

PD-ABC-206

AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT IDENTIFICATION DOCUMENT
FACESHEET (PID)

1. TRANSACTION CODE
 A = Add
 C = Change
 D = Delete
 Revision No. _____
 DOCUMENT CODE 1

2. COUNTRY/ENTITY
 WORLDWIDE

3. PROJECT NUMBER
 936-5986 ISN 69541

4. BUREAU/OFFICE
 A. Symbol B. Code
 S&T Office of Health

5. PROJECT TITLE (maximum 40 characters)
 Diarrheal Disease Research and Coordination

6. ESTIMATED FY OF AUTHORIZATION/OBLIGATION/COMPLETION
 A. Initial FY 9 1
 B. Final FY 9 6
 C. PACD 9 7

7. ESTIMATED COSTS (\$000 OR EQUIVALENT, \$1 =)

FUNDING SOURCE		LIFE OF PROJECT
A. AID		16,250
B. Other U.S.	1. Buy-in/Add-on	4,800
	2.	
C. Host Country		
D. Other Donor(s)		
TOTAL		21,050

8. PROPOSED BUDGET AID FUNDS (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. 1ST FY		E. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) HE	511	540		2000		6250	
(2) CS	511	540		550		10000	
(3)							
(4)							
TOTALS						2550	16,250

9. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

10. SECONDARY PURPOSE CODES

11. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

12. PROJECT PURPOSE (maximum 480 characters)
 To develop improved technologies for the prevention and treatment of diarrheal disease

13. RESOURCES REQUIRED FOR PROJECT DEVELOPMENT

Staff:
 In addition to S&T/H staff, 40 days of consultant time will be needed to do the economic, technical, administrative and social - soundness analyses and 20 days of a consultant to assist in design work.

Funds
 Program funded: 60 days @ \$300 = \$18,000

14. ORIGINATING OFFICE CLEARANCE
 Signature: *Ann Van Dusen*
 Title: Ann Van Dusen
 Acting Agency Director for Health
 Date Signed: MM DD YY
 11 21 09 10

15. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
 MM DD YY

16. PROJECT DOCUMENT ACTION TAKEN
 S = Suspended CA = Conditionally Approved
 A = Approved DD = Decision Deferred
 D = Disapproved

17. COMMENTS

18. ACTION APPROVED BY
 Signature: *Richard E. Bissell*
 Title: Richard E. Bissell
 Assistant Administrator, S&T

19. ACTION REFERENCE

20. ACTION DATE
 MM DD YY

Project Identification Document

Diarrheal Disease Research and Coordination

(936-5986)

**S&T/H/AR
December 7, 1990**

10/2/90

PROJECT IDENTIFICATION DOCUMENT

Diarrheal Disease Research and Coordination
(936-5986)

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I. PROJECT SUMMARY

The implementation and success of A.I.D.-financed projects to date have demonstrated the potential for substantial rewards from diarrheal disease research (DDR) and pointed out the need to make future DDR more cost effective and sustainable.

The Diarrheal Disease Research and Coordination (DDRC) project continues A.I.D.'s commitment to DDR and initiates a new phase of DDR focussed on improved cost-effectiveness and sustainability through an increased emphasis on country-based research, coordination of research activities; and communications between researchers, health care providers and policy/decision-makers, and application of research results.

DDRC will have three primary components:

1. Support to and strengthening of international diarrheal disease research programs carried out by the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B) and the Diarrheal Disease Control Program of the World Health Program (WHO/CDD);
2. Support to and strengthening of country-based diarrheal disease research programs; and
3. Enhanced DDR communication, coordination, and application of useful research results.

DDRC is proposed as a five year, \$21.05 million activity. Funding will include \$16.25 million in central funds and \$4.8 million in buy-ins. The project implementation will be monitored by the Applied Research Division of the Office of Health, Bureau of Science and Technology (S&T/H/AR).

