



# MOREHOUSE SCHOOL OF MEDICINE

Office of Sponsored Programs

March 12, 1985

Mr. William Oglesby  
709 State Annex-18  
Agency for International Development  
Washington, D.C. 20523

Dear Mr. Oglesby:

Please find enclosed a revised proposal as per our earlier conversations of January and February, 1985. The document reflects the fact that training activities will take place at Morehouse School of Medicine.

I look forward to hearing from you at your earliest convenience. Thank you very much.

Sincerely,

Walter W. Sullivan, Ph.D.  
Associate Vice President  
for Sponsored Programs

WWS/vlm

Enclosures

Title: Development of International Linkages  
in Medical Education with African and  
Caribbean Countries

Submitted to: Agency for International Development

Amount Requested: \$897,844

Submitted by: Office of Sponsored Programs  
Morehouse School of Medicine



Walter W. Sullivan, Ph.D.  
Associate Vice President

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LOGFRAME

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>Goal: To establish Morehouse School of Medicine as an important contributor in solving international bio-medical and health issues by February, 1988.</p>	<p>Morehouse School of Medicine is established as an active and important contributor in international health.</p>	<p>Grants and contracts supporting international activities. Evaluation documents, letters and memoranda of understanding regarding foreign projects.</p>	<p>MSM will have high visibility based upon program's success.</p>
<p>Purpose I - Implement, by Jan. 1986, an institutional capability to provide health manpower training activities for African, Latin American and Caribbean health workers.</p> <p>Purpose II - Implement, by March, 1986, a series of semi-annual conferences on international health issues which impact Africa, Latin America and Caribbean countries.</p>	<ol style="list-style-type: none"> <li>1. Collaboration with African (three) and Caribbean (one) countries in health manpower training activities.</li> <li>2. Grant and contract procurement from AID and other donors to conduct international health projects.</li> <li>3. Publication of program results.</li> </ol>	<ol style="list-style-type: none"> <li>1. Evaluation documents</li> <li>2. Publications in reputable health journals.</li> <li>3. Grant and contract instruments.</li> <li>4. Letters and memoranda of understanding.</li> <li>5. Evaluation statements from key health officials of host countries.</li> </ol>	<ol style="list-style-type: none"> <li>1. Host countries are supportive of program activities.</li> <li>2. Local health providers are supportive of project.</li> <li>3. Additional grant and contract funds are obtained.</li> </ol>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p><u>Outputs</u></p> <ol style="list-style-type: none"> <li>1. An International Health Office by March, 1985.</li> <li>2. A Registry of Health Consultants and Faculty by January, 1986.</li> <li>3. An International Health Collection within the Multimedia Center by December 31, 1986.</li> <li>4. Linkages established with African, Caribbean, and Latin American Medical Institutions and Ministries of Health by December 31, 1986</li> </ol>	<ol style="list-style-type: none"> <li>1. Office is physically located, staffed, functioning, and announced to the public.</li> <li>2. A minimum of 100 persons identified with health, and foreign language expertise.</li> <li>3. 50 documents added to multimedia Center each of the grant years. Documents are to be on health and the rural poor.</li> <li>4. Established a minimum of four linkages via conferences, workshops, seminars, and training activities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Evaluation documents and monthly reports.</li> <li>2. Personnel and survey forms.</li> <li>3. Records of the Multimedia Center.</li> <li>4. Letters and memoranda of understanding, activity programs, attendance lists and evaluations.</li> </ol>	<ol style="list-style-type: none"> <li>1. Program staff will be hired and physically located at MSM.</li> <li>2. Sufficient expertise will be available.</li> <li>3. Faculty and program staff will recommend quality acquisitions.</li> <li>4. Host countries desire MSM capabilities for assistance.</li> </ol>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>5. Enhancement of Courses offered by Host Country Health Professions Schools by 1987.</p> <p>6. An International Health Symposium in 1987.</p>	<p>5. Four consultants and faculty will be utilized in medical and allied health curriculum enhancement.</p> <p>6. 250 attendees will come from throughout the world and will have outstanding health and reputations.</p>	<p>5. Evaluation documents, curricula materials, and memoranda of understanding.</p> <p>6. Symposium brochures and programs, press releases and names of participants.</p>	<p>5. Host countries' Health Professions institutions will desire the assistance of program personnel in curricula improvement activities.</p> <p>6. MSM will have a strong reputation which will help sustain the Symposium.</p>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
7. Program Evaluation Document and Capability Statement in 1988.	7. Documents published and distributed in 1988.	7. Final Program Report and other documents.	7. Program will be successful.
<u>Inputs</u>			
1. <u>Personnel</u> a) Program Staff (2) b) Consultants c) MSM Faculty Release Time	1. Two staffers hired. Yearly personnel costs: \$94,010; \$147,251; and \$156,085. Consultants are identified and utilized.	1. Accounting records	1. Funds will be available for all components.
2. Workshops, seminars Conferences and Training activities.	2. Workshops, seminars, conferences, and training activities are held at yearly costs of: \$4,000; \$5,000; \$9,000.	2. Monthly reports	2. Travel rates will remain stable.
3. Supplies (Office and Health)	3. \$19,000 over a three year span.	3. Evaluation documents	3. Equipment will be acquired in a timely manner.
4. Equipment	4. \$24,000	4. Audit reports	
5. Travel and per diem a) Host Country Personnel b) Program Personnel	5. Travel costs per year: a) \$110,000; \$110,000; and \$110,000 b) \$ 24,000; \$ 17,000; and \$ 16,998.		

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
6. International Health Symposium in 1988 7. Publications 8. Library Documents 9. Evaluation 10. Communications 11. Equipment Warranties	6. \$10,000 7. \$ 4,000 - Symposium Proceedings and \$4,000 - Capability Statement. 8. Yearly expenditures: \$4,000; \$4,000; and \$4,000. 9. \$8,000 10. \$7,500. 11. \$5,000		

