PD-AAX-544

Annual Budget Submission

FY 1985

BUREAU FOR SCIENCE AND TECHNOLOGY

OFFICE OF HEALTH

JUNE 1983

Agency for International Development
Washington, D.C. 20523

UNCLASSIFIED

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NARRATIVE SUMMARY

The proposed FY85 program of the Office of Health is responsive to recent revisions of the Agency health policy and the health sector strategy. The program will continue to be directed toward improving the health of the unserved and underserved in the developing countries.

To improve the health status of the poorer residents in developing countries we must continue to develop, adapt and deploy improved technologies and to improve the systems which deliver both new and existing technologies which can prevent and treat much of the serious illness, chronic disability and death seen in these areas. These two themes--development/transfer of technology and improvement of health care systems--are central to the projects which comprise the FY85 program. Within both of these broad themes, we will seek opportunities to bring the vigor of the private sector to bear on the search for solutions to the health problems of the developing countries.

The health sector strategy outlines an approach targeted on reducing the mortality of infants and young children and their mothers and on reducing the burden of illness in the workforce. This target is to be reached through projects which promote the utilization of a basic package of proven, appropriate interventions through the primary health care (PHC) approach, develop and transfer tehcnology which is applicable in the PHC system context, and develop and strengthen the LDC institutions and human resources required to sustain an effective health system.

The Office of Health program for FY85 is well suited to support these policy directives and strategic plans. The use of U.S. science and technology skills is an integral part of both our research and field support activities. Direct transfer of technology is a key element of the Water and Sanitation for Health (WASH), Technology for Primary Health Care (PHC-Tech), Private Sector Water/Sanitation Technology, and Health Development Management projects. Other projects, such as the Operations Research (PRICOR) project and projects which provide technical assistance primarily, transfer technology indirectly through sponsorship or research conducted by local institutions and through collaboration at a technical level. Development of LDC institutions is a key element of the WASH, Health Development Management and MEDEX Support projects, and development of human resources is promoted by the Health Training, Health Development Management and MEDEX Support projects.

Promotion of private sector principles in health programs is a feature of the PRICOR, WASH, PHC-Tech and Private Sector Water/Sanitation Technology projects. Sub-projects under PRICOR will explore alternative financing schemes for health systems which will reduce the recurrent cost burden on the LDC government. Short-term technical assistance has been provided by the WASH project to LDC manufacturers of water supply and sanitation hardware and the proposed Private Sector Water/Sanitation Technology project will make available longer-term, comprehensive technical assistance to develop viable LDC private firms in the same industry. The PHC-Tech project will provide essential technical assistance to promote consideration of pharmaceutical availability and distribution in the LDC health programs. Such programs provide an excellent opportunity to incorporate private sector pharmaceutical manufacture and marketing principles in primary health care programs.

In response to a new emphasis on biomedical research, the FY85 program proposes to augment current research projects related to Malaria Immunity and Vaccination, and Diarrheal Disease Research and continue but diversify in the tropical disease research area. In addition, a much requested new project will be initiated, Biomedical Research Support, which will assist regional bureaus and missions to implement regional and mission funded biomedical research projects critical to their local needs.

The programs of the Office of Health continue to focus on those health issues which are common to many countries in a region or on technologies which are appropriate for use on a global scale. The Diarrheal Disease Research project will continue to search for preventive measures for this leading cause of death of children under five in the LDC's. Previous AID efforts in this field helped to develop and perfect oral rehydration therapy (ORT), a universally applicable treatment. The Diarrheal Disease Research project will further improve and disseminate ORT and will continue the search for primary prevention measures such as vaccines. Other problems common to several countries or regions which will be targets of the FY85 program include endemic tropical diseases. We propose to continue the search for effective, low-cost treatment and control measures through the Tropical Disease Research (TDR) program which has already had some success. The research efforts of the TDR program have spawned several mission funded projects, all of which apply the research findings in a similar manner. The PHC management training methodology developed by the Health Development Management project and the results of the operations research efforts will meet the needs common to PHC systems in many countries.

Several projects in the FY85 program are designed to foster close collaboration and joint funding between the Office of Health and missions in the program areas where an efficient central mechanism and expertise may be used profitably to advance development and implementation of novel health projects. We anticipate regional bureau or mission funding to increase the scope of the PHC-Tech, WASH and Biomedical Research Support projects if they provide valuable services to bureaus and missions.

Among the program shifts proposed for FY85, the Office of Health proposes to increase the level of funding for the Malaria Immunity and Vaccination project to take advantage of recent advances in development of a prototype vaccine. This breakthrough, which was made in November 1982, has made it necessary to accelerate the field work to provide the epidemiological information required to field test a vaccine. It also requires an increased effort to accelerate the development of the blood stage component of the combined vaccine which is required to effectively reduce malaria incidence in an endemic area. AID should not ignore the opportunity to invest in development of a primary prevention technology for malaria when we face formidable technical and cost problems with existing malaria control strategies.

We propose to increase and diversify the activities supported by the Diarrhea Disease Research project. Through FY83 the predecessor project supported the International Centre for Diarrhoeal Disease Research, Bangladesh

(ICDDR/B), exclusively. In FY85 we expect to continue core support of the ICDDR/B. but we also anticipate supporting project-specific activities at the ICDDR/B and elsewhere. We anticipate, also, the need to provide central support for research elements of diarrheal disease projects which may be generated by the oral rehydration therapy conference.

We propose to use a series of small activities under the FY84 Market Technology for Community Health (MATCH) project to explore private sector and financing issues important to missions and to provide advice and assistance to missions in these areas which were previously covered under the mission-initiated sub-projects of PRICOR.

In FY85 we are proposing to expand the scope of the PHC-Tech project to cover technical assistance for essential drug/pharmaceutical programs. Incorporation of the elements of essential drug programs in PHC projects offers an opportunity to program health loans and to provide an opportunity for the pharmaceutical industry to participate in and support PHC programs.

An FY85 start, Biomedical Research Support, is an attempt to establish a mechanism with limited central funding which will facilitate greater mission participation in biomedical research. This project will provide technical assistance to regional bureaus and missions to insure adequate project identification, and, if additional regional or mission funds are available to the project, to assist with project design and implementation when requested.

Three projects which are new in FY85 will be designed primarily to accelerate technology development and transfer for us in AID bilateral projects. These projects are: Community Diagnosis, Health Training, and Private Sector Water/Sanitation Technology. They are projects which will be designed to provide the technologies which are most frequently requested to implement AID health policy papers and bilateral health projects.

In considering the ranking of the FY85 program elements, Table V lists the proposed order of priority. The four research projects head the list. The three principal biomedical research projects are ranked highest because this is an area in which the Office of Health is in a position to make a unique contribution to the health program of the Agency. Development of a malaria vaccine, continued research of diarrheal diseases, and support for research of tropical diseases which are endemic in many countries throughout the world are activities which are important in a well-balanced health portfolio for AID. Support of health related operations research activities, that are conducted under PRICOR, are expected to find wide application in AID health projects and elsewhere. We attribute a portion of the PRICOR activities to mission support because several of the sub-projects were undertaken at mission request.

Next on the priority list are the mission support projects, WASH and PHC-Tech. These projects are ranked rather high on the list because they provide efficient access to technical assistance. We consider provision of a mechanism through which specialist technical assistance can be obtained to be

an essential role of the Office of Health to play, especially when the need for these services was not anticipated far enough in advance to secure bureau or mission funding. The previous history of the WASH project and the experience with the predecessor to the PHC-Tech project indicate these projects will be heavily utilized .

