LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

A Global AIDS Initiative

SUMMARY

On July 19, 1999, the Administration announced a new Initiative to address the global AIDS pandemic. This Initiative is supported by an amendment to the Fiscal Year 2000 budget proposal signed by the President and submitted to Congress for its consideration. A central feature of this *LIFE* Initiative is a $100 million increase in US support for sub-Saharan African countries and India, which are working to prevent the further spread of HIV and to care for those affected by this devastating disease. This additional funding is a critical step by the United States Government in recognizing the impact that AIDS continues to have on individuals, families, communities and nations responding to the imperative to do more. It is our hope that other nations and institutions will match this action.

This plan contains a framework of interventions, grounded in a series of goals and objectives consistent with those established for the international community in collaboration with the Joint United Nations Programme on AIDS (UNAIDS). Specific activities and outcomes will be delineated through dialogue with those African nations that partner with the United States, as well as with the multinational and community-based non-governmental organizations that support the front line fight against AIDS.

LIFE INITIATIVE'S GUIDING PRINCIPLES

US agencies will apply the following principles to the design and implementation of *LIFE*:

- ✓ Country ownership of the activities is essential.
- ✓ Initiative funding must complement existing HIV/AIDS programs and activities conducted abroad.
- ✓ Leverage of and coordination with other donors and organizations is critical.
- ✓ The number of collaborating USG agencies and other partners in the fight against AIDS must be increased.
- ✓ Support for indigenous expertise and institutions in implementing program elements must be emphasized.
- ✓ Information sharing must be two-way so as to enhance opportunities to learn about new models that will assist US-based HIV programs as well as to share US experiences abroad.

The Initiative builds on the existing investment by the US in HIV/AIDS programs in Africa and India and involves an unprecedented collaboration between the United States Agency for International Development (USAID), the Department of Health and Human Services (HHS), and the Department of Defense (DoD). USAID will have lead responsibility in the facilitation of coordinated action. The Initiative is a significant turning point in the United States Government fight against AIDS and will contribute over the next 3 to 5 years to broad global targets that seek to reduce the transmission of HIV by 25% and provide basic care and support services to at least 30% of infected persons.

The Initiative focuses on sub-Saharan Africa and India, which will be complemented by regional activities in western and southern Africa. The countries targeted represent those with the most severe epidemic, the highest number of new infections, where the potential for impact is greatest, and where USG agencies are already active.

The Initiative will contribute to the achievement of the goal's articulated by UNAIDS and to the partnerships necessary to that achievement. Yet curtailing this epidemic will require a significantly enhanced response by the global community and cannot be viewed as just the responsibility of the US government. Therefore, US partners involved in the *LIFE* Initiative will collaborate with UNAIDS and other international and local agencies both to leverage additional resources from host countries, multilateral institutions, and the private sector and to maximize coordination.

PROGRAM ELEMENTS

The Initiative addresses program elements critical to fighting the AIDS pandemic. Although the Initiative will not support all elements in every country, its funding must be coordinated and integrated within an overall comprehensive response. Country programs will be tailored to their needs and existing efforts underway.

Primary Prevention: A key component of the initiative is prevention to slow—and hopefully reverse—the trend of rising HIV rates in partner countries. The goal of primary prevention is to reduce the incidence of new HIV infections. Ninety percent of new infections in the developing world are known to derive from either sexual transmission (80%) or mother to child transmission (10%), and another 5% from contaminated blood transfusions and infected needles. The prevention component of this initiative seeks to reduce these means of transmission through a package of activities involving civilian and military populations. These include voluntary counseling and HIV testing, mother to child transmission prevention, STD treatment, social marketing of barrier methods, behavior change interventions, and blood safety.

Improving Community and Home Based Care and Treatment: Currently in Sub-Saharan Africa and India, care and treatment for HIV infected persons and support to their families is minimal. Less than 5% of persons know their HIV status and health care providers lack the resources to diagnose and treat HIV and the associated opportunistic infections, let alone to use of the latest "state of the art" antiviral treatment regimens. Ideally, there should be a continuum between in-patient and community outpatient treatment, combined with psychosocial support services utilizing a wide range of community workers, including traditional healers. Much can be done to improve the quality and duration of life for persons living with HIV/AIDS and their families in developing countries while the infrastructure and capacity necessary for more advanced treatments is established. For instance, while the leading killer of AIDS patients in the developing world is TB, through use of directly observed therapy regimens (DOTS), TB can be cured in HIV infected persons. The initiative will support basic medical, social, and home and community based care to greatly expand the availability of these services.

Caring for Children Affected by AIDS: By the year 2000, there will be close to 24 million children who will have lost one or both parents in 19 of the African countries where HIV/AIDS is found in epidemic proportions. By the end of the next decade, this number will increase to over 40 million. Despite the magnitude of this crisis, services for children orphaned by AIDS are extremely limited in most countries. This initiative will enable USAID to assist children affected by AIDS and for their families, primarily through the use of Title II, Food for Peace programs. These efforts will supplement existing efforts to strengthen the capacities of families and communities in the geographic areas where HIV/AIDS has made them especially vulnerable.

Capacity and Infrastructure Development: To make a difference in this epidemic, political commitment and leadership are essential, as is the capacity to implement effective interventions. Key activities to support governments, the private sector, NGOs, and research institutions are to (1) provide professional training and technical assistance and support; (2) increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions, (3) measure the impact of these interventions, and (4) build new capabilities for the delivery of treatment and support services.

Managing and Monitoring the *LIFE* Initiative: A coordinating task force will be convened under the auspices of the White House Office of National AIDS Policy, with secretariat support provided by USAID. Multiple partners will be engaged in a collaborative effort to develop joint management and monitoring plans, achieve consensus on performance measures, and identify areas for cooperative efforts and for complementary programs.

ANNEX – TABLE OF INVESTMENTS

Program Element	Investment
Primary Prevention	
1) Program Delivery and Other Activities	USAID: $25M
2) Technical Assistance and Training	HHS:$13M
3) Prevention activities for African military and uniformed services	DoD:$10M
	Subtotal: $48M
Improving Community and Home Based Care and Treatment	
1) Program Delivery	USAID: $14M
2) Technical Assistance and Training	HHS: $9M
	Subtotal: $23M
Caring for Children Affected by AIDS	USAID: $10M
Capacity & Infrastructure Development	
1) Increasing political commitment and strengthening AIDS programs	USAID: $6M
2) Surveillance	HHS: $13M
	Subtotal:$19M

ANNEX – WORLDWIDE HIV/AIDS GOALS

WORLDWIDE HIV/AIDS GOALS

UNAIDS, in cooperation with USAID and other bilateral and multi-lateral partners, has laid out a series of international goals for the next five years as described below. These goals represent the result of the total worldwide contribution of resources and effort. The Administration seeks to further these goals through *LIFE* Initiative.

- ✓ The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)
- ✓ At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)
- ✓ Orphans will have access to education and food on an equal basis with their non-orphaned peers.
- ✓ By 2002, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- ✓ By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

LIFE Initiative
THE DHHS RESPONSE

Since the beginning of the HIV epidemic, the U.S. Department of Health and Human Services (DHHS) has collaborated with countries in Africa and Asia to increase our understanding of HIV and to evaluate interventions that can be effective. Agencies such as the Centers for Disease Control and Prevention (CDC) and the National Institutes for Health (NIH) have been leaders in documenting the nature and spread of the epidemic. The Health Resources and Services Administration (HRSA) has considerable expertise in establishing community-based HIV treatment and support systems and in training and technical assistance to health professionals and paraprofessionals. Other DHHS agencies and offices, including the Administration on Children and Families (ACF), have unique expertise in a number of specific HIV interventions that might be tailored to fill some of the international HIV and orphan related needs.

DHHS has international field station structures and sites in a number of African and Asian countries. These CDC and NIH sites provide opportunities for assistance to countries, as well as for prevention research. CDC field stations are in Cote d'Ivoire, Botswana, Kenya, Thailand and Vietnam with additional presence in Uganda, South Africa, and Malawi. NIH funded HIV-NET sites are present in Uganda, South Africa, Malawi, Zambia, and Zimbabwe. CDC and NIH have relationships in most of the African countries. The United States and developing countries can mutually benefit from lessons learned in applying efforts to contain the massive HIV epidemic in Africa and Asia.

On July 19, 1999, the Administration announced a new initiative to address the global AIDS pandemic. A central feature of the *LIFE* Initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total, $35 million will be programmed through DHHS.

Under the *LIFE* Initiative, DHHS will emphasize the following three of the four LIFE program elements (these activities enhance and complement current DHHS international activities):

- **Primary Prevention** ($13M) will be supported by providing technical assistance and training on voluntary counseling and testing, reducing mother-to-child HIV transmission, STD management, social marketing, behavior change, and blood safety systems.

- **Capacity and Infrastructure Development** ($13M) will be strengthened by enhancing surveillance systems and by developing new initiatives to use their data to inform prevention and treatment processes and measure their impact.

- **Community and Home-Based Care and Treatment** ($9M) will be supported through technical assistance and training. In addition, guidelines will be jointly developed for the treatment of sexually transmitted diseases (STD), tuberculosis and other HIV-related opportunistic infections, as well as for palliative and other supportive services.

Over the next three years, DHHS and its partners in the *LIFE* Initiative, will:

- 10% decrease in HIV incidence in 15-24 year olds
- 10% decrease in perinatal infections
- 10% decrease in reported STD prevalence by men/women
- 50% of households caring for children affected by AIDS will receive assistance from an institution or group outside the family
- 50% of district/provincial governments will be able to implement care and support activities
- Surveillance systems will be established in all partner countries.

LIFE Initiative
THE USAID RESPONSE

The Agency for International Development's (USAID) response to the HIV/AIDS pandemic began in 1986, with the Agency contributing over $1.2 billion to the effort during these last 13 years. Of this total, USAID has programmed over $650 million in sub-Saharan Africa. Since the early 1990's, USAID has been the leading donor to both UNAIDS and to the HIV/AIDS prevention and control effort in the developing world. Since 1993 the USAID budget has remained at approximately $120 million per year. During this time the number of annual HIV infections has risen 300% to 6 million per year, globally.

On July 19, 1999, the Administration announced a new initiative to address the global AIDS pandemic. A central feature of the *LIFE* initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total, $55 million will be programmed through USAID, doubling the resources available through USAID programs in sub-Saharan Africa.

Under the *LIFE* Initiative, USAID will emphasize the following four program elements. Based on the mix of existing activities, not all elements will be provided in all target countries.

- **Primary Prevention** ($25 million) in 13 of the 15 target countries to reverse the trend of rising HIV infection rates through voluntary counseling and testing, prevention of mother-to-child transmission, social marketing, behavior change programs, STD treatment, and blood safety programs.

- **Community and Home Based Care and Treatment** ($14 million) in 7 of the 15 target countries to provide a continuum from community-based to in-patient treatment, with related support services utilizing community workers.

- **Caring for Children Affected by AIDS** ($10 million) in 12 of the 15 target countries to assist children affected by AIDS and their families. Nutritional support through Title II, Food for Peace, programs will strengthen the capacity of families caring for children orphaned by AIDS.

- **Capacity and Infrastructure Development** ($6 million) in 10 of the 15 target countries to increase capacity to respond to the epidemic, focusing on government, private sector, NGOs, and research institution capabilities. Particular focus will be given to expanding the capacity for the delivery of care and services and for the use of surveillance data to target prevention and care.

Building on established relationships between its Missions and host country partners, USAID will take the lead responsibility to facilitate an unprecedented coordinated international US response at the country level (including DHHS and DoD). In addition, USAID will provide support to the Coordinating Task Force, which will be organized under the auspices of the White House Office of National AIDS Policy (ONAP).

Over the next three years, USAID and its partners in the *LIFE* Initiative, will:

- 10% decrease in HIV incidence in 15-24 year olds
- 10% decrease in perinatal infections
- 10% decrease in reported STD prevalence by men/women
- 50% of households caring for children affected by AIDS will receive assistance from an institution or group outside the family
- 50% of district/provincial governments will be able to implement care and support activities
- Surveillance systems will be established in all partner countries.

LIFE Initiative
THE DoD RESPONSE

In Africa, HIV rates in military and uniformed populations often exceed the rates in the civilian populations. Experience with HIV prevention in the U.S. military provides a model for effective intervention in African military populations. It has been demonstrated that assessment of knowledge, attitudes, and behaviors, coupled with epidemiological measurements, can be done while maintaining confidentiality and with a high level of voluntary participation. Assessment of the components of HIV risk in African military populations will develop the regional profile to design and guide prevention activities.

On July 19, 1999, the Administration announced a new Administration initiative to address the global AIDS pandemic. A central feature of the *LIFE* initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total $10 million will be programmed through the U.S. Department of Defense.

The *LIFE* Initiative focuses on 15 target countries (14 in sub-Saharan Africa and India). Countries will be prioritized by severity of impact, the number of new infections, the potential for greatest impact, and existing USG programs on which to build. Under the *LIFE* Initiative, DoD will emphasize prevention activities for African military and uniformed services.

Primary Prevention

- **Regional Specific Military-based Education:** Based on findings of the regional diversity of AIDS in Africa and through work with UNAIDS, regional scientists, and African militaries, DoD will direct military-based education in 13 of the 15 target countries in four specific African regions: East, South, West, and West-Central, respectively. The approach will proceed by stages:

  - assessment of HIV prevalence and risk behaviors
  - development of a regional prevention plan
  - implementation through training and development of infrastructure
  - evaluation of the effect of prevention
  - refinement and incorporation into the military culture for enduring impact

  DoD will build on the unique DoD tri-service military education programs developed to prevent alcohol abuse and STDs, as well as the region-specific HIV prevention work by NGOs and USAID. Programs will be coordinated with similar USAID and DHHS activities to the fullest extent practical.

  This project is expected to contribute to long-term and sustained HIV prevention in Africa.

- **Enhanced military education of African UN Peace Keeper forces.** African military personnel deployed far from their home base for long periods in conjunction with UN peacekeeping activities may experience a different HIV risk profile than soldiers remaining at home. The UN Peacekeeper Project has a pilot HIV prevention program underway in South African Army field units which involves five specific curriculum modules: Defining HIV and its impact in the military, HIV prevention, substance Abuse, HIV, STDs; risk assessment and prevention strategies; and course summary. DoD intends to incorporate this existing curriculum into its operations, and build a sustainable program that will contribute to long term prevention activities.

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

A Global AIDS Initiative

SUMMARY

On July 19, 1999, the Administration announced a new Initiative to address the global AIDS pandemic. This Initiative is supported by an amendment to the Fiscal Year 2000 budget proposal signed by the President and submitted to Congress for its consideration. A central feature of this *LIFE* Initiative is a $100 million increase in US support for sub-Saharan African countries and India, which are working to prevent the further spread of HIV and to care for those affected by this devastating disease. This additional funding is a critical step by the United States Government in recognizing the impact that AIDS continues to have on individuals, families, communities and nations responding to the imperative to do more. It is our hope that other nations and institutions will match this action.

