of HIV/AIDS in China highlights critical programmatic priorities that are consistent throughout the region. China is home to an estimated 740,000 PLHIV (approximately 15% of all infected individuals in Asia). The HIV/AIDS epidemic in China is largely concentrated among FSW, PWID, MSM, and other people with multiple, concurrent sexual partners, such as FSW clients. The Government of China (GOC) estimates that there were 50,000 new infections in China in 2009 and 48,000 in 2011. Given the rapidly expanding epidemic in some key populations, such as MSM, these are likely to be lower bound estimates, especially for 2011. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

- Laos

While Laos has sustained a relatively low-level HIV epidemic, with an estimated adult HIV prevalence of 0.2% and approximately 600-1000 new infections in 2012, HIV and other infectious disease risks are increasing. The Laos National Strategic and Action Plan for HIV/AIDS/STI Control and Prevention (NSAP) for 2011-2015 calls for vigilance in light of the “potential for a concentrated epidemic" among FSW and their clients, MSM, and PWID. Two national priorities are a) to keep HIV prevalence in the general population and most-at-risk populations below 1% and 5% respectively, and b) to improve the quality of life of PLHIV.** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

- Thailand

Thailand is home to approximately 530,000 PLHIV (about 10% of all of the PLHIV in Asia). Bangkok alone contributes to 25% of all of the estimated 12,000 new HIV infections a year in Thailand.Like many parts of the region, the HIV epidemic is concentrated among key populations. HIV prevalence among MSM in Bangkok has remained high for several years (approximately 30% since 2005). Prevalence is lower among MSM who sell sex and in TG, suggesting challenges in reaching less “visible” key populations as individuals more frequently connect and engage in risk behaviors outside of traditional “hotspots.” ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

1B. Status of the National and Regional Responses

- Political Will and National Financing for HIV

In 2011, several countries in the region adopted ambitious targets associated with their commitment to realize “Three Zeros” – zero new HIV infections, zero AIDS-related deaths, and zero HIV-related stigma and discrimination – by 2015. These governments, including China, Laos, and Thailand, pledged to reduce the number of new HIV infections in key populations by 50%, scale up ART coverage to 80% among PLHIV, and eliminate new HIV infections among children within the next three years. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

- HIV Prevention, Diagnosis, and Treatment

Both Cambodia and Thailand received early recognition as global leaders in the fight against HIV/AIDS by implementing local variants of a “100 Percent Condom Use Program” that put policy and systems in place to promote consistent condom use in brothels and to facilitate routine screening and treatment of SW for STIs in order to monitor and improve program performance. Thailand is a world leader in research on preventing MTCT and implementing measurably successful programs based on this research. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

- Strategic Information

Strategic information capacity in the region, including monitoring and evaluation (M&E) capacity, has been strengthened in recent years. China, Laos, Thailand and others are increasingly conducting systematic surveillance and collecting HIV-related data from national health and financing systems to inform decision-making. Thailand, for example, now uses data from national systems to drive HIV program improvements, such as to accelerate access to HIV testing and treatment for HIV-exposed infants and to adopt/implement international guidelines that lower the threshold for access to ART to CD4<350. ** For the complete information related to this section, see the “ARP ROP Comprehensive

Executive Summary” annex to this document.

- Partner Engagement, including Civil Society and the Private Sector
In the face of still-expanding HIV prevention, care, and treatment service delivery needs and anticipated declines in donor resources, achieving sustainable impact will be contingent on enhanced and evolved engagement of civil society, private sector, and public sector entities. The leadership of civil society actors has been critical to the mobilization and relevant application of resources throughout the history of the global response to HIV/AIDS. This leadership is crucial in the region, where the burden of disease is particularly high in key populations that are often marginalized, criminalized, migrate across borders, and face high levels of stigma and discrimination. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

1C. How does USG fit into the national responses?
The ARP will support and expedite sustainable, measurable progress towards zero new HIV infections, zero discrimination, and zero HIV-related deaths (the "3 Zeroes") in the region through TA to enhance host-country capacity and leadership, and investments in high-impact, cost-efficient, and sustainable responses to HIV/AIDS. Laos and Thailand are middle-income countries, and as such the ARP focuses on TA and capacity building for government and civil society. Through this support in 2013, countries in the region will realize tangible improvements in their own HIV responses, while also engaging in regional and global collaboration that advances broader implementation. Even in China, where the host country government is financing the overwhelming majority of its own national HIV response and its national plan is truly country-led and managed, the role of the USG remains critical. The involvement of the USG in China allows for innovation that might otherwise be beyond the technical capacity or risk tolerance profile of our Chinese collaborators. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

1D. Other factors
As articulated in the Women, Girls, and Gender Equality Principle of the Global Health Initiative (GHI), the ARP addresses gender-related inequalities and promotes the empowerment of women and girls throughout its work, including its data collection and analysis activities; policy and advocacy work; development of tools to better measure gender inequalities in health outcomes; innovations in behavior change communication and community mobilization techniques; operations research to test innovative service delivery models; 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. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

2. PEPFAR FOCUS IN FY 2013

2A. Priorities

The priorities of ARP planning and engagement in the region in 2013 will mirror overarching USG principles. The technical focus of ARP activities will be derived from those global principles and tailored for the epidemiology of HIV/AIDS in the region, the characteristics of the various HIV/AIDS epidemics, and the capacity of governments and national institutions in the region to mount and sustain an effective HIV/AIDS response. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

Key priorities for the ARP in FY 2013 include:

-- Increasing coverage and effectiveness of programs for key populations. Persistent challenges in addressing gaps in HIV testing and treatment coverage among key populations – combined with mounting evidence of the opportunities to dramatically advance HIV prevention, care, and treatment by addressing these gaps – have led the ARP to focus on the needs of key populations in the region. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

-- Building capacity and strengthening national and community health systems to facilitate country ownership of an effective, sustainable HIV response. The Blueprint for an AIDS-free Generation calls for PEPFAR to help build strong, sustainable, country-led HIV/AIDS responses through smart investments, based on sound science and shared responsibility. To realize this in the region, it will be an ARP priority to ensure that all countries are well equipped to deliver, improve, and maintain comprehensive core HIV services at the same high level of quality and impact. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

-- Expanding and improving quality of care and treatment for health and prevention. The ARP will help build the capacity of countries to assess, advocate for, and realize improvements in the quality of community and clinical HIV prevention, diagnosis, care, and treatment services, such as through training and mentoring for national staff and support for robust national quality assurance and quality improvement systems, and by piloting and scaling up innovative programs for HIV testing, behavioral change, and treatment as prevention.

-- Improving the use of strategic information for evidence-based policies and decision-making. ARP assistance will improve national health and financial systems and the capacity of staff that use them to implement more effective HIV program metrics, conduct surveillance, monitoring, and evaluation of populations and services, better estimate the size of populations, and make use of national data for improved program performance and greater public health impact.

-- Increasing demand for (and access to) faster, high-quality HIV diagnosis. As described above, many

countries face limitations in their program capacity to find and successfully diagnosis new cases of HIV, particularly among key populations. Many HIV-infected children do not access HIV treatment and care due to gaps and shortfalls in systems to identify HIV-infected pregnant women and for early diagnosis of infants born to HIV-positive mothers. In some cases, countries lack systems to assure and improve the quality of results. Demand for HIV laboratory services often outstrips supply and test results can be delayed. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.
-- Scientifically developing and sharing tools and approaches to help PEPFAR programs better plan, measure, and report on capacity building efforts. Such tools and approaches are needed by both current PEPFAR TA countries and, as noted in the recent evaluation of PEPFAR, countries that are transitioning a greater proportion of their work to TA in order to maximize their investments in TA and to monitor, describe, and report their accomplishments as direct service delivery numbers decrease. In FY 2013, the ARP will redouble its efforts to make the most of limited resources through more effective and efficient programming and evaluation of TA and continue to strengthen its role as a leader in PEPFAR TA models and approaches. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

Within the context of PEPFAR technical collaboration in China, efforts will continue to be closely integrated with the Chinese national plan, but will focus on innovations that have the potential to benefit both China and other countries in the region and globally. A particular emphasis will be placed on transparent documentation and dissemination of the Chinese experience, including both indigenous efforts and those supported by the USG and multilateral organizations. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

2B. Changes since 2012

To accelerate performance in four pillar investment areas – 1) innovation, 2) evaluation, 3) advocacy, and 4) capacity building – the program will pursue number of new initiatives in FY 2013.

-- The Key Populations Challenge Fund (KPCF): The ARP has consulted with the leadership of Thailand’s National AIDS Management Center (NAMC) and the Lao Center for HIV/AIDS and Sexually Transmitted Infections (CHAS) to identify a combination package of innovative activities to achieve the following objectives: a) Increased case finding (HIV, STI, and TB) per contact; b) Reduced cost per case identified; c) Increased CD4 cell count on entry to care; d) Improved retention in prevention, care, and treatment; and, e) Improved treatment adherence. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

-- TBD evaluation procurement: USAID plans to program $1 million in regional HIV funds under a TBD mechanism in the FY 2013 ARP ROP to support a regional indefinite quantity contract (IQC) for evaluation services. This mechanism will build operations research and program evaluation capacity of institutions in the region over a five-year period (Fiscal Year 2014-2018). This enhanced capacity will result in: 1) the successful conduct of novel evaluations of local or regional public health initiatives; 2) the regional and global dissemination of the findings from these evaluations; and 3) the enhanced application of evaluation findings to public health practice. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

-- Country-to-Country Technical Collaborations (CCTC): CCTCs brokered and facilitated by the ARP have touched and helped more than a dozen countries in Africa and Asia in recent years. In 2012, the ARP played a leading role in planning and executing the PEPFAR Prioritizing Investments and Measuring Results from TA Workshop and was the first PEPFAR program to report on custom, TA-based indicators in its Annual Progress Report (APR). ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

-- Inclusion of Technical Collaboration in China as part of the ARP: In China, FY 2013 marks a significant transition for the PEPFAR program from a mixed TA model which included both elements of direct service provision and TA to a program which more fully exemplifies the newly defined model of technical collaboration. FY 2013 marks the beginning of a new five-year cooperative agreement with the GOC (National Center for AIDS/STD Prevention and Control [NCAIDS]). ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

-- Local Capacity Initiative (LCI): The ARP hopes to secure additional headquarters resources in FY 2013 to enhance the leadership capacity of local civil society organizations in responding to HIV/AIDS. Funding will support grants to capable local organizations or beneficiary networks to deliver TA through CCTCs, training, and support to other organizations in the region. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

3. PROGRESS AND FUTURE

3A. Partnership Framework/Partnership Framework Implementation Plan/country strategy monitoring
The ARP does not currently have a Partnership Framework or Partnership Framework Implementation Plan, but has recently developed a five-year strategy (2013-2017) with associated goals, objectives, and targets that is included as an annex to this FY 2013 ROP submission. Reporting on the strategy and its indicators will be mainstreamed into APR and Semi-Annual Progress Reports.

3B. Country Ownership

As described above, the ARP builds sustainable country ownership by providing TA that promotes successful adoption, scale-up, and ownership of model programs, complemented by dissemination of successful models to other countries through its direct TA and the CCTCs it fosters and supports. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

3C. Trajectory

In Laos and Thailand, the ARP will remained focused on TA and capacity building for government and civil society in FY 2013-2014, while China begins implementation of a program of technical collaboration. The ARP represents an innovative, cost-effective approach: focusing on TA, developing strong health systems, and building capacity for countries to own strong comprehensive programs. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

4. PROGRAM OVERVIEW

While the PEPFAR ARP supports a wide range of needs in the region, it focuses on four key program areas: HIV prevention, care, treatment, and health systems and governance (including laboratory infrastructure and strategic information capacity and use).

4A. Prevention

The ARP will support regional efforts to make strategic, scientifically sound investments to enable countries to rapidly scale-up core HIV prevention interventions, such as increased access to, and uptake of, HIV testing and counseling, condoms and other evidence-based, appropriately-targeted prevention interventions. The region contains demonstrated leadership in the prevention of new HIV infections among children that will be scaled up throughout the region and beyond. ** For more information on this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

- China

Across all of its Program Areas, ARP support in China will focus on five populations: PLHIV, MSM, low-fee FSWs, PWID, and ethnic minorities. In FY 2013, the ARP and GOC will continue to collaborate to develop, implement, and evaluate intervention and service delivery models for these key populations that can be scaled up nationally and disseminated globally. Evidence suggests HIV/AIDS among MSM in China is more prevalent and spreading faster than previously believed. To address this urgent need, the USG is collaborating with GOC on the National Major Research Project for HIV/AIDS Prevention and Control, part of the national five-year HIV/AIDS plan. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

- Laos

To prevent expansion of the HIV epidemic in Laos, the National Committee for the Control of AIDS has given priority, in its 2011–2015 national strategy, to keeping HIV prevalence in the general population and most-at-risk populations below 1% and 5% respectively, and to improve quality of life of PLHIV. The vision for ARP support to Laos is strategically placed TA that responds to these national priorities, while helping build a sustainable, country-owned response. ARP activities in FY 2013 will strengthen HIV prevention efforts through activities that directly target key populations and support programs to prevent mother-to-child transmission of HIV (PMTCT), complemented by TA that supports prevention efforts through improved care and treatment services, laboratory quality services, surveillance, and utilization of strategic information for program planning. ** For more information on this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

- Thailand

As described above, Thailand’s HIV epidemic disproportionately affects key populations, including FSW, migrant workers, MSM, PWID, prisoners, and TG. The ARP has developed and is working with the Thailand MOPH to implement combination prevention interventions for key populations, with a particular emphasis on MSM, TG and FSW. In addition, the ARP has key focused activities aligned with MOPH strategies targeting migrants, PWID, prisoners, and HIV-exposed infants. For MSM and TG, the MOPH's combination prevention program includes behavioral, biomedical, and structural elements that address primary, secondary, and tertiary prevention of HIV as part of the continuum of response. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

4B. Care

Through direct delivery of TA, CCTCs, and special initiatives (such as the Key Populations Challenge Fund) the ARP will work across the region to promote access to affordable, high-quality HIV care and support for PLHIV (especially key populations) and their families. Throughout the region, the ARP will support training and systems to mitigate stigma and discrimination towards key populations from health care providers and law enforcement; conduct formative assessments regarding HIV and drug use; and engage the private sector in developing technical systems and solutions to more effectively and efficiently reach and retain key populations in HIV services.

- China

In China, the ARP emphasizes early HIV case finding, case management, and linkage between HTC and care and treatment services as part of a Positive Health, Dignity, and Prevention strategy. In FY 2013, USG will continue to collaborate with GOC to increase CD4 and viral load testing among PLHIV in high

HIV epidemic areas, increase national ART coverage, improve treatment adherence, and promote use of optimal first-line regimens (TDF-based). ** For the complete information related to this section, see the "ARP ROP Comprehensive Executive Summary" annex to this document.

- Laos

By 2015, the Laos National Program aims for 80% of key populations, TB patients, and STI patients to be tested for HIV and know the results in the previous 12 months and for more than 90% of adults/children in need to receive ART and the continuum of care for treatment adherence and support. In FY 2013, the ARP will support greater access to HIV counseling and testing in Laos by providing TA to support a) development of the national strategic plan for HCT scale-up, b) collaboration with the government and its partners to pilot and build capacity for HCT service delivery and supervision, and c) to ensure the accessibility, acceptability, and quality of HCT services for populations at risk, as well as the referral of HIV positive persons to care and treatment.

- Thailand

The ARP will focus on increasing coverage and efficiency of care and support services by enhancing the capacity of MOPH and CBOs operating in combination prevention sites and strengthening the CoPCT model for potential scale-up and replication to national, subnational, Global Fund-funded sites. TA related to HIV care will specifically aim to strengthen linkages between HIV counseling and testing and access to facility based and community-based care services, and promotion of adherence to care and treatment. ** For the complete information related to this section, see the "ARP ROP Comprehensive Executive Summary" annex to this document.

4C. Treatment

In 2013, the ARP will continue to promote and indirectly support increased and accelerated access to treatment for PLHIV in the region.

- China

In FY 2013, the ARP will assist the GOC to implement WHO guidelines on treatment for sero-discordant couples, regardless of immune system status. While the current GFATM has similar guidelines, implementation is still under discussion. To guide future work, ARP will assist in evaluating the results of existing sero-discordant couple studies. The ARP will also provide TA to NCAIDS to conduct surveys on factors related to low ART initiation and retention in care among PWID, and to develop protocols and research studies investigating causes of death among PLHIV and ways to prevent transmission among sero-discordant couples. ** For the complete information related to this section, see the "ARP ROP Comprehensive Executive Summary" annex to this document.

