PD-ABG-820

U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

JUL 7 1992

Mr Jack Swartwood
Project Hope
HOPE Center
Millwood, Virginia 22646

SUBJECT: Cooperative Agreement No. CCS-0001-A-00-2033-00

Dear Mr. Swartwood:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby provides to Project Hope, (hereinafter referred to as "Recipient") the sum of Four Million Two Hundred Thousand Dollars (4,200,000). The purpose of this Agreement is to provide support for an Immunization Program in Republics of the Former Soviet Union, as described in the Schedule of this Cooperative Agreement and Enclosure 2, entitled "Program Description."

This Cooperative Agreement effective as of the date of this letter and funds obligated hereunder shall be used to reimburse the Recipient for allowable program expenditures for the period through December 31, 1992.

This Cooperative Agreement is made to the Recipient on condition that the funds will be administered in accordance with the terms and conditions as set forth in Enclosure 1 entitled "The Schedule," Enclosure 2 entitled "Program Description," and Enclosure 3 entitled "Standard Provisions," which have been agreed to by your organization.

Please sign the original and all enclosed copies of this letter to acknowledge your receipt of the Cooperative Agreement, and return the original and all but one copy to me.

Sincerely,

Kathryn Y. Cunningham
Agreement Officer
Office of Procurement

Enclosures:
1. Schedule
2. Program Description
3. Standard Provisions
4. Recipient's Proposal

ACKNOWLEDGED BY: PROJECT HOPE

TYPED (OR PRINTED) NAME: William L. Brockschmidt

TITLE: Vice President, Finance

DATE: July 8, 1992

FISCAL DATA
PIO/T NO.: 110-0001-3-266-3100
APPROPRIATION NO.: 72-112/31021.7
ALLOTMENT NO.: 267-68-110-00-69-21
BUDGET PLAN CODE: WDC2-92-36110-KG-12
THIS OBLIGATION: $4,200,000
TOTAL OBLIGATION: $4,200,000
TOTAL ESTIMATED AMOUNT OF AGREEMENT: $4,200,000
TECHNICAL OFFICE: NIS/TF/EHA, Paula Feeney
Letter of Credit #: 72-00-1431
TIN: 53-0242962
DUNS NO.: 09-866-1135

ENCLOSURE 1

SCHEDULE

A. Purpose of Cooperative Agreement

The purpose of this Cooperative Agreement is to provide support for the Recipient's immunization program in the Republics of the Former Soviet Union. This is more specifically described in Enclosure 2 to this Cooperative Agreement entitled "Program Description," and the Recipient's proposal dated June 1, 1992, as amended, which is incorporated in the Cooperative Agreement as Enclosure 4.

B. Period of Cooperative Agreement

1. The effective date of this Cooperative Agreement is the date of this letter. The expiration date of this Cooperative Agreement is December 31, 1992.

2. In compliance with the terms and conditions of this Agreement, funds obligated hereunder shall be used to reimburse the Recipient for allowable program expenditures form the period July 2, 1992 to December 31, 1992.

C. Amount of Cooperative Agreement and Payment

1. A.I.D. hereby obligates the amount of $4,200,000 for purposes of this Agreement.

2. Payment shall be made to the Recipient in accordance with procedures set forth in Enclosure 3 - Standard Provision, entitled "Payment - Letter of Credit."

D. Financial Plan

The following is the Cooperative Agreement budget, including local cost financing items, if authorized. The Recipient may not exceed the total estimated amount or the obligated amount, whichever is less. Except as specified in the Standard Provision of this Agreement entitled "Revision of Grant Budget," (November 1985) as shown in Enclosure 3, the Recipient may adjust line items within 15% without requesting prior written approval. The Recipient must request prior written approval from the Agreement Officer in order to adjust the line items above 15% for the performance of the program.

PRELIMINARY
IMMUNIZATION PROGRAM
BUDGET

	AID Contribution	Recipient Contribution
Salaries and Wages	$ 50,300	$ 28,400
Fringe Benefits	7,500	0
Supplies/Equipment Expenses	3,944,800	45,000
Travel and Per Diem	144,900	0
Other Direct Costs	6,000	0
Indirect Costs	46,500	0
TOTAL PROGRAM COST	4,200,000	73,400

Notes to the Budget:

1. Pursuant to the Standard Provision of this Cooperative Agreement entitled "Allowable Costs" and "Revision of Grant Budget," the Recipient shall obtain prior approval from the Agreement Officer for the purchase of vaccines and supplies related to immunization from other than the sources listed below.

2. Infurtherance of the foregoing, the Agreement Officer does hereby provide approval for the following purchases, which shall not be construed as authorization to exceed the estimated amount of this Cooperative Agreement.

Item

VACCINES
Measles - Merck & Co. Vaccine - ATTENUVAX
Polio - Lederle Vaccine - ORIMUNE
DPT - Lederle Vaccine - TRI-IMMUNOL
Connaught Vaccine

SUPPLIES
Needles/Syringes
Needleboxes
Cold Chain Materials

3. This Cooperative Agreement includes authorization for local cost financing, provided such financing falls within the legitimate needs of the program description applicable to this Agreement and does not exceed the following limitations:

a. Procurement locally of items of U.S. origin up to a per transaction limit of the local currency equivalent of $100,000.

b. Procurement locally of items of non-U.S. origin up to a per transaction limit of the local currency equivalent of $5,000.

c. Commodities and services available only in the local economy (no specific per transaction value applies to this category). This category includes the following items:

1. utilities - including fuel for heating and cooking, waste disposal and trash collection;
2. communications - telephone, telex, fax, postal, and courier services;
3. rental costs for housing and office space;
4. petroleum, oils, and lubricants for operating vehicles and equipment;
5. newspapers, periodicals, and books published in the cooperating country, and
6. other commodities and services (and related expenses) that, by their nature or as a practical matter, can only be acquired, performed, or incurred in the cooperating country.

and cases where local cost procurements are expected to exceed the above limitations, and authorization for such procurement does not already exist in the Cooperative Agreement, the Recipient must obtain approval from the A.I.D. Agreement Officer prior to proceeding with the procurement.

Except as otherwise changed by the above limitations, the conditions of the Optional Standard Provision entitled "Local Cost Financing (November 1988)", apply, including paragraphs (b), (c), (d), (e), and (f).