This plan contains a framework of interventions, grounded in a series of goals and objectives consistent with those established for the international community in collaboration with the Joint United Nations Programme on AIDS (UNAIDS). Specific activities and outcomes will be delineated through dialogue with those African nations that partner with the United States, as well as with the multinational and community-based non-governmental organizations that support the front line fight against AIDS.

***LIFE* INITIATIVE'S GUIDING PRINCIPLES**

US agencies will apply the following principles to the design and implementation of *LIFE*:

- ✓ Country ownership of the activities is essential.
- ✓ Initiative funding must complement existing HIV/AIDS programs and activities conducted abroad.
- ✓ Leverage of and coordination with other donors and organizations is critical.
- ✓ The number of collaborating USG agencies and other partners in the fight against AIDS must be increased.
- ✓ Support for indigenous expertise and institutions in implementing program elements must be emphasized.
- ✓ Information sharing must be two-way so as to enhance opportunities to learn about new models that will assist US-based HIV programs as well as to share US experiences abroad.

The Initiative builds on the existing investment by the US in HIV/AIDS programs in Africa and India and involves an unprecedented collaboration between the United States Agency for International Development (USAID), the Department of Health and Human Services (HHS), and the Department of Defense (DoD). USAID will have lead responsibility in the facilitation of coordinated action. The Initiative is a significant turning point in the United States Government fight against AIDS and will contribute over the next 3 to 5 years to broad global targets that seek to reduce the transmission of HIV by 25% and provide basic care and support services to at least 30% of infected persons.

The Initiative focuses on sub-Saharan Africa and India, which will be complemented by regional activities in western and southern Africa. The countries targeted represent those with the most severe epidemic, the highest number of new infections, where the potential for impact is greatest, and where USG agencies are already active.

The Initiative will contribute to the achievement of the goal's articulated by UNAIDS and to the partnerships necessary to that achievement. Yet curtailing this epidemic will require a significantly enhanced response by the global community and cannot be viewed as just the responsibility of the US government. Therefore, US partners involved in the *LIFE* Initiative will collaborate with UNAIDS and other international and local agencies both to leverage additional resources from host countries, multilateral institutions, and the private sector and to maximize coordination.

PROGRAM ELEMENTS

The Initiative addresses program elements critical to fighting the AIDS pandemic. Although the Initiative will not support all elements in every country, its funding must be coordinated and integrated within an overall comprehensive response. Country programs will be tailored to their needs and existing efforts underway.

Primary Prevention: A key component of the initiative is prevention to slow—and hopefully reverse—the trend of rising HIV rates in partner countries. The goal of primary prevention is to reduce the incidence of new HIV infections. Ninety percent of new infections in the developing world are known to derive from either sexual transmission (80%) or mother to child transmission (10%), and another 5% from contaminated blood transfusions and infected needles. The prevention component of this initiative seeks to reduce these means of transmission through a package of activities involving civilian and military populations. These include voluntary counseling and HIV testing, mother to child transmission prevention, STD treatment, social marketing of barrier methods, behavior change interventions, and blood safety.

Improving Community and Home Based Care and Treatment: Currently in Sub-Saharan Africa and India, care and treatment for HIV infected persons and support to their families is minimal. Less than 5% of persons know their HIV status and health care providers lack the resources to diagnose and treat HIV and the associated opportunistic infections, let alone to use of the latest "state of the art" antiviral treatment regimens. Ideally, there should be a continuum between in-patient and community outpatient treatment, combined with psychosocial support services utilizing a wide range of community workers, including traditional healers. Much can be done to improve the quality and duration of life for persons living with HIV/AIDS and their families in developing countries while the infrastructure and capacity necessary for more advanced treatments is established. For instance, while the leading killer of AIDS patients in the developing world is TB, through use of directly observed therapy regimens (DOTS), TB can be cured in HIV infected persons. The initiative will support basic medical, social, and home and community based care to greatly expand the availability of these services.

Caring for Children Affected by AIDS: By the year 2000, there will be close to 24 million children who will have lost one or both parents in 19 of the African countries where HIV/AIDS is found in epidemic proportions. By the end of the next decade, this number will increase to over 40 million. Despite the magnitude of this crisis, services for children orphaned by AIDS are extremely limited in most countries. This initiative will enable USAID to assist children affected by AIDS and for their families, primarily through the use of Title II, Food for Peace programs. These efforts will supplement existing efforts to strengthen the capacities of families and communities in the geographic areas where HIV/AIDS has made them especially vulnerable.

Capacity and Infrastructure Development: To make a difference in this epidemic, political commitment and leadership are essential, as is the capacity to implement effective interventions. Key activities to support governments, the private sector, NGOs, and research institutions are to (1) provide professional training and technical assistance and support; (2) increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions, (3) measure the impact of these interventions, and (4) build new capabilities for the delivery of treatment and support services.

Managing and Monitoring the *LIFE* Initiative: A coordinating task force will be convened under the auspices of the White House Office of National AIDS Policy, with secretariat support provided by USAID. Multiple partners will be engaged in a collaborative effort to develop joint management and monitoring plans, achieve consensus on performance measures, and identify areas for cooperative efforts and for complementary programs.

ANNEX – TABLE OF INVESTMENTS

Program Element	Investment
Primary Prevention	
1) Program Delivery and Other Activities	USAID: $25M
2) Technical Assistance and Training	HHS:$13M
3) Prevention activities for African military and uniformed services	DoD:$10M
	Subtotal: $48M
Improving Community and Home Based Care and Treatment	
1) Program Delivery	USAID: $14M
2) Technical Assistance and Training	HHS: $9M
	Subtotal: $23M
Caring for Children Affected by AIDS	USAID: $10M
Capacity & Infrastructure Development	
1) Increasing political commitment and strengthening AIDS programs	USAID: $6M
2) Surveillance	HHS: $13M
	Subtotal:$19M

ANNEX – WORLDWIDE HIV/AIDS GOALS

WORLDWIDE HIV/AIDS GOALS

UNAIDS, in cooperation with USAID and other bilateral and multi-lateral partners, has laid out a series of international goals for the next five years as described below. These goals represent the result of the total worldwide contribution of resources and effort. The Administration seeks to further these goals through *LIFE* Initiative.

- ✓ The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)
- ✓ At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)
- ✓ Orphans will have access to education and food on an equal basis with their non-orphaned peers.
- ✓ By 2002, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- ✓ By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

LIFE Countries*	USAID	DHHS	DoD**
Botswana	X	X	X
Cote d'Ivoire	X	X	
Ethiopia	X	X	X
India	X	X	
Kenya	X	X	X
Malawi	X	X	X
Mozambique	X	X	
Nigeria	X	X	X
Regional Programs (West Africa and East/Southern Africa)	X	X	
Rwanda	X	X	
Senegal	X	X	X
South Africa	X	X	X
Tanzania	X	X	
Uganda	X	X	X
Zambia	X	X	
Zimbabwe	X	X	X

**preliminary list – subject to change ** The DOD Regional Approach will also cover Benin, Mali, Ghana*

TABLE 1—COUNTRY SELECTION CRITERIA

Criteria used to identify the above countries include the following:

- ✓ The magnitude of the epidemic
- ✓ Country receptivity to assistance from US government
- ✓ Country political commitment to fighting the AIDS epidemic
- ✓ Potential for interventions and unique opportunities
- ✓ Potential for impact
- ✓ Potential for leveraging of other local and donor support
- ✓ Existing U.S. Government implementation mechanisms

LIFE Initiative
THE DoD RESPONSE

In Africa, HIV rates in military and uniformed populations often exceed the rates in the civilian populations. Experience with HIV prevention in the U.S. military provides a model for effective intervention in African military populations. It has been demonstrated that assessment of knowledge, attitudes, and behaviors, coupled with epidemiological measurements, can be done while maintaining confidentiality and with a high level of voluntary participation. Assessment of the components of HIV risk in African military populations will develop the regional profile to design and guide prevention activities.

On July 19, 1999, the Administration announced a new Administration initiative to address the global AIDS pandemic. A central feature of the *LIFE* initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total $10 million will be programmed through the U.S. Department of Defense.

The *LIFE* Initiative focuses on 15 target countries (14 in sub-Saharan Africa and India). Countries will be prioritized by severity of impact, the number of new infections, the potential for greatest impact, and existing USG programs on which to build. Under the *LIFE* Initiative, DoD will emphasize prevention activities for African military and uniformed services.

Primary Prevention

- **Regional Specific Military-based Education:** Based on findings of the regional diversity of AIDS in Africa and through work with UNAIDS, regional scientists, and African militaries, DoD will direct military-based education in 13 of the 15 target countries in four specific African regions: East, South, West, and West-Central, respectively. The approach will proceed by stages:

  - assessment of HIV prevalence and risk behaviors
  - development of a regional prevention plan
  - implementation through training and development of infrastructure
  - evaluation of the effect of prevention
  - refinement and incorporation into the military culture for enduring impact

  DoD will build on the unique DoD tri-service military education programs developed to prevent alcohol abuse and STDs, as well as the region-specific HIV prevention work by NGOs and USAID. Programs will be coordinated with similar USAID and DHHS activities to the fullest extent practical.

  This project is expected to contribute to long-term and sustained HIV prevention in Africa.

- **Enhanced military education of African UN Peace Keeper forces.** African military personnel deployed far from their home base for long periods in conjunction with UN peacekeeping activities may experience a different HIV risk profile than soldiers remaining at home. The UN Peacekeeper Project has a pilot HIV prevention program underway in South African Army field units which involves five specific curriculum modules: Defining HIV and its impact in the military, HIV prevention, substance Abuse, HIV, STDs; risk assessment and prevention strategies; and course summary. DoD intends to incorporate this existing curriculum into its operations, and build a sustainable program that will contribute to long term prevention activities.

LIFE Initiative
THE USAID RESPONSE

The Agency for International Development's (USAID) response to the HIV/AIDS pandemic began in 1986, with the Agency contributing over $1.2 billion to the effort during these last 13 years. Of this total, USAID has programmed over $650 million in sub-Saharan Africa. Since the early 1990's, USAID has been the leading donor to both UNAIDS and to the HIV/AIDS prevention and control effort in the developing world. Since 1993 the USAID budget has remained at approximately $120 million per year. During this time the number of annual HIV infections has risen 300% to 6 million per year, globally.

On July 19, 1999, the Administration announced a new initiative to address the global AIDS pandemic. A central feature of the *LIFE* initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total, $55 million will be programmed through USAID, doubling the resources available through USAID programs in sub-Saharan Africa.

Under the *LIFE* Initiative, USAID will emphasize the following four program elements. Based on the mix of existing activities, not all elements will be provided in all target countries.

- **Primary Prevention** ($25 million) in 13 of the 15 target countries to reverse the trend of rising HIV infection rates through voluntary counseling and testing, prevention of mother-to-child transmission, social marketing, behavior change programs, STD treatment, and blood safety programs.

- **Community and Home Based Care and Treatment** ($14 million) in 7 of the 15 target countries to provide a continuum from community-based to in-patient treatment, with related support services utilizing community workers.

- **Caring for Children Affected by AIDS** ($10 million) in 12 of the 15 target countries to assist children affected by AIDS and their families. Nutritional support through Title II, Food for Peace, programs will strengthen the capacity of families caring for children orphaned by AIDS.

- **Capacity and Infrastructure Development** ($6 million) in 10 of the 15 target countries to increase capacity to respond to the epidemic, focusing on government, private sector, NGOs, and research institution capabilities. Particular focus will be given to expanding the capacity for the delivery of care and services and for the use of surveillance data to target prevention and care.

Building on established relationships between its Missions and host country partners, USAID will take the lead responsibility to facilitate an unprecedented coordinated international US response at the country level (including DHHS and DoD). In addition, USAID will provide support to the Coordinating Task Force, which will be organized under the auspices of the White House Office of National AIDS Policy (ONAP).

Over the next three years, USAID and its partners in the *LIFE* Initiative, will:

- 10% decrease in HIV incidence in 15-24 year olds
- 10% decrease in perinatal infections
- 10% decrease in reported STD prevalence by men/women
- 50% of households caring for children affected by AIDS will receive assistance from an institution or group outside the family
- 50% of district/provincial governments will be able to implement care and support activities
- Surveillance systems will be established in all partner countries.

LIFE Initiative
THE DHHS RESPONSE

Since the beginning of the HIV epidemic, the U.S. Department of Health and Human Services (DHHS) has collaborated with countries in Africa and Asia to increase our understanding of HIV and to evaluate interventions that can be effective. Agencies such as the Centers for Disease Control and Prevention (CDC) and the National Institutes for Health (NIH) have been leaders in documenting the nature and spread of the epidemic. The Health Resources and Services Administration (HRSA) has considerable expertise in establishing community-based HIV treatment and support systems and in training and technical assistance to health professionals and paraprofessionals. Other DHHS agencies and offices, including the Administration on Children and Families (ACF), have unique expertise in a number of specific HIV interventions that might be tailored to fill some of the international HIV and orphan related needs.

DHHS has international field station structures and sites in a number of African and Asian countries. These CDC and NIH sites provide opportunities for assistance to countries, as well as for prevention research. CDC field stations are in Cote d'Ivoire, Botswana, Kenya, Thailand and Vietnam with additional presence in Uganda, South Africa, and Malawi. NIH funded HIV-NET sites are present in Uganda, South Africa, Malawi, Zambia, and Zimbabwe. CDC and NIH have relationships in most of the African countries. The United States and developing countries can mutually benefit from lessons learned in applying efforts to contain the massive HIV epidemic in Africa and Asia.

On July 19, 1999, the Administration announced a new initiative to address the global AIDS pandemic. A central feature of the *LIFE* Initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total, $35 million will be programmed through DHHS.

Under the *LIFE* Initiative, DHHS will emphasize the following three of the four LIFE program elements (these activities enhance and complement current DHHS international activities):

- **Primary Prevention** ($13M) will be supported by providing technical assistance and training on voluntary counseling and testing, reducing mother-to-child HIV transmission, STD management, social marketing, behavior change, and blood safety systems.

- **Capacity and Infrastructure Development** ($13M) will be strengthened by enhancing surveillance systems and by developing new initiatives to use their data to inform prevention and treatment processes and measure their impact.

- **Community and Home-Based Care and Treatment** ($9M) will be supported through technical assistance and training. In addition, guidelines will be jointly developed for the treatment of sexually transmitted diseases (STD), tuberculosis and other HIV-related opportunistic infections, as well as for palliative and other supportive services.