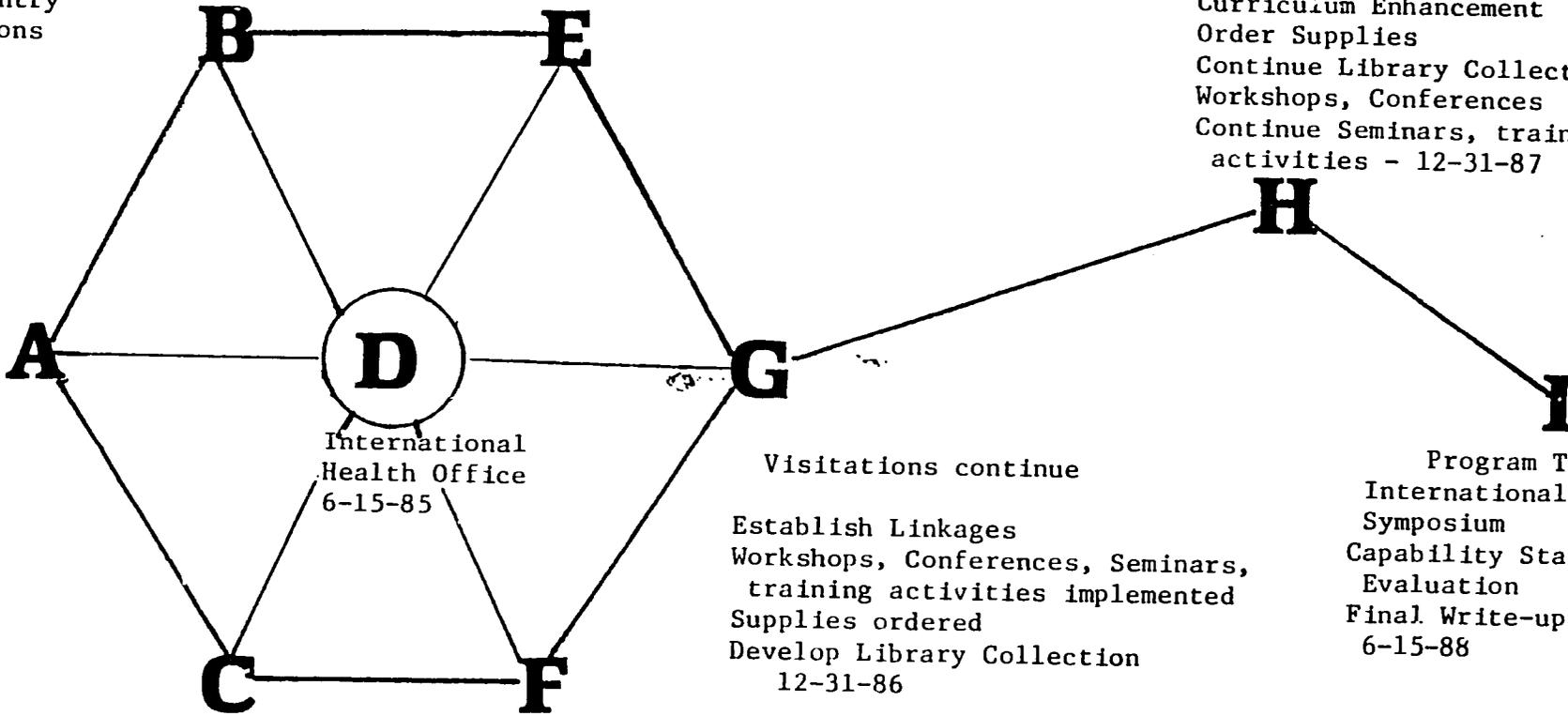
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PERK SHEET

Establish Linkages  
Develop Library Collection  
Consultant Registry Developed  
1-31-86

Begin country  
visitations  
9-1-85

Curriculum Enhancement  
Order Supplies  
Continue Library Collection  
Workshops, Conferences  
Continue Seminars, training  
activities - 12-31-87



Begin  
activities  
5-15-85

Hire and  
House Staff  
5-15-85

Ordered Supplies  
and  
Equipment  
6-15-85

Visitations continue

Establish Linkages  
Workshops, Conferences, Seminars,  
training activities implemented  
Supplies ordered  
Develop Library Collection  
12-31-86

Program Terminated  
International Health  
Symposium  
Capability Statement  
Evaluation  
Final Write-up  
6-15-88

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## Introduction

The Morehouse School of Medicine (MSM) has rapidly developed into a vital part of the nation's health manpower training activities, especially in the preparation of persons to serve as primary care physicians in medically underserved rural and urban areas. This development has given added emphasis to the training of minority persons, especially blacks, for such service.

The institution has established, through the Association of Minority Health Professions Schools and its receipt of an Area Health Education Center grant award, vital linkages with other health professions schools, hospitals and clinics which have a reservoir of minority health professionals who are engaged in health manpower training. These linkages reinforce health manpower capabilities of MSM.

Morehouse School of Medicine seeks financial support from the Agency for International Development to establish linkages with African, Caribbean and Latin American health institutions, traditional healers, and ministries of health. These linkages will serve as a foundation for the development and execution of health manpower training and health conferences. Knowledge transfer from MSM personnel would aid in the solution of problems facing some Lesser Developing Countries (LDCs) of Africa, Latin America and the Caribbean. It is envisioned that in addition to a transfer of knowledge and skills from MSM to selected LDCs, MSM personnel will, in turn, gain knowledge regarding the use of traditional medicines and techniques and how to incorporate some of the same into modern medicine usage.

The Morehouse School of Medicine is also establishing a dynamic foundation in biomedical and clinical research activities. Some of these activities parallel or have direct impact on biomedical research problems which are encountered in Africa, Latin America and the Caribbean. These include research in diarrheal diseases, communicable diseases, vaccine development, cancer, hypertension, monoclonal antibodies, schistosomiasis, leprosy and recombinant microbiology.

Program Goal - To establish Morehouse School of Medicine as an important contributor in solving international health issues by February, 1988.

Morehouse School of Medicine will develop and engage in mechanisms designed to assist it in becoming an important participant in solving international health issues. The institution will serve as an active hub of international collaboration, especially with African and Latin American/Caribbean countries in health efforts via training activities, workshops, conferences, seminars and joint projects.

MSM personnel will attempt to secure substantial support for sustaining activities via grants and contract opportunities with major international donor organizations.

## Purposes

The success of the Program Goal will be realized via two purposes.

Purpose I - Implement, by January, 1986, an institutional capability to provide health manpower training activities for African, Latin American and Caribbean health workers.

The achievement of this purpose will occur through collaboration with medical institutions, ministries of health and traditional healers of four selected African, Caribbean and Latin American countries. MSM personnel will conduct training activities through workshops, short courses, seminars and conferences mutually agreed upon by various entities.

The amount and variety of activities undertaken will serve as indicators of how well this purpose is achieved. The procurement of grants and contracts for the support of activities will serve as another indicator of the achievement of Purpose I.

Purpose II - Implement, by March, 1986, a series of semi-annual conferences on international research issues regarding health, which impact African, Latin American and Caribbean countries.

The Morehouse School of Medicine will execute a series of semi-annual conferences on international health issues. The achievement of this purpose will occur by the joint staging of conferences with African, Latin American and Caribbean health professionals on subjects mutually agreed upon.

Indicators of the achievement of this purpose will be the quality and quantity of conferences staged as measured by evaluation documents, number of attendees and geographical distribution of attendees.

The quality and quantity of publications emanating from established linkages will serve as indicators of the achievement of all purposes. The following items will serve as means of verifying achievements:

- program evaluation documents
- grant and contract awards
- letters and memcranda of understanding
- evaluation statements by key health officials of host countries
- refereed journals and/or conferences proceedings which contain publications regarding health collaborations.

## Inputs

The successful realization of the Program Goal and Purposes will depend upon timely inclusion of various resources, program administrative organization, marketing strategies, person to person contacts, and personnel. This section describes those inputs which are deemed essential.

## I. Personnel

### Program Administration

The establishment of Morehouse School of Medicine as a vital force in international health will be preceded by the organization of an International Health Office. The International Health Office will be staffed by a Program Director and an Office Manager. The institution will complete the employment of these persons by May 15, 1985. Hiring will proceed strictly according to affirmative action guidelines. The Program Director will report to the Associate Vice President for Sponsored Programs. The Associate Vice President reports to the Vice President for Administration and Policy, who, in turn, reports to the President.

