



PD-BBG 510

EMBASSY OF THE  
UNITED STATES OF AMERICA  
Brazzaville, Congo

Dr. Gottlieb Monekosso  
Director  
World Health Organization  
Regional Office for Africa  
Brazzaville  
People's Republic of the Congo

Official File Copy 06 August 1986

Subject: Grant Agreement - AIDS Control Program for Africa (698-0468)

AID Accounting and Appropriation Data:  
Appropriation: 72-1161021.8  
BPC/Allotment: GDA-86-31698-CG12/648-61-698-00-69-61  
Obligation No. 698-0468-6615420

Dear Dr. Monekosso:

1. I have the honor to refer to Mr. W. Parra's Message No. 12164 of May 7, 1986 relating to WHO Regional Office for Africa's AIDS control program.
2. I am pleased to inform you that, pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Government of the United States of America, acting through the Agency for International Development (hereinafter referred to as A.I.D.) hereby grants to the World Health Organization, Regional Office for Africa, (hereinafter referred to as the "Grantee" or "WHO/AFRO") the sum of one million United States dollars (\$1,000,000), to be used for support of WHO/AFRO's AIDS CONTROL PROGRAM, as more fully described in the WHO/AFRO proposal (Attachment A) (the "Project").
3. This Grant is effective as of the date of this letter and is applicable to commitments made by the Grantee in support of the program during the period July 1, 1986 through June 30, 1988. Funds disbursed by AID but uncommitted by the Grantee at the expiration of this period shall be refunded to A.I.D.
4. It is understood that financial records, including documentation to support entries on accounting records and to substantiate changes within this grant shall be maintained in accordance with the Grantee's usual accounting practices, which shall follow generally accepted accounting practices. All such financial records shall be maintained for at least three years after final disbursement of funds under this Grant.

5. The Grantee confirms that this program will be subject to an independent audit by the Grantee's outside certified or chartered public accountant and agrees to furnish copies of these audit reports to A.I.D. along with such other related information as may be requested by A.I.D. with respect to questions arising from the audit report.
6. It is understood that the funds granted hereunder shall be disbursed as set forth in Attachment B. entitled Payment Provisions.
7. The parties agree that this Grant and the activities financed therewith, shall be managed by the Grantee in accordance with its established policy and procedures. The proposed budget for this Grant is provided in Attachment A.
8. If the use of the Grant funds results in the accrual of interest to the grantee or to any other person to whom the Grantee makes such funds available in carrying out the purposes of the Grant, the Grantee shall refund to AID any amount of interest earned.
9. The Grantee shall prepare and submit to AID the required financial and technical reports in accordance with the schedule set forth in Attachment C.
10. The Grantee shall select two technical advisors for the Project and shall assure that they possess the technical competence, management experience, and international outlook necessary to carry out the Project effectively. AID shall furnish to the Grantee nominations to allow the Grantee to select those advisors to meet the above-stated criteria.
11. This agreement, in whole or in part, may be terminated by either party at any time upon 30 days written notice. This agreement may be revised only by the written mutual consent of the parties hereto.
12. The A.I.D. office responsible for monitoring this Grant is the Health, Population, and Nutrition Division of the Office of Technical Resources, Bureau for Africa, A.I.D.

13. Please indicate your acceptance of this Grant by signing the original and four copies of this letter in the space provided below and returning the original and two copies to the Grant Officer. Two copies may be retained for your files.

THE UNITED STATES OF AMERICA

BY: Alan W. Lukens

NAME: Alan W. LUKENS

TITLE: Ambassador Extraordinary and Plenipotentiary of the USA to the Government of the People's Republic of the Congo

DATE: - 6 AUG 1986

ACCEPTED:

WORLD HEALTH ORGANIZATION

BY: Dr. Gottlieb Lobonkesso

NAME: Dr. Gottlieb Lobonkesso

TITLE: Director, Regional Office for Africa

DATE: - 6 AUG 1986



Attachments:

- A. WHO Proposal
- B. Payment Provisions
- C. Reporting Requirements

## PROPOSAL TO USAID FOR FUNDING WHO REGIONAL OFFICE FOR AFRICA

## AIDS CONTROL PROGRAMME FOR THE WHO AFRICAN REGION

1 Introduction

Representatives of the 45 Member States in the WHO Region for Africa met in Brazzaville from 3-7 March 1986 and discussed AIDS at the plenary session of 7 March. Dr G.L. Monekosso, Director, WHO Regional Office for Africa (AFRO) identified AIDS and LAV/HTLV-III infection as an international health concern. Indicating that no country can consider itself immune from LAV/HTLV-III, Dr Monekosso encouraged national alertness and preparedness. Regarding the African Region of WHO, Dr Monekosso stressed that LAV/HTLV-III had the potential to become a major barrier to the goal of health for all by the year 2000. Finally, Dr Monekosso chaired a wide-ranging discussion about a comprehensive plan of action for AIDS control in the African Region.