- Laos

In FY 2013FY 2013, the ARP will help strengthen care and treatment services in Laos to ensure earlier initiation of ART, improve retention, and prevent HIV drug resistance among PLHIV by providing TA to support a) review of the national ART program and revision of national ART action plans, including restructuring of ART management to enhance the early access and retention of services, particular key populations; b) support for Global Fund reprogramming requests; and c) improvement of ART quality and effectiveness of the treatment outcomes through enhanced monitoring.

- Thailand

RTG priorities for HIV care and treatment include improving quality of care and treatment by focusing on infrastructure, financing, policy, and earlier access of patients to care. However, the involvement of a range of stakeholders, including multiple insurance schemes, MOPH, and the Bangkok Metropolitan Administration (BMA), makes coordination challenging. In Thailand, ARP TA will continue to build the capacity of traditional peer educators and outreach workers to take on additional roles across the continuum of prevention, care and treatment services in the community, including retention of high-risk and mobile populations in care, and provision of adherence support; and promoting and/or branding quality HIV service sites as part of a collaborative provider network. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

4D. Governance and Systems

Governance

- China

The ARP will assist the GOC to develop national technical guidelines and successful models for scale-up. Previously, USG has significantly contributed to national guidelines on free ART, second line ART, co-trimoxazole prophylaxis, TB/HIV co-infection, CD4 testing, and PITC. In FY 2013, the ARP will contribute to writing guidelines on HIV testing, program evaluations, ARVs, surveillance, and laboratory management. While the Chinese HIV/AIDS epidemic is largely concentrated in key populations, it remains important to prevent the transmission of HIV, HBV, and syphilis from pregnant women to their children. GOC aims to integrate PMTCT programs for these infections into routine MCH services and, in FY 2013, USG will collaborate with GOC to support follow-up and referral between STI, HIV, and HBV services. This will help strengthen linkages between the vertical health systems responsible for antenatal care, CD4 testing, and ART provision. USG will conduct supervision at the provincial and local levels to ensure the quality of PMTCT implementation. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

- Laos

Leadership and governance capacity building is one of the priorities of the Laos 2011-2015 National Strategy and Action Plan. Planned program goals include 1) resource mobilization and financial management, and 2) strengthening of the coordination structures at the national and provincial levels with partnership between public, private and civil societies. In FY 2013, the ARP will work to build capacity of the national human resources on development of policy advocacy documents through the synthesis of the existing strategic information for different intervention scenarios with the projected impacts and resource needs. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

- Thailand

The Thailand MOPH formerly both funded and provided healthcare services in Thailand. In 2006, the RTG created the National Health Security Office (NHSO) to fund services that the MOPH provides. In its role as a funder, NHSO determines the package of HIV testing, treatment, care, and support services provided under universal coverage. NHSO also funds key laboratory services, including external quality assessment (EQA) for HIV serology and CD4 testing, HIV prevention services such as outreach and STI services, programs such as the pediatric HIV care network, and new initiatives including molecular testing for Early Infant Diagnosis (EID) and HAART for PMTCT. MOPH provides HIV/AIDS care and treatment at ~900 public facilities. In FY 2013, the ARP will continue to engage with and provide TA to support the MOPH, the NHSO, and other bodies governing and coordinating the HIV response in Thailand, as well as continuing to support Global Fund planning, implementation, and performance. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

Laboratory Systems

While responding to specific country needs, the ARP provides TA for the development and implementation of laboratory quality systems and HIV testing QA to other PEPFAR countries and regional laboratories. The program uses CCTCs, complemented by international mentors when they add value, to strengthen the management and quality of laboratory services throughout the region. In 2013-2014, the ARP will continue to provide support to improve the quality of laboratory testing and quality programs for HIV and HIV-related diagnosis to other PEPFAR countries and regional laboratories through CCTCs between Cambodia, Ethiopia, Laos, Papua New Guinea, Thailand, Vietnam, Zambia, and other countries as needed.

- China

China has strong laboratory infrastructure, technical skills, and human resources. The USG’s primary

collaborator on laboratory issues is the National AIDS/HIV/HCV Reference Laboratory (NARL). USG's six major focus areas for laboratory strengthening are national HIV testing QA, CD4 testing improvement, VL testing improvement, drug resistance monitoring capacity strengthening, HIV incidence determination capacity building, and HCV testing QA. In addition, ARP works with laboratory programs in other PEPFAR countries in the region on HIV testing and QA.In FY12, USG supported improvement of NARL's QA program by providing China- and Atlanta-based (US CDC's International Laboratory Branch, ILB) training on laboratory accreditation using the College of American Pathologists (CAP) program. In FY 2013, the ARP will continue to assist with this process, including documentation preparation, on-site pre-CAP assessment, and CAP accreditation. ** For the complete information related to this section, see the "ARP ROP Comprehensive Executive Summary" annex to this document.

- Laos

Although the Laos National Center of Laboratory and Epidemiology (NCLE) is developing a national laboratory quality program to improve the quality of laboratory services and a biosafety program, laboratory practices across various programs are currently not well standardized. This lack of coordination between program, service facilities, and national level has created challenges in strengthening and improving the quality of laboratory services.In FY 2013, the ARP will promote the establishment and implementation of laboratory assurance programs to monitor and ensure reliable laboratory testing. It will continue to provide TA and support for laboratory testing and quality programs for HIV testing (especially HIV serology and CD4 testing) in Laos. ** For the complete information related to this section, see the "ARP ROP Comprehensive Executive Summary" annex to this document.

- Thailand

Thailand has a well-structured laboratory and referral system, however the limited number and capacity of laboratory personnel, and imparity of resource mobilization place some challenges on system improvement and program sustainability. All hospitals provide basic laboratory testing, including HIV serology, while tertiary hospitals offer more complex tests and serve as reference laboratories. Demand for HIV laboratory services, however, often outstrips supply, and test results can be delayed.The ARP supports national policies to improve the quality of laboratory services by focusing on improving national EQA programs and supporting networks for laboratory accreditation and validation of new technology and laboratory testing, for example validation of new HIV incidence assays, new molecular diagnostic systems of MDR-TB, and new CD4 Point of Care (POC) testing. ** For the complete information related to this section, see the "ARP ROP Comprehensive Executive Summary" annex to this document.

Strategic Information

- China

In collaboration with GOC during FY 2013, the ARP will implement SI activities to update national guidelines, strengthen national surveillance systems, build national and sub-national capacity for HIV/AIDS data collection and utilization, monitor HIV prevalence, estimate HIV incidence among key populations, assess behavioral change outcomes. In FY12, USG worked closely with GOC to build capacity on incidence testing and estimation. The BED-CEIA method for HIV incidence testing was rolled out nationally. To extend this cooperation in FY 2013, the ARP will support training for national and sub-national staff on BED-CEIA. Already in FY 2013, a training workshop on HIV incidence estimation methods was held in Beijing with multidisciplinary experts from the US CDC. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

- Laos

According to the Laos National Strategy and its 2013-2014 action plan, strengthening SI (including surveillance and M&E) is a high priority. Quality SI is needed to better describe the HIV epidemics and national responses and for translation into action plans and policy documents to support increased government financing and other resource mobilization. Laos currently limited technical expertise and human resource capacity to implement its surveillance, M&E, and health management information system. There is also limited human resource capacity to utilize SI for evidence-based strategic planning for program improvement and policy advocacy. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

- Thailand

Thailand is more advanced than many PEPFAR countries in funding and managing programs; however, as described above, important gaps remain. Strengthening surveillance and M&E is one of the major gaps that is being addressed through ARP assistance. Although Thailand has a strong surveillance and monitoring systems in place, three major barriers include: 1) limited technical expertise and human resource capacity to implement quality surveillance systems, especially among key populations; 2) scattered and non-harmonized monitoring systems that make it challenging to monitor the overall programmatic response resulting from integrated prevention and continuum of care interventions; and 3) shortfalls in capacity and propensity, in both civil society and the government sector, to use data to design strategies that effectively improve program quality and guide program planning and implementation. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

5. OTHER CONSIDERATIONS

The ARP has not completed a GHI strategy. The approaches used to implement the objectives of the ARP have four underlying themes: building capacity, strengthening health systems, strengthening government ownership, and coordination. All activities supported by the ARP 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. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

The other core principles of GHI follow below.

5A. Sustainability and Country Ownership
ARP assistance is contributing to a national HIV/AIDS program led, managed, and coordinated by government stakeholders and their in-country partners. In addition to fostering successful adoption, scale-up, and ownership of model programs, the ARP supports dissemination of successful models through CCTC to other countries. This increasingly successful provision of CCTC to other PEPFAR countries serves several critical functions. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

5B. Health Systems Strengthening and Human Resources for Health
One of GHI’s core principles is to build sustainability through health systems strengthening (HSS). ARP 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. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

5C. Integration across the USG

- China
Critical features of ARP assistance in China include continued close integration of the USG effort within the Chinese national plan, focus on innovation that has the potential to benefit both China and other countries in the region and globally, an emphasis on documentation and dissemination of the Chinese experience including both indigenous efforts and those supported by the USG and multilateral organizations, and support for strategic bilateral (South-South) and trilateral (US-China-Third Country) collaborations. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

- Laos

In line with both PEPFAR and GHI principles, ARP agencies in Laos (USAID, US CDC, and DOD) collaborate closely, leveraging their comparative advantages for maximum impact, as follows. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

- Thailand
PEPFAR assistance is highly valued by the RTG, not only in health, but also in economic, political, and legal spheres. Even with extremely limited resources, ARP assistance has a high impact and exerts a strong influence on RTG’s HIV/AIDS response. In line with both PEPFAR and GHI principles, ARP agencies in Thailand (Peace Corps, USAID, and US CDC) collaborate closely, leveraging their comparative advantages for maximum impact, as follows. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

6. CENTRAL INITIATIVES
As referenced earlier, ARP strategies and activities will benefit from supplemental central resources through the KPCF and (potentially) through the LCI.In addition, headquarters is supporting a Methadone Maintenance Treatment (MMT) Public Health Evaluation in China. Substantial evidence suggests that receiving higher doses of methadone and remaining longer in treatment are effective in preventing HIV infection among people who inject drugs. ** For the complete information related to this section, see the “ARP ROP Comprehensive Executive Summary” annex to this document.

Population and HIV StatisticsChina

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	730,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	00	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	26,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	00	2011	AIDS Info, UNAIDS, 2013			

Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	16,486,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	6,550	2011	WHO			
Number of people living with HIV/AIDS	740,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	331,469	2011	WHO			
Women 15+ living with HIV	230,000	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsLaos

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	9,700	2011	AIDS Info, UNAIDS, 2013			

Adults 15-49 HIV Prevalence Rate	00	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	500	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	1,100	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	141,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	350	2011	WHO			
Number of people living with HIV/AIDS	10,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	1,800	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	3,753	2011	WHO			
Women 15+ living with HIV	4,700	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsThailand

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	480,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	01	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	23,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	9,700	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	838,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	4,900	2011	WHO			
Number of people living with HIV/AIDS	490,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to	250,000	2011	AIDS Info,			

HIV/AIDS			UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	317,043	2011	WHO			
Women 15+ living with HIV	200,000	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

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

How is the USG providing support for Global Fund grant proposal development?

Neither Thailand nor Laos are currently in the process of proposal development for Global Fund grants, but USG staff are elected members of the Country Coordinating Mechanisms in both countries, and provide active technical assistance with respect to improving the quality and results of implementation and developing strategic reprogramming requests. USG staff in the PEPFAR Asia Regional Program have also helped to coordinate the provision of technical assistance to Global Fund oversight and implementation through the Grant Management Solutions mechanism managed at headquarters. Historically, USG support in Thailand and Laos has helped to introduce innovative service delivery models and quality assurance systems that have been scaled up with Global Fund support. USG investments are not geographically or otherwise duplicative with Global Fund investments, and in many respects are critical to the identification, evaluation, and introduction of more effective and efficient infectious disease responses supported by the Global Fund and other resources. Strong collaboration and coordination with both host-country governments and other donors has helped to facilitate balanced, strategic investments from all parties in common local priorities, as well as cultivating commitments from the Thai government to join trilateral agreements as a donor. In the past, USG has provided substantial support in Global Fund grant proposal development (between 2004 and 2010) and China has been very successful in obtaining Global Fund grant support in HIV, TB and Malaria (13 active grants totaling US$826 million). However, since 2011, China has been in the process of transitioning Global Fund

grants toward closing its portfolio by the end of 2013, after 10 years of successful partnerships. By 2013, China will be supporting over 95% of the cost of its HIV/AIDS prevention, care, and treatment program with national or domestic resources.

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?
Yes

If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).
All funding for HIV/AIDS to China is expected to end on 12/31/12. A 12-month 'no cost extension' has been granted with special focus on supporting HIV-related interventions through civil society. There are no existing HIV grants approaching the end of their agreeement in Laos or Thailand.

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?
No

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
2013 COP	US-Merck Zhaojue Rural AIDS Clinical Training Center Partnership	16576:Engaging Local NGOs	Merck &Co	30,000	100,000	The Yi minority comprises 49% of the 4.8 million people in Liangshan Yi Autonomous

						Prefecture, Sichuan. This rural area has an underdeveloped economy, medical care barriers and one of China's highest HIV/AIDS rates. In May 2005, China MOH and Merck Sharp & Dohme (MSD) China established a public-private partnership, C-MAP, to improve HIV/AIDS prevention, care & treatment. Merck Foundation pledged USD 30 million over 5 years. Liangshan has limited physicians who can provide culturally appropriate care to Yi AIDS patients. In response, in

						2012 USG developed the China office's first ever public-private partnership with C-MAP and the NGO AIDS Care China. The partnership established a center at Zhaojue Hospital to train local clinicians on AIDS clinical management to ultimately decrease AIDS mortality and HIV incidence. USG provided technical assistance to build capacity for rural AIDS clinical treatment. In FY13, USG will continue providing technical assistance on project implementation.

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Survey	61-city survey (China)	Behavioral Surveillance among MARPS	Men who have Sex with Men	Publishing	08/01/2013
Surveillance	Assessment of False Recency Rate (FRR) for HIV incidence surveillance (Thailand)	Recent HIV Infections	Other	Development	08/01/2016
Survey	Behavioral survey among ATS users (China)	Behavioral Surveillance among MARPS	Drug Users	Implementation	06/01/2014
Survey	Cohort study of MSM (China)	Behavioral Surveillance among MARPS	Men who have Sex with Men	Data Review	08/01/2013
Surveillance	Harmonized comprehensive health management information system to monitor HIV care and treatment responses (Laos)	HIV-mortality surveillance	Other	Development	09/30/2016
Surveillance	Harmonized comprehensive health management information system to monitor HIV counseling and testing and the referral of HIV+ to care and treatment responses (Laos)	TB/HIV Co-Surveillance	Other	Planning	09/30/2016
Survey	HIV drug resistance (China)	HIV Drug Resistance	Other	Implementation	09/01/2013
Surveillance	HIV incidence surveillance (China)	Recent HIV Infections	Female Commercial Sex Workers,	Implementation	01/01/2015