E. Reporting

The Recipient will submit reports in support of program activities as described in the Program Description of this Agreement and as indicated below:

1. Immunization Needs Assessment

The Recipient will submit two (2) copies each to:

Paula Feeney, Project Manager
Agency for International Development
NIS/TF/EHA
Room 4942, NS
Washington, DC 20523-0053

Hariadene Johnson, Project Evaluator
Agency for International Development
NIS/TF/EHA
Room 3321, NS
Washington, D.C. 20523-0053

The Recipient will be responsible for identifying, and eventually delivering, all inputs which will have to be furnished, including any required technical assistance, to ensure the success of this U.S. financed emergency immunization assistance effort. In the immunization needs assessment report, the Recipient will also indicate what contribution in cash or kind it will be able to make to help stretch the impact of the emergency immunization initiative, a full display of in-country local transportation cost, a time line for the program effort to be conducted in each Republic, delivery dates as well as completion dates. The report will be submitted to AID on or about July 31, 1992.

2. Procurement and Shipment Plan of Action

The Recipient will submit two (2) copies each to the A.I.D Project Manager and Project Evaluator within four (4) working days of the "go ahead" notification from A.I.D. This report will indicate in detail the procurement plan (e.g. product name, quantity, and vaccine expiration date) and shipment schedules for the emergency initiative as well as steps to be taken, including the provision of technical assistance, and to ensure that the materiel is properly received and utilized.

3. Final Evaluation Report

The Recipient will submit two (2) copies each to the Project Manager and Project Evaluator; and one (1) copy to A.I.D., CDIE/DI, Washington, DC 20523-1802. The Final Evaluation Report will detail (i) how much immunization materiel was delivered (ii) how many children under two years of age were targeted under the immunization exercise (iii) how effectively the entire operation was carried out (iv) what unforeseen circumstances, if any, affected the outcome of the initiative and (v) what lessons were learned that will be useful in staging emergency operations of this kind in the future. This report will be submitted no later than 60 days after the close of the initiative.

4. Financial Reporting

a. Financial reporting requirements shall be in accordance with the the standard provision of this Cooperative Agreement entitled "Payment - Letter of Credit."

b. The original and two copies of all financial reports shall be submitted to The Agency for International Development, Office of Financial Management, FA/FM/CMP/LC, Room 700, SA-2, Washington, DC 20523-0209. In addition, one copy of all financial reports shall be submitted to the Project Manager.

F. Substantial Involvement

Substantial involvement is anticipated between A.I.D. and the Recipient during the performance of the Agreement in the following areas:

1. Prior to the expenditure of funds, the A.I.D. Project Manager and Recipient will reach written agreement on a work plan for activities and level of funding for each activity.

2. A.I.D. written concurrence to "go ahead" with procurement/delivery operations after receipt is received from the NIS Republic of its approval of the A.I.D. financed emergency immunization activity.

3. A.I.D. Project Manager concurrence in the selection of evaluator(s) and design of final evaluation of the initiative. A.I.D. reserves the right to add a non project evaluator in the final selection.

4. All travel originating from the U.S. and within the NIS Republics must obtain concurrence from A.I.D. Project Manager and/or A.I.D. Mission(s) prior to travel.

G. Indirect Cost Rate

Pursuant to the Standard Provision of this Cooperative Agreement entitled "Negotiated Indirect Cost Rates - Provisional," an indirect cost rate or rates shall be established for each of the Recipient's accounting periods which apply to this Cooperative Agreement. Pending establishment of final or revised provisional indirect cost rates, provisional payments on account of allowable indirect costs shall be made on the basis of the following negotiated provisional rate(s) applied to the base(s) which is (are) set forth below:

Type	Rate	Base	Period
Indirect Cost	55.0%	3/(3)a b	7/1/90 - Until Amended

Base of Application:
3/ Salaries and wages including all fringe benefits.

(a) See Special Remark 1 (b) See Special Remark 2

SPECIAL REMARKS

(1) The Medical Programs rate includes the following percentages of salaries and wages for General and Administrative expenses: FYE 6/30/89 - 33.0%; FYE 6/30/90 - 34.3%. The Provisional rate for the Fiscal Year Beginning 7/1/90, General and Administrative expense is 33.2% of salaries and wages and fringe benefits.

(2) Computer and Data processing charges are direct charged and not included in the indirect cost pool.

H. Title to Property

Title to property purchased by the Recipient under this Cooperative Agreement shall be vested in the Recipient. Accordingly, the Standard Provision entitled "Title To and Care of Property (Grantee Title)" applies. Disposition of property shall be in accordance with said Standard Provision.

I. Authorized Geographic Code

1. The total value of procurement of goods and services to be procured under this Cooperative Agreement exceeds $250,000.

2. Except as may be specifically approved or directed in advance by the Agreement Officer, all goods and services, which will be reimbursed under this Cooperative Agreement and financed with U.S. dollars, shall be procured in and shipped from the U.S. (Code 000) and from any other country within the authorized geographic code as specified in the schedule of this Cooperative Agreement.

J. Special Provisions

1. The following Additional Standard Provisions as shown in Enclosure 3 are NOT applicable to this Agreement:

Ocean Shipment of Goods
Subagreements
Patent Rights
Negotiated Indirect Cost Rates - Predetermined
Participant Training
Voluntary Population Planning
Protection of the Individual as a Research Subject
Care of Laboratory Animals
Government Furnished Excess Personal Property
Title To and Care of Property (U.S. Government Title)
Title To and Care of Property (Cooperating Country Title)

All other provisions not listed above are applicable to the performance of the program under this Agreement.

2. The following are alterations to the Mandatory and Additional Standard Provisions as listed below:

Mandatory Standard Provisions

"Notices" - For the purpose of notices delivered to the Agreement Officer, the following addresses shall be used:

(a) Regular U.S. Postal Service
Agreement Officer's Name
Agency for International Development
FA/OP/CC/N
Office of Procurement
Room 1519, SA-14
Washington, DC 20523-1415

(b) By Courier/Express Mail Only
Agreement Officer's Name
Agency for International Development
FA/OP/CC/N
Office of Procurement
1100 Wilson Boulevard
15th Floor Reception Area
Arlington, Virginia 22209

3. The following nine-digit zip codes are applicable in lieu of the five-digit zip codes shown in the corresponding standard provisions:

Mandatory Standard Provisions

Notices	20523-0051

Additional Standard Provisions

Ocean Shipment of Goods	20523-1419
Procurement of Goods and Services	20523-1414
Payment - Letter of Credit	20523-0209

(In addition to the zip code change, the organizational symbol for A.I.D.'s Office of Financial Management has also changed as shown in section E.)

Negotiated Indirect Cost Rates	
- Provisional	20523-0060
(second address in the provision)	20523-1417

4. All medical devices/equipment which are to be procured under this Agreement, and that are regulated by the Food and Drug Administration, must be in compliance with all applicable laws and regulations governing their interstate shipment at the time of shipment to the former Soviet Union.

