

*Key Dates: Application Deadline:*  
December 31, 2003.

## I. Funding Opportunity Description

**Authority:** This program is authorized under section 301(a) and 307 of the Public Health Service Act, [42 U.S.C. 241(a) and 242] as amended and under Public Law 108–25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601].

**Purpose:** President Bush's Emergency Plan for AIDS Relief has called for immediate action to turn the tide of HIV/AIDS in Africa and the Caribbean. An important aspect of the President's bold vision is to treat at least two million HIV-infected persons with combination antiretroviral therapy (ART) within five years. This funding opportunity responds to the President's call for rapid, accountable, and sustainable action.

The primary purpose of this funding announcement is to rapidly expand ART for low-income HIV-infected persons. An additional intent is to develop sustainable indigenous capacity to continue these programs after the project ends. Funds will be awarded to organizations with excellent HIV programs that currently provide care or care and ART. Services should be delivered in a manner that is consistent with national plans and policies. The following countries are eligible: Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia.

Measurable outcomes of this program will be in alignment with the following performance goal for President Bush's Emergency Plan for AIDS Relief: Treat two million HIV-infected people in 14 countries in Africa and the Caribbean heavily afflicted by AIDS (see above). CDC expects to work in close collaboration with the Health Resources Services Administration (HRSA) in supporting awardee activities under this cooperative agreement.

This initiative is a coordinated effort led by the Office of the Global AIDS Coordinator at the Department of State and involves various U.S. Federal Government agencies including the Department of State, Department of Health and Human Services (HHS), Department of Defense and the U.S. Agency for International Development.

## Activities

The recipient must manage a program to support all of the following activities in the countries in which they currently meet eligibility requirements. Awardee activities for this program are as follows:

## Clinical Care

- a. Diagnose HIV infection correctly.
- b. Provide comprehensive care including appropriate prophylaxis and treatment for opportunistic infections (OI) including tuberculosis (TB) and sexually transmitted infections (STIs), according to national guidelines. If such guidelines do not exist, use World Health Organization (WHO) or other international guidelines.
- c. Provide ART according to national guidelines and algorithms that cover when and how to initiate therapy, use first- and second-line regimens, and use regimens for special circumstances, such as pregnancy, co-infection with TB, and where appropriate, children.
- d. Evaluate and manage adverse effects of drugs.
- e. Maintain adequate clinical records.
- f. Provide counseling and social support to ensure adherence to treatment regimens.
- g. Provide referrals for additional care and support needs.
- h. Provide monitoring and care for HIV-infected persons not yet eligible by medical criteria for ART.

## Drug and Health Commodities Management

- a. Select and procure appropriate drugs in the correct amounts in accordance with U.S. government policies and national and international law.
- b. Develop and maintain ongoing quality assurance for secure and reliable storage and distribution systems, and prevent the diversion and theft of drugs and commodities.
- c. Maintain record-keeping systems.

## Laboratory Services

Ensure the availability and appropriate use of laboratory capabilities for diagnosing HIV infection, opportunistic infections, and other co-morbid events, and for appropriate evaluation of drug toxicities consistent with national guidelines. This includes access to: (1) Physical infrastructure; (2) trained staff; (3) equipment; (4) supplies and reagents; and (5) quality assurance.

## Training

- a. Assure training and continuing education to health care workers, such as doctors, nurses, clinical assistants, nurse practitioners, pharmacists, laboratory technicians, and community workers (including persons living with HIV/AIDS).
- b. Training should address the diagnosis, treatment, and care of HIV.
- c. Provide training to increase the capacity of indigenous staff.

- d. Provide management training as needed.

## Community Mobilization and Behavior Change

Limited funding in this award (no more than seven percent of the budget) is available for community mobilization and behavior change to promote the use of ART. These activities should include employment of people living with HIV/AIDS where appropriate. The specific goals of this activity include: (1) For those at risk of infection—encourage them to seek testing; (2) 2. For those not infected—reduce the risk of acquiring HIV and other STIs; and (3) For those infected—reduce the risk of HIV transmission and encourage care seeking behavior and adherence to therapy.

## Monitoring and Evaluation

- a. Implement a system for ongoing review and adjustment of program activities.
- b. Measure uptake and clinical outcomes to assess impact, including monitoring for adverse outcomes, such as drug resistance at the population level in the populations being served.
- c. Collect program indicators as recommended by national and United States Government (USG) guidelines, that have been or will be developed.
- d. Assist in dissemination of evaluations and lessons learned from these programs.

In a cooperative agreement, HHS staff are substantially involved in the program activities, above and beyond routine grant monitoring. HHS will work under the guidance and supervision of the Office of the Global AIDS Coordinator at the Department of State.

CDC and HRSA Activities for this program are as follows:

- a. Provide scientific and technical assistance in refining the plan.
- b. Provide ongoing technical assistance in addressing problems encountered in implementing the plan, as well as for the delivery of an effective ARV treatment program through regular telecommunication and on-site support.
- c. Assist in evaluating program operations and overall effectiveness of the program through the joint review of clinical operations and joint analysis of monitoring data.
- d. Assist the awardees with sophisticated technical elements, such as ARV resistance monitoring, through direct support from CDC or by facilitating linkages with other national or international organizations.