			Injecting Drug Users, Mobile Populations, Men who have Sex with Men, Pregnant Women, Youth, Other		
Survey	HIV-1 molecular epidemiology among MSM (China)	AIDS/HIV Case Surveillance	Men who have Sex with Men	Data Review	12/01/2012
Surveillance	Implementation of AIDS/HIV case surveillance with ART-program-based monitoring system (Thailand)	AIDS/HIV Case Surveillance	Other	Implementation	08/01/2016
Survey	Laboratory quality control (China)	Laboratory Support	Other	Implementation	09/01/2013
Survey	Low-fee sex worker risk behavior survey (China)	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Data Review	08/01/2014
Survey	Methadone Maintenance Treatment (MMT) Outcome Study (China)	Evaluation	Drug Users	Implementation	12/01/2015
Surveillance	Monitoring of HIV drug resistance Early Warning Indicators (EWI) (Thailand)	HIV Drug Resistance	Other	Implementation	08/01/2016
Surveillance	Monitoring of Outcomes and Impacts of Antiretroviral Treatment Program (Thailand)	HIV-mortality surveillance	Other	Implementation	08/01/2016
Survey	MSM HIV epidemic and risk behavior qualitative investigation (China)	Qualitative Research	Men who have Sex with Men	Data Review	08/01/2013
Survey	MSM population size	Population	Men who	Implementatio	12/01/2013

	estimation (China)	size estimates	have Sex with Men	n	
Survey	MSM pyschiatric examination (China)	Behavioral Surveillance among MARPS	Men who have Sex with Men	Data Review	08/01/2013
Survey	MSM Qualitative study in Kunming and Nanning (China)	Qualitative Research	Men who have Sex with Men	Data Review	02/01/2013
Surveillance	National HIV Estimates & Projections modelling and Cost Investment Analysis (Laos)	Modeling Infections Averted	General Population	Development	09/30/2014
Survey	New incidence assay development (China)	Recent HIV Infections	Other	Implementation	09/01/2013
Survey	Point-of-care technologies for CD4, VL, and EID (China)	Laboratory Support	Other	Implementation	09/01/2013
Survey	Population size estimation of MARPs (China)	Population size estimates	General Population	Publishing	06/01/2013
Surveillance	Projection and estimation of number of persons accessing ART and antiretroviral demands using modeling scenario analysis (Thailand)	Other	Other	Publishing	03/01/2013
Survey	Qualitative study to gain insights into barriers to HIV testing among transgender (multiple sites). (Thailand)	Qualitative Research	Men who have Sex with Men	Planning	10/01/2013
Survey	Qualitative study with MSM in Bangkok and Chiang Mai. HIV risk behaviors and social context. (Thailand)	Qualitative Research	Men who have Sex with Men	Planning	09/01/2014
Surveillance	Strengthen self-administered behavioral surveys using	Population-based	Other	Development	08/01/2016

	personal digital assistant (PDA) technology among students (Thailand)	Behavioral Surveys			
Surveillance	Strengthening national integrated bio-behavioral surveillance surveys among female sex workers (Thailand)	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Implementation	08/01/2016
Surveillance	Strengthening national integrated bio-behavioral surveillance surveys among injecting drug users (Thailand)	Behavioral Surveillance among MARPS	Injecting Drug Users	Implementation	08/01/2016
Surveillance	Strengthening national integrated bio-behavioral surveillance surveys among men who have sex with men (Thailand)	Behavioral Surveillance among MARPS	Men who have Sex with Men	Implementation	08/01/2016
Surveillance	Strengthening the interoprable program monitoring for Passive Case Reporting (Laos)	AIDS/HIV Case Surveillance	Other	Planning	09/30/2016
Survey	Survey of male sex workers in Bangkok and Pattaya (Thailand)	Qualitative Research	Men who have Sex with Men	Planning	09/01/2014
Survey	Survey of transgender in Pattaya, Sriracha and Sattahip (Thailand)	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	09/01/2014
Survey	Survey of transgender in Vientiane and Savannakhet (Laos)	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	09/01/2014
Surveillance	Utilization of secondary strategic Information for size estimation, focusing on MSM,	Population size estimates	Female Commercial Sex Workers,	Publishing	08/01/2016

	MSW and FSW (national level) (Thailand)		Male Commercial Sex Workers, Men who have Sex with Men		
Surveillance	Utilization of Strategic Information for Measurement of Impact of HIV Prevention Program, National and Provincial Levels (Thailand)	Modeling Infections Averted	Other	Implementation	08/01/2016
Survey	Utilizing MIS to map coverage of products and services in program area (Thailand)	Other	Men who have Sex with Men	Other	03/01/2013
Surveillance	Web-based MSM behavioral surveillance (China)	Behavioral Surveillance among MARPS	Men who have Sex with Men	Implementation	06/01/2015

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
DOD		280,000		**280,000**
HHS/CDC	5,998,430	4,071,570		**10,070,000**
HHS/HRSA		50,000		**50,000**
PC		40,000		**40,000**
USAID		1,090,000	5,000,000	**6,090,000**
Total	**5,998,430**	**5,531,570**	**5,000,000**	**16,530,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency						Total
	DOD	HHS/CDC	HHS/HRSA	PC	USAID	AllOther	
HBHC		871,673	5,000		823,821		**1,700,494**
HLAB	10,775	685,648					**696,423**
HMBL	35,775						**35,775**
HTXS		356,662	5,000				**361,662**
HVCT	40,775	535,899			1,083,487		**1,660,161**
HVMS	27,275	3,485,836		40,000	551,664		**4,104,775**
HVOP	70,775	880,160			2,776,074		**3,727,009**
HVSI	80,775	1,115,454			845,965		**2,042,194**
HVTB		146,856			8,989		**155,845**
IDUP		336,083					**336,083**
MTCT		315,488					**315,488**
OHSS	13,850	841,337	35,000				**890,187**
PDCS		323,334	2,500				**325,834**
PDTX		175,570	2,500				**178,070**
	280,000	**10,070,000**	**50,000**	**40,000**	**6,090,000**	**0**	**16,530,000**

National Level Indicators

National Level Indicators and Targets

China

Redacted

National Level Indicators and Targets

Laos

Redacted

National Level Indicators and Targets

Thailand

Redacted

National Level Indicators and Targets

Asia Regional Program

Redacted

Policy Tracking Table

China

(No data provided.)

Policy Tracking Table

Laos

(No data provided.)

Policy Tracking Table

Thailand

(No data provided.)

Policy Tracking Table

Asia Regional Program

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,700,494	0
HVTB	155,845	0
PDCS	325,834	0
Total Technical Area Planned Funding:	**2,182,173**	**0**

Summary:
(No data provided.)

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	696,423	0
HVSI	2,042,194	0
OHSS	890,187	0
Total Technical Area Planned Funding:	**3,628,804**	**0**

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	4,104,775	0
Total Technical Area Planned Funding:	**4,104,775**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	35,775	0
HVCT	1,660,161	0
HVOP	3,727,009	0
IDUP	336,083	0
MTCT	315,488	0
Total Technical Area Planned Funding:	**6,074,516**	**0**

Summary:
(No data provided.)

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXS	361,662	0
PDTX	178,070	0
Total Technical Area Planned Funding:	**539,732**	**0**

Summary:
(No data provided.)

Technical Area Summary Indicators and Targets

China

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
CN.469	Number of new or revised National HIV/AIDS/STI-related guidelines released by the GOC with technical collaboration from USG	5	Redacted
CN.470	Number of pilot innovative models for HIV/AIDS response	6	Redacted
CN.471	Number of scientific information products developed with USG involvement and released	5	Redacted
CN.472	Number of countries provided TA by GOC with technical collaboration from USG	5	Redacted
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards	n/a	Redacted

	required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	6,000	
	By MARP Type: CSW	500	
	By MARP Type: IDU	0	
	By MARP Type: MSM	5,500	
	Other Vulnerable Populations	0	
	Sum of MARP types	6,000	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	20,000	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	12,500	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	7,500	
	By Sex: Female	7,500	
	By Sex: Male	12,500	
	By Age: <15	0	
	By Age: 15+	20,000	
	By Test Result: Negative		

	By Test Result: Positive		
	Sum of age/sex disaggregates	20,000	
	Sum of sex disaggregates	20,000	
	Sum of age disaggregates	20,000	
	Sum of test result disaggregates		
C1.1.D	Number of adults and children provided with a minimum of one care service	10,788	Redacted
	By Age/Sex: <18 Male	78	
	By Age/Sex: 18+ Male	7,751	
	By Age/Sex: <18 Female	29	
	By Age/Sex: 18+ Female	2,930	
	By Sex: Female	2,959	
	By Sex: Male	7,829	
	By Age: <18	107	
	By Age: 18+	10,681	
	Sum of age/sex disaggregates	10,788	
	Sum of sex disaggregates	10,788	
	Sum of age disaggregates	10,788	
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened	32 %	Redacted

	for TB in HIV care or treatment setting		
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	950	
	Number of HIV-positive individuals receiving a minimum of one clinical service	2,988	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	1 %	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	42	
	Number of HIV-positive individuals receiving a minimum of one clinical service	2,988	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	2,988	Redacted
	By Age/Sex: <15 Male	3	
	By Age/Sex: 15+ Male	1,826	
	By Age/Sex: <15	4	

	Female		
	By Age/Sex: 15+ Female	1,155	
	By Sex: Female	1,159	
	By Sex: Male	1,829	
	By Age: <15	7	
	By Age: 15+	2,981	
	Sum of age/sex disaggregates	2,988	
	Sum of sex disaggregates	2,988	
	Sum of age disaggregates	2,988	
T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART	1,896	Redacted
	By Age: <1	0	
	By Age/Sex: <15 Male	51	
	By Age/Sex: 15+ Male	1,333	
	By Age/Sex: <15 Female	52	
	By Age/Sex: 15+ Female	460	
	By: Pregnant Women	0	
	Sum of age/sex disaggregates	1,896	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	8,602	Redacted

	By Age: <1	0	
	By Age/Sex: <15 Male	55	
	By Age/Sex: 15+ Male	6,273	
	By Age/Sex: <15 Female	52	
	By Age/Sex: 15+ Female	2,222	
	Sum of age/sex disaggregates	8,602	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	80 %	Redacted
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	385	
	Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.	481	
	By Age: <15	9	
	By Age: 15+	376	
	Sum of age	385	

	disaggregates		
H2.3.D	The number of health care workers who successfully completed an in-service training program	1,325	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Laos

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
LA.450	Number of partner meetings, workshops and seminars* with steering/advisory/executive committees or technical working groups aimed to provide strategic direction for the country's HIV programs (e.g. related to policy development, guidelines, systems development or service delivery enhancement) conducted with USG support (technical and/or financial).		Redacted
LA.452	Number of national/local organizations (Government, NGOs, CBOs, etc.) received/participated in capacity building activities provided with USG support (either technical		Redacted

	and/or financial).		
LA.453	Number of trainers who received training according to the national/local guidelines or curricula with USG support (technical and/or financial).		Redacted
LA.454	Number of scientific information products developed with USG support		Redacted
	Number of abstracts		
	Number of presentations		
	Number of papers		
	Number of technical reports		
	Number of outputs produced with significant local partner involvement		
	Number of outputs produced without significant local partner involvement		
LA.468	Number of new or updated approved national or local guidelines, policies, management systems, or curricula implemented with USG support (either by funding and/or		Redacted

	substantial technical inputs).		
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	420	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	19,560	

	By MARP Type: CSW	0	
	By MARP Type: IDU	0	
	By MARP Type: MSM	14,560	
	Other Vulnerable Populations	5,000	
	Sum of MARP types	19,560	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	5,000	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	2,975	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	2,025	
	By Sex: Female	2,025	
	By Sex: Male	2,975	
	By Age: <15	0	
	By Age: 15+	5,000	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	5,000	
	Sum of sex disaggregates	5,000	
	Sum of age disaggregates	5,000	
	Sum of test result disaggregates		

H2.3.D	The number of health care workers who successfully completed an in-service training program	1,513	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Thailand

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
TH.412	Number of scientific information products developed with USG support		Redacted
	Number of abstracts		
	Number of presentations		
	Number of papers		
	Number of technical reports		
	Number of outputs produced with significant local partner involvement		
	Number of outputs produced without significant local partner involvement		
TH.408	Number of partner meetings, workshops and seminars* with steering/advisory/executive committees or technical working groups aimed to provide strategic direction for the country's HIV programs (e.g. related		Redacted

	to policy development, guidelines, systems development or service delivery enhancement) conducted with USG support (technical and/or financial).		
TH.409	Number of new or updated approved national or local guidelines, policies, management systems, or curricula implemented with USG support (either by funding and/or substantial technical inputs).		Redacted
TH.410	Number of national/local organizations (Government, NGOs, CBOs, etc.) received/participated in capacity building activities provided with USG support (either technical and/or financial).		Redacted
TH.411	Number of trainers who received training according to the national/local guidelines or curricula		Redacted

	with USG support (technical and/or financial).		
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	1,592	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence	3,375	

	and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	10,978	
	By MARP Type: CSW	0	
	By MARP Type: IDU	0	
	By MARP Type: MSM	10,978	
	Other Vulnerable Populations	0	
	Sum of MARP types	10,978	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	2,700	Redacted
	By Age/Sex: <15 Male	0	

	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	300	
	By Sex: Male	2,400	
	By Age: <15	0	
	By Age: 15+	2,700	
	By Test Result: Negative	0	
	By Test Result: Positive	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	2,700	
	Sum of age disaggregates	2,700	
	Sum of test result disaggregates	0	
P12.2.D	Number of adults and children reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS	50	Redacted
	By Age: <15	0	
	By Age: 15-24	20	

	By Age: 25+	30	
	By Sex: Female	0	
	By Sex: Male	50	
C1.1.D	Number of adults and children provided with a minimum of one care service	2,749	Redacted
	By Age/Sex: <18 Male	0	
	By Age/Sex: 18+ Male	0	
	By Age/Sex: <18 Female	0	
	By Age/Sex: 18+ Female	0	
	By Sex: Female	661	
	By Sex: Male	2,088	
	By Age: <18	1,177	
	By Age: 18+	1,572	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	2,749	
	Sum of age disaggregates	2,749	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	1,912	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	

	By Sex: Female	661	
	By Sex: Male	1,251	
	By Age: <15	1,177	
	By Age: 15+	735	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	1,912	
	Sum of age disaggregates	1,912	
H2.3.D	The number of health care workers who successfully completed an in-service training program	3,297	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	118	

Technical Area Summary Indicators and Targets

Asia Regional Program

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
AA.466	Number of scientific information products developed with USG support		Redacted
	Number of abstracts		
	Number of presentations		
	Number of papers		
	Number of technical reports		
	Number of outputs produced with significant local partner involvement		
	Number of outputs produced without significant local partner involvement		
AA.462	Number of partner meetings, workshops and seminars* with steering/advisory/executive committees or technical working groups aimed to provide strategic direction for the country's HIV programs (e.g. related		Redacted

	to policy development, guidelines, systems development or service delivery enhancement) conducted with USG support (technical and/or financial).		
AA.463	Number of new or updated approved national or local guidelines, policies, management systems, or curricula implemented with USG support (either by funding and/or substantial technical inputs)		Redacted
AA.464	Number of national/local organizations (Government, NGOs, CBOs, etc.) received/participated in capacity building activities provided with USG support (either technical and/or financial).		Redacted
AA.465	Number of trainers who received training according to the national/local guidelines or curricula		Redacted

	with USG support (technical and/or financial).		
AA.473	Number of new or revised National HIV/AIDS/STI-related guidelines released by the GOC with technical collaboration from USG	5	Redacted
AA.474	Number of pilot innovative models for HIV/AIDS response	6	Redacted
AA.475	Number of scientific information products developed with USG involvement and released	5	Redacted
AA.476	Number of countries provided TA by GOC with technical collaboration from USG	5	Redacted
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People	2,012	

	Living with HIV (PLHIV) interventions		
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	3,375	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small	36,538	

	group level preventive interventions that are based on evidence and/or meet the minimum standards required		
	By MARP Type: CSW	500	
	By MARP Type: IDU	0	
	By MARP Type: MSM	31,038	
	Other Vulnerable Populations	5,000	
	Sum of MARP types	36,538	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	27,700	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	15,475	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	9,525	
	By Sex: Female	9,825	
	By Sex: Male	17,875	
	By Age: <15	0	
	By Age: 15+	27,700	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	25,000	

	Sum of sex disaggregates	27,700	
	Sum of age disaggregates	27,700	
	Sum of test result disaggregates		
P12.2.D	Number of adults and children reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS	50	Redacted
	By Age: <15	0	
	By Age: 15-24	20	
	By Age: 25+	30	
	By Sex: Female	0	
	By Sex: Male	50	
C1.1.D	Number of adults and children provided with a minimum of one care service	13,537	Redacted
	By Age/Sex: <18 Male	78	
	By Age/Sex: 18+ Male	7,751	
	By Age/Sex: <18 Female	29	
	By Age/Sex: 18+ Female	2,930	
	By Sex: Female	3,620	
	By Sex: Male	11,237	

	By Age: <18	1,284	
	By Age: 18+	12,253	
	Sum of age/sex disaggregates	10,788	
	Sum of sex disaggregates	14,857	
	Sum of age disaggregates	13,537	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	1 %	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	42	
	Number of HIV-positive individuals receiving a minimum of one clinical service	4,900	
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	19 %	Redacted
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	950	

	Number of HIV-positive individuals receiving a minimum of one clinical service	4,900	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	4,900	Redacted
	By Age/Sex: <15 Male	3	
	By Age/Sex: 15+ Male	1,826	
	By Age/Sex: <15 Female	4	
	By Age/Sex: 15+ Female	1,155	
	By Sex: Female	1,820	
	By Sex: Male	3,080	
	By Age: <15	1,184	
	By Age: 15+	3,716	
	Sum of age/sex disaggregates	2,988	
	Sum of sex disaggregates	4,900	
	Sum of age disaggregates	4,900	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	8,602	Redacted
	By Age: <1	0	
	By Age/Sex: <15 Male	55	

	By Age/Sex: 15+ Male	6,273	
	By Age/Sex: <15 Female	52	
	By Age/Sex: 15+ Female	2,222	
	Sum of age/sex disaggregates	8,602	
T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART	1,896	Redacted
	By Age: <1	0	
	By Age/Sex: <15 Male	51	
	By Age/Sex: 15+ Male	1,333	
	By Age/Sex: <15 Female	52	
	By Age/Sex: 15+ Female	460	
	By: Pregnant Women	0	
	Sum of age/sex disaggregates	1,896	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	80 %	Redacted
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	385	
	Total number of	481	

	adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.		
	By Age: <15	9	
	By Age: 15+	376	
	Sum of age disaggregates	385	
H2.3.D	The number of health care workers who successfully completed an in-service training program	6,135	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	118	

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
16576	AIDS Care China	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	300,000
16622	Chinese Center for Disease Prevention and Control	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,050,000
17034	United Nations Joint Programme on HIV/AIDS	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	100,000
17035	International Training and Education Center on HIV	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	50,000
17056	Thailand Ministry of Public Health	Host Country Government	U.S. Department of Health and	GAP, GHP-State	1,200,000

		Agency	Human Services/Centers for Disease Control and Prevention		
17058	Bangkok Metropolitan Administration	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP	150,000
17059	TBD	TBD	Redacted	Redacted	Redacted
17060	Population Services International	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	5,074,267
17084	U.S. Department of Defense (Defense)	Other USG Agency	U.S. Department of Defense	GHP-State	220,000
17092	World Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 16576	Mechanism Name: Engaging Local NGOs
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: AIDS Care China	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
China	0

Total Funding: 300,000		
Managing Country	**Funding Source**	**Funding Amount**
China	GHP-State	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this implementing mechanism is to engage local non-governmental organizations (NGOs) in the national response to HIV/AIDS by building their capacity to deliver high quality HIV care and treatment services to vulnerable populations in Southwestern and Western China. The grantee will demonstrate and document a model for service delivery by local NGOs and develop tools to strengthen the capacity of other local partners to replicate the model. The grantee will collaborate with Chinese government agencies, hospitals and clinics to increase early HIV detection and ART initiation, improve adherence and retention, and minimize loss to follow-up by supplementing government treatment services with adherence counseling, support groups, and other activities.