5. No product requiring expiration dating shall have less than twelve months (Measles, Polio) and eighteen months (D.P.T.) shelf life on receipt in recipient country. The Recipient shall be responsible for determining that all dated products procured and/or shipped will have sufficient opportunity to be received, distributed, and used according to labeling directions by end user prior to product's expiration date. Should product is not available, the Recipient will seek further clearance from Project Manager before purchasing.

6. All items must be shipped properly packaged to preserve the quality of the product. This includes those products that require special temperature conditions during shipping and storage, e.g. refrigeration. All packaged items must be properly labeled in Russia and Ukraine.

7. Procurement Fees and Material Handling at 4% and 1.25% respectively of the cost of commodities have been included in the Agreement amount as provisional ceiling rates pending final rates to be established between Project HOPE and FA/OP/PS/OCC.

8. The Recipient's proposal entitled "Immunization Program in the Republics of the former Soviet Union", submitted June 1, 1992 is hereby incorporated as Enclosure 4 to this Agreement. In the event of a conflict between the proposal and this Agreement, the following shall be the Order of Precedence:

1. Mandatory and Additional Standard Provisions
2. The Cover Letter and Schedule
3. The Program Description
4. The Recipient's Proposal

END OF THE SCHEDULE - ENCLOSURE 1

Enclosure 2

PROGRAM DESCRIPTION

A. Program Goal:

The overall objective of this initiative is to provide assistance to selected Republics in the NIS to help meet their short-term childhood immunization requirements.

B. Program Purpose:

The purpose of the Immunization Program is to protect as many children less than two years of age as possible, within funding parameters, through the 1993 winter against one or a combination of the following diseases: measles, pertussis, diphtheria, tetanus, and/or polio. This will require the provision of vaccines to selected Republics in the NIS -- along with related supplies, equipment, and technical assistance as needed to ensure the success of the immunization exercise.

C. Background and Rationale

In January 1992 Secretary Baker announced a special U.S. immunization assistance program aimed at helping the republics of the former Soviet Union meet their short-term immunization requirements. Several of these republics were in emergency straits because of the shortage of vaccines and related supplies needed to protect their childhood populations from debilitating diseases. The problem had arisen largely because vaccine production facilities in the NIS were coming to a standstill due to the lack of hard currency to purchase needed production inputs and equipment. The scarcity of foreign exchange was also being felt at the hospital and clinic level where supplies of syringes, normally imported, were becoming depleted.

The United States devised a three-pronged assistance program to help address the immunization emergency. A special team of experts traveled through the NIS in February-March to examine the principal vaccine production facilities to determine what immediate steps had to be taken to restore former productive capability. The recommendations of these experts are currently being enacted. Simultaneously, a team of immunization experts was dispatched to four of the hardest hit Central Asian Republics to assess vaccine/materiel short-falls and recommend how much immunization assistance should be furnished on an immediate basis. The first shipment of vaccine and related supplies begin arriving in these Republics mid-May 1992.

The third element of the special immunization program reflected in this initiative, which is designed to address emergency immunization needs outside the Central Asian Republics.

D. Desired Approach:

The Recipient will carry out this emergency immunization initiative, and will be responsible for the following phases of the operation:

(i) Assessment of Need:

It is anticipated that the Recipient selected will have first-hand familiarity with the current health situation in the NIS, including instances where childhood immunization requirements are not being addressed. The agent will draw on this knowledge as well as insights gained from recent A.I.D. and international (WHO,UNICEF, Red Cross, etc.) assessment reports and consultations to determine which NIS Republics, outside the Central Asian Republics, are most in need of donor-financed vaccines to cover existing vaccine supply short-falls. The Recipient will confer with other major furnishers of vaccine supplies to avoid unnecessary overlap or duplication in the provision of vaccine-aid to the Republics targeted.

The immunization needs assessment will focus only on the principal childhood debilitating diseases -- i.e. measles, diphtheria, pertussis, tetanus, and polio. The vaccines which will be considered for distribution under this initiative are measles, DPT, and oral polio. In assessing where vaccines will be deployed, particular care will be taken not to undermine current vaccine production/supply systems in the NIS.

Inasmuch as several health delivery systems in the NIS tend to suffer from shortages of vaccine-related materiel, such as syringes, supplies, and cold chain requirements, the vaccine needs analysis will examine the total "immunization context" within which the vaccines will be applied. The Recipient will be responsible for identifying, and eventually delivering, all inputs which will have to be furnished, including any required technical assistance, to ensure the success of this U.S. financed emergency immunization assistance effort.

In the immunization needs assessment report, the Recipient will also indicate what contribution in cash or kind it will be able to make to help stretch the impact of the emergency immunization initiative, a full display of in-country local transportation cost, a time line for the program effort to be conducted in each Republic, delivery dates as well as completion dates.The report will be submitted to A.I.D. on or about July 31, 1992.

(ii) Consultation with A.I.D.:

The Recipient will present the results of this immunization assessment to A.I.D., with corroborating data, as well as indications of any pending vaccine short-falls expressed by individual Republic governments. The assessment report, which will focus on no more than two NIS needy republics, will indicate recommended priorities by NIS Republic and by disease/vaccine. After analyzing the report for no longer than four working days, A.I.D. will confer with representatives of the Recipient and decide which vaccines/materiel will be furnished to which Republics under this emergency immunization effort. This decision will be confirmed in writing to the Recipient by A.I.D. after it has sought and received approval from the appropriate health authority in the Republic of the U.S. financed immunization assistance initiative.

Upon receipt of the "go ahead" decision from A.I.D., the Recipient will submit to A.I.D., within four working days, a "Procurement and Delivery Plan of Action". This report will indicate in detail the procurement plan (e.g. product name, quantity, and vaccine expiration date) and shipment schedules for the emergency initiative as well as steps to be taken, including the provision of technical assistance, and to ensure that the materiel is properly received and utilized.

(iii) Procurement, Shipment, and Delivery of Materiel:

The Recipient will procure and deliver all approved vaccines and materiel to the Ministry of Health, or its designee, in the A.I.D.-designated NIS Republics. The Recipient will endeavor to gain maximum publicity, in the recipient country, to make clear that the donated materiel is a gift from the American people. In this connection, appropriate A.I.D. markers and symbols will be prominently displayed on shipping containers and, to the extent feasible, on commodity parcels.

All vaccines and materiel will be procured in the United States under the A.I.D. "000" geographic procurement code. The last shipment must be received and accepted by the intended Republic government(s) no later than September 15, 1992.

The Recipient will be required to have adequate technical specialist(s) on hand at the point of delivery/receipt in the NIS Republic(s) to certify that the vaccines and materiel have arrived "in good condition", are properly stored, and to provide any technical advice that may be needed by the local medical staff.

