

Don't Do This

9320604(5)
Paul White
School of Hygiene
Follow up

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

steps JH AID/CR/pha-6-73-34
ent AID/pha-6-1064

CERTIFIED A TRUE COPY THIS

83rd DAY ON July 74
BY Denise Collett

Dr. Harry Woolf
President, JHPIEGO Corporation
Garland Hall
The Johns Hopkins University
Baltimore, Maryland 21218

JUN 29 1974

70p

Subject: grant No. AID/pha-g-1064
(PIO/T No. 932-11-580-604-
3247322)

Dear Dr. Woolf:

Pursuant to the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D.") hereby grants to the JHPIEGO Corporation, Baltimore, Maryland (hereinafter referred to as the "Grantee") the sum of Three million Eight Hundred Eighty-Seven Thousand Dollars (\$3,887,000) to support a Program for International Educational in Gynecology and Obstetrics (PIEGO), as described in the proposal submitted to A.I.D., dated April 23, 1974, attached hereto and made a part hereof. The funds granted herein shall apply to the central costs (Program Direction and Management) of the Grantee and to the costs of the operation of centers for training cooperating institutions.

This grant of funds is effective and the funds are obligated as of the date of this letter and shall apply to costs incurred in furtherance of the program funded hereunder for the period set forth in Attachment A, Article 2.

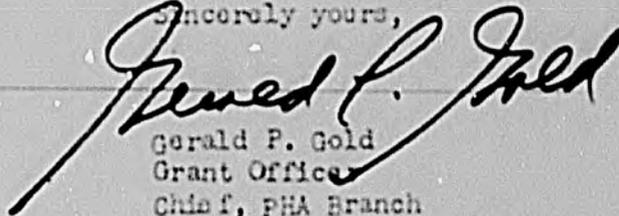
It is anticipated that the program being supported by this two-year grant will be a four year program. A.I.D. will, prior to the completion

of this grant, consider requests for additional funding and may, subject to the availability of funds, grant further funds in support of the program.

The funds granted herein are granted on the condition that the Grantee shall administer the funds in accordance with the proposal dated April 23, 1974, the Standard Provisions (Attachment A) and the Budget (Attachment B).

Please sign the Statement of Assurance of Compliance, enclosed herein, and the original and seven (7) copies of this letter to acknowledge your acceptance of the conditions under which these funds have been granted. Please return the Statement of Assurance of Compliance and the original and six (6) copies of this letter and its attachments to my office, making sure the copy you retain does not contain the stamp "Funds Available".

Sincerely yours,



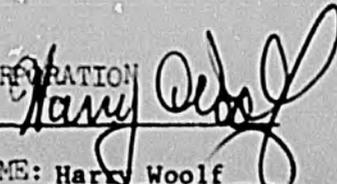
Gerald P. Gold
Grant Office
Chief, PHA Branch
Central Operations Division
Office of Contract Management

Attachments:

- | | |
|---------------------------------------|--------------------------------------|
| 1. Proposal dated April 23, 1974 | 3. Special Provisions (Attachment B) |
| 2. Standard Provisions (Attachment A) | 4. Budget (Attachment C) |

ACCEPTED:

JHPIEGO CORPORATION

BY: 

PRINTED NAME: Harry Woolf

TITLE: President of the JHPIEGO Corporation

DATE: 16 July 1974

Proposal
for
A Program for International Education
in Gynecology and Obstetrics (PIZGO)

submitted to
The Agency for International Development

by
The JIPIZGO Corporation
A non-profit corporation formed under
the general laws of the State of Maryland
and affiliated with
The Johns Hopkins University



Dr. Harry Woolf
Chairman of the Board of Trustees
and President of the JIPIZGO Corporation

4/23/74
April 23, 1974

Proposal

A Program for International Education
in Gynecology and Obstetrics (PIEGO)

Submitted by

The JHPIEGO Corporation

A non-profit corporation

affiliated with

The Johns Hopkins University

TABLE OF CONTENTS

Part I - Proposal	<u>PAGE</u>
A. Introduction	1
B. Rationale for the Program (PIEGO)	2
C. Summary Description of Organization (PIEGO)	11
D. The Functions of PIEGO	17
E. The JHPIEGO Corporation	22
F. Education	24
G. Admissions	27
H. Equipment Supply	29
I. History, Follow-Up, Evaluation	31
J. Field Trials	33
K. Cooperating Institutions	34
L. Management Resources	36
M. Resources of The Johns Hopkins University	41
N. Relationship to AID's Objectives	52
O. Financing	56
P. Budget	58

Part II - The Study (carried out under Grant AID/CM/pha-G-73-34)

A. INTRODUCTION

This proposal submitted, herewith, to the Agency for International Development is for a grant of funds which will provide support over a period of four years to a corporation (JHPIEGO), affiliated with The Johns Hopkins University, for a Program for International Education in Gynecology and Obstetrics (PIEGO), whose purpose will be to advance internationally the application of medical knowledge to health problems related to reproduction.

The program and the organization described in this Proposal are based upon recommendations made by an External Advisory Committee of International Experts in response to the favorable findings of the study which The Johns Hopkins University carried out under the terms of a one-year planning grant received from the Agency for International Development on June 29, 1973.

In further compliance with the requirements of this Grant (AID/CH/pha-G-73-34), Part I of this Proposal includes the program and operational plans, and, the Articles of Incorporation and the By-Laws of The Johns Hopkins Program for International Education in Gynecology and Obstetrics. Part II of the proposal includes the full text of the study and attachments, previously submitted to the Agency for International Development on February 28, 1974.

B. RATIONALE FOR THE PROGRAM (PIEGO)

The Problem

In the world today a significant deterrent to the social and economic well-being of the developing countries is the gap between the existing medical knowledge and its beneficial application. This gap exists not only at the patient level, but at the level of the medical school faculty and curriculum. In some instances, it may be caused by faculty organizational problems or by faculty failure to recognize new knowledge, while in others it is lack of facilities and equipment to apply new knowledge, or a combination of all of these. It is not at all unusual for a young faculty member from a medical school of a developing country to train for one or more years in the United States and, upon return to his home country, be unable to apply his newly learned skills and techniques, because of failure to receive the administrative backing needed to use them or to obtain the necessary equipment for their application.

While all aspects of gynecology and obstetrics are affected by this to a greater or lesser degree in one location or another, it may be said that the most general defect seems to exist in the concept of fertility management, that general area of concern for reproductive well-being which gives appropriate consideration to factors which are impediments to reproduction as well as to provide information and techniques to assure a desired family size.

During the past several years a number of new clinical techniques in Obstetrics, Gynecology and related disciplines have been developed

whose application can have a powerful effect upon the reproductive well-being of individuals in the developing countries. With rates of population continuing to grow, it is important that these techniques be available to the people.

To effectively reach the target populations, a sufficient number of Ob-Gyn specialists and other qualified personnel are needed in the developing countries, in both the public and the private sectors, who are capable of delivering advanced and comprehensive fertility management services. This calls for the extension of an international network of training centers and for the ultimate institutionalization of the teaching of advanced technology in fertility management in LDC schools of medicine and other training centers, so that it becomes available to physicians and their assistants through undergraduate specialty and continuing education.

The time is now at hand for a University-to-University approach to make available primarily to faculty and staff of teaching and action institutions advanced education in gynecology and obstetrics in a practical way and support this with the necessary equipment to apply the newly-acquired knowledge.

The Program for International Education in Gynecology and Obstetrics (PIEGO)

The Johns Hopkins Program for International Education in Gynecology and Obstetrics, a non-profit corporation, has just been formed to provide not only scientific and didactic leadership, but to serve as a management vehicle for the mobilization of resources, channelling funds and equipment contributed by various agencies to institutions participating in the program.

SCOPE OF PROGRAM

The scope of the program known as The Program for International Education in Gynecology and Obstetrics (PIEGO) is defined below.

(1) Organize and conduct a program of medical education to provide physicians and their assistants throughout the world with the knowledge, skills, and techniques found effective in the detection, diagnosis, treatment, and prevention of health problems related to reproduction, with special attention to the differing mix of problems and needs in each geographical area.

a. Since unwanted and uncontrolled pregnancies constitute probably the greatest menace to the health of women with disastrous individual and social consequences, particular attention will be given to the area of fertility management. This requires that the policies of the program be based on a realistic knowledge of the mores, beliefs, and political structure of the countries involved, so that the educational programs and practices based on them are truly and stably acceptable. It is therefore necessary that the policy guidance of the program be provided by a widely representative group of Ob-Gyn leaders and medical statesmen and that local programs be carried out on a fully collaborative basis.

b. As part of the educational effort it is anticipated that postgraduate courses modeled on the courses in advanced technology of fertility management now in operation at Johns Hopkins and several cooperating universities will be continued at Johns Hopkins and cooperating institutions in the United States and overseas.

