U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

SEP 30

Mr. Denis G. Aitken
Assistant Director-General
World Health Organization
1211 Geneva 27
Switzerland

Subject: Grant No. HRN-6005-G-00-2046-00 (Tropical Disease Research Programme)

Dear Mr. Aitken:

I am pleased to inform you that, pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, and the Federal Grant and Cooperative Agreement Act of 1977, the Government of the United States of America, acting through the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby obligates to the World Health Organization (hereinafter referred to as "WHO" or "Grantee") the amount of US$2,500,000. Funds are intended to support activities as set forth in the Program Description of this Grant for the period of the effective date to September 30, 1994.

This Grant is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Grantee in furtherance of program objectives from the effective date through September 30, 1994.

This Grant is made to WHO on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment 1, "Schedule", Attachment 2, "Program Description", and Attachment 3, "Standard Provisions", all of which have been agreed to by your organization.

320 TWENTY-FIRST STREET, N.W., WASHINGTON, D.C. 20523

Please acknowledge receipt of this Grant by signing the original and all copies in the space provided below, retaining one copy for your files, and returning the original and remaining copies to the Office of Procurement.

Sincerely,

Stephen A. Dean
Grant Officer
Chief FA/OP/A
Office of Procurement

ACKNOWLEDGED:

BY: WORLD HEALTH ORGANIZATION

NAME: Denis G. Aitken

TITLE: Assistant Director-General

DATE: 23 December 1992

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FISCAL DATA

| | |
|---|---|
| SOURCE OF FUNDS: | R&D/Health |
| PROJECT NO.: | 936-6005.01 |
| PIO/T NO.: | 936-6005.01-2691812 |
| APPROPRIATION SYMBOL: | 72-1121021.8 |
| BUDGET PLAN CODE: | DDHA-92-16900-KG11 |
| ALLOTMENT NO.: | 248-36-099-00-20-21 |
| AMOUNT: | US$805,000 |
| PIO/T NO.: | 936-6005.01-2691811 |
| APPROPRIATION SYMBOL: | 72-112/31021.8 |
| BUDGET PLAN CODE: | DDH2-92-16900-KG11 |
| ALLOTMENT NO.: | 268-36-099-00-20-21 |
| AMOUNT: | US$1,695,000 |
| TOTAL OBLIGATION: | US$2,500,000 |
| TOTAL ESTIMATED COST: | US$5,000,000 |
| CEC: | 99-0158909 |

## ATTACHMENT 1 - SCHEDULE

A. PURPOSE

The purpose of this Grant is to provide support for the Grantee's program entitled "Special Programme for Research and Training in Tropical Diseases".

B. PERIOD OF GRANT

1. This Grant is effective as of the date of the Grant letter and shall apply to commitments made by the Grantee in furtherance of program objectives from the effective date through the estimated completion date of September 30, 1994.

2. Funds obligated hereunder are available for program expenditures from the effective date through September 30, 1994.

C. AMOUNT OF GRANT AND PAYMENT

1. The total estimated amount of this Grant for the period shown in Section B.1 above is US $5,000,000.

2. AID hereby obligates the amount of $2,500,000 for program expenditures during the period set forth in Section B.2 above.

3. Payment shall be made to the Grantee in accordance with procedures set forth in Attachment 3 - Additional Standard Provision 3, entitled "Payment - Letter of Credit."

4. Original copies of requests for payment should be sent to:

Agency for International Development
Office of Financial Management
Cash Management & Payment Division
Letter of Credit Branch
FM/CMP, Room 700, SA-2
Washington, D.C. 20523-0209

## D. BUDGET

The following reflects the estimated budget for this Grant. The Grantee may not exceed the total estimated amount or the obligated amount, whichever is less.

ESTIMATED BUDGET

| Element | Amount |
|---|---|
| Technical & Administrative Bodies | $ 50,000 |
| Research & Development | 3,105,000 |
| Research Capability Stregthening | 1,295,000 |
| Programme Management Costs | 550,000 |
| Total | $5,000,000* |

*Of this amount, $2,500,000 is being obligated at this time. An additional $2,500,000 may be made available in the future if funds are available.