The funding opportunity announcement (FOA) will be published in March 2012. Eligibility is limited to local

partners, with preference given to local indigenous NGOs that are not affiliated with an international NGO or Chinese government agency. Award is anticipated for September 2012.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	189,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16576**
Mechanism Name:	**Engaging Local NGOs**
Prime Partner Name:	**AIDS Care China**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	73,080	0

Narrative:

The grantee will facilitate support groups for PLHA at public hospitals and clinics to improve adherence and retention. PLHA will be linked to treatment, CD4 and viral load tests at program sites and other facilities. By the end of FY13, 8,000 HIV-infected individuals will participate in PLHA support groups.

The grantee will also pilot screening and treatment to prevent cervical cancer in HIV-positive women. Techniques will be determined with the grantee, local government, and other experts after award, depending on the location of sites and other factors. See and treat' will be the standard operating procurer as it is more appropriate in rural areas.By the end of FY13, 200 HIV-infected women will receive screening for cervical cancer and treatment as necessary.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	90,000	0

Narrative:

Civil society is not well-developed in China, which limits the engagement necessary to further increase coverage and improve quality of HIV prevention, care, and treatment services. This implementing mechanism will support civil society engagement in the national response to HIV/AIDS by building the capacity of the grantee and other local NGOs to deliver high quality HIV care and treatment services to vulnerable populations in Southwestern and Western China. The grantee will demonstrate and document a model for service delivery by local NGOs and develop tools to strengthen the capacity of other local NGOs to replicate the model.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	46,900	0

Narrative:

The grantee will provide HIV testing and counseling at public hospitals and clinics for sexual partners and family members of PLHA. By the end of FY13, 12,000 individuals will receive HIV testing and counseling. Individuals who test positive for HIV will be linked to care and treatment. The grantee will track and follow up with HIV-positive individuals who do not appear for appointments.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	90,020	0

Narrative:

The grantee will provide treatment literacy education, adherence counseling and support for people living with HIV/AIDS (PLHA) in public hospitals and clinics. The grantee will also support comprehensive case management services for PLHA, including scheduling follow-up visits for CD4 and viral load tests and tracing patients who miss appointments. By the end of FY13, 8,000 HIV-infected individuals will receive treatment literacy education, adherence counseling and support. The percentage of ART patients lost-to-follow-up in the last 12 months will be less than 5%.

The grantee will also train lay counselors to deliver treatment literacy education and provide counseling. By the end of FY13, 5 lay counselors will be trained. Site coordinators will provide on-site supervision and collect data for program monitoring.

Implementing Mechanism Details

Mechanism ID: 16622	Mechanism Name: China CDC COAG
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Chinese Center for Disease Prevention and Control	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: Yes	Managing Agency: HHS/CDC

Benefiting Country	Benefiting Country Planned Amount
China	0

Total Funding: 1,050,000		
Managing Country	**Funding Source**	**Funding Amount**
China	GHP-State	1,050,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this implementing mechanism is to build the capacity of the Chinese Center for Disease Control and Prevention (China CDC) to improve the coverage, efficiency, and quality of HIV/AIDS services in China. U.S. CDC will collaborate with China CDC at the national level to develop technical guidelines and manuals and to strengthen laboratory and surveillance systems. U.S. CDC will also support 15 provincial CDCs to explore innovative models and conduct operational research. This implementing mechanism has a strong history of producing successful models, which are scaled up using host country resources. Moreover, beginning in FY12, provinces supported by this implementing mechanism will match funds 1:1. Since China has a concentrated HIV epidemic, target populations include PWID, MSM, and FSW. U.S. CDC will provide technical assistance to improve data collection, analysis, and utilization for monitoring and evaluation at all levels.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	227,000
Key Populations: FSW	71,588
Key Populations: MSM and TG	140,473

TBD Details

(No data provided.)

Key Issues

Mobile Population

TB

Budget Code Information

Mechanism ID:	16622		
Mechanism Name:	China CDC COAG		
Prime Partner Name:	Chinese Center for Disease Prevention and Control		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	132,500	0

Narrative:

This implementing mechanism supports clinicians and health care workers in five counties in Henan to provide follow-up services, including adherence counseling, CD4 testing, and CTX prophylaxis, in county CDCs, county and township hospitals, and village clinics. The Henan Community Care program also includes support groups for PLHA. In addition, this implementing mechanism supports outreach and home visits for PLHA in Anhui and Guangxi by clinicians from the Lixin and Luzhai Rural AIDS Clinical Training Centers, who provide adherence counseling, clinical monitoring, and OI management. The Luzhai Rural AIDS Clinical Training Center also strengthens linkages between MMT, PMTCT, and care and treatment services.

HIV-positive pregnant women, their partners and infants also receive care services, such as clinical monitoring,

partner testing, and EID, through the enhanced PMTCT program at 112 ANC clinics and hospitals in Guangxi. This program increases referrals between PMTCT, care, and treatment services and between village, township, and county levels of the three-tiered health system.

Through this implementing mechanism, U.S. CDC provides technical assistance to China CDC and 15 provincial CDCs. This implementing mechanism focuses on the development of models for scale-up by GOC. In FY12, U.S. CDC will assist GOC to scale up community and home-based care through the Essential Care Package model.

Joint site visits are conducted for program monitoring and evaluation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	39,600	0

Narrative:

Through this implementing mechanism, U.S CDC facilitates collaboration between the National Center for AIDS/STD Control and Prevention (NCAIDS) and the National Center for TB Control and Prevention (NCTB) within China CDC to ensure alignment of national policies and technical guidelines.This implementing mechanism supports TB/HIV services, including TB screening for PLHA, HTC for TB patients, and TB and ARV treatment for TB/HIV co-infected patients, in five counties in Henan and one county in Guangxi. In FY11, 96% of PLHA were screened for TB and 99% of TB patients were tested for HIV at supported sites. Other accomplishments include the development of a manual for health care providers on TB/HIV co-infection management and an M&E plan for an IPT pilot.

Building on these accomplishments, in FY12, U.S. CDC will provide technical assistance to NCTB to monitor and evaluate the IPT pilot, to draft a manual on IPT, and to scale up TB/HIV services. NCTB will integrate TB/HIV M&E plans into local assessments of TB and HIV/AIDS programs in two counties. This will be done through building capacity at both the clinic and laboratory level for TB/HIV diagnosis, improving the quality of data collection, strengthening the reporting system, and facilitating collaboration between TB and HIV/AIDS programs.

This implementing mechanism also supports training for county-level clinicians on TB/HIV services through the Rural AIDS Clinical Training Centers in Lixin, Anhui and Luzhai, Guangxi.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	39,600	0

Narrative:

This implementing mechanism does not include direct provision of pediatric HIV care, since GOC covers pediatric care under the Four Frees and One Care policy. Instead, it focuses on technical assistance: to define an improved package of services, including cotrimoxazole prophylaxis for infants; to implement EID by dried blood spot at 6-8 weeks of age in 7 provinces through a network of specialized laboratories; and to investigate possible transmission routes for HIV-positive children with HIV-negative mothers. This implementing mechanism also supports in-service training for county-level clinicians to provide quality pediatric HIV care through the Rural AIDS Clinical Training Centers in Lixin, Anhui and Luzhai, Guangxi.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	120,600	0

Narrative:

China has a well-established multi-tier HIV laboratory network that spans CDC, hospital, and MCH systems. The top two tiers of the network consist of the National AIDS Reference Laboratory (NARL) at NCAIDS and 35 provincial confirmatory laboratories. In 2010, GOC opened an additional 283 confirmatory laboratories in prefectural CDCs and large hospitals and more than 8,870 screening laboratories in county CDCs, blood stations, and MCH facilities. About 32% of laboratories are in CDCs and 57% are in hospitals. Serologic testing services have been extended to 97% of prefecture level health systems. Laboratory technical guidelines for HIV testing were developed in close consultation with USG, WHO, and the Clinton Health Access Initiative. All HIV laboratories have been ISO-17025 accredited.

This implementing mechanism focuses on technical assistance. Activities for FY12 include: Develop a national five-year laboratory strategic plan
; Evaluate the utility of Alere point-of-care (POC) CD4 technology
; Formulate an evaluation protocol to test Alere POC viral load (VL) technology; Deveop a comprehensive HIV-1 drug resistance (DR) monitoring system to ensure timeliness, accuracy, and usefulness to clinicians by standardizing the report on DR results based on clinically useful DR mutations; Assist NARL to upgrade laboratory quality management to attain College of American Pathologists (CAP) accreditation; Continue to support the evaluation and commercialization of affinity-based incidence assay and convene a training workshop with domestic and international participants from neighboring countries; Facilitate regional exchange of laboratory knowledge.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	132,500	0

Narrative:

This implementing mechanism provides technical assistance to develop, implement, and document innovative SI methods and models to build capacity for data collection, analysis, and use at national and sub-national levels.

Activities for FY12 include:
Harmonize indicators and streamline reporting for MARPs in line with national guidelines
; Conduct cost-effectiveness analyses of national HIV/AIDS programs
; Improve the quality and sustainability of the national HIV surveillance system and strengthen the capacity of data analysis and use at national and sub-national levels by training provincial, city, and county CDC staff
; Apply recommendations from national HIV sentinel surveillance system evaluation
; Support development and dissemination of provincial surveillance reports
; Support national population size estimation of MARPs, HIV incidence estimation using multiple methods particularly BED-CEIA testing, and data triangulation using national HIV and STI sentinel surveillance data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	126,000	0

Narrative:

This implementing mechanism addresses the lack of capacity at sub-national levels to manage operational and fiduciary functions through the Provincial Program Management Training Program. This program provides provincial HIV/AIDS program managers with one month of classroom instruction and five months of hands-on learning through rotations in NCAIDS divisions and in the field.

Although China currently produces an adequate number of health care providers, their training and capacity in HIV prevention, care, and treatment remain low, particularly at the county level and below. This implementing mechanism supports two Rural AIDS Clinical Training Centers for county-level clinicians to improve the quality of HIV/AIDS services.

This implementing mechanism also strengthens linkages between vertical health systems by facilitating collaboration between NCWCH, NCAIDS, and NCTB at the national level and supporting referral mechanisms between MCH, CDC, and hospitals at the local level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	116,000	0

Narrative:

According to the 2009 National Sentinel Surveillance, HIV prevalence among MARPs is 9.3% for PWID, 5.0% for

MSM, and 0.6% for FSW. HTC coverage is 37.3% for PWID, 44.9% for MSM, and 36.9% for FSW. HIV prevalence among pregnant women ages 15-24 is 0.2%.

Through this implementing mechanism, U.S. CDC provides technical assistance to NCAIDS, provincial CDCs, and CBOs to increase HTC coverage, particularly among MARPs, and to link HTC to prevention, care, and treatment services. In FY12, China CDC will continue to pursue multiple approaches, including VCT, CHCT, and PITC. This implementing mechanism will support MSM CBOs to provide on-site and mobile VCT using oral rapid tests. Having contributed to the recently released technical guidelines on HIV rapid tests, U.S. CDC will continue to support implementation by providing technical assistance on QA and QC. Implementing mechanism activities include CHCT pilots in high prevalence provinces, including two pilots for MSM couples. U.S. CDC will continue to assist with the development and implementation of technical guidelines on PITC. U.S. CDC will also provide technical assistance to scale up PITC pilots in both low and high HIV prevalence provinces. This implementing mechanism will continue to support PITC in pre-marriage health screenings and ANC clinics for PMTCT and in TB clinics for TB/HIV co-infection management. Because approximately one-third of heterosexual transmission occurs between discordant couples, these activities also promote partner testing through PMTCT and care services.

Targets and results by approach:
VCT
- FY12 target: 3,300 (1,500 MSM through Tianjin bathhouse pilot + 1,800 from Henan Community Care program); FY11 result: 3,666.
CHCT
- FY12 target: 600 partners tested through CHCT pilots in Sichuan and Xinjiang
; FY11 result: 0.
PITC
- FY12 target: 45,238 (43,700 pregnant women, 126 partners and 112 infants of HIV-positive pregnant women through PMTCT and 1,300 TB patients through Henan Community Care program)
; FY11 result: 69,518.

In addition, this implementing mechanism will continue to support 38 provincial-level sentinel surveillance sites, which will provide HTC for 17,000 individuals (PWID, STI patients, and college students). This implementing mechanism will also support HTC for 5,164 MARPs through operational research studies.

U.S. CDC provided technical assistance to NCAIDS to develop national indicators to monitor follow-up from HTC to care and treatment, including CD4 testing. U.S. CDC will continue to provide technical assistance to NCAIDS to improve VCT data quality and utilization. In particular, U.S. CDC will assist with protocol development for VCT data quality evaluation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	79,500	0

Narrative:

Target population: MSM;

Approximate Dollar Amount: $70,218;

Coverage: 4,100

; Activities:

Train local CDC staff and MSM peer educators on outreach

; Pilot intervention for MSM in bathhouse, including condom promotion and distribution, on-site VCT using oral rapid tests, and linkages to STI management and HIV care and treatment services (1,500 MSM)

; Support comprehensive HIV prevention intervention, including risk reduction counseling, condom promotion and distribution, and STI referrals, for MSM in 3 provinces (Guangzhou, Guizhou, and Xinjiang); promote quality assurance through supportive supervision and regular client satisfaction surveys (1,500 MSM)

; Support provincial CDCs to conduct operational research on interventions targeting MSM (1,100 MSM)

; Promote direct provision of VCT by MSM CBOs using rapid tests.

Target population: FSW;

Approximate Dollar Amount: $46,812

; Coverage: 1,764;

Activities:

Conduct cross-sectional survey on risk perceptions and behaviors among low-fee FSW to inform behavioral interventions; provide risk reduction counseling, condom promotion and distribution, HIV, syphilis, and herpes testing, and referrals for free syphilis treatment, discounted herpes treatment, and partner testing to participants (1,564 FSW)

; Support provincial CDC to conduct operational research in Inner Mongolia (200 FSW)

; Provide technical assistance to provincial CDCs to field test interventions for low-fee FSW and older clients who are often not reached by current venue-based 100% CUP

; Provide technical assistance to improve the quality of 100% CUP by revising national guidelines and strengthening linkages to VCT, STI management, and HIV care and treatment services; Train local CDC staff and FSW peer educators on outreach.

There is no agreed upon population size estimate for MSM in China. In 2007, the NCAIDS estimate was 3.1 to 6.3 million MSM. However, this may be an underestimate, as many other sources report much higher figures, the most common being 5-10 million MSM, and with some national estimates as high as 18-20 million.

