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91421



The National Council for International Health

Final Report

on

Cooperative Agreement

#PDC-5939-A-00-5089-00

Submitted to

The United States Agency for International Development

June 30, 1989

USAID Report

I. BACKGROUND OF GRANT AND PROJECT CONTEXT

The National Council for International Health (NCIH) was formed in 1971 by several key leaders in the international health community. The founders envisioned a new non-governmental institution that could become an effective partner in strengthening U.S. international health work. The mission of the organization is "to improve health world-wide by increasing the U.S. awareness and response to international health needs and by providing vigorous leadership to achieve this end."

This mission was based on a set of assumptions which continue to guide NCIH today:

- o First, there are a broad range of technical and educational resource capabilities in the U.S. which can be mobilized to assist people in Third World countries to improve their health status.
- o Second, given the great number of organizations and individuals in the U.S. interested in international health, and the fact that a majority of these resources are in the private sector, there are often problems related to duplication of effort, outdated or inappropriate techniques, underutilization of available resources, and lack of cooperation.
- o Third, if the U.S. public and private sector constituents are to continue to encourage and support U.S. international

health involvement, there is a need to resolve these problems and to demonstrate the effectiveness of U.S. international health efforts.

For its first eight years, all of NCIH's activities, including the annual conference had been carried out by volunteers and a committed and involved governing board. These activities were directed to meeting the needs of its membership, principally those leading associations which were themselves active in operating programs in international health.

In 1979, determined to meet the needs of its growing membership, NCIH hired its first paid staff. At that time, there were 8 organizational and 100 individual members. By 1989, the staff had grown to 12 full time persons and membership had grown to more than 160 organizations and over 2,200 individuals.

In 1984, NCIH first undertook a year long exercise to reaffirm its mission and develop a strategic five year plan. In accordance with this plan, in 1985, NCIH entered into a four-year cooperative agreement with the United States Agency for International Development (USAID). The agreement provided financial support for the Council in meeting its basic mission and for activities of mutual interest. These activities were designed to strengthen American private voluntary organization (PVO) capacity in health, nutrition, and population projects in developing countries. The strategies emphasized information and resource mobilization.

Supported activities were classified as "core" or "external." Core activities are those considered central to NCIH's mission and are conducted on a continuous or periodic basis. NCIH envisioned being able to sustain these activities through its own resources by the end of the cooperative agreement. External activities are projects of particular interest to AID, consistent with the NCIH mission, and require external funding.

Five types of activities are included in the classification "core activities." The first is the annual international health conference which brings together a wide range of health professionals and organizations to address issues in international health. The second is the regional meetings, whose purpose is to develop a strong network of those interested and active in international health. The third core activity is the inventory of health resources, a publication that provides data on the activities and support provided by US private sector organizations involved in international health. Fourth is the NCIH communication program whose objectives are to provide information on international health, to publicize NCIH activities, to encourage membership involvement, and to encourage cooperation within the international health community. The final core activity is networking, with a goal of encouraging linkages among public and private sector, and American and international organizations involved in international health to maximize the capabilities of all.

There were ten external activities included in the agreement: 1) Organizing a biomedical applications conference on vaccine development; 2) Conducting a number of skills workshops for PVOs; 3) Development of issue-orientated work groups; 4) Providing support services to PVOs that receive funding under the child survival grants program; 5-6) Information collection and analysis on child survival program effectiveness and publication of a series of information reports; 7) Preparation, publication, and distribution of a nutrition tabloid for the AID Office of Nutrition; 8) A media education project; 9) Organization of a workshop for PVOs to inform them of the linkages between health and population initiatives; and 10) A mid-term evaluation of the agreement.

II. PROJECT METHODOLOGY

The goal of the agreement was to strengthen NCIH so it could become a more effective broker of both information and technical services designed to improve the effectiveness of the American international health community. NCIH and AID identified five objectives to support this goal:

- 1) A constituency better informed about international health issues and better prepared to work collaboratively toward achievement of international health goals.
- 2) Increased PVO participation in international health programs.
- 3) A more activist role for private enterprise in improving health care throughout the developing world.

- 4) Transfer of technology, in project planning and management, as well as in health-specific disciplines, to the staffs of host-country organizations.
- 5) A strong, more vigorous NCIH.

As noted above, fifteen different activities were supported by this agreement: five core activities and ten external activities. Each will be briefly described in the following paragraphs, and outputs expected will be compared to outputs achieved.

A. Core Activities

1. Annual International Health Conference

The annual international health conference is the major event of the year for NCIH. It brings together public health professionals and public officials from around the world to learn and to discuss issues related to international health. The annual conference provides members with a forum to present their views and work before a public audience. It allows international health professionals from government agencies, private voluntary organizations, universities, from both U.S. and developing countries and international organizations to interface in order to share ideas and to learn about new developments applicable to the field. Through the exhibit section, organizations can promote their products and distribute their publications. Finally, the conference provides a career resource center through which employers can list job openings and meet job applicants.

Each year the conference is organized around a theme to which all the plenary sessions, panel discussions, forums, etc. relate. The 1986 conference theme was "Applications of Biomedical and Health Research in the Developing World." In 1987 the theme was "Influencing Health Behavior: Communication, Education, and Marketing," and the 1988 theme was "Ten Years After Alma Ata: Health progress, Problems, and Future Priorities."