This discussion resulted in a document "Recommendations for a Plan of Action for AIDS control in the African Region of WHO" (Annex I), which was unanimously approved by the Member States on 7 March. This document takes into account the overall strategy outlined by the WHO Global Programme on AIDS (Annex II) and the Executive Board resolution of 17 January 1986 regarding AIDS control (Annex III).

The "Recommendations" call upon each Member State to create a National AIDS Committee to be responsible for overall coordination of AIDS-related research and control/prevention activities at the operational level. The national strategy should consist of three parts; (1) initial assessment of the LAV/HTLV-III situation and existing resources to address the LAV/HTLV-III problem; (2) strengthening the health infrastructure in order to support epidemiological, laboratory, clinical and preventive activities; and (3) information and education programmes regarding AIDS and its prevention, directed towards the general public, risk groups in the population, and health care workers at all levels.

The following proposal is designed to assist Member States of the WHO African Region in the design and implementation of these fundamental components of their national AIDS Control Programmes, with the active involvement of AFRO, and within the framework of the overall global WHO Control Programme on AIDS.

2. Overall programme summary

The proposal includes five principal components;

2.1 To strengthen the capability of AFRO to coordinate AIDS-related activities within the African Region and to assist Member States regarding AIDS and LAV/HTLV-III infections.

2.2 To conduct initial assessments in four countries in collaboration with the WHO Control Programme on AIDS, to include epidemiological assessment of the scope of LAV/HTLV-III infection and a resource/infrastructure assessment to determine the existing health system's ability to support epidemiological, laboratory, clinical and prevention components of the national AIDS Programme.

2.3. To strengthen the health infrastructure at the national level in four Member States in collaboration with the WHO Control Programme on AIDS, to include initiation of AIDS surveillance, an appropriate level of laboratory support for the national programme, educational activities for health care workers, and public education regarding AIDS.

2.4. To assist all Member States in educating the general public and risk groups in the population regarding AIDS, through support of liaison staff.

2.5. To ensure liaison with the Global WHO Control Programme on AIDS.

### 3. Detailed programme narrative

3.1 In order to strengthen the capability of the Regional Office to coordinate AIDS-related activities in the Region and to assist Member States, it is proposed that a medical epidemiologist be assigned to the Communicable Disease Bureau at the Regional Office in Brazzaville. This person would have the following responsibilities;

- 1) to stimulate the establishment of National AIDS Committees and to establish effective liaison with each National Committee;
- 2) to participate in the epidemiological component of the proposed initial assessments of four Member States;
- 3) to provide technical consultation to all Member States regarding epidemiological, clinical and prevention aspects of LAV/HTLV-III;
- 4) to initiate AIDS surveillance using the CDC/WHO and clinical case definition and reporting forms provided by the WHO Control Programme on AIDS;
- 5) to participate in the epidemiological, clinical and prevention components of the proposed strengthening of the health infrastructure of four Member States;
- 6) to serve as coordinator for reporting of AIDS within the Region and to the Global WHO Control Programme on AIDS;
- 7) to adapt guidelines, manuals and educational materials provided by the Global WHO Control Programme on AIDS to regional, sub-regional and national needs;
- 8) to coordinate epidemiological, clinical and prevention training activities regarding LAV/HTLV-III in the WHO African Region;
- 9) to coordinate exchange of information regarding AIDS and LAV/HTLV-III infection among Member States, and with the regional and headquarters offices of WHO.

In addition to the medical epidemiologist, it is proposed that a laboratory adviser be assigned to the Communicable Disease Bureau of AFRO for a 9-month period. This person's responsibilities would include;

- 1) to provide technical consultation on laboratory aspects of LAV/HTLV-III;
- 2) to assist Member States in reaching inter-country and sub-regional arrangements regarding initial (ELISA) and confirmatory (immunoblot, immunofluorescence) LAV/HTLV-III serologic testing;

- 3) to participate in the laboratory component of the proposed initial assessments of four Member States;
- 4) to assist in design and implementation of the laboratory component of the proposed strengthening of the health infrastructure in four Member States;
- 5) to coordinate and assist training in laboratory aspects of LAV/HTLV-III in the Region.