The Program Director will plan, supervise and monitor the overall programmatic and administrative activities. He/she shall have administrative experience with an educational background in public health, biomedical science, economics, foreign affairs or medicine. He/she will supervise an Office Manager, program consultants and faculty. The Program Director will have a minimum of a Masters Degree and previous experience in education or training activities. Preferably a person will be sought with a M.D. degree. He/she will spend 69% of his/her time with the program.

The Office Manager will handle all typing, filing, and office management activities. He/she shall have a minimum of a baccalaureate degree and three years of experience in the operation of an office.

A complete job description for each position is found on succeeding pages.

### Program Consultants and Faculty

The program staff will establish a Consultant and Faculty Registry of faculties of MSM, Atlanta University Center institutions, Howard University, member institutions of the Association of Minority Health Professions Schools and other health professions institutions. This Registry will include members of minority health societies and the Centers for Disease Control in order to collect data on primary health care providers for previous international health experience or expertise to engage in such activities.

The program staff will gather, store, retrieve and analyze the collected data for subsequent use in the program. The Consultant Registry will include names of consultants, their resumes and other information which will provide for an assessment of their qualifications and expertise.

Some consultants will serve as program evaluators, some will provide services as project (activity) planners and others will assist in program implementation. Specific activities for consultants are elucidated elsewhere in this proposal. Program consultants will consist of two in year one, three in the second year, and four in year three.

MSM faculty who serve in the Program will receive release-time from their regular duties in order to conduct program activities. They will teach and plan seminars, workshops, short courses and execute training activities.

## JOB DESCRIPTIONS

### PROGRAM DIRECTOR

The Program Director will have overall responsibility for the supervision, planning, monitoring and management of the program. Specifically, he/she will:

- maintain a productive liaison with collaborating African, Latin American and Caribbean medical institutions and ministries of health.
- direct all planning and visitation activities.
- coordinate and direct all programmatic and administrative implementation.
- supervise the evaluation strategy for the program.
- prepare and issue all program and fiscal reports on schedule.
- recommend for appointment and supervise program staff and evaluate the same.
- design and execute all memoranda of understanding and agreements for the program.
- monitor and approve expenditure of program funds.
- keep Morehouse School of Medicine personnel and the public aware of programmatic activities and accomplishments.
- obtain program consultants as needed.
- develop proposals for submission to various international health donors for support of health training efforts, and other program activities.
- design, with the assistance of a consultant, and execute computer activities for the program.
- conduct program evaluation efforts.
- gather and disseminate information of funding opportunities to support programmatic activities.
- organize and implement the International Health Symposium, conferences and workshops.
- plan and execute seminars and conferences.
- coordinate and supervise the development of an educational skills package and a training manual for use in the program.

- supervise and organize the packing of program materials in a series of audio and video modules.

#### OFFICE MANAGER

The Office Manager will:

- type all correspondence, reports, proposals and training materials.
- supervise and manage all office activities.
- file all reports, correspondence and other program materials.
- maintain and update program computer files.
- compose routine correspondence and reports.
- maintain a program collection of all reports, opportunities for funding, and conference and training manuals.
- order all supplies and equipment
- issue all personnel requisitions
- maintain the program budget and prepare internal fiscal reports.
- assist the Program Director in the execution of the evaluation strategy.
- prepare programmatic and fiscal reports as directed by the Program Director.
- assist the Program Director in the development of proposals which seek fiscal support from various donors for programmatic activities.

#### Participants

Program participants will include persons from host countries, MSM, Atlanta University Center institutions, and member institutions of the Association of Minority Health Professions Schools.

Participants will interact via conferences, workshops, seminars and training activities which focus on health manpower training and tropical and communicable diseases encountered in targetted countries in Africa, Latin America and the Caribbean.

The program staff, along with two consultants, will develop procedures for selecting and inviting persons to participate in various activities; however, host countries' participants will receive invitations via mechanisms determined in concert with officials of program linkages (medical schools and ministries of health).

## II. Program Activities

### Establishment of Linkages with LDCs

Program personnel and MSM administrators will review Congressional Presentations and Requests for Proposals issued by the United States Agency for International Development (USAID) in order to determine the Agency's international interests and priorities. The group will consult with USAID officials to insure that the Agency's priorities and interests are identified and that proposed linkages are congruent with established priorities.

Consultations with USAID officials will result in visits, by program personnel, to at least six African and three Latin American/Caribbean countries for: the purpose of exploring the establishment of linkages with potential host countries' medical institutions, traditional healers, and ministries of health; an assessment of the strengths, capabilities and needs of medical institutions and ministries of health; an exchange of ideas regarding manpower training of health workers in rural and urban ghetto areas; and to familiarize officials of proposed linkage entities with the Morehouse School of Medicine and its capabilities.

The initial visitation group of two (2) will include: the Program Director and Dr. Walter W. Sullivan, (Associate Vice President for Sponsored Programs). The team will: assess the information gathered; propose methodologies for establishing strong linkages with medical institutions and ministries of health which desire to become involved in collaborative ventures; map plans for addressing issues of health manpower needs; recommend health manpower training activities; formulate position papers; and suggest conferences, workshops, and seminars which might be undertaken. These activities will constitute continuous efforts during the length of the program.

The assessments and conclusions derived from visits will identify those countries, at least three African and one Latin American/Caribbean, which are most desirable for the establishment of linkages. Program personnel will base the establishment of linkages with host countries upon the following criteria.

- the desire and willingness of host country officials to engage in health collaboration and health manpower training activities with MSM.
- the existence of host country problems which are addressable by expertise of MSM personnel and/or a combination of expertise of MSM personnel and some personnel of the Consultant Registry.
- the strengths and effectiveness of medical and other health institutions and the problems which those groups address and how their strengths are compatible with those of MSM.
- the desire and willingness of traditional health healers and village health workers, of selected areas, to work with MSM in programmatic activities.

- the health priorities which USAID has for the targetted country.
- the willingness of USAID mission officials of a targetted country to work with MSM program personnel. This involvement, however, will not infringe upon the activities of the mission by constituting a burden to the same. Rather, it will focus assistance on the development of collaborations.

Discussions will then ensue with appropriate officials of the potential host country's medical and other health institutions and ministry of health. The discussions will lead to the development of memoranda of understanding and agreements for the establishment of program activities. The program staff will then develop a detailed time-phased implementation plan which will outline tasks and task completion time.

#### Health Manpower Training Activities

Program staff will organize and focus health education training for a minimum of 60 health workers such as village health workers, public health workers, makers of health policy, nurses, midwives, medical technicians, and other allied health technicians. These persons will be designated as leaders with influence in their countries. Some attention will be directed towards physicians, but the main emphasis will center on training those health workers and lay persons who are most likely to serve in rural and urban medically underserved areas. Physicians and medical students will receive training primarily to serve as trainers. The reason for focusing training activities on village-level workers is that these persons can provide care at costs considerably below those incurred by a hospital-based approach which relies primarily on the use of physicians and nurses. In most LDCs, village health workers are generally supervised by a district physician. The success of such a system is dependent upon the skills of the village health workers and the ability of the district physician to improve those skills. Therefore, MSM will attempt to help the system attain success by providing quality training activities for both the district physician and village health workers.