Three annual conferences were required by the agreement and three were conducted. Conference attendance grew dramatically over the period of the agreement, testifying to both the quality of the conference and to NCIH's success in reaching out to the international health community. (Figure 1 shows the growth of the conference.)

2. Regional Meetings

In order to develop a strong network of those interested and active in international health, the agreement called for NCIH to organize and conduct regional meetings in key locations throughout the United States. NCIH was to mobilize local resources for international health by stimulating local individuals who were previously unaware of their opportunity to participate in international health programs.

In retrospect, although regional meetings were not financially self-sustaining, they proved to be very important in

increasing the international health constituency around the country.

NCIH was committed to conducting four regional meetings in 1985 and six to nine in the remaining three years of the agreement. Figure 2 shows all the regional meetings conducted during the period of the agreement, their locations and themes.

3. Inventory of Health Resources

NCIH was committed by the cooperative agreement to develop an information system that services the needs of the international health community. The first step was to publish an updated Directory of US Based Agencies Involved in International Health Assistance. A printed directory listing over 425 organizations was published in 1988. The information was also made available on computer disk.

Another aspect of this project was the electronic bulletin which made current information on international health-related meetings and events, legislation, and publications available on-line to subscribers. Job listings were also made available in this way. While the electronic bulletin board was in its trial stage, the information was made available through Western Union's Easy Link System. Eventually, it became evident that using Western Union's system precluded NCIH recovering any of its costs, and purchasing a computer system for NCIH's own use was prohibitively expensive. It was decided, therefore, to discontinue the electronic bulletin board and to make the

information available only in hard copy. The Directory, however, continues to be available on disk.

4. NCIH Communications

The objectives of this program are to provide information on international health, to publicize NCIH activities, to encourage membership involvement, and to encourage cooperation within the international health community. To this end, NCIH was committed to developing and issuing annual reports, the International Health News and other publications. The Annual Report was published each year during the agreement, and the International Health News (IHN) was published up to 10 times a year until late 1988. At that time, a management review revealed that the IHN was becoming increasingly academically oriented, was consuming a great deal of unsubsidized staff time, and was not being published in a timely enough manner to be useful for those seeking to publicize meetings or job openings. NCIH then decided that its communications program could be made more efficient and cost-effective by substituting two publications for the IHN. These were a much shorter Bulletin, published periodically, and the Career Network, published every month. The Career Network, available by subscription or by purchasing a single copy, consists of approximately 30-50 job listings. There are currently about 120 subscribers.

5. Networking

Through networking, NCIH hoped to broaden the linkages among public and private, and American and international organizations involved in health. By sharing ideas, information, and skills, all organizations could increase their capabilities. NCIH has been very active in this area. For example, thanks to a grant from the Hewlett Foundation, NCIH was able to conduct a workshop for PVOs for the purpose of encouraging them to add family planning promotion to their programs. The workshop provided information on how this could be done. NCIH has encouraged universities to increase their involvement in international health. A special issue of the IHN was devoted to broadening university interest and encouraging them to network. NCIH is trying to promote a "North-North" alliance for international health cooperation. To this end, the NCIH has talked to representatives from Japan, Canada, Great Britain, the Federal Republic of Germany, and Scandinavia.

B. External Activities

1. Biomedical Applications

NCIH agreed to conduct a two-day conference in 1986 on the state of the art in vaccine development. This conference was conducted June 9-10, 1986.

2. U.S. Workshops

NCIH agreed to conduct a number of workshops on topics of interest to PVOs, AID and NCIH. There were to be three workshops in year one of the agreement, and four to six workshops in years two through four. Figure 3 shows workshops conducted and topics.

3. Workgroups

NCIH was committed to establishing workgroups which would facilitate networking/communication and resource mobilization among specific constituent groups and focus this networking on specific international health issues. Three workgroup meetings were conducted:

- June 1986 - Completing the Circle: Facilitating Corporate Health contributions to PVOs,
- March 1987 - Anthropological and Social Science Research Priorities of Street Children in Latin America,
- June 1988 - Health for All: A Challenge to the Churches.

4. Child Survival/Brokering

For this project, NCIH agreed to work with PVOs that receive funding under the Child Survival grant program to identify technical support needed and to obtain this support. To accomplish this, 22 field projects were visited, and three of these were visited a second time. NCIH has also assisted FVA/PVC in setting technical guidelines which meet current standards for health programming design and state of the art strategies for implementation and monitoring of oral rehydration

therapy/immunization/nutrition interventions. In addition, NCIH co-hosted with Meals for Millions a workshop for African staff of PVO projects funded under the Child Survival grant program. The workshop served to strengthen delivery and evaluation of child survival interventions in Africa, to exchange PVO experiences with child survival activities, and to explore ways to integrate child survival activities in community development. The entire project ran from October 1985 to October 1986.

5/6. Child Survival Printing/Preparation

This project consisted of information collection and analysis of child survival program effectiveness, followed by publication of four information reports a year for four years. The reports were to be a mechanism for providing technical assistance support to PVOs on areas of interest in child survival programming. Figure 4 shows the reports (entitled Child Survival Action News) published.

7. Nutrition Tabloid

NCIH was committed to preparing, publishing, and distributing a special tabloid for the Office of Nutrition. The subject was to be "Dietary management of Diarrheal Disease." This project was not completed during the grant period. The project was initiated in early 1989 and NCIH plans to publish this as a supplement to the Bulletin later this year.