II. PROGRAM FACTORS

A. Relationship to A.I.D. Strategy and Programs

A.I.D. so strongly believes in understanding and controlling diarrheal disease that it has become a major priority within A.I.D.'s health, nutrition, child survival and related programs. Together with immunization, nutrition and birth spacing, diarrheal disease control, largely through oral rehydration therapy (ORT), is one of the four emphasis interventions which form the basis of the Agency's Child Survival Strategy. While tremendous effort is being made to expand and increase the actual delivery of these basic, cost-effective technologies through primary health care systems, A.I.D. also recognizes the need to "continue to invest in basic and applied research to develop new technologies for child survival, to improve the delivery and

effectiveness of existing technologies."¹

In fact, while numerous donors help implement programs to deliver diarrheal disease services, A.I.D. has been preeminent in diarrheal disease research. According to the Diarrheal Disease Control Strategy, "A.I.D. will support research in a number of areas related to diarrheal disease control, ranging from basic studies to improve the effectiveness and actual appropriateness of the ORS solution, development of vaccines against organisms causing diarrhea, to applied or operational studies concerning ethnographical/anthropological/behavioral aspects of diarrhea control programs and ORT, communication techniques, feeding during diarrhea, and other program implementation problems both at the local or country levels."² Most of the A.I.D.'s various policy statements concerning diarrheal disease research also stress the importance of improved communication, collaboration and coordination, yet those issues have never been addressed in any direct or comprehensive way.

B. Conformity with Recipient Country Strategy/Programs

Worldwide, USAIDs have joined host countries to slow the needless waste of the lives of infants and children. A.I.D. supported child survival programs in more than 50 countries in FY 1989, dedicating nearly \$200 million to the effort. There are now approximately 500 discrete activities in child survival which are financed in whole or in part by A.I.D., of which nearly 50 are regional or worldwide in scope. Since diarrhea is such an acute and chronic problem with children in LDCs, many of these interventions have a component related to diarrheal disease control and research. A.I.D. centrally funded projects alone sponsor country-based research in 10 developing countries and, through the World Health Organization, partially fund research in another 70 LDCs.

III. PROJECT DESCRIPTION

A. Statement of Problem

1. Background

Despite tremendous progress in the 1980s, particularly due to strengthened programs of immunization and oral rehydration therapy, diarrheal diseases remain one of the world's most

¹ A.I.D. Policy Paper - Health Assistance (Revised), December 1986, pp.2.

² Diarrheal Disease Control Strategy, January 1987, pp.23.

important public health problems, killing more than four million children each year in developing countries.

For twenty years, A.I.D. has been supporting a variety of diarrheal disease research activities, covering the spectrum of basic and applied research. The two S&T/H projects fully dedicated to DDR are the Diarrheal Disease Research Project (DDRP) 936-5928 and Applied Diarrheal Disease Research (ADDR) 936-5952.

The first project, DDRP, has sought "to develop new interventions to prevent and treat diarrheal diseases by providing support to the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B) and to the Diarrheal Disease Control Program of the World Health Program (WHO/CDD). DDRP is now authorized at a level of \$20.5 million with a Project Assistance Completion Date (PACD) of December 31, 1990. With A.I.D. and other donor support, ICDDR,B has: discovered and developed oral rehydration therapy; conducted cholera vaccine trials and established their potential efficacy; trained more than 11,000 health practitioners in the diagnosis and treatment of diarrhea; published more than 700 articles, books reviews, monographs and collected papers on diarrhea; and in the course of its research, directly treated nearly 800,000 patients. Through its contributions to WHO/CDD, A.I.D. has helped: develop more effective formulations of oral rehydration salts; established the importance of continued feeding during diarrhea; clarified the protective role of breastfeeding in reducing mortality and morbidity due to diarrheal disease; and supported more than 450 research projects carried out in 86 countries (73 of which are developing countries) by investigators from 88 countries.