E. Cooperating Sponsor's Reporting to A.I.D.:

The Recipient will submit the following reports to A.I.D.:

-- The "Immunization Needs Assessment" referred to in paragraph D.(1) above. (Submitted on or about July 31, 1992.)

-- A "Procurement and Shipment Plan of Action" referred to in paragraph D.(ii) above. (Submitted 4 working days after receipt of the "go ahead" notification from A.I.D.)

-- A "Final Evaluation Report" which will detail (1) how much immunization materiel was delivered (ii) how many newborn were targeted under the immunization exercise (iii) how effectively the entire operation was carried out (iv) what unforeseen circumstances, if any, affected the outcome of the initiative and (v) what lessons were learned that will be useful in staging emergency operations of this kind in the future. This report will be submitted no later than 60 days after the close of the initiative.

F. Substantial Involvement

It is understood that A.I.D. will substantially involved during the performance of this cooperative agreement as follows:

1. Prior to the expenditure of funds, the A.I.D. Project Manager and Recipient will reach written agreement on a work plan for activities and level of funding for each activity.

2. A.I.D. written concurrence to "go ahead" with procurement/delivery operations after receipt is received from the NIS Republic of its approval of the A.I.D. financed emergency immunization activity.

3. A.I.D. Project Manager concurrence in the selection of evaluator(s) and design of final evaluation of the initiative. A.I.D. reserves the right to add a non-project evaluator for the final selection.

4. All travel originating from the U.S. and within NIS Republics must obtain concurrence by A.I.D. Project Manager and/or A.I.D. Mission(s) prior to travel.

PROPOSAL

to

The Office of Procurement
United States Agency for International Development
Washington, D.C.

IMMUNIZATION PROGRAM IN REPUBLICS OF THE FORMER SOVIET UNION

by
The People-to-People Health Foundation, Inc.
(Project HOPE)
Health Sciences Education Center
Millwood, Virginia 22646
703/837-2100

Submitted on

June 1, 1992

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I. EXECUTIVE SUMMARY

In cooperation with the United States Agency for International Development (A.I.D.), Project HOPE will provide, on an urgent basis, measles, DPT and polio vaccine to selected republics in the NIS.

It has been determined from previous A.I.D. and Project HOPE visits that shortages and depletion of vaccine inventories could prevent immunization activities directed toward at-risk children and could result in epidemics of infectious diseases. Project HOPE has obtained special pricing from vaccine manufacturers for the vaccine required under this proposal. The price reflects the waiver of the federal excise tax on the DPT and polio vaccines, thus reducing the cost substantially. This will permit the provision of the complete regimen of DPT and polio, as well as the measles vaccine to 225,000 at-risk children. Manufacturers will be encouraged to contribute additional supplies to this effort.

Project HOPE will conduct a preliminary assessment of the immunization needs of each of these republics as related to the delivery of the vaccines, including related supplies and cold chain requirements. The assessment information will be provided in the final proposal.

The provision of vaccines to selected regions of the target republics is seen as a priority intervention. The preliminary budget assumes that U.S. Department of Defense transportation (through the offices of Ambassador Armitage) will be available to position the vaccines centrally in each republic. If this transportation is not available, additional funds will be required to provide for air transportation to the program sites.

Based on three years of experience in the New Independent States of the Former Soviet Union (NIS), Project HOPE is uniquely qualified to serve as the implementing agency to carry out this emergency immunization initiative. Drawing on the knowledge gained from conducting hospital-based needs assessments and the personal contacts established with of the respective Ministries of Health in each republic, Project HOPE will be able to obtain the data requested in the time frame allotted under the terms of this proposal.

It is anticipated that the procurement of the vaccines will begin immediately upon approval by A.I.D., but no later than July 15, 1992, and that the final vaccine delivery will take place by September 15, 1992. The vaccination campaigns, which will be planned with the respective Ministries of Health, will be completed by mid-December 1992, and a final report will be submitted within 30 days of the completion of this initiative.

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II. INTRODUCTION/BACKGROUND

A. Organizational Background

Project HOPE is the principal activity of The People-to-People Health Foundation, Inc., an independent, international non-profit health education organization founded in 1958 by William B. Walsh, M.D., who continues to serve as Chief Executive Officer and Vice-Chairman of its Board of Directors. William B. Walsh, Jr., is the Foundation's President and Chief Operating Officer. Identifiable to many by the S.S. HOPE -- the world's first peacetime hospital ship, in service from 1960 to 1974 -- Project HOPE currently conducts programs in 28 countries, including areas of Africa, the Caribbean, Central and South America, China, Central Europe and the Baltics, the Commonwealth of Independent States, Indonesia, and the U.S.

The Foundation's guiding philosophy is that good health is essential for social and economic development, and ultimately for the dignity of every human being. Project HOPE strives to improve health standards throughout the world through partnership and education, teaching people to help themselves. Immediate humanitarian assistance is often an element of its activities; however, Project HOPE stresses human resource development and local capacity building as the long-term solution to health care problems. The programs it has developed and implemented are designed to foster independence from outside assistance.

B. Procurement and Distribution Capabilities

Project HOPE has 34 years of relevant experience in the procurement and distribution of medical supplies and pharmaceuticals around the world. Initially, Project HOPE personnel had to acquire by purchase or donation all supplies necessary to operate its 110-bed hospital ship, requiring expertise in the procurement and distribution of products from sources in the U.S. to the appropriate host country. Both air and sea shipments were conducted. Since the S.S. HOPE was retired in 1974, Project HOPE's materials management capabilities have been expanded to support programs in some 60 countries around the world.

Project HOPE's procurement and distribution system, which follows procedures approved by A.I.D., has proven to be adaptable to a wide variety of political and economic environments. Recent and ongoing programs in the countries of Central Europe and the republics of the NIS have given Project HOPE extensive experience in working with the supply systems of Communist countries in transition, and establish a solid based for carrying out the tasks described in this proposal.

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C. Recent Activities Similar to the Proposed Program

Since late 1990, Project HOPE has coordinated the acquisition, shipment, and distribution of humanitarian medical assistance to the New Independent States of the former Soviet Union (NIS) and to the countries of Central Europe.

The initial pilot program in this area, which targeted Hungary, Czechoslovakia, Poland, and Yugoslavia, was similar in many respects to the short-term immunization program described in this proposal. That pilot program and HOPE's subsequent related experiences are described below:

1. Influenza Immunization for Central Europe, 1990

In October 1990, a meeting was held in Prague, Czechoslovakia, to discuss influenza surveillance and control in Central Europe. Participants in the meeting included representatives from the U.S. Agency for International Development (A.I.D.); the Influenza Branch of the Centers for Disease Control (CDC); and public health scientists from Czechoslovakia, Hungary, Yugoslavia, and Poland. At this meeting, the immediate need of these four countries for additional supplies of influenza vaccine (in particular, split influenza vaccine) was discussed.