FY85 will be the last year for the next project on the list, Health Development Management. Only one of the two project activities is included in our FY85 program. One element, the contract between Johns Hopkins and the School of Public Health of the University of Indonesia, will be mission-funded for the last year so that any future program or extension of the current activities can be melded with other mission funded projects.

The rank order of the next five projects represents the interest of the Office of Health in applying science and technology to health problems and the role we are best equipped to play in linking technology to field implementation of health projects. We view Biomedical Research Support, Agro-Medical Pesticides and Community Diagnosis as examples of how we can assess and adapt technology and help missions participate fully in development of new technology. Few missions would have the critical mass of knowledge, experience, or perhaps interest, to make the heavy investment of time and personnel required to develop these activities for their own programs exclusively. We consider provision of these services to be a proper function of the Office. The HHS Support project continues to make U.S. Public Health Service officers available as consultants. This is primarily a mission support project. The Health Training and Private Sector Water/Sanitation Technology projects are designed to meet specific sector needs which may be supported by mission or regional resources in some, but not all, cases.

The additional requirement for MEDEX Support exists in FY85 because continuation of the MEDEX activity in FY 83 and the requirements for out-year funds were added to the Office of Health program in FY83 and FY84. This additional requirement in FY85 continues the same budget pattern.

TABLE V - FY 1985 PROPOSED PROGRAM RANKING
06/03/83

06/03/83

OFFICE 042 ST/HEA

RANK	DECISION PACKAGES/PROGRAM ACTIVITY		TERM/ NEW/ CONT	LOAN/ GRANT	APPROP ACCT.	PROGRAM FUNDING ($000) INCR	CUM	ITEM
	DECISION PACKAGE - PROPOSED (50)							
1	9310453	MALARIA IMMUNITY AND VACCINATION-TOTAL	C	G	HE	6000	6000	3523
2	9365928	DIARRHEAL DISEASE RESEARCH PROGRAM	C	G	HE	2700	8700	3532
3	9311126	TROPICAL DISEASE RESEARCH	C	G	HE	2000	10700	3525
4	9365920	OPERATIONS RESEARCH - HEALTH	C	G	HE	2500	13200	3530
5	9311176	WATER SUPPLY AND SANITATION FOR HEALTH	C	G	HE	2500	15700	3526
6	9365927	TECHNOLOGY FOR PHC	C	G	HE	3000	18700	3531
7	9365901	HEALTH DEVELOPMENT PLANNING	C	G	HE	500	19200	3562
8	9365938	BIOMEDICAL RESEARCH SUPPORT	N	G	HE	250	19450	3534
9	9365933	AGRO-MED PESTICIDES	C	G	HE	350	19800	3522
10	9365935	COMMUNITY DIAGNOSIS	N	G	HE	700	20500	3529
11	9365929	HHS RESOURCE SUPPORT	C	G	HE	200	20700	3533
12	9365937	HEALTH TRAINING	N	G	HE	800	21500	3538
13	9365936	PVT SECTOR WATER/SANITATION TECHNOLOGY	N	G	HE	500	22000	3537
	DECISION PACKAGE - Additional Requirement							
14	9365932	MEDEX SUPPORT	C	G	HE	1600	23600	3760

TABLE III - PROJECT OBLIGATIONS BY APPROPRIATION ACCOUNT
FY 1983 TO FY 1985 ($ THOUSANDS)

OFFICE: ST/HEA

APPROPRIATION ACCOUNT - HE

PROJECT#	PROJECT TITLE	FY 1983 OYB-REVISED	FY 1984 REVISED	FY-85 PROPOSED	Page #
931-0067.	OFFICE OF INTERNATIONAL HEALTH SUPPORT	$100	$0	$0	
931-0453.	MALARIA IMMUNITY AND VACCINATION-TOTAL	$3,000	$3,900	$6,000	9
931-1012.	INTERNATL CTR FOR DIARRHEAL DIS RES	$2,217	$0	$0	
931-1126.	TROPICAL DISEASE RESEARCH	$3,000	$2,000	$2,000	10
931-1176.	WATER SUPPLY AND SANITATION FOR HEALTH	$2,400	$2,300	$2,500	11
936-5901.	HEALTH DEVELOPMENT PLANNING	$1,000	$900	$500	12
936-5920.	OPERATIONS RESEARCH - HEALTH	$800	$2,000	$2,500	13
936-5927.	TECHNOLOGY FOR PHC	$2,289	$2,200	$3,000	14
936-5928.	DIARRHEAL DISEASE RESEARCH PROGRAM	$0	$1,900	$2,700	15
936-5929.	HHS RESOURCE SUPPORT	$0	$100	$200	16
936-5930.	MARKET TECHNOLOGY FOR COMMUNITY HEALTH	$0	$500	$0	
936-5932.	MEDEX SUPPORT	$1,500	$1,000	$1,600	17
936-5933.	AGRO-MED PESTICIDES	$0	$500	$350	18
936-5935.	COMMUNITY DIAGNOSIS	$0	$0	$700	19
936-5936.	PVT SECTOR WATER/SANITATION TECHNOLOGY	$0	$0	$500	20
936-5937.	HEALTH TRAINING	$0	$0	$800	21
936-5938.	BIOMEDICAL RESEARCH SUPPORT	$0	$0	$250	22
TOTALS FOR HE		$16,306	$17,300	$23,600	
* * OFFICE TOTAL:		$16,306	$17,300	$23,600	

PROJECT NUMBER AND TITLE	C I	OBLIG DATE INIT FIN	TOTAL COST AUTH	TOTAL COST PLAN	OBLIG THRU FY 82	FY 82 PIPE-LINE	FY 1983 OBLIG-ATIONS	FY 1983 EXPEND-ITURES	FY 1984 OBLIG-ATIONS	FY 1984 EXPEND-ITURES	FY 85 AAPI	FUNDED THRU	FY 86 OBLIG	FY 87 OBLIG	FY 88 OBLIG	FY 89 OBLIG	ITEM NO
HEALTH																	
9310067 OFFICE OF INTERNATIONAL HEALTH SUPPORT SUBCAT: HEPP TECHNICAL CODE: 520																	
	G	74 83	7832	4061	2915	145	100	245	---	---	---		---	---	---	---	8058
9310069 DEV AN INVR ACCEPTABLE SUBST FOR DDT SUBCAT: HECR TECHNICAL CODE: 540																	
	G	76 81	1085	854	854	66	---	66	---	---	---		---	---	---	---	8059
9310453 MALARIA IMMUNITY & VACCINATION RESEARCH SUBCAT: TECHNICAL CODE:																	
	G	75 89	23258	65112	23212	5091	3000	3500	3900	4100	6200		8000	7000	7000	7000	8064
9311012 INT'I CENTER FOR DIARRHEAL DISEASE RES. SUBCAT: HECR TECHNICAL CODE: 520																	
	G	79 83	10000	9500	6360	475	1900	1900	---	475	---		---	---	---	---	8069
9311126 TROPICAL DISEASE RESEARCH SUBCAT: TECHNICAL CODE:																	
	G	78 89	20300	30300	15300	---	3000	3000	2000	2002	2000	1285	2000	2000	2000	2000	8071
9311176 WATER SUPPLY AND SANITATION FOR HEALTH SUBCAT: TECHNICAL CODE:																	
	G	88 89	17900	25532	8332	2427	2400	2500	2300	3090	2500	0488	2500	2500	2500	2500	8072
9311179 COMPREHENSIVE METHODS OF VECTOR CONTROL SUBCAT: HECR TECHNICAL CODE: 540																	
	G	82 82	257	4000	257	214	---	214	---	---	---		1000	---	---	---	8073
9311182 MEDEX PRIMARY HEALTH CARE PHASE III SUBCAT: HEDE TECHNICAL CODE: 562																	
	G	78 82	5831	5566	5566	831	---	831	---	---	---		---	---	---	---	8074
9365900 ACCELERATED DELIVERY SYSTEMS SUPPORT SUBCAT: HEDH TECHNICAL CODE: 510																	
	G	79 82	5208	6600	5208	1000	---	1000	---	---	---		---	---	---	---	8077
9365901 HEALTH DEVELOPMENT PLANNING SUBCAT: TECHNICAL CODE:																	
	G	81 85	5241	4400	2000	1001	1000	1000	900	1000	500	0986	---	---	---	---	8078
9365920 OPERATIONS RESEARCH-HEALTH SUBCAT: TECHNICAL CODE:																	
	G	81 88	9200	19150	3850	1397	800	2480	2000	2849	2500	0386	2500	2500	2500	2500	8087
9365927 TECHNOLOGY FOR PRIMARY HEALTH CARE (PHC) SUBCAT: TECHNICAL CODE:																	
	G	82 88	12400	14389	--		2209	600	2200	2200	3000	0785	2500	2400	2200	2200	8089
9365928 DIARRHEAL DISEASE RESEARCH SUBCAT: TECHNICAL CODE:																	
	G	84 89	---	15100	---	---	---	---	1900	1900	2700	1285	2800	2800	2400	2500	8090
9365929 HHS RESOURCE SUPPORT SUBCAT: TECHNICAL CODE:																	
	G	84 C	---	---	---	---	---	---	100	70	200	1186	100	100	100	100	8091
9365930 MARKET TECHNOLOGY FOR COMMUNITY HEALTH SUBCAT: HEDH TECHNICAL CODE:																	

