UNCLASSIFIED

Annual Budget Submission

FY 1986

BUREAU FOR SCIENCE AND TECHNOLOGY

OFFICE OF HEALTH

JUNE 1984

Agency for International Development
Washington, D.C. 20523

UNCLASSIFIED

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TABLE III - PROJECT OBLIGATIONS BY APPROPRIATION ACCOUNT
FY 1984 TO FY 1986 ($ THOUSANDS)

OFFICE: ST/HEA

PROJECT#	PROJECT TITLE	FY 1984 OYB-REVISED	FY 1985 REVISED	FY-86 PROPOSED	Page
APPROPRIATION ACCOUNT - HE					
931-0453.	MALARIA IMMUNITY AND VACCINATION-TOTAL	$7,923	$5,000	$7,500	6
931-1012.	INTERNATL CTR FOR DIARRHEAL DIS RES	$1,423	$0	$0	
931-1126.	TROPICAL DISEASE RESEARCH	$2,000	$2,000	$1,500	7
931-1176.	WATER SUPPLY AND SANITATION FOR HEALTH	$1,800	$0	$0	
931-1179.	COMP METHODS OF VECTOR CONTROL	$179	$0	$0	
936-3023.02	FAMILY HEALTH AND DEMOGRAPHIC SURVEYS	$400	$200	$400	8
936-5901.	HEALTH DEVELOPMENT MANAGEMENT	$834	$500	$0	
936-5920.	OPERATIONS RESEARCH - HEALTH	$2,036	$2,000	$2,000	9
936-5927.	TECHNOLOGY FOR PEC	$2,030	$2,350	$2,350	10
936-5928.	DIARRHEAL DISEASE RESEARCH PROGRAM	$975	$1,975	$2,900	11
936-5929.	HES RESOURCE SUPPORT	$100	$200	$200	12
936-5932.	MEDEX SUPPORT	$1,000	$0	$0	13
936-5933.	AGRO-MED PESTICIDES	$0	$350	$500	14
936-5935.	COMMUNITY DIAGNOSIS	$0	$500	$725	15
936-5936.	BIOMEDICAL RESEARCH SUPPORT	$0	$1,000	$1,300	16
936-5939.	ORT HELP	$1,205	$225	$375	17
936-5940.	PEDIATRIC CHRONIC DIARRHEA DIS RSCH	$1,000	$0	$0	18
936-5941.	MASS MEDIA IN HEALTH EDUCATION	$0	$0	$250	19
936-5942.	WATER AND SANITATION FOR HEALTH II	$1,000	$2,400	$2,500	20
TOTALS FOR HE		$23,905	$18,800	$23,000	

TABLE III - PROJECT OBLIGATIONS BY APPROPRIATION ACCOUNT
FY 1984 TO FY 1986 ($ THOUSANDS)

OFFICE: ST/HEA

PROJECT#	PROJECT TITLE	FY 1984 CYB-REVISED	FY 1985 REVISED	FY-86 PROPOSED
* * OFFICE TOTAL:		$23,925	$18,322	$23,200

PROJECT NUMBER AND TITLE	G L	OBLIG DATE INIT	FIN	-TOTAL COST- AUTH	PLAN	OBLIG THRU FY 83	FY 83 PIPE-LINE	ESTIMATED U.S. DOLLAR COST ($000) FY 1984 OBLIG-ATIONS	FY 1984 EXPEND-ITURES	FY 1985 OBLIG-ACTION	FY 1985 EXPEND-ITURES	FY 1985 FUNDED THRU	FY 86 AAPL	FY 86 FUNDED THRU	PEACE CORPS VY84	PEACE CORPS VY85	ITEM NO
HEALTH																	
9310067 OFFICE OF INTERNATIONAL HEALTH SUPPORT SUBCAT: HEPP																	
%PVO: 0	G	74	83	15864	3047	3007	99	---	99	---	---		---		0	0	12327
9310453 MALARIA IMMUNITY & VACCINATION RESEARCH SUBCAT: HECR																	
%PVO: 0	G	75	89	28999	65112	26962	5946	7923	10986	5000	7000	12/85	7500	12/86	0	0	8333
9311012 INT'L CENTER FOR DIARREAL DISEASE RES. SUBCAT: HECR																	
%PVO: 0	G	79	84	10000	12900	8577	739	1423	1972	---	190	02/85	---		0	0	12048
9311126 TROPICAL DISEASE RESEARCH SUBCAT: HECR																	
%PVO: 9	G	78	89	20300	30300	18300	50	2000	2000	2000	2050	12/85	1500	12/86	0	0	8335
9311176 WATER SUPPLY AND SANITATION FOR HEALTH SUBCAT: HEWS																	
%PVO: 0	G	80	84	17000	25532	10889	1285	1800	2695	---	390	01/85	---		0	0	8337
9311179 COMPREHENSIVE METEODS OF VECTOR CONTROL SUPCAT: HECR																	
%PVO: 0	G	82	84	636	636	457	130	179	250	---	59	12/84	---		0	0	12053
9320632.01 FERTILITY IMPACT-DIFFERENT FP PRGS (POP) SUBCAT:																	
%PVO: 0	G	72	84	869	869	2769	252	---	252	---	---		---		0	0	12331
9363023 FAMILY HEALTH AND DEMOGRAPHIC SURVEYS SUBCAT: HEPP																	
%PVO: 0	G	84	88	---	2625	---	---	400	100	200	400	11/86	400	09/87	0	0	12354
9365901 HEALTH DEVELOPMENT PLANNING SUBCAT: HEPP																	
%PVO: 15	G	81	85	5241	4400	3000	650	834	1000	500	1184	09/86	---		0	0	8339
9365920 OPERATIONS RESEARCH-HEALTH SUBCAT: HEPP																	
%PVO: 25	G	81	89	9200	19150	4650	870	2036	2849	2000	2000	07/85	2000	08/86	0	0	8336
9365927 TECHNOLOGY FOR PRIMARY HEALTH CARE (PHC) SUBCAT: HEDH																	
%PVO: 20	G	83	89	12400	14389	2327	1989	2030	3900	2350	2400	12/85	2350	12/86	1	1	8338

PROJECT NUMBER AND TITLE	G L	OBLIG DATE INIT	OBLIG DATE FIN	-TOTAL COST- AUTH	-TOTAL COST- PLAN	OBLIG THRU FY 83	FY 83 PIPE-LINE	ESTIMATED U.S. DOLLAR COST ($000) FY 1984 OBLIG-ATIONS	FY 1984 EXPEND-ITURES	FY 1985 OBLIG-ACTION	FY 1985 EXPEND-ITURES	FUNDED THRU	FY 86 AAPL	FY 86 FUNDED THRU	PEACE CORPS VY84	PEACE CORPS VY85	ITEM NO
9365928 DIARRHEAL DISEASE RESEARCH								SUBCAT: HECR		%PVO: 5							
	G 84	89	---	16000	---	---		975	100	1975	1975	12/85	2900	12/86	0	0	8334
9365929 HHS RESOURCE SUPPORT								SUBCAT: HEPP		%PVO: 0							
	G 84	C	---	---	---	---		100	100	200	200	12/85	200	11/86	0	0	8343
9365932 MEDEX SUPPORT								SUBCAT: HEEH		%PVO: 15							
	G 83	87	4600	4600	1500	1382	1000	750		---	500	21/87	---		0	0	8346
9365933 AGRO-MED PESTICIDES								SUBCAT: HECR		%PVO: 0							
	G 85	89	---	2500	---	---		---	---	350	300	11/85	500	07/86	0	13	8341
9365935 COMMUNITY DIAGNOSIS								SUBCAT: HECR		%PVO: 15							
	G 85	87	---	3000	---	---		---	---	500	400	11/85	725	12/86	0	10	8342
9365938 BIOMEDICAL RESEARCH SUPPORT								SUBCAT: HECR		%PVO: 0							
	G 85	89	---	3050	---	---		---	---	1000	700	01/86	1300	01/87	0	0	8340
9365939 ORT-HELP								SUBCAT: HEPP		%PVO:							
	G 84	88	---	4800	---	---		1205	700	225	450	02/86	875	02/87	0	0	12332
9365940 PEDIATRIC CLINIC DIARRHEAL DISEASE								SUBCAT: HECR		%PVO: 0							
	G 84	87	---	3000	---	---		1000	400	---	400	03/85	---		0	0	12333
9365941 MASS MEDIA IN HEALTH EDUCATION								SUBCAT: HEEH		%PVO: 0							
	G 86	90	---	11700	---	---		---	---	---	---		250	02/87	0	0	12950
9365942 WATER AND SANITATION FOR HEALTH II								SUBCAT: HEWS		%PVO: 7							
	G 84	89	19700	19700	---	---		1000	---	2400	3000	04/86	2500	07/87	0	0	12951
APPROPRIATION TOTAL			144609	247310	84458	13592		23905	28153	18800	23598		23200		1	24	
GRANT			144609	247310	84458	13592		23905	28153	18800	23598		23000				
LOAN			---	---	---	---		---	---	---	---		---				

PROJECT NUMBER AND TITLE					ESTIMATED U.S. DOLLAR COST ($000)								
	OBLIG			OBLIG	FY 83	FY 1984		FY 1985			FY 86	PEACE CORPS	
G L	DATE INIT	FIN	-TOTAL COST- AUTH	PLAN	THRU FY 83	PIPE-LINE	OBLIG-ATIONS	EXPEND-ITURES	OBLIG-ACTION	EXPEND-ITURES	FUNDED THRU	AAPL	FUNDED THRU	VY84	VY85	ITEM NO
OFFICE TOTAL																
	TOTAL		144809	247310	84458	13592	23925	28153	18800	23598		23000		1	24	
	GRANT		144809	247310	84458	13592	23925	28153	18800	23596		23000				
	LOAN		---	---	---	---	---	---	---	---		---				

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Erickson

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
Malaria Immunity and Vaccine Research	Health	FY 86 7,500	LIFE OF PROJECT 65,112	
NUMBER 931-0453 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒	PRIOR REFERENCE	INITIAL OBLIGATION FY 75	ESTIMATED FINAL OBLIGATION FY 89	ESTIMATED COMPLETION DATE OF PROJECT FY 90

Purpose: To develop and test a practical vaccine for use in the field against the various forms of human malaria.

Background and Progress to Date: In recent years, there has been a major resurgence of malaria, particularly in Asia and Central America, mainly due to a buildup of drug resistance in the malaria parasites and insecticide resistance in the mosquito vectors. New alternative approaches are needed to supplement previous control methods. The Agency began to support malaria vaccine research in the late 1960's through a project with the University of Illinois. This original project showed that animals could be immunized against malaria. In 1974, an expert group was assembled to develop a strategy for expediting the development of a malaria vaccine. This resulted in expansion of the program and development of a collaborative network of 12 research laboratories working on various aspects of the problem. Shortly after establishment of the network, researchers at Rockefeller University had a dramatic breakthrough in the development of a system to grow malaria parasites outside of an animal. This continuous culture method is now being utilized in virtually every laboratory engaged in research on malaria immunity and vaccination. Its use has been directly responsible for numerous advances. These include the increase in the percentage of parasites in continuous culture from 10-12% to 60-73% accomplished at three laboratories, successful immunization of monkeys against the most lethal human malaria (Plasmodium falciparum) at two laboratories, a demonstration of the protective potential of continuous culture material at two laboratories, development of a semi-automated system for production of parasites in two laboratories, and progress towards development of a better adjuvant a substance needed to improve performance of antigens in a vaccine at two laboratories. Recently, several major breakthroughs have occurred in the area of purification and characterization of the antigen through the latest monoclonal antibody and genetic engineering techniques. A meeting of expert consultants was held in February 1983 to review progress and update the strategy for continuing research. The information provided by this worldwide assembly of experts to allow the program to move more quickly to use some of the latest scientific achievements in the field of vaccine development, as well as to begin collecting baseline data in malarious areas of several developing countries for the eventual conduct of clinical trials of malaria vaccines.