8. Media Education Project

NCIH agreed to undertake a media education activity beginning in Year 2, in conjunction with NCIH regional meetings and annual conferences. Continuation of the program in Years 3 and 4 was contingent on availability of additional funding. The purposes of the program were to: 1) Sensitize the US professional health and medical media to international health topics and to the work of PVOs and other US groups working in international health; 2) Initiate a working relationship between the Council and the professional health and medical media, thereby developing a more effective press constituency for international health; and 3) Facilitate networking among communications departments of US international health and medical organizations and the popular media. The target audience for the program was to be: communications directors of US national and international health and medical associations; communications directors of the US pVO, university, and corporate health and medical media; and selected representatives of the popular press, network radio and television who are responsible for reporting on health and international health issues.

A workshop for media representatives was held in June 1987. Participants included senior media staff in the 160 organizations which are members of NCIH and selected senior science/health editors in both the print and electronic media in the US.

9. Family Planning/PVOs

NCIH agreed to cooperate with the AID/Population Office to organize, in year one, a workshop designed to inform PVO policy leaders of the important linkages between health and population initiatives. NCIH was also required to develop the proceedings from this workshop and to obtain outside funding for printing and distribution of the report. The workshop was conducted in March 1986. A total of 66 people, representing 24 PVOs, attended. There were 18 speakers and panelists. Proceedings from this workshop were published in 1987. A continuation of this activity has been carried on by NCIH in 1988, with money from the William and Flora Hewlett Foundation.

10. Evaluation

NCIH and AID agreed to an outside evaluation midway through the period of the cooperative agreement. This evaluation was conducted by Dr. James Banta, Ms. Ann Thompson, and Ms. Pat Baldi, and their final report submitted to AID on June 16, 1988.

III. MONITORING AND EVALUATION

The first year report was submitted by NCIH on June 26, 1986. The report observed that NCIH is increasingly being recognized by the U.S. international health community, the U.S. Congress, and the Administration as a professional, technically competent and reliable resource which is establishing itself as a

major focal point for international health in the United States. Others outside the U.S. are also recognizing these developments in NCIH.

NCIH and USAID negotiated some modifications in the agreement after year one:

- 1) Funds originally allocated for brokering technical assistance were reallocated to other priority projects and overhead.
- 2) The number of workshops to be conducted was reduced from 14 to 7-9.
- 3) The requirement to develop biomedical research papers was deleted.
- 4) Several activities were added, including communication, networking, workgroups, nutrition tabloid, media education, family planning workshop and report, and a mid-term evaluation.

During year three, consultants completed the mid-term evaluation and report as noted in section II.10 above. At that point, the majority of the activities required under the agreement had been completed or were in the final planning stages. No major changes were made as a result of this report.

There were some important changes made in the structure of NCIH and in its activities in the final year of the agreement, but these resulted from an internal reevaluation of the Council's mission and financial status.

IV. REVIEW AND ANALYSIS OF PROJECT RESULTS BY COUNTRY

Not applicable.

V. MANAGEMENT: REVIEW AND ANALYSIS OF HEADQUARTERS/SUPPORT FUNCTIONS

NCIH has a 33 member governing board composed of representatives of the founding agencies, sponsoring organizations, government agencies, and individual members. The Board meets twice annually, and its committees meet quarterly to provide policy and financial guidance for the Council. The Board is also responsible for strategic planning and ensuring relevance of NCIH activities.

The NCIH staff has enlarged and contracted several times over the life of the agreement in response to changes in the Council's financial status. Changes in financial status along with changing grant requirements and program changes mandated by the Board have caused creation and dissolution of functional sections within the staff organization.

At the time of the mid-term evaluation, the staff consisted of 12 full-time people, organized into President and Deputy Director's offices, and Finance, Communications, Membership, and Conference Sections. At the end of the cooperative agreement, there were still 12 full-time staff positions, but they were organized into President and Deputy Director's offices, and Finance, Membership, Public Policy, Conference, and AIDS sections.

Permanent staff is supplemented by consultants and temporary support staff as needed for technical assistance. The Director of Finance and the Manager of the Career Network are consultants. The President and Membership staff handle resource development and marketing.

VI. Financial Report

This cooperative agreement originally was to support program activities for the "estimated period August 17, 1985 to September 30, 1989. However, during the early months of the fourth year of this agreement, NCIH requested changes in the cooperative agreement due to cost overruns. Amendment No. 04 incorporated both the increase in the funding level and changed the expiration date to March 31, 1989.

Important factors which contributed to financial problems of NCIH during the fourth year of the agreement included the planned steep decline in the availability of funds in the final years of the four year grant (\$1,004,942 in 1986; \$479,796 in 1987 and \$314,890 budgeted for 1988). In addition, high overhead costs were in excess of the provisional rate in the cooperative agreement. NCIH was advised in a November 7, 1988 letter from the USAID Office of Procurement that the final overhead rate for 1986 was 49.7% and the final rate for 1987 was 74.4% against a provisional rate of 45.17%. In order for NCIH management to have a more accurate reading of the financial situation of the