PROJECT NUMBER AND TITLE	G I	OBLIG DATE INIT	OBLIG DATE FIN	-TOTAL COST- AUTH	-TOTAL COST- PLAN	OBLIG THRU FY 82	FY 82 PIPE-LINE	FY 1983 OBLIG-ATIONS	FY 1983 EXPEND-ITURES	FY 1984 OBLIG-ATIONS	FY 1984 EXPEND-ITURES	FY 85 AAPL	FUNDED THRU	FY 86 OBLIG	FY 87 OBLIG	FY 88 OBLIG	FY 89 OBLIG	ITEM NO
						ESTIMATED U.S. DOLLAR COST ($000)												
9365932 MEDEX SUPPORT	G	84	84	---	500	---	---	---	---	500	200	---		---	---	---	---	8092
								SUBCAT:		TECHNICAL CODE:								
9365933 AGRC-MED PESTICIDES	G	83	86	4600	4600	---	---	1500	500	1000	1000	1600	1286	500	---	---	---	8321
								SUBCAT:		TECHNICAL CODE:								
9365935 COMMUNITY DIAGNOSIS	G	84	89	---	2500	---	---	---	---	500	400	350	0486	350	350	350	600	8296
								SUBCAT:		TECHNICAL CODE:								
9365936 PVT. SECTOR WATER & SAN. TECHNOLOGY	G	85	87	---	3000	---	---	---	---	---	---	700		1300	1000	---	---	8298
								SUBCAT:		TECHNICAL CODE:								
9365937 HEALTH TRAINING	G	85	89	---	4000	---	---	---	---	---	---	500		800	1000	1000	700	8324
								SUBCAT:		TECHNICAL CODE:								
9365938 BIOMEDICAL RESEARCH SUPPORT	G	85	89	---	4800	---	---	---	---	---	---	800	0386	1000	1000	1000	1000	8300
								SUBCAT:		TECHNICAL CODE:								
APPROPRIATION	G	85	89	---	1250	---	---	---	---	---	---	250		200	200	200	200	8326
TOTAL				122312	225014	73854	12647	15989	17836	17300	19284	23600		25550	22850	21050	21100	
GRANT				122312	225014	73854	12647	15989	17836	17300	19284	23600		25550	22850	21050	21100	
LOAN				---	---	---	---	---	---	---	---	---		---	---	---	---	
PROGRAM																		
TOTAL				122312	225014	73854	12647	15989	17836	17300	19284	23600		25550	22850	21050	21100	
GRANT				122312	225014	73854	12647	15989	17836	17300	19284	23600		25550	22850	21050	21100	
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 85 6,000
NUMBER 931-0453	PRIOR REFERENCE	LIFE OF PROJECT 65,112
GRANT ☒ LOAN ☐	NEW ☐ CONTINUING ☒	INITIAL OBLIGATION FY 75 / ESTIMATED FINAL OBLIGATION FY 89 / ESTIMATED COMPLETION DATE OF PROJECT FY90

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 build up 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 occured 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 world wide assembly of experts will allow the program to move more quickly to use of 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 85 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 forward planning for required clinical trials of experimentally prepared vaccines will involve conducting epidemiological surveys in several malarious, developing countries.

Major Outputs: The ultimate output 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 85
Personnel (500 person months)	2,500
Travel	600
Equipment and Supplies	1,400
Other Direct Costs	1,500
TOTAL	6,000

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1982	23,212	18,121	5,091		
Estimated Fiscal Year 1983	3,000	3,500		Various	
Estimated through September 30, 1983	26,212	21,621	4,591		
Proposed FY 1984	3,900	4,100		Various	
Estimated through Fiscal Year 1984	30,112	25,721	4,391		
Proposed FY 1985	6,000	Future Year Obligations	Estimated Total Cost	Various	
		29,000	65,112		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: A. BUCK

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
Tropical Disease Research (TDR)	Health	FY 85 6,000		LIFE OF PROJECT 30,300
NUMBER 931-1126 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒	PRIOR REFERENCE FY 1980 Annex V Centrally Funded, page 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.

The annual progress review of TDR by the Joint Coordinating Board in June 1982 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 and 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 1982-83 biennium was $61.1 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 85 Program: A.I.D.'s FY 1985 contribution will be split among three categories: 1.) Core Support for TDR; 2.) Extra support for high priority TDR activities; 3.) Support for other selected WHO disease research programs.

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 85
Grant contribution	2,000

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1982	15,300	15,300	- 0 -		
Estimated Fiscal Year 1983	3,000	3,000		1/83 - 12/83	
Estimated through September 30, 1983	18,300	18,300	- 0 -		
Proposed FY 1984	2,000	2,000		1/84 - 12/84	
Estimated through Fiscal Year 1984	20,300	20,300	- 0 -		
Proposed FY 1985	2,000	Future Year Obligations	Estimated Total Cost	1/85 - 12/85	
		8,000	30,300		

PROGRAM: Centrally Funded

ACTIVITY DATA SHEET

PROJECT MANAGER: Victor Wehman

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)
Water and Sanitation for Health (WASH)	Health	FY 85 2,500 / LIFE OF PROJECT 25,532
NUMBER 931-1176 / GRANT ☒ LOAN ☐ / NEW ☐ / CONTINUING ☒	PRIOR REFERENCE P. 135 / FY 81 CP Annex V, Centrally Funded	INITIAL OBLIGATION FY 80 / ESTIMATED FINAL OBLIGATION FY 85 / ESTIMATED COMPLETION DATE OF PROJECT FY 86

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 and Progress to Date: 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 the LDC personnel to plan, install, operate, and maintain water and sanitation facilities. The latest and best information on the state-of-the-art for low cost water and sanitation systems is being continuously updated, assembled and disseminated. This project provides the means to tap the large resources of technical knowledge and skill available to 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 continuous 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 supplies and sanitation, will benefit.

FY 85 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 trouble shoot and support country projects.