The program will also link MSM educators with educators of some of the host countries' health professions institutions for collaboration on the design and implementation of training programs.

Subject areas may include primary care, preventive services, infant mortality, oral rehydration therapy, vaccination, family planning, epidemiology and surveillance, and management of common problems. Program personnel will develop an educational skills package and a training manual for use in program activities. Program materials will be assembled into a series of modules utilizing print, audio and video media for use by host country personnel in their locales and by programs at other institutions and by personnel of this program.

The role of the traditional healer will receive careful attention by program personnel and cooperation will be sought from such persons. These persons have had integral and vital roles in many African societies for

years. Many are highly skilled, trusted, revered and have persevered despite vigorous opposition over the last century. It is estimated that in many places in Africa, 80% of the population consults the traditional healer. Many of the traditional healers' patients were educated in American and European universities. The traditional healer handles all of the problems in a patient's life -- love, marriage, and physical illness -- and it is a fact that little significant headway can be made in dealing with the gargantuan health problems of Africa until the traditional healer is involved.

Health manpower training activities will take place at MSM and its affiliated health centers in Atlanta. This will allow Host Country personnel opportunities to learn, observe and grasp the fundamental philosophy and experience of MSM in the training of primary health care practitioners. Affiliated centers include:

- Southwest Community Hospital. This organization houses MSM's Family Practice Residency Program. There are eighteen residents involved in the program and Host Country medical personnel will have the opportunity to learn in this environment.
- Southside Comprehensive Health Care Center. This is a large ambulatory clinic which accommodates over 90,000 persons who reside in a truly medically underserved area. There is not one physician with an office in the area; however, this Center is remarkable in that it does have a staff of doctors who provide clinical services. There is a very capable staff of nurses and medical technicians at all levels, and the Center serves as a setting for clerkships for medical, allied health, and nursing students.

Host Country personnel will observe and learn in an atmosphere which is very akin to conditions encountered in their locales.

- Hughes Spalding Hospital. This hospital houses all clinical chairpersons of MSM and is located across the street from Grady Hospital.
- Grady Hospital. This is an extremely large charity hospital which is located in an urban medically underserved area. The facilities and staff are excellent and the entity provides an excellent setting for observing a multitude of health problems. MSM students receive most of their clinical training in this facility.
- West End Medical Center. This is a clinic located in a medically underserved area only five blocks from MSM.

Program personnel will develop proposals for submission to various international donors for support of activities. Morehouse School of Medicine personnel have expertise in the following areas which could positively impact upon the solution of health problems in:

- |                            |                     |
|----------------------------|---------------------|
| - vaccine development      | - tropical diseases |
| - recombinant microbiology | - family planning   |
| - diarrheal diseases       | - family practice   |

- leprosy
- schistosomiasis
- monoclonal antibodies
- reproductive endocrinology
- biochemistry
- disease control programs
- epidemiology and surveillance
- community medicine
- sickle cell
- cancer
- cardiovascular diseases
- blood diseases

### Seminars and Workshops

The program staff will organize and present two seminars each year at MSM regarding and health manpower training and communicable and tropical diseases of the program's targetted areas. Speakers will include persons from entitites of the proposed linkages, as well as persons who have expertise regarding the program foci. Each seminar will last from one to two days and will accommodate up to fifty persons. Participants will include persons from the Consultant Registry and host countries.

Workshops will take place at MSM. The topics will focus on international health issues such as:

- expanded immunization
- oral rehydration therapy
- family medicine
- family planning
- how to improve the geographical distribution of primary health care providers
- health care financing
- health care administration
- distribution and use of drugs

The above list is illustrative only and will undergo scrutiny and expansion as the program develops.

Workshops will take place at least twice each year. Workshops will last a minimum of three days each and will accommodate twenty-five to fifty participants.

Workshops and seminars will occur in conjunction with periods of training activities.

### Conferences

Morehouse School of Medicine will plan semi-annual conferences on international health issues, especially those which affect African, Latin American and Caribbean countries. The conference planners will attract speakers and participants with international experiences and expertise in health. The conferences will be designed with the purpose of formulating possible solutions to identified problems and to disseminate new information emanating from various studies and project experiences.

### III. Library Materials

The Multimedia Center of MSM will establish an International Health Library Collection. The Collection will support proposed conferences, workshops, seminars, and training efforts. Materials will focus on international public health issues.

The Collection will increase by a minimum of 50 documents per program year. Program staff and faculty will assume responsibility for recommending materials for acquisition.

### IV. Program Equipment

Purchase of program equipment will begin in June, 1985. The Office Manager will procure the following items:

- office furniture. This will include desks (2), desk chairs (2), small conference tables (2) with four chairs each, a computer table and two credenzas.
- a microcomputer with printer and two disc drives.
- a copier
- a memory typewriter
- a calculator

### V. Travel

In addition to travel cited earlier regarding the establishment of linkages, it is anticipated that one program staffer will travel to host countries each year for approximately two weeks to enhance and strengthen program activities and facilitate smooth program implementation. Host country personnel (20 each year) will visit Atlanta for workshops, conferences and training activities.

### VI. Supplies

The program will require both office and health supplies to achieve projected activities. These will be purchased at least quarterly each year.

### VII. Communications

Support is requested for telephone and postage. It will be necessary to conduct frequent communications with domestic and foreign sources regarding program execution.

### VIII. Evaluations

The program will undergo continuous and yearly evaluations by program staff, consultants and key officials of host countries as to its effectiveness. A final program evaluation will also be conducted by three external consultants. The evaluations and periodic reports will be made available to USAID. Utilization of cited inputs will be indicated by personnel obtained and budgetary dollars expended. These will be verified via evaluation documents, accounting records and monthly reports.

Continous evaluations will proceed on a quarterly schedule. These will serve to determine whether the program and activities are progressing according to projected outputs and purposes. They will indicate potential problems in a timely manner such that corrective actions can be taken as needed.

The yearly or summative evaluations will provide data on the overall achievement of tasks and how timely they were accomplished.

All evaluations will measure, via listed indicators, the program's effectiveness and cost effectiveness.

### Outputs

Various inputs described earlier are based upon strengths and capabilities of MSM. These strengths and capabilities are:

- a commitment to the education of persons for service as family practitioners.
- the inclusion of the humane perspective in the MSM curriculum. This will help practitioners recognize that health needs of patients embrace a number of factors external to treatment.
- the improvement of health care delivery systems to blacks, other minorities and the poor. This includes developing mechanisms for better geographical distribution of primary health care providers.
- a commitment to develop and conduct biomedical and medical research efforts aimed at improving the health of the community, including blacks, other minorities and the poor.

The implementation of various inputs will lead to the realization of a number of outputs. These are given in subsequent paragraphs.