Working in conjunction with A.I.D., Project HOPE procured and distributed 165,000 doses of split influenza vaccine and other related medical supplies to these four countries in early December 1990. A HOPE team of two physicians and four logistical specialists supervised the operation on-site, assisted in developing plans for the vaccination campaign, and observed and facilitated the conduct of the campaign.

Purchasing and distribution were accomplished within 30 days. No significant problems were encountered in arranging air freight, and information regarding the arrival dates of the shipments was readily provided. In all countries, the vaccines were exempted from import duties and taxes. The vaccine was packed to meet cold-chain requirements and contained both high and low temperature monitors. All shipments arrived as scheduled, and all products met storage temperature requirements. In Czechoslovakia, Hungary, and Yugoslavia, there were no significant problems with customs clearance and release of the shipments; In Poland, administrative problems which caused a brief delay from the storage depot were quickly resolved and the vaccine was released.

The campaign provided a unique learning opportunity benefitting HOPE's subsequent, longer-term humanitarian assistance initiatives in Central Europe and the NIS.

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2. Humanitarian Medical Assistance to Central Europe, 1991 - 1993

In the spring of 1991, Project HOPE was designated by A.I.D. to conduct a two-year program to provide medical assistance to selected countries in Central and Eastern Europe, building on the 1990 pilot project. This assistance includes influenza vaccine to be used in connection with national immunization campaigns, as well as other needed supplies and equipment: antibiotics, insulin, syringes and needles, stethoscopes, heart monitors, resuscitators, sterilizers, etc.

Specific activities conducted by Project HOPE under this initiative include:

- Developing and coordinating an influenza vaccination program for those persons most at-risk in Central and Eastern Europe, in the winter of 1991-92; coordinating the recommendations of the spring 1991 conference of the Central and Eastern European Influenza Surveillance Network with respect to the winter of 1991-92; and planning for the 1992-93 winter.

- In partnership with the American pharmaceutical and medical supply industry, acquiring and distributing antibiotics, cold remedies, hypertension and cardiac related medicines, insulin, antiseptics and anesthetics, syringes and needles, and other needed supplies and equipment.

- Responding to the outbreak of other contagious diseases, as appropriate, with the provision of vaccines and related supplies.

- Designing, as required, short-term training and technical assistance programs in the use and application of the products being provided in connection with this initiative.

To date, more than $23 million in humanitarian medical assistance has been provided to Central Europe, including the Baltics, under this initiative.

3. Humanitarian Medical Assistance to the Soviet Union/NIS, 1990 - 1993

President George Bush announced on December 12, 1990, a public-private Presidential Initiative to provide urgently-needed pharmaceuticals and basic medical supplies to selected republics of the Soviet Union and the Baltic States, through February 1992. A task force representing the National Security Council, the Department of State, A.I.D., and Project HOPE was formed. Project HOPE was selected as the lead agency in coordinating the private sector.

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On September 2, 1991, President Bush announced his intention to expand and extend the effort through February 1993. Under the plan, Project HOPE has overall responsibility for coordinating the acquisition, shipment, and distribution of pharmaceuticals and basic medical supplies to republics where the need is acute. The effort specifically targets populations most vulnerable to death and disease, including children, the elderly, and persons with chronic diseases. The Foundation's role in implementing the Initiative is focused on these specific areas of activity:

- Coordinating the participation of corporations and private voluntary organizations (PVOs) in the Initiative.

- Conducting assessment visits, prior to the shipment of materials, to areas targeted for assistance, to evaluate pharmaceutical and medical supply needs, determine which institutions should receive assistance, determine where the materials will be stored and how they will be distributed, and ensure that the pharmaceuticals and medical supplies will be properly utilized.

- Arranging the shipment of products from the United States to the NIS, and from that point their distribution to selected institutions.

- Conducting validation site visits after delivery of the materials.

To date, HOPE has acquired more than $55 million of medicines and medical supplies under the Presidential Initiative. Some $45 million of this product has been shipped (exceeding the U.S. government's official target of $40 million) and distributed to 192 hospitals in 12 republics. More than 160 corporate donors and 40 PVOs have participated in the effort, and 62 HOPE volunteers have worked on-site conducting assessments and validations and assisting in the disbursement of the product.

4. Emergency Provision of Hepatitis-B Vaccine to Romania, Spring 1992

As part of its assessment under the Central European humanitarian medical assistance program, Project HOPE determined that, in certain areas, conditions were prevalent for a potential outbreak of Hepatitis-B among certain high-risk populations in Central Europe. This was particularly true in Romania, where poor sterility of needles and other supplies poses a particular threat to the public safety. Infants were especially at-risk.

In response to this situation, Project HOPE solicited and received a large donation of pediatric Recombivax from the manufacturer, Merck and Company, Inc. Following shipment of the

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product, HOPE coordinated an instructional conference, with the participation of the CDC and the World Health Organization, on procedures for administering the vaccine for Hepatitis-B immunization. The conference, which took place in Brasov and Constanta, Romania, during the week of March 16, 1992, provided training for some 200 epidemiologists, pediatricians, neonatologists, OB nurses, and health educators from each of Romania's 46 districts.

HOPE will also be acquiring Hepatitis-B vaccines and Hepatitis-C test kits for high-risk adults in Hungary and Poland, where a potential outbreak is also a concern.

III. SELECTION CRITERION

A. Selection of Republics

Project HOPE's experience in the rapid deployment of personnel and vaccines has indicated that it is inappropriate to attempt to distribute to too wide a geographic region in a limited time frame. Due to the extremely short time frame indicated, HOPE proposes to select regions of greatest need in areas with high population density and reasonable proximity to major air routes. The following four republics will be further assessed for the vaccine program under the terms of this proposal: Russia, Byelarus, Ukraine, and Armenia. Those regions within the selected republics with the greatest documentable need will receive first consideration under this program. On-site assessments will determine if:

- Current vaccine reserves are below 3 months,
- No other source of vaccine is identifiable,
- Regional production of reliable vaccine cannot meet demand,
- Regional mass immunization campaigns have not been initiated within the past two years,
- Indigenous vaccines have used a reduced amount of diphtheria toxoid,
- Cold chain capability has been interrupted, and
- Adequate storage space requiring minimal facility upgrade exists.