Major Outputs:	Life of Project
Person Month (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 85
Personnel (160 person months)	1,700
Travel	200
Equipment and Supplies	170
Other Direct Costs	430
TOTAL	2,500

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1982	8,332	5,905	2,427		Camp, Dresser & McKee, Inc.
Estimated Fiscal Year 1983	2,400	2,500		5/83 - 4/84	(Boston, MASS)
Estimated through September 30, 1983	10,732	8,405	2,327		Georgia Institute of Technology
Proposed FY 1984	2,300	3,090		5/84 - 4/85	(Atlanta, GA)
Estimated through Fiscal Year 1984	13,032	11,495	1,537		PRAGMA Corporation (Falls Church, VA)
Proposed FY 1985	2,500	Future Year Obligations	Estimated Total Cost	5/85 - 4/86	American Public Health Association (D.C.)
		10,000	25,532		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: SARITA W. HENRY

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
Health Development Management	Health	FY 85 500		LIFE OF PROJECT 4,400
NUMBER 936-5901 GRANT XX LOAN ☐ / NEW ☐ CONTINUING XX	PRIOR REFERENCE FY 1981 Annex V. Centrally Funded, p. 137	INITIAL OBLIGATION FY 81	ESTIMATED FINAL OBLIGATION FY 85	ESTIMATED COMPLETION DATE OF PROJECT FY 86

Purpose: To increase the capacity of LDC private and public institutions to plan, design, manage, and evaluate health care systems.

Background and Progress to Date: Health planning activities have been undertaken in many LDCs over the last two decades, often with the assistance of the World Health Organization (WHO) central and regional offices and A.I.D.

In support of health sector assistance to countries, A.I.D. has trained LDC personnel in US institutions in the techniques of health planning. This training has improved planning processes in several LDCs, but has not enabled most countries to build a continuing capacity to plan and design health programs as well as manage and evaluate them. As a result, A.I.D. and other donors in the health sector were persuaded that a revised plan of action was necessary. Under this project, A.I.D. is assisting U.S. and LDC institutions in a collaborative effort to institutionalize health planning and management, training, technical assistance, and health services research capabilities in LDCs.

Two cooperative agreements were signed in September 1981. The American Public Health Association and the University of Pittsburgh are working with the University of the West Indies in the Caribbean region and Johns Hopkins University is working with the University of Indonesia. In-Service training for Ministry of Health personnel and curriculum evaluation and development and health services research activities are well underway. Formal reviews have re-validated the adequacy of project objectives but have strongly recommended Mission administration and funding of the cooperative agreement with Johns Hopkins University.

Host Country and Other Donors: Host countries contribute to the support of students, to operational costs of the LDC institutions, and to the physical improvements of the facilities. To the extent possible, activities are coordinated with WHO country programs.

Beneficiaries: LDC public and private health organizations, and LDC policy leadership, whose planning, management, and evaluation capabilities will be strengthened and, through this, the population (especially currently underserved segments of the population) of developing countries.

FY 85 Program: Financial and administrative support for Johns Hopkins will be transferred to USAID/Indonesia. The American Public Health Association and The University of Pittsburgh will continue to provide assistance to their LDC counterpart institutions to strengthen capabilities in training, technical assistance, and operations research. Health Management curriculum strengthening and development of new courses and programs of study will continue in each institution. Work will continue on the initial operations research projects, and technical assistance services will be provided to ministries and other health organizations as required.

Major Outputs

Educational Materials	
LDC faculty members trained and operating programs	15
Person months (PM) of U.S. technical assistance to LDC institutions	60
PM of technical assistance provided by LDC training institutions to LDC governments	50
Country program evaluation and operations research studies	15
LDC planners and managers trained	75

A.I.D. Financed Inputs:	FY 85
Personnel (21 person months)	250
Travel	125
Other direct costs	125
TOTAL	500

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1982	2,000	999	1,001		American Public Health Association University of Pittsburgh University of the West Indies
Estimated Fiscal Year 1983	1,000	1,000		6/83 - 5/84	
Estimated through September 30, 1983	3,000	1,999	1,001		
Proposed FY 1984	900	1,000		6/84 - 5/85	
Estimated through Fiscal Year 1984	3,900	2,999	901		
Proposed FY 1985	500	Future Year Obligations	Estimated Total Cost	6/85 - 9/86	
		-0-	4,400		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: TINKER

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Operations Research - Health	Health	FY 85 2,500	LIFE OF PROJECT 19,150
NUMBER 936-5920 GRANT ☒ LOAN ☐ NEW ☐ CONTINUING ☒	PRIOR REFERENCE Advice of Change Submitted June 17, 1981	INITIAL OBLIGATION FY 81 / ESTIMATED FINAL OBLIGATION FY 89	ESTIMATED COMPLETION DATE OF PROJECT FY 90

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 a diversity of social, political, and institutional milieus. Evaluation of various approaches and the responses of target populations to these efforts have not been systematically developed to learn from the number of national experiments underway. 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, the cost-effectiveness 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 will support selected studies which address A.I.D. identified policy and programmatic questions and investigate 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 plan and strategy for utilization of the research in the country where the study will be implemented. A variety of methods will be used to widely disseminate findings. As of June 1983, a total of $2.1 million has been committed to fund 19 country studies. A methodological study on cost-effectiveness has 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, where there are interests, may provide funding for related research activities.

Beneficiaries: Host country officials will 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 will be strengthened. The ultimate beneficiaries will be the recipients of improved health services throughout the LDCs.

FY 85 Program Activity: A panel of AID/W health staff, contractor staff, and outside experts will rexamine and modify as appropriate, priority issues for research. Approximately 19 country studies will continue, and up to ten new country studies and two methodological studies will be initiated. One workshop and one conference for information dissemination will be conducted.

Major Outputs:

Methodological Studies	9
Country Studies	35
Information workshop and seminars	4
Comparative Studies	4

A.I.D. Financed Inputs:

	FY 85
Personnel: technical and support staff and consultants	650
Travel and other costs associated with technical assistance	375
Support for studies	1,475
TOTAL	2,500

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1982	3,850	2,453	1,397		Center for Human Services: Family Health Care
Estimated Fiscal Year 1983	800	2,480		11/83 - 3/84	
Estimated through September 30, 1983	4,650	3,044	1,606		
Proposed FY 1984	2,000	2,849		4/84 - 1/85	
Estimated through Fiscal Year 1984	6,650	5,893	757		
Proposed FY 1985	2,500	Future Year Obligations	Estimated Total Cost	1/85 - 3/86	
		10,000	19,150		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: TINKER

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
Technology for Primary Health Care	Health	FY 85 3,000		LIFE OF PROJECT 14,389
NUMBER 936-5927 GRANT ☒ LOAN ☐ / NEW ☐ CONTINUING ☒	PRIOR REFERENCE Advice of Change Submitted Dec. 9, 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 diptheria, 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 AID 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 85 Program: In FY 85, 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/yr.	5
- Issues of technical report, 4/yr.	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

Contractor Core Costs	1,200
Technical Consultants	1,475
Commodities (ORT packets, vaccines)	150
Information Services	175
Total	3,000

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1982					To be selected.
Estimated Fiscal Year 1983	2,289	600		8/83 - 7/84	
Estimated through September 30, 1983	2,289	600	1,689		
Proposed FY 1984	2,200	2,200		8/84 - 7/85	
Estimated through Fiscal Year 1984	4,489	2,800	1,689		
Proposed FY 1985	3,000	Future Year Obligations	Estimated Total Cost	8/85 - 7/86	
		6,900	14,389		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: BUCK

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
Diarrheal Disease Research Program	Health 1	FY 85 2,700	LIFE OF PROJECT 15,100	
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 the control to the LDC.