29-Jun-89

National Council for International Health
 AID Cooperative Agreement #PDC-5939-A-00-5089-00
 Financial Report on the life of the Grant

|----- 8/17/85 thru 3/31/89 -----|

PROJECTS	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL
CORE					
ANNUAL CONFERENCE	197,419	258,110	285,606	46,762	787,897
U.S. REGIONAL MEETINGS	131,290	34,103	73,321	34,919	273,633
INVENTORY OF HEALTH RESOURCES	18,462	27,292	47,823	8,035	101,612
NETWORKING	41,158	53,698	47,770	34,756	177,382
TOTAL CORE	388,329	373,203	454,520	124,472	1,340,524
EXTERNAL					
BIOMED APPLICATIONS CONFERENCE	304,221	2,636	8,532	10,641	326,030
U.S. WORKSHOPS	105,069	63,981	52,953	7,540	229,543
WORK GROUPS		3,716	13,217	1,013	17,946
BROKERING CHILD SURVIVAL	192,584	22,981	5,983	7,475	229,023
CHILD SURVIVAL ACTION NEWS-PREP	23,544	20,843	(1,007)	1,788	45,168
MEDIA EDUCATION	15,679	25,590	26,770	6,748	74,787
FAMILY PLAN PVO's INITIATIVE	128,548	4,124	3,690	4,601	140,963
EVALUATION	0	488	20,941	723	22,152
TOTAL EXTERNAL	769,645	144,359	131,079	40,529	1,085,612
TOTAL EXPENDITURES	1,157,974	517,562	585,599	165,001	2,426,136
NCIH's SHARE	37,696	133,409	520,306	0	691,411
TOTAL GRANT					3,117,547

MAF

30-Jun-89

National Council for International Health
AID Cooperative Agreement #PDC-5939-A-00-5089-00
Financial PVO Report on the life of the Grant

|----- 1/1/86 thru 9/30/88 -----|

PROJECTS

YEAR 1 YEAR 2 YEAR 3

PROJECT EXPENSES

PROGRAM	740,807	710,864	491,522
PUBL. POLICY & NETWKNG,DEVLPMNT	3,021	4,176	123,612
COMMUNICATIONS & MEMBERSHIP	139,230	238,847	329,842
GENERAL ADMINISTRATION	455,154	30,468	56,683
TOTAL EXPENDITURES	1,338,212	984,355	1,001,659

SOURCES of REVENUE

AID COOPERATIVE AGREEMENT	1,004,942	479,796	541,180
OTHER U.S. GOVT FUNDS	7,001	18,081	16,000
GRANTS/CONTRACTS	46,048	42,640	115,764
REGISTRATION FEES	149,832	170,648	209,116
MEMBERSHIP DUES	139,615	139,162	133,509
OTHER	91,416	154,039	89,660
TOTAL FUNDS	1,438,854	1,004,366	1,105,229

SOURCE: ANNUAL AUDIT

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organization, the audit firm of Goodman & Company was engaged in November 2, 1988 to conduct a full audit of the 1988 financial records. Upon the recommendation of Goodman & Company, NCIH made the decision to change its fiscal year from January 1 - December 30 to October 1 - September 30. January 1 - September 30, 1988 thus became a nine-month fiscal year as a transition to the new fiscal year basis.

The audit for the nine month period ending September 30, 1988 shows a recognition of \$541,180 from the cooperative agreement, against the originally budgeted \$314,890 for the twelve month period ending December 30, 1988. This full recognition of reimbursable costs from the cooperative agreement for which NCIH was eligible became necessary in order to appropriately deal with the USAID funds which had been drawn down from the Federal Reserve Letter of Credit but had not yet been recognized in the financial reports to USAID.

For fiscal year 1990 (October 1, 1989 - September 30, 1990) NCIH has restructured staffing, budgeting and financial reporting in order to decrease dependence on a single source of program revenues. For example, staff have been categorized as "core staff", who are primarily supported by NCIH-generated funds, and "term staff" who are primarily supported by external grants. Program funds are similarly divided into "core" and "external" budgets. This will increase the organization's flexibility in responding to fluctuating funding levels.

In addition, upon the advice of Goodman & Company, an improved financial monitoring system has been developed which tracks on a monthly basis the status of each funding source as well as total and cost center expenditures to date. Improved cost control measures also have been initiated.

In fiscal year 1990, NCIH has been awarded grants from the following sources in support of program activities: Pew Charitable Trusts, Carnegie Corporation of New York, William and Flora Hewlett Foundation as well as the two year USAID/NCIH Cooperative Agreement which began on April 1, 1989. With this broad base of financial support, the improved financial management systems, and its aggressive fund raising strategy, NCIH is confident that its program will be financially viable for the immediate future.

VII. LESSONS LEARNED

NCIH has been effectively serving the needs of its members since its founding in 1971. However, it was not until 1979 when NCIH hired its first staff and signed its first agreement with USAID that the Council was able to begin to expand its organizational capabilities and its constituency. These two elements, organizational capabilities and constituency, have a symbiotic relationship to one another. As the Council's constituency grows, its access to financing (e.g. membership dues, fees for services, sale of publications, grants, etc.)

increases. Increased financing allows the Council to broaden and deepen its capabilities through such means as adding skilled staff, hiring consultants, training staff, and purchasing equipment. Expanded capability increases the Council's credibility and its ability to communicate its message, thus promoting constituency growth. There is no question that without support from USAID, NCIH would not have been able to start the process of constituency and capability building.

Progress in these areas over a period of years ought to result in a gradually decreasing dependency on USAID. This has been NCIH's goal, and the Council has aggressively pursued non-government grants and increased membership. Figure 5 shows the increase in membership, and Figure 6 illustrates the trend in government vs. private revenues from 1980 to 1990.