In 2007, NCAIDS in collaboration with UNAIDS and WHO, estimated the population size of sex workers to be 1.8 to 3.8 million. Population size estimates were based on sentinel surveillance data, behavioral surveillance data, Public Security Bureau (PSB) registration data, and published literature.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	IDUP	122,600	0

Narrative:

In 2007, NCAIDS estimated the population size of PWID to be 1.5 to 3.0 million. The prevalence of injecting drug use among people aged 15-64 years is 0.25% or an estimated 2,350,000 persons, according to the United Nations Office on Drugs and Crime. The China National Narcotics Control Commission reported that the registered number of drug users in 2009 was 1,335,920 of whom 978,226 (73.2%) were heroin users. By 2009, approximately 238,280 PWID were estimated to be infected with HIV, primarily in the provinces of Xinjiang, Yunnan, Guizhou, Guangxi, and Guangdong, each of which had more than 10,000 PWID infected with HIV.

MMT is the core intervention for PWID in China. Since 2004, GOC has expanded the national MMT program to 715 clinics in 28 provinces. In 2010, GOC launched NSP. There are now 937 NSP sites in 26 provinces.

In FY12, U.S. CDC will continue to provide technical assistance to increase the coverage and improve the quality of MMT services. This implementing mechanism will support NCAIDS and provincial CDCs to train MMT clinic staff and PWID peer educators on outreach to increase MMT enrollment and retention. Other activities include piloting gender-specific programming for female PWID and female sexual partners of male PWID, including condom promotion and distribution, HTC, and PMTCT, in combination with MMT and NSP. U.S. CDC will promote messages and interventions for FSW who inject drugs that address the dual risk of sex work and injecting drug use. U.S. CDC will also provide technical assistance to strengthen linkages between MMT and ART.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	65,000	0

Narrative:

This implementing mechanism supports an enhanced PMTCT pilot program at 112 ANC clinics and hospitals in high HIV prevalence areas of Guangxi. By promoting PITC and strengthening linkages between the village, township, and county levels of the three-tiered health system, this model successfully increased HIV testing to 97% of pregnant women, provided ARV prophylaxis to 87% of HIV-positive pregnant women, and reduced MTCT to 3% of HIV-exposed infants at USG-supported sites.

As part of the Four Frees and One Care policy, GOC provides PMTCT at a unit cost of $2,000 per patient. In FY10, GOC announced the expansion of the national PMTCT program from 333 to 1,156 high HIV prevalence counties and the integration of PMTCT for HIV, HBV, and syphilis with routine MCH services. The National Action Plan (2011-2015) includes PMTCT targets for testing 80% of pregnant women for HIV, providing ARV prophylaxis

to 90% of HIV-positive pregnant women, and reducing MTCT to 5% of HIV-exposed infants. GOC has developed a national M&E plan for PMTCT and is in the process of implementing a tiered M&E system at the provincial, city, and county levels to guide implementation and support improvement. Through this implementing mechanism, U.S. CDC provides technical assistance (TA) on guidelines, manuals, and M&E.

Activities for FY12 include:

Continue to support clinicians to conduct active case finding at 112 sites in Guangxi

; Continue to support referral mechanisms between MCH, CDC, and hospital systems to ensure retention

; Promote PITC at pre-marriage health screenings to increase HIV diagnosis and CD4 testing prior to delivery

; Support Guangxi BOH to scale-up PMTCT to all 109 counties

; Support NCWCH to supervise PMTCT scale-up at provincial and local levels

; Provide TA to improve national PMTCT database as well as data collection, analysis, and utilization at all levels

; Provide TA to evaluate feasibility and acceptability of repeat HIV testing in late pregnancy and/or at delivery

; Strengthen linkages between MMT, PMTCT, and ART in Guizhou.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	49,600	0

Narrative:

This implementing mechanism supports in-service training for county-level clinicians at two Rural AIDS Clinical Training Centers in Lixin, Anhui and Luzhai, Guangxi. In FY11, the Lixin Rural AIDS Clinical Training Center was transitioned to local ownership, but U.S. CDC will continue to provide technical assistance on second line ART. In FY12, U.S. CDC will continue to support the Luzhai Rural AIDS Clinical Training Center, including accomodation and stipends for trainees. In order to gain hands-on experience, trainees provide treatment services such as adherence counseling and clinical monitoring under the supervision of clinicians at county and township hospitals.

This implementing mechanism also supports clinicians in five counties in Henan to provide clinical monitoring,

CD4 and viral load testing, and adherence counseling as part of a comprehensive care and treatment model. This model also includes PLHA support groups to improve adherence and retention.

The partner, NCAIDS, tracks and evaluates clinical outcomes of the National Free ART Program, including sites supported by this implementing mechanism, through the national treatment database. U.S. CDC provides technical assistance on data analysis and utilization.

Local CDCs provide free CD4 and viral load testing for treatment monitoring. In 2010, the Ministry of Finance approved reimbursement to PLHA for the cost of transportation and meals to access facility-based CD4 testing in order to improve retention.

This implementing mechanism includes technical assistance to scale up the Essential Care Package (ECP), which includes adherence counseling, clinical monitoring, and CTX prophylaxis. It also supports referral mechanisms to strengthen linkages between HIV prevention, care, and treatment services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	26,500	0

Narrative:

This implementing mechanism does not include direct provision of pediatric HIV treatment. GOC covers pediatric treatment under the National Free ART Program.

This implementing mechanism supports in-service training for county-level clinicians to provide pediatric HIV treatment at two Rural AIDS Clinical Training Centers in Lixin, Anhui and Luzhai, Guangxi. It also includes technical assistance to implement EID by dried blood spot at 6-8 weeks of age in 7 provinces through a network of specialized laboratories and to improve pediatric HIV data collection, analysis, and utilization.

Implementing Mechanism Details

Mechanism ID: 17034	**Mechanism Name: UNAIDS COAG**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: United Nations Joint Programme on HIV/AIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
China	0

Total Funding: 100,000		
Managing Country	**Funding Source**	**Funding Amount**
China	GHP-State	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

U.S. CDC and UNAIDS will continue to collaborate on priority activities consistent with USG strategy and in support of the Chinese national HIV/AIDS program. Particular areas of collaboration in FY12 will include support for civil society engagement in the national response to HIV/AIDS and population size estimation for MARPs. In terms of civil society engagement, this year will be a critical one for China. In response to findings from the Global Fund Secretariat, China will be identifying a civil society sub-recipient for a significant portion of its Global Fund resources and that sub-recipient will be expected to rapidly transition to principal recipient status. Civil society is not well-developed in China, and those organizations that engage in Global Fund programming will need significant support in developing their technical and management capacities. A specific focus for collaborative work between U.S. CDC and UNAIDS will be the development of HIV/AIDS program monitoring and evaluation (M&E) approaches and training for civil society organizations. U.S. CDC and UNAIDS are uniquely positioned to do this work, as a result of U.S. CDC's close institutional relationship with China CDC (the current principal recipient for Global Fund) and technical abilities, and UNAIDS' normative role and leadership in China's Global Fund Country Coordination Mechanism (CCM). U.S. CDC and UNAIDS will also continue to collaborate on issues related to the CCM and the development of strategic information to help inform policy guidance and technical support to the Government of China (GOC).

Cross-Cutting Budget Attribution(s)

Human Resources for Health	16,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	17034		
Mechanism Name:	UNAIDS COAG		
Prime Partner Name:	United Nations Joint Programme on HIV/AIDS		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	60,000	0
Narrative:			
This implementing mechanism will support program monitoring, evaluation, and reporting by civil society organizations (CSOs). In particular, UNAIDS will coordinate the development of M&E guidelines for CSOs, including core indicators, reporting formats, processes and systems to integrate civil society contributions into the national reporting system. *In addition, UNAIDS will build the capacity of national and provincial staff to track and assess HIV/AIDS expenditures and provide technical support to provinces on data collection and analysis for the HIV/AIDS expenditure tracking exercise.*			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	40,000	0
Narrative:			

Civil society is not well-developed in China, which limits the engagement necessary to further increase coverage and improve quality of HIV prevention, care, and treatment services. This implementing mechanism will support civil society engagement in Global Fund programs by building the capacity of civil society organizations, particularly in monitoring and evaluation, and by documenting their contribution to the national response to HIV/AIDS. *This implementing mechanism will also improve strategic planning and resource utilization by building the capacity of national and provincial staff to track and assess HIV/AIDS expenditures. The lack of comprehensive and rigorous assessment of HIV/AIDS spending is a key gap in China's national strategic information. UNAIDS will support the roll-out of an HIV/AIDS expenditure tracking exercise in eight provinces and produce a report on HIV/AIDS expenditure assessment with recommendations to improve resource utilization at national and provincial levels.*

Implementing Mechanism Details

Mechanism ID: 17035	**Mechanism Name: I-TECH COAG**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: International Training and Education Center on HIV	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
China	0

Total Funding: 50,000		
Managing Country	**Funding Source**	**Funding Amount**
China	GHP-State	50,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this implementing mechanism is to build the capacity of clinicians and program managers at sub-national levels. In FY12, U.S. CDC and I-TECH will collaborate to add leadership and management training, qualitative research training, and case study methods to the curriculum of the Provincial Program Management Training Program, which provides provinical level HIV/AIDS program managers with one month of classroom instruction and five months of hands-on learning through rotations in NCAIDS divisions and the field. U.S. CDC and I-TECH will also collaborate to improve the quality of in-service training for clinicians in HIV/AIDS and to evaluate the performance of the national HIV/AIDS training program, which consists of 14 national HIV/AIDS clinical training centers that provide 3 months of residential training on HIV care and treatment to clinicians.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**17035**
Mechanism Name:	**I-TECH COAG**
Prime Partner Name:	**International Training and Education Center on HIV**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	5,000	0

Narrative:

This implementing mechanism will improve the quality of in-service training for clinicians in adult HIV care,

including clinical monitoring, cotrimoxazole prophylaxis, and STI diagnosis and treatment. I-TECH will provide technical assistance to evaluate the national HIV/AIDS training program after its curriculum was updated in FY11.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	2,500	0

Narrative:

This implementing mechanism will improve the quality of in-service training for clinicians in pediatric HIV care, including OI prevention and treatment. I-TECH will provide technical assistance to evaluate the national HIV/AIDS training program after its currciulum was updated in FY11.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	35,000	0

Narrative:

This implementing mechanism addresses the lack of capacity at sub-national levels to manage operational and fiduciary functions. I-TECH will provide technical assistance to develop leadership and management training, qualitative research training, and case studies for the Provincial Program Management Training Program, which provides provincial HIV/AIDS program managers with one month of classroom instruction and five months of hands-on learning through rotations in NCAIDS divisions and the field.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	5,000	0

Narrative:

This implementing mechanism will improve the quality of in-service training for clinicians in adult HIV treatment, including first and second line ART regimens, clinical monitoring, and adherence support. I-TECH will provide technical assistance to evaluate the national HIV/AIDS training program after its currciulum was updated in FY11.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	2,500	0

Narrative:

This implementing mechanism will improve the quality of in-service training for clinicians in pediatric HIV treatment, including first and second line ART regimens, clinical monitoring, and adherence support. I-TECH will provide technical assistance to evaluate the national HIV/AIDS training program after its currciulum was updated in FY11.

Implementing Mechanism Details

Mechanism ID: 17056	**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	New Mechanism: No
Global Fund / Multilateral Engagement: Both	
G2G: Yes	Managing Agency: HHS/CDC

Benefiting Country	Benefiting Country Planned Amount
Thailand	0

Total Funding: 1,200,000		
Managing Country	**Funding Source**	**Funding Amount**
Thailand	GAP	1,200,000
Thailand	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY 2012, CDC's Global AIDS Program (GAP) will enter the second year of its third five-year CoAg with MoPH. Specific objectives of the CoAg are to support Thailand's national HIV/AIDS strategy by:

1) Supporting replicable models for prevention, care, and treatment;

2) Improving the quality of prevention, care and treatment programs;

3) Increasing the collection and use of SI;

4) Sharing successful models by providing TA to other PEPFAR countries.

Expected outcomes include:

1) Strengthening health systems, human capacity, guidelines and protocols, and QA/QI systems to best enable the RTG to finance and manage programs;

2) Supporting replicable and scalable models for interventions;

3) Improving prevention, care and treatment programs;
4) Increasing collection and use of SI;
5) Sharing successful models with other PEPFAR countries.
This approach follows GHI principles, including promoting the development of sustainable, country-owned programs, prioritizing M&E, and fostering research and innovation. All USG technical support is for programs that are, or will be, fully integrated into routine, MoPH-managed public health programs.
CoAg activities have a national scope. Target populations include MARPs (FSW, IDU, MSM, and prisoners); pregnant women (PMTCT); children (early diagnosis); and efforts that strengthen capacity overall (HCT systems; HIV care; laboratory systems, PwP; and SI).
As a TA-based CoAg, costs continue to be low for this implementing mechanism. 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 transitioning to PEPFAR 2 and GHI approaches to the HIV/AIDS epidemic.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	400,000
Key Populations: FSW	99,627
Key Populations: MSM and TG	233,554

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**17056**		
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	431,000	0

Narrative:

Strengthening the Quality Improvement of HIV Treatment and Care Programs (nationwide program)
In 2010 in Thailand, an estimated 480,000 people were living with HIV/AIDs and 280,000 were receiving ART. The national ART program was started in 2000 and fully scaled up in 2004, with over 1,000 hospitals currently providing HIV care and treatment. Of these, nearly 900 are government hospitals, located in all provinces and districts in Thailand. Ensuring quality of HIV care in these hospitals is highly needed as the number of HIV patients in Thailand increases.
The HIVQUAL model was developed in 2003 and scaled up with funding from the National Health Security Office (NHSO) in 2007, which has fully supported all operational costs since 2010. The Department of Disease Control within MoPH provides national program management, and GAP Thailand provides TA on developing tools, materials, and training curriculum, and on program monitoring.
This program is focused on capacity building for healthcare workers and public health officers at national, regional, provincial, and hospital levels to conduct performance measurement to develop quality improvement activities/projects (related to HIV monitoring, ART, disease screening, OI prophylaxis, and/or positive health promotion); strengthen local HIV care networks, and develop QI coaching systems. For long term sustainability of the QI program, integration of the HIV QI into Thailand's existing hospital quality management and hospital accreditation systems is planned.
In FY 2013, GAP Thailand will focus on TA to enhance capacity building, strengthen regional QI coaching systems, and support program monitoring. A program evaluation plan will be developed to assess program achievement and effectiveness.
Strengthening the Quality Improvement of STI Programs (12 provinces in 12 regions)
Thailand's STI program was reformed in 2001, with most services integrated into outpatient care, leading to weaknesses in STI prevention and control. GAP Thailand began developing programs to strengthen the STI program in 2002 in 3 provinces (not including Bangkok) and 4 institutes. Since then, 4 provinces were added (during the second Co-Ag) to maintain STI management services and regular STI screening for FSWs. GAP Thailand efforts have since been redirected to provide TA to improve the quality of services at clinics receiving GFATM Round 8 funding for HIV prevention among MARPs in 44 provinces.
GAP Thailand TA builds the capacity of health facilities to provide high-quality STI services for MARPs, especially FSW and MSM. A QI model was developed and piloted in 2009-2011 in 20 provinces. The model strengthens STI

diagnosis and management, promotes interventions to modify behavioral risks and condom use, encourages regular HIV testing and referral to HIV care and treatment among HIV-infected persons, and improves STI SI collection and use.

In FY 2013, the STI program plans to expand to more provinces by developing a training-of-trainers program for QI in 12 regions in Thailand, continuing to monitor program expansion, and conducting program evaluations in existing implemented areas.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0

Narrative:

New Models and Innovations for TB Control: EQA

GAP Thailand, in collaboration with the Thai MoPH, has evaluated and improved TB diagnosis through laboratory strengthening and the development, improvement and evaluation of new and existing diagnostic tools and methods. Sputum smear microscopy remains the cornerstone of TB diagnosis in Thailand, but access to culture and newer rapid methods is increasing. GAP will support an in-country AFB EQA program to increase coverage by strengthening regional (sub-national) reference laboratories as a TB laboratory network with the national TB reference laboratory; in FY13, QA systems for culture methods will be developed. GAP will support capacity building of regional reference laboratory staff on requirements for EQA providers and knowledge about quality systems. GAP staff will support the TB reference laboratory to pilot, monitor and evaluate project implementation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

Two projects are funded under this budget code, as follows:

Pediatric Care Network

While adult HIV care and treatment has been decentralized, most pediatric HIV care and treatment occurs at tertiary care hospitals due to the complexity of pediatric HIV care and lack of knowledge and skills of health care workers (HCWs) and multi-disciplinary care teams in community hospitals.

In Chiang Rai province, a network of community hospitals has successfully implemented a holistic approach for pediatric HIV care. This model involved building a multi-disciplinary team, including people living with HIV (PLHA), that provides holistic care to HIV-infected children and adolescents, and strengthens referrals and networking between tertiary and community providers. This model has been scaled up to 30 provinces with funding from GFATM and NHSO.