#### Output I - An International Health Office by June, 1985

Morehouse School of Medicine will establish an International Health Office by June, 1985, which will include a staff of Program Director and Office Manager. The Office will serve as the focal point through which program activities originate and undergo implementation.

The Office will have quarters at the Morehouse School of Medicine. The public will receive news releases and other announcements of its operations.

Output II - Registry of Health and Research Consultants and Faculty by  
December 31, 1985

A Registry of Health Consultants will be created by January 31, 1986. The Registry will result from inventories and surveys of health practitioners, social workers and health management personnel. It will include personnel of the Morehouse School of Medicine, member institutions of the Atlanta University Center, other member institutions of the Association of Minority Health Professions Schools (Drew Postgraduate School of Medicine; School of Pharmacy, Xavier (La) University; School of Pharmacy, Florida A & M University; School of Pharmacy, Texas Southern University; School of Veterinary Medicine, Tuskegee Institute; and Meharry Medical College), Howard University's health professions schools, other minority health professions institutions (e.g., schools of nursing and allied health), minority health societies and private voluntary organizations (PVOs).

The Registry will include information on personnel by areas of expertise, education, experiences in LDCs, experiences in urban ghetto and rural areas of the United States which might be transferrable to similar situations in LDCs, and experiences in delivering health education via newer technologies. The areas of expertise on which the Registry will focus are:

- Health

- \* Family Practice
- \* Pediatrics
- \* Obstetrics & Gynecology
- \* Education
- \* Financing
- \* Administration
- \* Pharmacology
- \* Pharmacy (drug distribution)
- \* Environmental Health
- \* Psychiatry
- \* Public Health/Epidemiology
- \* Water-borne diseases
- \* Vector-borne diseases

- Population

- \* Family Planning
- \* Demographics
- \* Policy issues
- \* Service delivery
- \* Training

- Linguists

The Registry will include health professionals and others who are proficient in French and Spanish.

Program personnel will utilize the Registry for execution of proposed program activities.

Output III - An International Health Library Collection within the Multi-Media Center by December 31, 1986.

A minimum of 150 books and journals on international health are to exist in an International Health Library Collection at the end of the grant period. Fifty documents will be added per year. The records of the Multi-Media Center will verify the creation of the Collection. The materials will support conferences, workshops, training activities, and seminars.

Output IV - Linkages Established with African, Caribbean and Latin American Medical Institutions and Ministries of Health by December 31, 1986.

Morehouse School of Medicine will establish linkages with approximately four medical institutions and ministries of health regarding health manpower training and geographical distribution of health care providers by December, 1986. The linkages will undergo enhancement and expansion via conferences, workshops, seminars and training activities. Program personnel and officials of linked entities will work together in order to identify problems and needs which warrant addressment via the program. The strengthening of linkages will be based upon mutual respect and trust.

Seminars and Workshops

The program staff will develop and present two seminars at MSM each year regarding primary health care issues. Speakers will include persons from linkages entities, as well as outstanding persons who have specific expertise within parameters of the subject area. Seminars will last a minimum of one to two days for up to fifty persons each.

Workshops will occur twice per year at MSM. These activities will feature international health issues such as:

- expanded immunization
- oral rehydration therapy
- family medicine
- family planning
- how to improve the geographical distribution of health care providers
- health care financing
- health care administration
- distribution and use of drugs
- faculty development on methods of teaching, research and curriculum design in international public health. This will involve MSM faculty and faculty from the Association of Minority Health Professions Schools.

Other workshops will be developed as the program grows and the need for workshops increases.

Workshops will occur twice per year. Each workshop will last three days and will accommodate up to fifty participants.

## Training Activities

Program staff will organize, in concert with officials of linked entities, one training session of forty days per year in health manpower. These activities will address needs perceived by officials of linked entities and will be based upon strengths and capabilities of MSM, the Association of Minority Health Professions Schools and other minority health profession institutions. The following are illustrative of some type of training activities which the program might undertake:

- educational activities for health care providers who serve in rural and urban underserved areas.
- retraining of medical specialists by providing them with "state of art medical education" in specific areas.
- upgrading the skills of nurses and allied health professionals by providing them with "state of the art education" in primary health care.
- involvement of traditional healers in programmatic efforts.
- short courses in specific health areas.
- development of audio, video and print media for use in Host Country locales as well as at MSM.

The sessions will focus on subjects such as:

- delivery of primary health care services
- health management and administration
- oral rehydration therapy
- expanded immunization
- family medicine
- tropical and communicable disease
- sickle cell anemia
- family planning

This output will be verified by Letters and Memoranda of Understanding, activity programs attendance lists, participants evaluations and other documents.

Persons who receive training will be expected to serve as trainers of trainees in their respective countries.

## Conferences

Morehouse School of Medicine will host at least two health conferences per year which will focus on international health issues. Speakers who are well-known for their efforts or those who have made significant medical

findings will receive invitations to present papers during a three day period. The program staff will publish conference proceedings for distribution to registered participants.

### Seminars

Program staff will schedule and present at least two seminars each year. Each seminar will last one to two days and will focus on a health topic which has international implications.

The seminars and conferences will be open to Host County personnel and any interested parties; however, MSM faculty, faculty members of the Association of Minority Health Professions Schools, faculty of other minority health professions institutions, and faculty of member institutions of the Atlanta University Center will be encouraged to attend.

Finally, conferences and seminars shall serve as a means of bringing persons together for exchange of ideas and development of collaborative health efforts. The activities of this output shall be verified by activity programs, attendance lists, participant evaluations, conference proceedings, and copies of presentations.

The program staff will rely upon the assistance of MSM faculty in determining seminar and conference topics as well as speakers for seminars and the mechanism for selecting conference speakers.

### Output VI - Enhancement of Courses Offered by Host Country Medical Schools by 1987

Program staff will consult with faculty at linked medical schools concerning their curriculum problems and needs. If enhancement of courses is desired by a linked school(s), four program faculty will work with the medical schools' faculty and administration to design educational activities to meet the perceived needs. This output will be realized by December 31, 1987, and will continue thereafter.

Verification of this output will occur via evaluation documents, curriculum materials, and Letters and Memoranda of Understanding.

### Output VII - An International Health Symposium in 1987.

Although the program will feature at least two conferences and two seminars each year, the program staff will coordinate a three-day International Health Symposium on Africa, the Caribbean and Latin America in 1987. Distinguished speakers will discuss their experiences and findings on health issues which affect targetted areas. The Symposium will have a significant impact on international health and will enjoy high visibility in terms of image perception and public relations. Two hundred and fifty persons will receive invitations to attend the Symposium. Invitations will be sent to African, Caribbean and Latin American health leaders, USAID officials, health professions in the United States, outstanding biomedical researchers, members of PVOs, NIH officials, faculty members of the Association of Minority Health Professions Schools, faculty of other minority health professions institu-

tions, and faculty of the Atlanta University Center.

Symposium proceedings (500 copies) will be published and distributed to USAID, NIH, WHO, and medical schools and ministries of health involved in linkages with the program.

#### Output VIII - Program Evaluation Document and Capability Statement by 1988

A final Program Evaluation Document (500 copies) will be published in 1988 and distributed to USAID, program faculty and consultants, and ministry of health and medical school officials of host countries. In addition, the program staff will conduct frequent evaluations for all programmatic activities.