(2) Organize an admissions unit for postgraduate candidates to assure an equitable distribution to cooperating institutions of such candidates for training.

(3) As lack of equipment at home institutions has been found to be a major deterrent to the application of acquired postgraduate education, a means of supporting the educational program with appropriate equipment for the detection, diagnosis, and treatment of health problems related to reproduction is to be organized. Efforts will be made to ensure the compatibility of this equipment with local conditions and customs.

(4) Organize a follow-up, testing and contact system to provide feedback for the improvement of the educational program, but also to do what can be done to assure that the graduate has the administrative backing and equipment support to apply acquired knowledge. Such a follow-up would be designed also to assure that a graduate has access to current developments.

(5) Sponsor and offer opportunities to collaborating institutions to participate in clinical trials which emphasize comparative testing to improve the prevention, diagnosis, and treatment of female disorders.

(6) Organize such other programs and activities as may be necessary and desirable to accomplish the general purpose and aims of PIEGO.

While there are major deficiencies in preventive measures in gynecology and obstetrics in many areas of the world, it is exceedingly important that this educational effort not be limited to a restrictive interpretation of fertility management. In many instances the cultural and social background of a developing country is such that recognized establishment

leaders in obstetrics and gynecology have not considered the preventive measures of fertility management as part of the specialty. There is a general body of opinion among obstetricians and gynecologists in the developing countries that information concerning preventive measures in obstetrics and gynecology would be more effectively transmitted and more generally accepted, certainly in some areas, if it were part of a broadly-based educational program encompassing advances in oncology, infertility, and endocrinology, prenatal medicine and other sub-specialties, as well as in preventive measures.

The fact is that in many countries of the world, including the United States, preventive measures often have appealed only to those on the periphery of academic gynecology and obstetrics. If we are to be successful in advancing the application of fertility management, elite establishment leaders must be involved.

Findings of the Study

Between July 1973 and November 1973, The Johns Hopkins University carried out an international study to determine the needs and the climate for cooperation among existing resources for advancing the level of training among the obstetricians and gynecologists and other qualified professionals to deal with health problems related to reproduction. In the course of the survey eleven countries were visited and 61 leaders contacted. Many of the leaders spoke not only as individuals, but as designated leaders of national and international Ob-Gyn societies such as FIGO (International Federation of Gynecology and Obstetrics), I.F.S. (International Fertility Society), IPPF (International Planned Parenthood Federation), etc. In addition, the experience of the World Health Organization (WHO) was solicited.

The findings contained in the narrative reports of these visits, and other information and data gathered during the course of the investigation support the following conclusions. (See Part II of Proposal for complete text of Study).

- The international community of obstetricians and gynecologists endorses the need for a program for international education to advance the level of the specialty for the benefit of the world populations.
- This community will support and lend its prestige to the successful implementation of an international educational effort which has that objective.
- Sufficient professional resources do exist within a number of countries to identify them as potential centers for advanced training in obstetrics and gynecology.
- A number of institutions visited have expressed the desire to participate in the program as training centers. It is anticipated that the number of institutions that will submit proposals to participate as major training centers in the program will probably exceed the capacity of the program to provide such support.
- The need does exist within these countries to advance institutionally the level of the specialty for the benefit of their populations and to help the gynecologists and obstetricians and other properly qualified professionals to raise their scientific and technical capabilities, particularly in connection with fertility management.

- There is a nucleus of physicians within these countries who are qualified to advance the level of the specialty and a sizeable number eligible to benefit from such training.

Recommendations of an External Advisory Committee of International Experts

The results of the study were presented to an External Advisory Committee of International Experts who met with the University Advisory Committee for two days in December 1973. The Committee concurred in the following recommendations:

- (1) A Program for International Education in Gynecology and Obstetrics (PIEGO) be organized to carry out a program with the scope and purpose described in this section.
- (2) This program (PIEGO) be administered through a corporation affiliated with The Johns Hopkins University and that the necessary steps be initiated to design its structure and its by-laws.
- (3) The plan with its organizational structure and its by-laws be submitted to the Trustees of The Johns Hopkins University and to the Agency for International Development for action.
- (4) The four institutions (The Johns Hopkins University, University of Pittsburgh, Washington University, American University of Beirut) now conducting courses in Advanced Techniques of Fertility Management comprise PIEGO initially and that additional institutions and individuals who will enter the Program be chosen by the criteria and procedures set up for this purpose by the new organization.

7
PIEGO

L

(5) A preliminary search for additional sources of funding be made and an early priority for PIEGO should be to broaden its base of support and to design and implement the programs that include the wider range of subspecialties that are not within AID's ability to fund.

The names of the committee members are presented below:

External Advisory Committee

Professor Stanley Clayton, President of the Royal College of Obstetricians and Gynaecologists; Professor of Obstetrics and Gynecology, University of London at King's College Hospital Medical School.

Dr. Henry van Zile Hyde, Executive Director of the World Federation for Medical Education, Washington, D.C.; Director of the Division of International Medical Education for the Association of American Medical Colleges from 1961-1972.

Dr. B. N. Purandare, President of FIGO (International Federation of Gynecology and Obstetrics); Dean, Wadia Maternity Hospital, Bombay, India.

Dr. Keun-Yung Rha, Professor and Chairman, Department of Obstetrics and Gynecology, College of Medicine, Seoul National University, Seoul, Korea.

Dr. Keith Russell, President of The American College of Obstetricians and Gynecologists, The Moore-White Medical Clinic, Los Angeles, California.

Dr. Frederick T. Sai, Assistant Secretary-General in charge of Medical and Biological Sciences, International Planned Parenthood Federation, London headquarters.

Dr. Howard S. Taylor, Professor Emeritus, Gynecology and Obstetrics at Columbia University; Past President of FIGO and the American College of Obstetricians and Gynecologists; Senior Consultant, Population Council, New York.

Dr. Benjamin Viel, Executive Director, International Planned Parenthood Federation, New York headquarters.

Dr. Jorge Villarreal, Chairman, Administrative Committee of the Federation of Latin American Medical Schools, Bogota, Colombia.

Professor P. O. Hubinont, Fellow and Past President of the Royal Belgian Society of Gynaecology and Obstetrics; Fellow and President of the French-speaking Gynaecologists of Belgium.

The scope of the program (PIEGO) and the organization for its administration and implementation, presented in this Proposal, are the product of these recommendations.

C. SUMMARY DESCRIPTION OF ORGANIZATION (PIEGO)

The educational goals of PIEGO are to be achieved according to certain principles:

- (1) The postgraduate educational experience should be relatively short,
- (2) Candidates for training must have administrative support from a sponsoring institution in the LDC,
- (3) Appropriate equipment will be supplied so that the individuals trained may apply acquired knowledge,
- (4) A mechanism of continuing contact with graduates will be established not only to evaluate training and thereby improve it, but to assure the maintenance of contemporary thought and practices in the field of acquired knowledge.

An additional point needs to be made. Action programs directed to the non-academic practicing gynecologist and obstetrician in developing countries are desirable, but perhaps less efficient than programs which emphasize the education of those connected with teaching institutions, be they medical schools or otherwise, so that the multiplier effect will be realized. Therefore, PIEGO will give consideration to the educational responsibility of trainees and will pay special attention to the curricula of teaching institutions and will attempt to assure that such curricula are consistent with the latest techniques and information in the field. Perhaps the effectiveness with which this important aspect of its goal can be accomplished is the main reason for a university to university approach and is itself the main justification to have PIEGO as a part of a prestigious university.

The organizational structure for PIEGO is a corporation affiliated with The Johns Hopkins University to be known as JHPIEGO, The Johns Hopkins Program for International Education in Gynecology and Obstetrics.

For operational purposes a Secretariat will be established with several sections: the office of the secretary general, education and field training, admissions, equipment, field trials, history, follow up and evaluation. All these sections of the Secretariat, with the supporting services of management resources, will serve the cooperating training institutions (centers) of which four have been established, i.e. The Johns Hopkins University, University of Pittsburgh, Washington University, American University of Beirut.