Host Country and Other Donors: None

Beneficiaries: All people in areas where malaria is endemic. Approximately two billion people.

FY 86 Program: To continue the research to develop a vaccine effective against human malaria which can be mass produced on a commercial scale. Activities include testing the immunogenicity of parasites produced in-vitro, purification of antigenic material, increasing the yield of parasite material, culturing different strains and/or species of human malaria in addition to the major killer P. falciparium, and conducting epidemiological surveys in several developing countries to develop a data base for the eventual design of clinical trials of the experimental vaccine.

Major Outputs: The ultimate goal of this research program is a commercially available vaccine against the several forms of human malaria. Several intermediate outputs include the in-vitro cultivation of malaria parasites, the concentration and synchronization of in-vitro cultures, the development of cell free culture media, the purification and characterization of antigenic material, development of appropriate adjuvants, animal testing of prepared vaccine to determine effectiveness, and the conduct of appropriate experiments and field trials to license the vaccine in the U.S. for production and distribution.

A.I.D. Financed Inputs:	FY 86
Personnel (500 person months)	2,750
Travel	700
Equipment and Supplies	2,050
Other Direct Costs	2,000
TOTAL	7,500

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1983	28,982	23,036	5,946		American Institute of Biological Sciences
Estimated Fiscal Year 1984	7,923	10,986		11/83-12/84	New York University
Estimated through September 30, 1984	36,905	34,022	2,883		University of Hawaii
Proposed FY 1985	5,000	7,000		1/85-12/85	
Estimated through Fiscal Year 1985	41,905	41,022	883		
Proposed FY 1986	7,500	Future Year Obligations	Estimated Total Cost	1/86-12/86	
		15,707	65,112		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Buck

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Tropical Disease Research (TDR)	Health	FY 86 1,500	LIFE OF PROJECT 30,300
NUMBER 931-1126 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒	PRIOR REFERENCE FY 1980 C.P. Annex V, p. 111	INITIAL OBLIGATION FY 78	ESTIMATED FINAL OBLIGATION FY 89 / ESTIMATED COMPLETION DATE OF PROJECT FY 90

Purpose: To support the World Health Organization's (WHO) Special Program for Research and Training in Tropical Diseases (TDR).

Background and Progress to Date: The TDR is a multidonor effort designed to: (a) find better, more economical methods than those presently available for diagnosis, treatment, prevention, and control of six diseases which are major problems in tropical areas- filarial infections (including onchocerciasis), schistosomiasis, malaria, trypanosomiasis, leprosy, and leishmaniasis; (b) create a global network of scientific institutions in both developed and developing countries; and (c) provide substantial support to such institutions through financing of research and training. Funding is available to institutions in both developed and developing countries, but emphasis is placed on strengthening LDC capacities. Parallel efforts on the same diseases are made in epidemiology, study of socioeconomic factors and vector biology and control.

A recent progress review of TDR by the Joint Coordinating Board noted that rapid and excellent scientific progress had been made since 1981. TDR has supported 1,180 projects, and over 2,000 scientists from 110 WHO member states have participated. Concern was expressed about the growing problems of resistance to insecticides and of drug resistance of malaria parasites. The major achievements included the following: In malaria research, the discovery that the Chinese herb remedy Qinhaosu contains a chemically active anti-malaria compound of high efficacy which is chemically completely different from all of the other known anti-malarials; in filariasis, the build-up of an international network of laboratories with different animal models for rapid screening and pre-clinical testing of new promising drugs; in vector control, discovery of new agents (B. thuringensis) for biological vector controls; in schistosomiasis, the successful field testing and use of new, effective and safe drugs applicable to mass treatment; and in leprosy where resistance to the standard drugs has become a problem, considerable progress has been made towards development of a new vaccine based on the growth of leprosy bacilli in the nine-banded armadillo. In field research, epidemiologic and applied laboratory research has been carried out in Zambia, Gambia, Thailand, Papua New Guinea, Philippines, the OCP area of West Africa, and others.

Host Countries and Other Donors

The total TDR budget for 1984-85 biennium was $66 million. Other donors are: African Development Bank, Australia, Austria, Bahamas, Belgium, Canada, China, Cuba, Cyprus, Denmark, Finland, France, Germany (FRG), India, IDRC (Canada), International Federation of Antileprosy Association, Iraq, Japan Shipbuilding Industry Foundation, Japan (JICA), Leprosy Trust Board, Netherlands, Niger, Nigeria, Norway, Romania, Sweden, Switzerland, U.K., Cameroon, Wellcome Trust, UNDP, World Bank, and WHO.

Beneficiaries: All people in countries or areas where these six diseases are endemic.

FY 86 Program: A.I.D.'s FY 1986 contribution will be split among two categories: 1.) Core Support for TDR; 2.) Extra support for high priority TDR activities.

Major Outputs (and A.I.D. unit costs): The U.S. contribution, about 11% of the total TDR budget, is co-mingled with other donor funds. Outputs cannot be specified and attributed to U.S. funds.

A.I.D. Financed Inputs:	FY 86
Grant contribution	1,500

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1983	18,300	18,250	50		World Health Organization
Estimated Fiscal Year 1984	2,000	2,000		11/83-12/84	
Estimated through September 30, 1984	20,300	20,250	50		
Proposed FY 1985	2,000	2,050		8/85-12/85	
Estimated through Fiscal Year 1985	22,300	22,300	-0-		
Proposed FY 1986	1,500	Future Year Obligations	Estimated Total Cost	1/86-12/86	
		6,500	30,300		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: (Office of Population)

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
Family Health and Demographic Surveys	Population and Health	FY 86: 2,375 POP, 400 HE	LIFE OF PROJECT: 22,050 POP, 2,625 HEA	
NUMBER 936-3023 GRANT ☒ LOAN ☐ / NEW ☒ CONTINUING ☐	PRIOR REFERENCE: FY 1984, C.P. Annex V, P. 43	INITIAL OBLIGATION FY 84	ESTIMATED FINAL OBLIGATION FY 88	ESTIMATED COMPLETION DATE OF PROJECT FY 89

Purpose: To improve the information base for economic and social planning and population/health program management in developing countries through implementation of scientifically designed sample surveys of demographic and family health trends.

Background: Support for demographic and family planning survey data collection activities has formed an integral part of A.I.D.'s population assistance program for more than a decade. The two largest such activities have been the World Fertility Survey (WFS) and the Contraceptive Prevalence Studies (CPS). Both of these projects are ending in FY 1984.

These data collection efforts have played a critical role in population policy decision making and in population program management and evaluation in many participating countries. They have also resulted in a much clearer picture of fertility and family planning levels, trends, and determinants in more than 50 LDCs.

There continues to be a critical need for basic data in the 1980's as more and more countries seek to improve the design and management of their programs in population and health.

The project will support the development of an improved database for policy decisions and program management in 20-25 developing countries. New methodologies for collecting, processing, and analyzing demographic and family health data will be developed and tested, and approximately 35 surveys will be conducted during the five-year life of the project. The main findings for each survey will be disseminated to policymakers through special pre-publication tabulations, publication of a final analysis report, and an in-country seminar to discuss findings and plan further analysis. The project will also maintain an active data archive to promote further analysis using survey data tapes. Health funds will be used for project activities devoted to family health trends in mortality and maternal/child health.

A.I.D.'s basic population strategy is to provide individual couples in developing countries with the information and means to freely and voluntarily decide upon and achieve their desired family size. This project will play an important role in helping LDC governments and other service providers make decisions and develop programs which are responsive to their populations' wishes and needs. It also will make an important contribution to the effective management and evaluation of population and health programs through the development of information on births, deaths, and contraceptive knowledge, availability, and use.

Beneficiaries: Immediate beneficiaries will be LDC population/health program planners and administrators. The ultimate beneficiaries will be couples seeking family planning and health services.

Host Country and Other Donors: Host countries will provide a significant portion of local survey costs and will assume the primary responsibility for survey implementation. It is also possible that other donors (e.g., World Bank or UNFPA) may contribute to local costs for particular surveys.

FY 86 Program: Continue the design and testing of survey methodology in close consultation with A.I.D. Coordinate correspondence and/or site visits to prospective participating countries. Begin sample surveys in approximately ten LDCs. Complete surveys begun in previous years.

Major Outputs:	All Years
Survey Methodology	1
Family Health and Demographic Surveys	35
Survey Reports	35 (x 1000 copies)
In-Country Summary	35
Further Analysis Studies	20

A.I.D. Financed Inputs (Health)	FY 86
Personnel/Consultants	100
Survey/Analysis Subagreements	300
Other Costs (travel, publications, computer costs, other)	100
TOTAL	400

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1983	-0-	-0-	-0-		
Estimated Fiscal Year 1984	400	100		6/84-6/85	To be determined.
Estimated through September 30, 1984	400	100	300		
Proposed FY 1985	200	400		7/85-11/86	
Estimated through Fiscal Year 1985	600	500	100		
Proposed FY 1986	400	Future Year Obligations	Estimated Total Cost	12/86-9/87	
		1,625	2,625		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Ferguson

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Operations Research - Health	Health	FY 86 2,000	LIFE OF PROJECT 19,150

NUMBER 936-5920 GRANT ☒ LOAN ☐	NEW ☐ CONTINUING ☒	PRIOR REFERENCE	INITIAL OBLIGATION FY 81	ESTIMATED FINAL OBLIGATION FY 89	ESTIMATED COMPLETION DATE OF PROJECT FY 90
		Advice of Program Change Submitted June 1981			

Purpose: To improve the effectiveness of health programming and allocation of health resources by donors and LDCs for health delivery systems.

Background and Progress to Date: Concern of donor agencies and LDC governments about problems in the delivery of health services to unserved or underserved LDC populations has been increasing. A variety of new projects have been launched in many countries in attempts to address this problem. These projects have introduced new delivery mechanisms and new types of health workers into diverse social, political, and institutional milieus. However, evaluation of the various approaches and the responses of target populations to these numerous national experiments have not been systematically developed. Policy makers are confronted by choices in the health area which become increasingly critical as budget constraints tighten. They are seeking answers about alternative financing mechanisms, and the cost-effectivness of alternative delivery mechanisms, management procedures, and referral structures. This project is designed to produce information and analysis on which policy and programmatic decisions can be made. This project supports selected studies which address A.I.D.-identified policy and programmatic questions and investigates relevant health-care delivery issues.

Project operations began in September 1981 when a contract was signed with the Center for Human Services (CHS) for overall project management. The contractor and A.I.D. established primary health care research priorities for the first year of operation and literature was distributed to a wide variety of U.S. and LDC organizations inviting proposals for research in the three priority areas of: 1) community financing of PHC services; 2) the role of the community health worker; 3) community organization of health services. A fourth research priority, community based commodity distribution, was added in the second year. Proposals received are reviewed by an outside panel of experts selected with A.I.D. concurrence and the best proposals are selected for funding. One of the highest priorities of the project is to ensure utilization of its research results. To that end, each applicant is required to develop a policy and strategy for utilization of the research in the country where the study will be implemented. A variety of methods are used to disseminate findings widely. As of March 1984, a total of $2.5 million has been committed to fund 26 country studies. Methodological studies on cost-effectiveness and community financing have been completed to guide researchers on the use of appropriate operational research technologies.

Host Countries and Other Donors: Host countries contribute towards training, local salary costs, facilities, provision of data, and additional in-kind assistance. Other donors provide funding for related research activities.

Beneficiaries: Host country officials benefit by having new and better information about the effects of alternative programs to improve the delivery of health services and/or improve the health of people via non-health interventions. LDC research and evaluation capability is be strengthened. The ultimate beneficiaries are the recipients of improved health services throughout the LDCs.

FY 86 Program Activity: A panel of AID/W health staff, contractor staff, and outside experts will reexamine and modify as appropriate, priority issues for research. Approximately 26 country studies will continue, up to seventeen new country studies, and two methodological studies will be initiated. One conference for information dissemination and two workshops for principal investigators will be conducted.

