

Data Sheet

USAID Mission:	Eurasia Regional
Program Title:	Health Promotion and Care
Pillar:	Global Health
Strategic Objective:	110-0320
Status:	Program Support Objective
Planned FY 2005 Obligation:	\$1,260,000 FSA
Prior Year Unobligated:	\$2,246,000 FSA
Proposed FY 2006 Obligation:	\$1,660,000 FSA
Year of Initial Obligation:	1998
Estimated Year of Final Obligation:	2008

Summary: The health of the people and the capacity of the health systems have generally worsened in the Eurasia region. The regional program makes USAID's health investments more cost-effective by enhancing and securing the results of the bilateral programs and by filling critical gaps not addressed through country-specific programs. Through technical assistance, training, analysis, and outreach, the programs increase knowledge for region-wide reform efforts and assure the application of critical health information across the region. This objective reflects the high priority given to controlling HIV/AIDS, while recognizing the importance of addressing HIV/AIDS within the context of broader health issues and health care systems. Most Europe and Eurasia (E&E) regional health activities draw upon both AEEB and FSA resources to ensure cost-effective approaches to resolve common issues. This includes the procurement of specialized technical non-career staff.

Inputs, Outputs, Activities:

FY 2005 Program: Reduce Transmission and Impact of HIV/AIDS (\$885,000 FSA, \$200,000 FSA carryover, \$215,000 FSA prior year recoveries). Regional conferences, training, workshops, and technical assistance will support countries in their application for Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM) grants, as well as in the implementation, monitoring, and evaluation of GFATM activities. Regional conferences and training will disseminate best practices and lessons learned from HIV/AIDS surveillance systems. Through the American International Health Alliance (AIHA) funds support an internet-based EurasiaHealth HIV/AIDS Knowledge Library, and translation and distribution of protocols and lessons learned; trains journalists; and provides training in the prevention of mother to child transmission of HIV/AIDS (PMTCT). Implementing include: AIHA, Social & Scientific Systems, Inc., Johns Hopkins University (JHU), and the joint United Nations Program on HIV/AIDS (UNAIDS) (all prime).

Prevent and Control Infectious Diseases of Major Importance (\$85,000 FSA, \$100,000 FSA carryover, \$255,000 FSA prior year recoveries). The program focuses on the control of tuberculosis (TB) and multi-drug resistant TB (MDR-TB) as major threats to public health and economic and social progress. Activities support implementation of the WHO Directly Observed Treatment, Short Course (DOTS) strategy as the international norm for TB control programs. Activities will include technical support to promote effective use of GFATM grants, capacity building for DOTS expansion, and translation and dissemination of technical documents and protocols. AIHA will continue to promote practices to control nosocomial infections, and support safe-blood volunteer donor programs. An HIV-TB co-infection study will be conducted to assess the extent of the co-infection problem and recommend appropriate interventions. Partners include: JHU, and the Tuberculosis Coalition for Technical Assistance (primes).

Support Family Planning (FP) (\$160,000 FSA, \$280,000 FSA prior year recoveries). AIHA will disseminate information on FP; monitor the effectiveness of FP partnership activities; and produce information to replicate the Women's Wellness Center model. An analysis and outreach activity will work with policymakers and program managers increase access to FP and provide

women alternatives to abortion. Partners include: John Snow International, AIHA, (primes) and others to be determined (TBD).

Improve Child Survival, Health and Nutrition (\$85,000 FSA, \$181,000 FSA carryover, \$750,000 FSA prior year recoveries); Reduce Non-communicable Diseases (NCD) and Injuries (\$110,000 FSA prior year recoveries); and Build Health Systems Capacity (\$45,000 FSA, \$155,000 FSA prior year recoveries). To address these critical health issues, the regional program includes: Addressing the leading preventable cause of mental retardation in Eurasia through prevention of iodine deficiency disorder (IDD) activities; information dissemination on child survival and maternal health; a health manager's workshop; an analysis of cost-effective approaches to prevent and manage NCD; and a health systems assessment. Partners include: UNICEF/Kiwanis, AIHA, Jeorge Scientific Corporation (primes), and others TBD.

FY 2006 Program: Reduce Transmission and Impact of HIV/AIDS (\$730,000 FSA). Funds will continue to support GFATM grant applications and implementation and the dissemination of materials and information on HIV/AIDS. An analysis and outreach activity will examine health systems needs to address HIV/AIDS and TB treatment and care. Partners will be the same as in FY 2005.

Prevent and Control Infectious Diseases of Major Importance (\$230,000 FSA). Funds will support DOTS expansion to include assessing the feasibility of a regional training and education center, effective use of GFATM grants, pilot programs for the control of MDR-TB, and the dissemination of materials and information on infectious diseases. Support will also be provided for more effective HIV-TB co-infection prevention and treatment policies and programs. Partners will be the same as in FY 2005.

Support Family Planning (FP) (\$265,000 FSA). Funds will promote alternatives to abortion by increasing access to FP through the same partners as in FY 2005.

Improve Child Survival, Health and Nutrition (\$250,000 FSA); Reduce NCD and Injuries (\$35,000 FSA); and Build Health Systems Capacity (\$150,000 FSA). To address these critical health issues, the regional program includes: Funding to continue to address IDD; support for dissemination of information on child survival and NCD and injuries; support for an analysis of best practices in generating local and national support for health; support to implement national health accounts; assistance for policy dialogue to promote prevention of NCD; and support for an E&E Health Managers workshop. Partners are the same as in FY 2005.

Performance and Results: USAID supported a regional workshop for E&E recipients of GFATM to strengthen the implementation and management of grants. An assessment on "Strengthening HIV/AIDS Surveillance in E&E" produced a practical field guide on HIV/AIDS surveillance in the region. USAID supported the translation, testing, and dissemination of the "Brief Guide to TB Control," a key document for primary health care providers in 15 Eurasian countries. USAID also supported a drug management training course for National TB Program staff in the Caucasus that has strengthened TB drug management. AIHA helped establish the regional AIDS Education Center in Odessa, Ukraine, that trains personnel in PMTCT. The model Center is now being replicated in Russia, Central Asia, and the Caucasus regions. AIHA also launched the on-line EurasiaHealth HIV/AIDS Knowledge Library. The percent of E&E households consuming iodized salt has increased from 26% in 2000 to about 48% in 2004.

Continued progress in this objective will mean that when support ceases there will be an increased use of modern methods of family planning and concurrent decrease in abortions; greater investments in a more effective and sustainable HIV/AIDS response; wider adoption of the DOTS strategy; reduction in MDR-TB; stronger health systems; and more integrated and higher quality primary health care services.

US Financing in Thousands of Dollars

Eurasia Regional

110-0320 Health Promotion and Care	CSH	ESF	FSA
Through September 30, 2003			
Obligations	550	13,832	57,573
Expenditures	550	13,830	49,970
Unliquidated	0	2	7,603
Fiscal Year 2004			
Obligations	0	0	4,709
Expenditures	0	0	5,939
Through September 30, 2004			
Obligations	550	13,832	62,282
Expenditures	550	13,830	55,909
Unliquidated	0	2	6,373
Prior Year Unobligated Funds			
Obligations	0	0	2,246
Planned Fiscal Year 2005 NOA			
Obligations	0	0	1,260
Total Planned Fiscal Year 2005			
Obligations	0	0	3,506
Proposed Fiscal Year 2006 NOA			
Obligations	0	0	1,660
Future Obligations	0	0	0
Est. Total Cost	550	13,832	67,448