

**MIDTERM EVALUATION OF THE
NATIONAL COUNCIL FOR INTERNATIONAL
HEALTH (NCIH) COOPERATIVE AGREEMENT
(DPE-5929-A-00-1010-00)**

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Executive Summary

This midterm evaluation of the Cooperative Agreement (DPE-5929-A-00-1010-00) between USAID and the National Council for International Health (NCIH) focuses on the NCIH annual conferences. The evaluation was funded by USAID and carried out by a two-person team of external evaluators during April - May 1997. The current Cooperative Agreement, dated April 29, 1994, supports six annual conferences over the period 1994-1999.

The evaluation methodology included document reviews, briefings with USAID and NCIH staff and interviews by person and by telephone with 35 individuals, including current and former NCIH Board members. Several information and document requests were made of NCIH to supplement the material provided to the team by the Council and USAID. Some important information was not made available in some cases because data had not been generated by NCIH or because it could not be provided within the time frame of the evaluation. A draft report was reviewed by USAID and NCIH staff.

The principal findings, conclusions and recommendations of the evaluation are as follows:

1. NCIH is confronted with management and financial challenges that threaten the well-being of the organization and put in question its ability consistently to achieve the stated objectives of its annual conferences. Membership levels have lagged, and revenues have fallen. The situation may be described as serious, if not critical. Vigorous leadership is required to set in motion the creative and dynamic steps that need to be taken to address these challenges. The new Board leadership has begun this process, but success is by no means assured.
2. The annual conferences have addressed important international health (IH) issues, and are generally well-regarded and valued by attendees. Conference attendance levels have varied, but generally have not met expectations. A significant number of nonpaying attendees raises conference costs.
3. As the major supporter of the conferences, USAID has important interests in their success. The conferences can and do serve a range of USAID interests. Since the success of the conferences depends in good measure on the long-term health of NCIH, USAID has broader interests in the institution as well. USAID should continue its support at current levels for the remainder of the life of the Agreement, subject to NCIH's development of viable approaches to resolving its outstanding problems. Further support, at more modest levels, should be

contingent upon continued progress in resolving the problems and in NCIH's ability to generate alternative sources of revenue for the conference.

4. Given the lack of available data, it is not possible reliably to measure the contributions the conferences have made to increased public awareness of international health issues, or the influence they have had on important policy issues. The evaluators believe that NCIH has made some contribution to greater awareness in the United States and in the Congress of international health issues, e.g., infectious diseases, and has contributed its voice to others seeking to influence foreign aid levels and other resource allocations. NCIH should design and utilize instruments to provide some measure of the organization's impact, along with the development of specific strategies to achieve awareness and policy impact objectives.

Background

II.

III. GENERAL

The National Council on International Health was established in 1971 as a new voice representing institutions and individuals concerned with international health issues. Initially supported only by volunteer efforts, it began holding annual conferences in 1973; for some years conference attendance was at modest levels.

In 1979, USAID provided its first grant to NCIH, and the organization hired its first paid staff. Conference attendance increased thereafter, and exceeded 1,000 for the first time in 1989. Since then, attendance has varied from year to year, but appears to have been in the 1,000 range. Revenues from registration (paid attendees) appears to have dropped in the 1990s.

NCIH membership has also dropped in the 1990s, from 1599 individuals and 149 institutions in 1990 to 1080 individuals and 77 institutions in 1997. Revenues from membership dues fell from \$215,000 in 1990 to \$111,000 in 1996. In addition, foundation grant levels have diminished in this period. As revenues have dropped, NCIH's fund balance has also fallen, from \$441,883 in October 1991, to \$45,685 in September 1996.

The 1990s has also seen substantial staff turnover. Support staff have changed frequently, as has leadership. The presidency has had three different incumbents since 1992. Compounding the disturbances that such change entails, the organization has had significant problems regarding the collection and analysis of financial and other data, as computer software problems were encountered, requiring the purchase of new software. (NCIH states that it converted to a new database in 1995 and was not able to save old data.) Nevertheless, the staff has been strengthened over the past year by the hiring of a full-time financial manager and persons responsible for policy initiatives and membership. In addition, the conference coordinator has been made a full time position.

During the past several years NCIH's Board, which itself has had significant turnover in leadership (there have been three Board Chairpersons in the life of the current USAID Agreement), has given serious attention to a number of important issues through exercises involving the development of strategic objectives and business plans. For some years the organization has been grappling with "identity" and "objective" issues. An NCIH Case Statement prepared in 1988 summarized NCIH's accomplishments to that point, and identified three priority areas for emphasis. They concerned information, education and policy. NCIH committed itself to establishing a broader U.S. constituency and raise public awareness of international health issues; to expand education and training opportunities; and to provide a forum for international health issue discussions, and to assist in the development of policy options. The current priorities, reflected in documents prepared by NCIH for this evaluation, track these closely.

Currently the Board is concluding a major "visioning" exercise, and is expected to promulgate a new set of strategic objectives and priorities next month. As well, it is reexamining the Board-staff relationship, and the appropriate roles and responsibilities of each.

USAID's support continued through the 1980s and 1990s, including a grant for the AIDS/NGO project. A three-year grant agreement for \$600,000 was signed in 1991 to support NCIH's annual conference, notwithstanding a 1990 evaluation report that noted significant management shortcomings (these were disputed by NCIH) and financial difficulties. In 1994, another, larger, grant of \$1,773,749 was made by USAID--this was intended to provide an average annual subsidy of \$295,000, in contrast to the \$200,000 subsidy contemplated by the 1991 grant. In fact, as Table I indicates, the amounts obligated by USAID and drawn down by NCIH have been much less than what was budgeted in 1994.

Table I: Conference Costs Funded by USAID

Year	Budget	Obligation	"Actual Expenses" ¹	Drawdown
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BACKGROUND

1994	257,667	262,071	217,505	207,467
1995	274,200	270,000	279,038	203,784
1996	287,050	275,000	253,861	214,186
Totals	\$818,917	\$762,505	\$794,970	\$625,437

NCIH advises that it is applying the difference between the obligated amount and what has been drawn down to date to 1997 conference expenses. Foundation grant support for annual conferences has varied from year to year. In 1994, \$51,496 was provided, in 1995, \$191,253, and in 1996 \$14,956.²

A. THE CURRENT USAID COOPERATIVE AGREEMENT

The 1994 Agreement incorporates NCIH's five-year proposal to continue support for its annual conference. The proposal focuses on the integration of public education and advocacy into the conference program, to ensure that policy-related recommendations are communicated effectively. The stated first objective: to maximize influence on international health policy. This is to be accomplished through the formulation of a conference policy statement for dissemination; through a policy forum (presumably conducted during the conference); a follow-on meeting of advocates to discuss tactics and strategies; international health policy seminars held in conjunction with the conference and focused on legislative issues/developments; and through significant USAID staff participation in the conference.