Secretary General. For an effective operation the Secretary General should be a recognized educator in the field of obstetrics and gynecology or a suitably qualified leader with an international reputation in Ob/Gyn or in related fields. It is planned that he will have the advice and counsel of a board of recognized leaders in all aspects of medical education and practice as applied to gynecology and obstetrics. There will be an International Council meeting at suitable intervals to help accomplish the purposes of the organization. A Council of Associates comprised of a representative from each training center will provide advice and guidance on the substantive and operational content of the program.

Resources Management. The management resources of The Johns Hopkins University will be utilized by the corporation which will make provision for the management personnel needed to support PIEGO's activities.

Education. There will be a Director of Education. Curriculum content and the acquisition and development, as appropriate, of teaching aids and other educational paraphernalia will be among his responsibilities.

Field Training. Experience to date with the present established courses in Advanced Techniques in Fertility Management and with the International Sterilization Training Program have clearly demonstrated the usefulness of individual training on site at institutions in developing countries. It is anticipated that, utilizing personnel from all cooperating institutions, field training will continue and will necessarily be an important part of the educational effort. Such field training and education will be integrated with the educational efforts at cooperating institutions and will be under the overall immediate supervision and direction of the director of education.

Admissions. In order to assure a smooth flow of training fellows, a central admissions office for all of the cooperating institutions will be maintained by PIEGO and the admissions of trainees to each of the cooperating institutions will be the responsibility of an admissions committee consisting of a member from each of the cooperating institutions. Such committee will meet periodically to evaluate and assign applicants.

Equipment. As indicated one of the main features of the PIEGO effort is the supply of equipment for use by those who have been trained. The designation of such equipment will be the responsibility of an equipment committee composed of representatives from each of the cooperating centers. The determination of which equipment will be supplied to which trainee will be the responsibility of the director of training of each of the cooperating institutions. PIEGO will maintain supplies of equipment and

will accept responsibility for delivering these according to the individual requirements of the trainee as specified by the director of training of each of the institutions. The equipment committee will meet periodically with the admissions committee to consider problems in this area.

Field Trials. It is anticipated that from time to time the cooperating institutions and the graduate trainee fellows might be in a unique position to quickly field test drugs, equipment, or other techniques in connection with fertility management. It is quite impossible to anticipate the exact nature of such an endeavor, but the PIEGO organization will be uniquely available in the event that such an effort would be judged to be desirable.

History, Follow up, and Evaluation. The approach of PIEGO as an educational effort has attracted considerable interest in medical educational circles, as well as in The Johns Hopkins University as a possible model for application to other fields of endeavor. It is therefore hoped to maintain an adequate record of effort to serve as a model for future efforts in perhaps other fields. Primarily, however, this section of the Secretariat would be charged with the follow up and evaluation of the various educational efforts being made by all aspects of PIEGO's operation. This would include gaining insights to determine the medical and social circumstances under which this particular educational approach would be effective. This section of the effort will be under the direction of Dr. Paul White of the School of Hygiene and Public Health at Johns Hopkins and could be an extraordinarily important contribution to future efforts in this and other areas.

Cooperating institutions. It is intended that the four institutions which are currently operating postgraduate courses in Advanced Techniques of Fertility Management, namely, The Johns Hopkins University, Washington University, University of Pittsburgh, and American University of Beirut, will form the initial core of cooperating institutions with PIEGO. The demand for and usefulness of the training offered by these institutions are such that it is anticipated that this effort could be expanded with profit. Such additional cooperating institutions could be either national in scope or international and would be funded by sub-grants from PIEGO. For various social, political, or religious reasons it might be appropriate to locate additional cooperating institutions in selected developing countries as indicated in appropriate sections of the study (Part II of this proposal). Recommendation of the selection of such additional cooperating institutions would be the responsibility of the International Council of PIEGO. As the selection of such an institution is a major responsibility a formal mechanism involving a detailed application by a prospective cooperating institution will be required. Upon receipt of an application a site visit by a selected team of members of the International Council may be arranged, if appropriate, as part of the selection process. The number and nature of the additional cooperating institutions will depend on the availability of funds and the advice of the International Council. The feasibility study indicated that it might be possible to establish certain national centers in some underdeveloped countries at a relatively modest cost to PIEGO. If this is possible, it would be desirable not only from

an economic point of view but also to have selected institutions accept responsibility for a truly collaborative program and thereby hopefully more likely to be accepted locally.

D. THE FUNCTIONS OF PIEGO

The grant of AID funds sought in this proposal is to contribute to the support of the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) over a period of four years.

The Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), a non-profit corporation, will serve as an intermediary organization which will establish in turn a network of cooperating training centers and will provide to these centers scientific and didactic leadership, as well as financial and other required resources, consonant with the objectives of PIEGO. The corporation will provide equipment (if deemed appropriate) to the institutions of the fellows trained at these centers and to clinics in the LDC's where training is provided by teams from these centers.

The following functions are among those for which JHPIEGO, as an intermediary institution, will need support to carry out this program.

1. Establish the Secretariat and the operational and professional units of the corporation, including the employment of the professional, administrative, financial personnel and consultants.
2. Maintain headquarters and adequate office space for the corporation.
3. Establish and maintain a council of associates composed of representatives from organizations participating in PIEGO, in U.S. and abroad.

4. Designate the membership and maintain an International Council composed of individuals who have demonstrated international leadership and influence in medical education or in health problems related to reproduction.
5. Establish program and policy guidelines and administrative policies and operating procedures.
6. Solicit and commit financial support from the broadest possible group of donors, including national and international agencies and foundations, public and private.
7. Mobilize professional support and involvement among obstetricians and gynecologists and related professionals not only at the international level but also at the national and local levels.
8. Develop the criteria and procedures for selecting and for awarding sub-grants to institutions to establish an international network of training centers in the United States and abroad.
9. Identify and select institutions which will participate as training centers and negotiate the sub-grants for these centers. Negotiations will include working out grant details and, when necessary, coordinating with AID and U.S. Embassy and host government institutions in making these awards.
10. Monitor the program and financial aspects of the sub-grant agreements.

11. Develop curricula content and educational materials for the centers, including acquisition and development of teaching aids and other educational paraphernalia.
12. Organize schedules with cooperating institution for the field training to be carried out at clinics and at the host institutions of Fellows who have been trained at centers.
13. Designate the equipment and establish specifications for the equipment to be used in connection with the procedures for which Fellows and those at clinics in LDC's are trained.
14. Establish working committees for Items 11 and 13.
15. Maintain a central admissions office for all cooperating centers designed to prevent duplication in the acceptances, and to make optimum use of all fellowship slots. Assure that the Admissions Committee, which includes a representative of AID and of each training center, convenes periodically for the timely selection and assignment of Fellows.
16. Maintain a system for the evaluation of Fellows while they are in training and for the designation by the training centers of the equipment (if appropriate) to be furnished to each Fellow's home institution.
17. Procure, inspect, warehouse, and deliver to host country institutions equipment to be used in connection with PIEGO. This includes establishing not only inventory controls but sub-contracts for transitory storage, packing, shipping, and export documentation to meet various custom requirements.

18. Integrate an evaluation system within the program to provide continuous feedback on centers and on those trained to permit ongoing modifications of its activities to optimize their impact including site visits for this purpose.
19. Make site visits for the identification, selection, and negotiation of centers and for the monitoring of sub-grants including amending sub-grants to provide continuing incremental support.
20. Make site visits for the follow-up training at the Fellows home institutions, and for field training conducted at LDC clinics.
21. Organize, convene, conduct, and/or attend international and national meetings, seminars, workshops, symposia, conferences, conventions, etc. which will serve to advance the objectives of PIEGO.
22. Disseminate internationally through publications, lectures, etc. the results being generated by the Program for International Education in Gynecology and Obstetrics.
23. Provide support from time to time for field trials of drugs, equipment, and other techniques. In such instances the HEW guidelines and FDA procedures will be followed, when appropriate, and assurances obtained that the trials carried out overseas are in accordance with local and prevailing customs and law.

The structure of the JHPIEGO corporation is described in more detail in the next chapter. The succeeding chapters provide functional statements on major program activities.

E. THE JHIPAEGO CORPORATION

Of the various options available, a non-profit University affiliated corporation was considered the most effective structure through which to achieve the objectives of PIEGO.

The JHPIEGO corporation will ensure for fund raising and for international cooperation the prestige associated with The Johns Hopkins University and it will facilitate responsible management of donor contributions.

The affairs of JHPIEGO are managed by a Board of Trustees appointed by the President of The Johns Hopkins University. The Articles of Incorporation of JHPIEGO and the By-laws which are attached hereto provide for

- The Officers of the Corporation to include a President, Secretary-General, and Treasurer.
- The President to be the Chief Executive Officer of the Corporation, elected by and responsible to the Board of Trustees for the administration of the Corporation's business and affairs.
- An International Council of Experts to be appointed by the President to provide program and policy advice and assistance. This will assure inputs to the program at the highest organizational level from leading national and international organizations and institutions.