## E. FINANCIAL REPORTING

a. Financial reporting requirements shall be in accordance with the Additional Standard Provision of this Grant entitled "Payment - Letter of Credit".

b. The original and two copies of all financial reports shall be submitted to AID, Office of Financial Management, Program Accounting and Finance Division, Washington, D.C. 20523. In addition, three copies of all financial reports shall be submitted to the Project Officer specified in the Cover Letter of this Grant.

F. SPECIAL PROVISIONS

1. For the purpose of this Grant, references to "OMB Circular A-122" in the Standard Provisions of this Grant shall include the AID implementation of such Circular, as set forth in subpart 731.7 of the AID Acquisition Regulations (AIDAR) (41 CFR Chapter 7).

2. The following Standard Provisions, marked with an (X), shall be applicable to this Grant:

Standard Provisions For Grants to Public International Organizations

( X ) Allowable Costs (July 1988)
( X ) Refunds (July 1988)
( X ) Revision of Grant Budget (July 1988)
( X ) Termination Procedures (July 1988)
( ) Disputes (July 1988)
( X ) U.S. Officials Not to Benefit (July 1988)
( X ) Nonliability (July 1988)
( X ) Amendment (July 1988)
( X ) Notices (July 1988)
( X ) Publications (July 1988)
( ) Audit and Records (Standard)(July 1988)
( ) Audit and Records (AID Sole Contributor)(July 1988)
( X ) Audit and Records (UN Grants)(July 1988)
( ) Payment (Periodic Advances)(July 1988)
( ) Payment (Cost-Reimbursement)(July 1988)
( X ) Payment (Letter of Credit)(July 1988)

## ATTACHMENT 2

## PROGRAM DESCRIPTION

Attached hereto are excerpts from the Grantee's program proposal entitled "Special Programme for Research and Training in Tropical Diseases". This request for support was submitted to A.I.D.'s Office of Health on 23 April 1992.

PROGRAM DESCRIPTION

UNDP/WORLD BANK/WHO
SPECIAL PROGRAMME FOR RESEARCH AND TRAINING
IN TROPICAL DISEASES (TDR)

## INTRODUCTION

Over 500 million people, one person in 10 on earth, are suffering from tropical diseases. There is a lack of effective, affordable, acceptable and easily available drugs, vaccines, diagnostic tools and vector control measures for these diseases and a lack of research institutions and scientists in the developing endemic countries to develop the new disease control technologies required. There is also a lack of interest in and support for working on diseases which affect mainly the poorest of the poor. More than 95% of all biomedical research activities, both public and pharmaceutical industry, are directed to diseases in the North.

The disease burden in the developing endemic countries is a formidable obstacle to health, individual and national economic development in these countries which can least afford the cost of large treatment and control programmes. The Special Programme for Research and Training in Tropical Diseases (TDR) was created in 1975 to help reduce this burden upon development with regard to the major tropical diseases - malaria, schistosomiasis, filariasis (both onchocerciasis and lymphatic filariasis), trypanosomiasis (African sleeping sickness and Chagas disease), leishmaniasis and leprosy. The Programme has two interdependent objectives: (i) to develop, through scientific research, new methods of prevention, diagnosis, treatment and control of these diseases - methods which will be applicable, acceptable, affordable and require minimum skills; and (ii) to strengthen the capability of the disease endemic countries to undertake themselves the research required to develop new disease control technologies.

These tropical diseases are not only confined to the tropics. Tourism trade, business and travel and immigration are bringing cases of the diseases into the industrialized world, where health care providers are unused to diagnosing them. Diagnoses often come too late, and case fatalities are unacceptably high.

TDR is a globally coordinated effort which provides the mechanism for international scientific collaboration and plays a unique role as coordinator and facilitator among national and international tropical disease research programmes. The Programme has recruited into its worldwide network scientists of the highest calibre, whose work is being fruit in the form of vaccines, drugs, diagnostic tests and other disease control tools, and more and more scientists in tropical countries are being trained through TDR-supported activities, to participate in this international research effort.