The anticipated outcomes of the conferences are: increased awareness of international health issues, and more USAID staff interaction with international health activists. The stated second objective: To raise public awareness of international health issues, to be achieved through the preparation of a background paper; the possible publication of

These are NCIH's proposed charges against the USAID obligation.

NCIH recorded a \$47,450 adjustment to its deferred foundation grant levels in 1996, to account for grant-related expenses from the 1995 conference that were incorrectly charged to general conference expenses. In any event, the three-year total of conference grant support from other than USAID remains at \$257,705.

proceedings; an international health awards banquet; and media participation. An annual evaluation of each conference was anticipated. There was a recognition that NCIH had a need to find other financial support its conferences (this was consistent with the recommendations of a 1993 USAID evaluation), but this was not an explicit NCIH commitment. The Agreement provided for the preparation of workplans and periodic activity reports.

B. THE ANNUAL CONFERENCES

The conferences are planned over a two-year period. A Board Program Committee works with the staff conference coordinator (who is full-time) and a conference chairperson or persons who are active in the selection of keynote speakers, elaboration of the conference themes, etc., are selected. An Advisory Committee is formed. USAID representatives are engaged in the process; in the current year a senior official is particularly active. A number of volunteers also participate in the process. The planning and conduct of a large conference such as NCIH's is demanding, and requires careful attention to myriad details.

Implementation Under the Current

V. Contract

The Conferences

Four conferences have been held since the signing of the current Cooperative Agreement. The themes: Population and the Quality of Life (1994); Violence as a Global Health Issue (1995); Global Health: Future Risks, Present Needs (1996); and Building Strategic Alliances (1997).³ The 1996 conference had two sub-themes: the Health-Development Link, and New and Emerging Infectious Diseases.

A. ATTENDANCE

Data on attendees was provided for the 1996 and 1997 conferences. In 1996 registrations totaled over 1,000, of which 245 were unpaid. In 1997, 785 paid registrants attended; total registration figures are not available. Further, it is not known how many attendees paid registration fees to attend the entire conference.

NCIH reports that the 1994 conference was well attended, but the 1995 conference was not. This was largely attributed to the conference theme, which did not have a wide appeal among NCIH's constituency. In addition, NCIH believes "competition from two other major international conferences impacted adversely on attendance. NCIH estimates that roughly half of the attendees

The draft evaluation report was prepared prior to the conduct of the 1997 conference. The evaluation team did not have the opportunity to observe or assess the conference.

in 1996 came from NGOs and universities. Sixty-two were from USAID or other USG agencies. Only 8 were affiliated with foreign governments. NCIH also reports that in 1966, 43% of conference attendees came from Washington, Maryland, and Virginia. Another 45% came from the remainder of the U.S., and 12% came from overseas. NCIH estimates that on average, 10% to 12% of attendees, including student volunteers, USAID staff, and selected speakers, do not pay any registration fee (however, in 1996, 245 of 1090 attendees, or 22%, did not).

Conference attendance varies from year to year. NCIH believes that the conference theme is the main, though not the only, determinant. Still, the range of subjects covered in small group discussions has been sufficiently varied as to provide some appeal to a wide audience. Also, individual networking and job search opportunities have routinely attracted participants.

B. COSTS AND REVENUES

The following table presents data on recent conference costs, and revenues from all sources.

Table II: Conference Costs and Revenues

Year	Costs	Total Revenues	Income (+/-)
1994	\$313,568	\$475,175	\$161,607
1995	422,843	503,214	80,371
1996	316,265	405,987 (see fn. 2)	89,722

Clearly, the conference has been a net income generator, given the fungibility of revenues other than donor grants. Yet, the trend in recent years is down, as registration fees fell from \$177,546 in 1994 to \$92,504 in 1996. NCIH reports that the June 1997 conference generated \$133,508 in registration revenues. For 1997, conference costs were budgeted at \$266,012. Revenue projections included \$150,000 from USAID, and \$182,000 in registration fees (in contrast to \$92,504 in fees received in 1996). The shortfall in 1997 registration revenues was thus approximately \$50,000.

Table III presents available data on registration numbers and revenues.

Table III: Conference Registration Data

Year	Registration Revenue	Attendance Levels
1993	143,339	n.a.
1994	177,546	n.a.
1995	107,912	n.a.
1996	92,504	845/245 (paid/unpaid)
1997	133,508	785 (paid only)

[The data above was assembled by the evaluators from a variety of NCIH documents and interviews with staff. This table, and others assembled for purposes of this evaluation, cannot be considered definitive, in view of NCIH’s past difficulties in record-keeping. Nevertheless, it appears clear that membership dues revenue has dropped significantly in the 1990s (see Table V), and registration fee revenues, too, have erratically headed down.]

Registration fees charged by NCIH remained level for several years, but were increased modestly for the 1997 conference.

C. CONFERENCE-RELATED ACTIVITIES

The NCIH proposal incorporated in the Cooperative Agreement identifies a number of specific activities that will be carried out in order to achieve stated objectives of influencing policy and raising public awareness. Concerning policy influence these are:

- a. Develop a Conference Policy Statement. NCIH did not provide conference policy statements to the evaluators, and apparently does not produce any as such. (Vice President Gore did use the 1996 NCIH conference as a vehicle to issue an Administration policy statement.) NCIH cites its “Call for Abstracts,” the conference Program and follow-on publications as containing “the theme, focus and actions and policies.” These documents, it implies, meet the requirement for the production of a conference policy statement. We have some doubts, and think it would be useful for USAID and NCIH to discuss and agree upon what precisely is contemplated by this requirement, and how best the statement can be communicated.

- b. Hold a Policy Forum. NCIH reports it has conducted public policy breakfast meetings. Moreover, it has been engaged in a variety of public discussions of health issues; a number may warrant the characterization of "policy" fora. NCIH notes that its conferences include a "Public Policy Plenary," in which notables from the U.S. and other governments participate.
- c. Hold a Washington Advocates Brown Bag Lunch. No data is available on this activity, as such. Presumably, it was intended to further the policy-related objectives of the conferences. NCIH reports that it is involved in many informal meetings related to its advocacy activities, including lunches.
- d. Hold International Health Policy Seminars. NCIH states that it participated in [four] panels regarding the 1995 Violence conference, apparently prior to the conference. Further, it held workshops on infectious diseases. The evaluators believe that NCIH was active in securing a focus on the importance of emerging infectious diseases in the Congress. Recently, it enlisted its membership to appear on the Hill. Further, we understand that NCIH has worked to engage the interest of medical doctors in Congress in international health issues.
- e. Encourage Participation of Key USAID Staff. USAID staff have been engaged in the design of the conferences, and in abstract reviews. In 1996 seven USAID staff were Advisory Committee members. USAID staff have attended the conferences, but data on numbers by year are not available. There has been some disagreement between the agency and NCIH as to the appropriate number of USAID employees who may attend without payment of any registration fee. Unpaid attendees, of course, increase the per unit cost of the conference, and effectively reduce the size of the USAID grant. In 1997 NCIH admitted all USAID attendees free of any registration fee charge; attendance was reported to be good.