Over the next three years, DHHS and its partners in the *LIFE* Initiative, will:

- 10% decrease in HIV incidence in 15-24 year olds
- 10% decrease in perinatal infections
- 10% decrease in reported STD prevalence by men/women
- 50% of households caring for children affected by AIDS will receive assistance from an institution or group outside the family
- 50% of district/provincial governments will be able to implement care and support activities
- Surveillance systems will be established in all partner countries.

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

A Global AIDS Initiative

SUMMARY

On July 19, 1999, the Administration announced a new Initiative to address the global AIDS pandemic. This Initiative is supported by an amendment to the Fiscal Year 2000 budget proposal signed by the President and submitted to Congress for its consideration. A central feature of this *LIFE* Initiative is a $100 million increase in US support for sub-Saharan African countries and India, which are working to prevent the further spread of HIV and to care for those affected by this devastating disease. This additional funding is a critical step by the United States Government in recognizing the impact that AIDS continues to have on individuals, families, communities and nations responding to the imperative to do more. It is our hope that other nations and institutions will match this action.

This plan contains a framework of interventions, grounded in a series of goals and objectives consistent with those established for the international community in collaboration with the Joint United Nations Programme on AIDS (UNAIDS). Specific activities and outcomes will be delineated through dialogue with those African nations that partner with the United States, as well as with the multinational and community-based non-governmental organizations that support the front line fight against AIDS.

The Initiative builds on the existing investment by the US in HIV/AIDS programs in Africa and India and involves an unprecedented collaboration between the United States Agency for International Development (USAID), the Department of Health and Human Services (HHS), and the Department of Defense (DoD). USAID will have lead responsibility in the facilitation of coordinated action. The Initiative is a significant turning point in the United States Government fight against AIDS and will contribute over the next 3 to 5 years to broad global targets that seek to reduce the transmission of HIV by 25% and provide basic care and support services to at least 30% of infected persons.

LIFE INITIATIVE'S GUIDING PRINCIPLES

US agencies will apply the following principles to the design and implementation of *LIFE*:

- ✓ Country ownership of the activities is essential.
- ✓ Initiative funding must complement existing HIV/AIDS programs and activities conducted abroad
- ✓ Leverage of and coordination with other donors and organizations is critical
- ✓ The number of collaborating USG agencies and other partners in the fight against AIDS must be increased
- ✓ Support for indigenous expertise and institutions in implementing program elements must be emphasized
- ✓ Information sharing must be two-way so as to enhance opportunities to learn about new models that will assist US-based HIV programs as well as to share US experiences abroad

The Initiative focuses on sub-Saharan Africa and India, which will be complemented by regional activities in western and southern Africa. The countries targeted represent those with the most severe epidemic, the highest number of new infections, where the potential for impact is greatest, and where USG agencies are already active.

The Initiative will contribute to the achievement of the goal's articulated by UNAIDS and to the partnerships necessary to that achievement. Yet curtailing this epidemic will require a significantly enhanced response by the global community and cannot be viewed as just the responsibility of the US government. Therefore, US partners involved in the *LIFE* Initiative will collaborate with UNAIDS and other international and local agencies both to leverage additional resources from host countries, multilateral institutions, and the private sector and to maximize coordination.

PROGRAM ELEMENTS

The Initiative addresses program elements critical to fighting the AIDS pandemic. Although the Initiative will not support all elements in every country, its funding must be coordinated and integrated within an overall comprehensive response. Country programs will be tailored to their needs and existing efforts underway.

Primary Prevention: A key component of the initiative is prevention to slow—and hopefully reverse—the trend of rising HIV rates in partner countries. The goal of primary prevention is to reduce the incidence of new HIV infections. Ninety percent of new infections in the developing world are known to derive from either sexual transmission (80%) or mother to child transmission (10%), and another 5% from contaminated blood transfusions and infected needles. The prevention component of this initiative seeks to reduce these means of transmission through a package of activities involving civilian and military populations. These include voluntary counseling and HIV testing, mother to child transmission prevention, STD treatment, social marketing of barrier methods, behavior change interventions, and blood safety.

Improving Community and Home Based Care and Treatment: Currently in Sub-Saharan Africa and India, care and treatment for HIV infected persons and support to their families is minimal. Less than 5% of persons know their HIV status and health care providers lack the resources to diagnose and treat HIV and the associated opportunistic infections, let alone to use of the latest "state of the art" antiviral treatment regimens. Ideally, there should be a continuum between in-patient and community outpatient treatment, combined with psychosocial support services utilizing a wide range of community workers, including traditional healers. Much can be done to improve the quality and duration of life for persons living with HIV/AIDS and their families in developing countries while the infrastructure and capacity necessary for more advanced treatments is established. For instance, while the leading killer of AIDS patients in the developing world is TB, through use of directly observed therapy regimens (DOTS), TB can be cured in HIV infected persons. The initiative will support basic medical, social, and home and community based care to greatly expand the availability of these services.

Caring for Children Affected by AIDS: By the year 2000, there will be close to 24 million children who will have lost one or both parents in 19 of the African countries where HIV/AIDS is found in epidemic proportions. By the end of the next decade, this number will increase to over 40 million. Despite the magnitude of this crisis, services for children orphaned by AIDS are extremely limited in most countries. This initiative will enable USAID to assist children affected by AIDS and for their families, primarily through the use of Title II, Food for Peace programs. These efforts will supplement existing efforts to strengthen the capacities of families and communities in the geographic areas where HIV/AIDS has made them especially vulnerable.

Capacity and Infrastructure Development: To make a difference in this epidemic, political commitment and leadership are essential, as is the capacity to implement effective interventions. Key activities to support governments, the private sector, NGOs, and research institutions are to (1) provide professional training and technical assistance and support; (2) increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions, (3) measure the impact of these interventions, and (4) build new capabilities for the delivery of treatment and support services.

Managing and Monitoring the *LIFE* Initiative: A coordinating task force will be convened under the auspices of the White House Office of National AIDS Policy, with secretariat support provided by USAID. Multiple partners will be engaged in a collaborative effort to develop joint management and monitoring plans, achieve consensus on performance measures, and identify areas for cooperative efforts and for complementary programs.

ANNEX – TABLE OF INVESTMENTS

Program Element	Investment
Primary Prevention	
1) Program Delivery and Other Activities	USAID: $25M
2) Technical Assistance and Training	HHS:$13M
3) Prevention activities for African military and uniformed services	DoD:$10M
	Subtotal: $48M
Improving Community and Home Based Care and Treatment	
1) Program Delivery	USAID: $14M
2) Technical Assistance and Training	HHS: $9M
	Subtotal: $23M
Caring for Children Affected by AIDS	USAID: $10M
Capacity & Infrastructure Development	
1) Increasing political commitment and strengthening AIDS programs	USAID: $6M
2) Surveillance	HHS: $13M
	Subtotal:$19M

ANNEX – WORLDWIDE HIV/AIDS GOALS

WORLDWIDE HIV/AIDS GOALS

UNAIDS, in cooperation with USAID and other bilateral and multi-lateral partners, has laid out a series of international goals for the next five years as described below. These goals represent the result of the total worldwide contribution of resources and effort. The Administration seeks to further these goals through *LIFE* Initiative.

- ✓ The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)
- ✓ At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)
- ✓ Orphans will have access to education and food on an equal basis with their non-orphaned peers.
- ✓ By 2002, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- ✓ By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

LIFE Countries*	USAID	DHHS	DoD**
Botswana	X	X	X
Cote d'Ivoire	X	X	
Ethiopia	X	X	X
India	X	X	
Kenya	X	X	X
Malawi	X	X	X
Mozambique	X	X	
Nigeria	X	X	X
Regional Programs (West Africa and East/Southern Africa)	X	X	
Rwanda	X	X	
Senegal	X	X	X
South Africa	X	X	X
Tanzania	X	X	
Uganda	X	X	X
Zambia	X	X	
Zimbabwe	X	X	X

**preliminary list – subject to change ** The DOD Regional Approach will also cover Benin, Mali, Ghana*

TABLE 1—COUNTRY SELECTION CRITERIA

Criteria used to identify the above countries include the following:

- ✓ The magnitude of the epidemic
- ✓ Country receptivity to assistance from US government
- ✓ Country political commitment to fighting the AIDS epidemic
- ✓ Potential for interventions and unique opportunities
- ✓ Potential for impact
- ✓ Potential for leveraging of other local and donor support
- ✓ Existing U.S. Government implementation mechanisms

LIFE Initiative
THE DoD RESPONSE

In Africa, HIV rates in military and uniformed populations often exceed the rates in the civilian populations. Experience with HIV prevention in the U.S. military provides a model for effective intervention in African military populations. It has been demonstrated that assessment of knowledge, attitudes, and behaviors, coupled with epidemiological measurements, can be done while maintaining confidentiality and with a high level of voluntary participation. Assessment of the components of HIV risk in African military populations will develop the regional profile to design and guide prevention activities.

On July 19, 1999, the Administration announced a new Administration initiative to address the global AIDS pandemic. A central feature of the *LIFE* initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total $10 million will be programmed through the U.S. Department of Defense.

The *LIFE* Initiative focuses on 15 target countries (14 in sub-Saharan Africa and India). Countries will be prioritized by severity of impact, the number of new infections, the potential for greatest impact, and existing USG programs on which to build. Under the *LIFE* Initiative, DoD will emphasize prevention activities for African military and uniformed services.

Primary Prevention

- **Regional Specific Military-based Education:** Based on findings of the regional diversity of AIDS in Africa and through work with UNAIDS, regional scientists, and African militaries, DoD will direct military-based education in 13 of the 15 target countries in four specific African regions: East, South, West, and West-Central, respectively. The approach will proceed by stages:

  - assessment of HIV prevalence and risk behaviors
  - development of a regional prevention plan
  - implementation through training and development of infrastructure
  - evaluation of the effect of prevention
  - refinement and incorporation into the military culture for enduring impact

  DoD will build on the unique DoD tri-service military education programs developed to prevent alcohol abuse and STDs, as well as the region-specific HIV prevention work by NGOs and USAID. Programs will be coordinated with similar USAID and DHHS activities to the fullest extent practical.

  This project is expected to contribute to long-term and sustained HIV prevention in Africa.

- **Enhanced military education of African UN Peace Keeper forces.** African military personnel deployed far from their home base for long periods in conjunction with UN peacekeeping activities may experience a different HIV risk profile than soldiers remaining at home. The UN Peacekeeper Project has a pilot HIV prevention program underway in South African Army field units which involves five specific curriculum modules: Defining HIV and its impact in the military, HIV prevention, substance Abuse, HIV, STDs; risk assessment and prevention strategies; and course summary. DoD intends to incorporate this existing curriculum into its operations, and build a sustainable program that will contribute to long term prevention activities.

LIFE Initiative
THE USAID RESPONSE

The Agency for International Development's (USAID) response to the HIV/AIDS pandemic began in 1986, with the Agency contributing over $1.2 billion to the effort during these last 13 years. Of this total, USAID has programmed over $650 million in sub-Saharan Africa. Since the early 1990's, USAID has been the leading donor to both UNAIDS and to the HIV/AIDS prevention and control effort in the developing world. Since 1993 the USAID budget has remained at approximately $120 million per year. During this time the number of annual HIV infections has risen 300% to 6 million per year, globally.

On July 19, 1999, the Administration announced a new initiative to address the global AIDS pandemic. A central feature of the *LIFE* initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total, $55 million will be programmed through USAID, doubling the resources available through USAID programs in sub-Saharan Africa.

Under the *LIFE* Initiative, USAID will emphasize the following four program elements. Based on the mix of existing activities, not all elements will be provided in all target countries.

- **Primary Prevention** ($25 million) in 13 of the 15 target countries to reverse the trend of rising HIV infection rates through voluntary counseling and testing, prevention of mother-to-child transmission, social marketing, behavior change programs, STD treatment, and blood safety programs.

- **Community and Home Based Care and Treatment** ($14 million) in 7 of the 15 target countries to provide a continuum from community-based to in-patient treatment, with related support services utilizing community workers.

- **Caring for Children Affected by AIDS** ($10 million) in 12 of the 15 target countries to assist children affected by AIDS and their families. Nutritional support through Title II, Food for Peace, programs will strengthen the capacity of families caring for children orphaned by AIDS.

- **Capacity and Infrastructure Development** ($6 million) in 10 of the 15 target countries to increase capacity to respond to the epidemic, focusing on government, private sector, NGOs, and research institution capabilities. Particular focus will be given to expanding the capacity for the delivery of care and services and for the use of surveillance data to target prevention and care.

Building on established relationships between its Missions and host country partners, USAID will take the lead responsibility to facilitate an unprecedented coordinated international US response at the country level (including DHHS and DoD). In addition, USAID will provide support to the Coordinating Task Force, which will be organized under the auspices of the White House Office of National AIDS Policy (ONAP).

Over the next three years, USAID and its partners in the *LIFE* Initiative, will:

- 10% decrease in HIV incidence in 15-24 year olds
- 10% decrease in perinatal infections
- 10% decrease in reported STD prevalence by men/women
- 50% of households caring for children affected by AIDS will receive assistance from an institution or group outside the family
- 50% of district/provincial governments will be able to implement care and support activities
- Surveillance systems will be established in all partner countries.

LIFE Initiative
THE DHHS RESPONSE

Since the beginning of the HIV epidemic, the U.S. Department of Health and Human Services (DHHS) has collaborated with countries in Africa and Asia to increase our understanding of HIV and to evaluate interventions that can be effective. Agencies such as the Centers for Disease Control and Prevention (CDC) and the National Institutes for Health (NIH) have been leaders in documenting the nature and spread of the epidemic. The Health Resources and Services Administration (HRSA) has considerable expertise in establishing community-based HIV treatment and support systems and in training and technical assistance to health professionals and paraprofessionals. Other DHHS agencies and offices, including the Administration on Children and Families (ACF), have unique expertise in a number of specific HIV interventions that might be tailored to fill some of the international HIV and orphan related needs.

DHHS has international field station structures and sites in a number of African and Asian countries. These CDC and NIH sites provide opportunities for assistance to countries, as well as for prevention research. CDC field stations are in Cote d'Ivoire, Botswana, Kenya, Thailand and Vietnam with additional presence in Uganda, South Africa, and Malawi. NIH funded HIV-NET sites are present in Uganda, South Africa, Malawi, Zambia, and Zimbabwe. CDC and NIH have relationships in most of the African countries. The United States and developing countries can mutually benefit from lessons learned in applying efforts to contain the massive HIV epidemic in Africa and Asia.

On July 19, 1999, the Administration announced a new initiative to address the global AIDS pandemic. A central feature of the *LIFE* Initiative is a $100 million increase in US support to prevent the further spread of HIV and to care for those affected by this devastating disease. Of this total, $35 million will be programmed through DHHS.