The second project, ADDR, currently has an authorized life-of-project funding level of \$14,450,000 (including \$3 million in buy-ins) and a PACD of November 30, 1994. Its purpose is to support applied research to adapt new and improved technologies for the control and prevention of diarrheal diseases in particular country settings. The research activities focus on four broad themes: a) home use of foods and fluids in the management of diarrhea, b) prevention and intervention, c) invasive and chronic diarrhea, and behaviors and behavioral change of mothers/care givers, and/or d) health care providers, the recognition and treatment of diarrhea. This purpose is supported through technical assistance, research grants and institutional support.

2. Lessons Learned

Project experience to date and the findings on the evaluations suggest that despite significant progress, due in part to these contributions from research, diarrheal diseases remain a leading

cause of childhood morbidity and mortality and a major contributor to malnutrition throughout the developing world. Diarrhea is a continuing problem. In addition, the work to date has revealed that:

- a) New knowledge, such as ORT, can make an enormous and cost effective impact on DDR mortality;
- b) What seemed to be a simple solution to averting death through timely rehydration of DD cases, turned out to be a complex one, including issues of improved basic research, dietary management, changing behaviors and effective service delivery;
- c) Diarrhea occurs within a complex and insidious environment in which conditions and diseases such as acute respiratory infections and malaria play a direct role;
- d) The control of diarrheal disease must continue to include both the extension/delivery of currently available technologies and the basic and applied research to improve the effectiveness of service delivery, strengthen program planning and supervision, adapt technologies to local needs and resources, promote health education and foster behavioral change; and
- e) Numerous factors effect and handicap the efficiency of DDR including:
 - 1) Inadequate numbers of trained and experienced research personnel;
 - 2) Insufficient research funding, institutional facilities and capabilities;
 - 3) The problem (diarrhea) is found disproportionately in developing countries while the means to address the problem (funding, researchers and research institutions) are found disporportionately in the developed countries;
 - 4) Inadequate linkages between research and decision-making;
 - 5) Inadequate communications and sharing of research information between and among researchers, care providers and decision-makers;
 - 6) A continuing bias towards laboratory-based rather than operations and community-based research; and
 - 7) An inadequate mechanism to determine the high priority areas for research investments.

A recent Review of the Diarrheal Disease Research Portfolio of the Office of Health concluded that A.I.D. "has added fundamental

knowledge and technologies, implemented effectively the child survival policy, and reduced significantly mortality rates due to these conditions in developing countries." It recommended that A.I.D. continue to support DDR, but urged closer linkages among and between researchers, health care providers and policy/decision-makers; and continued flexibility to respond to changing research priorities.

B. Project Goal and Purpose

The goal of this project is to improve the health status of populations in LDC's through reducing mortality and morbidity in children due to diarrheal disease. In pursuing this goal, A.I.D. recognizes that, while it is a major actor, it is but one of many actors supporting a similar goal.

The purpose of the project is to develop and apply new and improved technologies for the prevention and control of diarrheal disease. Technologies may include products such as oral rehydration solutions, vaccines or diagnostics; methodologies such as home-based management or health education; and secondary programs such as planning or supervision which improve the delivery of the primary technologies.

Specific End of Project Status indicators will be developed during design of the Project Paper, recognizing the difficulty in quantifying this purpose. As with the predecessor projects, DDRC will continue to directly support a range of research initiatives, but puts increased emphasis on the research coordination and communication and application of research results.

C. Expected Achievements and Accomplishments

The expected achievements and accomplishments as a result of this project are:

1. Significant programs of international and country-based diarrheal disease research will continue to enjoy assured funding;
2. DDR financed by A.I.D. will be more targeted at areas consistent with A.I.D.'s research priorities;
3. DDR financed by A.I.D. will be better linked to national health priorities, national CDD programs and to research underway at ICDDR,B and/or WHO/CDD;
4. Information about DDR will be more widely and freely shared among researchers;

5. Two-way communications between and among researchers, care providers and decision-makers will be strengthened feeding field information to researchers and research information to providers and decision-makers; and
6. Research results will be applied and incorporated into service delivery and as a result, DDR will be more cost-effective and more institutionally and financially sustainable.