To increase public awareness, the steps to be taken by NCIH are:

- a. Compose Background Paper. NCIH did not provide background papers for the conferences. Rather, it referred the evaluation team to the Call for Abstracts, the Preliminary Program, and the Final Program Books as fulfilling the requirement.⁴
- b. Publish Findings. The 1994 conference proceedings were published in September 1994. None were prepared for 1995, but 1996 proceedings are to be published soon. NCIH proposes to summarize the 1997 proceedings by use of its new website. Publication of proceedings via stand-alone documents may be unduly costly, given the limited circulation of such material.
- c. Hold International Health Awards Banquet. An awards banquet/luncheon is held as part of the Conference proceedings, but attendees must pay an extra charge to attend (\$35-\$50 in 1997).
- d. Encourage Media Participation in Conference Program. NCIH solicits the interest of the media in the conference. Media coverage is influenced by the notoriety of the conference speakers (e.g., the Vice President) and their remarks, as well as the "visibility" of the conference theme.

D. ACTIVITY REPORTS, WORKPLANS, EVALUATIONS

USAID advises that it has received no workplans or activity reports from NCIH. NCIH states that it routinely sent required reports to USAID until 1994 or 1995, when a USAID representative verbally dispensed with the requirement. (This matter should be reviewed further with the then-CTO.) The evaluation team assumes that required financial reporting has continued, but that narrative progress reporting has not. All Agreement-required reporting should be reinstated immediately; NCIH stands ready to comply.

NCIH also produced a document entitled "How International Health Investments Benefit the U.S." which it characterized as the 1995 Background Paper. The April 1996 Congressional testimony of an NCIH staff member was also provided, and identified as the 1996 Background Paper. In the view of the evaluation team, these materials, taken separately or together, do not appear to constitute the Papers anticipated by the Agreement.

Assessment of Performance

IV.

A. DESIGN AND CONDUCT OF THE CONFERENCES

The generally positive reception to the conferences by attendees who were interviewed suggests that the events are well designed and implemented. Planners have been able to secure the participation of prominent keynote speakers such as the Vice President, the Attorney General and the USAID Administrator. Nevertheless, it appears that the conference planning process does not entail the early preparation of a detailed workplan, with time lines and individual responsibilities identified. NCIH does, however, have a standard process for conference development, which provides the framework for each year's discrete activities. Further, some months before a conference a "timetable" is prepared, that lists the conference planning activities to be carried out, by month. Individual work assignments are not identified, but presumably are tracked by the conference coordinator. The timetable does not cover the full planning period. We think the early production of a detailed workplan would contribute to the efficiency of the conference planning and implementation process, particularly in light of the number of actors in the process. Further, it appears that a detailed conference planning budget, projecting all anticipated costs and revenues, (in contrast to a budget related solely to the USAID grant) is not routinely prepared. This should not continue to be the case.

Conference themes address important international health issues. The process of selecting themes, which draws on the NCIH Board, experts in the international health community and in USAID, is a good one. To be sure, the level of interest in the conference theme will vary from year to year, and will affect levels of attendance. The 1995 conference theme (violence) was less "popular" than others, for example.

Nevertheless, the topic was rightly perceived by conference planners as important, and NCIH should be credited for encouraging greater awareness of the relevant issues.

NCIH makes efforts to have the conference theme reflected in small group discussions and seminars as much as possible. It appears that many such discussions concern the successes and challenges involved in field implementation of health-related projects. This sharing of experience is undoubtedly a useful learning tool, but the conference theme may be incidental, or in a number of cases irrelevant, to the discussion.

The evaluation team was advised by NCIH that surveys of participants were conducted in 1995 and 1996, but neither the forms nor the survey results were made available in a timely manner. This, plus the fact that an independent survey of NCIH members or conference participants was not an element of the evaluation, makes it difficult reliably to assess the quality and importance of the conference to a wider audience.

[Some weeks after this report was prepared in draft, NCIH provided three documents: a blank survey instrument for the 1995 conference, and summaries of the surveys of the 1994 and 1996 conference attendees. The evaluation team regrets the lack of opportunity to explore with NCIH the results and utility of these surveys, and how they may have influenced future conference planning. It appears from the materials that most of the 1994 conference attendees felt the conference met its objectives. Many 1996 attendees, however, questioned the success of the conference in exploring linkages between health and development and in clarifying policy choices.]

The general view of the persons interviewed in the course of the evaluation is that the conference fills a need that is not met by other meetings or professional development activities. The conference is perceived as issue-oriented, stimulating, and useful in heightening awareness of important international health issues, as well as in disseminating information relevant to the attendees' professional activities.

Based on a review of the materials prepared for the 1996 and 1997 conferences, it appears that for the most part the conferences are not highly "technical" in content, in the sense that they are generally not fora for the presentation and analysis of, for example, new biomedical techniques. There are exceptions, of course. The 1996 conference included presentations on vaccination coverage. Most presentations, however, appear to reflect the results of social science research and analysis. Drawing on survey and other data, they discuss problems and opportunities concerning service delivery, generation of private and public support for health programs, etc. Impacts of alternative intervention program models have been examined, for example. Generally, emphasis is on effective processes and on priorities on what international health problems deserve more attention

and resources, and on what works (and what doesn't). Accordingly, participants are likely to leave conferences with a greater awareness of innovative approaches to solving a wide range of problems, and a more informed perspective on sectoral priorities.

Even so, a concern with the consistency and quality of the conference abstracts was expressed to the evaluation team. It was said that NCIH's guidance to presenters could be sharpened, so as to ensure that high standards were set and met. The addition of several workshops on presentation skills during the 1997 conference should be seen as a positive start to this effort. In addition, the 1996 review of abstracts by USAID staff, a potentially important element in the process, was faulted by an agency staff member as erratic.

B. BUDGET/FINANCE CONSIDERATIONS

In general, it appears that the costs of the annual conferences are reasonable, and consistent with costs of comparable large meetings over several days which consider a broad agenda. While there may be additional economies to be achieved through a variety of cost-cutting measures involving, e.g., what services are provided gratis, and where and when the event is held, it is unlikely that the annual cost of a 1,000 attendee conference can fall below \$250,00, and, more likely, will come closer to \$300,000.