ACHIEVEMENT

Facts and figures as of December 31, 1991

| | In All Countries | In USA |
|---|---|---|
| TDR funding in all countries (110 Member States of WHO) | US $ 272,649,760 | $ 54,501,370 |
| Number of projects funded by TDR | 4,741 | 761 |
| Number of R&D projects funded by TDR | 3,304 | 743 |
| Number of research capability strengthening projects funded by TDR | 1,437 | 18 |
| TRD trainees hosted by institutions in all countries | 1,192 | 323 |

PRODUCTS

The Special Programme has made valuable contributions to knowledge of the target diseases, to the development of new tools to prevent, diagnose and cure the diseases and to strengthen the capacities of institutions in endemic countries to conduct research on these diseases relevant to national needs. Some of the major disease control products which the Special Programme has supported are: mefloquine, halofantrine and artemisinin for the treatment of malaria; diagnostics for malaria, filariasis, African trypanosomiasis and Chagas disease; test kits for the assessment of sensitivity of malaria parasites to antimalarial drugs; vaccines against malaria, leprosy, leishmaniasis and schistosomiasis; new antimonial drug regimens for leishmaniasis and eflornithine for African trypanosomiasis; multi-drug therapy and new drugs for leprosy, and ivermectin for the treatment of onchocerciasis and filariasis. The Programme is also supporting the application of social and economic research epidemiology to the study of the diseases and improved means to control them, and biological methods of vector control, such as the use of *Bacillus thuringiensis* and *Bacillus sphaericus* to control onchocerciasis, filariasis and malaria.

In fact, more than 80 products have been developed with TDR support, of which more than 20 are in disease control use (see table 1 attached). For certain diseases, some of these tools have already had a measurable impact on disease control and disease control strategies, for example in the case of leprosy the picture is now changing as a result of the application of new chemotherapy.

FUTURE ACTIVITIES

Despite the progress made, there is still much work to be done. For example, for malaria, there is an urgent need for new drugs and vaccines as well as vector control methods. For African trypanosomiasis and Chagas disease considerable progress has been made in the development of low-cost technologies, but there is a great need for better drugs against these diseases as well as against leishmaniasis. Details of future activities are contained in both the TDR Tenth Programme Report and in the Programme Budget for the 1992-1993 Biennium (copies of both of these documents have been sent to USAID). Highlights of the planned activities are given below.

TDR's activities span a broad range from basic research on the target diseases, the parasites and vectors, to operational or health systems research aimed at learning how disease control products can be utilized most effectively and efficiently. Between these two is product development, the process of transforming basic scientific knowledge into usable disease control products including preclinical and clinical evaluations of these products, to the stage of registration or other form of licensing for utilization. In 1991, a Product Development Unit was established to expedite this process. A list of product development priorities appears on page 20 of the Programme Budget.

Among the TDR target diseases, priority will be given to malaria, as incidence and prevalence appear to be increasing in many parts of the world. Vast numbers of people are infected - about 270 million per year - and 1-2 million people die. Malaria exacts a particularly heavy toll in Africa where up to 1 million children die of the disease each year. In view of the spread of multi-drug resistance, there is an urgency to develop a new generation of antimalarial drugs. Priority in this area is currently given to the development of artemisinin derivatives which are now in clinical trials. Work will also continue on the development of malaria vaccines, improved diagnostic tests and vector control methods such as the testing of impregnated bednets. Results of a recent study in one country have shown that their use can reduce childhood mortality from malaria by more than 60%. This important finding needs to be confirmed in other settings. Research will also be carried out on innovative malaria control measures and to improve existing ones and transfer the techniques to appropriate areas.

For schistosomiasis, work will continue on the development of a vaccine, new and improved approaches for control of morbidity and transmission of the disease, by simple, community-based diagnostic methods and the use of praziquantel which is now available for less than US $1 per treatment.

For both lymphatic filariasis and onchocerciasis, research for new filaricides, especially macrofilaricides, will continue as a high priority. Research will also continue for sensitive and specific diagnostic tests for prepatent, patent and occult infection and DNA probes will be field tested in control programmes to monitor transmission.