The final evaluation document will give not only a final "progress report," but it will also provide directions for possible future opportunities for the Morehouse School of Medicine to pursue in international medicine, and health maintenance.

Program staff will prepare a "Capability Statement" (200 copies) for distribution to USAID, program faculty and consultants, and countries in the Caribbean, Latin America and Africa. This Statement will provide concise and definitive information about strengths and capabilities of the Morehouse School of Medicine. It will also detail what experiences our faculty have had in international programs.

#### Final Statement

It is with confidence and pride that Morehouse School of Medicine seeks support from USAID to enhance the international health capabilities of the institution. The expertise of the faculty and their engagement in critical biomedical research, the rapid and phenomenal growth of the institution, the institution's production of primary health care physicians, the respect which the institution enjoys from the medical and other communities and, most of all, the institution's commitment to provide excellent primary health care to the urban and rural poor and underserved are strong indicators that an engagement in international health programs will deliver positive and beneficial results to Africa, the Caribbean, Latin America and the United States.

#### Budget Justification

The salary level for the Program Director is comparable to salaries paid department heads. The Program Director will spend 69% of his/her time on this program. The salary for the Office Manager is comparable to salaries received by personnel with similar responsibilities. A six percent increase in salary is included for each position each year, including faculty salary release time.

Faculty salary release time is requested for at least six instructors (to be named) on the basis of an average annual salary of \$40,000 for an instructor for years two and three. These persons will develop and implement

training activities. Each will receive release-time on the basis of the total time spent on the program.

Consultants will receive \$200 per day for services. Two consultants will be utilized the first year, three the second year and four during year three. Some will serve as program evaluators, project planners and others will participate in training activities. They will augment expertise of MSM personnel.

Fringe benefits are calculated as 19% of the total personnel salary category.

Office supplies are needed for use in Atlanta. A large amount of correspondence, course materials and scientific reference materials will be prepared and duplicated. Office supplies will also include computer supplies and materials.

Health supplies will be used in workshops, seminars, training efforts, and demonstrations.

A personal computer is requested because a large amount of data will be amassed concerning host countries, program personnel, program participants and the program itself. This instrument will facilitate the storage, retrieval, analysis and formatting of data for report preparation and program planning. The computer will also facilitate the monitoring of grant and contract opportunities as well as program monitoring.

A word processor is requested because a number of standard letters, program announcements and voluminous reports are needed for distribution to program personnel, USAID officials, key host country officials, and MSM personnel regarding the program. The instrument will facilitate typing through its capability to store, retrieve, and merge data as well as correcting errors with minimum effort.

A copier is requested because of the large amount of documents, reports, and letters which must be copied.

A calculator will facilitate administrative handling of the program by the Program Director, et. al.

A "still" camera, portable video camera, carousel projector, screen, video recorder and monitor are needed in order to record various achievements of the program as well as in the dissemination of information via training sessions, workshops, seminars, and classes.

Travel is requested for program and host country personnel. Travel to Africa is estimated at \$3000 per person and \$1500 per person to the Caribbean. The per diem amount is \$100 per day. During year one, two persons will travel to the Caribbean and Africa to assess possible linkages. Funds are provided for a return visit by one person during years two and three. The stay in Africa is estimated at fourteen days by each group and five days per visit to the Caribbean.

Domestic travel is requested for a minimum of one person to confer several times each year with USAID officials and other health professionals with backgrounds in international health.

Funds are needed to bring 20 key host country health officials to Atlanta each year for observations, seminars, workshops, and conferences.

Workshop, training, conference and seminar costs are estimated at \$4,000 for the first year, \$5,000 for the second year and \$5,000 for year three. These funds will cover all expenses incurred in staging the efforts, including printing of programs and proceedings, travel expenses and supplies.

Funds are requested for sponsoring an International Health Symposium in 1987. It is estimated that \$10,000 will be utilized for speakers, facilities, public relations, brochures and programs. Publication and distribution of the proceedings are estimated at \$4,000.

The successful conclusion of the program will yield a Capability Statement which is estimated to cost \$4,000 for publications and dissemination. Program evaluation is estimated at \$8,000. The latter will embrace all expenses associated with travel and surveys as well as personnel costs.

Funds are requested for communications which will include telephone costs and mailing of documents and letters.

Finally, funds are needed each year for warranties on program equipment in order to minimize maintenance costs.

BUDGET

<u>Category</u>	<u>Year One</u>	<u>Year Two</u>	<u>Year Three</u>
<u>Personnel</u>			
Program Director (69%)	\$ 55,000	\$ 58,300	\$ 61,798
Office Manager (100%)	24,000	25,440	26,966
Faculty Release Time	-----	40,000	42,400
Fringe Benefits (19% of Salaries)	15,010	23,511	24,921
SUBTOTAL	<u>\$ 94,010</u>	<u>\$ 147,251</u>	<u>\$ 156,085</u>
<u>Consultants</u>			
	2,000	3,000	4,000
<u>Supplies</u>			
Office	\$ 3,000	\$ 3,000	\$ 3,000
Health	-----	5,000	5,000
SUBTOTAL	<u>\$ 3,000</u>	<u>\$ 8,000</u>	<u>\$ 8,000</u>
<u>Equipment</u>			
Office Furniture	\$ 2,000		
Personal Computer	4,500		
Copier	4,500		
Word Processor	9,500		
Calculator	500		
Camera	-----	\$ 500	
Audiovisual and Video Equipment	-----	\$ 2,500	
SUBTOTAL	<u>\$ 21,000</u>	<u>\$ 3,000</u>	

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<u>Category</u>	BUDGET		
	<u>Year One</u>	<u>Year Two</u>	<u>Year Three</u>
<u>Travel</u>			
<u>Program Personnel</u>			
a) Domestic	\$ 3,000	\$ 3,000	\$ 3,000
b) International	21,200	14,000	13,998
<u>Host Country Personnel</u>	110,000	110,000	110,000
SUBTOTAL	\$ 134,000	\$ 127,000	\$ 126,998
<u>Conferences, Training Workshops and Seminars</u>	\$ 4,000	\$ 5,000	\$ 5,000
<u>International Symposium</u>	-----	-----	10,000
<u>Publications</u>			
a) Capability Statement	-----	-----	4,000
b) Symposium Proceedings			
<u>Library Books and Journals</u>	\$ 4,000	\$ 4,000	\$ 4,000
<u>Evaluation</u>	2,000	2,000	4,000
<u>Communications</u>	\$ 2,500	\$ 2,500	\$ 2,500
<u>Warranties for Equipment</u>	-----	\$ 2,500	\$ 2,500
<b>TOTAL</b>	<b>\$ 266,510</b>	<b>\$ 304,251</b>	<b>\$ 337,084</b>
	<b>GRAND TOTAL</b>	<b>- \$ 897,844</b>	

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*JS \* Place*  
*6/5/85*    *see note*  
*el and*  
*of memo*

ACTION MEMORANDUM FOR THE SENIOR ASSISTANT ADMINISTRATOR FOR  
SCIENCE AND TECHNOLOGY

FROM: S&T/HP, James Sarn *J. Sarn*

SUBJECT: Morehouse School of Medicine, Project #936-5954

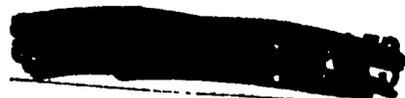
Action: Authorize a new three year, \$897,000 project for developing institutional capacity for health training at the Morehouse School of Medicine in Atlanta.