As to conference-generated revenues, registration and exhibit rental fees together are substantially below conference costs, and make grant support imperative. Thus, in 1995 such revenues were \$153,014, compared to total conference costs of \$422,000, and in 1996, revenues were \$129,965, compared to costs of \$316,265.

Clearly, there is a continuing need to subsidize the conference, as it is presently constituted, through grant support.⁵ Even if registration fees were substantially higher, and somehow, paid registrations did not consequently diminish, grant support would

NCIH states that in the absence of USAID support, it would have to change the fee structure, and hence the character and size of the conferences significantly. The attendant benefits of the conference would diminish commensurably. We believe a well-attended conference strengthens the organization, its perceptions by the public and political bodies, and the messages it wishes to communicate.

remain essential.⁶ There is a need to find new sources of funding that can be sustained over time. The present grant support base is far too narrow, and the levels of funding from current sources is too unpredictable. As discussed later, a long-term revenue generation strategy should be developed.

C. ACCOMPLISHMENTS/OUTCOMES⁷

1. Public Awareness

NCIH has summarized the ways in which it "informs and educates the public about global health and provides a contextual framework for enlightened understanding of public health and its impact on citizens everywhere." Noting its employment of a range of means of communication (the conferences, newsletters, position papers, etc.) it states:

We frequently testify before US legislative bodies providing information on budgets, programs, policies and issues that impact on health and well-being. . . . NCIH takes on cutting edge issues in global health facilitating a process of intensive analysis and dialog that moves these issues to the policy arena.

NCIH reports that it communicates via E-mail and fax to several thousand people, including 350 media representatives, the Congress, and NCIH membership.

Specific accomplishments in the period covered by the current Agreement are identified by NCIH as follows:

- a. The 1996 conference served as the platform for the Administration's announcement of a new global health policy in 1996 to combat emerging infectious diseases. NCIH networks' efforts, in collaboration with others, to mount an

It is not possible to say whether the current fee structure is appropriate, in the absence of reliable data on attendee and non-attendee attitudes. Moreover, without a breakdown of registration fees by participants, which would reveal, e.g., how many attendees pay the full fee and how many pay for one day, a reliable analysis of the fee structure is not possible.

⁷ This report has not focused on ancillary outcomes of the conferences, like the success of job placement efforts, or the extent to which they have been learning experiences for participants. Based on our interviews, we do not doubt these occurred, and were valuable in the eyes of the attendees.

awareness campaign helped catapult the issue into the policy arena; NCIH held workshops, gave testimony, conducted briefings and made media appearances over a three-year period.

b. The 1995 conference on Violence as a Global Health Issue was followed by NCIH cooperation in the production by the Los Angeles Attorney General's Office of a video on violence, and participation in panels and workshops in four cities.

c. The 1994 conference on Population and the Quality of Life examined ethics, goals and values in population policies. It provided momentum and broader public health support for the Women's Conference in Beijing. It highlighted the need for a conceptual shift in research to women, the importance of women's health and the critical role that women play in the health of the family.

d. NCIH is involved in a process of developing health alliances and maintaining a dialogue with the administration and policy makers to link health with the national security process.⁸

2. Policy Impacts

The Cooperative Agreement incorporates NCIH's proposed plan of action for 1994-1999, which states as its first objective: maximize potential of the NCIH conference to influence international health policy. NCIH has, to this end, sought to influence Congressional and Administration positions with respect to foreign aid legislation. It has mustered the support of members in approaches to the Congress, and the President has written to President Clinton on occasion. While the issue of foreign aid levels continues to be prominent in NCIH thinking, the organization's public awareness efforts, such as those concerning infectious diseases, appear to have had policy impacts as well. The profile of this area of international health has been raised in the context of priorities for foreign aid allocations. This would seem to be one example of how "awareness" activities can have policy implications, since a chain of events may be set in motion once greater attention is paid to an area of concern to NCIH members.

There are "lesser" policy impacts that can flow from the conferences. For example, CARE reports that the 1995 conference on violence contributed to the generation of greater attention to this subject, and to gender issues generally, in CARE programming.

NCIH also cites its having pioneered the concept of Lessons Without Borders, with others, and its collaboration in a community partnership in Florida, but these activities appear to have occurred well prior to the current Agreement.

Issues

V.

A. MANAGEMENT

NCIH has experienced management problems for years. Significant difficulties, reflected in an evaluation report in 1990, led to a change in leadership and the hiring of a new president in 1993. But NCIH revenues continued to decline, as the fund balance declined by almost \$400,000, and the president was replaced in 1994 by his deputy. The new president, in collaboration with the Board chair devoted his energy in 1994-1995 to enhancing the organization's image. Collaboration in 1996 between a new Chairperson and the president was not generally effective. A new Chair assumed her duties in 1997, and she has attempted to address the problems of staff-Board communications, as well as lead the Board in a fresh consideration of strategic and management issues.

NCIH has struggled during the period of the grant to articulate a strategic vision satisfactory to the Board and the membership. An effort to develop a business plan also failed to achieve a consensus. A recent effort to change the title of the president to executive director, apparently as part of a redefinition of roles and responsibilities, failed to gain the support of the majority of the members of the Board who considered the proposal. Appendix A to this report presents a more detailed examination of the Board, and includes recommendations for restructuring.

The financial picture has grown darker during the past few years. Membership has declined significantly in this decade. Revenue from conferences has dropped, as have levels of grant support. NCIH operating expenses are expected to rise in 1997.

At the same time, targets established by NCIH for increases in membership and paid

conference participation appear to be unrealistic, and not supported by pragmatic planning efforts or programs to achieve them. Thus, a target of 4,350 members within two or three years has been set, despite its lack of reality, or a coherent strategy for attaining it. Similarly, the 1996 Board-approved target for the conference of 1,300 paid participants bore no relationship to reality. The 1997 conference target for paid registrants was 1000; 785 attended.

The NCIH Board has not been an effective and viable instrument during this period of growing crisis. It has been hampered by too frequent change (a function of the by-laws), by its size (32 members), by erratic participation of Board members (some of whom send uninformed and uncommitted surrogates in their stead), by a lack of reliable information from the staff, and by the abovementioned difficulties in the relationship between staff and Board leadership.

There have, however, been some salutary developments, although not without their costs. The staff has been strengthened by the hiring of a full time financial manager. The conference manager is also a full time position. Staff have been hired to lead NCIH's advocacy efforts and to increase membership. These positions, of course, have implications for NCIH's operating budget in a time of diminishing revenues.