Major Outputs:

Methodological Studies	6
Country Studies	43
Information Workshop and Seminars	4

A.I.D. Financed Inputs:

	FY 86
Personnel: technical and support staff and consultants	250
Travel and other costs associated with technical assistance	250
Support for studies	1,500
TOTAL	2,000

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1983	4,650	3,780	870		
Estimated Fiscal Year 1984	2,036	2,849		1/84-12/84	Center for Human Services: Family Health Care
Estimated through September 30, 1984	6,686	6,629	57		
Proposed FY 1985	2,000	2,000		1/85-7/85	
Estimated through Fiscal Year 1985	8,686	8,629	57		
Proposed FY 1986	2,000	Future Year Obligations	Estimated Total Cost	8/85-8/86	
		8,464	19,150		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Sanghvi

TITLE	FUNDS	PROPOSED OBLIGATION (in thousands of dollars)	
Technology for Primary Health Care	Health	FY 86 2,350	LIFE OF PROJECT 14,389
NUMBER 936-5927 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒	PRIOR REFERENCE Advice of Program Change, submitted Dec. 1982	INITIAL OBLIGATION FY 83	ESTIMATED FINAL OBLIGATION FY 89 / ESTIMATED COMPLETION DATE OF PROJECT FY 90

Purpose: To strengthen primary health care (PHC) programs of developing countries by accelerating the transfer of improved techniques and products for the delivery of health services, management of health systems, training of health personnel, and control of disease.

Background and Progress to Date: In many developing countries, 15 percent or more of all infants die before reaching age one, up to 30 percent die before age five. The major causes are diarrheal disease, respiratory infections, tetanus, and childhood infectious diseases such as diphtheria, measles, and whooping cough. Worldwide experience in PHC has shown that oral rehydration therapy (ORT) and immunization are relatively simple and cost-effective technologies which can greatly reduce mortality and morbidity among infants and children under five. However, there is a substantial gap between the scientifically demonstrated potential of immunizations and ORT, and the services that are actually available in most countries. In Africa, for example, ORT is not yet included in most programs and in many countries is not endorsed by the medical community. Immunizations currently reach only a small proportion of the vulnerable populations of developing countries. In addition, the effectiveness of these available disease control technologies is dependent on appropriately trained and supported PHC workers and a well-managed delivery system. At present, many developing countries do not have adequate training and management capabilities. This project provides technical assistance and limited commodity support to foster the incorporation of ORT and immunization into PHC systems, including technical assistance in selected areas of management and training. In addition, the project provides general rapid-response technical assistance and information services to A.I.D. missions and host countries to assist them in strengthening health service delivery capabilities.

Host Country and Other Donors: Project activities are being coordinated with those of numerous private organizations, development banks, and international agencies currently supporting PHC efforts in developing countries.

Beneficiaries: The ultimate beneficiaries will be the people for whom health services will be improved in the approximately 40 countries to be served by the project. Immediate beneficiaries will be public and private host country institutions strengthened by project activities.

FY 86 Program: In FY 86, the project will continue to provide technical assistance and commodities to missions and host countries for the incorporation of ORT and/or immunization into PHC systems. It will also provide general technical assistance for the design, implementation, and evaluation of health programs. The project will answer requests from the field for information about specific PHC technologies. One technical conference will be held to keep LDC and U.S. health personnel responsible for designing and implementing PHC programs up to date on current PHC technologies, management and training methodologies.

Major Outputs:

- Technical conferences, 1/year	5
- Issues of technical report, 4/year	20
- Response to information requests	250
- ORT/Immunization Incorporated into PHC program in country	15 countries
- Management and training assistance to country PHC programs	25 countries

A.I.D. Financed Inputs:	FY 86
Contractor Core Costs	900
Technical Consultants	1,000
Commodities (ORT packets, vaccines)	200
Information Services	250
TOTAL	2,350

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1983	2,327	336	1,989		
Estimated Fiscal Year 1984	2,030	3,900		11/83-12/84	
Estimated through September 30, 1984	4,357	4,238	119		
Proposed FY 1985	2,350	2,400		1/85-12/85	
Estimated through Fiscal Year 1985	6,707	6,638	69		
Proposed FY 1986	2,350	Future Year Obligations	Estimated Total Cost	1/86-12/86	
		5,332	14,389		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Kendall

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Diarrheal Disease Research Program	Health	FY 86 2,900	LIFE OF PROJECT 16,000
NUMBER 936-5928 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒	PRIOR REFERENCE FY 1984 C.P. Annex V, p. 55	INITIAL OBLIGATION FY 84 / ESTIMATED FINAL OBLIGATION FY 89	ESTIMATED COMPLETION DATE OF PROJECT FY 90

Purpose: To support research and training on diarrheal diseases and dissemination of information on control treatment to less developed countries.

Background and Progress to Date: Diarrheal diseases have been recognized as the principal causes of high infant mortality and morbidity, particularly in the LDC's where the level of malnutrition has been high. In recent years, two major intensified efforts have been mounted to attach the problem through research and application of research findings for improved control and treatment, particularly for infants and children under five.

The ICDDR/B was established in June 1979 on the institutional foundation of the Cholera Research Laboratory which had operated in Bangladesh for 18 years. The ICDDR/B is chartered as an independent, international, non-profit institution under the Laws of Bangladesh modeled on the international agricultural research centers. It is governed by an international Board of Trustees which has a majority of members from the LDCs, and represents a high level of scientific expertise. U.S. support for the center has been a major factor in its establishment. The objectives of the Center are to undertake and promote study, research and dissemination of knowledge about diarrheal diseases, and directly related subjects of nutrition and fertility, and to provide training in the Center's areas of competence. A.I.D. conducted a full evaluation of the ICDDR/B in December 1982 and ICDDR/B completed a detailed scientific review in 1983.

The second major effort is the World Health Organization's (WHO) Diarrheal Disease Program (CDD). This program was launched in 1978 as part of WHO's commitment to primary health care. It has two major components, i.e., health services (or control) and research. The former emphasizes promotion and implementation of national CDD programs as an integral part of primary health care; the latter is concerned with basic, clinical, and epidemiologic research of diarrhea and its control and prevention.

The objectives of CDD include the following: reduction of mortality through early treatment with oral rehydration therapy and appropriate feeding of children; reduction of mortality through improvements of maternal and child care practices, environmental health and early detection and control of epidemics. Research priorities fall in three major areas: bacterial enteric infections, viral diarrheas, and drug development for acute diarrheas. The overall technical guidance of CDD is under a Technical Advisory Group of international experts. An independant management Review Committee composed of representatives from developing countries, contributors and participating agencies review the general progress and future plans annually.

The third element of the project will support individual country, Bureau, or USAID research efforts.

Host Country and Other Donors: The U.S. supports about one third of the total ICDDR/B budget of $6 million. The remainder is contributed by more than 15 other donors. The U.S. contribution will represent about 10% to 12% of the CDD annual budget which is also supported by 11 other donors.

Beneficiaries: Rural and urban poor in the LDCs who are particularly susceptible to diarrheal disease.

FY 86 Program: It is contemplated that the U.S. will support the ICDDR/B at a level of $2.9 million in FY 86. U.S. support to the WHO/CDD will be $300,000 in FY 86, which is compatible with that of other donors. Future contributions to each program be determined annually and will depend, among other factors, on the amount of support from other donors.

Major Outputs:	All Years
Functioning, self sustaining international research facilities with trained personnel from both developed and developing countries.	3
Both long and short-term training programs for LDC scientists and health workers at all levels.	12
Improved Diarrheal Disease control programs, worldwide.	12

A.I.D. funds are co-mingled with those of other donors and cannot attributed to specific outputs.

A.I.D. Financed Inputs: Grant support for ICDDR/B, the WHO/CDD Programs, and individual country research programs, at $966,000 for each element.

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1983	-0-	-0-	-0-		International Center for Diarrheal Diseases Research/Bangladesh (ICDDR/B) World Health Organization Diarrheal Program (WHO/CDD)
Estimated Fiscal Year 1984	975	100		8/84-12/84	
Estimated through September 30, 1984	975	100	875		
Proposed FY 1985	1,975	2,500		1/85-12/85	
Estimated through Fiscal Year 1985	2,950	2,600	350		
Proposed FY 1986	2,900	Future Year Obligations	Estimated Total Cost	1/86-12/86	
		10,150	16,000		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Ice

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
HHS Resource Support	Health	FY 86: 200	LIFE OF PROJECT: Continuing
NUMBER 936-5929 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒	PRIOR REFERENCE: FY 1984 C.P. Annex V, p. 56	INITIAL OBLIGATION FY 84	ESTIMATED FINAL OBLIGATION FY Continuing / ESTIMATED COMPLETION DATE OF PROJECT FY Continuing

Purpose: To assist LDC governments in program and project development and evaluation by providing short-term expert advisory services from the U.S. Department of Health and Human Services (HHS).

Background and Progress to Date: A.I.D. has maintained a Support Service Agreement with the Office of International Health (OIH) of HHS for about 30 years. Until 1980, the current RSSA provided OIH staff support for health sector studies and health planning activities as well as short-term advisory services from personnel throughout HHS. During the past two years, the staff of OIH has been considerably reduced and their ability to provide direct services is limited. However, the demand for short-term advisory services from other parts of HHS, particularly the Centers for Communicable Diseases, has increased. This project will fund a new RSSA which will provide a quick response mechanism to meet field demand for these services.

Host Country and Other Donors: None

Beneficiaries: LDC institutions world-wide which receive expert technical assistance.

FY 86 Program: Provision of technical assistance to meet requests from the field.

Major Outputs:

Technical Assistance Assignments	20/yr

A.I.D. Financed Inputs:

	FY 86
Personnel	50
Travel and Transportation	120
Administration	30
	200

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through Sept. 1984	-0-	-0-	-0-		Department of Health and Human Services
Estimated FY 1985	100	100	-0-	6/84-12/84	
Proposed FY 1986	200	200	-0-	1/85-12/85	
Estimated thru FY 1987	300	Future Year Obligations	Estimated Total Cost	1/86-11/86	
Proposed FY 1987	Continuing	Continuing	Continuing		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Austin

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
MEDEX Support	Health	FY86 -0-		LIFE OF PROJECT 4,600
NUMBER 936-5932 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒	PRIOR REFERENCE Advice of Program Change Submitted May 1983	INITIAL OBLIGATION FY 83	ESTIMATED FINAL OBLIGATION FY 87	ESTIMATED COMPLETION DATE OF PROJECT FY 87

Purpose: To strengthen primary health care (PHC) programs in developing countries by applying, where appropriate, the MEDEX technology for manpower training and management.

Background: The MEDEX technology was developed and field tested by the University of Hawaii under previous A.I.D. contracts. It consists of a series of prototype training modules which can be adapted and used to train village level, middle level health workers, and program managers in the health management skills needed to deliver primary health care services. The technology also includes manuals on how to adapt and apply the training materials.

The project is designed to ensure that the technology developed and field tested under previous contracts is made known and available to a wide range of potential users who are operating PHC programs in less developed countries. Potential users include, ministries of health, private voluntary organizations, private health care organizations, and professional groups such as nurses associations. During the five years of this grant, the MEDEX staff will identify potential users, assist them by providing technical assistance in identifying programs or parts of programs which could benefit from the MEDEX technology, provide the prototype training materials and assistance in adapting the training materials to specific needs, assist in organizing and conducting the initial training courses for each group, and provide follow-up advice and assistance as necessary after the country program is underway. The MEDEX group at the University of Hawaii will also facilitate the exchange of information and mutual assistance among the users of the MEDEX system worldwide, and particularly within regions where problems and programs are similiar. A.I.D.'s health sector strategy stresses assistance to primary health care programs which reflect community needs and resources and which can achieve broad coverage of developing country populations with well managed, low cost, basic health services. It also emphasizes the use of appropriate, proven technologies. This project provides for widespread application of a training and management technology which was developed specifically for health systems based on client referral which can reach out to the community level.