The goal of independence from government funding applies to NCIH's core activities. NCIH would welcome continued USAID funding for projects which are of joint interest but which are not central to NCIH's mission.

Strengthening NCIH, however, was only part of the purpose of the cooperative agreement. The major part of the funding was to enable NCIH to undertake activities which would increase the involvement of American PVOs in international health. While this goal presents challenges into the foreseeable future, the agreement contained a number of specific activities/objectives by which progress toward the goal could be measured.

Among the most effective activities in this regard were the regional meetings. This is so for several reasons. Regional meetings required heavy local involvement in developing agendas, obtaining speakers, providing invitation lists, providing media contacts, etc. This encouraged development of local leaders and provided them with a link to a national organization. Regional meetings provided continuing education for people who, because of cost and/or distance, might not attend the annual conference in Washington. Regional meetings, because of their lower cost and agendas tailored to local interests, have the potential to draw in people/organizations who normally would not consider themselves part of the international health constituency. Finally, regional meetings provided for identification and recognition of local leaders and strengthening of local networks within the international health community.

Over years of working with PVOs, NCIH has learned that their small size and lean budgets generally prevent them from keeping up with current thinking and technological advances in health. NCIH has tailored workshops specifically to meet this need of PVOs. The Council has found, however, that PVOs often are unwilling or unable to pay the full cost. Financial support will continue to be needed for workshops.

As noted earlier, sustainability, i.e., financial independence, has been a major goal of NCIH. Without the stability that financial independence allows, NCIH cannot hope to

take its place as a leading voice for international health or to be a reliable broker for information or technical services.

In the quest for financial independence, NCIH has taken several important actions to increase revenues and reduce expenses. Dues have been restructured and a vigorous membership recruitment drive is being undertaken. Conference registration fees have increased modestly and selling of exhibitor space at the Conference has been aggressively pursued. At the same time, an attempt was made to cut costs by reducing printing costs, increasing use of volunteers, reducing the number of conference participants for whom registration fees were waived.

The Council has dropped several services that do not generate revenue, such as all electronic information services, including the electronic bulletin board, electronic job listings, and the on-line Directory of U.S.-based agencies involved in international health activities. These services cost considerable staff time, but NCIH was unable to charge the users because the computer system belonged to Western Union, who was unable to provide utilization data.

Likewise, the International Health News was very costly to produce, generated little revenue, and could not be financed solely through membership dues. Consequently, the International Health News was replaced by a smaller, less frequently published Bulletin and the monthly Career Network, which carries a subscription charge.

NCIH has, in the past, produced a variety of publications, including educational materials and proceedings of many of its conferences and workshops. NCIH has found that it does not have the financial resources to pay the considerable "up-front" costs of preparing and printing these materials. Neither does it have the storage space or the staff time to handle the order-taking, mailing, or invoicing necessary for sale of these items. NCIH has decided, therefore, to undertake major publishing projects only when they are adequately subsidized. Similarly, NCIH has found that the U.S. international health community cannot afford the "real cost" of publishing books, and so these also need to be fully subsidized.

In short, a primary lesson learned by NCIH during the course of the cooperative agreement is to limit its activities to those that can be self-supporting or which are specifically funded in full by grants.