Notwithstanding these positive steps, the evaluators believe that NCIH requires effective hands-on management to move it forward, and to ensure the development of realistic plans to increase membership, paid participation at conferences, and achieve important policy objectives. At the same time, the organization must be represented in public fora by a spokesperson who is prestigious and persuasive, and reflects the finest qualities of the organization's membership. To the extent that members of the Board or the organization meet these qualifications and are active representatives of NCIH, the management of the organization can be the principal concern of the senior staff officer, whether he/she be a President or an Executive Director. If the membership/Board is relatively inactive, then the senior staff officer will have to fill the gap. However, this implies a level of compensation commensurate with the required stature in the international health community. Further, it implies that the challenging management issues will be delegated to a deputy or some other staff person—with attendant operating expense requirements. These factors may be worth Board consideration as it addresses the long-term questions of organizational direction and leadership.

The issue of policy impacts is discussed below, where the question of expectations and levels of effort is explored. NCIH needs to ensure a balance between the level of staff resources devoted to achieving policy impacts and a realistic set of expectations for those efforts.

In sum, the management issues that need to be resolved by NCIH without undue delay include the following:

- the insufficiently productive relationship between Board and staff leadership.
- the size, functions and composition of the Board.
- the number of full time staff positions that should be sustained.
- finding ways to revitalize and strengthen Board member participation in the affairs of the organization.

B. FINANCE/BUDGET

As noted above, the financial picture has deteriorated, and demands the immediate attention of the Board and management. It does not appear that the Board and management have sufficiently shared relevant data and projections so as to devise a viable strategy for improving matters. For example, revenue for the past three years has been essentially flat, and revenues in 1996 were projected at a level substantially higher than what was realized. Yet, 1997 revenue is projected at a level 13% higher than what was realized in 1996. Presumably, this is expected to come from increases in membership and in paid conference registrations. The latter are projected to be twice that in 1996 (a debatable assumption), and given trends in membership, significant increases in revues from dues are unlikely.⁹ Accordingly, the 1997 projections are questionable, and given the downward trend in NCIH's net income, the financial challenges confronting the organization appear to be quite serious.

The following table presents data on NCIH's operating budget, actual revenue generations and expenses, and its net gain or loss by year.

Table IV: NCIH Budget Data

As noted elsewhere, 1997 paid registration targets were not met.

Year	Budget (revenue)	Revenue (audit)	Expenses	Gain/Loss
1994	---	1,183,759	1,149,228	+34,351
1995	1,430,213	1,283,834	1,444,618	-160,784
1996	1,395,832	1,166,527	1,193,274	-26,747
1997	1,321,225	---	(proj.) 1,321,130	(proj.) +95

The financial difficulties in which NCIH finds itself appear to be due to several factors: static or declining membership revenues, static or declining net revenues from the annual conferences (which in part is a function of declining levels of donor grant support), rising operating expenses, and the absence of any substantial new revenue sources.

While the design of a comprehensive revenue generation program, coupled with a strategy to reduce costs, is beyond the scope of this evaluation, the following observations and suggestions may be worth NCIH's consideration as it addresses this challenge.¹⁰

It is worth noting that Attachment D to the 1990 evaluation, an NCIH Board Background Paper, explored strategies to achieve financial self-sufficiency for the conferences. Options mentioned included altering the content and the marketing to attract a wider audience, seeking foundation grant support (with active Board involvement), and selling items at the conference. Such ideas have found their way into NCIH strategies in the 1990s.

1. Membership

The following table reflects the downward trend in membership revenues over the past several years. The precise membership numbers themselves are unreliable (this table is subject to the caveats earlier expressed about NCIH data), but while there may have been a recent upturn, over time the trend is clearly down.¹¹

Table V: NCIH Membership Levels and Revenue

Year	Membership	Membership Revenue
1990	1599 +149 inst'l	\$215,000
1991	n.a.	n.a.
1992	n.a.	114,173
1993	n.a.	126,350
1994	n.a.	134,892
1995	n.a.+60 ¹² inst'l	108,130
1996	1200-1400 +85 inst'l	111,321

NCIH should generate a realistic strategy to increase membership (including USAID employees) over a two year period. (A goal stated in 1997 of 500 new individual members, to be achieved in five months, appears at the least to be overly ambitious.) The strategy should be based on reliable data, generated by current and past member surveys. The Board membership committee should be actively involved in the design and implementation of the membership drive. The drive might include a range of incentives to current members to recruit new members, such as discounts on publications or

A recently prepared NCIH document refers to “leveraging 2,300 individual and 120 organization members,” but we believe the figures bear no relationship to the current reality.

A June 1995 Board document analyzing membership dues listed a total of 60 institutional members in that year. NCIH believes the figure is inaccurate, but has no other material showing a different figure. NCIH cites the 1996 and 1997 levels as evidence that the 1995 level was higher.

conference fees. Multi-year memberships might be considered.

2. Conference

a. Registration Fees

NCIH should continue its efforts to reduce the number of unpaid participants. As suggested below, USAID employees should be encouraged by the agency to pay the modest registration fee, as a reflection of their support for NCIH, their interest in their own professional development, and for the opportunity to engage in dialog with members of the international health community on other than a donor-donee basis. As discussed earlier, the fee structure should continue to be examined in light of surveys of conference attendees and non-attendees alike, and the impact of the revised structure on 1997 attendance levels.¹³

b. Frequency

To the extent that grants and registration fees exceed the actual costs of a conference, NCIH generates a net profit to support other activities, and accordingly, holding the conference biannually, e.g., would not be advisable. On the other hand, if a biannual conference would generate significantly greater participation, and continue to interest donors, it may be financially attractive. The issue of conference frequency is admittedly complex. Members whose principal interest is in networking and job search may leave the organization if they see the more frequent conference as the principal vehicle for achieving their objectives. Conversely, annual conference attendees may come to suffer from "conference fatigue" and find reasons for less regular attendance. An exploration of this question with members and with 1997 conference attendees may be useful.

c. Regional Conferences

It has been suggested that regional conferences would broaden the interest of the public, and potential members of NCIH, in the organization and the issues it concerns itself with. This may well be true, and NCIH should consider the proposal carefully. The financial implications of regional conferences should be analyzed. The costs may well exceed both the short and longer-term benefits. Moreover, regional conferences may not attract the

On May 30 NCIH provided a June 1995 Board memo proposing changes in the membership dues structure. It is not known whether a similar analysis underlay the change in registration fees.

diversity of participation that a national conference held in Washington does, where the Congress and the Administration are represented.

3. Budget Oversight

There is a need for more effective communication by the staff with the Board (the Finance Committee Chairperson and the Board Chairperson). They should be kept informed of the cash position and fund balance regularly. The Chairman of the Finance Committee should be contacted by the Financial Manager and President frequently.