Host Country and Other Donors: Most of the activities in this project will be undertaken in coordination with health projects which are partially funded by host governments and other donors.

Beneficiaries: The ultimate beneficiaries will be the people for whom health services will be improved in the countries served by the project. Immediate beneficiaries will be the public and private host country institutions strengthened by project activities.

Major Outputs:	All Years
Seminars and Presentations	15
Initial Training Workshops	20
Articles published in Professional Journals	8
Assistance Provided in Identification and Adaptation of Materials	70 person months
Technical Assistance for Training and Management	85 person months

A.I.D. Financed Inputs: None for FY 86

U.S. FINANCING (In thousands of dollars)				Funding Period	Principal Contractors or Agencies
	Obligations	Expenditures	Unliquidated		
Through September 30, 1983	1,500	118	1,382		
Estimated Fiscal Year 1984	1,000	750		12/83-1/87	University of Hawaii
Estimated through September 30, 1984	2,500	868	1,632		
Proposed FY 1985	-0-	500			
Estimated through Fiscal Year 1985	2,500	1,368	1,132		
Proposed FY 1986		Future Year Obligations	Estimated Total Cost		
		2,100	4,600		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Vandermier

TITLE	FUNDS	PROPOSED OBLIGATION *(In thousands of dollars)*		
Agro-Medical Aspects of Pesticides	Health and Agriculture	FY 86 500	LIFE OF PROJECT 2,500	
NUMBER 936-5933 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒☒	PRIOR REFERENCE None	INITIAL OBLIGATION FY 85	ESTIMATED FINAL OBLIGATION FY 89	ESTIMATED COMPLETION DATE OF PROJECT FY 90

Purpose: To develop methods to monitor specific exposure of man and animals to chemicals used for pest, vector and snail control, to determine the risks of such exposure and to advise LDCs on safe use and handling of pesticides at farm level.

Background: Many of AID's agricultural development projects require multi-disciplinary expertise to cope with the complex problems of a changing ecology. In most projects, close cooperation is needed between Offices of Agriculture and Health to prevent, monitor and remedy the toxic effects of pesticides and related chemicals on man and animals.

While studies of the acute toxicity of pesticides in man are available, little is known about their chronic effects. Because of their high biodegradability in nature, data on the effects and metabolism of breakdown products are scarce, especially with regard to their chronic impact. Large doses and combinations of chemicals are often applied to areas close to human residences. The resulting health risks of this exposure to the local residents are unknown. Recent observations suggest that heavy pesticide exposure may aggravate the clinical manifestations of endemic schistosomiasis.

There are presently no practical field methods to monitor the degree of pollution caused by specific pesticides and the effects of pesticide metabolites in man.

This project, to be carried out jointly by the Offices of Agriculture and Health, will measure the resident pupulation's relative risk from pesticide use. On the basis of the results, it will develop preventive and remedial measures. The laboratory research for method development is to be carried out under contract with an experienced research institution. The field phase which will determine specific risks of exposure to chemicals in agricultural and public health practice and lead to methods for remedial action, if and where indicated, can be carried out simultaneously in different sites by piggy-backing on existing, large-scale population-based field investigations. There is considerable interest in the problem in the Regional Bureaus and USAID Missions.

The public health problems to be investigated include the following:

1. Determination of chronic toxic effects of heavy pesticide use individually, and in various combinations, on the health of the resident population.

2. Interference of toxic pesticide effects (enzyme suppression, etc.) on the natural history of endemic diseases, notably schistosomiasis.

3. Pesticide interactions and subsequent development of insecticide resistance in local vectors of disease.

4. Possible effect of combined applications of chemicals to crops, for vector control, snail control, etc., on the non-target fauna.

5. Studies on farm worker exposure to pesticides.

Host Countries and Other Donors: Country studies and training seminars will be used with other projects which are likely to involve host country or other donor financing.

Beneficiaries: All people in rural areas of the tropics where pesticides are used for vector control and for agricultural applications.

FY 86 Program: One country's work will continue on developing laboratory methods for measuring specific pesticide levels, pesticide metabolites in man and animals and their denaturation products in the environment and on adapting these methods for field use. A second country which is known to have extremely heavy exposures to pesticides and molluscides in rural populations, with a high prevalence of endemic tropical diseases, will be selected and the field study will begin.

Major Outputs:	Life of Project
Laboratory Investigations	2
Field Studies	3
Short-term Training Seminars	15

A.I.D.-Financed Inputs:	FY 86
Personnel	$300
Travel	100
Other Direct Costs	100
TOTAL	$500

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1983	-0-	-0-	-0-		USDA University of Miami To be determined
Estimated Fiscal Year 1984		-0-			
Estimated through September 30, 1984		-0-	-0-		
Proposed FY 1985	350	300		12/84-11/85	
Estimated through Fiscal Year 1985	350	300	50		
Proposed FY 1986	500	Future Year Obligations	Estimated Total Cost	12/85-7/86	
		1,650	2,500		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Buck

TITLE	FUNDS	PROPOSED OBLIGATION (in thousands of dollars)	
Community Diagnosis of Major Diseases	Health	FY 86 725	LIFE OF PROJECT 3,000

NUMBER 936-5935 GRANT ☒ LOAN ☐	NEW ☒ CONTINUING ☐	PRIOR REFERENCE	INITIAL OBLIGATION FY 85	ESTIMATED FINAL OBLIGATION FY 88	ESTIMATED COMPLETION DATE OF PROJECT FY 88
		FY 1985 C.P. Annex V, p. 91			

Purpose: To develop and adapt modern medical laboratory technology for simple, economic, community diagnosis and epidemiologic assessment of major local diseases as needed for effective primary health care (PHC) in tropical settings.

Background: There is a need for health sector strategy which calls for more precise targeting of effective interventions on major documented causes of infant and young child mortality and on health constraints to a productive work force which depends on accurate knowledge of the health problems in an area where PHC programs operate. Presently, PHC programs promote the use of essential drugs without the diagnostic knowledge needed for their proper and efficient administration. This practice encourages inappropriate, wasteful and occasionally detrimental use of expensive commodities. Availability of accurate diagnostic methods which are technologically appropriate for LDC settings would help define, in quantitative terms, the scope of major medical problems in a community and would allow PHC workers to be more precise in their diagnosis, treatment, and prevention of disease in the community. Technologically, appropriate diagnostic methods could be used in epidemiologic surveys as well as for rapid epidemiologic assessments of the health situation for medically underserved rural areas.

The project will enable LDCs in tropical areas to develop simple laboratory strategies as needed for rational public health programs. The project will include selected countries in Africa, Asia and Latin America for the simultaneous evaluation of newly developed, simple tests for medical diagnosis of major public health problems. This multicenter approach will help to reduce time, funds and difficulties in interpretation of results obtained in ecologically contrasting areas.

Host Countries and Other Donors: The project will utilize prior research done by WHO programs. To the extent possible, the field testing will involve epidemiologic surveys in programs being carried out by the LDCs and other donors.

Beneficiaries: People throughout the less developed world who will receive more appropriate preventive and curative health care will be the ultimate beneficiaries.

FY 86 Program: Two or three diagnostic methods for major diseases will be identified and adapted for field trials. Field trial areas will be identified, and organizational arrangements and background work for the field trials will be completed.

Major Outputs: Achievements of the project include development of field-tested diagnostic procedures for the major diseases of public health importance at the PHC level which may be adapted to different ecological situations in health centers and district hospitals for epidemiologic assessment, disease surveillance, and patient management.

A.I.D.-Financed Inputs	FY 86
Personnel	425
Travel	150
Other Direct Costs	150
TOTAL	725

U.S. FINANCING (in thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1983					To be selected
Estimated Fiscal Year 1984					
Estimated through September 30, 1984					
Proposed FY 1985	600	400		1/85-11/85	
Estimated through Fiscal Year 1985	600	400	200		
Proposed FY 1986	725	Future Year Obligations	Estimated Total Cost	12/85-12/86	
		1,675	3,000		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Curlin

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Biomedical Research Support	Health	FY 86 1,300	LIFE OF PROJECT 3,050

NUMBER 936-5938 GRANT ☒ LOAN ☐	NEW ☐ CONTINUING ☒	PRIOR REFERENCE	INITIAL OBLIGATION FY 85	ESTIMATED FINAL OBLIGATION FY 89	ESTIMATED COMPLETION DATE OF PROJECT FY90
		FY 1985 C.P. Annex V, p. 94			

Purpose: To improve and expand A.I.D.'s program of biomedical research with particular emphasis on research conducted in less developed countries (LDCs). To assist missions and regional bureaus in: 1. identifying biomedical research topics which conform to Agency, regional bureau, and country health sector development strategies; 2. developing technically-sound projects; and 3. technical backstopping and monitoring of biomedical research projects.

Background: Biomedical research is becoming an increasingly attractive approach to dealing with the health problems of LDCs. Recent rapid advances in biological research, made possible by new technologies such as genetic engineering, monoclonal antibodies, hybridomas, etc., have greatly increased the possible short-to medium-term benefits of research, not only in development of vaccines and drugs against the diseases which ravage LDC populations, but also in improved and simplified individual and community diagnoses which could greatly enhance the efficiency of primary health care delivery systems. The estimated cost/benefit ratios for A.I.D. investments in biomedical research are becoming more attractive. There is also an opportunity to introduce the newer research techniques to LDC scientists and research institutions through bilateral programs to stimulate and support research in the LDCs, with the LDC scientists undertaking the research alone or in collaboration with U.S. institutions.

One of the chief impediments to development of mission-funded biomedical research projects is the lack of trained personnel in missions who can develop or properly evaluate highly technical research proposals and then satisfactorily monitor the research after it is funded. AID/Washington staff with the required expertise is not sufficient to backstop all of the missions which might be able to generate research programs.

This project proposes to set up a core relationship with the National Institutes of Health (N.I.H.) to support such research initiatives. Central funds would provide for one or two professional positions at N.I.H., along with the necessary administrative support, and a limited travel budget.

The core funding would provide limited assistance to missions for project identification. With the mechanism in place, missions would need to contribute supplementary funds to complete the project development, provide for expert peer review, and provide for the technical assistance needed to help the mission properly monitor the research throughout its life.

The core staff would be responsible for overall project management and for assuring that missions receive needed technical assistance on a timely basis. They would be available for preliminary visits to help missions with project identification. They would identify experts, either NIH employees or consultants, who could be available to missions when needed, and maintain an up-to-date roster of available personnel. They would also develop evaluation protocols for the various research projects and establish mechanisms for peer review of research proposals and for evaluation of ongoing research.

Host Countries and Other Donors: None.

Beneficiaries: Initially, LDC research institutions will benefit from the technical assistance and support. Ultimately, millions of people in the LDCs will benefit from the results of the research.

FY 86 Program: A RSSA will be signed with N.I.H. Two principal project officers will be assigned. The procedures for technical assistance will be finalized and disseminated to USAIDs worldwide. Exploratory visits will be made by N.I.H. personnel or consultants to four or five selected USAIDs. Procedures for scientific/technical review of mission-developed projects will be determined and the mechanism established. One or two mission-funded projects will begin.

Major Outputs:

	Life of Project
Bilaterally-funded biomedical research projects	10

Note: Outputs will depend on mission contributions to supplement the core funds in the RSSA.