3 YEAR ATTENDANCE RECORD
ANNUAL INTERNATIONAL HEALTH CONFERENCE

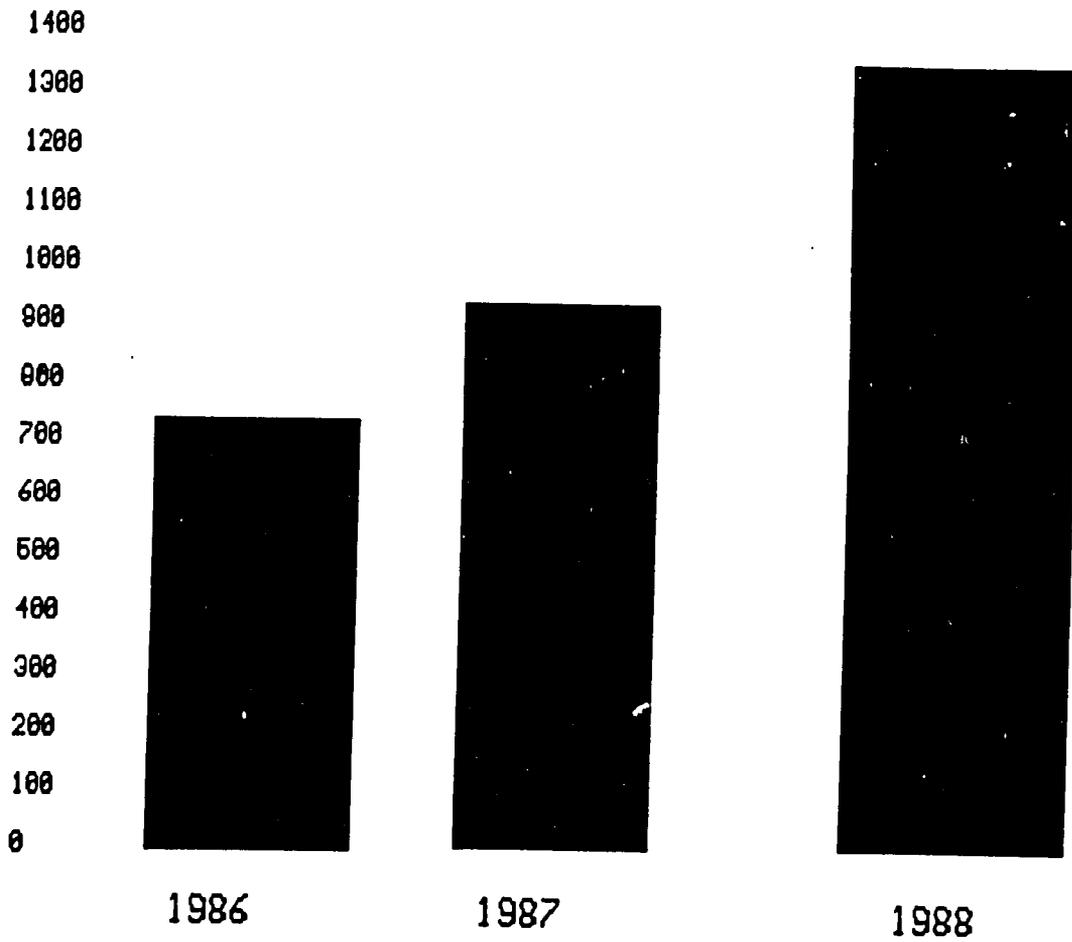


FIGURE 1

Figure 2

Regional Meetings

Date	Location	Theme
Sep 22-23, 1985	Miami	Health Issues in Global Migration
Oct 17-18, 1985	Boston	Immediate and Long Term Strategy for Health in Crisis: The Case of the African Famine
Dec 6, 1985	San Fran.	Strengthening the US Response to Int'l Health: The Western Perspective
Mar 3-4, 1986	Tucson	Int'l Health Problems and the Southwest
May 5-6, 1986	St. Paul	Int'l Health: Impact of Food Supply and Nutrition
May 12-13, 1986	Philadel.	Health of the Urban Poor in Developing Countries: A Challenge to PVOs
Oct 16-17,	Hartford	Children in Cities
Oct 23-24, 1986	Seattle	Responding to Third World Health Issues: Assumptions, Intentions, and Implications
Nov 13-14, 1986	New Orleans	Health Information Systems: Policy and Planning Applications in Int'l Health
Oct 29-31, 1987	Chapel Hill	Int'l Health in the 1990s: Directions in Research and Development
Nov 6-7, 87	Boston	Sustainability of Health Services
Mar 19, 1988	San Fran.	Health for All: Where Will We Be by the Year 2000?
Nov 10-11, 1988	San Antonio	Reaching Underserved Populations: Health Policies and Strategies for the 1990s
Dec 8-9, 1988	New York	Int'l Health Policy: Origins, Process and Impact
Mar 30-31, 1988	Cleveland	Policy Design, Implementation and Evaluation - Int'l Experience

Figure 3

Workshops

Date	Topic
Oct. 85	Promoting Professional To Professional Health Training in Developing Countries
Mar. 86	Family Planning Within Primary Health Care: A Workshop for PVOs
May 86	Health of Urban Poor in Developing Countries: A Challenge to PVOs
Feb. 87	Cereal-Based Oral Rehydration Therapy: Theory and Practice
Jun. 88	Enhancing Health Outcomes by Community Water Supply and Sanitation Projects
Jun. 88	A Global Challenge: Fighting the AIDS Epidemic, Strategies for Prevention and Control
Jun. 88	Training of Village Health Workers
Jun. 88	Information as a Tool for Development: The Health Sector, a Health Information Awareness Workshop
Mar. 89	Health, Behavior and Child Survival: Individual Household and Community Determinants

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Figure 4

CHILD SURVIVAL ACTION NEWS

Date	Title
Fall 85	A Chance for Child Survival
Winter 85/6	Diarrhea: Leading Killer of Children
Spring 86	Communicating the Child Survival Message
Summer 86	Immunization: The Global Picture
86	Proper Birth Spacing: A Key Factor in Child and Maternal Services
87	Breast Feeding for Child Survival
87	Growth Monitoring: A Child's Road to Health
Nov/Dec 87	Safer Motherhood
April 88	Neonatal Tetanus

Membership Status Report (1985-1988)