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 attack 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 Center is directed by an able American scientist. The Center has established Scientific Working Groups to guide the program in each of six areas. Three groups are focussed on diarrheal disease problem areas: Disease Transmission, Host Resistance, and Pathogenesis and Therapy. There are also working groups for the Population Program, Nutrition Program, and the Training, Communication and Extension Program. 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 is planning 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 emphasises 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 of its control and prevention.

The objectives of CDD include the following: reduction of mortality through early treatment with ORT 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: i.e., 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 managment Review Committee composed of representatives from developing countries, contributors and participating agencies review the general progress and plans annually.

Host Country and Other Donors: The U.S. supported about one third of the total ICDDR/B budget of $6 million for CY 1983. 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 supported by 11 other donors.

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

FY 85 Program: It is contemplated that the U.S. will support the ICDDR/B at a level of $2.4 million in FY 85. U.S. support to the WHO/CDD will be $300,000 in FY 85 which is compatible with that of other donors. Future contributions to each program will be determined annually and will depend on, among other factors, the amount of support from other donors.

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

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

A.I.D. Financed Inputs: Grant support for ICDDR/B and the WHO/CDD Programs.

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1982					International Center for Diarrheal Diseases Research/Bangladesh (ICDDR/B) World Health Organization Diarrheal Program (WHO/CDD)
Estimated Fiscal Year 1983					
Estimated through September 30, 1983					
Proposed FY 1984	1,900	1,900		1/1/84 - 12/31/84	
Estimated through Fiscal Year 1984	1,900	1,900	300		
Proposed FY 1985	2,700	Future Year Obligations	Estimated Total Cost	1/85 - 12/85	
		10,500	15,100		

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: ROYER

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
HHS Resource Support	Health	FY 85 200	LIFE OF PROJECT Continuing	
NUMBER 936-5929 GRANT XX LOAN ☐ / NEW ☐ CONTINUING X	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 85 Program: Provision of technical assistance to meet requests from the field.

Major Outputs:

Technical Assistance Assignments	20/yr

A.I.D. Financed Inputs:	FY 85
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 September 30, 1982					Department of Health and Human Services
Estimated Fiscal Year 1983					
Estimated through September 30, 1983					
Proposed FY 1984	100	70		12/84-11/85	
Estimated through Fiscal Year 1984	100	70	30		
Proposed FY 1985	200	Future Year Obligations: Continuing	Estimated Total Cost: Continuing	12/85-11/86	

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: A. BUCK

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)
Community Diagnosis of Major Diseases	Health	FY 85 $700 — LIFE OF PROJECT $3,000
NUMBER 936-5935 — NEW XX — GRANT XX LOAN ☐ — CONTINUING ☐	PRIOR REFERENCE None	INITIAL OBLIGATION FY 85 — ESTIMATED FINAL OBLIGATION FY 87 — ESTIMATED COMPLETION DATE OF PROJECT FY 88

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 PHC in tropical settings.

Background: A Health sector strategy which calls for more precise targeting of effective interventions on major documented causes of infant and young child mortality and 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 of 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 and 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 85 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 of the major diseases of public health importance at the PHC level which may be adopted to different ecological situations in health centers and district hospitals for epidemiologic assessment, disease surveillance and patient management.

	Life of Project
Simple Diagnostic Techniques, selected, adapted, field tested and made available for general use	10

A.I.D.-Financed Inputs:	FY 85
Personnel	400
Travel	150
Other Direct Costs	150
TOTAL	700

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1982					To be selected
Estimated Fiscal Year 1983					
Estimated through September 30, 1983					
Proposed FY 1984					
Estimated through Fiscal Year 1984					
Proposed FY 1985	$700	Future Year Obligations $2,300	Estimated Total Cost $3,000		

PAGES 17 & 18 ARE MISSING

PROGRAM: Centrally Funded

ACTIVITY DATA SHEET

PROJECT MANAGER: Victor Wehman

TITLE Pvt. Sector Water & San. Technology	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars) FY 85 $500	LIFE OF PROJECT $4,000*
NUMBER 936-5936 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 and provide technical resources to accelerate and catalyze the identification, research, product development, technology transfer, local LDC manufacture, adaptation and marketing of low cost, appropriate technology devices and methodologies involving the U.S. and LDC private sectors in order to improve the health, economic and general quality of life of LDC consumers.

Background and Progress to Date: Diseases related to lack of convenient and adequate water supplies, contaminated water, non-existent or inadequate excreta disposal facilities, and lack of simple, low cost home hygiene/sanitation devices and techniques are among the major causes of serious illness and death in the LDCs. W.H.O. estimates that 25,000 deaths per day in LDCs result from these causes. An accelerated and coordinated effort by bilateral and multilateral donors and LDC governments and private sectors is required to deal with the problem (over 2 billion people without basic water and sanitation tools and techniques to cope with their hazardous environments). A.I.D., in cooperation with other donors, will need to call upon an array of technical assistance resources, including tools, designs, experts, and methodologies, to assist the LDC private sector in areas ranging from product development to local manufacture to marketing. This project will transfer low cost, appropriate technology (devices and methodologies) emphasizing technical assistance for local LDC manufacture and marketing. The project will involve the U.S. and LDCs' private sector capabilities in implementation.

Host Country and Other Donors: The contractor under this project will be in extensive contact with other bilateral and multilateral donor agencies, U.S. and LDC private sector firms and resources to continuously update and exchange technology transfer information. Contractor will utilize the WASH project information center for major information research or synthesis resulting in economy to the government.

Beneficiaries: Poor unserved people throughout the A.I.D.-assisted world, especially those in rural and urban-fringe areas. LDC and U.S. private sector companies will also benefit directly from expert technical assistance which should greatly improve their ability to produce and market appropriate water and sanitation devices to meet the needs of LDCs.

FY 85 Program: This project will deliver expert technical assistance to local manufacturers; conduct pilot assessments into technology needs for the countries; conduct acceptance and quality control training for manufacturer and LDC organizations; conduct field pilots for product consumer testing and adaptation; conduct marketing assessment; design marketing methodologies; train LDC private sector groups in distribution and marketing of new products and provide expert technical assistance to trouble-shoot and support existing or planned A.I.D.-assisted country projects.

Major Outputs:	Life of Project
Person Months (PM) of technical assistance for R&D, local manufacture, adaptation, marketing and evaluation of LDC pilots	320
PM of technical assistance for training in local manufacture, operation and maintenance, and marketing	140
LDC Countries Served	30
Number of technologies transferred	15
Number of devices delivered in pilots	2,800

A.I.D. Financed Inputs:	FY 85
Personnel	295
Travel	55
Equipment and Supplies	105
Other Direct Costs	45
TOTAL	500

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1982	0	0	0		Contractor to be selected
Estimated Fiscal Year 1983	0	0		---	
Estimated through September 30, 1983	0	0	0		
Proposed FY 1984	0	0		---	
Estimated through Fiscal Year 1984	0	0	0		
Proposed FY 1985	500	Future Year Obligations 3,500	Estimated Total Cost 4,000*		

*S&T funding only, to be supplemented by up to $1.8 million from other A.I.D. Bureaus and missions.

PROGRAM: Centrally Funded

ACTIVITY DATA SHEET

PROJECT MANAGER: John H. Austin

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)	
Health Training	Health	FY 85 800	LIFE OF PROJECT 4,800
NUMBER 936-5937 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 increase the quality and quantity of skilled personnel in primary health care (PHC) programs.