A.I.D. Financed Inputs: (S&T/H only)

	FY 86
Personnel	$ 725
Travel	325
Other Direct Costs	250
	$1,300

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1983	-0-	-0-	-0-		
Estimated Fiscal Year 1984	-0-	-0-			
Estimated through September 30, 1984	-0-	-0-			Department of Health and Human Services National Institutes of Health
Proposed FY 1985	1,000	700		4/85-1/86	
Estimated through Fiscal Year 1985	1,000	700	300		
Proposed FY 1986	1,300	Future Year Obligations	Estimated Total Cost	2/86-1/87	
		750	3,050		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Clay

TITLE: Oral Rehydration Therapy-Health Education and Long-Term Planning (ORT-HELP)	FUNDS: Health	PROPOSED OBLIGATION (In thousands of dollars) FY 86: 875	LIFE OF PROJECT: 4,800
NUMBER: 936 5939 GRANT ☒ LOAN ☐	NEW ☒ CONTINUING ☐	PRIOR REFERENCE: None	INITIAL OBLIGATION FY 84 / ESTIMATED FINAL OBLIGATION FY 88 / ESTIMATED COMPLETION DATE OF PROJECT FY 87

Purpose: To provide LDC leaders and health providers with the information they need to make decisions on the incorporation of ORT in their national health policies and programs.

Background: Each year in the developing countries, more than 5 million children die from dehydration due to diarrhea. This is in spite of the fact that a simple, inexpensive treatment is available - Oral Rehydration Therapy (ORT). ORT is a solution of sugar and salts which replaces the lost electrolytes in the body. When properly used, it can restore the correct salt balance necessary for the patient to recover. The Agency for International Development has been keenly interested in this new, cost-effective health intervention. In order to promote its use, A.I.D. hosted the successful International Conference on Oral Rehydration Therapy (ICORT) from June 7-10, 1983. This conference brought together over 600 health professionals from 85 countries to share their experiences and learn about new ORT approaches.

The Agency is now planning to make information on ORT more broadly available through a new three-year initiative to support an ORT information exchange and long-term planning among developing country leaders and health providers. The Oral Rehydration Therapy Project (ORT-HELP) will have four major components. First, there will be publication and dissemination of technical material such as a quarterly newsletter on diarrheal diseases and worldwide information about ORT. Second, there will be a PASA agreement with the Peace Corps to develop community-level material, training, and technical assistance in target countries. Third, the project will support a series of regional conferences and meetings to provide information on ORT activities as a follow-up to the ICORT meeting. Finally, technical assistance will be provided for ORT policy and information exchange.

The provision of effective, appropriate health technology is a key element of AID's health assistance strategy. ORT is an important health technology which can be provided with the resources available in developing countries.

Beneficiaries: The millions of LDC children whose lives will be saved by this new technology.

Host Country and Other Donors: Host countries will be involved in both the Peace Corps PASA and technical assistance. WHO and UNICEF are expected to supplement A.I.D. resources by providing funds for ORT technical material and publications.

Major Outputs:

1) Technical assistance, and specialized information and training available at the community level in up to 12 countries through Peace Corps Volunteers; 2) Information on ORT available through technical publications and other specialized materials; 3) Information on LDC policy options and program design exchanged at regional conferences and workshops by LDC policymakers and health providers; 4) Assistance in policy development and program design received by up to 12 countries.

AID-Financed Inputs:	FY 86
Peace Corps PASA	150
Technical Material and Publication	200
Meetings and Conferences	150
Technical Assistance	375
Total	875

U.S. FINANCING (In thousands of dollars)				Funding Period	Principal Contractors or Agencies
	Obligations	Expenditures	Unliquidated		
Through September 30, 1983	-0-	-0-	-0-		
Estimated Fiscal Year 1984	1,205	700			Peace Corps
Estimated through September 30, 1984	1,205	700	505	4/85-2/86	
Proposed FY 1985	225	450			
Estimated through Fiscal Year 1985	1,430	1,150	280	3/86-2/87	
Proposed FY 1986	875	Future Year Obligations	Estimated Total Cost		
		2,495	4,800		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Curlin

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Pediatric Chronic Diarrheal Disease Research Training	Health	FY 86 -0-	LIFE OF PROJECT 3,000
NUMBER 936-5940 GRANT XX LOAN ☐ NEW XX CONTINUING ☐	PRIOR REFERENCE Advice of Program Change Submitted March 1984	INITIAL OBLIGATION FY 84	ESTIMATED FINAL OBLIGATION FY 87 / ESTIMATED COMPLETION DATE OF PROJECT FY 88

Purpose: To improve the treatment of chronic diarrheas in less developed countries' (LDC) children.

Background: The World Health Organization estimates that five million children die each year from diarrheal disease. Because of the magnitude of the problem, a world-wide effort is being made to reduce deaths from acute diarrheal disease with oral rehydration therapy (ORT). This technology, which was developed within the past twenty years and allows home treatment, is receiving vigorus support from A.I.D. Many diarrhea cases no longer require hospitalization and intravenous therapy. Pediatricians can now focus on patients who don't respond to ORT and who may have chronic diarrheas about which little is known in LDCs. The project will develop skills to investigate chronic diarrheas in LDCs and to improve diagnosis and treatment.

The project will provide postdoctoral training for LDC researchers to investigate, diagnose and treat chronic diarrheas, and provide technical assistance to LDC researchers investigating chronic diarrheas in LDC countries. Training will be provided by the International Center of Infant Nutrition and Gastrointestinal Diseases in Children's Hospital, Buffalo. A.I.D. support will augment the capacity of the Center to perform this training and research activity. Both LDC researchers and senior LDC scientific directors will be involved in the training program and the other activities of the Center.

The basic objective of A.I.D.'s health program is to help developing countries become self-sufficient in providing broad access to cost-effective preventive and curative health services directed at the primary causes of mortality and morbidity in LDCs. This project aids LDCs in developing treatment and research expertise in diarrheal disease, one of the leading causes of mortality and morbidity among young children in the developing world. It also supports the development of a modern and effective LDC health system.

Beneficiaries: The ultimate beneficiaries of the project will be those children and adults with chronic diarrheas.

Host Country and other Donors: The host countries will provide staff and facilities for research. It is hoped that with improved research capabilities there will be additional donor support for the actual research.

Major outputs:

	All Years
Research Directors	4
Pediatric Researchers	12
Associate Research Centers	4
Institute Training Center	0

A.I.D. Financed Inputs: None for FY 1986

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1983					
Estimated Fiscal Year 1984	1,000	400		1/84-3/85	Childrens Hospital of Buffalo
Estimated through September 30, 1984	1,000	400	600		
Proposed FY 1985	-0-	400			
Estimated through Fiscal Year 1985	1,000	800	200		
Proposed FY 1986	-0-	Future Year Obligations	Estimated Total Cost		
		2,000	3,000		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Clay

TITLE	FUNDS
Oral Rehydration Therapy - Promotion through Communication Strategies	Health
NUMBER 936-5941 GRANT XX LOAN ☐ / NEW ☒ CONTINUING ☐	PRIOR REFERENCE: None

PROPOSED OBLIGATION (In thousands of dollars)		
FY 86: 250	LIFE OF PROJECT: 11,700	
INITIAL OBLIGATION FY 86	ESTIMATED FINAL OBLIGATION FY 90	ESTIMATED COMPLETION DATE OF PROJECT FY 91

Purpose: To provide LDC populations with the mass media and communication support needed to increase utilization of Oral Rehydration Therapy (ORT).

Background: Though ORT is recognized by most professionals as the most appropriate treatment for diarrheal dehydration, it is not widely used in actual cases in many developing countries. One of the major difficulties in further ORT expansion is the lack of knowledge about ORT and its proper use among rural populations. Health education is essential in any health project, and it is extremely vital for the worldwide use of ORT.

The Science and Technology Mass Media and Health Practices project (931-1018) has been successful in addressing this problem. Through intensive research and development work at two sites, a core methodology has been developed which effectively combines mass media with health services to promote the education of and use by mothers of ORT.

The Office of Health is now seeking to diffuse and utilize this methodology on a broader scale to strengthen A.I.D.'s worldwide initiative in ORT.

The Oral Rehydration Therapy - Promotion through Communication Strategies project will seek to disseminate the established methodologies gained in mass media and communication techniques. It will four major components. First, there will be short-term consultants to provide technical advice in program strategy, planning, implementation, assessment and evaluation. Second, regional conferences and workshops will be held to promote information exchange and further train the staff in each site. Third, there will be regional training centers to provide facilities and materials for A.I.D. missions, appropriate institutions, A.I.D. contractors, and host country staff. Finally, material will be developed for worldwide distribution of mass media and communication information.

Actual utilization of applicable health interventions by rural populations is of prime interest to the Agency. Also, the Administrator has pledged A.I.D. support in doubling the usae of ORT every year for the next 5 years. This project will greatly facilitate these objectives.

Beneficiaries: Children who are saved from dehydration due to diarrhea by widespread availability of ORT.

FY 86 Program: Technical Assistance will be provided to three sites; two regional training centers will be established; and initial start-up will begin on the periodic newsletter.

Host Country and Other Donors: Host countries will be extensively involved in all phases of the project and will share major responsibility in such key areas as strategy planning and development. Project activities will be implemented by host countries with A.I.D. assistance. Host country staff will receive training and technical support at the same time as appropriate donor staff.

Major Outputs: 1) Mass media and communication strategies and programs developed in up to 20 countries; 2) Information about established methodologies and experiences in mass media and communication techniques exchanged at four regional conferences and workshops, appropriate institutions and contractors, and host country counterparts; 3) Four regional centers to provide facilities and materials with mass media and communication techniques; 4) Standardized material for worldwide distribution on mass media and communication for health; 5) A periodic newsletter for the exchange of ideas and experience gained and for reinforcing and updating technical skills in health communication.

A.I.D. Financed Inputs:	FY 86
1. Technical Assistance	150
2. Regional Conferences and Workshops	25
3. Regional Training Centers	25
4. Technical Material and Publication	50
TOTAL	250

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1983					
Estimated Fiscal Year 1984					
Estimated through September 30, 1984					
Proposed FY 1985					
Estimated through Fiscal Year 1985					
Proposed FY 1986	250	Future Year Obligations: 11,450	Estimated Total Cost: 11,700	12/85-2/87	

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: Austin

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Water and Sanitation for Health (WASH) II	Health	FY 86 2,500	LIFE OF PROJECT 19,700

NUMBER 936-5942 GRANT ☒ LOAN ☐	NEW ☐ CONTINUING ☒	PRIOR REFERENCE	INITIAL OBLIGATION FY 84	ESTIMATED FINAL OBLIGATION FY 89	ESTIMATED COMPLETION DATE OF PROJECT FY 90
		None			

Purpose: To develop and provide technical resources to support programs for the improvement of household water supplies and sanitary facilities for the poor people living in less developed countries.

Background: This project continues the work of WASH I (931-1176). Diseases related to contaminated water and poor sanitation practices are among the major causes of illness and death in the LDCs. About two-thirds of the LDC population do not have adequate access to safe water for domestic use or adequate means for excreta disposal. A large, coordinated infusion of resources from bilateral and multilateral donors and LDC governments will be required to overcome this problem. To assure the best possible utilization of these resources, A.I.D., other donors, and the LDCs will need to call on a wide variety of technical experts in areas ranging from water supply technology to social science. Qualified assistance will have to be readily available to assess problems, design appropriate projects, solve any technical problems which arise during project implementation, and evaluate project results. Qualified people will be needed to design training programs for LDC personnel to plan, install, operate, and maintain water and sanitation facilities. The latest and best information on state-of-the-art systems for low-cost water and sanitation is being continuously updated, assembled, and disseminated. This project provides the means to tap the large resources of technical knowledge and skill available in the U.S. private sector and the international community to support water and sanitation initiatives of LDCs.

Host Country and Other Donors: The contractor under this project is in frequent contact with other multilateral and bilateral donor agencies to exchange information and coordinate activities.

Beneficiaries: Poor people throughout the developing world, especially those in rural and urban fringe areas who now face health hazards because of inadequate water and sanitation systems, will benefit.

FY 86 Program: This project will develop methods and guidelines for more effective design, implementation and evaluation of projects; identify and adapt existing technology or develop new technology where needed; provide for coordinated collection and dissemination of information; develop trained manpower; support studies on the relationship between water supplies and health; and provide expert technical assistance to backstop and support country projects.