A new initiative is the integrated approach to drug development for African trypanosomiasis, Chagas disease and leishmaniasis as the similiarities among the causal parasites of these three diseases provide a rationale for drug development by virtue of common therapeutic targets and chemical leads. In addition to this integrated approach, work will continue to improve the use of existing drugs against sleeping sickness and research will continue on traps and screens to control tsetse flies. For leishmaniasis, work will continue on the development of vaccines and diagnostic tests, tools for the control of reservoir hosts and vectors, and on the testing of an ointment against cutaneous leishmaniasis.

For leprosy, work will continue to improve the use of existing drugs and regimens, on the development of new drugs and vaccines and new tools for laboratory and field use in epidemiological studies.

In the field of biological control of vectors, work will continue on the development of safe and effective biological agents with vector control potential. A major new challenge will be the development of innovative strategies for malaria control by genetic manipulation of its vectors.

Social and economic research activities will permit the development and application of cost-effective, acceptable disease control measures and policies, and work towards increasing the effectiveness of disease control activities by integrating social and economic factors into the design and management of control strategies.

Research capability strengthening activities will continue. Research training in general will receive greater emphasis and special efforts will be directed towards the least developed countries.

Efforts will be made to promote and assist field research, particularly related to field trials of new intervention tools, and to strengthen field research capacity in tropical disease endemic countries. A major new initiative is the Field Links for Intervention and Control Studies (FIELDLINGS). Its main goal is to establish and sustain multidisciplinary field research networks to provide support for field-based investigators, through training in project formulation and design, updating methods and techniques of field research, and encouraging project-to-project linkages to standardize criteria and methods, exchange information and facilitate communications.

Table 1



## Table 1 Product highlights

The first two columns of this table indicate potential manufactured products for disease diagnosis, treatment or control to which TDR contributed *during the 1989-90 biennium*. Unlike the product tables of previous reports, the present table does not include *techniques*, unless they represent manufacturable items.

The column "In preclinical development" indicates potential products which have been undergoing *laboratory* evaluation for safety and biological efficacy, as a prerequisite for clinical and field trials.

The column "In clinical or field trial" indicates potential products which have been undergoing evaluation *in humans* to show safety and efficacy, together with diagnostics and vector control tools which have been under field trial.

Products are listed under "In disease control use" if they are now used in disease diagnosis, treatment or control, and if their development was supported by TDR in part or in whole during the 1989-90 biennium or *earlier*. Products which were newly in use in the biennium are marked ⊗ in this column.

In general, ⊗ indicates products and potential products *whose category has changed* since the last programme report.

Some products or potential products appear in more than one category, indicating that different aspects or applications of the product are at different stages of research and development.

| *Product* | *In preclinical development* | *In clinical or field trial* | *In disease control use* |
|---|---|---|---|
| **MALARIA** | | | |
| ***Drugs*** | | | |
| Artemisinin and derivatives | x | ⊗ | |
| Chloroquine resistance reversers | ⊗ | | |
| Halofantrine | | x | |
| Mefloquine and mefloquine combinations | | x | x |
| Proguanil and proguanil combinations | | x | x |
| Tumor necrosis factor antagonists for severe malaria | | ⊗ | |
| ***Vaccines*** | | | |
| *Plasmodium falciparum* asexual blood-stage vaccine | x | | |
| *P. falciparum* sporozoite vaccine | | x | |
| *P. vivax* sporozoite vaccine | | ⊗ | |
| *P. falciparum* transmission blocking vaccine | ⊗ | | |
| ***Diagnostics*** | | | |
| DNA and RNA probes to monitor drug resistance | ⊗ | | |
| Microtest kit for measuring *P. falciparum* sensitivity to antimalarial drugs | | | x |
| Field tests for measuring antimalarial drugs in biological fluids | | x | |
| DNA probes for detection of *P. falciparum* and *P. vivax* in blood | | x | |
| ***Vector Control*** | | | |
| Diagnostic monoclonal antibody based (Zavala) test for species-specific detection of sporozoites in mosquitoes | | x | ⊗ |
| Insecticide-impregnated bednets | | x | |
| ***Other*** | | | |
| Portable incubator | | | x |
| **SCHISTOSOMIASIS** | | | |
| ***Drugs*** | | | |
| Praziquantel drug combinations for multidrug therapy | ⊗ | | |
| ***Vaccines*** | | | |
| Recombinant DNA schistosomiasis vaccine | ⊗ | | |
| ***Diagnostics*** | | | |
| Morbidity assessment by ultrasonography | | ⊗ | |
| Diagnostic urine filtration technique | | | x |
| Immuno diagnostic assays | x | | |