The Secretary-General will head up the Secretariat which will implement PIEGO policy and carry out its operational functions. A Council of Associates made up of a representative from each of the cooperating institutions (whose relationship and functions are described in Chapter K) will serve as the advisory body to the Secretary-General. The Treasurer, who is the third key officer of the corporation, will have charge and custody and be responsible for all the funds and securities of the corporation.

F. EDUCATION

The goal of the educational effort of PIEGO is to improve the level of gynecological and obstetrical practice on the international scene, but especially in the lesser developed countries. This will be accomplished by structuring educational efforts to fit specific ascertained needs. As the need may vary from country to country, so may the effort.

In general it is anticipated that the educational thrust will consist of short, intensive post-graduate courses of didactic lectures, demonstrations, and practical instruction on a one-to-one basis. However, as mentioned in other sections, the educational experience of an individual trainee will be integrated with the willingness and ability of the sponsoring institution of the trainee to provide facilities for the application of any acquired skills and knowledge. Furthermore, it will be integrated with the availability or the supplying of any necessary equipment to apply the acquired knowledge.

An important phase of the PIEGO post-graduate effort will be field follow-up and instruction to ensure proper application of acquired skills and knowledge, to augment beginning skills, and to ensure continuing, up-to-date information on the part of the graduates. Field training is, therefore, considered to be an essential part of the educational objectives of PIEGO.

The activities of the International Sterilization Training Project (ISTP) might be cited as an example of this latter type of activity. It is anticipated that the type of activity represented by the ISTP

program will be phased into the activities of the cooperating institutions and into PIEGO itself, so that each cooperating institution will be primarily responsible for follow-up field training of their graduates. However, it is anticipated that teams will visit not only their own graduates but the graduates of other cooperating institutions in the same general geographic area visited by the teams. With this concept, it is apparent that a high degree of coordination is necessary, so that visiting teams can contact graduates of all training centers at a given geographical area in an efficient manner. Such coordination will rest with PIEGO.

Furthermore, it is anticipated that follow-up field training teams can and will be composed of faculty of more than one cooperating institution. This type of coordination must necessarily be the responsibility of the PIEGO secretariat.

In addition to follow-up field training, PIEGO will disseminate to graduates and clinics information about current techniques to keep them up-to-date with technological developments.

Field training will not be limited to individuals or institutions who have been represented by fellows at one of the training courses at a cooperating institution, but it is equally clear that all field training must be coordinated by PIEGO and that PIEGO in its turn must make every effort to coordinate its field training activities with other agencies with similar programs.

The course "Advanced Techniques for Management of Fertility" (ATMF) currently being conducted at The Johns Hopkins University and at the University of Pittsburgh, Washington University, and soon at the American

University of Beirut, might be cited as examples of the type of course which will be offered (Attachment A).

While post-graduate courses will undoubtedly represent a major effort of PIEGO, it is anticipated that personnel sponsored by PIEGO will on invitation serve as educational consultants to medical schools or other educational institutions and agencies, and make available, and in some instances develop, educational techniques and material to fill specific needs.

To accomplish the educational goals, PIEGO will establish an educational section with a director who will be responsible for the educational effort as outlined. The director will have adequate technical assistance for the production and dissemination of required educational materials.

G. ADMISSIONS

To provide a uniform system for the selection and placement of applicants, PIEGO will establish and operate a central admissions office for use by all participating centers. This office will be the focal point for information about each Fellow and will be the repository for the records and for the performance evaluations made on each one during training and follow-up visits. Academic achievement, demonstrated capabilities in the use of appropriate equipment, and the equipment authorized for use by each Fellow will be included as part of the record.

The Admissions Office will be responsible for the dissemination of information about PIEGO courses, for assembling the required documents and information on applicants to evaluate their qualifications, and to provide other services which from time to time might be required to facilitate the applicant-cooperating institution relationship.

The actual selection and acceptance of an applicant for training, although the responsibility of each cooperating institution, will be facilitated and accomplished through a Committee on Admissions representing each cooperating institution which will meet periodically for this purpose.

A registrar will be responsible for carrying out the purposes of the admissions office. The coordinating aspect of this office is significant since it is the office that will be involved with the Fellow from his initial application to the program through his actual training and subsequent receipt of equipment and followup visit by a training

team. In addition to the solicitation of applications and the preparation of applicant files for the Committee on Admissions, an integral function of this office is the maintenance of complete and detailed records, not only to prevent duplication of acceptances, but also to provide information and statistics for the training centers and other PIEGO offices, especially the Office of Equipment Supply.

H. EQUIPMENT SUPPLY

PIEGO will mobilize from among foundations, governmental and international agencies the contribution of resources for the purchase of equipment which will be supportive to reproductive well-being at patient and community levels in developing countries.

PIEGO may enter into agreements required for the purchase, warehousing, delivery and control of this equipment. PIEGO will transfer title to qualifying institutions, but will periodically evaluate the effective utilization of this equipment by the recipient institutions and will have the right to repossess equipment.

A technical subcommittee of PIEGO will approve all items of equipment to be used in the Educational Programs of PIEGO and the cooperating institutions. PIEGO will develop the specifications for the items of equipment which are to be sent to the home institutions of the physicians who are trained at these Centers. Procurement of this equipment will be based upon the specifications as approved by the technical committee of the program. While maintenance of equipment will be the responsibility of the recipient institution, PIEGO will maintain spare parts to facilitate servicing by recipient institutions.

Identification of the items of equipment to be delivered to the home institution of the trained physician will be made by an Evaluation Committee of each Training Center.

The program has the authority to set up a procedure by which physicians for their private use may purchase equipment to perform procedures in which they are trained under terms to be defined by the program. This

equipment will be supplied by a special revolving fund into which payments will be made by the purchaser.

PIECO will assume no financial responsibility for damage to the equipment furnished to centers caused by neglect of the organization operating the equipment. PIECO will (1) serve as a focal point through which the facilities can contact a vendor if necessary; (2) coordinate any required routine maintenance/service visits; (3) provide necessary spare parts or modernized components at either cost or no cost whichever in the judgment of PIECO best achieves the purpose of the program.

I. HISTORY, FOLLOW-UP AND EVALUATION

The documentation and evaluation of PIEGO is intended to provide information that will permit ongoing modification of its activities to optimize their impact. Although the ultimate measure of impact is in changes in the reproductive rates of the target populations, this measure is frequently very difficult to apply. The assumption of the evaluation, therefore, is that if the medical procedures which the program is disseminating are indeed carried out, the degree, rapidity, quality and appropriateness of their dissemination and implementation are valid and sufficient measures of impact.

These impact measures are of the following general types:

- Trainees' implementation of training procedures and use of equipment

- Distribution of trainees and equipment

- Diffusion of techniques and equipment to others

- Distribution of direct services among target populations

With respect to program modification, the documentation of PIEGO decisions and activities will provide information on the extent to which the impact data affects the principal modes of intervention for correcting the program, namely, criteria for the selection of trainees and cooperating institutions (as defined in Chapter K) and the development of continuing education with respect to innovative medical techniques and approaches to the population.

The methods of data collection will include participant observation, interviewing, development of program records and mail and direct sample surveys.

General Considerations:

As with any international program, the influence of political and sociocultural factors on success is great. Because trainees will be recruited from, and return to, a large number of countries with varying characteristics, on the one hand it is inadvisable to equate success in recruitment of trainees with success of the program while it is impossible, on the other hand, to predict or monitor the impact of training on every participant. The evaluation procedure to be followed is intended to provide an efficient and effective approach to quality control. The procedures will be modified as the program develops and as problems are encountered.

It should be borne in mind, that the approaches are tentative. In carrying them out, however, every effort will be made to provide comparable base data throughout the project, so that reasonable comparison of results will be possible.

The operational objectives of the program are assumed to be the dissemination of medical innovations so that they serve target populations. The impact of the selection of innovations and of trainees and cooperative organizations on the degree, rapidity, appropriateness and quality of services to defined target populations are to be inferred from the evaluation measures to be used.

J. FIELD TRIALS

The cooperating institutions offer facilities and personnel with a focus on fertility management and in the future perhaps on other aspects of the program. It is hoped to utilize this network or parts of it, when desirable, for field trials of new or modified techniques which could advance the objectives of PIEGO.