D. Project Outline and How It Will Work

While research priorities will be periodically reviewed over the five-year life of project, they will initially focus on three broad categories:

- Improvement of diarrheal disease case management including home and family based management, the role of women, ORS/Super ORS, feeding during diarrhea, breastfeeding, antibiotics URC, and rapid diagnostics;
- Risk factors associated with dying from DD including persistent diarrhea, shigellosis, social, cultural, economic and host factors;
- Development of vaccines to prevent DD entirely and/or to reduce its severity.

DDRC will have three primary components:

- Support to and strengthening of international diarrheal disease research programs;
- Support to and strengthening of country-based diarrheal disease research programs; and
- DDR communication, coordination and application of research results.

1. International Research Programs

The first component is a direct follow-on to the current Diarrheal Disease Research Project (DDRP) 936-5928 which supports the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B) and the Diarrheal Disease Control Program of the World Health Program (WHO/CDD). ICDDR,B has a successful tradition, a unique field laboratory capability and is both a magnet for established and reputed professionals and a proven training ground for young and capable researchers. WHO/CDD

executes a diverse research program, helps to generate basic information on DD morbidity and mortality and promotes DDR in a large number of developing countries. In part because of the results noted above and in part because of the unique role each program plays in DDR, it is important that ST/H continue to support both organizations.

However, ICDDR,B must become a more independent research institute by increasing and diversifying its funding base, strengthening its planning and program management and research capabilities, and international role in training researchers in LDC's.

WHO, because of its worldwide mandates and country network should further explore its potential role in research coordination and data dissemination and results application promotion.

Accordingly, primary modifications to this component under DDRC are expected to include:

- a) Funding and increased technical assistance focussed on strengthening ICDDR,B along the lines noted above. This modified emphasis may mandate a reduction of A.I.D. direct funding of ICDDR,B's research; and
- b) Clearer objectives and criteria for the grant to WHO/CDD including greater support to DD coordination, communication and dissemination and slightly strengthened requirements and financing for programmatic and financial reporting and evaluations. Funding for WHO/CDD managed research per se may also be reduced under the DDRC.

2. Country-Based Research Programs

The second component is also a direct follow-on to an existing project -- Applied Diarrheal Disease Research (ADDR) 936-5952 -- which supports country-based research through research grants, technical assistance and limited institutional support. This component will be phased in during the third year of the project.

Lessons learned to date stress the continued need for country based research and the need to train and upgrade researchers and research institutions through mentorship with U.S. researchers and institutions and the need to promote communications between researching health decision makers. The experience also shows that research skills and methodologies learned while focussed on diarrheal disease is frequently and directly applicable to research on other high priority child survival areas such as acute respiratory infections. The evaluation of this project recommended that content and implementation methodologies are expected to be modified to:

- a) Links to strengthen national diarrheal disease control programs;
- b) Strengthen provisions for the sharing of research information with other researchers, health care providers and decision-makers;
- c) Emphasize the improved capability/sustainability of country-based research institutions as well as of individual researchers;
- d) Promote developing country relationships to a broader range of U.S. based researchers and research institutions and solicit the collaboration of international research institutions such as ICDDR,B in the effort.

The country-based research will be limited to ten to twelve countries during the third, fourth and fifth year of the project.

3. DDR Communication, Coordination and Application of Research results.

The third component is the major new initiative of DDRC, though certain elements of this component were originally incorporated into ADDR, but later dropped during project implementation. Under this component:

- a) A diarrheal disease research information system will be established to: facilitate more timely dissemination and more open sharing of DDR information; minimize redundancies in A.I.D. financed DDR; help assure closer linkages to national CDD programs, international research and A.I.D.'s priorities; ferret out, synthesize and disseminate state of the art research in DD being undertaken worldwide; and assure improved coordination with other related research in nutrition, hygiene, etc. which directly impacts DDR;
- b) Other methods will be examined and short-term assistance provided to implementing organizations and research institutes to improve communications, collaboration and coordination; and
- c) Periodic advisory meetings and workshops on research and issues of research collaboration and coordination.