Discussion: In February 1984 the Morehouse School of Medicine submitted a five-year \$1.9 million unsolicited proposal entitled "Development of International Linkages in Medical Education and Research with African and Caribbean Countries." After discussions between S&T/Health and Morehouse staff, in July 1984 we received a revised proposal for \$1.7 million. The proposal was designed to establish an International Health and Research Center at Morehouse by June 1989. To this end A.I.D funded activities would have been used to:

- a) enable Morehouse to assist African and Caribbean countries with primary health care delivery systems in rural areas and urban ghettos;
- b) develop the capability in Morehouse to carry out collaborative biomedical research on tropical and communicable diseases with African and Caribbean institutions.

In January of this year the Administrator directed that our program with Morehouse should focus on training alone without the element of biomedical research and without the creation of a large International Health Office. Morehouse submitted a new proposal for training in February 1985. It emphasizes short term PhC delivery training and conforms to the Administrator's general guidelines.

The number of trainees, the countries from which they will come, and the specific courses to be taught will all be determined after the project gets underway. At the end of the three year grant, Morehouse is expected to have the experience and reputation to attract additional grants or contracts from A.I.D. or other donors active in the field of health training.



A Congressional Notification has been prepared and is expected to go forward by June 15. We estimate that obligation can be incurred after July 1, 1985.

Recommendation: Given the high priority of expanding health services in Africa as well as the Agency's commitment to increase efforts with HBCUs, I recommend that you sign the attached project authorization fully funding this \$897,000, three-year project with FY 1985 health funds.

2 Attachments:

1. Project Authorization
2. Morehouse Unsolicited Proposal

Drafter: S&T/H, <sup>W. J. Wang</sup> WOglesby: 5/21/85: Wang #2459u

Clearances:

S&T/H, Ann Van Dusen  
 S&T/HP, James Sarn  
 S&T, Dennis Brennan  
 GC, STisa  
 S&T/PO, GEaton  
 S&T/IT, DWolf

<u>AWD</u>	Date	<u>6-4-85</u>
<u>[Signature]</u>	Date	<u>6/5/85</u>
<u>phone</u>	Date	<u>6-5-85</u>
<u>[Signature]</u>	Date	<u>6-5-85</u>
<u>[Signature]</u>	Date	<u>6-5-85</u>

\* Project authorization signed, but project approval is contingent upon S&T/H involving S&T/IT in development of the training component of the project. See attached memo from S&T/IT which is main part of this approval.

*[Handwritten signature]*  
 6/2/85





See Action Memorandum - note \*

AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON, D.C. 20523

10 Resh...

S-T/H

1/13  
6/5/65

MEMORANDUM

JUN - 5 1965

TO: S&T, Dennis Brennan  
FROM: S&T/IT, Dona Wolf DW  
SUBJECT: Morehouse School of Medicine, Project 936-5954

Thank you for the opportunity to review the reference proposal. We are clearing the project, but with some reluctance and only because of the time deadline. There are several concerns which you should consider:

1. Handbook Ten Requirements

Handbook 10 should be mentioned on page 11, under the section entitled "Participants". We suggest that additional wording for this section should be, "All participants will be managed in accordance with A.I.D.'s Handbook 10, Participant Training". The attached memorandum for A.I.D. Project Managers which summarizes minimum requirements for handling participants should also be referenced.

2. Program Development

S&T/IT has considerable expertise in developing training programs and is available to provide assistance to S&T and other Central and Regional Bureaus in this area. The grantee should clearly understand that S&T/IT is available for advising on the development of programs which would operate in accordance with A.I.D. standards.

3. Administrative Issues

S&T/IT continuously encounters contractors and granting organizations who have developed excellent programs, but have failed to understand the administrative problems associated with managing participants. For example, how should an institution "package" programs so that A.I.D. contractors and



issues in this proposal be dealt with when there is so little specific information provided on costs per participant? Will the grant cover all the training costs for all the participants to be trained, or will it only cover the developmental costs of the program, with additional costs to be borne by subscribing Missions? Determining the appropriate allowance structures for participants is also a serious issue since no mention is made of participant costs in the budget unless these are covered by "international travel", etc. These and other costs issues may have been well thought out and resolved, but the evidence does not appear in the project.

S&T/IT staff would be willing to assist the S&T Health Office in any of these areas, but in the future would prefer working with the office before the project is in the last stages of approval.

Attachment

~~CONFIDENTIAL~~ 34

AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON, D.C. 20523

APR 26 1985

MEMORANDUM TO A.I.D. PROJECT MANAGERS

SUBJECT: Participant Training Regulations and Procedures

FROM: The Office of International Training

Issue

The Intra-Agency Committee on Participant Training has determined that the Agency's information system for participant training is incomplete due to the failure of some contractors to report required information. The Administrator therefore has mandated several actions to improve the collection of participant training information. These actions are necessary to comply with existing Agency regulations and procedures for managing participant training activities as promulgated in Handbook 10, "Participant Training."

Purpose

The purpose of this memorandum is to provide project managers with summary information on fundamental Agency regulations governing mandatory participant training activities. This memorandum is fully consistent with relevant A.I.D. handbooks.

Background

An Intra-Agency Committee on Participant Training Information was established in September 1984 at the request of the Deputy Administrator to improve the collection of data on participant training activities in the Agency. Among the findings of the Committee was inadequate compliance with Handbook 10's Participant Training regulations and procedures governing the management of participants. Failure to comply with these regulations has seriously impaired the Agency's ability to accurately report participant data to the Congress, Agency leadership and field management. In addition, there is evidence that fundamental services provided by the Agency such as health insurance and counseling are not being provided to some participants. Again, the basic cause of these problems is the lack of accurate and up-to-date information in the Agency's Participant Training Information System (PTIS) maintained by the Office of International Training (S&T/IT).

The present system of data reporting and participant management will be challenged severely over the next two years as the number of participants increases by 50 percent. To avoid exacerbating conditions which have led to the current participant training problems, it is necessary for all A.I.D. project managers and their respective contractors to comply with Agency regulations and procedures in managing participants.

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### Mandatory Requirements

Participants are managed using one of two general mechanisms: 1) directly-funded participants managed by S&T/IT's contractors, or 2) contract-managed participants handled by contractors hired by Missions, regional offices, host governments and AID/W Bureaus and offices. The term contract is used generically here and includes cost-reimbursement and fixed price contracts, grants, cooperative agreements, RSSAs and PASAs.

Regardless of the mode of management, all participants must be trained in accordance with five mandatory procedures. The following sections explain these regulations and indicate a contact person within S&T/IT who can provide you or your representative with additional information.