Individual Members

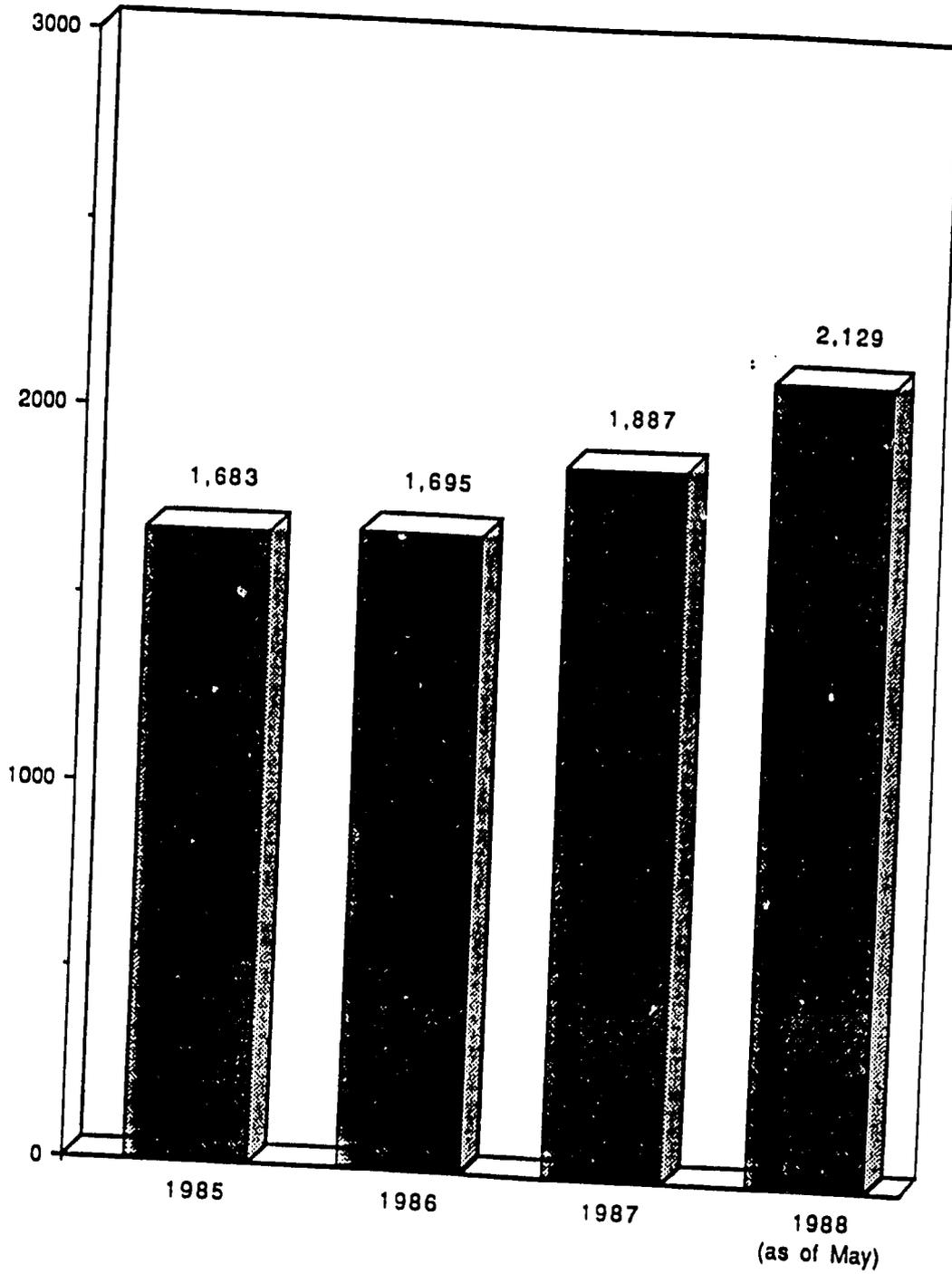


FIGURE 5

Membership Status Report (1985-1988)