Major Outputs:

Person Months (PM) of technical assistance for design, implementation, and evaluation of country projects	482
PM of technical assistance for training and curriculum development	74
PM of technical assistance for adaptation, testing, and transfer of appropriate technology devices	147
Appropriate technology devices purchased or manufactured in LDCs and installed for demonstration and testing	8,200
Special studies on key problem areas	12
Collection, synthesis, and dissemination of information on water supply and sanitation (responses to requests)	2,600

A.I.D. Financed Inputs	FY 86
Personnel	1,900
Travel	100
Equipment and Supplies	130
Other Direct Costs	370
TOTAL	2,500

U.S. FINANCING (In thousands of dollars)

	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1983	-0-	-0-	-0-		
Estimated Fiscal Year 1984	1,000	-0-		9/84-5/85	
Estimated through September 30, 1984	1,000	-0-	1,000		
Proposed FY 1985	2,400	3,000		6/85-4/86	To be determined
Estimated through Fiscal Year 1985	3,400	3,000	400		
Proposed FY 1986	2,500	Future Year Obligations	Estimated Total Cost	5/86-7/87	
		13,800	19,700		

COUNTRY ACTIVITY REPORT

BY GEOGRAPHIC AREA - FY 84 THRU 86

NEAR EAST — LAST UPDATE: MAY 1984

COUNTRY: EGYPT

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
	ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.		B	70	0	0	0	B	0	0	0	0	B	75	0	0	0
WATER SUPPLY AND SANITATION FOR HEALTH 931-1176.		A	42	0	90	0	A	0	0	0	0	A	0	0	0	0
OPERATIONS RESEARCH - HEALTH 936-5920.		A	91	0	1	1	A	0	0	0	0	A	0	0	0	0
936-5920.		B	0	0	0	0	B	0	0	0	0	B	50	0	2	0
COUNTRY TOTAL:			203	0	91	1		0	0	0	0		125	0	2	0

COUNTRY: LEBANON

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
	ST/HEA															
WATER AND SANITATION FOR HEALTH II 936-5942.		B	0	0	0	0	B	15	0	6	0	B	0	0	0	0
COUNTRY TOTAL:			0	0	0	0		15	0	6	0		0	0	0	0

COUNTRY: TURKEY

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
	ST/HEA															
WATER SUPPLY AND SANITATION FOR HEALTH 931-1176.		A	10	0	15	0	A	0	0	0	0	A	0	0	0	0
WATER AND SANITATION FOR HEALTH II 936-5942.		B	0	0	0	0	B	0	0	0	0	B	5	0	2	0
COUNTRY TOTAL:			10	0	15	0		0	0	0	0		5	0	2	0

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT

BY GEOGRAPHIC AREA - FY 84 THRU 86

NEAR EAST

LAST UPDATE: MAY 1984

TOTAL FOR REGION:	213	0	106	1		15	0	6	0		131	0	4	0

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT

BY GEOGRAPHIC AREA - FY 84 THRU 86

SOUTH ASIA — LAST UPDATE: MAY 1984

COUNTRY: NEPAL

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF #OF TDYS	FY 1986 #OF PTP
	ST/HEA												
TROPICAL DISEASE RESEARCH 931-1126.		P	10	0	0	B	0	0	0	B	20	0	0
COUNTRY TOTAL:			10	0	0		0	0	0		20	0	0

COUNTRY: SRI LANKA

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF #OF TDYS	FY 1986 #OF PTP
	ST/HEA												
TROPICAL DISEASE RESEARCH 931-1126.		P	80	0	0	B	0	0	0	B	70	0	0
COUNTRY TOTAL:			80	0	0		0	0	0		70	0	0

COUNTRY: INDIA

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF #OF TDYS	FY 1986 #OF PTP
	ST/HEA												
TROPICAL DISEASE RESEARCH 931-1126.		B	100	0	0	B	0	0	0	B	100	0	0
DIARRHEAL DISEASE RESEARCH PROGRAM 936-5926.		B	50	0	0	B	0	0	0	B	0	0	0
MEDEX SUPPORT 936-5932.		A	30	0	2	A	0	0	0	A	0	0	0
936-5932.		B	0	0	0	B	0	0	0	B	60	0	2
COUNTRY TOTAL:			180	0	2		0	0	0		160	0	2

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT

BY GEOGRAPEIC AREA FY 84 THRU 88

SOUTH ASIA — LAST UPDATE: MAY 1984

COUNTRY: BANGLADESH

PROJECT	TITLE	FY 1984 STATUS	FY 1984 AMT ($000)	FY 1984 STAFF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STATUS	FY 1985 AMT ($000)	FY 1985 STAFF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STATUS	FY 1986 AMT ($000)	FY 1986 STAFF	FY 1986 #OF TDYS	FY 1986 #OF PTP
	ST/EEA															
	TROPICAL DISEASE RESEARCH															
931-1126.		B	50	0	0	0	B	0	0	0	0	B	50	0	0	0
	WATER SUPPLY AND SANITATION FOR HEALTH															
931-1176.		A	1	0	11	0	A	0	0	0	0	A	0	0	0	0
	OPERATIONS RESEARCH - HEALTH															
936-5920.		A	0	0	0	0	A	100	0	6	1	A	0	0	0	0
936-5920.		B	0	0	0	0	B	0	0	0	0	B	70	0	4	2
	DIARRHEAL DISEASE RESEARCH PROGRAM															
936-5928.		A	0	0	0	0	A	0	0	0	0	A	0	0	0	0
936-5928.		B	0	0	0	0	B	2200	0	1	0	B	2000	0	3	2
	WATER AND SANITATION FOR HEALTH II															
936-5942.		B	0	0	0	0	B	45	0	12	0	F	0	0	0	0
COUNTRY TOTAL:			51	0	11	0		2345	0	19	1		2120	0	7	4

COUNTRY: PAKISTAN

PROJECT	TITLE	FY 1984 STATUS	FY 1984 AMT ($000)	FY 1984 STAFF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STATUS	FY 1985 AMT ($000)	FY 1985 STAFF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STATUS	FY 1986 AMT ($000)	FY 1986 STAFF	FY 1986 #OF TDYS	FY 1986 #OF PTP
	ST/EEA															
	COMP METHODS OF VECTOR CONTROL															
931-1179.		A	179	0	1	1	A	0	0	0	0	A	0	0	0	0
COUNTRY TOTAL:			179	0	1	1		0	0	0	0		0	0	0	0
TOTAL FOR REGION:			500	0	14	1		2345	0	19	1		2370	0	9	7

A - ACTIVE P - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT

BY GEOGRAPHIC AREA - FY 84 THRU 88

EAST ASIA — LAST UPDATE: MAY 1984

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
COUNTRY TOTAL:																
COUNTRY: BURMA																
	ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.		B	10	0	0	0	B	0	0	0	0	B	0	0	0	0
COUNTRY TOTAL:			10	0	0	0		0	0	0	0		0	0	0	0
COUNTRY: MALAYSIA																
	ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.		B	0	0	0	0	B	70	0	0	0	B	85	0	0	0
COUNTRY TOTAL:			0	0	0	0		70	0	0	0		85	0	0	0
COUNTRY: KOREA																
	ST/HEA															

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT

FY GEOGRAPHIC AREA - FY 84 THRU 86

EAST ASIA — LAST UPDATE: MAY 1984

PROJECT	TITLE	STA	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	STA	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	STA	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
	ST/HEA															
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	10	0	1	1	A	0	0	0	0	A	0	0	0	0
936-5922.		B	0	0	0	0	B	15	0	2	1	B	0	0	0	0
COUNTRY TOTAL:			10	0	1	1		15	0	2	1		0	0	0	0

COUNTRY: PHILIPPINES

PROJECT	TITLE	STA	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	STA	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	STA	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
	ST/HEA															
TROPICAL DISEASE RESEARCH																
931-1126.		B	0	0	0	0	B	100	0	0	0	B	0	0	0	0
OPERATIONS RESEARCH - HEALTH																
936-5920.		B	50	0	0	0	B	0	0	0	0	B	70	0	3	1
COUNTRY TOTAL:			50	0	0	0		100	0	0	0		70	0	3	1

COUNTRY: THAILAND

PROJECT	TITLE	STA	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	STA	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	STA	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
	ST/HEA															
MALARIA IMMUNITY AND VACCINATION-TOTAL																
931-0453.		A	100	0	1	1	A	100	0	1	1	A	500	0	2	2
TROPICAL DISEASE RESEARCH																
931-1126.		B	200	0	0	0	B	0	0	0	0	B	150	0	0	0
COMP METHODS OF VECTOR CONTROL																
931-1179.		B	100	0	0	0	B	0	0	0	0	B	0	0	0	0
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	0	0	3	1	A	0	0	0	0	A	0	0	0	0
AGRO-MED PESTICIDES																
936-5933.		B	100	0	1	1	B	50	0	1	1	B	120	0	2	3
COMMUNITY DIAGNOSIS																
936-5935.		B	0	0	0	0	B	0	0	0	0	B	120	0	3	2
COUNTRY TOTAL:			500	0	5	3		150	0	2	2		890	0	7	7

COUNTRY: INDONESIA

PROJECT	TITLE	STA	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	STA	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	STA	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT

BY GEOGRAPHIC AREA - FY 84 THRU 88

EAST ASIA

LAST UPDATE: MAY 1984

ST/HEA

TROPICAL DISEASE RESEARCH														
931-1126.	B	70	0	0	0	B	0	0	0	0	B	0	0	0	0
HEALTH DEVELOPMENT MANAGEMENT														
936-5901.	A	500	0	9	1	A	420	0	19	3	A	0	0	0	0
TECHNOLOGY FOR PEC														
936-5927.	A	60	0	2	0	A	0	0	0	0	A	0	0	0	0
936-5927.	B	0	0	0	0	B	60	0	3	0	B	75	0	4	0
WATER AND SANITATION FOR HEALTH II														
936-5942.	B	0	0	0	0	B	30	0	10	0	B	30	0	9	0
COUNTRY TOTAL:		630	0	10	1		490	0	23	3		105	0	13	0
TOTAL FOR REGION:		1200	0	16	5		825 825	0	27	8		1150	0	23	8

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT

BY GEOGRAPHIC AREA - FY 84 THRU 88

LATIN AMERICA — LAST UPDATE: MAY 1984

COUNTRY: BOLIVIA

PROJECT	TITLE	STA TUS	FY 1984 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1985 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1986 AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA																
WATER SUPPLY AND SANITATION FOR HEALTH																
931-1176.		A	14	0	75	0	A	0	0	0	0	A	0	0	0	0
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	728	0	16	4	A	0	0	0	0	A	0	0	0	0
936-5920.		B	0	0	0	0	B	49	0	3	0	B	0	0	0	0
WATER AND SANITATION FOR HEALTH II																
936-5942.		B	0	0	0	0	B	10	0	4	0	B	0	0	0	0
COUNTRY TOTAL:			742	0	91	4		59	0	7	0		0	0	0	0

COUNTRY: BRAZIL

PROJECT	TITLE	STA TUS	FY 1984 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1985 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1986 AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA																
TROPICAL DISEASE RESEARCH																
931-1126.		B	200	0	0	0	B	110	0	0	0	B	0	0	0	0
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	149	0	0	1	A	0	0	0	0	A	0	0	0	0
936-5920.		B	0	0	0	0	B	70	0	6	0	B	0	0	0	0
COUNTRY TOTAL:			349	0	0	1		180	0	6	0		0	0	0	0

COUNTRY: COLOMBIA

PROJECT	TITLE	STA TUS	FY 1984 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1985 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1986 AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA																
MALARIA IMMUNITY AND VACCINATION-TOTAL																
931-0453.		A	500	0	2	1	A	500	0	2	1	A	500	0	2	2
COUNTRY TOTAL:			500	0	2	1		500	0	2	1		500	0	2	2