Background: Effective delivery of PHC depends on the availability of a wide variety of skilled people, and shortages of these people adversely affect the health programs in many developing countries. These shortcomings are not only in technical knowledge and skills, but also in supervisory, managerial and institutional development knowledge and skills among workers at all levels of the health system and in workers of health-related programs who are frequently in a position to facilitate implementation of health projects. This project will provide access to training expertise and systems to upgrade the performance of health and health-related workers in training, management, and supervisory skills with the intent of improving the institutional capabilities of host-country organizations and systems. The project will provide support for personnel to participate in approved specialized U.S.-based and regional training programs and for follow-up extensive training in host countries by specialized training organizations. There will be support for participant training in the U.S., in regional and in national programs, support for short-term training programs to be conducted regionally and in-country, technical assistance for development of training systems in host countries and development of training strategies.

Host Country and Other Donors: The project will collaborate with other existing A.I.D-funded projects (central and mission), other donor projects in LDC's, self-financed host country efforts and projects sponsored by UN organizations (W.H.O., UNDP, UNICEF, etc.).

Beneficiaries: The immediate beneficiaries will be the personnel in the LDCs who receive the training in the project. The ultimate beneficiaries will be the millions of persons in LDCs who are provided services by the PHC programs improved by this effort.

FY 85 Program: To determine status of present PHC - human development (HRD) programs and to develop procedures for projects in HRD needs assessment, task analysis, PHC personnel job definition and description. To improve coordination among other donors and international agencies. To support costs for providing regional and U.S.-based training of LDC training coordinator and primary trainers in acceptable training programs. To carry out needs assessments in PHC systems and, as needed, develop job descriptions for each level of worker. A generic master plan to coordinate resource development will be developed and plans made to conduct studies, as needed, in relationship to HRD plans in the participating countries. Sample training materials and courses will be assembled and analyzed. Training of trainers workshops will be developed and/or existing programs chosen and field tested. Efforts will be made as soon as possible to identify opportunities in existing PHC and water supply projects with a training or HRD component, and to provide supplementary technical assistance, as needed.

Major Outputs: The major outputs will be trained people (chosen in collaboration with regional bureaus) who will be able to design, implement and maintain the training components of PHC programs in LDCs. The efforts of this project will be directed not only toward the formally employed personnel of LDC organizations, but also to the many part time or volunteer workers who contribute to PHC programs. The following listing of outputs will be developed first on a generic basis and then adapted to fit the specific needs of each of the LDCs chosen for collaboration.

	Life of Project
Primary trainers trained (managers of programs)	50
Secondary trainers trained	200
MS level training officer development	10
Training officer study tours	20
Workshops conducted in the LDCs	50
Training policies for PHC programs developed	10
Evaluations conducted on PHC training programs	20
Country master plans for coordinating human resource development in PHC	10

A.I.D. Financed Inputs	FY 85
Personnel (80 person month)	300
Travel	100
Participants	100
Other Direct Costs	300
TOTAL	800

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1982	-	-	-		To be selected
Estimated Fiscal Year 1983	-	-			
Estimated through September 30, 1983	-	-	-		
Proposed FY 1984	-	-			
Estimated through Fiscal Year 1984	-	-	-		
Proposed FY 1985	800	Future Year Obligations 4,000	Estimated Total Cost 4,800	12/1/85 - 3/31/86	

PROGRAM: CENTRALLY FUNDED

ACTIVITY DATA SHEET

PROJECT MANAGER: G. Curlin

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
Biomedical Research Support	Health	FY 85 250		LIFE OF PROJECT 1,050
NUMBER 936-5938 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 improve and expand A.I.D.'s program of biomedical research with particular emphasis on research conducted in less developed countries. 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, engendered 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 a U.S. institution.

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 85 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 85
Personnel	$ 150
Travel	75
Other Direct Costs	25
	$ 250

U.S. FINANCING (In thousands of dollars)	Obligations	Expenditures	Unliquidated	Funding Period	Principal Contractors or Agencies
Through September 30, 1982					Department of Health and Human Svs. National Institutes of Health (N.I.H.)
Estimated Fiscal Year 1983					
Estimated through September 30, 1983					
Proposed FY 1984					
Estimated through Fiscal Year 1984					
Proposed FY 1985	250	Future Year Obligations 800	Estimated Total Cost 1,050	1/84 - 11/85	

COUNTRY ACTIVITY REPORT
BY GEOGRAPHIC AREA - FY 83 THRU 85

05/27/83

NEAR EAST

COUNTRY: EGYPT

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAFF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/PEA																
TROPICAL DISEASE RESEARCH 621-1126.		B	---	---	---	---	B	70	---	---	---	B	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		70	---	---	---		---	---	---	---
TOTAL FOR REGION:			---	---	---	---		70	---	---	---		---	---	---	---

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT
BY GEOGRAPHIC AREA - FY 83 THRU 85

05/22/83

SOUTH ASIA

COUNTRY: NEPAL

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/EEA															
TROPICAL DISEASE RESEARCH 931-1126.		P	---	---	---	---	P	10	---	---	---	P	---	---	---	---
OPERATIONS RESEARCH - HEALTH 936-5920.		P	---	---	---	---	P	100	---	---	---	P	111	---	1	---
COUNTRY TOTAL:			---	---	---	---		110	---	---	---		111	---	1	---

COUNTRY: SRI LANKA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/EEA															
TROPICAL DISEASE RESEARCH 931-1126.		P	---	---	---	---	B	80	---	---	---	B	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		80	---	---	---		---	---	---	---

COUNTRY: INDIA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/EEA															
TROPICAL DISEASE RESEARCH 931-1126.		P	---	---	---	---	P	100	---	---	---	P	---	---	---	---
OPERATIONS RESEARCH - HEALTH 936-5920.		B	111	---	1	---	B	---	---	---	---	B	---	---	---	---
DIARRHEAL DISEASE RESEARCH PROGRAM 936-5928.		B	---	---	---	---	B	50	---	---	---	B	---	---	---	---
COUNTRY TOTAL:			111	---	1	---		150	---	---	---		---	---	---	---

A - ACTIVE P - PENDING MISSION APPROVAL

COUNTRY: BANGLADESH

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
TROPICAL DISEASE RESEARCH																
931-1126.		P	---	---	---	---	P	50	---	---	---	B	---	---	---	---
DIARRHEAL DISEASE RESEARCH PROGRAM																
936-5928.		A	1900	---	3	---	A	---	---	---	---	A	2200	---	1	---
936-5928.		P	---	---	---	---	B	1900	---	---	---	P	---	---	---	---
COUNTRY TOTAL:			1900	---	3	---		1950	---	---	---		2200	---	1	---

COUNTRY: PAKISTAN

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
OPERATIONS RESEARCH - HEALTH																
936-5920.		P	---	---	---	---	P	---	---	---	---	B	49	---	1	---
COUNTRY TOTAL:			---	---	---	---		---	---	---	---		49	---	1	---
TOTAL FOR REGION:			2011	---	4	---		2290	---	---	---		2360	---	3	---

A - ACTIVE P - PENDING MISSION APPROVAL

COUNTRY: CHINA TAIPEI ROC

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/EEA															
TROPICAL DISEASE RESEARCH 931-1126.		P	---	---	---	---	P	---	---	---	---	B	100	---	---	---
COUNTRY TOTAL:			---	---	---	---		---	---	---	---		100	---	---	---

COUNTRY: BURMA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/EEA															
TROPICAL DISEASE RESEARCH 921-1126.		P	---	---	---	---	P	10	---	---	---	B	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		10	---	---	---		---	---	---	---