IV. FACTORS AFFECTING PROJECT SELECTION AND FURTHER DEVELOPMENT

A. Social Considerations

1. Socio-Cultural Context and Feasibility

Just as one's health influences productivity which in-turn influences socio-economic conditions, so socio-economic conditions are an important determinant of health. In the developing world, diarrhea alone kills twice as many infants as are killed by all causes in the developed world. Infectious viruses, bacteria and parasites appear worldwide but are particularly common in less developed settings, fostered by such factors as: contaminated or inadequate water supplies; inadequate facilities for the disposal of human wastes; poor household hygiene; and/or poor nutrition or feeding practices. Until improvements can be made in education, agricultural production, water supply and sanitation and housing, the war against diarrheal disease will have to be waged with those conditions in mind. War fronts will have to include vaccines and curative actions, improved management practices and behavioral changes that help prevent diarrhea in the first place -- breastfeeding, improved weaning and better hygiene.

While diarrheal disease research is complicated by such technical variables as the fact that it is caused by a wide variety of infectious viruses, bacteria and parasites and easily transmitted by ingestion of food and water, direct contact and perhaps even through airborne contamination, those technical complexities pale by comparison to the variety of socio-economic conditions facing households and communities in different countries of the developing world. Experience has shown that what seemed to be a simple solution to averting death through timely rehydration of DD cases, turned out to be a complex one, including issues of dietary management, changing behaviors and effective service delivery, all of which are heavily influenced by socio-cultural factors.

While good health appears to be highly valued everywhere, it is pursued through very different practices and strongly influenced by belief systems concerning illness, the believed causes and ways in which cures or relief is achieved or obtained. In most cases families, friends, religious leaders or traditional healers are consulted before one seeks out the more formal health systems. The better prepared those sources are to help, the quicker and better is the care provided.

The complexities of the technical and socio-cultural variables involved in diarrhea demonstrates both the challenges facing DDR and the necessity for close communication and collaboration

between the biological and medical researchers and the social scientists examining community and home-based application on the technologies developed.

2. Participants and Beneficiaries

The ultimate beneficiaries and primary target group for this project is the population at higher risk of death or serious complications from diarrhea, infants and children under five years of age. A second, closely related target group are mothers and health care providers and agencies who save time, money and psychological distress by more effectively preventing or treating diarrhea. Like other research projects, however, these ultimate beneficiaries will benefit only to the extent that new and/or improved technologies are actually developed, adapted to local needs and resources, promoted and made available to them.

The major participants and direct beneficiaries of this project are the approximately 500 individual investigators and approximately 50 research institutions worldwide which will receive research grants and or strengthening assistance under this project allowing them to extend or improve the quality of their research. Secondary beneficiaries are those donor organizations and governments whose research dollars are made more cost effective by this project.

Broad participation and cooperation among and between medical and social scientists, health care providers, mothers and decision-makers is the basis by which DDRC will make DDR more efficient and cost-effective. The participation of all these groups is critical to project success.

Mothers and, to a lesser extent, primary level health providers have demonstrated that they can be effective in administering oral rehydration therapies, modifying weaning practices and other behaviors, thereby treating and preventing diarrhea.

No group is expected to be negatively affected by this project.

3. Impact

As with other research activities, it is difficult to estimate the long-term impact of this project on saving lives or health care costs. The assumption underlying the approach taken is that by helping to improve the collaboration and the flow of information surrounding diarrheal disease research, research funds will be spent more effectively and with greater chances of success than would be the case without the project.

No social examination can reasonably incorporate the diversity of socio-cultural patterns found worldwide. To the extent that the project helps in the prevention and/or treatment of diarrhea, it will help the poorest populations on earth.