K. COOPERATING INSTITUTIONS

There are several categories of cooperating institutions: A training center; a service center; a service delivery clinic.

A training center is intended to train and equip and follow qualified physicians in advanced techniques and practices in selected subspecialties of gynecology and obstetrics. On a world-wide basis it is the present intention that there will be no more than 10 such centers which may receive fellows on a national or multi-national basis. For the most part these will be university based in departments of gynecology and obstetrics.

In the future should special funds become available it is hoped to establish, but not operate, service centers. A service center is intended primarily to deliver a needed service in a subspecialty of gynecology and obstetrics where such service is not now generally available and may be designed to serve an individual hospital or a geographical region. It is recognized that the training of professional and technical staff is a necessary part of the establishment of a service center. Furthermore, short postgraduate courses appropriate to the subspecialty may be necessary for the practitioners.

A service delivery clinic is considered to be established automatically at the home facility of any trainee of a training center by that trainee on his return to his home facility.

The identification and selection of a training center will be done according to the following procedure.

A. Using information elicited by the feasibility study, a sponsoring facility will be invited to submit, or any facility may submit without invitation, a proposal for a training center. This proposal is to be submitted on the form specified by PIEGO. A member of the secretariat or a member of the international council or council of associates appointed by the secretary-general for this purpose may advise and visit the applying facility during the preparation of the application. Early consideration should be given to possible restrictions emanating from funding agencies.

B. After the application is formally received by PIEGO, the secretary-general may appoint a site visiting team to review the application on site. The team may advise the applicant to revise the application or to submit it as written.

The site visitors will be from three to five in number selected from the international council and the council of associates. A member of the secretariat will be one of the site visitors ex officio. The site visitors will submit to PIEGO a written report of the visit and an evaluation of the application as it is finally submitted.

C. The application revised as necessary will be submitted to PIEGO for action by the International Council. The council may approve by a majority vote of those present and voting, may reject, or may defer for further information. In the event of a vote to defer, the deferred application may be re-submitted to the council at any subsequent meeting of that board.

The procedure for establishing a service center and for the renewal of any grant is the same as the initial application for a training center except that the procedure of paragraph B above may be eliminated unless it is requested by the council as provided for in paragraph C.

L. MANAGEMENT RESOURCES

JHPIEGO will utilize the existing management resources of The Johns Hopkins University which are described in this chapter and will provide for the additional personnel needed to support the corporation's activities.

An Administrative Officer will be appointed by JHPIEGO to coordinate the management and administrative requirements of PIEGO and assure that they are implemented through the University in accordance with the administrative and fiscal policies established by the JHPIEGO corporation and its donor agencies.

JHPIEGO will have a grant officer and several project monitors to make certain that the sub-grants made to the cooperating centers are receiving the support agreed to and that the centers are implementing their programs in accordance with the program and administrative and fiscal provisions of the grants.

JHPIEGO personnel will receive the same personnel benefits and privileges as an employee of The Johns Hopkins University. Personnel may be employed by the University and seconded to the Corporation on a reimbursable basis.

Management Systems

The major elements of essential management systems at The Johns Hopkins University include fiscal, personnel, facilities and procurement systems tied together by means of an integrated information system. These major systems have been developed to serve a single purpose: aid in the management of a varied array of programs in an interrelated environment of instruction,

research and public service. To meet this broad objective, Johns Hopkins University developed its major management systems by means of intensive and continuing efforts of a group of professional staff members seeking to provide multi-faceted integrated systems at all levels of management. This was accomplished by systems keyed to the day-to-day utilization of funds, people, space and materials.

Fiscal Systems

The Johns Hopkins University fiscal systems serve a broad variety of purposes aimed primarily at providing each level of management with appropriate controls. The accounting system as part of the fiscal systems identifies specific activities, and provides cost data on a timely basis to appropriate levels of administration. This system is maintained on a basis consistent with generally accepted accounting principles. Annual audits are performed by a recognized international auditing firm and reported to University management and trustees.

The financial reporting system provides financial data to management and to trustees in a manner allowing comparison of expenditures to budget as well as comparison of actual revenues to forecast.

Through utilization of these two major sub-systems cash flow is continuously analyzed and projected in a manner that allows the University to maximize cash investments where appropriate.

Professional staff members who develop, maintain and utilize these systems have been carefully selected from fields of public accounting, government budgeting and planning agencies, private business and financial institutions.

Personnel Systems

The Johns Hopkins University personnel systems are designed to provide a supply of qualified personnel to meet a diverse set of program needs throughout the University. Several complex systems are needed to support this objective. An important system is the University Wage & Salary Program which is intended to provide a fair rate of compensation based upon responsibilities, while simultaneously allowing for controlled variation due to differences in requirements and qualifications as well as regional and national competition for quality personnel.

Although a separate program, it is important that the University's Personnel Benefit Program complement the Wage & Salary Program. In this context, constant review and administration is provided to insure a level of fringe benefits that is reasonable when compared to comparable organizations, both local and national.

Staffing needs are met through recruitment systems that are designed to provide a maximum choice of applicants as well as selection of personnel on the basis of merit.

Above all there is a strong dedication to provide equal employment opportunity. Affirmative Action goals are defined and pursued at every level of personnel activity.

The complexity of modern personnel management requires every type of expertise ranging from labor relations to records management. To accomplish this, professional staff members have been selected with a variety of experiences in fields such as hospital administration, insurance company management, public agency program management, estate and trust law practice, industrial personnel management and social work activities.

Facilities and Procurement Needs

Facilities and procurement needs are met through systems designed to provide equipment, supplies, services and physical space as required by program managers and planners.

Procurement systems are designed to create competition among suppliers as well as responsiveness to the needs of the program manager.

Facilities are managed and planned to ensure economic use, maintenance, renovation and replacement. All levels of management as well as trustees, are involved in facilities use and facilities planning.

To provide this variety of special services, professional staff members have been attracted from hospitals, government research contractors, food service contractors and a variety of other fields where specialized expertise is needed.

Management Information Systems

The University utilizes a totally integrated set of services to provide cost effective information reports at all levels. A comprehensive array of data collection and processing services, report generating services, and records management services are provided by a specially designated group of professional staff members utilizing a modern IBM 370/135 computer. This staff is responsible for the integration of all computer processing systems supporting fiscal, personnel, facilities and procurement operations.

To provide this base support service, a variety of professional skills have been brought together from defense contracting organizations, banking and finance companies, aerospace manufacturers, public service agencies, computer service companies, and private business.

The Johns Hopkins management team shares a serious responsibility for the stewardship of public and private funds. Our management systems are intended to advance the fulfillment of these goals.

M. THE RESOURCES OF THE JOHNS HOPKINS UNIVERSITY

The Johns Hopkins University is a privately endowed educational institution based in Baltimore, Maryland, with other installations in Washington, D.C., Howard County, Maryland, and Bologna, Italy. Founded in 1876 with an orientation toward graduate education and research, Johns Hopkins established the model for advanced study in this country and is generally accepted as the first true university in America.

Johns Hopkins today consists of six coeducational academic divisions. Located on the Homewood Campus in North Baltimore are the Faculty of Arts and Sciences, including engineering sciences, and the Evening College, which provides a variety of undergraduate and graduate programs for part-time students. In East Baltimore are the School of Medicine, offering a rigorous program in medical education for students with varying backgrounds and objectives; the School of Hygiene and Public Health, which offers graduate education in the sciences basic to public health; and the School of Health Services, designed to educate students for careers in emerging and future health care delivery systems. In Washington, D.C., the School of Advanced International Studies offers graduate study and research opportunities in international affairs; it operates a branch in Bologna that is the only full-time graduate division of an American university in Europe.

In Howard County, Maryland, is a research and development facility operated by the University, the Applied Physics Laboratory, which was established in 1942 to conduct specialized defense research.

INNOVATION, 'SELECTIVE EXCELLENCE'

The history of The Johns Hopkins University over what is now nearly a century has been marked by a succession of innovations in both educational philosophy and technique. The founding of every major division of the institution and of many of its departments and programs represented pioneering advances in their time.

In the Arts and Sciences, important steps forward included the introduction of the laboratory and seminar methods of teaching, the first professional journals and societies in the United States, the famous History of Ideas concept that gave new direction and momentum to advanced scholarship in many fields, the oldest university press in the country still operating, the first formalized financial support in this country for graduate students, new advanced degrees, and accelerated degree programs. Work in this division by both faculty and students has helped shape the development of such new scholarly and scientific disciplines as biomedical engineering, biophysics, engineering sciences, mathematical sciences, and urban studies.