3.2 Initial assessments are proposed in four Member States of the African Region. These Member States would be selected by the Regional Director according to two criteria; (1) presence of a LAV/HTLV-III problem already exists; and (2) expressed national willingness to confront the LAV/HTLV-III problem.

The initial assessments would be conducted according to guidelines provided by the Global WHO Control Programme on AIDS, and would include the following;

A. Epidemiological assessment

1. confirming the presence of LAV/HTLV-III infections;
2. reviewing and analyzing already existing clinical, laboratory and epidemiological data on LAV/HTLV-III;
3. performing surveys for clinical AIDS cases in selected medical facilities;
4. performing serological surveys of selected populations (e.g. blood donors, prostitutes, sexually transmitted disease clinic patients, pregnant women);
5. examining the usefulness of the existing AIDS case definitions (CDC/WHO and clinical) in the national setting.

B. Resource/infrastructure assessment; assessing national practices, systems and resources in the following areas;

1. epidemiology, with emphasis on surveillance;
2. laboratory; with emphasis on need and capability to perform ELISA testing;
3. clinical training and education;
4. health education and information for the general public and risk groups;
5. blood transfusion;
6. injection/instrument sterilization.

### 3.3 The strengthening of the health infrastructure

The results of the initial assessment will be presented to the National AIDS Committee, and will serve as the starting point for discussions within the Committee and with the Regional office regarding the strengthening of the health infrastructure to support those epidemiological, laboratory, clinical and prevention/control activities judged necessary for the National AIDS Control Programme.

#### A. Epidemiology/surveillance

In order to initiate AIDS surveillance, several activities would be required:

1. select suitable sites and surveillance methodology;
2. review AIDS surveillance form and adapt as necessary;
3. develop plan for analysis and in-country dissemination of surveillance data;
4. distribute surveillance information (including adult and paediatric case definitions) to health care providers;
5. make arrangements for AIDS case reporting to AFRO.

Based on initial results and analysis of national epidemiological situation, epidemiological monitoring through periodic serosurveys of selected populations could be considered. Finally, epidemiological studies could be considered to address areas of priority interest and importance (risk factors, modes of transmission, natural history).

B. Laboratory support will be required for epidemiological, clinical and prevention activities. Based on results of the initial assessment, a decision regarding the need for in-country serological testing for LAV/HTLV-III using ELISA techniques will be made. If in-country ELISA testing is warranted the following activities should be undertaken:

1. explicitly define goals of laboratory testing plan;
2. determine site(s) for laboratory testing;
3. hire and train national laboratory personnel;
4. procure needed laboratory equipment and supplies;
5. strengthen specimen collection and transport systems;
6. determine source of reference laboratory support, including confirmatory testing;
7. develop laboratory safety and quality assurance programmes and policies.

C. National health systems should be strengthened regarding the diagnosis and management of AIDS and LAV/HTLV-III related diseases, including attention to community management of LAV/HTLV-III infected persons. Counselling of LAV/HTLV-III infected persons is vitally important both for the individual and for public health. Major components of the strengthening of the clinical infrastructure would include providing guidelines, education and training to health care personnel at all levels in the following areas;

1. diagnosis of LAV/HTLV-III-associated disease;
2. in-hospital, outpatient and community management of LAV/HTLV-III-infected persons;
3. counselling of LAV/HTLV-III-infected persons.

D. The principal goal of the National AIDS Programme is preventing transmission of LAV/HTLV-III to uninfected persons. This prevention effort must be integrated within the existing health infrastructure. Components of the educational programme would include;

1. social marketing strategies to address sexual transmission and attitudes (expectations) regarding medical care (transfusions, injections);
2. education of health care providers at all levels, including traditional healers;
3. study of blood transfusion practices to identify possible interventions designed to prevent LAV/HTLV-III transmission;
4. study of injection/instruments sterilization and re-use practices to identify possible interventions designed to prevent LAV/HTLV-III transmission.

3.4 In order to assist Member States in designing and implementing educational programmes for the general population and for risk groups within the population, it is proposed that a special services position be supported at the WHO local rate in each WHO country representative's office. This person would be responsible for adapting the WHO Control Programme on AIDS and other materials on AIDS and AIDS prevention, including social marketing strategies, to national needs. In the area of health education, this person would function as a liaison between the National AIDS Committee and WHO. In this manner, all Member States would be encouraged and supported in the area of public education, which is the principal available strategy for AIDS prevention.