COUNTRY: MALAYSIA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/EEA															
TROPICAL DISEASE RESEARCH 921-1126.		P	---	---	---	---	P	---	---	---	---	B	70	---	---	---
COUNTRY TOTAL:			---	---	---	---		---	---	---	---		70	---	---	---

COUNTRY: KOREA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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

A - ACTIVE B - PENDING MISSION APPROVAL

PROJECT TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
OPERATIONS RESEARCH - HEALTH 936-5920.	A	103	---	1	---	A	---	---	---	---	A	---	---	---	---
COUNTRY TOTAL:		103	---	1	---		---	---	---	---		---	---	---	---

COUNTRY: PHILIPPINES

PROJECT TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.	B	---	---	---	---	B	---	---	---	---	B	100	---	---	---
OPERATIONS RESEARCH - HEALTH 936-5920.	A	95	---	1	---	A	---	---	1	---	A	---	---	---	---
936-5920.	B	---	---	---	---	B	---	---	---	---	B	49	---	1	---
DIARRHEAL DISEASE RESEARCH PROGRAM 936-5928.	B	---	---	---	---	B	50	---	---	---	B	---	---	---	---
COUNTRY TOTAL:		95	---	1	---		50	---	1	---		149	---	1	---

COUNTRY: THAILAND

PROJECT TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA															
MALARIA IMMUNITY AND VACCINATION-TOTAL 931-2453.	B	---	---	---	---	B	100	---	1	1	B	100	---	1	1
TROPICAL DISEASE RESEARCH 931-1126.	B	---	---	---	---	B	200	---	---	---	B	---	---	---	---
OPERATIONS RESEARCH - HEALTH 936-5920.	A	112	---	1	---	A	---	---	---	---	A	---	---	---	---
AGRO-MED PESTICIDES 936-5933.	B	---	---	---	---	B	---	---	---	---	B	50	---	1	1
COUNTRY TOTAL:		112	---	1	---		300	---	1	1		150	---	2	2

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT
BY GEOGRAPHIC AREA - FY 83 THRU 85

05/[illegible]/83

EAST ASIA

COUNTRY: INDONESIA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA																
TROPICAL DISEASE RESEARCH 931-1126.		B	---	---	---	---	B	70	---	---	---	B	---	---	---	---
HEALTH DEVELOPMENT MANAGEMENT 936-5901.00		A	500	---	8	1	A	500	---	8	1	A	---	---	---	---
COUNTRY TOTAL:			500	---	8	1		570	---	8	1		---	---	---	---
TOTAL FOR REGION:			810	---	11	1		930	---	10	2		469	---	3	2

A - ACTIVE B - PENDING MISSION APPROVAL

LATIN AMERICA

COUNTRY: BOLIVIA

PROJECT TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA															
OPERATIONS RESEARCH - HEALTH															
936-5920.	A	---	---	---	---	A	183	---	1	---	A	---	---	---	---
COUNTRY TOTAL:		---	---	---	---		183	---	1	---		---	---	---	---

COUNTRY: BRAZIL

PROJECT TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA															
TROPICAL DISEASE RESEARCH															
931-1126.	B	---	---	---	---	B	200	---	---	---	B	110	---	---	---
OPERATIONS RESEARCH - HEALTH															
936-5922.	A	78	---	1	---	A	199	---	1	---	A	---	---	---	---
936-5920.	B	---	---	---	---	B	---	---	---	---	B	78	---	1	---
COUNTRY TOTAL:		78	---	1	---		399	---	1	---		188	---	1	---

COUNTRY: COLOMBIA

PROJECT TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA															
MALARIA IMMUNITY AND VACCINATION-TOTAL															
931-0453.	A	300	---	2	---	A	500	---	2	1	A	500	---	2	1
COUNTRY TOTAL:		300	---	2	---		500	---	2	1		500	---	2	1

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY: DOMINICAN REPUBLIC

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA																
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	104	---	1	---	A	---	---	---	---	A	---	---	---	---
936-5920.		B	---	---	---	---	B	---	---	---	---	B	97	---	1	---
COUNTRY TOTAL:			104	---	1	---		---	---	---	---		97	---	1	---

COUNTRY: ECUADOR

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA																
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	---	---	---	---	A	131	---	1	---	A	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		131	---	1	---		---	---	---	---

COUNTRY: HAITI

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA																
MALARIA IMMUNITY AND VACCINATION-TOTAL																
931-0453.		B	---	---	---	---	B	100	---	1	1	B	100	---	1	1
OPERATIONS RESEARCH - HEALTH																
936-5920.		A	---	---	---	---	A	77	---	1	---	A	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		177	---	2	1		100	---	1	1

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY: HONDURAS

PROJECT TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA															
OPERATIONS RESEARCH - HEALTH															
936-5920.	A	94	---	1	---	A	---	---	---	---	A	---	---	---	---
936-5920.	B	---	---	---	---	B	---	---	---	---	B	76	---	1	---
AGRO-MEI PESTICIDES															
936-5933.	B	---	---	---	---	B	---	---	---	---	B	---	---	1	---
COUNTRY TOTAL:		94	---	1	---		---	---	---	---		76	---	2	---

COUNTRY: MEXICO

PROJECT TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA															
OPERATIONS RESEARCH - HEALTH															
936-5920.	B	---	---	---	---	B	---	---	---	---	B	63	---	1	---
COUNTRY TOTAL:		---	---	---	---		---	---	---	---		63	---	1	---

COUNTRY: PANAMA

PROJECT TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA															
TROPICAL DISEASE RESEARCH															
931-1126.	B	---	---	---	---	B	150	---	---	---	B	---	---	---	---
OPERATIONS RESEARCH - HEALTH															
936-5920.	B	---	---	---	---	B	100	---	---	---	B	---	---	---	---
COUNTRY TOTAL:		---	---	---	---		250	---	---	---		---	---	---	---

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY: PERU

PROJECT TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.	P	---	---	---	---	P	60	---	---	---	P	70	---	---	---
COMMUNITY DIAGNOSIS 936-5935.	P	---	---	---	---	P	---	---	---	---	P	50	---	---	---
COUNTRY TOTAL:		---	---	---	---		60	---	---	---		120	---	---	---

COUNTRY: URUGUAY

PROJECT TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA															
OPERATIONS RESEARCH - HEALTH 936-5920.	A	---	---	---	---	A	75	---	1	---	A	---	---	---	---
COUNTRY TOTAL:		---	---	---	---		75	---	1	---		---	---	---	---

COUNTRY: VENEZUELA

PROJECT TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.	P	---	---	---	---	P	---	---	---	---	P	90	---	---	---
COUNTRY TOTAL:		---	---	---	---		---	---	---	---		90	---	---	---

A - ACTIVE P - PENDING MISSION APPROVAL

LATIN AMERICA

COUNTRY: JAMAICA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA																
OPERATIONS RESEARCH - HEALTH 936-5922.		A	---	---	---	---	A	168	---	1	---	A	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		168	---	1	---		---	---	---	---

COUNTRY: BARBADOS

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA																
HEALTH DEVELOPMENT MANAGEMENT 936-5901.00		A	500	---	12	3	A	500	---	12	3	A	500	---	12	2
COUNTRY TOTAL:			500	---	12	3		500	---	12	3		500	---	12	2

COUNTRY: DOMINICA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA																
OPERATIONS RESEARCH - HEALTH 936-5922.		A	99	---	1	---	A	---	---	---	---	A	---	---	---	---
COUNTRY TOTAL:			99	---	1	---		---	---	---	---		---	---	---	---
TOTAL FOR REGION:			1175	---	18	3		2443	---	21	5		1734	---	20	4