In FY 2013, GAP Thailand will provide TA to support continued expansion of the pediatric HIV network model by developing four regional training centers for provinces adopting the network model. The training centers will

provide technical support and coaching to provincial teams in their geographic area.
Of note, performance measurement and QI using Pediatric HIVQUAL-T is part of the QI program in these networks. In FY 2013, 60 of 76 provinces, covering at least 60% of children living with HIV/AIDS, will be participating in Pediatric HIVQUAL-T.

Comprehensive Positive Youth Model in Health Care Setting
Approximately 10,000 HIV-infected children are receiving HIV care under the national program. Perinatally infected youth are at risk for mental health and behavioral difficulties. Most perinatally HIV-infected adolescents have been taking ARV medications for most of their lives, and some may have developed resistance. As youths become sexually active, transmission of resistant strains is possible.
Since 2009, GAP Thailand has supported three institutions to develop a clinic-based intervention for HIV-positive youth aware of their status. This model educates HIV-positive youth on reproductive health, STIs, and adherence, promotes self-esteem, self-discipline and problem solving skills, and provides skills for reducing risks of disease acquisition and transmission. The model will be evaluated by the end of 2011. If shown to be successful, it will be scaled up to other provinces with funding from NHSO.
Another challenge confronting healthcare providers working in pediatric HIV care is transferring care of older HIV-positive youth to adult HIV clinics. Some HIV-positive youth referred to adult clinics have been dissatisfied with their new clinics due to confusion in navigating busy clinics with unfamiliar environments.
Developing a model to assist with that transition will be part of a comprehensive model, to include other aspects of preparing youth and their caretakers for adult clinics and preparing youth for adulthood. Key strategies promote involvement of youth and their caretakers to build connections between pediatric HIV care and adult HIV care to ensure successful transition for HIV-positive youth.
By 2013, if the transition model from pediatric HIV care to adult HIV care developed during 2012 has been proven successful at pilot sites, the package of PwP youth model will be scaled up to other provinces through the pediatric HIV care quality network.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	58,000	0

Narrative:

Strengthening the Quality of HIV/AIDS Testing Laboratories of Thailand
Through MoPH, GAP Thailand will help implement and evaluate a new EQA program for HIV rapid testing using dried tubes specimen (DTS) in remote areas and in MARP-focused (MSM and FSW) VCT clinics in Thailand. The DTS sample panels can be stored and transported at room temperature, and can be used as an alternative EQA/IQC program to conventional EQA/IQC panels that require controlled temperature conditions to monitor the quality of HIV rapid testing in some remote sites. This will complement the national plan to promote HIV VCT in

MARPS to increase access to testing and care especially at peripheral or community sites for hard-to-reach populations.

Quality Systems in Hospital Laboratories – Saraburi

To support implementation of practical and sustainable quality management systems through the Thailand laboratory accreditation program, GAP Thailand has supported a laboratory network to strengthen and improve the quality of laboratory testing within the network. GAP Thailand will support the Saraburi laboratory network by providing training on QMS and assisting with a laboratory internal assessment according to Thai Medical Technology standards. GAP funds will be used to leverage government funds that are available for system quality and accreditation processes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	234,000	0

Narrative:

Strengthening Surveillance, Management Information System and Human Resource Capacity on Utilization of SI to Promote Effective HIV/AIDS Program Management, Thailand

The Government of Thailand is committed to reduction of new HIV infections by preventing the spread of HIV/AIDS, eliminating AIDS-related deaths, and eliminating discrimination in society. In order to guide the development of effective strategies and operational plans, evidence about the status of the HIV/ AIDS epidemic and the ongoing response is needed.

In the past, GAP Thailand provided TA to MoPH to strengthen the existing national surveillance and monitoring systems through innovative epidemiological and informatics approaches. However, challenges remain, including limited number of human resources, especially at provincial levels, with the epidemiological knowledge and informatics skills to use SI for policy and program planning. Hence, GAP Thailand will provide TA to MoPH to strengthen national and provincial capacity on utilization of HIV SI to promote the effective implementation of the 2012-2016 National AIDS Plan, focusing on a better understanding of the HIV epidemics and intervention responses at the national level and in 12 sentinel provinces. In FY 2013, GAP Thailand plans to undertake the following activities:

1. Scale up nationally an innovative model of integrated behavioral surveillance and biological markers (IBBS) among non-venue-based FSW.

2. Ensure the quality implementation of IBBS among venue-based FSW, MSM, IDU and male military conscripts, focusing on standardization of data collection and analysis methods and staff training.

3. Strengthen sero-incidence surveillance using BED-CEIA, considering the lessons learned from evaluating a new laboratory approach (Limiting antigen avidity assay) and the adjustment of False Recent Rate conducted in FY 2012.

4. Develop and implement HIV drug resistance surveillance, using experiences learned from pilot models.
5. Implement HMIS to monitor the facility-based harm reduction program for IDU and assess feasibility of integrating key monitoring data with the monitoring systems for outreach interventions, counseling and testing, care and treatment, and sero-surveillance.
6. Strengthen HMIS to use NAP data for ART program monitoring, PMTCT outcome monitoring and case reporting surveillance.
7. Develop and implement guidelines on synthesis and triangulation of SI for situation analysis, monitoring of program implementation, MARP population size estimation, and estimation and projection for key parameters for policy decision making and program planning at national and provincial levels.
8. Increase capacity of human resources at national and provincial levels through workshop trainings and field supervisions. Expected outputs include capacity to 1) synthesize and use SI to describe HIV epidemics and responses; 2) synthesize SI to develop policy and projections to guide decision-making; and 3) develop communication skills to engage policy-makers to promote improvements in evidence-based programs.
9. Set up web-based information bank to enable linking relevant SI to support the description of HIV epidemics and responses (key indicators for program outputs, outcomes and impacts).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	140,000	0

Narrative:

CDC and MOPH support Thailand's highly trained scientists and public health officials to share their knowledge and experience and provide technical assistance to countries within and beyond the region to promote and support development of high-quality HIV care and treatment and sustainable laboratory capacities, among others. Activities will be provided up on request and the need of countries. Projects focus on building the capacity of the MOPH staff to improve work performance via sponsoring staff to attend conferences and workshops in-country and international trainings, meetings, conferences and workshops. As GAP projects in Thailand focus on model development, and regional and global technical assistance, strong human resources capacity is needed for better programs. Projects include PMTCT services, quality of HIV care and treatment, HIV counseling and testing (including couples counseling at antenatal care centers), STD diagnosis and treatment including MARP-friendly services, and collection, interpretation, and use of strategic information. Others will develop training material for Global Technical Assistance for laboratory activities that improve the quality of all HIV related testing as well as the quality of laboratory systems and laboratory training, meetings, and workshops for activities in Thailand, and internationally. Reliability of laboratory results are fundamental to supporting HIV prevention, care and treatment. A sample project would be providing support to MOH of Vietnam, in collaboration with the U.S. CDC and GAP in Vietnam, to work to improve the quality of laboratory testing; as Vietnam has limited human capacity and infrastructure to support these activities. Therefore, highly experienced Thai staff and experts in laboratory

fields will assist the Vietnam MOH in providing technical assistance in the areas of quality management systems and HIV and HIV related test quality assurance according to the needs and requests from Vietnam.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

Strengthening the Quality Improvement of HIV Counseling and Testing Programs (5 provinces)
HIV counseling and testing (HCT) coverage among the Thai general population is very low (< 1%) and less than 60% in all MARPs except in pregnant women (> 90%). Although HCT services are available in more than 1,000 hospitals all over the country, HCT services are variably structured and independently managed among hospitals. No concrete national program exists to promote HCT for all groups, except pregnant women seeking ANC, TB-infected persons, and MARPs served by clinics funded by GFATM with Round 8 funding. HCT approaches also differ, with PICT for TB patients, persons with HIV/AIDS symptoms, pregnant women, and persons with STIs. However, outreach/mobile-based VCT and special events or campaigns to promote VCT are conducted only in small areas and at demonstration sites. In addition, M&E and QA systems for HCT in general, and VCT in particular, are not well formed.
Since 2010, GAP Thailand has promoted HCT among MSM and FSW in four and five provinces, respectively. PICT and VCT with same day results are conducted under the program. A testing algorithm using rapid tests was defined by following the national guideline with EQA and IQC development. Persons diagnosed with HIV infection are referred to care, with M&E of that referral system. For MSM, HIV uptakes in FY 2011 in four provinces were 840 cases, of which 759 (90%) opted for rapid testing.
A QI model of HIV counseling was piloted in three MoPH hospitals during 2010-2011, and will be expanded to five hospitals in FY 2012. The target population includes all persons receiving HIV testing in hospitals. Quality of pre- and post-test counseling, follow up among window period cases, psychosocial counseling and referral of positive cases are key services which are assessed and targeted with QI efforts. Client and counselor surveys are conducted annually to assist with QA and QI efforts.
In FY 2013, HCT with same day results among MSM and FSW will be conducted in targeted areas, and a program evaluation is planned. Additionally, QI of HCT will be expanded to more hospitals, with development of a training-of-trainers for QI, continuation of program monitoring, and evaluation of existing program areas to help develop a plan for program expansion.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	275,000	0

Narrative:

Capacity Building and System Strengthening for Health Care Personnel on Access to HIV Prevention and Care Among Key Affected Populations -- MSM (5 sites) and FSW (2 sites)

GAP Thailand will collaborate with MoPH to strengthen HIV intervention activities among MSM and FSW in major affected areas, including Bangkok and southern, eastern, and northeastern provinces where HIV prevalence among MARPS is high.

MSM. Since 2004, with technical and financial assistance from GAP Thailand, MoPH has supported provincial health offices in key provinces to implement a MSM HIV intervention program that includes peer outreach activities, capacity building and sensitivity training for healthcare providers, and monitoring and evaluation (M&E). After piloting in four sites, the program has expanded to over 30 provinces in Thailand with GFATM support.

A health promotion model program for MSM living with HIV/AIDS was introduced in 2009. CBOs help promote access to treatment and care services among MSM living with HIV/AIDS and promote risk reduction behaviors, both in terms of preventing onward transmission of HIV and preventing acquisition of STIs. It is expected that more than 6,500 MSM will reached by peer outreach in FY 2012, at a cost of approximately $175,000.

FSW. A RDS survey conducted by GAP Thailand in 2007 among FSW found an unexpectedly high HIV prevalence – 20%. Prevalence was particularly high among non-venue based sex workers. Current GFATM support for HIV interventions among FSW in Thailand does not focus on non-venue based workers.

Linking community-based outreach to VCT and STI services, and MSM or FSW diagnosed with HIV infection to care and treatment services, are key strategies in Thailand's draft national HIV/AIDS strategy (2012-2016) "Getting to Zero." In FY 2013, together with other USG agencies, GAP Thailand will collaborate with MoPH to strengthen the quality of peer outreach activities, promote and create strategies to link key affected populations (MSM and FSW) to VCT and STI services, help ensure linkages of HIV-positive MSM and FSW to HIV care and treatment, and promote quality-of-life and risk reduction among MSM and FSW living with HIV/AIDS. Based on number of non-venue FSW recruited in RDS surveys, peer educators expect to reach over 840 of them through 3 demonstration sites in FY 2012. The proposed budget for the project is $96,000.

In FY 2013, a program evaluation of HIV-positive MSM will be conducted, with the aim of national expansion, if the program is shown to be successful. Part of this strategy will be to support capacity building of community-based MSM and FSW peer groups and of healthcare providers at the national and regional level to ensure quality implementation of HIV prevention and care programs, along with strengthening strategic information (SI) to help guide HIV/AIDS program planning.

For correctional settings, in FY 2013, USG will support the scale up of HIV peer education and the VCT monitoring system. USG, in line with the national M&E plan, will support capacity building for prison and health care staff on use of data for program improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	62,000	0

Narrative:

Strengthening Couples HIV Counseling and Testing in Antenatal Care Settings

Approximately 800,000 pregnant women deliver in Thailand each year. More than 95% of pregnant women receive ANC at health facilities. Data show a high uptake of HIV testing among pregnant women; 99% of all pregnant women received HIV testing in 2007. However, only 15% of pregnant women received couples counseling, and 30-50% of new cases of HIV infection in Thailand occur among discordant couples. *The high discordant rate among HIV-infected persons highlights the need for couples HIV counseling and testing (CHCT) for pregnant women and their partners. Following a successful pilot project conducted collaboratively by MoPH and GAP Thailand, routine CHCT for women in ANC settings and their male partners was instituted as new MoPH policy in October 2011. A training-of-trainers program will be conducted in late 2011.* *In FY 2012-2013, GAP Thailand will provide TA to MoPH and regional trainers to support the continued roll-out of CHCT. Supervisory follow-up visits to regional offices or hospitals will be conducted to further coach trainers and providers. CHCT indicators will be integrated into the national PMTCT monitoring system (PHIMS v3) to determine uptake and identify implementation barriers. The goal is that, by 2013, at least 60 of 76 provinces will have established CHCT in routine ANC services, and 40% of male partners of pregnant women will be receiving HCT as part of CHCT.* *Development of Thailand National PMTCT Monitoring System with Integrated Data Utilization System of the Goals of Elimination of MTCT* *Thailand's draft national HIV/AIDS strategy for 2012-16 ("Getting to Zero") aims that by 2016, the mother-to-child transmission (MTCT) rate will be lower than 1% and the mortality of HIV-positive mothers and their exposed infants will decrease by 75%. (Those percentages might change as the strategy is finalized.) This project will support the national PMTCT program by strengthening the national PMTCT M&E system (PHIMS v3) and promoting data utilization for program improvement. GAP Thailand will pilot the revised PHIMS web-based program to capture current national PMTCT guidelines and develop a system for PMTCT data utilization.* *By 2013, the goal is to scale up PHIMS nationally, including PHIMS web-based process monitoring, outcome monitoring (using the National AIDS Program [NAP] database), and systems for data utilization (regular data review, monitoring and supervision, and quality improvement planning and implementation). TA will be provided through MoPH and 12 Regional Offices to monitor and provide technical and management support to provinces and hospitals in their administration. The website for dissemination of monitoring data and PMTCT information will be maintained and regularly updated by the central MoPH team.*

Implementing Mechanism Details

Mechanism ID: 17058	**Mechanism Name: Bangkok Metropolitian 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	New Mechanism: No
Global Fund / Multilateral Engagement: Both	
G2G: Yes	Managing Agency: HHS/CDC

Benefiting Country	Benefiting Country Planned Amount
Thailand	0

Total Funding: 150,000		
Managing Country	**Funding Source**	**Funding Amount**
Thailand	GAP	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC's Global AIDS Program (GAP) will in FY 2012 enter the second year of its third five-year CoAg with BMA. Specific objectives of the CoAg are to support Thailand's national HIV/AIDS strategy and BMA priorities by:

1) Supporting replicable models for prevention, care, and treatment;

2) Improving the quality of prevention, care and treatment programs;

3) Increasing the collection and use of SI;

4) Sharing successful models by providing TA to other PEPFAR countries.

Expected outcomes include:

1) Strengthening health systems, human capacity, guidelines and protocols, and QA/QI systems to best enable the RTG to finance and manage programs;

2) Supporting replicable and scalable models for interventions;

3) Improving prevention, care and treatment programs;

4) Increasing collection and use of SI;

5) Sharing successful models with other PEPFAR countries.

This approach follows GHI principles, including promoting sustainable, locally-owned programs, prioritizing M&E, and fostering research and innovation. All GAP technical support is for programs that are, or will be, fully integrated into routine, BMA-managed public health programs.