Under the *LIFE* Initiative, DHHS will emphasize the following three of the four LIFE program elements (these activities enhance and complement current DHHS international activities):

- **Primary Prevention** ($13M) will be supported by providing technical assistance and training on voluntary counseling and testing, reducing mother-to-child HIV transmission, STD management, social marketing, behavior change, and blood safety systems.

- **Capacity and Infrastructure Development** ($13M) will be strengthened by enhancing surveillance systems and by developing new initiatives to use their data to inform prevention and treatment processes and measure their impact.

- **Community and Home-Based Care and Treatment** ($9M) will be supported through technical assistance and training. In addition, guidelines will be jointly developed for the treatment of sexually transmitted diseases (STD), tuberculosis and other HIV-related opportunistic infections, as well as for palliative and other supportive services.

Over the next three years, DHHS and its partners in the *LIFE* Initiative, will:

- 10% decrease in HIV incidence in 15-24 year olds
- 10% decrease in perinatal infections
- 10% decrease in reported STD prevalence by men/women
- 50% of households caring for children affected by AIDS will receive assistance from an institution or group outside the family
- 50% of district/provincial governments will be able to implement care and support activities
- Surveillance systems will be established in all partner countries.

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

Proposed Joint Operating Plan of the U.S. Agency for International Development, the U.S. Department of Health and Human Services, and the U.S. Department of Defense

November 23, 1999

Table of Contents

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

Proposed Joint USAID-USDHHS-USDOD Operating Plan

I. Introduction

On July 19, 1999, the Administration announced a new Initiative to address the global AIDS pandemic. This Initiative is supported by an amendment to the Fiscal Year 2000 budget proposal signed by the President and submitted to Congress for its consideration. A central feature of this *LIFE* Initiative is a $100 million increase in US support for sub-Saharan African countries and India, which are working to prevent the further spread of HIV and to care for those affected by this devastating disease. This additional funding is a critical step by the United States Government in recognizing the impact that AIDS continues to have on individuals, families, communities and nations responding to the imperative to do more. It is our hope that other nations and institutions will match this action.

This plan contains a framework of interventions, grounded in a series of goals and objectives consistent with those established for the international community in collaboration with the Joint United Nations Programme on AIDS (UNAIDS). Specific activities and outcomes will be delineated through dialogue with those African nations that partner with the United States, as well as with the multinational and community-based non-governmental organizations that support the front line fight against AIDS.

LIFE INITIATIVE'S GUIDING PRINCIPLES

US agencies will apply the following principles to the design and implementation of *LIFE*:

- ✓ Country ownership of the activities is essential.
- ✓ Initiative funding must complement existing programs and activities conducted abroad, as well as work within the context of national HIV/AIDS strategic plans.
- ✓ Leverage of and coordination with other donors and organizations (including working with the International Partnership against AIDS in Africa) is critical.
- ✓ The number of collaborating USG agencies and other partners in the fight against AIDS must be increased.
- ✓ Support for indigenous expertise and institutions in implementing program elements must be emphasized.
- ✓ Information sharing must be two-way so as to enhance opportunities to learn about new models that will assist US-based HIV programs as well as to share US experiences abroad.

The Initiative builds on the existing investment by the US in HIV/AIDS programs in Africa and India and involves an unprecedented collaboration between the United States Agency for International Development (USAID), the Department of Health and Human Services (HHS), and the Department of Defense (DoD). USAID will have lead responsibility in the facilitation of coordinated action. The Initiative is a significant turning point in the United States Government fight against AIDS and will contribute over the next 3 to 5 years to broad global targets that seek to reduce the transmission of HIV by 25% and provide basic care and support services to at least 30% of infected persons.

The Initiative focuses on sub-Saharan Africa and India, which will be complemented by regional activities in western and southern Africa. The countries targeted represent those with the most severe epidemic, the highest number of new infections, where the potential for impact is greatest, and where USG agencies are already active.

The Initiative will contribute to the achievement of the goal's articulated by UNAIDS and to the partnerships necessary to that achievement. Yet curtailing this epidemic will require a significantly enhanced response by the global community and cannot be viewed as just the responsibility of the US government. Therefore, US partners involved in the *LIFE* Initiative will collaborate with UNAIDS and other international and local agencies both to leverage additional resources from host countries, multilateral institutions, and the private sector and to maximize coordination.

Specific planning for activities and results under the LIFE initiative must be responsive to individual country needs, existing efforts underway, and opportunities for intervention. As a result, the actual scope of interventions will vary across countries and cannot be determined in advance.

WORLDWIDE HIV/AIDS GOALS

UNAIDS, in cooperation with its bilateral and multi-lateral partners, has laid out a series of international goals for the next five years as described below. These goals represent the result of the total worldwide contribution of resources and effort. The Administration seeks to further these goals through the *LIFE* Initiative efforts.

- ✓ The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)
- ✓ At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)
- ✓ Orphans will have access to education and food on an equal basis with their non-orphaned peers.
- ✓ By 2002, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)
- ✓ By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

A. Geographic Focus

The initiative focuses on 15 target countries (14 in sub-Saharan Africa and India) as well as on regional activities in western and southern Africa. In each of these countries, there will be collaborative support from more than one federal agency. Countries were selected based on the magnitude of the epidemic, history of political commitment to fighting the epidemic, anticipated receptivity to US assistance, and presence of existing US implementation mechanisms. Additional criteria are presented below. DoD participation will be dependent on their availability of resources.

II. Program Elements

The initiative addresses four key program elements critical to fighting the AIDS pandemic: primary prevention, improving community and home based care and treatment, caring for children affected by AIDS, capacity and infrastructure development, and. Each of these elements must be coordinated and integrated within an overall comprehensive response. To facilitate this coordination, USAID missions will have the lead responsibility for facilitating inter-agency communication, ensuring adequate dialogue with host nation agencies and organizations, and establishing a joint country-specific implementation plan.

The design of the initiative will foster the expansion of current activities and provide support for evaluating and integrating more recently developed interventions (e.g. methods to reduce mother-to-child HIV transmission) that have not yet been incorporated into comprehensive programs. Although the Initiative will not support all elements in every country, its funding must be coordinated and integrated within an overall comprehensive response. Country programs will be tailored to their needs and existing efforts underway.

Program Element	Investment
A. Primary Prevention	
1) Program Delivery and Other Activities	USAID: $25M
2) Technical Assistance and Training	HHS:$13M
3) Prevention activities for African military and uniformed services	DoD:$10M
	Subtotal: $48M
B. Improving Community and Home Based Care and Treatment	
1) Program Delivery	USAID: $14M
2) Technical Assistance and Training	HHS: $9M
	Subtotal: $23M
C. Caring for Children Affected by AIDS	USAID: $10M
D. Capacity & Infrastructure Development	
1) Increasing political commitment and strengthening AIDS programs	USAID: $6M
2) Surveillance	HHS: $13M
	Subtotal:$19M

A. *Primary Prevention*

The Global AIDS initiative focuses primarily on prevention ($48 million of $100 million) to slow—and hopefully reverse—the trend of rising HIV infection rates in developing countries. The goal of primary prevention is to reduce the incidence of new HIV infections. Ninety percent of new infections in the developing world derive from either sexual transmission (80%) or mother to child transmission (10%), and another 5% from contaminated blood transfusions and infected needles.

Therefore, the primary prevention component of this initiative seeks to reduce these means of transmission through the following activities (differentiation is made between civilian and military prevention efforts, reflecting the mutually supportive yet distinct role of the Department of Defense within this initiative):

Primary Prevention - Civilian

The program element of primary prevention has been broken down into four distinct, mutually supportive activities.

Performance Measures for Primary Prevention

Within three years, monitoring systems will measure the combination of enhanced existing programs and the additional "new" activities that are supported through the initiative. The following performance measures and targets are expected:

- ✓ decrease in reported non-regular sex partners over the first year
- ✓ increase in reported barrier method use with non-regular/regular sex partners
- ✓ decrease in reported STD prevalence for men/women
- ✓ decrease in HIV incidence rate in 15-24 year olds
- ✓ decrease in perinatal infections

1) Voluntary Counseling and Testing

The purpose of voluntary counseling and testing is to identify persons already infected with HIV. In addition, the counseling sessions (both before and after the actual HIV test) offer an important opportunity for one-on-one prevention education.

Therefore, this initiative will allow USAID and HHS to assist to develop and implement locally appropriate voluntary counseling and HIV testing services (see Annex B for a potential list of countries that could make use of this assistance). DHHS will support this work by providing critical technical assistance to ensure the quality and accuracy of HIV testing, identifying methods to target high risk groups with VCT services, and assisting USAID with developing linkages between VCT and health and social services.

2) Social Marketing

The utilization of barrier methods (primarily male and female condoms) has proven to be an essential element of HIV and STD prevention. Providing accurate information on the importance of barrier method protection and reducing societal resistance to its use is an essential prevention activity.

Therefore, this initiative will allow USAID to increase their social marketing efforts to improve access to barrier methods (see Annex B for a potential list of countries that could make use of this assistance).

3) Behavior Change

In addition to broad community messages used to support the social marketing of barrier protection, more individualized interventions are needed to effect actual changes in behavior. Social marketing creates a more receptive attitude to the behavior change interventions, which build on that receptivity and promote individual acceptance and use of barrier protection. In addition, efforts to reduce the stigma of HIV will be employed (using faith communities and other organizations of influence) in order to reduce resistance to getting tested, informing partners and family if infected, and seeking help in obtaining HIV-related care services.

Therefore, this initiative will allow USAID, HHS and DOD to establish new or enhanced behavior change activities countries and one regional area (see Annex B for a potential list of countries that could make use of this assistance). The goal of each will be to expand behavior change interventions, with specific targeting of youth and adult males.

4) Mother-to-Child HIV transmission

At least ten percent of new HIV infections are a result of transmission of HIV from mother to child either during pregnancy or birth, or subsequently through breastfeeding. New treatments offer tremendous promise in greatly reducing the likelihood of mother-to-child transmission. However, significant barriers to their utilization remain, including low percentages of HIV-positive mothers who get tested before birth, lack of training of health care providers in the use of the treatments, and cultural acceptance of preventative medicine.

Therefore, this initiative will support USAID and HHS to assist in implementing programs to design and implement successful interventions to prevent mother-to-child transmission of HIV. At these sites, USAID will provide support for screening of pregnant women, and training of maternal health providers. DHHS will also support this activity by identifying barriers that exist for accessing these services and by monitoring the outcomes of these interventions on both infants and mothers. (see Annex B for a potential list of countries that could make use of this assistance).

5) STD Management

The successful prevention and treatment of sexually transmitted diseases (STDs) are important strategies for reducing the incidence of HIV infections. Because STDs result from many of the same behaviors that lead to HIV infection, efforts to prevent STDs are critical to stopping HIV infections as well. In addition, untreated STDs significantly increase the likelihood of infection by HIV upon exposure; therefore, identifying those with STDs and getting them into treatment is also effective in reducing HIV infection rates.

Therefore, this initiative will support USAID and CDC to implement new or expand existing STD prevention, diagnostic and treatment services (see Annex B for a potential list of countries that could make use of this assistance).

6) Blood Safety

HIV infection through the use of contaminated blood or blood products is a significant problem in many poorer countries. However, implementation of modest screening, testing, training, and quality control programs can dramatically reduce this risk.

Therefore, this initiative will support implementation of programs to improve blood collection from volunteer donors, increase the quality of HIV testing of blood and ensure more appropriate use of blood transfusions.

Primary Prevention - Military

With the availability of resources, the U.S. Department of Defense will support primary prevention activities targeted at military and uniformed services in a number of countries. The sub-Saharan region has been marred by decades of political strife that has resulted in numerous armed conflicts. Many nations in the region maintain large military forces, and frequently deploy them outside their own borders. Military personnel often become unwitting vectors of HIV from one part of Africa to another. Therefore, efforts to increase awareness of individual HIV status and implementation of effective HIV prevention and education programs among military personnel are essential.

The program element of primary prevention for military personnel has been broken down into three specific areas: assessment, education of indigenous military personnel, and education of UN peacekeeping forces stationed in the region.

1) Assessment

Experience with AIDS prevention in the U.S. military provides a model for effective intervention in African military populations. It has been demonstrated that assessment of knowledge, attitudes, and behaviors, coupled with serial prevalence or incidence measurements, can be done while maintaining confidentiality and with a high level of voluntary participation. The U.S. military population is exposed to multiple HIV subtypes while on deployment, in response rapid diagnosis of HIV subtypes have already been developed. There are a number of factors contributing to HIV risk. These include travel away from home base, alcohol use, and economic means to use commercial sex workers. Assessment of these components of HIV risk in African military populations will develop the regional profile to design and guide prevention activities.

2) Regional specific military-based education.

Based on findings of the assessments described above and through work with UNAIDS, regional scientists, and African militaries, military-based education will be directed to four specific African regions: East, South, West, and West-Central, respectively. The approach will proceed by stages:

- ✓ assessment of HIV prevalence and risk behaviors
- ✓ development of a regional prevention plan
- ✓ implementation through training and development of infrastructure
- ✓ evaluation of the effect of prevention
- ✓ refinement and incorporation into the military culture for enduring impact

DoD will tailor its unique tri-service military education programs developed to prevent alcohol abuse and STDs, as well as the region-specific HIV prevention work by NGOs and USAID, to African contexts. Anonymous serosurveys with risk behavior data collection will begin as soon as feasible. In addition, locally developed or adapted interventions identified by USAID or DHHS may also be utilized.

The initial round of serosurveys and risk behavior assessment will take a minimum of six months. Assessment of HIV-1 subtypes in African military populations, with opportunity for follow-up, will permit an evaluation of these factors in many different settings, ranging from a virtually single-subtype epidemic in Southern Africa to a highly complex mixture of subtypes and recombinants in West Central Africa. A "train the trainer" approach that has been very successful within the U.S. Air Force will be used. This training can occur simultaneously within the different regions and will be completed within three months. All of these programs will be coordinated with similar USAID activities (for example, education concerning condoms, counseling, and testing of general populations).