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**Table 1 (continued)**

| *Product* | *In preclinical development* | *In clinical or field trial* | *In disease control use* |
|---|---|---|---|
| **FILARIASIS** | | | |
| ***Drugs*** | | | |
| Ivermectin for onchocerciasis | | | x |
| Ivermectin for lymphatic filariasis | | x | |
| CGI 18041 for onchocerciasis/lymphatic filariasis | ⊗ | | |
| CGP 6140 for onchocerciasis | | x | |
| UMF 078 for onchocerciasis/filariasis | ⊗ | | |
| ***Diagnostics*** | | | |
| DNA Probes for *Brugia malayi* infective larvae | | | ⊗ |
| DNA Probes for *Onchocerca volvulus* | | ⊗ | |
| Monoclonal antibody for *Brugia malayi* | | | ⊗ |
| Antigen assays for routine serodiagnosis of onchocerciasis and lymphatic filariasis | ⊗ | | |
| DNA probes for detection of microfilaria in blood | | ⊗ | |
| **AFRICAN TRYPANOSOMIASIS** | | | |
| ***Drugs*** | | | |
| Eflornithine | | | ⊗ |
| Eflornithine combination therapy | | ⊗ | |
| ***Diagnostics*** | | | |
| Antigen-ELISA | | ⊗ | |
| Card Agglutination test for trypanosomiasis (CATT) | | | x |
| Procyclic agglutination test for trypanosomiasis (PATT) | ⊗ | | |
| Miniature anion-exchange centrifugation technique | | | x |
| ***Vector Control*** | | | |
| Insecticide impregnated screens | | | ⊗ |
| Monoconical insecticide-impregnated traps | | | ⊗ |
| Pyramidal tsetse fly trap | | x | x |
| **CHAGAS DISEASE** | | | |
| ***Drugs*** | | | |
| Allopurinol for chronic Chagas | | ⊗ | |
| ***Diagnostics*** | | | |
| Agglutination test for blood bank screening | | | x |
| Serodiagnostic tests using synthetic peptides | | x | |
| ***Vector Control*** | | | |
| Fumigant canister | | | x |
| Insecticidal paints | | | x |
| Triatomine detection box | | | x |
| Crystal violet/sodium acetate to kill parasites in infected blood in blood banks | | ⊗ | |
| **LEISHMANIASIS** | | | |
| ***Drugs*** | | | |
| New regimen for antimony compounds | | | x |
| Allopurinol combination therapy | | x | |
| Gamma-interferon + antimony compounds | | x | |
| Amidazoles | | x | |
| Paromomycin ointment | | x | |
| Antitubulin compounds | ⊗ | | |