The following criteria will be used to define further the republics where the potential benefit to the child is greatest:

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- Willingness to cooperate and provide local resources for a regional mass immunization campaign;
- Preservation of the previous infrastructure for administration of the program, especially the cold chain;
- Ability to accept technical assistance and training, particularly in the areas of contraindications, management and distribution;
- Likelihood that the campaign will approach 80 percent herd immunity within the target region;
- Ability to identify newborn infants at point of parturition, distribute appropriate information to mothers, and arrange for initial immunization;
- Likelihood that immunized children can be tracked and recalled, so that the vaccine series can be completed; and
- Capacity to mount a public information and public awareness campaign through local printed and electronic media.

These determinations will be based upon assessment visits by a team comprised of a physician (pediatrician, infectious disease); pharmacist; logistics (especially cold chain) expert; and, if possible, an epidemiologist. Under the Presidential Initiative, Project HOPE has been conducting this type of assessment in the former Soviet Union since late 1990.

Based upon data collected through hospital-based needs assessments conducted over the past nine months, as well as experience gained through working closely with Ministries of Health in each of these republics, Project HOPE has preliminarily identified the republics of Armenia, Byelarus, Russia, and Ukraine as most appropriate for emergency assistance under this proposal.

According to the Country Report of the Medical Working Group of the Experts Delegation to the New Independent States, Armenia has not had any vaccines in 1992. Reserves of measles vaccine have been exhausted across the entire NIS over the past three months. This situation is not expected to improve in the foreseeable future. The only supplies of measles vaccine in the NIS are those supplied through international non-governmental organizations (NGOs). It is also reported that supplies of DPT and polio vaccines have become depleted and that there is, at most a three-month supply of vaccine on hand.

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B. Selection of Population

The primary population targeted in this campaign are infants six weeks to two years of age. It is known that the former Soviet republics had an adequate system in place until 1989. However, recent problems in production and transport reduced both the quality and supply of appropriate vaccines, particularly in the last two years. An inappropriately extensive list of contraindications excluded a significant group of children from protection. Furthermore, parental fear of HIV and hepatitis contaminated equipment discouraged an additional unknown number of children from participation in immunization programs. An additional practice of reducing the amount of diphtheria toxoid in vaccine preparations left another group of children at-risk for inadequate protective response, even though they had been recorded as "immunized". Although pertussis and tetanus can occur at any age, they are most severe in this younger age group.

If an adequate herd immunity in excess of 80 percent for each vaccine component is to be maintained, it is imperative that this emerging group of susceptible individuals be adequately protected. In the 1940s, before immunization was routine in the U.S., for example, it was common for epidemics to follow two- to four-year cycles, largely due to the appearance of new groups of younger, susceptible children.

It is recognized that, in this age group, measles vaccination can not be given simultaneously with DPT and polio, but must be delayed until 15 months of age. However, if an epidemic of measles occurs in the region during this program, the age of vaccination will be lowered to six months of age, particularly if cases are reported in children under one year of age.

It is proposed that a secondary focus of the immunization campaign be the urban child between ages two and seven years. In the poorly immunized population, the peak incidence of these preventable diseases generally occurs in the under five year age group. This is certainly true for pertussis, measles and diphtheria. Pertussis exists in the most densely populated communities, where it prevails epidemically every two to four years, with a peak incidence in winter. Diphtheria, also more frequent in winter, reaches a peak incidence between the second and fifth year and declines rapidly beyond the age of 10 years. Epidemics of measles appear every two to four years in the urban centers, largely due to the appearance of new groups of susceptible children, often in late winter and early spring. In most countries, measles is a disease of the preschool child, showing the highest incidence in the urban one to five year group. With partially immunized populations, there is another peak in teenagers and young adults. Polio, an enterovirus, has a peak prevalence in late summer and early fall. In countries with

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good sanitation, infectivity rates are highest in the five to seven year age groups.

Thus, vaccination of the two to seven year old child will immunize children at the time of greatest risk for developing disease. Crowded urban situations enhance the chance of exposure and, hence, epidemic conditions since those housed in overcrowded and unsanitary conditions are at greatest risk for communicable diseases in general and particularly in situations where large populations have been displaced by disasters such as Chernobyl or the Armenian earthquake makes the likelihood of disease greater due both to overcrowded conditions as well as neglect of routine preventative health measures. Moreover, the efficiency of administration of vaccine as well as the efficacy of herd immunity will be greatest by concentrating on this patient population. It was common, prior to safe vaccines, for many rural individuals to grow to adult life before acquiring the "usual childhood" diseases. School attendance also increases the risk of exposure. The two to seven age group in the former Soviet Republics are encompassed by the period of low vaccine production and poor quality control, as well. Older children have a higher prevalence of natural and artificially acquired immunity. A level of herd immunity above 80 percent will also enhance protection for the younger infant through the combination of passively transferred maternal antibody and low exposure opportunities.

IV. MANAGEMENT AND STAFFING

Project HOPE European programs have been conducted in Poland since 1974, in Portugal since 1983, in Armenia since 1987, and in the NIS since January 1989. All are similar in various respects to the program proposed here. In addition, the proposed program incorporates lessons-learned in other sites around the world where similar programs are conducted. In Central and Eastern Europe, HOPE has provided influenza vaccines, related supplies and laboratory equipment to assist in the accurate diagnosis and treatment of at risk populations.

The proposed immunization program, including the vaccine and related supplies procurement, will be managed through the International Management Division of Project HOPE, by the Director of the Division. Logistical, financial management, and other administrative support will be provided by the other Divisions at HOPE Center. The infrastructure exists within the International Division to manage this project.

The Program Director for the NIS will provide overall direction to the educational and technical assistance component, assure the quality of the training, and monitor the medical aspects of the program. This individual has played a key role in Project HOPE's

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educational and humanitarian assistance programs in Central Europe as well as the NIS since the inception of these activities. In addition, technical coordinators will be responsible for specific direction, monitoring, and coordination of specific components.

Project HOPE's materials management staff has extensive experience in the production, procurement, and shipment of medical supplies, equipment, biologicals, and pharmaceuticals. Their experience includes similar employment with university hospitals, with the National Institutes of Health, in vaccine and reagent production, and in distribution facilities prior to joining Project HOPE.

HOPE staff also has a good working knowledge of the pertinent regulations issued by A.I.D., the United States Department of Transportation, the Federal Aviation Administration, the Drug Enforcement Administration, the Federal Maritime Commission, and the Commerce Department. Staff is also familiar with the necessary procedures to maintain the cold chain for vaccines and other items requiring refrigeration during warehousing, shipment, and distribution.