3) Enhanced military education of African UN Peace-Keeper forces

African military personnel deployed far from their home base for long periods in conjunction with UN peacekeeping activities may experience a different HIV risk profile than soldiers remaining at home. In conjunction with the ongoing UN peace-keeping project to combat HIV/AIDS, COL Peter Leenijes coordinated with the Ford Foundation, the Civil Military Alliance, and the U.S. Military HIV Research Program to develop a special intervention program targeted to the African military UN peace-keepers. The program was patterned on one currently being piloted through the South African Army field units. The current project involves five specific curriculum modules:

- ✓ Defining HIV and its impact in the military
- ✓ HIV Prevention
- ✓ Substance Abuse, HIV, STDs
- ✓ Risk Assessment and Prevention Strategies
- ✓ Course Summary

B. Improving Community and Home Based Care and Treatment

Performance Measures for Community and Home Based Care and Treatment

The following performance measures and targets are expected within three years,:

- ✓ Increase in the percentage of local governments implementing care and support activities
- ✓ Increase in the number of primary health facilities providing quality prevention and treatment (i.e. according to national guidelines) for opportunistic infections
- ✓ Increase in the number of households caring for persons living with HIV/AIDS that receive help in delivering that care from an institution or group outside the family
- ✓ Increase in the percentage of dually infected (TB-HIV) persons who complete standard TB therapy within 12 months.

Currently in Sub-Saharan Africa and India, care and treatment for HIV infected persons and support to their families is minimal. Less than 5% of persons know their HIV status and health care

providers do not have ready access to diagnose and treat HIV and the associated opportunistic infections, let alone use of the latest "state of the art" antiviral treatment regimens. Ideally, there should be a continuum between in-patient and community outpatient treatment, combined with psychosocial support services utilizing a wide range of community workers, including traditional healers.

Even in the absence of antiretroviral drugs, there is much that can be done to improve the quality and duration of *LIFE* for persons living with HIV/AIDS and their families within the developing country setting. For instance, while the leading killer of AIDS patients in the developing world is TB, through use of directly observed therapy regimens (DOTS), TB can be cured in HIV infected persons, increasing the both the quality and duration of a person's *LIFE*.

1. Care and Treatment

The Initiative seeks to provide medical and social services to HIV infected individuals, including preventive therapy, and early diagnosis and effective treatment of AIDS-related diseases. Countries will be assisted to implement locally appropriate programs to link people living with HIV or AIDS to prevention, care and support services. These individuals will be identified through enhanced voluntary counseling and testing services (described above), to which they will be closely linked.

Pilot sites would be established to assess methods to improve TB and respiratory disease care in HIV infected persons and to evaluate the applicability of U.S.-based early intervention care and treatment models in a developing world setting (see Annex B for a potential list of countries that could make use of this assistance).

2. Home and Community Based Care and Support

Through this initiative, countries will receive assistance in instituting home and community based care model programs. In addition, indicators for accurately measuring the impact of care services will be developed. USAID will provide support for health provider training, establishing home and community care models, and increasing the involvement of traditional healers. DHHS will focus on developing treatment guidelines, creating training and curriculum materials, increasing the use of DOTS, and linking psychosocial support services with improved biomedical interventions (see Annex B for a potential list of countries that could make use of this assistance).

C. Caring for Children Affected by AIDS

Performance Measures for Caring for Children Affected by AIDS

Within three years, expected performance measures and targets include:

- ✓ Percent of households in high HIV prevalence communities with increased access to food.
- ✓ Percent of households in high prevalence communities receiving assistance from community based organizations.

Over eight million children under the age of 15 have lost their mother or both parents as a result of HIV/AIDS. By the year 2000, there will be close to 32 million children who will have lost one or both parents in the 19 of the African countries where HIV/AIDS is found in epidemic proportions. By the end of the next decade, this number will increase to 40 million. Despite the magnitude of this crisis,

services in developing countries for children orphaned by AIDS are extremely limited or non-existent.

Therefore, this initiative will support USAID to help countries take primary responsibility for activities to assist children affected by AIDS and for their families, primarily through the use of Title II, Food for Peace programs. In addition, child survival funds not part of this initiative will be used to enhance the scope of interventions directed at orphaned children in target countries.

Prior to this Initiative, USAID has supported a limited number of activities focusing on children affected by HIV/AIDS. With supplemental funds appropriated by Congress for FY1999, interventions are being developed and implemented in nine countries in Africa, three countries in Asia, and in Haiti. In addition, since 1991, USAID's Displaced Children and Orphans Fund (DCOF) has supported AIDS orphans activities in Africa and is currently supporting community-based programs in Zambia and Malawi. Through the use of Title II resources, USAID is currently supporting mother and child health programs, "food-for-work" interventions, and general relief programs.

The enormity of the problem makes it imperative that interventions are both effective and can be scaled-up to provide services to as many people as possible. A community-based approach will continue to be the focus of USAID activities. It is families and communities who are the front line of the response to the impact of HIV/AIDS. All over Africa extended families are still absorbing most orphans. However, in many places their capacity to do so is weakened by extreme poverty, lack of access to services and the growing number of children in need. The most effective response is to strengthen the capacities of families and communities in the geographic areas where HIV/AIDS has made them especially vulnerable (see Annex B for a potential list of countries that could make use of this assistance).

The needs of children affected by AIDS, similar to those of other children living in extreme poverty, include the need for food, clothing, shelter, schooling and health care. Childhood malnutrition is potentially one of the most severe and lasting consequences of an adult death in the household. Extended families caring for orphans – whether their family members are infected or not – struggle to provide enough nourishment to the increasing number of children for whom they have become responsible. Seeking to mitigate the impact of the AIDS epidemic on childhood nutrition is an important area of vulnerability that must be addressed in a manner that is effective and provides the most benefit to families and to communities. In addition, the impact of using Title II resources will be evaluated and the needs of very young children will be assessed.

D. *Capacity and Infrastructure Development*

Performance Measures for Capacity and Infrastructure Development

The following performance measures and targets are expected within three years;

- ✓ increased number of HIV/AIDS/STD/TB information and service delivery points which meet minimum quality standards
- ✓ surveillance plans and survey designs in all focus countries
- ✓ lab capacity for surveillance strengthened
- ✓ training of surveillance managers and key staff in country in at least 8 of the 12 countries
- ✓ increased national AIDS control program capacity to plan, manage and evaluate national AIDS programs,

Within the focus countries, it is critical that political commitment is increased and host country capacity to implement effective interventions is strengthened, focusing on government, private sector, NGOs and research institution capabilities. Key activities are to increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions, to measure the impact of these interventions, and to support new capabilities for the delivery of care and services.

1. Increasing Political Commitment

USAID will take the lead in countries and the regional program to implement activities to increase national political commitment towards HIV/AIDS efforts. There will be extensive use of surveillance data in this dialogue, derived from DHHS supported efforts.

2. Surveillance

In all countries and regional programs, DHHS will provide technical assistance and support to improve surveillance programs for HIV, TB and STDs. In addition, new surveillance tools will also be tested and adapted for local application. USAID will also provide funding for activities that will ensure close collaboration with key international partners, such as UNAIDS, WHO and other multilateral and bilateral donors.

3. AIDS Program Strengthening

The initiative will support expanded training and support for local NGOs and of government personnel for HIV/AIDS program and service delivery.

III. Managing and Monitoring the *LIFE* Initiative

To establish an active link between the initiative's partners (US Agencies, UNAIDS, World Bank, EU, donors, etc.), a joint management and monitoring *LIFE* Initiative Task Force will be established. This Task Force will be composed of designated focus point persons from each of the relevant Federal agencies. The Task Force will be convened under the auspices of ONAP, with secretariat support provided by USAID. Additional members will be included as necessary (e.g. UNAIDS representative). The Task Force will meet on a monthly basis over the next year, because of the wide range of issues that must be resolved in a timely way. After one year, meeting schedules can be reviewed.

It is essential that the activities funded through the *LIFE* initiative build on existing resources and programs in order to achieve the maximal coverage and impact. It should be recognized that it is difficult to measure performance, which is attributable to discrete funding sources. Instead, monitoring systems will measure the impact of consolidated programs that have been established in each country.

IV. Next Steps

A. Country Level

The ultimate success of this initiative will depend on the scale, scope and quality of services delivered in target countries, particularly at the community level. To achieve this, there must be extensive dialogue and collaboration at country level with government, private sector, non-governmental organizations, the faith community and community groups, especially including persons living with HIV/AIDS and their care-givers. Some of the focus countries already have established coordination mechanisms, which will be utilized wherever possible.

However, joint country planning teams will also be formed over the next three to six months, in order to work with USAID Missions, HHS and other USG agencies, Host Country Governments, etc, to finalize one to two year work plans, which will include more discrete performance measures. It is also necessary to further examine what other bilateral and multilateral donor are planning and to collaborate with local government, non-governmental organizations, persons living with HIV/AIDS, etc. to ensure that the program responds to priorities and existing gaps.

B Global/Regional Level

At global and regional level, multiple partners must be engaged in a collaborative effort to leverage new resources, identify areas for cooperative efforts and areas for complementary programs, and achieve consensus on measurements of performance. A series of "Partnership" meetings will occur over the next three to six months to assure the success of this initiative. Examples of these "Partnership Meetings" are presented below.

Examples of Partnership Mtgs.	Purpose
Washington-based African Diplomatic Corps	To initiate dialogue for individual countries, which would lead to, improved collaborative efforts and mobilization of increased host country resources and commitment.
U.S. AIDS Advocacy Groups	To increase awareness and garner support for the focus and activities of the Initiative.

U.S.-based Faith Groups	To identify U.S. and international faith networks that will ultimately create networks and support for prevention, counseling, psychosocial support and care interventions in sub-Saharan Africa.
U.S. NGOs and CBOs	To provide support and collaborate with other African NGOs
U.S. and International Communities of Persons Living with HIV/AIDS (NAPWA, GNP +, etc)	To ensure that PLWHA needs and priorities are met and to establish processes so that host country PLWHA input is utilized optimally.
U.S. Teaching/Academic Institutions	To identify technical resources within the United States in order to expand the technical assistance resource platform which will be initiated in sub-Saharan Africa.
UNAIDS (including its seven co-sponsors)	To link with the UNAIDS International Partnership for Africa.
Bilateral Donors	To identify gaps and areas for complementary programming in individual countries
Mulitlateral Donors (EU, World Bank)	To integrate country plans with overall prevention and care activities.
U.S. Diplomatic Corps	To coordinate with U.S. diplomatic AIDS initiatives

C. Milestones

1. Country notification and communication – November - January
   - In December, USAID is sending a formal cable to the USAID missions and embassies, as well as to HHS, informing them about the final status of the LIFE initiative, country list, and next steps. HHS will communicate with its field sites and with embassies regarding establishing NSDD-38 agreements. [Responsibility: USAID; HHS].
   - In the next month, ONAP will convene a meeting of all African ambassadors to the US to discuss USAID and other programs, with discussion of LIFE [Responsibility: ONAP]
   - In the next two months, USAID will commence communication with the country governments and respective stakeholders: government, multilateral and bilateral donors, NGOs, communities affected, etc to set the stage for the planning process for the LIFE initiative efforts.[Responsibility: USAID]

2. Joint planning assessments – November – March
   - In the next month, USAID with input from HHS and ONAP, will issue guidance to the field on the planning parameters for the LIFE initiative activities. [USAID, with HHS and ONAP] As part of this, the joint teams (USG, country) will review previously established country profiles (US and donor response information). In close negotiations with countries, USAID, HHS will determine gaps and response needs to be enhanced. [Responsibility: USAID, with HHS]
   - Within 6 months, all 13 countries and regional programs will have conducted a participatory needs assessment, identified current responses and gaps, and develop workplans. [Responsibility: USAID and HHS field staff will have primary responsibility, with USAID lead coordinating role. Additional backup TA from Washington/Atlanta will be available.]

3. Strategies for implementation – Developed November onwards
   - In the next 12 months, activities begin in all 13 countries, with phasing in of some countries for some activities. [Responsibility: All partners]

4. Funding and Mechanisms
   - ➢ USAID to accelerate its OYB process (e.g. allocations to missions) to allow access to funding by missions.
   - ➢ HHS will develop NSDD-38 agreements with appropriate embassies.
   - ➢ In the next two to six months, various mechanisms for implementation will be identified and used. These will vary by country. They include:
   - -- USAID contractors: bilateral and field support
   - -- USAID/HHS grants to multilateral institutions: WHO, WHO/AFRO, UNAIDS, UNICEF; possibility of others
   - -- USAID/HHS relationships with African institutions
   - -- HHS/USAID relationships with embassies
   - -- Use of USAID contractors by HHS (interagency agreement)
   - -- Possibility of detailing HHS personnel to USAID (to go the field)
   - -- HHS Cooperative agreements with US based organizations
   - -- Other

5. Workshops and partnership meetings on parallel track – November onwards
   - ➢ In the next 6-12 months, USAID will organize workshops to discuss technical issues (e.g., VCT, MTCT, care and support). These will include a broad mix of African, donor, and US specific participation. [Responsibility: USAID; HHS]
     - ➢ November 23: USAID convened a working group of HHS agencies (CDC and HRSA), NORA organizations and USAID to discuss care and support issues.
     - ➢ December 6-7, 1999: Private meeting of the UN Secretary General to discuss with key partners (donors, governments, NGOs, private sector) the International Partnership against AIDS in Africa).
     - ➢ December 5-8: Paris AIDS conference to focus on AIDS care and support issues.
     - ➢ January 2000: WHO/AFRO is convening a meeting of all international and national interested parties to discuss HIV/AIDS surveillance programs and issues.
     - ➢ February 2000: Meeting of the International Partnership Against AIDS in Africa.
     - ➢ July 2000: International AIDS conference in Durban.
   - ➢ In the next 6 months, USAID will organize a series of key stakeholder meetings to discuss the initiative (US based) [Responsibility: USAID]
   - ➢ In one year's time (approximately), USAID, with HHS and ONAP, will convene a meeting of all of the partners to assess progress of implementation and to discuss ways to improve. [Responsibility: USAID and HHS]

6. Coordination at the USG level: Ongoing
   - ➢ In the next month, ONAP will hold its first meeting of the working group of higher level agency representatives to discuss progress and issues. This group will meet periodically to ensure that the initiative is on track. [Responsibility: ONAP]
   - ➢ Throughout the next year, a coordination working group with USG agencies at the working level will meet (USAID-CDC have been meeting informally; need to meet soon with expanded group of other agencies.). [Responsibility: USAID to convene]
   - ➢ Over the next six months, four technical working groups around the four categories of the LIFE initiative will be convened to help inform ourselves about the set of issues and possible interventions. Actual planning to be conducted at the field level. These groups will be time limited. [Responsibility: USAID and HHS]

7. Indicators/milestones: Ongoing
   - Broad indicators and targets are already identified.
   - Based on the joint planning teams and process, each country will develop its own set of monitoring and evaluation indicators, baselines, and targets.

ANNEX A: CURRENT USG HIV/AIDS ASSISTANCE IN TARGET COUNTRIES AND REGIONS.