A - ACTIVE B - PENDING MISSION APPROVAL

AFRICA

COUNTRY: ZAMBIA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/PEA															
	MALARIA IMMUNITY AND VACCINATION-TOTAL															
931-0463.		P	---	---	---	---	P	50	---	1	1	P	100	---	1	1
	TROPICAL DISEASE RESEARCH															
931-1126.		B	---	---	---	---	P	---	---	---	---	P	60	---	---	---
	COMMUNITY DIAGNOSIS															
936-5935.		P	---	---	---	---	B	---	---	---	---	P	100	---	2	1
COUNTRY TOTAL:			---	---	---	---		50	---	1	1		260	---	3	2

COUNTRY: KENYA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/PEA															
	TROPICAL DISEASE RESEARCH															
931-1126.		B	---	---	---	---	P	200	---	---	---	P	---	---	---	---
	DIARRHEAL DISEASE RESEARCH PROGRAM															
936-5928.		P	---	---	---	---	P	50	---	---	---	B	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		250	---	---	---		---	---	---	---

COUNTRY: TANZANIA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/PEA															
	MALARIA IMMUNITY AND VACCINATION-TOTAL															
931-0463.		P	---	---	---	---	P	10	---	1	---	P	20	---	1	---
	OPERATIONS RESEARCH - HEALTH															
936-5920.		A	---	---	---	---	A	87	---	1	---	A	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		97	---	2	---		20	---	1	---

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT
BY GEOGRAPHIC AREA - FY 83 THRU 85

05/27/83

AFRICA

COUNTRY: CAMEROON

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.		B	---	---	---	---	B	100	---	---	---	B	---	---	---	---
COMMUNITY DIAGNOSIS 936-5935.		B	---	---	---	---	B	---	---	---	---	B	100	---	1	1
COUNTRY TOTAL:			---	---	---	---		100	---	---	---		100	---	1	1

COUNTRY: GHANA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.		B	---	---	---	---	B	150	---	---	---	B	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		150	---	---	---		---	---	---	---

COUNTRY: SOMALIA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.		B	---	---	---	---	B	50	---	---	---	B	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		50	---	---	---		---	---	---	---

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY: SUDAN

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
TROPICAL DISEASE RESEARCH 621-1126.		P	---	---	---	---	P	100	---	---	---	P	---	---	---	---
AGRO-MED PESTICIDES 936-5933.		B	---	---	---	---	B	---	---	---	---	B	200	---	2	1
COUNTRY TOTAL:			---	---	---	---		100	---	---	---		200	---	2	1

COUNTRY: ZAIRE

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
TROPICAL DISEASE RESEARCH 621-1126.		P	---	---	---	---	P	60	---	---	---	P	---	---	---	---
OPERATIONS RESEARCH - HEALTH 936-5920.		A	---	---	---	---	A	155	---	1	---	A	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		215	---	1	---		---	---	---	---

COUNTRY: ETHIOPIA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
TROPICAL DISEASE RESEARCH 621-1126.		B	---	---	---	---	P	10	---	---	---	B	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		10	---	---	---		---	---	---	---

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY: CONGO

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.		P	---	---	---	---	P	80	---	---	---	P	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		80	---	---	---		---	---	---	---

COUNTRY: BENIN

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.		P	---	---	---	---	P	20	---	---	---	P	---	---	---	---
OPERATIONS RESEARCH - HEALTH 936-5920.		A	82	---	1	---	A	---	---	---	---	A	---	---	---	---
COUNTRY TOTAL:			82	---	1	---		20	---	---	---		---	---	---	---

COUNTRY: IVORY COAST

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
TROPICAL DISEASE RESEARCH 931-1126.		P	---	---	---	---	P	90	---	---	---	P	---	---	---	---
OPERATIONS RESEARCH - HEALTH 936-5920.		P	---	---	---	---	P	100	---	---	---	P	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		190	---	---	---		---	---	---	---

A - ACTIVE P - PENDING MISSION APPROVAL

COUNTRY: MAURITANIA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
OPERATIONS RESEARCH - HEALTH 936-5920.		A	---	---	---	---	A	99	---	---	---	A	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		99	---	---	---		---	---	---	---

COUNTRY: SENEGAL

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
OPERATIONS RESEARCH - HEALTH 936-5920.		A	---	---	---	---	A	31	---	1	---	A	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		31	---	1	---		---	---	---	---

COUNTRY: UPPER VOLTA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
	ST/HEA															
MALARIA IMMUNITY AND VACCINATION-TOTAL 931-2452.		B	---	---	---	---	B	50	---	1	1	B	100	---	1	1
COUNTRY TOTAL:			---	---	---	---		50	---	1	1		100	---	1	1

COUNTRY: MALI

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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

A - ACTIVE B - PENDING MISSION APPROVAL

AFRICA

ST/HEA

TROPICAL DISEASE RESEARCH 931-1126.	B	---	---	---	---	B	10	---	---	---	B	---	---	---	---
OPERATIONS RESEARCH - HEALTH 936-5920.	B	---	---	---	---	B	---	---	---	---	B	19	---	1	---
COUNTRY TOTAL:		---	---	---	---		10	---	---	---		19	---	1	---
TOTAL FOR REGION:		82	---	1	---		1502	---	6	2		699	---	9	5

A - ACTIVE B - PENDING MISSION APPROVAL

COUNTRY ACTIVITY REPORT
BY GEOGRAPHIC AREA - FY 83 THRU 85

OTHER 05/27/83

COUNTRY: PAPUA NEW GUINEA

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/PEA																
TROPICAL DISEASE RESEARCH 931-1126.		P	---	---	---	---	B	---	---	---	---	B	50	---	---	---
COUNTRY TOTAL:			---	---	---	---		---	---	---	---		50	---	---	---
TOTAL FOR REGION:			---	---	---	---		---	---	---	---		50	---	---	---
OVERALL TOTAL:			4078	---	34	4		7235	---	37	9		5312	---	35	11

A - ACTIVE P - PENDING MISSION APPROVAL

COUNTRY: SERVICES AT MISSION / BUREAU REQUEST

PROJECT	TITLE	FY 1983 STATUS	FY 1983 AMT ($000)	FY 1983 STAF	FY 1983 #OF TDYS	FY 1983 #OF PTP	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
ST/HEA																
WATER SUPPLY AND SANITATION FOR HEALTH																
931-1176.		A	---	---	---	---	A	---	---	---	---	A	---	---	---	---
TECHNOLOGY FOR PEC																
936-5927.		A	---	---	---	---	A	---	---	---	---	A	---	---	---	---
DIARRHEAL DISEASE RESEARCH PROGRAM																
936-5928.		A	---	---	---	---	A	---	---	---	---	A	---	---	---	---
HES RESOURCE SUPPORT																
936-5929.		A	---	---	---	---	A	---	---	---	---	A	---	---	---	---
MARKET TECHNOLOGY FOR COMMUNITY HEALTH																
936-5930.		A	---	---	---	---	A	---	---	---	---	A	---	---	---	---
MIDEX SUPPORT																
936-5932.		A	---	---	---	---	A	---	---	---	---	A	---	---	---	---
PVT SECTOR WATER/SANITATION TECHNOLOGY																
936-5936.		A	---	---	---	---	A	---	---	---	---	A	---	---	---	---
HEALTH TRAINING																
936-5937.		A	---	---	---	---	A	---	---	---	---	A	---	---	---	---
COUNTRY TOTAL:			---	---	---	---		---	---	---	---		---	---	---	---
TOTAL FOR REGION:			---	---	---	---		---	---	---	---		---	---	---	---

A - ACTIVE P - PENDING MISSION APPROVAL