B. Economic Considerations

The costs of the proposed project will be further defined during the PP design, but the benefits of this project in particular and research in general cannot be projected with any degree of confidence, that being possible only in retrospect. Without knowing the benefits anticipated, cost/benefit or internal rate of return analyses are impossible and the allocation of project funds to various research institutions, investigators, priorities and regions (or even to alternative investments such as promotion of ORT) becomes highly speculative and, to some extent, arbitrary. By promoting a periodic review of research priorities and by promoting a faster and fuller sharing of research information, the project will reduce waste in the application of DDR resources, both human and financial, and enable those resources to more flexibly respond to areas of research currently offering the greatest potential for positive results.

C. Implementation Considerations

As discussed above, A.I.D. has substantial experience with projects concerned, in whole or in part with diarrheal disease research. A.I.D. understands the long-range nature of DDR, its complexities and the uncertain returns that can be expected. DDRC will merge DDRP and ADDR and build upon the lessons learned and address problems identified in implementing those projects. In essence, it will emphasize improved implementation of DDR.

DDRC will be a five year project and will include mid-project evaluation, design modifications and renegotiation/recompetition steps.

As for the experience of the proposed implementing agencies, the international research component will continue to support the programs of ICDDR,B and WHO, both of whom have considerable experience conducting and managing DDR. The PP will provide a more detailed analysis of these programs and organizations and further discuss actions proposed to strengthen their work. Support will continue to be implemented through grants or cooperative agreements.

The country-based research currently being supported by ADDR is implemented through a consortium of educational and medical research institutions and has demonstrated the ability of such consortiums to support country-based research. It is expected

that the new country-based component will continue to be implemented through a cooperative agreement, but will be recompeted under DDRC. Two successively competed five-year cooperative agreements are anticipated for this project, and the support provided under each will be limited to ten to twelve countries. Assurances of utilization of a broad range of universities and research institutions will be one criteria for recipient selection. Second round research programs, already initiated under ADDR, will be completed on a parallel path to DDRC.

The DDR communication and support services will be implemented through an A.I.D. direct contract and open to full competition from public and private educational or research institutions and/or private firms. Two successive five-year contracts will be competed and awarded. During PP design, discussions will also be initiated with WHO to ascertain what, if any coordination/communication functions might better be the responsibility of WHO/CDD.

DDRC will be managed out of S&T/H/AR, the office which has backstopped the current centrally funded DDR projects. By combining multiple projects, by clarifying priorities, objectives and criteria, by facilitating and mandating improved communications, by periodically adjusting each of the above and by altering contractor assistance to promote coordination and collaboration, A.I.D. management capabilities should be improved without placing an additional management burden on S&T/H/AR.

D. Estimated Cost and Methods of Financing

Table 1 (ANNEX C) shows the estimated project costs by project component. The total estimated cost of the project is \$21.05 million of which \$16.25 million will be from central funds and \$4.8 million in buy-ins. S&T/H will fund most all project costs including foreign exchange costs of country based workshops and seminars, short-term TA and limited equipment procurement. In most cases, however, in-country costs including per diem, transportation, facilities and all research costs will be paid either by USAIDs or host government sources of funding.

Table 2 (ANNEX C) shows the estimated levels of obligations by fiscal year. The obligations in FY 95 presume that the project will not initiate activities until at least three months into FY 91.

E. Design Strategy

The project components described above for the World Health Organization's Control of Diarrheal Disease Programme (CDD) and ICDDR,B were conceptualized by the WHO and ICDDR,B in

coordination with the project officer from S&T/H/AR. More detailed requests are now being developed by those organizations and will be incorporated into the Project Paper. Since both organizations are "international organizations," the grants or cooperative agreements will be developed in accordance with AID Handbook 13, Chapter 5.

The PP will be prepared once the ICDDR,B and ADDR evaluations are available and the preliminary ICDDR,B and WHO proposals are received. Among the major tasks to be performed by the design team will be specifying and quantifying End of Project Status; examining other donor programs in DDR, particularly relating to improved communications and coordination of DDR; and exploring the project issues identified below.