OUNTRY	Primary Prevention							Caring for Children Affected by AIDS*		Home and Community Based Care and Treatment*			Infrastructure and Capacity Development*				
	VCT	SM/ Procurement	BC/ SR	MTCT	Blood Suppl /nosocomial/ OE	STD	Tool Dev.	Support to Affected Children	Comm .Mobilization	OI/TB/ STD	Drug Supply	Home/ Comm.- Based Care	Policy/ advocacy	NGO support	Training and TA	Surveill.	Multi-sectoral
otswana							H			H	H				H	H	U
ote d'Ivoire		U	U				H	U	U	H				U	U,H	H	
thiopia	U	U	U			U	H			U	U	U	U	U	U,H	U	U
enya	U	U	U,H	U,H	U,H	U	H	U	U	U		U	U	U	U,H	U,H	U
alawi	U,H	U	U			U	H	U	U			U	U	U	U,H	U,H	U
ozambique	U	U	U			U								U	U	U	
igeria		U	U					U	U	U		U	U	U	U	U	U
wanda		U	U			U		U	U	U				U	U,H	U,H	
enegal			U				H	U	U				U	U	U,H	U	U
outh Africa	U	U	H	U		U,H	H	U	U	U,H			U	U	U,H	H	U,H
anzania	U	U	U		U,H	U	H					U	U,H	U	U,H	H	
ganda	U,H	U	U	U,H		U	H	U	U	U,H	H	U,H	U	U	H	H	
ambia	U,H	U	U			U	H	U	U	U	U	U	U,H	U	U,H	U,H	
imbabwe	U,H	U	U				H	U	U				U,H	U	U,H	H	U
ndia	U	U	U			U	H	U	U	H		U	U	U,H	U,H	U,H	U
EGIONAL																	
AFR/ AFR/EAFR	(U)	U	(U)					U					U	U	U	(U)(H)	
EAD- UARTERS																	
ID/W			U	U				U		U	U	U			U		U

Notes: * = Indicates additional HHS agency involvement (e.g. HRSA, ACF, etc) that may not be reflected on the table
( ) = indicates additional linkage between USAID regional program and Botswana and Cote D'Ivoire HHS activities
VCT = voluntary counseling and testing; SM = social marketing; BC = behavior change; SR = stigma reduction; MTCT = mother-to-child transmission; STD= sexually transmitted disease; OI = opportunistic infections; TB= tuberculosis; NS = nosocomial infection control; OE = occupational exposure reduction
U = USAID H = HHS

ANNEX B: ACTIVITIES SUPPORTED BY THE *LIFE* INITIATIVE IN TARGET AFRICAN AND ASIAN COUNTRIES

COUNTRY	Primary Prevention						Caring for Children Affected by AIDS**		Home and Community Based Care and Treatment**			Infrastructure and Capacity Development**				
	VCT	SM/ Procurement	BC/ SR	MTCT	Blood Supp/ nosocomial / OE	STD	Support to Affected Children **	Comm. Mobilization**	OI/TB/ STD	Drug Supply	Home/ Comm.-Based Care**	Policy/ advocacy **	NGO support **	Training and TA**	Surveill. ***	Multi-sectoral
Botswana	H		H, D1	H		H			H		H				H	
Cote d'Ivoire	H		H	H	H(NS	H			H		H				H	
Ethiopia	U,H	U	U, D2			U	U*		U	U					U,H	
Kenya	U,H		U,H,D1	U,H	U,H	H	U*		U,H		H				U,H	U
Malawi	U,H		U, D2				U*	U			U		U	U	U,H	U
Mozambique	U		U			U	U*		U				U	U	U,H	U
Nigeria	U	U	D1	U		U			U		U	U			H,U	
Rwanda	U		U	U		U	U*				U		U	U	U,H	
Senegal			U, D1			U					U	U	U	U	U	U
South Africa	U,H		H,D1	U,H	H(NS	U,H			U,H		H		U	U	H	U
Tanzania	U	U	U		H						U	U,H	U	U	U,H	
Uganda	U,H		U,H,D2	U,H		U,H	U*		H		U,H				H	
Zambia	U,H		U	U		U	U*	U				U,H	U		H	
Zimbabwe	U,H	U	U, D2									U,H	U	U	H	U
India		U	U			U	U*	U	H		U	(H)	U	U	U,H	
REGIONAL																
WAFR/ SAFR/EAFR	(U)	U	(U)									U		U	(U)(H)	
HEAD-QUARTERS																
AID/W			U	U			U		U	U	U			U		U

Notes: * = Ongoing or potential Title II-"Food for Peace" countries.

** = Indicates additional HHS agency involvement (e.g., HRSA, ACF, etc) that may not be reflected on the table

*** = DOD will also implement specific surveillance activities in military populations in selected countries.

( ) = indicates additional linkage between USAID regional program and Botswana and Cote D'Ivoire HHS activities

VCT = voluntary counseling and testing; SM = social marketing; BC = behavior change; SR = stigma reduction; MTCT = mother-to-child transmission; STD= sexually transmitted disease; OI = opportunistic infections; TB= tuberculosis; NS = nosocomial infection control; OE = occupational exposure reduction

U = USAID H = HHS D = DOD

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (*LIFE*)

Summary of Operating Plan

Introduction:

The global AIDS pandemic is having a devastating impact on countries, communities, families and individuals. Recognizing this impact and the United States Government role in helping to fight the pandemic, the Leadership and Investment in Fighting an Epidemic (*LIFE*) global AIDS initiative seeks to increase USG available resources, improve and enhance prevention and care efforts, and expand the quality, diversity and number of both USG and local country partners who can effectively respond to the pandemic.

The *LIFE* Initiative provides an initial investment of $100 million (above the current budget levels of participating agencies) to combat the HIV/AIDS epidemic in developing countries, with a special emphasis on Sub-Saharan Africa. The Initiative builds on the existing large USG investment in HIV/AIDS efforts in Africa and India to date (over $1.1 billion since 1986). The Initiative involves an unprecedented collaboration the United States Agency for International Development (USAID), the Department of Health and Human Services (Multiple agencies within DHHS), and the Department of Defense (DOD). The *LIFE* Initiative is a significant turning point in the United States Government fight against AIDS and will significantly contribute to broader global targets over the next 3 to 5 years. These are presented in Annex 1.

Curtailing this epidemic is not just the responsibility of the U.S. Government. The Inititiative will collaborate with UNAIDS and other international and local agencies to leverage additional individual country, multilateral, bilateral, and private resources. At the present time, the UN has estimated that resource needs for *prevention alone* for sub-Saharan Africa total in excess of $600 million per year. *LIFE* will contribute to this goal, but clearly is not fully responsible for this total level of effort.

Geographic Focus:

LIFE focuses on 15 target countries (14 in sub-Saharan Africa and India) and regional activities in western and southern Africa. In each of these countries, there will be collaborative support from more than one Federal Agency. Countries were selected based on the magnitude of the epidemic, their country's political commitment to fighting the epidemic, their receptivity to USG assistance, and presence of existing U.S. Government implementation mechanisms. Additional criteria are presented in Annex 2. Annex 3 presents a description of the regional activities in Africa.

***LIFE* INITIATIVE**

COUNTRIES	USAID	DHHS	DOD
1. BOTSWANA	X	X	X
2. COTE D'IVOIRE	X	X	
3. ETHIOPIA	X	X	X
4. INDIA	X	X	
5. KENYA	X	X	X
6. MALAWI	X	X	X
7. MOZAMBIQUE	X	X	
8. NIGERIA	X		X
9. REGIONAL. PROGRAMS	X	X	
10. RWANDA	X	X	
11. SENEGAL	X		X
12. SOUTH AFRICA	X	X	X
13. TANZANIA	X	X	
14. UGANDA	X	X	X
15. ZAMBIA	X	X	
16. ZIMBABWE	X	X	X

LIFE Initiative Program Elements:

LIFE addresses four program elements critical to fighting the AIDS pandemic: primary prevention, caring for children affected by AIDS, capacity and infrastructure development and improving community and home based care and treatment. Each of these elements must be coordinated and integrated within an overall comprehensive response. These activities must be linked together and will be coordinated in each country through USAID Missions. The Initiative will foster the expansion of current activities, as well as provide support for more recently developed interventions (e.g. methods to reduce mother-to-child HIV transmission) that have not yet been incorporated into comprehensive programs. Not every country will have

all program elements listed below. Country programs will be tailored to the needs of the country and existing efforts underway. Annex 4 provides a description of current HIV/AIDS activities in each of the focus countries by each of the three respective Federal Agencies and demonstrates the base of activities that will be enhanced and supplemented through this initiative. Annex 5 presents the enhanced and new activities that will be funded under the ***LIFE*** initiative. These countries reflect only those that will be targeted by this Initiative, not the entire list of USG-assisted countries.

1. Primary Prevention:

Ninety percent of new infections in the developing world derive from either sexual transmission (80%) or mother to child transmission (10%). Contaminated blood transfusions and infected needles account for an additional five percent. This Initiative will expand the scale and quality of primary prevention activities.

Voluntary Counseling and Testing (VCT): USAID will assist 11 countries and the southern Africa region to develop and implement locally appropriate voluntary counseling and HIV testing services. At these sites, DHHS will provide critical technical assistance to ensure the quality and accuracy of HIV testing, identify methods to target high risk groups with VCT services, and assist with developing linkages between VCT and health and social services. Social Marketing: 5 countries will increase their social marketing efforts to improve access to barrier methods to protect oneself. Behavior Change: 15 countries and the regional program will expand behavior change interventions, focusing on youth, male risk behavior reduction, and stigma reduction, which would involve faith communities and other community groups. Mother-to-Child HIV transmission (MTCT): 6 countries will implement programs to provide interventions to prevent mother-to-child transmission of HIV. At these sites, USAID will provide support for screening of pregnant women, and training of maternal health providers. DHHS will identify barriers that exist for

accessing these services and the outcomes of these interventions on both infants and mothers. STD Management: 12 countries will implement new and/or expand STD prevention, diagnostic and treatment services. Blood Safety: 4 countries will implement programs to improve blood collection from volunteer donors, increase the quality of HIV testing of blood and ensure more appropriate use of blood transfusions.

Within three years, monitoring systems will measure the combination of enhanced existing programs and the additional "new" activities that are supported through the initiative. The following performance measures and targets are expected:

- 5% decrease in reported non-regular sex partners over the first year
- 5% increase in reported barrier method use with non-regular/regular sex partners in the first year (25% by 2005)
- 10% decrease in reported STD prevalence for men/women
- 5% decrease in HIV incidence rate in 15-24 year olds by the year 2005
- 5% decrease in perinatal infections by the year 2005

2. Caring for Children Affected by AIDS:

Nearly 25 million children have lost one or both parents to AIDS. Thus far, services for AIDS orphans in developing countries have been minimal. USAID will be primarily responsible for supporting these activities, which seek to implement strategies for children affected by AIDS and for their families - through the use of Title II – "Food for Peace" Programs in 8 countries. In addition, the impact of using Title II resources will be evaluated and the needs of very young children will be assessed.

Expected performance outcomes include:

- % of households in high HIV prevalence communities with increased access to food.
- % of households in high prevalence communities receiving assistance from community based organizations.

3. Capacity and Infrastructure Development:

Within the focus countries, it is critical that political commitment is increased and host country

capacity to implement effective interventions is strengthened, focusing on government, private sector, NGOs and research institution capabilities. Key activities are to increase the use of accurate HIV surveillance data to inform decisions on targeting of HIV/AIDS prevention and care interventions, to measure the impact of these interventions, and to support new capabilities for the delivery of care and services.

Increasing Political Commitment: USAID will take the lead in 5 countries and the regional program to implement activities to increase national political commitment towards HIV/AIDS efforts. There will be extensive use of surveillance data in this dialogue, derived from DHHS supported efforts. AIDS Program Strengthening: In 9 countries and 1 regional program, there will be expanded training and support for local NGOs and of government personnel for HIV/AIDS program and service delivery. Surveillance: In all 15 countries and regional programs, DHHS will provide technical assistance and support to improve surveillance programs for HIV, TB and STDs. In addition, new surveillance tools will also be tested and adapted for local application. USAID will also provide funding for activities that will ensure close collaboration with key international partners, such as UNAIDS, WHO and other multilateral and bilateral donors.

Performance Measures and targets will include:

- Increased number of HIV/AIDS/STD/TB information and service delivery points which meet minimum quality standards
- Surveillance plans and survey designs in all focus countries
- Lab capacity for surveillance strengthened
- Training of surveillance managers and key staff in country in at least 8 of the 12 countries.

4. Improving Community and Home Based Care and Treatment:

Currently in Sub-Saharan Africa and India, care and treatment for HIV infected persons and support to their families is minimal. Less than 5% of persons know their HIV status and health care providers do not have ready access to diagnose and treat HIV and the associated opportunistic infections, let alone use of the

latest "state of the art" antiviral treatment regimens. Ideally, there should be a continuum between in-patient and community outpatient treatment, combined with psychosocial support services utilizing a wide range of community workers, including traditional healers. Even in the absence of antiretroviral drugs, there is much that can be done to improve the quality and duration of life for HIV infected persons and their families, within the developing country setting. For instance, while the leading killer of AIDS patients in the developing world is TB, through use of directly observed therapy regimens (DOTS), TB can be cured in HIV infected persons, increasing the both the quality and duration of a person's life.

Care and Treatment: The Initiative seeks to provide medical and social services to HIV infected individuals, including preventive therapy, and early diagnosis and effective treatment of AIDS-related diseases. 10 countries will implement locally appropriate treatment programs for HIV infected persons, linked to voluntary counseling and testing programs. Pilot sites would be established to assess methods to improve TB and respiratory disease care in HIV infected persons and to evaluate the applicability of U.S.-based early intervention care and treatment models in a developing world setting. Home and Community Based Care and Support: 11 countries would institute home and community based care model programs. In addition, indicators for accurately measuring the impact of care services will be developed. USAID will provide support for health provider training, establishing home and community care models, and increasing the involvement of traditional healers. DHHS will focus on developing treatment guidelines, creating training and curriculum materials, increasing the use of DOTS and linking psychosocial support services with improved biomedical interventions.

Expected performance measures and targets include:

- 50 % of local governments will implement care and support activities
- 30 % of primary health facilities will provide quality prevention and treatment (i.e. according to national guidelines) for opportunistic infections
- 10 % of households caring for HIV positive persons will receive help with care from an institution or group

outside the family

Management and Monitoring the *LIFE* Initiative:

Because of the expanded number of Federal Agencies involved, the necessity to work collaboratively at country and global level, and the need to link with other critical partners (e.g. UNAIDS, World Bank, EU, donors, etc), a joint management and monitoring *LIFE* Initiative Task Force will be established. This Task Force will be composed of designated focus point persons from each of the relevant Federal agencies. The Task Force will be convened under the auspices of ONAP, with secretariat support provided by USAID. Additional members will be included as necessary (e.g. UNAIDS representative). The Task Force will meet on a monthly basis over the next year, because of the wide range of issues that must be resolved in a timely way. After one year, meeting schedules can be reviewed.