### 3.5 Liaison with the Global Control Programme on AIDS

Close liaison between AFRO and the Global Control Programme on AIDS will be required in order to coordinate further assistance to the African Region, to ensure coordination of bilateral programmes and to ensure global exchange of information on AIDS and LAV/HTLV-III infection.



## ATTACHMENT B

### PAYMENT PROVISIONS

- A. Payment under this Grant shall be by means of a Letter of Credit (LOC) in accordance with the terms and conditions of the LOC and any instructions issued by AID's Office of Financial Management, Program Accounting and Finance Division (M/FM/PAFD).
- B. As long as the LOC is in effect, the terms and conditions of the LOC and any instructions issued by M/FM/PAFD constitute payment conditions of this Grant, superseding and taking precedence over any other provisions of this grant concerning payment.
- C. Reporting:
1. A "Financial Status Report" SF-269, shall be prepared on an accrual basis and submitted quarterly no later than 30 days after the end of the period, in an original and two copies to AID/M/FM/PAFD, Washington, D.C. 20523. If the Grantee's accounting records are not normally kept on an accrual basis, the Grantee shall not be required to convert its accounting system, but shall develop such accrual information through best estimates based on an analysis of the documentation on hand. The final report must be submitted within 90 days after the conclusion of the Grant to M/FM/PAFD. In cases where Grants are Mission funded, the Grantee will forward an information copy to the AID Mission accounting station at the same time the original and one copy are mailed to M/FM/PAFD, AID/Washington.
  2. The Grantee shall submit an original and one copy of SF-272, "Federal Cash Transactions Report," within 15 working days following the end of each quarter to M/FM/PAFD. Grantees receiving advances totaling more than one million dollars per year shall submit the SF-272 on a monthly basis within 15 working days following the close of the month. Grantees shall report all cash advances in the Remarks section of SF-272. Those cash advances in excess of the immediate disbursement requirements in the hands of subrecipients or the grantees's field organizations shall be supported by narrative explanations of action taken by the Grantee to reduce the excess balance.

- D. The Grantee may transfer up to 10% of the funds in any of the fourteen categories to another category without the written approval of the Grantor. If more than 10% of the budgeted amount of any category will be expended, the Grantee will need to obtain written approval from AID prior to the transfer of funds from one category to another.
- E. Revocation of the LOC is at the discretion of the authorized LOC certifying officer of M/FM/PAFD after consultation with the Grant officer. Notification of revocation must be in writing and must specify the reason for revocation. FM/PAFD shall provide the Grant officer a copy of the revocation notice and a recommendation for an alternative method of payment (periodic advance or cost reimbursement) based upon the reasons for the revocation. The Grant officer shall immediately amend this agreement to provide for an appropriate alternative method of payment. The recipient may appeal any such revocation to the Grant officer.

**ATTACHMENT C  
REPORTING REQUIREMENTS**

**1. TECHNICAL REPORTS**

WHO/AFRO will submit on a semi-annual basis the initial assessment provided in the format by the Global WHO Control Program on AIDS and would include in narrative form:

- (A) Epidemiological assessment
- (B) Resource/infrastructure assessment

**2. FINANCIAL REPORTS**

WHO/AFRO will submit reports to AID on a quarterly basis covering expenditures for grant specified activities. This financial reporting may be done in the form of normal financial reports of WHO/AFRO provided that such reports distinguish expenditure by each of the fourteen budgetary categories.

**3. SPECIAL REPORTS**

Special reports may be required as mutually determined by AID and WHO/AFRO.

**4. WORK PLANS**

WHO/AFRO will submit to AID, within 90 days after signing the grant, a detailed workplan for the first year of project activities for joint WHO/AFRO and AID review. Subsequent annual workplans will include accomplishments to date on the previous year's workplan and a detailed workplan for the next year as well as a less detailed projected workplan for the remaining project years. They will be jointly reviewed and agreed upon by WHO/AFRO and A.I.D. and in some cases with concerned national officers.

**5. SUBMISSION OF REPORTS**

All reports are to be submitted to:

Dr. Gerold van der Vlugt  
Chief, Health, Population, Nutrition  
Africa Bureau  
Room 2492, N.S.  
Agency for International Development  
Department of State  
Washington, D.C. 20523