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT

BY GEOGRAPHIC AREA - FY 84 THRU 86

LATIN AMERICA — LAST UPDATE: MAY 1984

COUNTRY: DOMINICAN REPUBLIC

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
ST/EEA																
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	45	0	4	0	A	0	0	0	0	A	0	0	0	0
936-5920.		B	0	0	0	0	B	0	0	0	0	B	90	2	5	0
WATER AND SANITATION FOR HEALTH II																
936-5942.		B	0	0	0	0	B	0	0	0	0	B	25	0	10	0
COUNTRY TOTAL:			45	0	4	0		0	0	0	0		115	0	15	0

COUNTRY: ECUADOR

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
ST/EEA																
WATER SUPPLY AND SANITATION FOR HEALTH																
931-1176.		A	13	0	53	2	A	0	0	0	0	A	0	0	0	0
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	152	0	6	2	A	0	0	0	0	A	0	0	0	0
WATER AND SANITATION FOR HEALTH II																
936-5942.		B	0	0	0	0	B	12	0	3	0	B	0	0	0	0
COUNTRY TOTAL:			165	0	59	2		12	0	3	0		0	0	0	0

COUNTRY: EL SALVADOR

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
ST/EEA																
WATER AND SANITATION FOR HEALTH II																
936-5942.		B	0	0	0	0	B	0	0	0	0	B	27	0	10	0
COUNTRY TOTAL:			0	0	0	0		0	0	0	0		27	0	10	0

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COUNTRY: HAITI

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
	ST/HEA															
MALARIA IMMUNITY AND VACCINATION-TOTAL																
931-0453.		B	100	0	1	1	B	100	0	1	1	B	100	0	1	1
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	75	0	2	1	A	0	0	0	0	A	0	0	0	0
936-5920.		B	0	0	0	0	B	0	0	0	0	B	110	0	5	3
TECHNOLOGY FOR PEC																
936-5927.		A	67	0	5	0	A	0	0	0	0	A	90	0	5	0
WATER AND SANITATION FOR HEALTH II																
936-5942.		B	0	0	0	0	B	0	0	0	0	B	22	0	0	0
COUNTRY TOTAL:			242	0	8	2		100	0	1	1		322	0	11	4

COUNTRY: HONDURAS

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
	ST/HEA															
COMP METHODS OF VECTOR CONTROL																
931-1179.		B	100	0	0	0	B	0	0	0	0	B	0	0	0	0
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	35	0	3	2	A	0	0	0	0	A	0	0	0	0
936-5920.		B	0	0	0	0	B	0	0	0	0	B	62	0	4	0
AGRO-MED PESTICIDES																
936-5933.		B	50	0	0	0	B	0	0	1	0	B	100	0	1	2
COMMUNITY DIAGNOSIS																
936-5935.		B	0	0	0	0	B	0	0	0	0	B	75	0	3	2
COUNTRY TOTAL:			185	0	3	2		0	0	1	0		235	0	8	4

COUNTRY: MEXICO

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
	ST/HEA															
OPERATIONS RESEARCH - HEALTH																

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LATIN AMERICA														
936-5926.	B	61	0	6	6	B	0	0	0	0	B	0	0	0	0
COUNTRY TOTAL:		61	0	6	6		0	0	0	0		0	0	0	0

COUNTRY: PANAMA

	FY 1984					FY 1985					FY 1986				
PROJECT TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA															
TROPICAL DISEASE RESEARCH															
931-1126.	B	150	0	0	0	B	0	0	0	0	B	125	0	0	0
OPERATIONS RESEARCH - HEALTH															
936-5920.	B	0	0	0	0	B	90	0	3	2	B	40	0	3	0
COUNTRY TOTAL:		150	0	0	0		90	0	3	2		165	0	3	0

COUNTRY: PERU

	FY 1984					FY 1985					FY 1986				
PROJECT TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA															
TROPICAL DISEASE RESEARCH															
931-1126.	B	60	0	0	0	B	70	0	0	0	B	50	0	0	0
WATER SUPPLY AND SANITATION FOR HEALTH															
931-1176.	A	18	0	60	0	A	0	0	0	0	A	0	0	0	0
TECHNOLOGY FOR PHC															
936-5927.	A	30	0	5	0	A	0	0	0	0	A	30	0	6	0
COMMUNITY DIAGNOSIS															
936-5935.	B	0	0	0	0	B	50	0	0	0	B	75	0	3	1
WATER AND SANITATION FOR HEALTH II															
936-5942.	B	0	0	0	0	B	13	0	4	0	B	0	0	0	0
COUNTRY TOTAL:		108	0	65	0		133	0	4	0		235	0	9	1

COUNTRY: URUGUAY

	FY 1984					FY 1985					FY 1986				
PROJECT TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA															
OPERATIONS RESEARCH - HEALTH															

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PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
LATIN AMERICA																
936-5922.		A	20	3	3	1	A	0	0	2	2	A	2	2	2	2
COUNTRY TOTAL:			22	2	3	1		2	0	2	2		0	2	2	2
COUNTRY: VENEZUELA																
	ST/HEA															
TROPICAL DISEASE RESEARCH																
931-1126.		B	0	0	0	0	B	90	0	0	0	B	0	0	0	0
COUNTRY TOTAL:			0	0	0	0		90	0	0	0		0	0	0	0
COUNTRY: JAMAICA																
	ST/HEA															
WATER SUPPLY AND SANITATION FOR HEALTH																
931-1176.		A	8	0	22	0	A	0	0	0	0	A	0	0	0	0
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	10	0	1	2	A	0	0	0	0	A	0	0	0	0
936-5920.		B	0	2	0	0	B	0	0	0	0	B	30	0	3	2
TECHNOLOGY FOR PHC																
936-5927.		B	0	0	0	0	B	30	0	0	0	B	21	0	0	0
WATER AND SANITATION FOR HEALTH II																
936-5942.		B	0	0	0	0	B	0	0	0	0	B	25	0	5	0
COUNTRY TOTAL:			18	0	23	2		30	0	0	0		76	0	11	2
COUNTRY: BARBADOS																
	ST/HEA															
HEALTH DEVELOPMENT MANAGEMENT																
936-5901.		A	500	0	12	3	A	500	0	12	2	A	0	0	0	0
TECHNOLOGY FOR PHC																
936-5927.		B	0	0	0	0	B	20	0	0	0	B	12	0	1	0

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LATIN AMERICA LAST UPDATE: MAY 1984

COUNTRY TOTAL:		500	0	12	3		520	0	12	2		10	0	1	0
COUNTRY: DOMINICA															
		FY 1984					FY 1985					FY 1986			
PROJECT TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA															
OPERATIONS RESEARCH - HEALTH 936-5920.	A	15	0	10	1	A	60	0	6	0	A	0	0	0	0
MEDEX SUPPORT 936-5932.	A	1	0	1	0	A	0	0	0	0	A	0	0	0	0
COUNTRY TOTAL:		16	0	11	1		60	0	6	0		0	0	0	0
COUNTRY: GRENADA															
		FY 1984					FY 1985					FY 1986			
PROJECT TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA															
OPERATIONS RESEARCH - HEALTH 936-5920.	A	0	0	0	0	A	87	0	0	0	A	0	0	0	0
936-5920.	B	0	0	0	0	B	0	0	0	0	P	30	0	0	0
MEDEX SUPPORT 936-5932.	A	4	0	1	0	A	0	0	0	0	A	0	0	0	0
COUNTRY TOTAL:		4	0	1	0		87	0	0	0		30	0	0	0
TOTAL FOR REGION:		3108	0	288	25		1861	0	45	5		1715	0	75	13

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COUNTRY: ZAMBIA

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
ST/HEA																
MALARIA IMMUNITY AND VACCINATION-TOTAL																
931-0453.		B	50	0	1	1	B	100	0	1	1	B	100	0	1	1
TROPICAL DISEASE RESEARCH																
931-1126.		B	0	0	0	0	B	60	0	0	0	B	0	0	0	0
COMMUNITY DIAGNOSIS																
936-5935.		B	0	0	0	0	B	120	0	2	1	B	20	0	1	1
COUNTRY TOTAL:			50	0	1	1		280	0	3	2		120	0	2	2

COUNTRY: MALAWI

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
ST/HEA																
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	38	0	1	1	A	0	0	0	0	A	0	0	0	0
936-5920.		B	0	0	0	0	B	0	0	0	0	B	95	0	5	0
WATER AND SANITATION FOR HEALTH II																
936-5942.		B	0	0	0	0	B	38	0	9	0	B	0	0	0	0
COUNTRY TOTAL:			38	0	1	1		38	0	9	0		95	0	5	0

COUNTRY: KENYA

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
ST/HEA																
TROPICAL DISEASE RESEARCH																
931-1126.		B	200	2	0	0	B	0	0	0	0	B	150	0	0	0
DIARRHEAL DISEASE RESEARCH PROGRAM																
936-5926.		B	50	0	0	0	B	0	0	0	0	B	0	0	0	0
MEDEX SUPPORT																
936-5932.		A	5	0	1	0	A	0	0	0	0	A	0	0	0	0
936-5932.		B	0	0	0	0	B	110	0	4	2	B	0	0	0	0

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	FY 1984				FY 1985				FY 1986			
COUNTRY TOTAL:	255	0	1	0	110	0	4	2	152	0	0	0

COUNTRY: NIGERIA

PROJECT TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA															
OPERATIONS RESEARCH - HEALTH															
936-5926.	A	110	0	8	4	A	0	0	0	0	A	0	0	0	0
COUNTRY TOTAL:		110	0	8	4		0	0	0	0		0	0	0	0

COUNTRY: TANZANIA

PROJECT TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA															
MALARIA IMMUNITY AND VACCINATION-TOTAL															
931-0458.	B	10	0	1	0	B	20	0	1	0	P	50	0	0	1
OPERATIONS RESEARCH - HEALTH															
936-5926.	A	121	0	4	1	A	0	0	0	0	A	0	0	0	0
936-5926.	B	0	0	0	0	B	0	0	0	0	P	90	0	3	6
WATER AND SANITATION FOR HEALTH II															
936-5942.	B	0	0	0	0	B	0	0	0	0	P	15	0	10	0
COUNTRY TOTAL:		131	0	5	1		20	0	1	0		155	0	13	7

COUNTRY: CAMEROON

PROJECT TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA															
TROPICAL DISEASE RESEARCH															
931-1126.	B	100	0	2	0	B	0	0	0	0	P	0	0	0	0
OPERATIONS RESEARCH - HEALTH															
936-5926.	A	45	0	1	1	A	0	0	0	0	A	0	0	0	0
936-5926.	I	0	0	0	0	B	0	0	0	0	P	50	0	0	0
COMMUNITY DIAGNOSIS															
936-5935.	B	0	0	0	0	B	100	0	1	1	B	30	0	3	1

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COUNTRY TOTAL:		145	0	1	1		122	0	1	1		30	0	5	1
COUNTRY: SIERRA LEONE															
		FY 1984					FY 1985					FY 1986			
PROJECT	TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
	ST/EEA														
WATER SUPPLY AND SANITATION FOR HEALTH															
931-1176.		A	19	0	78	0	A	0	0	0	0	A	0	0	0	0
OPERATIONS RESEARCH - HEALTH															
936-5920.		A	21	0	1	1	A	0	0	0	0	A	0	0	0	0
WATER AND SANITATION FOR HEALTH II															
936-5942.		B	0	0	0	0	B	20	0	3	0	B	0	0	0	0
COUNTRY TOTAL:			40	0	79	1		20	0	3	0		0	0	0	0
COUNTRY: GHANA															
		FY 1984					FY 1985					FY 1986			
PROJECT	TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
	ST/EEA														
TROPICAL DISEASE RESEARCH															
931-1126.		B	150	0	0	0	B	0	0	0	0	B	0	0	0	0
COUNTRY TOTAL:			150	0	0	0		0	0	0	0		0	0	0	0
COUNTRY: SWAZILAND															
		FY 1984					FY 1985					FY 1986			
PROJECT	TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
	ST/EEA														
WATER SUPPLY AND SANITATION FOR HEALTH															
931-1176.		A	28	0	71	0	A	0	0	0	0	A	0	0	0	0
OPERATIONS RESEARCH - HEALTH															
936-5920.		A	63	0	0	1	A	0	0	0	0	A	0	0	0	0
936-5920.		B	0	0	0	0	B	95	0	3	0	B	0	0	0	0
WATER AND SANITATION FOR HEALTH II															
936-5942.		B	0	0	0	0	B	0	0	0	0	B	30	0	3	0