It is essential that the activities funded through the *LIFE* initiative build on existing resources and programs in order to achieve the maximal coverage and impact. It should be recognized that it is difficult to measure performance, which is attributable to discrete funding sources. Instead, monitoring systems will measure the impact of consolidated programs that have been established in each country.

Next Steps:

COUNTRY LEVEL:

The ultimate success of this initiative will depend on the scale, scope and quality of services delivered in target countries, particularly at the community level. To achieve this, there must be extensive dialogue and collaboration at country level with government, private sector, non-governmental organizations, the faith community and community groups, especially including persons living with HIV/AIDS and their care-givers. Some of the focus countries already have established coordination mechanisms (through the UNAIDS Theme Group, donor coordination groups, the National AIDS Program, etc) These mechanisms will be

utilized wherever possible. However, joint country planning teams will also be formed over the next three to six months, in order to work with USAID Missions, HHS and other USG agencies, Host Country Governments, etc, to finalize one to two year workplans, which will include more discrete performance measures. It is necessary to further examine what each bilateral and multilateral donor is planning in the near future and collaborate with local government, non-governmental organizations, PWAs, etc to ensure that the program support responds to priorities and existing gaps.

GLOBAL/ REGIONAL LEVEL:

At global and regional level, multiple partners must be engaged in a collaborative effort to leverage new resources, identify areas for cooperative efforts and areas for complementary programs, and achieve consensus on measurements of performance. A series of "Partnership" meetings should occur over the next three to six months to assure the success of this initiative. Examples of these "Partnership Meetings" are presented in Annex 6

ANNEXES:

1. GLOBAL AIDS TARGETS
2. COUNTRY SELECTION CRITERIA
3. REGIONAL *LIFE* INITIATIVE ACTIVITIES
4. CURRENT USG ACTIVITIES IN TAREGT COUNTIRES AND REGIONS
5. ACTIVITIES SUPPORTED BY THE ***LIFE*** INITIATIVE IN AFRICA AND ASIA IN TARGETED COUNTRIES
6. GLOBAL LEVEL PARTNERSHIP MEETINGS.

ANNEX 1: GLOBAL AIDS TARGETS

UNAIDS, in cooperation with its bi-lateral and multi-lateral partners, has laid out a series of international goals for the next five years as described below. These goals represent the result of the total worldwide contribution of resources and effort. The Administration seeks to further these goals through *LIFE* Initiative.

The incidence of HIV infection will be reduced by 25% among 15-24 year olds by 2005. (Currently 2 million young adults are infected each year in sub-Saharan Africa.)

At least 75% of HIV infected persons will have access to basic care and support services at the home and community levels, including drugs for common opportunistic infections (TB, pneumonia, and diarrhea). (Currently, less than 1% of HIV infected persons have such access.)

Orphans will have access to education and food on an equal basis with their non-orphaned peers.

By 2001, domestic and external resources available for HIV/AIDS efforts in Africa will have doubled to $300 million per year. (Currently, approximately $150 million per year is spent on HIV/AIDS prevention in sub-Saharan Africa.)

By 2005, 50% of HIV infected pregnant women will have access to interventions to reduce mother-to-child HIV transmission. (Currently, less than 1% of HIV infected pregnant women have access to such services in sub-Saharan Africa.)

ANNEX 2: COUNTRY SELECTION CRITERIA

Country criteria include the following:

1. The magnitude of the epidemic
2. Country receptivity to assistance from US government
3. Country political commitment to fighting the AIDS epidemic
6. Potential for interventions and unique opportunities
7. Potential for impact
8. Potential for leveraging of other local and donor support
9. Existing U.S. Government implementation mechanisms

ANNEX 3: REGIONAL *LIFE* INITIATIVE ACTIVITIES

West Africa Region

The USAID West Africa (Family Health and AIDS) Project provides support to NGOs and communities in several West African nations, including Cameroon, Burkina Faso, Cote D'Ivoire, Togo, as well as other selected countries in the region. DHHS/CDC operates HIV field stations involved in research and technical assistance in Cote d'Ivoire; DHHS/CDC and NIH has presence in Mali and Guinea, as well as a number of other countries. The regional program will expand support for cross border and regional prevention interventions, develop local capacity for AIDS program management, conduct training, increase political commitment for AIDS in the region, mobilize community responses, support programs to assist families and children affected by AIDS, and increase involvement of non-health sectors in anti-AIDS efforts. The program will also expand existing social marketing and behavior change interventions.

Southern Africa Region

The USAID Southern Africa Regional HIV/AIDS effort is supporting HIV/AIDS interventions targeted at cross border population migration (Zimbabwe, Zambia, South Africa), increasing political commitment to fighting AIDS in the region, and bringing together all relevant actors to plan for surveillance activities in the region. DHHS/CDC operates a research station in Botswana (primary TB, with increasing HIV). LIFE Initiative activities will expand regional efforts such as including other target countries in cross border prevention and surveillance efforts, develop multi-sectoral approaches to AIDS efforts, increase political commitment to fighting AIDS, and develop regional training networks for AIDS interventions. A priority is to develop African institutional capacity to respond to the AIDS epidemic.

East Africa Region

USAID provides technical assistance and training for AIDS efforts in the east and southern African regions through its regional office in Nairobi. HHS/CDC operates a research station in Uganda and Kenya (primarily malaria), and other DHHS agencies are active in selected countries. Regional efforts will focus on training and technical assistance for support and local prevention activities.

ANNEX 4: CURRENT USG HIV/AIDS ASSISTANCE IN TARGET COUNTRIES AND REGIONS.

COUNTRY	Primary Prevention							Caring for Children Affected by AIDS*		Home and Community Based Care and Treatment*			Infrastructure and Capacity Development*				
	VCT	SM/ Procurement	BC/ SR	MTCT	Blood Suppl /nosocomial/ OE	STD	Tool Dev.	Support to Affected Children	Comm .Mobilization	OI/TB/ STD	Drug Supply	Home/ Comm.-Based Care	Policy/ advocacy	NGO support	Training and TA	Surveill.	Multi-sectora
Botswana							H			H	H				H	H	U
Cote d'Ivoire		U	U				H	U	U	H				U	U,H	H	
Ethiopia	U	U	U			U	H			U	U	U	U	U	U,H	U	U
Kenya	U	U	U,H	U,H	U,H	U	H	U	U	U		U	U	U	U,H	U,H	U
Malawi	U,H	U	U			U	H	U	U			U	U	U	U,H	U,H	U
Mozambique	U	U	U			U								U	U	U	
Nigeria		U	U					U	U	U		U	U	U	U	U	U
Rwanda		U	U			U		U	U	U				U	U,H	U,H	
Senegal			U				H	U	U				U	U	U,H	U	U
South Africa	U	U	H	U		U,H	H	U	U	U,H			U	U	U,H	H	U,H
Tanzania	U	U	U		U,H	U	H					U	U,H	U	U,H	H	
Uganda	U,H	U	U	U,H		U	H	U	U	U,H	H	U,H	U	U	H	H	
Zambia	U,H	U	U			U	H	U	U	U	U	U	U,H	U	U,H	U,H	
Zimbabwe	U,H	U	U				H	U	U				U,H	U	U,H	H	U
India	U	U	U			U	H	U	U	H		U	U	U,H	U,H	U,H	U
REGIONAL																	
WAFR/ SAFR/EAFR	(U)	U	(U)					U					U	U	U	(U)(H)	
HEAD-QUARTERS																	
AID/W			U	U				U		U	U	U			U		U

Notes: * = Indicates additional HHS agency involvement (e.g. HRSA, ACF, etc) that may not be reflected on the table

( ) = indicates additional linkage between USAID regional program and Botswana and Cote D'Ivoire HHS activities

VCT = voluntary counseling and testing; SM = social marketing; BC = behavior change; SR = stigma reduction; MTCT = mother-to-child transmission; STD= sexually transmitted disease; OI = opportunistic infections; TB= tuberculosis; NS = nosocomial infection control; OE = occupational exposure reduction

U = USAID H = HHS

ANNEX 5: ACTIVITIES SUPPORTED BY THE *LIFE* INITIATIVE IN TARGET AFRICAN AND ASIAN COUNTRIES

COUNTRY	Primary Prevention						Caring for Children Affected by AIDS**		Home and Community Based Care and Treatment**			Infrastructure and Capacity Development**				
	VCT	SM/ Procurement	BC/ SR	MTCT	Blood Supp/ nosocomial / OE	STD	Support to Affected Children **	Comm. Mobilization**	OI/TB/ STD	Drug Supply	Home/ Comm.-Based Care**	Policy/ advocacy **	NGO support **	Training and TA**	Surveill. ***	Multi-sectoral
Botswana	H		H; D1	H		H			H		H				H	
Cote d'Ivoire	H		H	H	H(NS	H			H		H				H	
Ethiopia	U; H	U	U; D2			U	U*		U	U					U,H	
Kenya	U,H		U;H;D1	U;H	U,H	H	U*		U,H		H				U,H	U
Malawi	U;H		U; D2				U*	U			U		U	U	U;H	U
Mozambique	U		U			U	U*		U				U	U	U;H	U
Nigeria	U	U	D1	U		U			U		U	U				
Rwanda	U		U	U		U	U*				U		U	U	U;H	
Senegal			U; D1			U					U	U	U	U	U	U
South Africa	U,H		H; D1	U;H	H(NS	U;H			U;H		H		U	U	H	U
Tanzania	U	U	U		H						U	U;H	U	U	U;H	
Uganda	U;H		U;H;D2	U;H		U;H	U*		H		U;H				H	
Zambia	U;H		U	U		U	U*	U				U,H	U		H	
Zimbabwe	U;H	U	U; D2									U,H	U	U	H	U
India		U	U			U	U*	U	H		U	(H)	U	U	U;H	
REGIONAL																
WAFR/ SAFR/EAFR	(U)	U	(U)									U		U	(U)(H)	
HEAD-QUARTERS																
AID/W			U	U			U		U	U	U			U		U

Notes: * = Ongoing or potential Title II-"Food for Peace" countries.

** = Indicates additional HHS agency involvement (e.g., HRSA, ACF, etc) that may not be reflected on the table

*** = DOD will also implement specific surveillance activities in military populations in selected countries.

( ) = indicates additional linkage between USAID regional program and Botswana and Cote D'Ivoire HHS activities

VCT = voluntary counseling and testing; SM = social marketing; BC = behavior change; SR = stigma reduction; MTCT = mother-to-child transmission; STD= sexually transmitted disease; OI = opportunistic infections; TB= tuberculosis; NS = nosocomial infection control; OE = occupational exposure reduction

U = USAID H = HHS D = DOD

ANNEX 6: GLOBAL PARTNERSHIP MEETINGS.

Partner	Purpose
Washington-based African Diplomatic Corps	To initiate dialogue for individual countries, which would lead to, improved collaborative efforts and mobilization of increased host country resources and commitment.
U.S. AIDS Advocacy Groups	To increase awareness and garner support for the focus and activities of the Initiative.
U.S.-based Faith Groups	To identify U.S. and international faith networks that will ultimately create networks and support for prevention, counseling, psychosocial support and care interventions in sub-Saharan Africa.
U.S. NGOs and CBOs	To provide support and collaborate with other African NGOs
U.S. and International Communities of Persons Living with HIV/AIDS (NAPWA, GNP +, etc)	To ensure that PLWHA needs and priorities are met and to establish processes so that host country PLWHA input is utilized optimally.
U.S. Teaching/Academic Institutions	To identify technical resources within the United States in order to expand the technical assistance resource platform which will be initiated in sub-Saharan Africa.
UNAIDS (including the seven UN Cosponsors: WHO, UNICEF, World Bank, UNFPA, UNDP, UNESCO, UNDCP)	To link with the UNAIDS International Partnership for Africa.
Bilateral Donors (e.g. DFID, SIDA, CIDA, JICA, etc)	To identify gaps and areas for complementary programming in individual countries
Mulitlateral Donors (e.g. EU, World Bank, IMF)	To integrate country plans with overall prevention and care activities.
Congressional members and staff	To maintain dialogue concerning focus countries and activities.
U.S. Diplomatic Corps	To coordinate with U.S. diplomatic AIDS initiatives

Agency:	DEPARTMENT OF DEFENSE – MILITARY
Bureau:	REVOLVING AND MANAGEMENT FUNDS
Heading:	Defense Working Capital Fund
FY 2000 Budget Appendix Page:	313
FY 2000 Pending Request:	$90,344,000
Proposed Amendment:	Language
Revised Request:	$90,344,000

(In the appropriations language under the above heading, insert immediately after "$393,500,000" the following: ,excluding those attributable to section 8060 of this Act, .)

The pending budget request would permit revenue from National Defense Stockpile Transaction Fund sales in excess of $393.5 million to be transferred to the Defense Working Capital Funds. This amendment would exclude Stockpile revenue from sales authorized by section 8060 from transfer to the Defense Working Capital Fund in order that the additional $10 million in revenue from section 8060 Stockpile sales may be used to offset DoD HIV prevention education activities with African militaries.

Agency:	DEPARTMENT OF DEFENSE – MILITARY
Heading:	GENERAL PROVISIONS–DEPARTMENT OF DEFENSE
FY 2000 Budget Appendix Page:	341
FY 2000 Pending Request:	--
Proposed Amendment:	-$10,000,000
Revised Request:	-$10,000,000

(In the appropriations language under the above heading, insert the following new section immediately after section 8059.)

Sec. 8060. DISPOSAL OF ADDITIONAL MATERIALS.– (a) The President shall dispose of materials contained in the National Defense Stockpile Transaction Fund in addition to those otherwise authorized so as to result in additional receipts in the amount of $10,000,000 by September 30, 2000.
(b) The Secretary of Defense, as the President's designee, shall determine which additional materials will be available for sale.
(c) The authority provided in subsection (a) is in addition to, and shall not affect, any other disposal authority provided by law.
(d) Upon enactment of this Act, the Secretary of Defense shall transfer $10,000,000 in balances from the National Defense Stockpile Transaction Fund to the "Defense Health Program" account. Such funds shall be available for HIV prevention educational activities undertaken in conjunction with U.S. military training, exercises, and humanitarian assistance activities conducted in African nations.

This new general provision would provide for additional sales of materials from the National Defense Stockpile Transaction Fund and for the transfer of $10 million in balances from the Defense Stockpile to the Defense Health Program account, Operation and Maintenance. Balances transferred to the Defense Health Program would be used to conduct HIV prevention and education activities as part of DoD's ongoing training activities with African militaries.

This proposal would result in receipts in FY 2000 of $10 million, which would offset the additional spending in the Defense Health Program account.