4. New Revenue Sources

NCIH should discuss with its institutional members its potential for participating in proposals to donors to carry out projects and programs. Proposals that highlight and draw on NCIH's strengths as a facilitator of international health collaborations and networking, and on its communications expertise, may not only be attractive to donors such as USAID, but generate needed revenue for NCIH. It is not recommended that at this stage NCIH devote substantial energy and resources to the independent pursuit of project funding by USAID.

With its small staff, NCIH faces substantial challenges when it seeks to organize quality seminars and other meetings, raise membership levels, service members, organize the annual conference, prepare newsletters, news releases and other publications, arrange for testimony at hearings, etc. Possibly, some of the burden could be lifted through collaboration with other organizations. NCIH should explore possibilities for periodically entering into partnerships or other forms of collaboration with other organizations for the annual conferences. Organizations that might be contacted include: International Chamber of Commerce, The Conference Board, Washington Business Group on Health, National Health Council, Committee for the U.N., the American Association for World Health, and the American Public Health Association. These are major business and nonprofit organizations in U.S. health affairs with international interests, and might be interested in co-sponsorship of the annual conference if the subject were related to their mission and program.)

In this regard, during the course of the evaluation consideration was given to the possibility that another organization might more effectively plan and organize an annual conference of the sort that NCIH has been presenting for years, and might be an appropriate candidate for USAID funding. In the final analysis, however, no preferred alternatives were identified. However, several organizations could be co-sponsors or partners with NCIH of annual conferences.

Organizations considered included the following:

American Public Health Association: One might conclude that the most likely candidate for this new role would be this 50,000 member organization with affiliates in all 50 states. It has

been in existence for over 125 years and has as members a broad cross section of public health professionals and several hundred organizational members. It has an International Health Section, one of 25 special interest groups within its structure. It is not considered an alternative for the following reasons: (1) Its program emphasis has been on domestic health issues for all of its history; (2) The diversity and interest of its members are such that international health would not be considered a high priority for discussion during any one of its annual conferences. It needs to cater to a much larger constituency base with more local issues of concern. (3) Most of its logistical support is given to its annual meeting which has given low priority to international health.

American Association for World Health: The AAWH has as its mission promotion of world health while placing its major emphasis on the institutional support of the World Health Organization and its Regional Office for the Americas, The Pan American Health Organization. It is not a viable alternative because (1) It has never developed a broad constituency base of international health professionals but has devoted most of its membership recruitment to lay leaders from throughout the U.S.; (2) Its major program focus has been on public health education and health promotion rather than dealing with the complex public health and medical care issues currently being promulgated by the NCIH; and (3) The AAWH would take several years of organizational upgrading and constituency building with much upgrading of staff and board to get it up to speed comparable to where NCIH is now.

National Health Council: The NHC has been a U.S. -based organization for over 75 years and is the domestic counterpart to the NCIH. It holds an annual forum on health issues of domestic interest. The NHC is not a satisfactory alternative for the following reasons: (1) It is too heavily focused on domestic issues to be concerned about international health as a priority; (2) It would require a change in its missions, by-laws, and a broadening of its membership base to move into this new area of interest; (3) It might act as a partner in discussions of international health issues but it is not interested in expanding its influence in any major way beyond the domestic front.

Other Organizations: Other organizations considered but rejected because of their very focused agenda too remote from international health issues included: The Washington Business Group on Health, The Conference Board, the International Chamber of Commerce, the International Executive Service Corps and several nonprofits that, however, do not have a strong membership base.

The Conference Board is the research and education arm of U.S. business in the U.S. although it also has international corporations as members. This nonprofit organization holds 150 to 200 conferences every year--some co-sponsored with other organizations. Conferences cover such diverse topics as productivity, health benefits, assessment of work quality, and many issues affecting employee health. The organization has a staff of several hundred and organizes high quality meetings.

The Washington Business Group on Health is a member organization with over 150 Fortune 500 U.S. companies. The WBG deals with issues of employee health, benefits, costs of delivering care, insurance issues, and many other concerns. They would be excellent partners or co-sponsors of the annual conference since most of their corporate members do business overseas.

Two final suggestions for raising revenues: NCIH should consider hiring a fund-raising consultant on a retainer basis to advise the President and staff on how to take advantage of corporate and philanthropic funds and cause-related marketing available for international health projects and core support. NCIH should also consider low- or no-cost ways to improve its image. Possibly, the services of a pro bono advertising agency can be obtained. Further, retired advertising agency executives may be available from, for example, the National Executive Service Corps. Some of the potential corporate members of NCIH could be asked to provide advice and counsel as an in-kind contribution in lieu of a formal contribution or in addition to one.

C. IMPACTS

There appears to be a consensus that the two principle objectives of the annual conferences are to increase public awareness of international health issues, and to influence international health policies. At present, there are no precise measures by which one can assess the extent to which these objectives are achieved. Further, the objectives are generally stated, and certainly not quantified. NCIH's position on impact measurement was stated in its 1994 proposal to USAID:

While we do not have a tangible or measurable procedure for evaluating what impact our conference may have on directly shaping future international health policy, we strongly believe that the unique opportunity the conference provides attendees to learn from such a diverse audience is immeasurable. Evaluation of networking is difficult to quantify, but we believe these opportunities can only serve to enlighten, inspire, and possibly influence existing perspectives as they relate to international health policy matters. The results should lead to the stimulation of new initiatives by NCIH organizational members and throughout the international health community at large.

To be sure, the conference's objective is not to produce widgets, which could be counted. Instead, the aim is to contribute to a process of education, enlightenment, and influence--a process in which there are many other actors. Certainly NCIH efforts to influence policy cannot be measured by whether the foreign aid appropriation is at a given level; while NCIH may engage in advocacy efforts concerning the level, it cannot reasonably be held responsible for the

outcome.¹⁴

On the other hand, it is reasonable to hold NCIH accountable for the effective design and implementation of an organizational strategy for influencing identifiable policy outcomes, and as well, for enhancing the awareness of identifiable discrete target audiences. The organization can state in advance, e.g., in an annual workplan, what its focus is going to be, and what specific steps it will take to achieve its objectives.

Currently, there is an absence of a connection between identified policy and public awareness objectives and the diverse range of NCIH activities. Efforts to record achievements have the quality of an assemblage of anecdotal "good works." In this regard, NCIH does not prepare a strategy or workplan in connection with an annual conference which would lay out the steps to be taken, and the actors to be employed, to achieve a significant policy objective. If such plans were prepared by staff and endorsed by the Board, NCIH could be held accountable for the creativity and realism of the plans, as well as their effective implementation.