V. IMPLEMENTATION AND MONITORING

Each participating republic, through the Ministry of Health, will be asked to appoint a small coordinating group composed of physicians and nurses who will be responsible for planning and supervising the immunization program. The Project HOPE Program Director for the NIS, with the country coordinating groups, will review the criteria for selection of high-risk target groups, and will approve the selection of the target population and the management and implementation of the immunization campaign plan. In the absence of records, individuals will be considered susceptible. With records, appropriate, specific gaps in immunization can be corrected. In addition, the coordinating groups will be informed of potential side effects and complications that may develop. The groups will be provided with guidelines for infectious disease control from CDC and the American Academy of Pediatrics (AAP).

Contraindications to broad immunization are much fewer than apparently practiced in the former Soviet Republics. In general, the only clear contraindication to the administration of these vaccines is an immunosuppressed state or a sensitivity to a component in the vaccine, such as eggs or an antibiotic used in the manufacture. There has been an unnecessary concern raised over the neurotoxicity of pertussis vaccine and the mercury product used as preservative. There is also no contraindication to administering all vaccines simultaneously.

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Parents will be given standard information leaflets, in Russian, Armenian and Ukrainian, patterned after the brochures recently recommended by the AAP. These brochures can be distributed to new mothers during the lying-in period. Specifically, these brochures will outline the benefits and risks of these vaccines, under what conditions vaccination should be delayed and what to look for after the immunization. These brochures will also assure parents that vaccine will be administered with single use, disposable needles and syringes. A written record of the immunization will be recorded in the brochure.

A key element in monitoring the progress of the immunization program are the monthly reports from the field to headquarters. For each of the key deliverables and critical indicators, the reports will summarize whether the project is on schedule and, if not, what adjustments are necessary to meet the deadlines. Critical indicators will be developed by the respective Project HOPE technical specialist jointly with the field staff and key counterparts. To the extent possible, local NGOs will be utilized to assist with the implementation of the immunization campaign, as well as to provide additional local visibility. The participation of Project HOPE staff in this process will facilitate comparability of critical indicators in each target republic.

With respect to evaluation, the immunization needs assessment report will describe the methods to be used in assessing whether the objectives have been achieved.

VI. ACQUISITION AND SHIPMENT OF VACCINES

The purchase order for the vaccines should be placed no later than June 15, 1992. This will permit the initial shipment of vaccines to the target republics by July 15, 1992. Project HOPE's experience has been that the republics general accept the quality control testing performed by the U.S. Food and Drug Administration (FDA). However, in the event that any of the republics decide that they wish to conduct their own tests, Project HOPE will make certain that quality control approvals are obtained.

At this time it is anticipated that a total of 225,000 children can be immunized against measles, DPT, and polio within the constraints of the budget. This will require 225,000 doses of measles vaccine, and 675,000 doses each for DPT and polio. The final determination of the number of doses to be assigned to each republic will be made following the needs assessments visits, and in consultation with A.I.D.

Adequate supplies of disposable syringes and destruction/ disposable devices will also be provided. In addition, cold

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chain requirements will be addressed, and essential equipment will be provided where needed. Specially designed cold boxes will be used by Project HOPE to ship the product to the NIS. These boxes can and will be reused to transport the vaccines to the target populations.

VII. LOGISTICAL SUPPORT

Project HOPE will be responsible for receiving and shipping the vaccines, and for working with the target republics to be certain that the vaccine reaches its intended beneficiaries. A technical expert will accompany the vaccine shipments to each republic, to assure maintenance of the cold chain and appropriate distribution through the Ministries of Health.

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HOPE
Founded in 1958
THE PROJECT HOPE HEALTH SCIENCES EDUCATION CENTER, MILLWOOD, VIRGINIA 22646 (703) 837-2100
FAX (703) 837-1813

June 25, 1992

Ms. Maryanne Hoirup-Bacolod
Acting Branch Chief
New Independent States Branch
FA/OP/CC/N
Agency for International Development
Washington, D.C. 20523-1415

SUBJECT: Response to request for clarification on Project HOPE Proposal for Immunization Program in Republics of the Former Soviet Union.

Dear Ms. Hoirup-Bacolod:

The following information is provided as a preliminary response and an interim plan of action to fulfill the requirements of the RFA dated May 22, 1992. The attached budget is also to be considered a preliminary budget which will be finalized at the time of the submission of the report of the assessment team. This report will be submitted on or about July 31, 1992, provided the teams can be fielded on or about July 10, 1992.

Our response to your review of our cost and technical proposal is as follows:

A. TECHNICAL ISSUES:

- Countries to Benefit from this Program

  Project HOPE concurs with the request to narrow the geographical focus of the immunization activities to the Republics of Russia and Ukraine. The funds available will provide the same number of doses of vaccines, but will now be concentrated in a smaller geographic region.

  The Ministry of Health in each republic will be contacted prior to the actual assessments for a final decision on cities to be assessed in each respective republic.

- Criteria for selecting regions/cities and the population to benefit from this initiative.

  Project HOPE concurs with the substitution of the criterion for the selection of republics contained in the review letter (faxed June 19, 1992) as follows:

  1. The decision to proceed will be made on the basis of whether there is a working system to deliver the vaccines.

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2. A provisional list of cities to be assessed has been developed by Project HOPE's medical advisory board as follows:

a. Cities of great need and significant population density in the industrial heartland of Russia are proposed to be assessed under the terms of this proposal. These cities are, in order of priority, Yekaterinburg (Sverdlovsk), Chelyabinsk, Magnitogorsk, Nobosibirsk, and Barnaul; and secondarily Kemerovo, Omsk, Ulfa and Tomsk.

In the Ukraine, the following cities, in order of priority are proposed for assessment. Kiev, Chernigov, Lvov, Dnepropetrovsk, Kharkov and Donetsk.

The list of questions proposed in the review letter will be incorporated into the assessment tool which will be used by the assessment teams. This includes all seven (7) questions noted in the section VISIT TO HEALTH AUTHORITY; the three (3) questions in the section VISIT TO AUTHORITIES DIRECTLY RESPONSIBLE FOR VACCINE COLLECTION AND STORAGE; the one (1) question in the section OBSERVE AT COLD ROOMS; and the three (3) questions in the section OBSERVATIONS AT CLINICS. In addition, the sections dealing with vaccine storage and cold rooms will include questions of the availability of freezers, as the polio vaccine must be maintained in a frozen (-20C) state.

The "GO" - "NO GO" determination routine will be followed.

- Campaign Mode vs. Usual Mode of Operation

The use of the word "campaign" in the response to the RFA was used to denote a compressed delivery time frame (i.e. six months) and not the mobilization and utilization of extra health staff and vehicles for special activities. The objective of all of Project HOPE health interventions is to strengthen the existing system, and where possible, to assist in making the system more efficient and effective. It is our understanding that Project HOPE is responsible for resolving the issue of the mode of operation which will be required in each selected city. The final proposal will clearly define the mode of operation in each selected city. The word "campaign" should be changed to "program" and viewed in that context.

