

EVALUATION OF HEW/OIH/AID  
RESOURCES SUPPORT SERVICES AGREEMENT (RSSA)

Report by Evaluation Panel:

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Evaluation Methodology:

A closed-panel, which met for two days, reviewed the work performed under the three-year RSSA. Invitations to participate in the discussion were extended to the Regional Bureaus, DSB Program and Administrative Offices, the Bureau for Program and Policy Coordination (PPC) and the Contracts Office, as well as the staff of the Office of Health (DS/HEA) and the Office of International Health (CIH). The Panel was composed of two representatives each from AID and HEW and two individuals from outside government. These latter two were selected for their knowledge of the organization of AID and HEW, international health, and the objectives of the RSSA. Prior to the formal evaluation, the Panel Members received a scope of work and issues to be addressed during the evaluation, the copies of the original RSSA, its subsequent amendments, and relevant financial documents together with representative samples of reports produced under the RSSA. Further data were supplied for the Panel's review from a document prepared and discussed by the Director of the Office of International Health (OIH). The entire array of reports completed during the RSSA was also made available to the Panel Members for their review during the formal evaluation.

### Mode of Work of the Panel:

The Panel met with staff members of DSE/HEA in a planning session, Monday, February 12, 1979, to discuss the scope of work to be completed during the evaluation and general procedures for conducting the two-day session. During the formal evaluation, conducted on February 15 and 16, the Panel listened to and questioned staff of both AID and OIH on a variety of issues relating to the RSSA. The issues addressed by the staff of AID and OIH, under the respective direction of Drs. Lee Howard and John Bryant, are attached to this report. The Panel met in closed session the afternoon of the second day to discuss the presentations of the preceding day and a half, review the documentation and information presented, and arrive at a consensus of recommendations for the future of collaborative working arrangements between AID and HEW.

### Discussion:

The purpose of the RSSA between AID and HEW is to provide a means for the Agencies to cooperate in carrying out the Foreign Assistance Act of 1961, as amended. At the outset, the Panel recognized that significant shifts in U.S. international health policies and programs have occurred during the lifetime of the RSSA which may have affected the usefulness of the Agreement to the Agencies. For instance, the current trend in AID, as in other federal agencies, is to rely less on direct-hire employees and more on external organizations and groups to carry out the Agency's programs.

Two mechanisms frequently used by AID to insure that it has ready access to competent sources of external assistance in carrying out its development assistance goals are the RSSA and the Indefinite Quantity Contract (IQC). The IQC is a mechanism used by AID to acquire assistance in specific program areas for a fixed period of time from a non-government organization or group. In order to obtain an IQC, a contractor must prequalify to work in an area vital to AID's operations. Once prequalified, the contractor with an IQC can be employed more quickly by AID to work on a project than other contractors.

The RSSA, on the other hand, is a mechanism whereby AID receives assistance in specific program areas for a fixed period of time, from another agency of the federal government; in this case, from HEW. While the IQC is widely and successfully used within AID to accomplish specific short-term program objectives, the Panel believes that a high priority should be placed on retaining the RSSA, albeit with certain modifications, rather than relying entirely on IQCs.

First, the OIH staff are the officially-designated counterparts of the staffs of foreign ministries of health and are received as such when overseas.

Second, the OIH has acquired an "institutional memory" of AID's functions, organization and personnel by virtue of its staff working with AID through the RSSA and its preceding arrangement since the origin of the AID program.

Third, OIH is the official channel to approach the technical resources within HEW.

And fourth, federal inter-agency coordination, as brought about through the RSSA, is an Administration objective.

The members of the Panel were aided in their deliberations regarding the value of the RSSA by information supplied to them by Drs. Lee Howard and John Bryant in individual presentations. Dr. Howard outlined the goals and objectives of AID's health programs and thereby highlighted his particular concerns for promoting intersectoral planning, improved nutrition, extension of family planning services, sanitation and clean water supplies, control of epidemic tropical diseases and major endemic diseases. Dr. Bryant, in turn, spoke of OIH's interest, hopes and capabilities in promoting international health. OIH's role in international health is shaped by the responsibility given to the Surgeon General of the PHS to represent U.S. interests in health to the World Health Organization. From Dr. Bryant's point of view, the OIH has a strong desire to be responsive to AID's needs by providing support to its programs through DHEW's resources. Both Program Directors clearly stated their desires to retain its present AID/OIH relationship through the RSSA and to broaden the OIH technical capability in order to more effectively respond to the requirements of AID's international health programs.