In addition, effective surveys of conference attendees could seek to identify those actions taken by them, which were at least in partial consequence of what they learned at the conference. These might include project redesigns, partnerships and linkages, entry into new sub-sectors, etc.

D. USAID FINANCIAL SUPPORT

The range of policy issues that a "non-technical" membership organization like NCIH may credibly pursue may be limited. Certainly it can be one voice, among many, urging Administration and Congressional support for foreign aid, and can "special plead" for health-related resources and for the priority of neglected health challenges. Its influence, of course, will largely be a function of the image and reputation of the organization (size, membership, support) as well as the professionalism and quality of its advocacy. To the extent it is perceived as possessing an especially informed perspective on health-related issues, and its spokespersons are also so perceived, it undoubtedly makes a relatively distinct contribution to public debate.

For several years USAID has been concerned with whether its level of support for NCIH's conferences was excessive, particularly in light of the agency's statement of its Strategic Objectives for population, health, and nutrition in 1995. These, together with those of the PHN Center, focus on population growth, maternal and child mortality, and AIDS, and anticipate interventions and practices designed to reduce fertility, contribute to reproductive health and the health of children, and to reduce HIV/STD transmission. On their face, the objectives are targeted and precise, and thus possibly incompatible with support for annual conferences with shifting themes and many diverse subthemes as reflected in papers presented.

It is true that each conference comprehends a number of presentations that connect with USAID's fields of interest. Still, it does not appear that the conference themes routinely track USAID's sectoral priorities, or consciously focus on the Agency's target populations. In general, there is compatibility, and on occasion, a good fit.

We believe there are a number of good reasons for USAID to continue--subject to the conditions identified below--a reasonable level of support for NCIH conferences. The conference enhances the knowledge and skills of hundreds of persons and many organizations that are the agency's "agents," carrying out development programs world-wide. USAID is the intermediate beneficiary. On occasion the conference theme, and more commonly, subthemes and a range of discussions, highlights agency priority areas--and thus there is a likely strengthening of interventions and practices central to agency concerns. USAID's opportunity for active participation by its staff provides a vehicle for influencing the priorities and activities of attendees. To the extent the conferences cast light and attention on significant international health problems, and thereby heighten awareness of the role and responsibility of the US foreign aid program, the agency's objectives are served. And to the extent the conferences are elements in a strategy to influence policies, and USAID representatives have been active in the process, the agency's programs can benefit.

At the same time, it cannot be said that the conference, or NCIH itself, is essential to the achievement of USAID's sectoral objectives. The conference contributes in a variety of ways, however. Thus, USAID should in furtherance of its own interests support the activity, provided within the next two years NCIH takes those steps necessary to reduce the historic level of USAID funding, and to focus and strengthen its policy influence efforts and its public education activities. We believe it is important that NCIH act with dispatch; the financial and management challenges now facing it have grown over time, and while some progress has been made, there is much yet to be done, and done promptly.

USAID's level of financial support for the annual conferences remains problematic. USAID should anticipate an annual grant level in that range when the current Agreement expires. A well-run conference, well-attended (1000+) should cost roughly \$300,000, and creative planning might reduce that to \$250,000. Registration fees and exhibit rentals could be expected to reach

\$225,000. With vigorous pursuit of grant support from a broader range of potential donors, annual foundation and corporate grants could be projected at an annual level of \$50,000. Even assuming a shortfall, it might be in the \$50-75,000 range. To the extent that NCIH, as it has in the past, runs a "profit" from the conference, that will allow it to support its advocacy and other functions.

USAID should maintain its current annual level of conference support (\$150,000) for the remainder of the Agreement's life, provided NCIH begins to move forward with the management and financial reforms discussed herein. This will provide some "breathing room" for the Board and staff to institute change and find new revenue sources.

E. OTHER USAID INVOLVEMENT

NCIH states USAID has over the years participated in the conference planning process. Board meetings are attended by senior agency health officials, and many USAID health officers are included in the conference advisory committee. A number of presentations are agency funded via support for travel and per diem. USAID officers attend conference sessions.

It is not known how many USAID employees are members of NCIH, or attend the conferences. We believe the conference, in concept, is a useful vehicle for information exchange and for the professional development of USAID employees working in the PHN sector. The conferences, and NCIH itself, would be strengthened by a greater level of participation by USAID staff. It would be in the interest of the agency to encourage its international health employees to become members of a revitalized NCIH. Further, employees--certainly those based in Washington--should be encouraged to attend the annual conferences, and--as in the past--actively participate in discussion groups and seminars. We do not believe USAID, or other foundation or corporation grantees, should leverage free passes to the conference as quid pro quos for grant support.¹⁵

We understand the challenges involved in recruiting membership in NCIH from a cadre of USAID employees stationed overseas for years at a time. These employees, and field-based employees of nonprofit organizations as well, may question the level of benefit a membership entails, and may also have infrequent opportunities to attend annual conferences in the United States. Nevertheless, a sustained participation in the dedicated professional community that is the NCIH membership, and a concern with the issues of international health, may--in light of the modest dues--be more than adequate justification for joining and retaining membership.

Summary of Conclusions and

VI. Recommendations

A. MANAGEMENT

Significant management challenges confront the organization. They can be overcome with the right mix of creativity, dynamism, and leadership. Recommendations for change include: downsizing the Board of Directors; revitalizing the Board-staff leadership relationship; seeking foundation grant support for a defined process of institutional development over the next two years; and an immediate focus on data collection and analysis.

B. ORGANIZATIONAL VISION

NCIH has experienced uncertainty and conflict for years with respect to its principal objectives. An update of the Strategic Plan is under review and will be given to the Board of Directors for review and approval at its June meeting. Hopefully, this exercise will resolve open questions about the organization's goals, and where it should put its limited resources. The evaluation team cautions against an unrealistic emphasis on achieving policy impacts, as opposed to public awareness-related goals.

C. FINANCIAL SECURITY

The downward spiral has reached serious proportions. It must be arrested through vigorous leadership, attention to detail, an effective partnership between Board and staff, and the development and implementation of a strong revenue-generation strategy. This may include seeking out new revenues through partnerships with members, as well as more effective pursuit of conference-specific grants from the corporate community. NCIH should analyze the financial implications of alternatives to conducting a conference annually. It should attempt to generate greater support and participation, with USAID managers' backing, of individual USAID employees.

D. IMPACT

NCIH's accomplishments in the areas of public awareness and policy are neither measured nor measurable at present. NCIH should set specific objectives in these areas, develop workplans to achieve them, and identify direct and indirect measures of achievement. It should track accomplishments on a continuous basis. It should conduct assessments of the conference by survey attendees and members. It should ensure that each conference is an integrated element in its strategies to achieve identified impacts.