CoAg activities focus on Bangkok, which administers some hospitals and clinics not run by MoPH. Target populations include MARPs (IDU, MSM); pregnant women (PMTCT); children (early diagnosis); and efforts that

strengthen capacity overall (HCT systems; HIV care; lab systems, PwP; and SI).
As a TA-based CoAg, costs continue to be low for this implementing mechanism. 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 transitioning to PEPFAR 2 and GHI approaches.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	25,000
Key Populations: MSM and TG	86,371

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Safe Motherhood

Budget Code Information

Mechanism ID:	**17058**
Mechanism Name:	**Bangkok Metropolitian Administration**
Prime Partner Name:	**Bangkok Metropolitan Administration**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	33,000	0

Narrative:

Strengthening Health Management Information System and Building Human Resource Capacity on Utilization of

Strategic Information to Promote Effective HIV/AIDS Program Management, Bangkok Metropolitan Administration
RTG is committed to preventing the spread of HIV/AIDS, eliminating AIDS-related deaths, and eliminating discrimination in society. BMA is one of five operational research provinces for the intensive implementation and evaluation of effective mechanisms to achieve those goals. To guide development of effective strategies and operational plans, evidence about the status of the HIV/AIDS epidemic and the ongoing response is needed.
In past years, GAP Thailand provided TA to BMA to strengthen existing national surveillance and monitoring systems through innovative epidemiological and informatics approaches. However, challenges remain, especially regarding infrastructure and human resources with sufficient epidemiological and informatics skills to assist in collecting, managing, interpreting, and using SI for policy and program planning. Building human resource and infrastructure capacity are needed. For those reasons, GAP will provide TA to enhance BMA capacity to use HIV SI to promote the effective implementation of the draft national HIV/AIDS strategic plan. In FY 2013, GAP plans to undertake the following activities:
1. Strengthen HIV sero-incidence surveillance using BED-CEIA among pregnant women in Bangkok, considering lessons learned from evaluating a new laboratory approach (Limiting antigen avidity assay) and the adjustment of False Recent Rate in FY 2012.
2. Develop and implement HIV drug resistance surveillance, using experiences learned from the pilot models conducted with GFATM support and ART infrastructure in BMA.
3. Coordinate with Bureau of Epidemiology to ensure that BMA and national behavioral surveillance systems are aligned.
4. Implement HMIS to monitor BMA's facility-based harm reduction program and assess the feasibility of integrating key monitoring data with the monitoring systems for outreach interventions, HCT, care and treatment, and serosurveillance among IDU.
5. In collaboration with MoPH and NHSO, strengthen HMIS to utilize NAP data for ART program monitoring, PMTCT outcome monitoring and case reporting surveillance, and increase cooperation between BMA, MoPH, university and private facilities.
6. Develop and implement guidelines on synthesis and triangulation of SI for situation analysis, monitoring of program implementation, MARP population size estimation, and estimation of key parameters for policy making and program planning for BMA.
7. Increase capacity of human resources at BMA through workshop trainings and field supervisions. Expected outputs include increasing their capability to use SI to describe HIV epidemics and responses and guide policy making, and developing communication skills needed to engage policy-makers in ways that proactively promote improvements to current evidence-based programs.
8. Establish a web-based information bank to link data on HIV epidemics and responses (key indicators for program outputs, outcomes and impacts).
9. Train 120 BMA staff to implement HIV Incidence surveillance, BSS, HIV drug resistance (HIVDR) surveillance and Early Warning Indicator of HIVDR.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	OHSS	32,500	0

Narrative:

CDC and BMA support highly trained scientists and public health officials to share knowledge and experience to promote and support development of high-quality HIV care and treatment and sustainable laboratory capacities, among others. Projects focus on building the capacity of staff to improve work performance via sponsoring staff to attend conferences and workshops in-country and international trainings, meetings, conferences and workshops. Because projects in Thailand focus on model development, strong human resources capacity is needed for better programs. Projects include PMTCT services, quality of HIV care and treatment, HIV counseling and testing (including couples counseling at antenatal care centers), STD diagnosis and treatment including MARP-friendly services, and collection, interpretation, and use of strategic information. Others will develop training material for laboratory activities that improve the quality of all HIV-related testing, as well as the quality of laboratory systems and laboratory training, meetings, and workshops for activities in Thailand. Reliability of laboratory results are fundamental to supporting HIV prevention, care and treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	32,250	0

Narrative:

According to evidence of MSM and TG in BMA is very high prevalence of HIV infection. HIV prevalence among MSM is as high as 30% in Bangkok, A peer-based approach to treatment for HIV-positive MSM is an effective option to ensure quality and consistency to ARV in HIV clinic by helping health care providers in ARV clinics to get the continuum of prevention, care and treatment. GAP Thailand will closely collaborate with eight ARV clinics in Bangkok metropolitan administration (BMA) and four public health centers, particularly on linking prevention with testing, care and support services. GAP Thailand TA will complement this with training of health care workers (HCW) in same day result counseling and HIV testing, prescribing ARVs and care providing, especially for HIV-positive MSM and TG.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	19,000	0

Narrative:

HIV Prevention for IDUs in Bangkok - Peer Outreach
Evidence has shown that many IDU have increasingly injected multiple drugs, including methamphetamine. IDU surveys conducted in Bangkok showed that methamphetamine was the most common drug injected.
Treatment for methamphetamine users employs therapeutic approaches including the Matrix program, which involves counseling, recovery skills, relapse prevention and family education. Prevention of HIV transmission and

harm reduction may be discussed during the program, but the content of these HIV-related sessions are typically not standardized nor tailored to address risks including HV transmission for methamphetamine injectors.
In response to HIV risk and possible transmission among methamphetamine injectors, in FY 2012 the Office of Drug Abuse Prevention and Treatment (ODAPT) under BMA and GAP Thailand plan to conduct a formative assessment of methamphetamine injection. This assessment will provide information on factors driving methamphetamine users, who have historically taken the drug orally, to switch to injecting. This assessment will also explore existing methamphetamine prevention and treatment options, and identify gaps in services in relation to HIV prevention for methamphetamine injectors.
The results of the assessment, along with information on the current situation of methamphetamine abuse from other data sources, will be translated into recommendations and interventions for HIV prevention, VCT and other HIV-related services for methamphetamine injectors in Bangkok and other areas that are identified as major areas for methamphetamine injectors (e.g., North of Thailand). Part of the assessment will be to strengthen the capacity of BMA drug treatment clinic staff in providing HIV-related services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	33,250	0

Narrative:

Quality Improvement for Prevention of Mother-to-Child HIV Transmission (PMTCT) Program through the Establishment of BMA PMTCT Monitoring and Evaluation System
BMA is unique in Thailand as it runs some of the hospitals and clinics in Bangkok under its own jurisdiction rather than MoPH jurisdiction. Moreover, more than 100,000 deliveries/year (approximately 12% of annual births in Thailand) are in Bangkok. There are 9 hospitals under direct BMA jurisdiction, as well as more than 60 private hospitals, 5 MoPH hospitals, 3 military and 3 university hospitals in Bangkok. BMA's Bureau of Health and Bureau of Medical Services will be the focal points for PMTCT services and HIV program coordination.
GAP Thailand will provide TA to BMA to implement the same PMTCT monitoring systems as the MoPH national program. These include a Web-based centralized database system (PHIMS v3) and a PMTCT outcome database, with data generated from the National AIDS Program (NAP) database used in all 9 BMA hospitals and 5-10 public tertiary care hospitals in the Bangkok area. In FY 2013, the PHIMS v3 Web-based system will be implemented in 8 BMA hospitals, including a data utilization system for feedback on hospital performance and promotion of QI in PMTCT programs. BMA hospitals will be trained on systematic data review, gap analysis and QI for PMTCT.

Implementing Mechanism Details

Mechanism ID: 17059	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 17060	**Mechanism Name: Population Services International**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Laos	0
Thailand	0

Total Funding: 5,074,267		
Managing Country	**Funding Source**	**Funding Amount**
Thailand	GHP-State	1,090,000
Thailand	GHP-USAID	3,984,267

Sub Partner Name(s)

APMG	Caremat	Chiang Mai Publich Health Office
Glory Hut Foundation	Laos Positive Health Association (Lao PHA)	Laos Red Cross (LRC)
Mplus	Pact, Inc.	POZ
Promotion For Education and Development Association (PEDA)	PSI/Sisters	Research Triangle International
Save The Children Federation Inc	SWING	Thai Red Cross
Violet Home		

Overview Narrative

The Behavior Change Communication for Infectious Disease Prevention (CAP-3D) project goal is to reduce morbidity and mortality related to HIV, TB and malaria in the Greater Mekong sub-region by increasing an effective regional response, characterized by stronger country ownership, to prevent and mitigate these diseases. CAP-3D's strategy is to increase the reach and enhance the sustainability of the Comprehensive Prevention Package (CPP) by improving models of delivery through local partners, documenting effectiveness, and advocating for these models to become the regional standard of quality HIV prevention programming for MARPs, implemented by strong local institutions and sustained through local governments and diverse funding sources. CAP-3D will develop and demonstrate successful models for delivering the CPP to MSM and TG in partnership with selected local CBOs, and to recruit other organizations, government offices, hospitals, and donors to use these models. CAP-3D will focus on: design and implement a strategy to increase demand for and increase uptake of HIV testing among MSM and TG; incentivize case-finding among outreach workers and peer educators; support the provision of MSM and TG friendly VCT; introduce improved data collection and tracking systems to ensure follow up of individuals as they move through the system; assist Sisters to develop and implement a strategy for enhanced outreach services for TG; provide funding, TA, and capacity building support for the roll-out of improved and expanded delivery of the CPP; and support the further improvement of referral systems and mechanisms that will facilitate prevention and ensure access to medical care related to HIV, TB, and malaria for affected and most at risk groups among Burmese migrants in Thailand.

Cross-Cutting Budget Attribution(s)

Gender: GBV	70,000
Key Populations: FSW	300,000
Key Populations: MSM and TG	1,400,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources

Increasing women's legal rights and protection
Mobile Population
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**17060**
Mechanism Name:	**Population Services International**
Prime Partner Name:	**Population Services International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	796,853	0

Narrative:

GHCS (USAID) = $132,528
GHCS (State) = $33,000

PSI/Thailand will provide a small amount of financial assistance to the Glory Hut to support the provision of shelter and community home-based care (CHBC) for MSM and TG living with HIV.
The Poz Home Center launched its Strategic Plan 2011-2014 in FY11. In FY13, with financial support under CAP-3D, the Poz Home Center will focus on promoting HCT through its telephone advice and support line and peer-based online education and support service; providing follow-up to Post Test Counseling services at BMA and DOH sites; and developing and leading the M-Poz network of groups and organizations providing services to MSM and TG living with HIV. By facilitating experience sharing, cross learning, and the coordination of TA and capacity building for members, the M-Poz network will support replication of the Poz Home Center's model for delivery of the CPP.
To help meet the needs of most at-risk Burmese migrants in Thailand for prevention and treatment of HIV, TB and malaria, Save The Children (SC) will produce and distribute an IEC publication on the prevention of these three target diseases, with useful information and appropriate messages for MARPs. SC will also conduct mapping and an assessment of health services for most at-risk Burmese migrants in Ranong and Ratchaburi provinces.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	597,640	0

Narrative:

GHCS (USAID) = $132,528
GHCS (State) = $33,000

PSI/Thailand will conduct the following three research studies in line with the priorities outlined with USAID:
1. A TRaC survey among TG in Pattaya and males sex workers (MSW) in Pattaya and Bangkok, to inform program strategy and to monitor and evaluate the impact of the HIV programs implemented by Sisters and SWING.
2. A venue-based assessment of BCC messages and condom/lube accessibility for MSM, in areas where USAID-supported HIV programs for MSM are being implemented.
3. Routine Behavioral Tracking (RBT) among MSM, in areas where USAID-supported HIV programs for MSM are being implemented.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,016,067	0

Narrative:

GHCS (USAID) = $132,528
GHCS (State) = $33,000
PSI will design and implement a strategy to drive demand for and increase the uptake of HIV testing among MSM and TG. Focus will be on promoting the benefits of HIV testing and early access to HIV care and treatment among MSM and TG. An intensive case finding approach will be adopted to reach those most at risk for transmission and acquisition of HIV, complemented by a broader communications strategy using internet, mobile phone, and targeted media communication. PSI will engage implementing partners to assist in designing appropriate innovative methods to connect with individuals most likely to acquire or transmit HIV, including respondent-driven sampling style approaches. PSI will support the provision of MSM and TG friendly quality rapid response HIV testing services through public, private, and civil society providers, building upon lessons learned from the current PEPFAR-supported HIV rapid testing demonstration sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,663,707	0

Narrative:

GHCS (USAID) = $485,937
GHCS (State) = $121,000

In FY11, PSI/Thailand facilitated a marketing planning workshop for Sisters, in which the profile of Sisters' audience and Sisters' brand position were thoroughly analyzed to identify strategic priorities for increasing safer sexual behavior and use of HCT and STI services among TG. As part of this marketing plan, in FY13 the Sisters team will develop and implement a strategy for effective interpersonal outreach to TG, and a strategy for effective BCC through the newly developed Sisters website.

Sisters will provide on-site counseling and rapid testing for HIV at the DiC. To strengthen referral linkages to care and support services for PLHA, the Sisters team will hold regular meetings with positive support groups and staff at Banglamung and Somdejsriracha Hospitals, Glory Hut and the Health Opportunity Network (HON). PSI will provide a small amount of financial assistance to the Glory Hut to support the provision of shelter and community home-based care (CHBC) for MSM and TG living with HIV.

In FY13, PSI will explore the opportunity of adding on-site rapid testing for syphilis to the range of services offered at the Sisters center.

The Poz Home Center launched its Strategic Plan 2011-2014 in FY11. In FY13, with financial support under CAP-3D, the Poz Home Center will focus on promoting HCT through its telephone advice and support line and peer-based online education and support service; providing Follow-up to Post Test Counseling services at BMA and DOH sites; and developing and leading the M-Poz network of groups and organizations providing services to MSM and TG living with HIV. By facilitating experience sharing, cross learning, and the coordination of TA and capacity building for members, the M-Poz network will support replication of the Poz Home Center's model for delivery of the CPP.

To help meet the needs of most at-risk Burmese migrants in Thailand for prevention and treatment of HIV, TB and malaria, Save The Children (SC) will produce and distribute an IEC publication on the prevention of these three target diseases, with useful information and appropriate messages for MARPs. SC will also conduct mapping and an assessment of health services for most at-risk Burmese migrants in Ranong and Ratchaburi provinces.

PSI will survey the web chat sites frequented by MSM in Thailand and develop and implement a strategy for disseminating BCC messages on these sites. Messages will address safe sex, knowing one's HIV status, accessing support and treatment services, as well as positive health and prevention. PSI will .

PSI will engage in meetings with SWING, M-Plus, Violet Home, and the mobile HCT operations of the Thai Red Cross, to gain a better understanding of their mission, strategic direction, capacity, and needs in order to help improve their institutional capacity moving foward. With one-time supplemental Challenge Fund resources, PSI will help Thailand and Laos develop, demonstrate, and disseminate enhanced intervention models to intensify HIV, STI, and TB case finding among MSM, TG, and other key populations and to support early and sustained access to prevention, care, and treatment services.

Implementing Mechanism Details

Mechanism ID: 17084	**Mechanism Name: U.S. DoD, Laos**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant

Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Laos	0

Total Funding: 220,000		
Managing Country	**Funding Source**	**Funding Amount**
Laos	GHP-State	220,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Department of Defense (DOD), through the Defence Attaché's Office (DAO) in Vientiane, focuses on the provision of technical assistance and training for HIV prevention, testing and counseling, lab support and blood safety, and strategic information to the Lao People's Army (LPA). The DOD program in Laos is a collaborative effort between DOD, LPA's Military Medical Department (LPA/ MMD), and the Laos Ministry of Health's Center for HIV/ AIDS/ STIs (MOH/ CHAS). This collaboration began in FY 2010, with Defense Health Appropriation (DHP) funds.

The LPA HIV prevention activities are conducted in collaboration with MOH/ CHAS and focus on training of trainers and peer educators, the development and dissemination of prevention materials, and condom distribution. HIV prevention education will also be introduced into the curriculum for basic training of new recruits. In addition to HIV prevention activities, the program is expanding on HIV testing and counseling. There will be an expansion in training of testers/ counselors, as well as an increase in the number of active duty personnel and their dependants who are reached through the testing and counseling initiative. Testing and counseling will also be included in the new recruits' health screening.DOD also supports the capacity building of the LPA/ MMD and MOH blood safety program through the training of lab technicians and procurement of blood testing and storage equipment for the National Blood Transfusion Center (NBTC). Finally, DOD is providing technical guidance and support to LPA in conducting a HIV Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS). Data from the survey will be used to characterise HIV and other STI risk in the LPA and to develop more tailored prevention activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Military Population

Budget Code Information

Mechanism ID:	**17084**		
Mechanism Name:	**U.S. DoD, Laos**		
Prime Partner Name:	**U.S. Department of Defense (Defense)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	5,000	0
Narrative:			
• Expansion of training 40 LPA laboratory technicians • Renovation of LPA laboratory and equipments			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	75,000	0
Narrative:			

• Conducting SABERS for LPA
• Dissemination of the survey result and publish report
• Leadership development (support LPA/CHAS official staff to attend HIV/AIDS workshop, etc)
• Midterm and annual meeting to review the progress of the program

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	10,000	0

Narrative:

• Leadership development (support LPA/CHAS official staff to attend HIV/AIDS workshop, etc)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	30,000	0

Narrative:

• Expansion blood safety workshop for 70 LPA participants
• Procurement of blood safety equipment, reagents, etc. to facilitate expansion of testing of HIV and hepatitis to 2,500 soldiers

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	35,000	0

Narrative:

• Expanding voluntary counseling and test training for 30 LPA health care providers
• Conducting health screening with testing and counseling of 2,500 new recruits, as well as expansion of testing and counseling service for active military dependents in 18 provinces

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	65,000	0

Narrative:

• Expanding training of trainers (TOT) for LPA in the Southern, Central and Northern provinces (total 80 trainers)
• Training, and refresher training of peer educators for LPA (800 peer educators)
• Dissemination of prevention messages/materials to 5,000 soldiers in the 18 provinces in Laos
• Dissemination of condoms to soldiers who do not have read access condom facility
• Procurement of prevention materials such as posters, handouts, flipcharts, etc.