Organizational Members

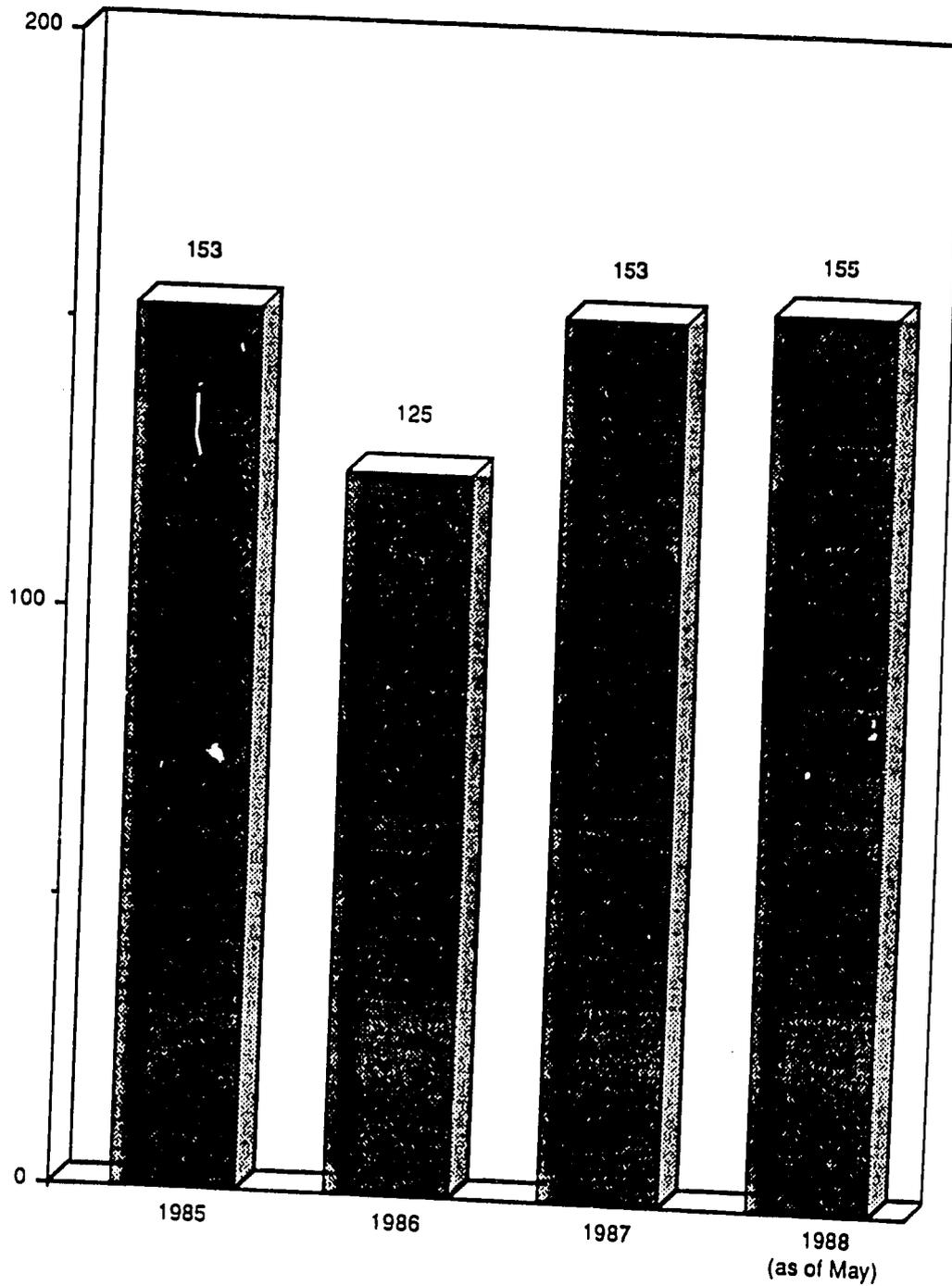
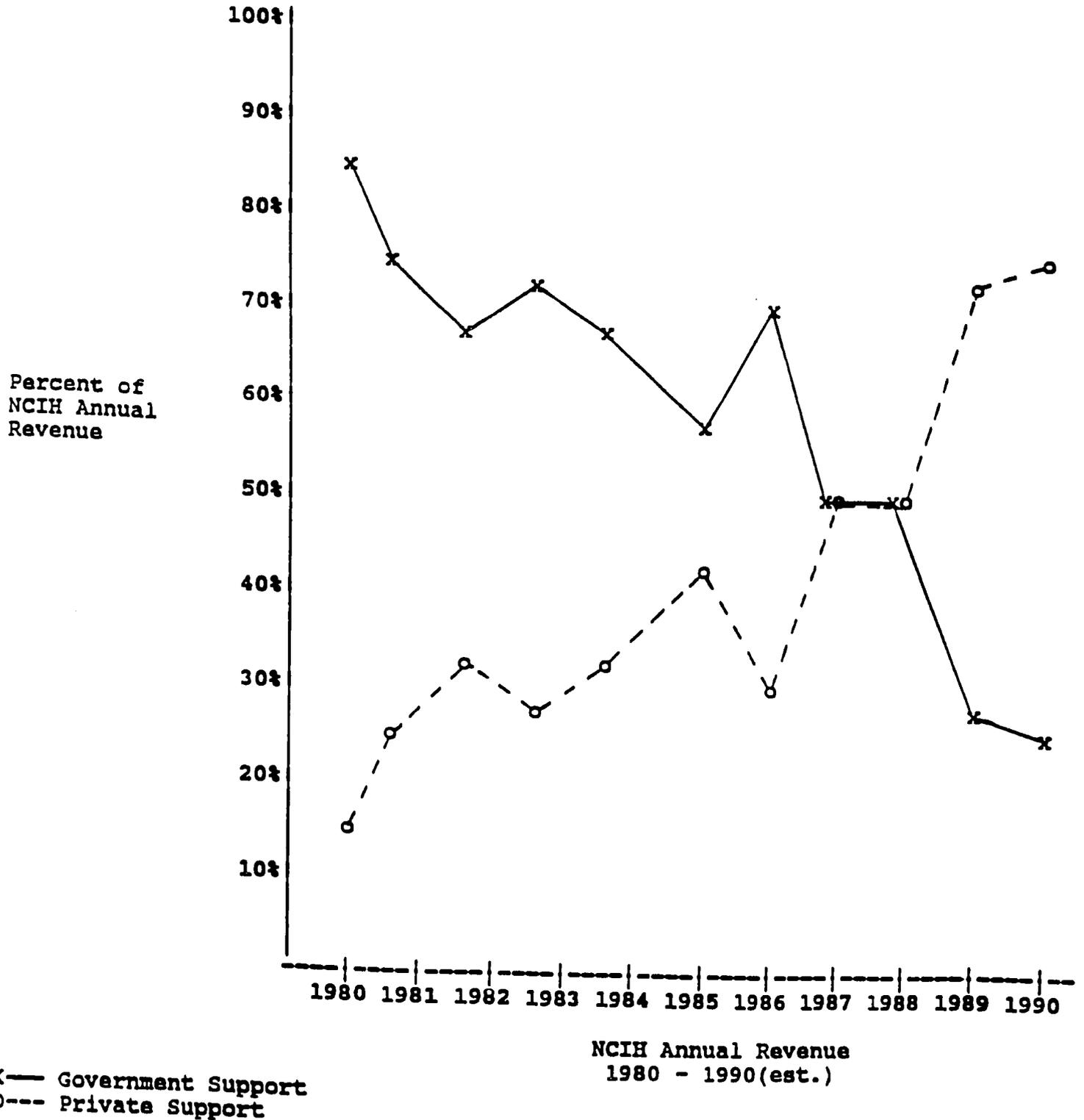


FIGURE 5a



Comparison of NCIH Annual Revenue
Government vs Private Sources
1980 thru 1990(est.)



Source: NCIH Annual Audit Report

FIGURE 6.