- Travel of Project HOPE staff and consultants

Project HOPE is well aware of the requirements for AID financed travel and will adhere to appropriate notification of travel, as well as briefing and debriefing sessions with all A.I.D. field representatives. The travel of the Headquarters Program Manager is

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to coordinate the procurement of the vaccines, as well as to hold discussions with manufacturers to obtain donations of related vaccine supplies. These results will be provided in the final proposal.

- Cost of Vaccines

Federal excise taxes have been waived on all three vaccines identified for use in the program. This waiver is reflected in the prices quoted in the proposal.

- Shipment of Vaccines from the U.S. to participating countries

Project HOPE is pleased that Ambassador Armitage's office and the Department of Defense have agreed to ship the vaccines to the participating countries. As requested, the final proposal will include an implementation plan detailing proposed shipments for review and approval of the State Department (D/CISA), the Department of Defense, and A.I.D.

- Suppliers

All vaccines procured under the terms of this initiative are U.S. products. The manufacturer of the DPT vaccine will be either Lederle or Connaught, based upon pricing and availability.

- Donations from Suppliers

As Project HOPE was not party to the discussions between manufacturers and the NIS Task Force, we cannot comment. Project HOPE will endeavor to ensure that this program is run as efficiently as possible. It is important to note that Project HOPE has included nominal travel funds for the U.S. program manager to visit with all manufacturers to obtain donations of related vaccine supplies. This matter will be fully addressed in the final proposal.

- Host Country Import Duties and Taxes

As the Lead Agency for the Presidential Initiative, Project HOPE has been providing pharmaceutical product throughout the NIS for the past nine (9) months. Utilizing the Agreement between the Government of the United States of America and the Government of the Union of Soviet Socialist Republics on Emergency Medical Supplies and Related Assistance, signed on July 30, 1991 (Attachment 1). Project HOPE has been able to import product through the NIS with no duties or taxes imposed, so long as all containers are clearly marked Humanitarian Assistance. For example, Project HOPE is regularly shipping pharmaceuticals to both Russia and the Ukraine and has experienced no difficulties in bringing these products into either republic during the past three weeks. Given this experience, it is our belief that no other agreements need be executed to conduct this program.

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- Other Donor Activity

  Project HOPE has obtained copies of all reports noted in this section. These reports will be provided to each team in advance of their assessment visit to assist them in understanding the situation.

- Quantity of Vaccine vs. Intended Number of Beneficiaries

  The quantity of vaccine proposed has been revised to allow for a 10% wastage factor.

- Available Supplies in the NIS

  The final proposal's language on available supplies will be specific to the proposed geographical foci of the project and will be based on Project HOPE's field assessment of needs.

- Proposed Utilization of Microbiologist

  The Microbiologist was proposed to evaluate vaccine production capabilities in the target republics. The position and related evaluation has been dropped from the proposal.

- Proposed Utilization of Epidemiologists

  The revised assessment team composition now includes epidemiologists as key additions.

- Local NGO's

  Where possible and if appropriate, local NGO participation will be coordinated with Ministry of Health officials. Any participation will be clearly delineated in the final proposal.

- Implementation Plan

  The final proposal will include a time line for the program effort to be conducted in each Republic (Russia and Ukraine). The implementation plan will include delivery dates as well as completion dates, including final evaluation dates.

- Selection of Project HOPE staff/consultants

  The revised budget and accompanying budget notes have been adapted to provide the information requested on each individual involved in this program. Bio-data sheets are included for each of the individuals proposed for this program.

B. <u>COST ISSUES</u>:

- Fringe Benefits

  See Attachment 3, Budget Notes, II., for verification and

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explanation of fringe benefits, rates and Employee Professional Dues.

- Supplies and Equipment and Related Expenses

Project HOPE will follow standard A.I.D. procurement regulations for the purchase of the vaccines and related supplies for this program.

1. Complete names of vaccines are as follows:

   Measles - Merck & Co. Vaccine - ATTENUVAX
   (Measles Virus Vaccine Live, MSD) U.S.P.
   (More Attenuated Enders Strain)

   Polio - Lederle Vaccine - ORIMUNE
   Poliovirus Vaccine Live Oral Travalent
   Sabin Strains Type 1, 2 & 3 for oral
   administration, not for injection

   DPT - Lederle Vaccine - TRI-IMMUNOL
   Diphtheria and Tetanus Toxoids and
   Pertussis Vaccine adsorbed

   - Connaught Vaccine
   Diphtheria and Tetanus Toxoids and
   Pertussis Vaccine adsorbed U.S.P.
   (for pediatric use)

2. The needles to be procured are 3/4" 22 gauge.

3. Materials Handling Expense is explained in Attachment 3, Budget Notes, III.D.

4. Insurance costs are detailed in Attachment 3, Budget Notes, III.E.

5. Transportation costs have been reduced to cover only the U.S. transportation costs from HOPE Distribution Center to McGuire Air Base. Distribution costs within Russia and the Ukraine are anticipated to be covered by the appropriate Ministries of Health in each Republic, however, $5,921 is included in this category as a contingency. This sum is subject to revision in the final proposal based upon the needs assessment.

6. See Attachment 2, Preliminary Budget, for the listing of each person proposed under this project. Bio-data sheets are included in Attachment 4. Level of effort is detailed in Attachment 3, Budget Notes, I.

7. The per diem of $100 per day at HOPE Center in Millwood is to cover costs associated with consultants briefing, final report writing and debriefing at HOPE Center. The details of this are reflected in the budget notes. The $100 is the cost for

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meals and housing.

8. The travel funds for the Headquarters Program Manager are for travel costs to vaccine manufacturers associated with obtaining donations of related vaccine supplies for this effort.

- Program Evaluation

Project HOPE understands that A.I.D. reserves the right to evaluate this emergency program during its implementation and/or after it is completed. Project HOPE would request that it be involved as a full partner in any evaluation which A.I.D. proposes to undertake. It should be noted that evaluation funds have been built into this proposal.

- A.I.D. Project Backstopping

The information in this section is duly noted.

Project HOPE proposes to field the assessment teams on or about July 12, 1992, following team briefing sessions at HOPE Center on July 10, 1992. A.I.D. technical and program staff are invited to participate in this briefing. It is anticipated that the field assessment will take approximately two weeks. The third week of this activity will be the writing of the final proposal for this emergency program, and will be submitted to A.I.D. on July 31, 1992.

Any questions concerning this proposal should be addressed to the undersigned.

Sincerely yours,

Lewis H. Pierce, D.D.S., M.S.
Director, International
Management Division

JWS/clm

cc: Paula Feeney

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