With the founding of the Johns Hopkins School of Medicine in 1893, medical education in the United States was placed on a truly scientific basis for the first time, and the Johns Hopkins system set the mold for professionalism in medical training at major institutions for years to come. Now the center of one of the most prestigious medical complexes in the world, the School was the first to place major emphasis on research by both faculty and students, the first to establish a full-time medical faculty, to institute clinical training, to implement training of the resident staff, to open a psychiatric clinic for children.

The School of Hygiene and Public Health, founded in 1916, was the first school in the world devoted to advanced study in problems of international health and health care delivery.

The School of Advanced International Studies has continually strengthened its curriculum to meet changing educational needs in the fluid field of international relations. In 1957, the School established the Washington Center of Foreign Policy Research as an independent entity for research into international relations and specific problems in American foreign policy. In 1969, the Center of Canadian Studies was founded; it remains the only graduate research center in the United States concentrating on Canada.

The tradition of innovation at Johns Hopkins is continuing. The new School of Health Services which opened in 1973 offers the first university-associated baccalaureate program designed to prepare health workers to fill the needs of health care delivery systems of the future.

Another aspect of the Johns Hopkins tradition has been described by President Steven Muller in the phrase, "selective excellence". With a full-time student body of fewer than 5,000, Johns Hopkins is the smallest of the country's major universities. The institution has never sought to be a leader in a great range of academic endeavors, but rather to concentrate on those fields in which its resources are clearly superior.

This concentration of effort has led to the University's being chosen to develop and manage a number of important scientific enterprises. During World War II, Johns Hopkins was contracted to produce a major new defensive weapon, the radio proximity fuze, a device that played a critical role in the defense of Great Britain against the German V-2 rocket and in

the protection of American vessels in the Pacific against Japanese kamikaze attacks. In more recent times, Johns Hopkins astrophysicists designed and built an ultraviolet spectrometer for the National Aeronautics and Space Administration that was taken to the moon aboard Apollo 17 and yielded the most definitive information yet available on the composition and density of the thin lunar atmosphere. Under a grant from the National Institute of Health, University biophysicists are now constructing what will be the most powerful electron microscope in the world when completed in 1974. Johns Hopkins -- along with the University of Maryland, the Smithsonian Institution, and the Virginia Institute of Marine Science -- is a member of the Chesapeake Research Consortium, a multi-million dollar research program aimed at improving techniques for managing the resources of the Chesapeake Bay, the largest estuarine body in the world. In 1973, Johns Hopkins was awarded a \$6.4 million grant from the National Cancer Institute for the establishment of one of several new cancer research and patient care centers in the United States.

Although based in Baltimore, the home of its benefactor, Johns Hopkins' involvement in research and scholarship is worldwide. The Department of Near Eastern Studies conducts continuing archaeological investigations in the Eastern Mediterranean region. The School of Advanced International Studies offers a dozen programs dealing with major geographical areas and developing countries. The Center for Metropolitan Planning and Research operates programs in Eastern Europe sponsored by both the United States and foreign governments. The work of one Johns Hopkins scientist alone -- water resources expert Abel Wolman -- has been felt in over 50 countries of the world in the past half-century.

It is in the area of medicine and health, however, that the international reputation of Johns Hopkins is most firmly established. In the course of their histories, the School of Medicine and the School of Hygiene and Public Health have awarded advanced degrees to more than 1,000 students from foreign countries. In recent years, the student bodies of these schools have typically represented between 40 and 50 overseas nations. The reputation of the Johns Hopkins Hospital is such that it, too, draws patients from all over the world. In 1972, 40 nations were represented among the 300,000 persons who were served. The Hospital's patients have included millionaires and potentates and -- in accord with the wish of the benefactor -- paupers, for Johns Hopkins specified in his will that the Hospital welcome any who sought its services.

THE SCHOOL OF MEDICINE

The specialties of particular interest in this description of Johns Hopkins -- gynecology and obstetrics -- have been combined in a single department in the School of Medicine since 1960. The department today possesses breadth and depth probably unsurpassed in similar departments in the United States, with specialty personnel representing all of the important subspecialties into which the field has recently divided. The department chairman is Dr. Theodore M. King, who holds both M.D. and Ph.D. degrees and whose appointment in 1971 at age 38 was in accord with a departmental tradition of naming a relatively young man to this post.

Evidence of the department's contemporary strengths is indicated to some extent by the historical foundation upon which it rests. The . rst

chair in gynecology was held by Dr. Howard A. Kelly, one of Johns Hopkins' famous "Four Doctors" and a man credited with revolutionizing gynecology by placing it on a firm surgical basis. The first in what has been a steady flow of major monographs and texts by department members appeared in 1903 when Dr. J. Whitridge Williams issued the first edition of his Textbook of Obstetrics. This volume has been revised and reissued regularly and is regarded as the single most influential text on the subject ever written. Others whose work constituted fundamental contributions include Dr. Emil Novak, a prolific author whose book for the lay reader, the Woman Asks the Doctor, was one of the most widely honored of its kind; Dr. Thomas S. Cullen, who did much to establish the practice of gynecology on the sound basis of morphological pathology; and Dr. Richard W. Te Linde, a pupil of Cullen, a skilled surgeon and author of the landmark text, Operative Gynecology.

Other advances by members of the department include development of the open air method of cystoscopy, establishment of one of the country's foremost clinics for female urology and of one of the leading laboratories in the world concerned primarily with gynecological pathology, the training of a large number of specialists in the field who have attained recognition in nearly every major medical teaching center in the United States, and the revolutionizing of medical illustrating through the organization of the first school of art as applied to medicine. In 1927, the department became affiliated with one of the first agencies of its kind, the Bureau for Contraceptive Advice, in Baltimore.

The orientation of the department today continues along the lines of improved techniques for diagnostic and operative procedures. Also receiving

emphasis are research in gynecological pathology, endocrinology as applied to gynecology, clinical research on improved approaches to abortion, improvements in laparoscopic techniques, and studies in reducing the transfer time from clinical research to application in patient services. Members of the department continue to write texts and articles in operative gynecology, gynecological pathology, gynecological urology, and other areas. The School also produces the review journal in the field of obstetrics and gynecology with the widest circulation. Four presidents of the American Gynecological Society have held that post while members of the Johns Hopkins faculty, and three others have had Johns Hopkins connections.

In addition to its various specialists in internal medicine relating to women, the department and the Johns Hopkins Medical Institutions have supported a number of investigative groups in female medicine that have gained wide experience in developing new approaches to problems and in evaluating new techniques and instrumentation relevant to practice in the field.

THE SCHOOL OF HYGIENE AND PUBLIC HEALTH

The first of its kind anywhere, this School has had an international orientation since its inception, with the result that its experience in overseas research and clinical programs has exceptional depth. Population control has been a matter of primary interest for a number of years, as reflected in the existence of a strong Department of Population Dynamics, a University Overseas Population Internship Program providing fellowships for work on population problems in foreign countries, and an inter-

departmental program in population studies, including such subjects as reproductive biology, family planning administration, population economics, and social demography.

Departments in the School with interests and programs in this general field include International Health (public health programs abroad, family planning administration), Maternal and Child Health (emphasis on the integration of preventive technique with clinical and administrative services, and a nurse-midwifery program), and Public Health Administration (health planning, economics, and administration; community health services; community nursing; health systems analysis, and operations research, including a component in planning and projecting resource requirements for facilities in the area of patient care).

Of most direct concern to the project under consideration is the School's Department of Population Dynamics. Among its principal interests are problems of rapid growth of populations, abortion, contraception, the impact of family planning on health, and the regulation of fertility. Recent developments in the Department have included a strengthening of the reproductive biology program with special projects on testicular metabolism, oogenesis, and the physiology of the oviduct. Current specific research deals with a simplified method for the suppression of ovulation and a reversible technique for male sterilization. One recent project alone -- on pre-adult fertility and family formation -- produced startling data about teenage sexual activity and a lack of basic knowledge about contraceptive techniques among that age group. Results of the study formed the basis of new policy considerations by such groups as the Commission on Population Growth and the American

Future, the Planned Parenthood Foundation, and the American Public Health Association. The department also recently established a new Ph.D. program which, because of its broad-based interdisciplinary character, is regarded as a unique offering by American universities.

Historically, the School of Hygiene and Public Health has had a heavy commitment in overseas projects. For more than ten years it has operated two installations in India, the Rural Health Research Center at Narangwal, Punjab, and the Center for Medical Research and Training at Calcutta. A research program in Taiwan on the effects of mothers' diets on pregnancy outcome led to development of a new national policy on abortion utilization in that country. A project now underway in Turkey is aimed at assisting in the development and evaluation of Turkey's National Family Planning Program. Other programs in the area of fertility management and family planning are in progress in Pakistan, Indonesia, Bangladesh, Ethiopia, and Mexico.