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COUNTRY TOTAL:		91	0	71	1		95	0	3	0		30	0	1	0

COUNTRY: SOMALIA

	FY 1984					FY 1985					FY 1986				
PROJECT TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA															
TROPICAL DISEASE RESEARCH															
931-1126.	B	50	0	0	0	B	0	0	0	0	B	0	0	0	0
OPERATIONS RESEARCH - HEALTH															
936-5920.	A	136	0	4	1	A	0	0	0	0	A	0	0	0	0
936-5920.	B	0	0	0	0	B	112	0	2	2	B	0	0	0	0
COMMUNITY DIAGNOSIS															
936-5935.	B	0	0	0	0	B	0	0	0	0	B	100	0	3	2
COUNTRY TOTAL:		186	0	4	1		112	0	2	2		100	0	3	2

COUNTRY: SUDAN

	FY 1984					FY 1985					FY 1986				
PROJECT TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA															
TROPICAL DISEASE RESEARCH															
931-1126.	B	100	0	0	0	B	0	0	0	0	B	95	0	0	0
COMP METHODS OF VECTOR CONTROL															
931-1179.	B	100	0	0	0	B	0	0	0	0	B	0	0	0	0
MEILX SUPPORT															
936-5932.	A	10	0	1	0	A	0	0	0	0	A	0	0	0	0
936-5932.	B	0	0	0	0	B	0	0	0	0	B	90	0	3	5
AGRO-MED PESTICIDES															
936-5933.	B	50	0	0	0	B	200	0	2	1	B	70	0	2	1
COUNTRY TOTAL:		260	0	1	0		200	0	2	1		255	0	5	7

COUNTRY: MOZAMBIQUE

	FY 1984					FY 1985					FY 1986				
PROJECT TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
ST/HEA															

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PROJECT	TITLE	STA TUS	FY 1984 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1985 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1986 AMT ($000)	STAF	#OF TDYS	#OF PTP
	ST/HEA															
WATER SUPPLY AND SANITATION FOR HEALTH																
931-1176.		A	14	2	22	2	A	0	0	2	2	A	2	2	0	0
COUNTRY TOTAL:			14	2	22	2		0	0	2	2		2	2	2	2

COUNTRY: ZAIRE

PROJECT	TITLE	STA TUS	FY 1984 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1985 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1986 AMT ($000)	STAF	#OF TDYS	#OF PTP
	ST/HEA															
TROPICAL DISEASE RESEARCH																
931-1126.		B	60	2	0	0	B	0	0	0	0	B	0	0	0	0
WATER SUPPLY AND SANITATION FOR HEALTH																
931-1176.		A	33	0	103	2	A	0	0	0	0	A	0	0	0	0
OPERATIONS RESEARCH - HEALTH																
936-5926.		A	133	2	2	1	A	0	0	0	0	A	0	0	0	0
936-5926.		P	0	0	0	0	P	0	0	0	0	P	100	0	6	3
WATER AND SANITATION FOR HEALTH II																
936-5942.		B	0	0	0	0	B	15	0	5	0	B	0	0	0	0
COUNTRY TOTAL:			226	2	105	1		15	0	5	0		100	0	6	3

COUNTRY: ETHIOPIA

PROJECT	TITLE	STA TUS	FY 1984 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1985 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1986 AMT ($000)	STAF	#OF TDYS	#OF PTP
	ST/HEA															
TROPICAL DISEASE RESEARCH																
931-1126.		P	10	0	0	0	B	0	0	0	0	P	0	0	0	0
COUNTRY TOTAL:			10	0	0	0		0	0	0	0		0	0	0	0

COUNTRY: LIBERIA

PROJECT	TITLE	STA TUS	FY 1984 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1985 AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	FY 1986 AMT ($000)	STAF	#OF TDYS	#OF PTP
	ST/HEA															
OPERATIONS RESEARCH - HEALTH																
936-5926.		A	149	2	4	1	A	0	0	2	0	A	0	0	0	0
936-5926.		P	0	0	0	0	P	35	0	2	0	P	0	0	0	0

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT

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AFRICA

LAST UPDATE: MAY 1984

COUNTRY TOTAL:		149	3	4	1		35	0	2	0		0	0	0	0

COUNTRY: CONGO

		FY 1984					FY 1985					FY 1986			
PROJECT	TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
	ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.		B	80	0	0	0	B	0	0	0	0	5	0	0	0	0
COUNTRY TOTAL:			80	0	0	0		0	0	0	0		0	0	0	0

COUNTRY: BENIN

		FY 1984					FY 1985					FY 1986			
PROJECT	TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
	ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.		B	20	0	0	0	B	0	0	0	0	B	0	0	0	0
OPERATIONS RESEARCH - HEALTH 936-5920.		A	10	0	2	1	A	0	0	0	0	P	0	0	0	0
COUNTRY TOTAL:			30	0	2	1		0	0	0	0		0	0	0	0

COUNTRY: IVORY COAST

		FY 1984					FY 1985					FY 1986			
PROJECT	TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
	ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.		B	90	3	0	0	B	0	0	0	0	B	85	0	0	0
WATER SUPPLY AND SANITATION FOR HEALTH 931-1176.		A	27	1	105	0	A	0	0	0	0	A	0	0	0	0
OPERATIONS RESEARCH - HEALTH 936-5920.		A	420	0	3	4	A	0	0	0	0	A	0	0	0	0
936-5920.		B	0	0	0	0	P	45	0	1	3	P	0	0	0	0
WATER AND SANITATION FOR HEALTH II 936-5942.		B	0	0	0	0	B	0	0	0	0	P	21	0	0	0

A - ACTIVE P - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT

BY GEOGRAPHIC AREA -- FY 84 THRU 88

AFRICA

LAST UPDATE: MAY 1984

COUNTRY TOTAL:		537	0	125	4		45	0	1	1		125	0	5	0
COUNTRY: MAURITANIA															
		FY 1984					FY 1985					FY 1986			
PROJECT	TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
	ST/HEA															
WATER SUPPLY AND SANITATION FOR HEALTH 931-1176.		A	40	0	100	0	A	0	0	0	0	A	0	0	0	0
COUNTRY TOTAL:			40	0	100	0		0	0	0	0		0	0	0	0
COUNTRY: NIGER																
		FY 1984					FY 1985					FY 1986			
PROJECT	TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
	ST/HEA															
WATER AND SANITATION FOR HEALTH II 936-5942.		B	0	0	0	0	B	0	0	0	0	B	35	0	10	0
COUNTRY TOTAL:			0	0	0	0		0	0	0	0		35	0	10	0
COUNTRY: SENEGAL																
		FY 1984					FY 1985					FY 1986			
PROJECT	TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP
	ST/HEA															
WATER AND SANITATION FOR HEALTH II 936-5942.		B	0	0	0	0	B	20	0	7	0	B	0	0	0	0
COUNTRY TOTAL:			0	0	0	0		20	0	7	0		0	0	0	0
COUNTRY: UPPER VOLTA																
		FY 1984					FY 1985					FY 1986			
PROJECT	TITLE	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP	STA TUS	AMT ($000)	STAF	#OF TDYS	#OF PTP

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT

BY GEOGRAPHIC AREA - FY 84 THRU 86

AFRICA — LAST UPDATE: MAY 1984

PROJECT	TITLE	FY 1984 STATUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STATUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STATUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
ST/HEA																
MALARIA IMMUNITY AND VACCINATION-TOTAL																
931-0453.		P	50	0	1	1	B	100	0	1	1	B	100	0	0	0
WATER SUPPLY AND SANITATION FOR HEALTH																
931-1176.		A	32	0	103	0	A	0	0	0	0	A	0	0	0	0
COUNTRY TOTAL:			82	0	104	1		100	0	1	1		100	0	0	0
COUNTRY: MALI																
ST/HEA																
TROPICAL DISEASE RESEARCH																
931-1126.		B	10	0	0	0	B	0	0	0	0	B	0	0	0	0
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	29	0	1	1	A	0	0	0	0	A	0	0	0	0
936-5920.		B	0	0	0	0	B	0	0	0	0	B	50	0	2	3
COUNTRY TOTAL:			39	0	1	1		0	0	0	0		50	0	2	3
TOTAL FOR REGION:			2659	0	613	20		1170	0	49	12		1419	0	59	25

A - ACTIVE P - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT

BY GEOGRAPHIC AREA - FY 84 THRU 86

PROJECT SERVICES AT MISSION OR BUREAU REQUEST LAST UPDATE: MAY 1984

COUNTRY: SERVICES AT MISSION / BUREAU REQUEST

PROJECT	TITLE	FY 1984 STA TUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PIP	FY 1985 STA TUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PIP	FY 1986 STA TUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PIP
	ST/HEA															
931-1176.	WATER SUPPLY AND SANITATION FOR HEALTH TECHNOLOGY FOR PEC	A	0	0	0	0	A	0	0	0	0	A	0	0	0	0
936-5927.	DIARRHEAL DISEASE RESEARCH PROGRAM	A	0	0	0	0	A	0	0	0	0	A	0	0	0	0
936-5928.	HES RESOURCE SUPPORT	B	0	0	0	0	B	0	0	0	0	B		0		0
936-5929.	MEDEX SUPPORT	A		0		0	A	0	0	0	0	A	0	0	0	0
936-5929.		B	0	0	0	0	B		0		0	B		0		0
936-5932.	WATER AND SANITATION FOR HEALTH II	A	0	0	0	0	A	0	0	0	0	A	0	0	0	0
936-5942.		A	0	0	0	0	A	0	0	0	0	A	0	0	0	0
COUNTRY TOTAL:				0		0			0		0			0		0
TOTAL FOR REGION:				0		0			0		0			0		0

A - ACTIVE B - PENDING MISSION APPROVAL

OTHER LAST UPDATE: MAY 1984

COUNTRY: PAPUA NEW GUINEA

PROJECT TITLE	FY 1984 STATUS	FY 1984 AMT ($000)	FY 1984 STAF	FY 1984 #OF TDYS	FY 1984 #OF PTP	FY 1985 STATUS	FY 1985 AMT ($000)	FY 1985 STAF	FY 1985 #OF TDYS	FY 1985 #OF PTP	FY 1986 STATUS	FY 1986 AMT ($000)	FY 1986 STAF	FY 1986 #OF TDYS	FY 1986 #OF PTP
ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.	P	0	0	0	0	P	50	0	0	0	P	0	0	0	0
COUNTRY TOTAL:		0	0	0	0		50	0	0	0		0	0	0	0
TOTAL FOR REGION:		0	0	0	0		50	0	0	0		0	0	0	0
OVERALL TOTAL:		7680	0	1037	52		6266	0	40	25		6785	0	185	53

A - ACTIVE P - PENDING MISSION APPROVAL

FY 1986 ABS
Bureau of Science & Technology
Office of Health

Project Title & Number	Bureau or Mission	Amount of Bureau/ Mission Funding (000s) FY 1985	FY 1986
936-5927, PRITECH	Africa	550	500
	Asia	450	500
	NE	200	200
	LAC	200	300
	Total	1,400	1,500
936-5942, WASH II	Africa	400	400
	Asia	300	300
	NE	200	150
	LAC	300	350
	Total	1,200	1,200

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