Agency:	DEPARTMENT OF HEALTH AND HUMAN SERVICES
Bureau:	CENTERS FOR DISEASE CONTROL AND PREVENTION
Heading:	Disease Control, Research, and Training
FY 2000 Budget Appendix Page:	437
FY 2000 Pending Request:	$2,769,440,000
Proposed Amendment:	$35,000,000
Revised Request:	$2,804,440,000

(In the appropriations language under the above heading, delete "$2,769,440,000" and substitute $2,804,444,000, of which $35,000,000 shall be available for HIV prevention, surveillance, and treatment activities in Africa, and .)

This proposal would increase FY 2000 spending on HIV prevention, surveillance, and treatment activities in Africa. Specifically, the Centers for Disease Control and Prevention (CDC) would spend $13 million to enhance surveillance capabilities in eight to nine countries to track the spread of HIV infection, AIDS, and the effects of interventions in order to target programs appropriately. An additional $13 million would be used to provide technical assistance and training to host country nationals for development of HIV prevention activities, including mass education, counseling and testing, and blood supply screening. CDC efforts would be focused on expanding the existing knowledge base in 12 countries. The remaining $9 million would enable CDC to provide technical assistance and training as countries develop home and community-based treatment for sexually transmitted diseases and opportunistic infections to HIV-infected individuals.

This proposal would increase FY 2000 outlays by $10 million.

Agency:	DEPARTMENT OF HEALTH AND HUMAN SERVICES
Bureau:	NATIONAL INSTITUTES OF HEALTH
Heading:	Building and Facilities
FY 2000 Budget Appendix Page:	439

FY 2000 Pending Request:	
Total Budgetary Resources	$271,000,000
New Budget Authority	108,000,000
Unobligated balances	123,000,000
Other	40,000,000
Proposed Amendment:	
Unobligated balances	-$30,000,000
Revised Request:	
Total Budgetary Resources	$241,000,000
New Budget Authority	108,000,000
Unobligated balances	93,000,000
Other	40,000,000

(In the appropriations language under the above heading, insert the language that follows at the end.)

Amounts otherwise available in fiscal year 2000 are reduced by $30,000,000. In addition, to become available on October 1, 2000, and remain available until expended, not to exceed $30,000,000.)

This proposal would reduce the amount of resources available for obligation in FY 2000 in the essential safety and health improvement program of NIH's Buildings and Facilities account. The proposal would not change the amounts requested for new budget authority in FY 2000 nor would it affect new and/or ongoing construction and renovation projects. The reductions are derived from resources appropriated in previous years that are available for obligation in FY 2000. Though the essential safety and health improvement program is an important part of NIH's research mission, the activities supported by these resources can be delayed until FY 2001 without serious programmatic impact. The budget amendment requests advance appropriations for these resources to ensure that the program can continue essential safety and health improvement activities.

This proposal would decrease FY 2000 outlays by $10 million.

Agency:	DEPARTMENT OF JUSTICE
Bureau:	DRUG ENFORCEMENT ADMINISTRATION
Heading:	Diversion Control Fee Account
FY 2000 Budget Appendix Page:	645
FY 2000 Pending Request:	--
Proposed Amendment:	-$40,000,000
Revised Request:	-$40,000,000

(Insert the appropriations language that follows under the above heading.)

Amounts otherwise available for obligation in fiscal year 2000 for the Drug Diversion Control Fee Account are reduced by $40,000,000.

This proposal would reduce the amounts otherwise available for obligation in the Diversion Control Fee Account by $40.0 million in FY 2000. This reduction in unobligated balances would not impact program operations.

This amendment would decrease FY 2000 outlays by $30.0 million.

Agency:	INTERNATIONAL ASSISTANCE PROGRAMS
Bureau:	AGENCY FOR INTERNATIONAL DEVELOPMENT
Heading:	Sustainable Development Assistance
FY 2000 Budget Appendix Page:	995
FY 2000 **Pending Request:**	$780,444,000
Proposed Amendment:	$0
Revised Request:	$780,444,000

(Under the above heading, insert the following appropriations language as a new paragraph at the end:)

Balances available under this heading are reduced by $10,000,000.

This proposal would reduce the obligated and/or unobligated balances in the Sustainable Development Assistance Account by $10 million in FY 2000. This reduction in balances would not impact program operations.

This amendment would decrease FY 2000 outlays by $710,000.

Agency:	INTERNATIONAL ASSISTANCE PROGRAMS
Bureau:	AGENCY FOR INTERNATIONAL DEVELOPMENT
Heading:	Child Survival and Disease Programs Fund
FY 2000 Budget Appendix Page:	997
FY 2000 Pending Request:	$555,000,000
Proposed Amendment:	$45,000,000
Revised Request:	$600,000,000

(In the appropriations language under the above heading, delete "$555,000,000" and substitute $600,000,000.)

An increase in $45 million for the Child Survival and Disease Account within the U.S. Agency for International Development (USAID) is requested to support a Presidential AIDS initiative focused primarily on Sub-Saharan Africa. Of the funds requested in this amendment, $25 million will be used to implement strategies to slow the spread of HIV infection through mass education efforts, condom distribution, and interventions to reduce mother-to-child transmission; $6 million will assist in strengthening the host countries' ability to implement their own AIDS/HIV interventions by focusing on government, private sector, non-governmental organizations, and research institution capacity; and, $14 million will enable USAID to provide medical and social services to HIV-infected individuals, including treatment of sexually transmitted diseases, opportunistic infections, and tuberculosis.

This amendment would increase FY 2000 outlays by $3,195,000.

Agency:	DEPARTMENT OF JUSTICE
Bureau:	OFFICE OF JUSTICE
Heading:	Violent Crime Reduction Programs, State and Local Law Enforcement Assistance
FY 2000 Budget Appendix Page:	655
FY 2000 Pending Request:	$1,612,000,000

(In the appropriations language section after "shall be for the State Criminal Alien Assistance Program, as authorized by section 242(j) of the Immigration and Nationality Act, as amended" insert "of which up to $19,400,000 shall be available to reimburse Guam, the Commonwealth of the Northern Mariana Islands, and the Department of Justice for the costs incurred for detaining and repatriating criminal and non-criminal smuggled aliens".)

This amendment proposes to use up to $19,400,000 of the $500,000,000 requested for the State Criminal Alien Assistance Program (SCAAP) to reimburse Guam, the Commonwealth of the Northern Mariana Islands, and the Department of Justice for the costs of detaining and repatriating smuggled aliens. This funding will be used to reimburse these governments and the Department of Justice for their FY 1999 and FY 2000 detention housing costs. The effect of this amendment is to reduce the amount of funding available for the SCAAP to reimburse other States and localities. It is estimated that the use of SCAAP funds for this purpose will reduce reimbursement by one cent for every dollar claimed.

AFRICA alone

Country Operating Unit	HIV/AIDS Additions	FY 2000 (000) Old Control	Total	FY 2001 (000)
ANGOLA	750	-	750	1,000
BENIN	-	800	800	2,000
CONGO	-	1,000	1,000	1,500
ERITREA	-	200	200	400
ETHIOPIA	2,000	5,500	7,500	7,500
GHANA	-	4,000	4,000	4,000
GUINEA	-	1,500	1,500	1,500
KENYA	2,500	3,200	5,700	5,700
LIBERIA	-	-	-	500
MADAGASCAR	-	600	600	700
MALAWI	3,000	2,200	5,200	5,200
MALI	-	2,500	2,500	2,500
MOZAMBIQUE	2,000	3,100	5,100	5,100
NAMIBIA	1,000	-	1,000	1,000
NIGERIA	4,500	3,400	7,900	8,500
RWANDA	2,000	1,500	3,500	3,500
SENEGAL	2,000	1,700	3,700	3,700
SOMALIA	-	-	-	-
SOUTH AFRICA	5,500	900	6,400	6,400
TANZANIA	2,500	3,500	6,000	6,000
UGANDA	2,500	4,400	6,900	6,900
ZAMBIA	3,500	3,500	7,000	7,000
ZIMBABWE	3,000	2,000	5,000	5,000
RCSA	-	-	-	-
REDSO/E	1,000	200	1,200	1,500
REDSO/WCA	2,500	5,800	8,300	8,300
AFR/SD	1,000	2,750	3,750	3,750
Storm Warning (AFR/SA)	250	750	1,000	1,500
SAHEL	-	100	100	100
TOTAL	41,500	55,100	96,600	100,750

127 –
35 A –
20 Net Global
10 child Survival
for AIDS

Leadership and Investment in Fighting an Epidemic FY 2000
by Country/Region and Program Area
(dollar allocations are preliminary and will change based on country assessments and input)

Country	98 POP. (000s)	HIV Prev %	HIV Incid	Primary Prevention ($m)						Home Care & Rx ($m)			Surveil ($m)	**Total ($m)**	FTEs	Country
				VCT	BC/SR	MTCT	Blood Sf	STD	**Subtot**	OI/TB/STD	HBC&Rx	**Subtot**				
Botswana	1,448	25.1	26,000	0.5	0.25	0.5		0.5	**1.75**	1.0	0.5	**1.5**	**0.5**	**3.8**	2	Botswana
Cote d'Ivoire	15,446	10.1	75,000	0.5	0.25	0.5	0.25	0.5	**2**	1.0	0.5	**1.5**	**0.5**	**4.0**	2	Cote d'Ivoire
Ethiopia	58,390	9.3	400,000	0.5					**0.5**			**0**	**0.5**	**1.0**	1	Ethiopia
Kenya	28,337	11.6	400,000	0.5	0.25	0.5	0.25	0.5	**2**	1.0	0.5	**1.5**	**1.0**	**4.5**	2	Kenya
Malawi	9,840	14.9	90,000	0.5					**0.5**			**0**	**0.5**	**1.0**	1	Malawi
Mozambique	18,641	14.2	300,000						**0**			**0**	**1.0**	**1.0**	1	Mozambique
Nigeria	110,532	4.1	300,000						**0**			**0**	**0.5**	**0.5**	1	Nigeria
Rwanda	7,956	12.8	55,000						**0**			**0**	**0.5**	**0.5**	1	Rwanda
Senegal	9,723	1.8	2,800						**0**			**0**	**0.5**	**0.5**	1	Senegal
South Africa	42,835	12.9	550,000	0.5	0.25	0.5	0.25	0.5	**2**	1.0	0.5	**1.5**	**1.0**	**4.5**	2	South Africa
Tanzania	30,609	9.4	150,000						**0**			**0**	**1.0**	**1.0**	1	Tanzania
Uganda	22,167	9.0	34,900	0.5	0.25	0.5	0.25	0.5	**2**	1.0	0.5	**1.5**	**1.0**	**4.5**	2	Uganda
Zambia	9,461	19.1	68,300	0.5					**0.5**			**0**	**1.0**	**1.5**	1	Zambia
Zimbabwe	11,044	25.8	200,000	0.5					**0.5**			**0**	**1.0**	**1.5**	1	Zimbabwe
India	983,377	0.8	550,000										**0.5**	**0.5**	1	India
Regional									**0**			**0**	**1.0**	**1.0**	1	Regional
HdQtrs				0.25	0.25	0.25	0.25	0.25	**1.25**	1.0	0.5	**1.5**	**1.0**	**3.8**	7	HdQtrs
Total				4.75	1.5	2.75	1.25	2.75	**13.0**	6.0	3	**9.0**	**13.0**	**35.0**	28	Total

LIFE Initiative FY 2000 Country by Country Funding Estimates

Country	98 POP. (000s)	HIV Prev %	HIV Incid	Primary Prevention ($m)						Home Care & Rx ($m)			Capacity & Inf ($m)	Total ($m)
				VCT	BC/SR	MTCT	Blood Sf	STD	Subtot	OI/TB/STD	HBC&Rx	Subtot		
Botswana	1,448	25.1	26,000	0.8	0.4	0.7		0.3	**2.1**	0.5		**0.5**	**0.9**	**3.5**
Cote d'Ivoire	15,446	10.1	75,000	0.3		0.6	0.1	0.3	**1.3**	0.7		**0.7**	**1.6**	**3.7**
Ethiopia	58,390	9.3	400,000	0.3	0.2			0.1	**0.6**	0.1	0.2	**0.3**	**0.4**	**1.3**
Kenya	28,337	11.6	400,000	0.7	0.2	0.6	0.2	0.1	**1.7**	0.7		**0.7**	**1.4**	**3.8**
Malawi	9,840	14.9	90,000	0.2					**0.2**	0.1	0.1	**0.1**	**0.2**	**0.5**
Mozambique	18,641	14.2	300,000	0.2				0.2	**0.4**	0.1	0.1	**0.2**	**0.7**	**1.3**
Nigeria	110,532	4.1	300,000		0.1		0.2		**0.3**				**0.7**	**0.9**
Rwanda	7,956	12.8	55,000			0.2		0.1	**0.3**	0.1	0.1	**0.2**	**1.4**	**1.8**
Senegal	9,723	1.8	2,800										**1.5**	**1.5**
South Africa	42,835	12.9	550,000	0.7	0.7	0.1	0.1	0.1	**1.7**	0.1	0.1	**0.2**	**0.9**	**2.9**
Tanzania	30,609	9.4	150,000				0.4	0.1	**0.5**				**0.7**	**1.2**
Uganda	22,167	9.0	34,900	0.2	0.1	0.1	0.1	0.1	**0.6**	0.7	0.5	**1.2**	**2.4**	**4.2**
Zambia	9,461	19.1	68,300	0.1	0.1	0.1	0.1	0.3	**0.6**	0.1	0.3	**0.4**	**1.3**	**2.2**
Zimbabwe	11,044	25.8	200,000	0.2	0.3	0.1	0.1	0.1	**0.7**	0.2	0.1	**0.3**	**1.2**	**2.3**
India	983,377	0.8	550,000	0.2	0.2	0.1	0.1	0.1	**0.2**	0.1	0.2	**0.3**	**0.3**	**0.8**
Regional														
HdQtrs				0.3	0.4	0.3	0.3	0.4	**1.7**	0.4	0.3	**0.7**	**0.8**	**3.2**
Total				4.1	2.7	2.7	1.6	2.5	**12.8**	3.9	2.0	**6.0**	**16.2**	**35.00**

LIFE Initiative – Global AIDS Funding

Appropriations Bill	FY 2000 Global AIDS Funding	FY 2001 Global AIDS Funding Request	Senate	House
Ag	$10m	$10m	$10m (25m)	$10m
DOD	$0m	$10m	10m	12m
Foreign Ops	$190m	$244m	$225m	
Labor – HHS	$35m	$71m • $61m CDC • $10m DOL	$45m • $35m CDC • $10m DOL	$61m CDC • $61m CDC • $0m DOL
Total	$235m	$335m		

Other Related Funding

HIPC	$210m suppl.	$225m	$75m	
GAVI	$0m	$50m	$50m	