Implementing Mechanism Details

Mechanism ID: 17092	Mechanism Name: World Health Organization
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: Both	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Laos	0

Total Funding: 200,000		
Managing Country	**Funding Source**	**Funding Amount**
Thailand	GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Laos is a developing country. It borders Vietnam, China, Burma, Cambodia, and Thailand, where high HIV rates have been observed. To prevent expansion of the epidemic, the National Committee for the Control of AIDS has given priority, in the 2011–2015 national strategy, to keeping HIV prevalence in the general population and most-at-risk populations below 1% and 5% respectively, and to improve quality of life of people living with HIV (PLHA).

WHO takes the lead on helping Laos implement the national strategy. GAP/ARO, alongside Laos Ministry of Public Health (MoH), will work closely with WHO through the global CDC-WHO cooperative agreement to strengthen the existing health system for the effective and sustainable country-owned responses. The proposed technical areas for the 2013 Cooperative Agreement include HIV counseling and testing, HIV prevention among men having sex with men, care and treatment for PLHA, prevention of mother to child HIV transmission, laboratory strengthening, leadership and governance capacity building and strategic information.

GAP/ARO strategy includes provision of technical assistance to develop standard intervention guidelines, increase number of human resources by training and supervision for quality services, set up laboratory quality assurance, strengthen management information system, and strengthen leadership capacity, focusing on capability to use strategic information on result-based strategy and prioritization. Technical knowledge and best practices from the successful Thailand programs will be tailored to the Lao context. The interagency collaboration alongside with Laos MoH consists of the Center of HIV/AIDS/STI, Center of Laboratory and Epidemiology, USAID and its partners (FHI and PSI), and UN agencies (WHO, UNAIDS, UNICEF).

Cross-Cutting Budget Attribution(s)

Human Resources for Health	160,000
Key Populations: MSM and TG	76,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**17092**
Mechanism Name:	**World Health Organization**
Prime Partner Name:	**World Health Organization**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	30,000	0

Narrative:

Program Objectives:

USG (CDC) works primarily through National Center of Laboratory and Epidemiology (NCLE) to strengthen laboratory capacity and to improve the quality of HIV related diagnostic services especially to support HIV testing and treatment services at 5 anti-retroviral treatment sites.

Key issues and challenges:
Although National Center of Laboratory and Epidemiology (NCLE), Lao MoH is developing a national laboratory quality program to improve the quality of laboratory services and biosafety program, however, the national strategic laboratory plan is not available. In addition, laboratory practices across various programs are not well standardized. This lack of coordination between program, service facilities and national level has created challenges in strengthening and improving the quality of laboratory services.

2011-2013 accomplishments and current state of the activities:
a. National laboratory testing guidelines was developed.
b. Trained 20 laboratory technicians on laboratory testing and quality programs for HIV related testing
c. Provided technical assistance in preparation of national laboratory quality systems and provide training workshops and in-services training program to increase knowledge and skills of laboratory technicians from NCLE and five ART sites on quality programs for HIV diagnostic, opportunistic infection (OI) direct examination, and CD4 testing.

2014 Action Plan:
In FY 2014, GAP/ARO will promote the establishment and implementation of laboratory assurance programs to monitor and ensure reliable laboratory testing. USG (CDC) will continue supporting implementation EQA programs for HIV and CD4 testing through Ministry of Public Health and Siriraj hospital, Thailand, and assist NCLE to establish and evaluate national HIV serology Internal Quality Control (IQC) and EQA programs to support the National Strategic Plan 2011-2015 in scaling up coverage and quality of HIV services. GAP/ARO will work with NCLE and laboratory teams from 5 ART sites to develop and standardize HIV and CD4 testing SOPs and laboratory quality assurance guideline to support quality HIV/AIDS care and treatment services. GAP/ARO will work with CHAS on laboratory inventory and recording systems at HIV testing sites, and with NCLE for HIV, CD4 test kits and supplies forecasting to improve laboratory supply chain and logistics using information from multiple sources. GAP/ARO will work with NCLE to develop training curriculum for trainers on HIV testing and quality systems, and also explore possibilities for HIV viral load program expansion.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	40,000	0

Narrative:

Program objectives:
To obtain reliable and key strategic information that can be used to define the current HIV epidemics and responses, as well as be translated for program improvement and policy message

Key issues and challenges:
a. Limited technical capacity and number of human resources in surveillance, monitoring and evaluation and health management information system, both at provincial and national levels
b. Critically need the harmonized monitoring system to improve metrics for monitoring of HIV, TB, PMTCT-MCH services
c. Critically need a comprehensive system to monitor HIV prevention intervention and the integrated to care and treatment services among KAPs
2011-2013 accomplishments and current state of the activities:
a. Surveillance:
• Provided TA on implementation of personal digital assisted self-interviewing for integrated behavioral and biomarker surveillance (IBBS) among MSM and FSW IBBS.
• Surveillance data management and interpretation capacity building
b. Monitoring and Evaluation:
The harmonized matrix of HIV program monitoring for HIV counseling and testing, HIV care and treatment and TB/HIV management has been designed, developed and being piloted.
c. Human resources:
• Increased number of human resources on triangulation and utilization of strategic information to describe HIV epidemic and program priority setting. Thirteen MoH resource persons (4 program managers) were trained on projection/estimation modeling to describe trend of HIV epidemic. Forty-nine provincial resource persons were trained on “HIV program management for program managers-Introduction”.

2014 action Plan:
a. Develop SOP for the implementation of surveillance and M&E framework and action-plan
b. Improve metrics for monitoring through developing M&E SOP, design and implement health information system and software tools
• HIVCAM- HIV care and treatment program monitoring with the metrics for monitoring of HCT, HIV, TB and PMTCT services across all ART facility settings
• Integrated HIV prevention and referral to care services – Pilot in the selected provinces (See #2)
c. Increase number of human resources on utilization and interpretation of strategic information for evidence-based strategic planning for program improvement and policy advocacy, focusing for the pilot provinces

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVCT	40,000	0

Narrative:

Program Objectives:
To facilitate the increased coverage of quality HIV counseling and testing and results notification among populations at risk to HIV infection through building capacity of national program managers on using evidence-based national strategy for program scaling up and building capacity of health care providers on quality services.

Key issues and challenges:
The 2011-2015 national strategic and action plan of LPDR goals include the quality assured HCT services at 94 priority districts and 80% of most-at-risk (MARP) population having received an HIV test and knows results in the last 12 months. The major challenges include limited available resources on test kit supplies for program scaling up and number of human resources for quality services, especially among most at risk population and patients with tuberculosis.

2011-2013 accomplishments and current state of the activities:
a. Development of guideline and SOP for HIV counseling and testing at service deliveries (health center, drop-in center, and hospital)
b. The HIV testing algorithm which is used in SOP following the LPDR national guidelines by working with the CLE (Center of Laboratory and Epidemiology)
c. Human resource capacity building:
• Training curriculum on “Basic counseling and HIV counseling and testing” was developed. 24 TOT and 20 health care provides of LPDR staffs were trained.
• Training curriculum on “HIV counseling and testing for MARP” was developed.

2014 Action Plan:
a. Develop and revise the national strategy and action plan for scaling up of HCT program in Laos
• Review key priorities population and/or geographic location and the available funding and resources
• Brainstorming discussion among policy makers and key stakeholders
• Design strategic map for scaling up HCT, according to the priorities, considering prioritized population at risk (could be TB, STI, MSM, FSW, depending on the designed priorities by time) and/or province(s) with high risk evidence
b. Piloting and scaling up the revised strategy and action plan
• Design the appropriate model to ensure the accessibility of population at risk and the quality of HCT services
• Develop tools needed for program implementation and scaling up

• Building human resources, national and local levels
c. Strengthen HCT monitoring system using the harmonized with the matrix of HIV program monitoring for HIV counseling and testing, HIV care and treatment and TB/HIV management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	40,000	0

Narrative:

Program Objectives:
Strengthen the implementation of MSM prevention activities in aligning with GFATM activities and the current national strategy by piloting the comprehensive integrated prevention and continuum of care services for MSM in 2 provinces and increasing number of human resources on implementation of behavioral change communication package for MSM

Key issues and challenges:
GFATM-support minimum package of services that include peer-led behavior change communication, free condoms and lubricants, free STI services and referral to VCT services has been providing to MSM. The major challenges included the increasing access of MSM to public health services; increasing quality and effectiveness of prevention and care interventions with ensuring the technical and organizational capacities for service providers while human resources are limited; decentralization with increasing multisectoral responses at provincial level; and using of strategic information for evidence-based strategic planning by service providers, program managers and policy makers.

2011-2013 accomplishments and current state of the activities:
a. GAP ARO provided TA to develop a standard peer outreach protocol and the standard operation al procedure on the integrated behavioral change with HIV/STI management for MSM. They are being piloted in 2 provinces.
b. Increasing number of trained local resource persons on the above pilot implementation (25 governmental staff and 70 peer educators for program implementation and 6 physicians for STI management)

2014 Action Plan:
a. Review the current responses, program barriers and available resources to define areas for program improvement.
b. Strengthen the integration of prevention, STI management and continuum of care and treatment services for MSM to ensure “Earlier initiation of ART and improved retention”
c. Using lessons learned from the MSM pilot to develop strategic plan for the prioritized integrated

intervention packaging and scale up the comprehensive interventions packages in selected pilot provinces with expansion for the prioritized population (i.e., female sex workers and migrant workers).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	20,000	0

Narrative:

Program Objectives:
To increase local human resource capacity on quality of PMTCT services at 8 ART sites through provision of technical assistance on the integration of PMTCT services with routine maternal and child health services at health care services, and increasing number of trained health care providers on quality service management.

Key issues and challenges:
It was estimated from projection and estimation that about 100 HIV infected infants born to HIV positive pregnant women each year. The limited maternal and child health services with low access of antenatal services and low uptake of HIV counseling and testing is the major challenge of PMTCT. In addition, limited number of health care providers with knowledge and skills to provide quality PMTCT services for pregnant women access to health facilities remains challenging.

2011-2013 accomplishments and current state of the activities:
a. The national Lao PDR HIV treatment and care guidelines 2011 which included HIV counseling for pregnant women and PMTCT interventions was developed. The PMTCT training curriculum and the training packages for trainers and health care providers are prepared.
b. PMTCT training for Lao trainers has been being conducted. It is expected that the 15-20 local trainers will subsequently provide training to 60-80 health care providers in 3 geographic regions.

2014 Action Plan:
a. Review and revise the national strategy on PMTCT using exiting evidence based, including the ongoing implementing responses, health care infrastructure, available resources, barriers and country program prioritization to set up the national program goals and targets, as well as strategic direction of program implementation and scaling up framework.
b. Build capacity for local resource persons on quality PMTCT services
• Review and revise PMTCT guideline and SOP to ensure the integration of PMTCT services into MCH system with consideration of the national strategic direction of the PMTCT implementation
• Conduct PMTCT trainings for health care providers to ensure the quality services on the integration of PMTCT services with the existing maternal and child health services

c. Strengthen PMTCT M&E system by integrating with the matrix of HIV program monitoring for HIV counseling and testing, HIV care and treatment and TB/HIV management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	15,000	0

Narrative:

Program Objectives:
To increase local human resource capacity on quality of adult treatment at 8 ART sites through provision of technical assistance on development of training curriculum and training of the trainers and provide TA to facilitate the integration of the services with routine health care services at hospital facilities.

Key issues and challenges:
In the 2011-2015 national strategic and action plan, one among four main action plans is to increase coverage and quality of HIV treatment, care and support services for people infected with and affected by HIV, as well as positive health services. The major challenges include limited number of human resources for program scaling up and quality service deliveries.

2011-1013 accomplishments and current state of the activities:
a. Development of guideline and SOP
• ART treatment and Opportunistic Infections (OI) management guidelines for adult and adolescent was developed. The guidelines were published in FY 2012. Local resource persons of Lao PDR MoH and key resource persons at hospital facilities has participated in development process.
b. Human resource capacity building
• Training curriculum on “The HIV care, treatment and support” was developed.

2014 Action Plan:
a. Human resource capacity building
• Conduct HIV care training (e.g. OIs) to provincial health care providers
• Conduct HIV treatment and care training and refreshing training for staff of ARV sites
• On site supervision to ARV sites
• Support LPDR staff to participate International meeting/conference and sharing lesson learned

b. Initiate quality improvement program of HIV treatment and care
• Facilitate the using evidence-based information from the existing HIV program monitoring (HIVCAM-PLUS) for the improvement of coverage, linkages and retention to quality HIV counseling and testing, HIV care and treatment and TB/HIV management.

• Introduce HIVQUAL special survey for measurement of standard of care for PLHA

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	15,000	0

Narrative:

Program Objectives:
To increase local human resource capacity on quality of pediatric treatment at 8 ART sites through provision of technical assistance on development of training curriculum and training of the trainers and provide TA to facilitate the integration of the services with routine health care services at hospital facilities.

Key issues and challenges:
In the 2011-2015 national strategic and action plan, one among four main action plans is to increase coverage and quality of HIV treatment, care and support services for people infected with and affected by HIV, as well as positive health services. The major challenges include limited number of human resources for program scaling up and quality service deliveries.

2011-1013 accomplishments and current state of the activities:
(It is integrated with the activities for adults and adolescent HIV care and treatment. Please see details in HTXS)
a. Development of guideline and SOP
• ART treatment and Opportunistic Infections (OI) management guidelines for pediatric was developed.
b. Human resource capacity building

2014 Action Plan:
(It is integrated with the activities for adults and adolescent HIV care and treatment. Please see details in HTXS)
a. Human resource capacity building
• Conduct HIV care training (e.g. OIs) to provincial health care providers
• Conduct HIV treatment and care training and refreshing training for staff of ARV sites
• On site supervision to ARV sites
• Support LPDR staff to participate International meeting/conference and sharing lesson learned
b. Initiate quality improvement program of HIV treatment and care
• Facilitate the using evidence-based information from the existing HIV program monitoring (HIVCAM-PLUS) for the improvement of coverage, linkages and retention to quality HIV counseling and testing, HIV care and treatment and TB/HIV management.

• Introduce HIVQUAL special survey for measurement of standard of care for PLHA

USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services			32,999	32,999
ICASS			4,500	4,500
Institutional Contractors			100,000	100,000
Management Meetings/Professional Developement			16,000	16,000
Non-ICASS Administrative Costs			44,200	44,200
Staff Program Travel			52,000	52,000
USG Staff Salaries and Benefits		0	766,034	766,034
Total	**0**	**0**	**1,015,733**	**1,015,733**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-USAID		32,999
ICASS		GHP-USAID		4,500
Management Meetings/Professional Developement		GHP-USAID		16,000

Non-ICASS Administrative Costs		GHP-USAID	For USAID Non-ICASS Administrative Costs breakout as follows; 1. Estimate Annual rent and utilities = $29,176 2. Annual office support cost share = $15,024 (IT equipment, Printing, Office Supplies and Material, Vehicle rental, Courier Services and Other Miscellaneous Services)	44,200

U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
ICASS		21,500		21,500
Staff Program Travel		8,500		8,500
USG Staff Salaries and Benefits		30,000		30,000
Total	**0**	**60,000**	**0**	**60,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State		21,500

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

Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		128,000		128,000
Computers/IT Services		46,250		46,250
ICASS	110,000	329,000		439,000
Institutional Contractors	15,000	300,000		315,000
Management Meetings/Professional Developement		46,875		46,875
Non-ICASS Administrative Costs	1,019,680	734,967		1,754,647
Staff Program Travel	491,734	208,702		700,436
USG Staff Salaries and Benefits	3,012,016	627,776		3,639,792
Total	**4,648,430**	**2,421,570**	**0**	**7,070,000**

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		GHP-State		128,000
Computers/IT Services		GHP-State		46,250
ICASS		GAP		110,000
ICASS		GHP-State		329,000
Management Meetings/Professional Developement		GHP-State		46,875
Non-ICASS Administrative Costs		GAP		1,019,680
Non-ICASS		GHP-State		734,967

Administrative Costs				

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Peace Corps Volunteer Costs		40,000		40,000
Total	**0**	**40,000**	**0**	**40,000**

U.S. Peace Corps Other Costs Details