E. USAID SUPPORT

USAID should continue its support under the current agreement at the current level (\$150,000), provided NCIH begins to institute the management and other reforms discussed in this report. Assuming reasonable progress, USAID should continue to provide grant support for NCIH conferences, in the range of \$50,000-\$75,000 per conference.

Annexes

Annex A: Board of Directors

The Board of Directors consists of 32 individuals selected on the basis of their respective organizations with the exception of seven at-large members chosen by the Nominating Committee. The Executive Committee, appointed by the Board of Directors, functions as the Board's representative group between meetings of the Board.

The NCIH President needs consistent and substantive support from the Board. Although the primary responsibility for supporting the President often falls on the Board's top elected officer, it remains a Board function. It is apparent that the current President is not getting as much frequent feedback as needed. Other responsibilities of the NCIH Board in relation to the President include introduction to other community leaders and organizations, representing the organization at important social functions, support via compliments for exceptional initiatives, and the Board's communication of awareness of and sensitivity to family situations and needs.

Regarding informal and formal performance reviews, the NCIH Board and President should agree on purposes and processes. There is some discussion as to whether his title should be President and Chief Executive Officer or Executive Director. A decision should be made and conveyed to the staff early. More important to the community at large and potential sources of funding is a sound fiscal policy and a strong working board of individuals who meet their responsibility with zeal, enthusiasm, commitment, and responsibility. The NCIH Board needs to look at its current function and structure and whether it is performing its tasks in a business like manner.

Other Board responsibilities include ensuring effective organizational planning and adequate resources. An organization can only be effective if it has resources to meet its purposes. Providing adequate resources is first and foremost an NCIH Board responsibility. It is not clear that this is taken seriously by the Board and many members feel that the President is hired for the purpose of raising the necessary funds for the NCIH.

Many Board members do not make personal contributions and are not in a position or desire not to make introductions to grant-making organizations. In fact, some Board members feel that the NCIH may be competing with their organizations for the much needed charity dollar. It is common policy among nonprofit organizations that a Board member's largest gift should always be made to the organization on whose Board he or she sits.

The time seems appropriate for the NCIH Board to review its by-laws for the purpose of reducing the size and representation of the board. Many members do not participate in board activities nor do they make sizable contributions to keep the organization viable and financially solvent. Some members send representatives to Board meetings who are not qualified to participate in the discussions. Some Board members feel that a more responsive, affluent and prestigious members should be added if the Board is reduced in size.

Many nonprofit organizations are increasingly turning to advisory boards for help. These advisory bodies, also called advisory committees, councils, or task forces, are often expected to assist the nonprofit's staff and governing board in fund-raising and friend-raising activities. In some cases they are asked to provide professional expertise to strengthen a specific program. Unlike the members of the governing board who serve as fiduciaries and policy makers, the members of an advisory committee are not typically authorized to act as decision makers. Advisory bodies can attract distinguished, high-level people who bring invaluable contacts, visibility, and support. The specific purposes should be clearly defined and adhered to, however. The NCIH is advised to review this as a possibility for adding an important component to its prestige and fund raising efforts.

In sum:

- The Board appears to be too large and too diverse to function efficiently and to receive the proper staff support required for it to be productive.
- The by-laws do not reflect the kind of organization needed to meet the complex challenges that face the international health community today.
- Board members should express more of a personal commitment and fiscal responsibility for the organization. Few of them see their important role of keeping the organization solvent by developing the necessary funds to make the organization grow. Very few make personal contributions and none of them contribute in any substantial amount.
- Since many of the Board members who attend meetings are from the Washington, DC area, this seems to skew the representation of an organization that is suppose to be grass-roots, all-inclusive, and broadly representing the country as a whole.

In view of the foregoing, the follow recommendations are offered for the Board's consideration:

- A Board-level Development Committee should be established to oversee the process of fund raising. Included should be individuals of deep commitment to the organization and have no conflict of interest in terms of the need for funds for their own organization.

- A review of the current by-laws should be made with the goal of reducing the size of the Board and expanding the opportunity for electing more at-large members.
- A succession plan for the Board of Directors and Officers should be developed so that there is a clear understanding who will be the Chair, Vice Chair, or Secretary two or three years or more into the future.
- Selection of new members of the Board of Directors should be on the basis of their leadership, status, experience, and history of support for international health rather than on the basis of their organizational affiliation. Included should be senior corporate leaders from transnational businesses and top lay people who have demonstrated leadership capabilities and interests in international health through their service on other nonprofit boards.
- The Board should write a job description for the President and Chief Executive Officer, consulting with other groups for assistance. When the Board decides to hire the next President and Chief Executive Officer, he/she should have impeccable qualifications, experience, training, and reputation as an outstanding professional in the field of international health.
- The Board needs to take more personal interest in fund raising. Some of the Board, under the direction of the Chair and with guidance from the President, should offer some volunteer time to help the organization during this fund-raising crisis.
- Board members should give more time and talent to helping develop a short term fund raising plan to keep the organization solvent during the remainder of 1997. This should entail sending a list of personal contacts with corporate or philanthropic foundations, or a simple letter or telephone call to a prospect.
- The Executive Committee and Board of Directors should move expeditiously toward a workable reorganization plan that will demonstrate to the international health community and the funding agencies that it means business.

Annex B: Persons Contacted

USAID

Robert Clay
Nils Daulaire
Frances Davidson
Lloyd Feinberg
Dale Gibb
Duff Gillespie
Sam Kahn

Steve Landry
Miriam Lubbock
Katie McDonald
Allen Randlov (retired)
Joy Riggs Perla
Bob Wrin

NCIH Staff

Zuheir Al-Faqih
Frank Lostumbo

Jeff Thurston
Chuck Woolery

NCIH Board Members

Chinua Akukwe
George Curlin
Helen Grace
Jeff Mecaskey
David Oot

Rosalia Rodriguez-Garcia
Zeil Rosenberg
Ritu Sharma
Jane Weaver

Other

Mohamad Akhter, Executive Director, American Public Health Association

Jose Barzetto, Ford Foundation (retired)

Robert Berg, President, International Development Conference

Mary Beth Powers, Save the Children

David Gwatkin, World Bank consultant

Carolyn Long, Vice President, InterAction

Russ Morgan, former President, NCIH

John Pielemeier, consultant

Eliot Putnam, former President, NCIH

Carolyn Reynolds, Legislative Director, InterAction

Chuck Shields, Director, Canadian Society for International Health

Barry Smith, former NCIH Board Chairman

Julia Taft, President, InterAction

Myrle Wynberg, President, National Health Council