**Table 1 (continued)**

| Product | In preclinical development | In clinical or field trial | In disease control use |
|---|---|---|---|
| ***Vaccines*** | | | |
| Killed leishmania vaccine, New World | ⊗ | | |
| Killed leishmania vaccine, Old World | | ⊗ | |
| Recombinant vaccine for New World (*Leishmania mexicana*) | ⊗ | | |
| Recombinant vaccine for Old World leishmaniasis | ⊗ | | |
| ***Diagnostics*** | | | |
| Direct agglutination test (DAT) | | x | |
| DNA PCR probes for diagnosis | | ⊗ | |
| Dot-ELISA | | x | |
| Standard leishmania skin test antigen | | x | |
| ***Other*** | | | |
| Blood meal analysis kit | | ⊗ | |
| **LEPROSY** | | | |
| ***Drugs*** | | | |
| Clarithromycin | ⊗ | ⊗ | |
| Combined drug regimen for PB leprosy - WHO/MDT | | | x |
| Combined drug regimens for MB leprosy - WHO/MDT | | | x |
| Fluoroquinolones | ⊗ | x | |
| Minocycline | | x | |
| Oxfloxacin/rifampicin combination | | ⊗ | |
| ***Vaccines*** | | | |
| Heat killed *Mycobacterium leprae* vaccine | | x | |
| Recombinant/sub-unit *M. leprae* vaccines | ⊗ | | |
| ***Diagnostics*** | | | |
| PCR to detect small numbers (<100) *M. leprae* organisms | ⊗ | | |
| Monoclonal antibody diagnostics | | x | |
| Native/recombinant and synthetic antigens for diagnostics | ⊗ | ⊗ | |
| **BIOLOGICAL CONTROL OF VECTORS (BCV)** | | | |
| ***Vector Control*** | | | |
| *Bacillus brevis* | x | | |
| *B. sphaericus* | | x | |
| *B. thuringiensis* H-14 | | | x |
| *Clostridium bifermentans* | ⊗ | | |
| Competitive snails | | ⊗ | |
| *Lagenidium giganteum* | | ⊗ | |
| Larvivorous fish | | | x |
| Novel vector control organism by genetic manipulation | ⊗ | | |

Table 2

UNDP/WORLD BANK/WHO
SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

FINANCIAL CONTRIBUTIONS
(in US$ up to 31 March 1992)

| CONTRIBUTOR | Total 1974-1987 | 1988 | 1989 | 1990 | 1991 | 1992 at 31 Mar. | Notes |
|---|---|---|---|---|---|---|---|
| AFRICAN DEVELOPMENT BANK | 750,000 | 250,000 | 250,000 | | 300,000 | 300,000 | |
| AUSTRALIA | 3,906,010 | 338,390 | 462,625 | 317,050 | 532,980 | 539,762 | |
| AUSTRIA | 593,008 | | | | | | |
| BAHAMAS | 500 | | | | | | |
| BAYER AG (FRG) | 10,000 | | | | | | |
| BELGIUM | 4,751,207 | 517,241 | 456,216 | 1,097,583 | 514,580 | | |
| BRAZIL | 100,000 | | | | | | |
| CAMEROON | 79,182 | | | | | | |
| CANADA | 9,805,486 | 1,544,088 | 1,445,578 | 1,605,345 | 1,614,170 | | |
| CHINA | 300,000 | 50,000 | 50,000 | 50,000 | 50,000 | | |
| CUBA | 16,589 | | 4,000 | 2,000 | 2,000 | | |
| CYPRUS | 239 | | | | | | |
| CZECHOSLOVAKIA | 10,000 | 5,000 | 5,000 | 4,980 | 4,985 | | |
| DENMARK | 32,005,519 | 2,556,603 | 2,361,201 | 2,731,518 | 2,684,018 | | |
| EDNA MCCONNELL CLARK FOUNDATION | | | | | 200,000 | | |
| FINLAND | 2,222,786 | 345,824 | 114,214 | 127,280 | | | |
| FRANCE | 2,570,914 | 338,710 | 421,875 | 633,791 | 540,000 | | |
| GERMANY | 10,237,786 | 1,478,281 | 1,323,087 | 2,164,203 | 1,008,268 | 1,445,813 | |
| GREECE | 204,173 | 100,000 | | | | | |
| GULBENKIAN FOUNDATION (POR) | | | 25,000 | | | | |
| INDIA | 277,469 | | 50,000 | | 25,000 | 22,549 | |
| INTERNATIONAL DEVELOPMENT RESEARCH CENTRE (CAN) | 1,550,593 | 327,179 | 163,483 | | 8,632 | | |
| INTERNATIONAL FEDERATION OF ANTI-LEPROSY ASSOCIATIONS | 889,528 | 215,639 | 121,155 | 37,026 | 199,860 | | |
| IRAQ | 5,000 | | | | | | |
| ISRAEL | 2,500 | | | | 2,000 | | |
| ITALY | 2,392,002 | 1,995,070 | 1,224,330 | 57,068 | 106,271 | | |
| JAPAN | 500,000 | 200,000 | 100,000 | 100,000 | 100,000 | | |
| JAPAN SHIPBUILDING INDUSTRY FOUNDATION (JPN) | 4,440,767 | 100,000 | 200,000 | 200,000 | 200,000 | 200,000 | |
| LEPROSY TRUST BOARD (NZ) | 85,915 | | 11,765 | 11,765 | | | |
| LUXEMBOURG | | | | | 244,957 | | |
| MACARTHUR FOUNDATION (USA) | 5,200,000 | | | | | | (a) |