#### Conclusions:

The following are the major conclusions reached by the Panel during its two days of meetings:

1) The comparative advantage of the RSSA over alternative mechanisms for assisting AID in meeting its development goals in health.

The Panel concluded that the RSSA has unique advantages over the major alternative, the IQC, as a mechanism for AID to secure needed assistance in its international health programs. In addition to the four previously mentioned advantages of the RSSA as compared to the IQC, the Panel feels that many countries may prefer working with U.S. government personnel rather than IQC intermediaries on AID-supported projects.

2) The productivity and responsiveness of the RSSA-employed staff to AID's requests for assistance.

Based on a review of the reports produced during the time the RSSA was in effect and the line of questioning which took place during the formal evaluation, the Panel concluded that the staff had performed competently and that the work produced was responsive to AID's requests.

3) The degree of mutuality which may exist in the future between HEW's and AID's goals, objectives and capabilities in international health.

After outlining for the Panel their future plans and needs for external assistance in executing those plans, it was clear that Drs. Howard and Bryant supported continuing the RSSA. The two Program Directors also agreed that in developing the future agreement, consideration should be given to incorporating changes which will improve the RSSA's effectiveness in supporting their respective Agencies' responsibilities in international health.

Recommendations:

Despite significant shifts in U.S. international health policies and programs which occurred during the lifetime of the RSSA, the Panel concurred that the Agreement had permitted AID to draw widely upon HEW's resources to carry out development activities. The Panel further concluded that, with certain modifications, the RSSA can improve the effectiveness of the cooperative working relationship between HEW and AID in the field of international health. The mode for doing this should be agreed upon during negotiations for extension of the RSSA. Based on its inquiry, the Panel suggested the following as areas where changes in the RSSA between AID and HEW should be considered:

a) A clearer distinction should be made between the responsibilities of the staff of the OIH employed under the RSSA, in meeting AID's programmatic needs and the needs of HEW in international health. The RSSA is intended to establish a partnership between AID and HEW for purposes of carrying out the health provisions of the U.S. Foreign Assistance Act. Since the Panel views the responsibilities of AID and HEW as complementary rather than conflicting, under this arrangement, it suggests that the RSSA-supported staff of the OIH engage only in activities which advance AID's legislative mission in international health.

b) As mentioned, the Panel is laudatory of the work performed by the staff of the OIH employed under the RSSA. At the same time, the Panel believes that the mix of skills of the staff should be broadened

in certain areas so as to provide AID with more effective entry points into HEW resources. In particular, the Panel Members suggested that appropriate steps should be taken to draw more productively in the future upon the huge capacity of competence in the PHS from research to direct service, areas of staff expertise in the PHS which should be used more fully in a future RSSA.

c) The Panel recommends that HEW increase both its staffing and support of the RSSA. In carrying out this recommendation, it is assumed that HEW will adhere to the personnel policies of the federal government so as to avoid conflicts of authority in the use of staff time.

d) While recommending that the RSSA be continued and expanded as necessary to meet future workloads, the Panel recognizes the need for the development of a management plan. This plan should be based upon clearly-stated objectives and yet retain sufficient flexibility to guide the staff in performing the variety of assignments required.

e) The Panel suggests that future contract procurement and monitoring performed under the RSSA by non-governmental agents should be handled by AID rather than OIH.

f) The Panel feels that more effort should be made by OIH and the Office of Health to inform the four Regional Bureaus of AID of the nature and availability of the resources developed through the RSSA. It is apparent to the Panel that the centrally-funded staff resources of the RSSA are generally underutilized by the Regional Bureaus.

g) In conclusion, it is suggested that this procedure of periodic review and assessment by an outside group be continued to assist in achieving optimal performance by all involved.