Since its founding 55 years ago, the School has graduated nearly 700 specialists from overseas nations. Many of these people are now at work in their native countries as administrators, health planners, biostatisticians, health educators, behavioral scientists, environmentalists, nutritionists, and experts in population control. They constitute, in effect, a standing consulting force whose experience could be readily drawn upon in virtually every country in the world.

ADDITIONAL SUPPORT

Other components of The Johns Hopkins University that could lend strength to a multidisciplinary project with widely scattered elements

such as the one under consideration are the School of Health Services, the Applied Physics Laboratory, the Faculty of Arts and Sciences, and the Central Administration.

Although it has been in operation for less than a year, the School of Health Services has made substantial progress in developing an approach to the training of middle-level health professionals. Such an approach has been made necessary in recent years by changes in the organization of medical care, changes in technology, in the costs of medical care, and in public demand. The School is designed to produce qualified personnel to perform a wide range of tasks associated with personal, family and community health care in collaboration with physicians and other members of the health care team.

The Applied Physics Laboratory since 1967 has engaged in an extensive program of biomedical research and engineering jointly with the University's medical institutions. The Laboratory has made critical contributions to such advances as the rechargeable cardiac pacer, powered prosthetic limbs that operate in response to natural electrical muscular impulses, and three-dimensional x-ray technology. The range of projects undertaken successfully by the Laboratory is evidence of its capability to assist in the design, development and evaluation of medical equipment and instrumentation.

Within the Faculty of Arts and Sciences, the following departmental specialties bear upon the project under consideration: Biology (population biology), Geography and Environmental Engineering (municipal and health engineering), Mathematical Sciences (health systems analysis), Political Economy (health economics), Psychology (human engineering, experimental

design), Social Relations (primitive societies, sociology of public health, medical sociology).

Administratively, The Johns Hopkins University (including the medical schools) and the Johns Hopkins Hospital are now under the presidency of a single individual, Dr. Steven Muller. This unifying step, taken in 1972, brought the University and Hospital under the presidency of one man for the first time since Daniel Coit Gilman, the University's first president, held both offices in the earliest years of the institutions. To further strengthen the administrative organization, Dr. Muller named Dr. Russell H. Morgan, Dean of the School of Medicine, to the newly created post of Vice President for the Health Divisions, with responsibility for the administrative coordination of all three health-related academic divisions.

FISCAL EXPERIENCE

Like all privately-supported institutions of post-secondary education today, Johns Hopkins depends heavily on government support for both research and student financial aid. For the 1972-1973 fiscal year, federal and state contracts and grants accounted for about half of the total University revenues of \$107,145,000. Each division of the University has its own machinery for the processing of government and other funds, with a cumulative experience surpassed by but few institutions. As an example, in terms of funding by the leading supporter of medical research and education in the country, the National Institutes of Health, Johns Hopkins in 1971 ranked fifth in research grants and second in training grants among all universities and colleges in the United States. Grants and contracts from all government sources in fiscal 1973 numbered nearly 1,300 and totaled over \$49 million.

N. RELATIONSHIP TO AID'S OBJECTIVES

New and improved clinical techniques for fertility management, which have been developed over the past few years and are suitable to the needs of the developing countries, can have a significant effect upon reducing birth rates, if they are made extensively available within the LDC's.

A major commitment from universities and medical colleges is fully merited to increase the number of trained personnel and the number of clinics around the world capable of delivering these techniques.

The distances that have separated nations in the past have so shrunk that it is easily possible for institutions located on all continents to work together to seek effective solutions to the problems which arise from and within the human reproductive function and to seek the elevation of the reproductive well-being of all the people.

Universities, Medical Colleges, hospitals, clinics and health care delivery systems in a large number of countries at various stages of development have now attained enough strength and excellence to work together on a basis of mutual assistance and collaboration so that the old relation of "donor" and "recipient" can now be left behind. Specifically, there are an adequate number of institutions who train and use obstetricians and gynecologists and there are enough qualified and interested individual physicians in this specialty to justify and to sustain a major educational effort of the type described in this proposal through, for, and by these specialists.

The courses and field training clinics in Advanced Techniques in Fertility Management which have been carried out over the last 18 months, and the effectiveness of the International Sterilization Training Project, have disseminated advanced techniques and made their application possible in the LDC's in a modest but effective way. There is strong demand for their expansion and further adaptation to the various levels of perceived need and socio-cultural acceptability in different regions and countries.

There is widespread, and in a number of locations, intense interest in applying the same philosophy of education and service delivery follow-through that has been developed in these pilot efforts to a number of other Ob/Gyn subspecialties that have relevance to the elevation of reproductive well-being.

It is generally felt within the profession that effective leadership for increasing the capacity to provide advanced reproductive health services to women internationally can best be demonstrated by establishing within a University an administrative vehicle for PIECO through which the many medical institutions and gynecologists of diverse geographic and cultural backgrounds can participate.

The resources of The Johns Hopkins University and the pioneering and leadership roles that it has played, nationally and internationally, in gynecology and obstetrics, medical education, public health, population dynamics, and other related disciplines make it uniquely suited to serve as the base for a non-profit university-affiliated corporation.

The Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) can provide the leadership and coordination for the international involvement of institutions directly related to

gynecology and obstetrics and can solicit, manage and channel resources to cooperating organizations. Serving as an intermediary organization JHPIEGO will further AID's objectives by providing

- the medical institution to medical institution and gynecologist to gynecologist approach (minimizing governmental visibility) which is needed to involve the elite establishment leadership and to advance the application of fertility management.
- an intermediary organization to carry out for AID a grant program which involves selecting cooperating institutions, negotiating and awarding sub-grants and monitoring the program and fiscal aspects of these agreements.
- didactic and scientific leadership in Ob/Gyn curriculum development and training.
- the international prestige and the selective excellence of the University in this and related specialties, which will serve to increase the involvement of the international Ob/Gyn community.
- a privately endowed university environment for the solicitation of donor support.
- experience and demonstrated institutional responsibility in the management of government contracts and grants.

- experience in carrying out other complex and multi-disciplinary programs through the mechanism of a non-profit university-affiliated corporation.

The membership of the Board of Trustees and the officers of the JHPIEGO Corporation reflect the importance which has been attached to the successful implementation of this program.

Dr. Harry Woolf, the Provost of The Johns Hopkins University, will serve as Chairman of the Board of Trustees and as the President of JHPIEGO.

Prior to becoming Provost of the University, Dr. Woolf served as Chairman of the University's Department of the History of Science.

Dr. Russell H. Morgan, Dean of the School of Medicine and the Vice President of Health Divisions of The Johns Hopkins University, has been designated to serve as a member of the JHPIEGO Board of Trustees.

Dr. Theodore Sing, Director of the Department of Gynecology and Obstetrics of The Johns Hopkins University School of Medicine and Gynecologist-Obstetrician-in-Chief of The Johns Hopkins Hospital, is the third member of the Board of Trustees.

Dr. Howard W. Jones, Jr., Professor, Gynecology and Obstetrics of The Johns Hopkins University, Gynecologist-Obstetrician of The Johns Hopkins Hospital and a leader in the international gynecological community, will serve as Secretary General of JHPIEGO.

Mr. Robert C. Bowie, Vice President for Business Management of The Johns Hopkins University, has been named Treasurer of the JHPIEGO Corporation.

A curriculum vitae for each of the key officials of JHPIEGO can be found under Attachment B of this proposal.

O. FINANCING

A grant is sought from the Agency for International Development to provide support to JHPIEGO for a period of four years to cover the central program direction and management costs beginning July 1, 1974 and to provide funds for the purchase of equipment and to finance up to eight centers to be in operation by the end of that period.

The solicitation of donor support from other sources is in the process of being investigated, but mobilization of these resources will best be effectuated when JHPIEGO can demonstrate its viability. This will depend upon receiving initial financing from AID. Grant support for a period of four years totalling approximately \$16.6 million will cover estimated expenses for that period. Over \$12 million of this amount is needed to continue to finance the four existing training centers, provide for up to four additional centers and furnish the equipment called for in the program. Only \$4.3 million of this amount are for the central costs for the program direction and management functions which JHPIEGO as an intermediary institution will carry out.