(a) Included in 1987 amount are US$ 3 000 000.- which is a five-year grant towards TDR activities for the years 1988 to 1992 at an annual rate of US$ 600 000.

| CONTRIBUTOR | Total 1974-1987 | 1988 | 1989 | 1990 | 1991 | 1992 at 31 Mar. | Notes |
|---|---|---|---|---|---|---|---|
| MALAYSIA | 20,000 | | | | | 10,000 | |
| MEXICO | 49,953 | 10,083 | 9,917 | 20,000 | | | |
| NETHERLANDS | 10,186,641 | 1,025,779 | 1,121,340 | 1,334,294 | 1,741,832 | | |
| NEW ZEALAND | 71,676 | | | | | | |
| NIGER | 2,252 | | | | | | |
| NIGERIA | 488,507 | | | 20,051 | | | |
| NORWAY | 17,367,507 | 3,076,923 | 3,202,329 | 3,565,891 | 3,922,723 | 1,904,762 | |
| OPEC FUND FOR INTERNATIONAL DEVELOPMENT | 690,000 | | | | | | |
| OSWALDO CRUZ FOUNDATION (BRA) | 25,000 | | 25,000 | | 50,000 | | |
| PAN AMERICAN HEALTH AND EDUCATION FOUNDATION (USA) | 5,000 | 250,000 | 150,000 | 650,000 | | 81,980 | (b) |
| ROMANIA | 1,995 | | | | | | |
| SANOFI (FRA) | 39,216 | | | | | | |
| SWEDEN | 24,216,697 | 3,016,783 | 2,736,834 | 3,012,542 | 2,851,772 | 1,636,661 | |
| SWITZERLAND | 8,953,004 | 1,333,333 | | 2,649,472 | | 1,481,481 | |
| THAILAND | 37,276 | | | | | | |
| THRASHER RESEARCH FUND (USA) | 50,000 | | | | | | |
| TURKEY | 15,000 | 9,951 | | 10,000 | 5,000 | | |
| UNITED KINGDOM | 6,341,054 | 1,432,488 | 1,226,180 | 2,423,920 | 1,559,873 | 127,373 | |
| UNITED STATES OF AMERICA | 27,703,912 | 2,800,000 | 2,500,000 | 2,500,000 | 2,500,000 | | |
| WELLCOME TRUST (UK) | 25,000 | | | | | | |
| UNITED NATIONS DEVELOPMENT PROGRAMME | 20,387,708 | 2,500,000 | 2,500,000 | 2,750,000 | 2,750,000 | | |
| WORLD BANK | 18,540,000 | 3,250,000 | 3,500,000 | 3,800,000 | 3,800,000 | 3,800,000 | |
| WORLD HEALTH ORGANIZATION | 13,873,000 | 1,456,250 | 1,468,266 | 1,533,950 | 1,383,950 | 639,700 | (c) |
| MISCELLANEOUS | 30,887 | 100 | 651 | 329 | 1,396 | | |
| TOTAL CONTRIBUTIONS | 232,028,458 | 30,523,715 | 27,230,266 | 33,410,059 | 28,900,269 | 12,190,283 | |

(b) Contributions made possible by: The Upjohn Company - US$ 5 000 (1983)
Merck & Co.Inc. - US$ 250 000 (1988)
Merck & Co.Inc. - US$ 150 000 (1989)
Merck & Co.Inc. - US$ 650 000 (1990)
Merck & Co.Inc. - US$ 81 980 (1992)

(c) WHO contribution for 1989 includes an amount of US$ 12 016 which represents revenue from a patent resulting from research funded in part by TDR