1. Visa Requirements: Participants admitted to the United States under the A.I.D. Exchange Visitor Program must use the J-1 Visa. Application for the J-1 Visa is made by completing the IAP-66A Request for J-1 Visa Form. This form must be signed by an American FSO in the Mission. No contractors have authority to execute IAP-66A forms for annual extensions; only S&T/IT has this authority. If the Mission Training Office (or Officer) is not responsible for processing all IAP-66A Forms, then copies must be shared with the Mission Training Office and must be sent to S&T/IT. See Handbook 10, Chapter 14 for additional information. For problems with visas, contact S&T/IT, Mary Kay Williamson, (703) 235-1994.
  
2. Reporting Requirements: S&T/IT maintains the Participant Training Information System (PTIS) which describes Agency participant training activities. This data base is used for two general purposes: 1) to provide needed statistical data to relevant Agency offices and 2) to provide S&T/IT with necessary data for effective management and provision of participant training services. Three source documents are used to enter participants into the PTIS regardless of whether the participant is directly funded or contract managed. For additional information or assistance, contact S&T/IT, Judy McKeever (703) 235-1984.

A. The Project Implementation Order for Participants (PIO/P) is sent from the Agency office or Mission providing training to S&T/IT and is used for all participants, however funded or managed. The PIO/P is a funding document for participants managed by S&T/IT.

~~SECRET~~

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For contractor-managed participants, even though the contract is the funding document, a non-funded PIO/P must be issued by the Mission (although the contractor may be requested to complete the form) for informational purposes. All PIO/Ps must contain cost estimates for respective training programs.

B. The IAP-66A (Request for J-1 Visa Form), described in 1 above, is an official form of the Immigration and Naturalization Service (INS). It is used by S&T/IT for two purposes: 1) to secure annual renewals of J-1 Visas as required by the INS, and 2) to supply a number of data elements required by the PTIS. Generally, the original IAP-66A is completed prior to travel to the U.S. by a Mission Training Officer, contractor or other field staff; it must be signed by a Mission officer. (In Missions where no Mission officer is available, an Embassy officer can sign.) In response to the signed IAP-66A, the U.S. Embassy issues the J-1 Visa. As noted above, only S&T/IT executes IAP-66A for Visa extensions. Copies of original IAP-66As must be sent to S&T/IT. It is important that the Mission Training Office (or Officer) be advised of all IAP-66A activity in a Mission to ensure comprehensive data collection.

C. The Participant Data Form (PDF) is completed by the contractor after the participant arrives in the U.S. This form provides essential data on individual participants.

3. Health and Accident Coverage Requirements: It is A.I.D.'s policy that all participants be provided adequate health and accident coverage (HAC) while away from their home countries. All A.I.D. sponsored participants, except host country participants, must be enrolled in the mandatory HAC program provided by the Agency. The PDF (see 2C above) automatically enters participants in the HAC program. At present, host country contractors may use the HAC insurance or may opt to use another insurance program of their choosing. They must, however, have evidence of their insurance program. For additional information, contact Mildred Taylor at 235-1965.
4. Participant Allowance Requirements: All participants, however managed or funded, must receive official allowances as promulgated in Handbook 10, Appendix C. Appendix C is attached here for your information and indicates the wide range of allowances available to participants. The most important allowances are the academic residential allowance

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(a monthly maintenance allowance supplied to academic participants), the technical maintenance allowance (a monthly maintenance allowance supplied to technical participants), and the advance maintenance allowance given to participants prior to departure for the U.S. to cover transit expenses. Project managers must take action to ensure that advance maintenance allowances are allocated to participants according to Handbook 10 regulations. Participants often arrive in the U.S. with inadequate funds, a situation which may cause serious hardship and create a very counter-productive impression of the U.S. on the part of the participant. For additional information on allowances, contact S&T/IT, Dan Terrell at 235-1885. For waivers to official allowance policy, contact the Allowance Committee, S&T/IT.

5. Other Requirements: All Agency written agreements which provide for participant training include a standard provision requiring that the organization under contract follow the policies and procedures established in Handbook 10. In addition to the requirements explained above, Handbook 10 provides guidance in a number of other areas and should be familiar to project managers and to organizations managing participants for the Agency.

#### Invitational Travel

Foreign nationals traveling to the U.S. or a third country under Invitational Travel are not participants. Handbook 22, Chapter 7 (attached) clearly defines the relationship between invitational travel and participant training.

Attachment

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HANDBOOK 22 CHAPTER 7

Invitational Travel authorizations are not issued for foreign nationals traveling for purposes of training in any of the categories included in the Agency's Participant Training Program (see Handbook 10 - Participant Training).

(1) A participant is a foreign national traveling to the United States or a third country for training through meetings, seminars, or conferences as authorized by a PIO/P. Foreign nationals traveling to the United States or third country for the purpose of attending meetings, seminars, or conferences as consultants or experts are not considered participants.

(2) The distinguishing factor is the benefit principle derived as a result of the travel. Should the foreign national gain more benefit from the purpose of training to promote the LDC development program, the foreign national is a participant. If the purpose of the foreign national's presence is to gain more benefit for the Agency's program than for the recipient country, he/she is not a participant.



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Department of State

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SUBJECT: THE SECOND INTERNATIONAL CONFERENCE ON ORAL  
REHYDRATION THERAPY (ICORT II)

REF: STATE 71417

1. THE CAR IS CURRENTLY PARTICIPATING IN THE CCCD PROJECT AN ESSENTIAL COMPONENT OF WHICH IS ORT. PARTICIPATION IN ICORT II WOULD BE ESPECIALLY VALUABLE TO THOSE IN THE PROJECT WORKING ON DIARRHEAL DISEASE. WITH NO AID MISSION IN CAR NO BILATERAL FUNDS ARE AVAILABLE TO SEND ANYONE TO THIS CONFERENCE.

2. ACTION REQUESTED EMBASSY WOULD LIKE TO SEND TWO OR THREE PEOPLE FROM THE MINISTRY OF HEALTH TO ICORT II. IS THERE ANY AID W MONEY TO SUPPORT THEIR ATTENDANCE.  
HARTWICK

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Department of State

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FOR: LAC/DR. HN PAULA FEENEY

E.O. 12356: N/A

SUBJECT: MEDLINE SERVICE

1. MOH IS INTERESTED IN OBTAINING A BIBLIOGRAPHY OF REFERENCE TEXTS ON MALARIA, VETOR CONTROL AND EPIDEMIOLOGY OF COMMUNICABLE DISEASE. ALSO REQUESTED IS A BIBLIOGRAPHY OF ARTICLES ON RESEARCH METHODOLOGY FOR MALARIA AND EPIDEMIOLOGY OF MALARIA AND OTHER VECTOR BORNE DISEASES.

2. IS THE MEDLINE SERVICE THE APPROPRIATE SOURCE FOR THESE BIBLIOGRAPHIES? IF SO, KINDLY INITATE REQUEST ON OUR BEHALF. IF NOT, PLEASE DIRECT THIS REQUEST TO THE RIGHT ORGANIZATION AND ADVISE US FOR FUTURE REFERENCE.

GUTHRIE

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