In seeking from AID this support for four years totalling approximately \$16.6 million, requests funding in accordance with the schedule set forth or in the chart entitled "Funds to be Obligated by Fiscal Year".

FUNDS TO BE OBLIGATED
BY FISCAL YEAR

	<u>FY74</u>	<u>FY75</u>	<u>FY76</u>	<u>FY77</u>	<u>TOTAL</u>
<u>Central Costs (Program Management & Direction)</u>	<u>\$1,886,397</u>		<u>\$1,175,352</u>	<u>\$1,268,378</u>	<u>\$ 4,330,127</u>
<u>Equipment, and Manufacturing, etc.</u>	<u>2,025,000</u>	<u>\$1,050,276</u>	<u>\$1,226,610</u>	<u>\$1,131,510</u>	<u>\$ 5,433,496</u>
<u>Centers</u>	<u>\$1,975,603</u>	<u>6,797,397</u>	<u>\$2,700,000</u>	<u>\$3,100,000</u>	<u>\$ 8,573,000</u>
<u>GRAND TOTAL</u>	<u>\$3,887,000</u>	<u>\$1,847,673</u>	<u>\$5,101,992</u>	<u>\$5,500,918</u>	<u>\$16,636,583</u>

ATTACHMENT B
Grant No. AID/csd-1064

BUDGET
7/1/74 - 6/30/76

<u>Category</u>	<u>Amount</u>
A. Central Costs	
1. Personnel & Frings	\$ 993,251
2. Consultants	54,000
3. Travel & Allowances	190,000
4. Equipment, Material, & Supplies	106,000
5. Other Direct Costs	323,200
6. Space costs	40,740
7. Indirect costs	229,206
Sub-total	\$1,911,397
B. Centers	\$1,975,603
TOTAL AMOUNT	\$3,887,000

Within the subtotal amount of category A, the grantee may adjust the line item amounts as reasonably necessary for accomplishment of the program.

FEDERAL RESERVE LETTER OF CREDIT FOR ADVANCE PAYMENT

1. A.I.D. shall open a Federal Reserve Letter of Credit in the amount of **this grant, against which the Grantee may** present payment vouchers. The amount of the payment voucher shall not be less than \$10,000 nor more than \$1,000,000, nor may the amount drawn down, including unexpended amounts previously drawn down, exceed by more than \$10,000, the anticipated amount of expenditures for the following 30 days..

2. In no event shall the accumulated total of all such payment vouchers exceed the amount of the Federal Reserve Letter of Credit.

3. If at any time, the Grant Officer determines that the Grantee has presented payment vouchers in excess of the amount or amounts allowable in 1 and 2 above, the Grant Officer may: (a) cause the Federal Reserve Letter of Credit to be suspended or revoked; or (b) direct the Grantee to withhold submission of payment vouchers until such time as, in the judgment of the Grant Officer, an appropriate level of actual, necessary and allowable expenditures has occurred or will occur under this Grant, and/or (c) request the Grantee to repay to A.I.D. the amount of such excess. Upon receipt of the Grant Officer's request for repayment of excess advance payments, the Grantee shall promptly contact the Grant Officer to make suitable arrangements for the repayment of such excess funds.

4. Procedure for Grantee

a. After arranging with a commercial bank of its choice for operation under this Letter of Credit and obtaining the name and address of the Federal Reserve Bank or branch serving the commercial bank, the Grantee shall deliver, to the Grant Officer, 3 originals of Standard Form 1194, "Authorized Signature Card for Payment Vouchers on Letters of Credit" signed by those official(s) authorized to sign payment vouchers against the Federal Reserve Letter of Credit and by an official of the Grantee who has authorized them to sign.

b. Upon execution of the Grant, the Grantee shall receive one certified copy of the Federal Reserve Letter of Credit.

c. The Grantee shall confirm with his commercial bank that the Federal Reserve Letter of Credit has been opened and is available if funds are needed.

d. To receive payment, the Grantee shall:

(1) Periodically, although normally not during the last five days of the month, prepare payment vouchers (Form TUS 5401) in an original and three copies.

(2) Have the original and two copies of the voucher signed by the authorized official(s) whose signature(s) appear on the Standard Form 1194.

(3) Present the original, duplicate and triplicate copy of the Form TUS 5401 to his commercial bank.

(4) Retain the quadruplicate copy of the voucher.

e. After the first payment voucher (Form TUS 5401) has been processed, succeeding payment vouchers shall not be presented until the existing balance of previous payments has been expended or are insufficient to meet current needs.

f. In preparing the payment voucher, the Grantee assigns a voucher number in numerical sequence beginning with 1 and continuing in sequence on all subsequent payment vouchers submitted under the Federal Reserve Letter of Credit.

g. A report of expenditures shall be prepared and submitted not less than quarterly to the Office of Financial Management, FM/CSD, A.I.D. Washington, D.C. 20523. This report,

submitted on Standard Form 1034, "Public Voucher for Purchases and Services Other Than Personnel" shall be supported by a fiscal report, in three (3) copies, which shall include certification signed by an authorized representative of the Grantee, in substantially the same form as below:

<u>Category</u>	(As set forth in Attachment C)	<u>Budget Amount</u>	<u>Total Expenditures To Date</u>	<u>Expenditures This Period</u>
XXXX		XXXX	XXXX	XXXX
XXXX		XXXX	XXXX	XXXX
			Total	XXXX

"The undersigned hereby certifies: (1) that payment of the sum claimed under the cited grant is proper and due and that appropriate refund to A.I.D. will be made promptly upon request of A.I.D. in the event of disallowance of costs not reimbursable under the terms of the grant; and

(2) that information on the fiscal report is correct and such detailed supporting information as the cognizant A.I.D. Controller or Grant Officer may require will be furnished promptly to A.I.D. on request.

BY _____
TITLE _____ DATE _____ "

h. The report of expenditures on Standard Form 1034 is reviewed against the Grant provisions, and any improper disbursement is disallowed. The Grantee is notified of the reason for the disallowance and is directed to adjust the next periodic report of expenditures to reflect the disallowance and to reduce its next payment voucher against the Federal Reserve Letter of Credit by the amount of the disallowance.

i. Simultaneously with the submission of the report on expenditures, the Grantee submits to the Office of Financial Management a status report on the Federal Reserve Letter of Credit as of the close of the period covered by the report of expenditures. The report is prepared in the following format:

Federal Reserve Letter of Credit No. _____

- | | |
|--|----------|
| 1. Total Amount of Federal Reserve Letter of Credit | \$ _____ |
| 2. Payment Vouchers presented against Federal Reserve Letter of Credit | _____ |
| a. Previously drawn | \$ _____ |
| b. Drawn this period, TUS 5401 Nos. _____ through _____, inclusive. | \$ _____ |
| c. Total drawn | \$ _____ |
| 3. Vouchers submitted not paid TUS 5401 # _____ through # _____ | \$ _____ |
| Balance FRLC available | \$ _____ |
| 4. Status of Cash Drawn from FRLC | |
| Cash on hand beginning of period | \$ _____ |
| Cash drawn during period | \$ _____ |
| Total Available Cash | \$ _____ |
| Cash disbursed during period | \$ _____ |
| Cash balance on hand at close of period | \$ _____ |

5. Refund of Excess Funds

(a) If all costs have been settled under the Grant and the Grantee fails to comply with the Grant Officer's request for repayment of excess Federal Reserve Letter of Credit funds, the Government shall have the right, on other contracts held with the Grantee, to withhold payment of Federal Reserve Letter of Credit or other advances and/or withhold reimbursements due the Grantee in the amount of the excess being held by the Grantee.

(b) If the Grantee is still holding excess Federal Reserve Letter of Credit funds on a grant, contract or similar instrument under which the work has been completed or terminated but all costs have not been settled, the Grantee agrees to:

(1) Provide within 30 days after requested to do so by the Grant Officer, a breakdown of the dollar amounts which have not been settled between the Government and the Grantee. (The Grant Officer will assume no costs are in dispute if the Grantee fails to reply within 30 days).

(2) Upon written request of the Grant Officer, return to the Government the sum of dollars, if any, which represents the difference between (1) the Grantee's maximum position on claimed costs which have not been reimbursed and (2) the total amount of unexpended funds which have been advanced under the Grant; and

(3) If the Grantee fails to comply with the Grant Officer's request for repayment of excess Federal Reserve Letter of Credit funds, the Government shall have the right, on other contracts, grants or similar agreements held with the Grantee, to withhold payment of Federal Reserve Letter of Credit or other advances and/or withhold reimbursements due the Grantee in the amount of the excess being held by the Grantee.

BEST AVAILABLE COPY