S&T/H/AR will require the services of a scientific researcher, a health anthropologist/sociologist and a design specialist for a total of approximately nine person-weeks.

F. Recommended Environmental Threshold Decision

The approved Initial Environmental Examination (IEE) for this project is found in ANNEX B. The IEE has resulted in a Negative Determination on the basis that the project will not have a significant effect on the environment.

G. Project Issues

As discussed, this project is completely supportive of A.I.D. policies and priorities, so there are no A.I.D. policy issues involved. Nevertheless, there are several social or technical project issues which must be further examined during PP design. These include:

1. Sharing of Research Information -- Because of human nature and systemic pressures, researchers tend to keep incremental progress to themselves sharing only when they can take credit for breakthroughs or when they require help in a specific area. How can this tendency be overcome without unduly disadvantaging A.I.D. funded researchers?
2. Research-Implementation-Research Continuum -- Free and open two-way communication among and between basic and applied researchers, decision-makers, health care providers and mother improves both research and service delivery. What specific low-cost and effective methods can this project promote to encourage broad participation and communication?
3. Funding Allocations -- Without knowing anticipated specific benefits in advance, allocation of project funds to the three

components is a less than perfect process. How should funding allocations be made and justified? What are the perceived repercussions of the proposed cutbacks to ICDDR,B and WHO/CDD contributions? How should country buy-ins best be incorporated to maximize use of central funding and still provide incentive for country participation?

4. Flexibility -- The proposed project design encourages periodic review of research priorities and funding criteria. How can balance between "staying the course" and "pulling the plug" best be achieved?

5. Incorporating Other Research -- A strong case can be made why other related types of child survival research should also be eligible for support, training or TA under this project (to respond to field concerns about the proliferation of centrally funded projects and to avoid duplication of methodologically similar projects). To what degree should and/or how can assistance to other research, such as acute respiratory disease be incorporated into the project?

DIARRHEAL DISEASE RESEARCH AND
AND COORDINATION RESEARCH
LOGICAL FRAMEWORK (PRELIMINARY)

NARRATIVE	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Goal:			
To improve the health status of LDC population by to reducing mortality and morbidity in children due to diarrheal disease	Mortality and morbidity due diarrheal diseases	International health data bases; national health data bases	
Purpose:			
To develop improved technologies for the prevention and treatment of diarrheal disease	EOPS: 1. 4-6 new technologies tested 2. Dissemination of research results to include 15 institutions and 300 investigations 3. 15 DD research institutions strengthened in 8-10 LDCs	ICDDR/B reports WHO reports	Improved research process, collaboration and coordination
Outputs:			
1. DD research priorities established and periodically reviewed	1. TAG meetings held to set research priorities	1. Minutes of TAG meetings	1. Adequate research proposals developed by country-based researchers
2. Enhanced communication and coordination among researchers and research organizations	2. Information System in place	2. Project Evaluations	

INITIAL ENVIRONMENTAL EXAMINATION

Project
Location: Worldwide

Project Title and Number: DDRC

Life of Project: Seven Years

Project Assistance Completion Date: June 30, 1997

IEE Prepared by: Joseph Beausoleil
S&T/H/AR

Date Prepared: January 31, 1990

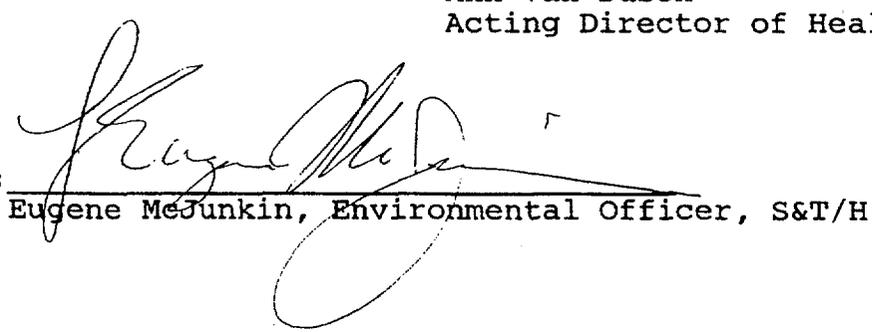
Threshold Decision: Pursuant to A.I.D. authority to prepare and approve environmental analyses and based on an Initial Environmental Examination (IEE) for the proposed use of A.I.D. project funds to support diarrheal disease research worldwide, which will involve basic and applied research in diarrheal disease case management, risk factor and vaccine development and carefully managed and monitored testing using animal and human populations, I recommend the following negative determination:

The proposed action is not an action which will have a significant effect on the human, physical and biological environment over and above that described and is, therefore, not an action for which a more detailed Environmental Assessment of Environmental Impact Statement will be required under this project.



Ann Van Dusen
Acting Director of Health

Concurrence:



Eugene McJunkin, Environmental Officer, S&T/H

Agency for International Development
Washington, D.C. 20523

DEC 12 1990

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR,
BUREAU FOR SCIENCE AND TECHNOLOGY

FROM: S&T/H, Ann Van Dusen *Ann Van Dusen*

SUBJECT: Project Identification Document (PID) for the
Diarrheal Disease Research and Coordination Project
(936-5986)

PROBLEM: Your approval is required to proceed with the preparation of a project paper for the Diarrheal Disease Research and Coordination Project.

DISCUSSION: On November 14, 1990, the Senior Program Review Committee met to discuss the Diarrheal Disease Research and Coordination Project. An Information Memorandum (Attachment 1) dated November 21, 1990, was prepared which summarized the discussion and noted issues to receive further clarification prior to approval of the PID document. Please find our responses to the individual issues as part of the Decision Memorandum incorporated in the attached PID (Attachment 2).

RECOMMENDATION: That, by your signature on the PID Facesheet, you approve the Diarrheal Disease Research and Coordination Project Identification Document so that S&T/H can proceed with the detailed project design.

Attachments:

1. Information Memorandum dated November 21, 1990.
2. PID and Decision Memorandum.

050186

DEC 12 1990

**ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR,
BUREAU FOR SCIENCE AND TECHNOLOGY**

FROM: S&T/H, Ann Van Dusen

SUBJECT: Project Identification Document (PID) for the
Diarrheal Disease Research and Coordination Project
(936-5986)

PROBLEM: Your approval is required to proceed with the
preparation of a project paper for the Diarrheal Disease
Research and Coordination Project.

DISCUSSION: On November 14, 1990, the Senior Program Review
Committee met to discuss the Diarrheal Disease Research and
Coordination Project. An Information Memorandum (Attachment 1)
dated November 21, 1990, was prepared which summarized the
discussion and noted issues to receive further clarification
prior to approval of the PID document. Please find our
responses to the individual issues as part of the Decision
Memorandum incorporated in the attached PID (Attachment 2).

RECOMMENDATION: That, by your signature on the PID Facesheet,
you approve the Diarrheal Disease Research and Coordination
Project Identification Document so that S&T/H can proceed with
the detailed project design.

Attachments:

1. Information Memorandum dated November 21, 1990.
2. PID and Decision Memorandum.

Clearances:

S&T/H/AR:PJohnson	<u><i>draft</i></u>	Date <u>12/6/90</u>
S&T/H:GPettigrew	<u><i>GP</i></u>	Date <u>12/11/90</u>
S&T/H:NPielemeier	<u><i>NP</i></u>	Date <u>12/11/90</u>
S&T/PO:DSheldon	<u><i>DSheldon</i></u>	Date <u>12/14/90</u>
S&T/DAA:BLangmaid	<u><i>BL</i></u>	Date _____

Drafter: S&T/H:CM ^{AVM} Miller: pb: 12/5/90: X54705: Wang#5152j

Agency for International Development
Washington, D.C. 20523

November 21, 1990

INFORMATION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR,
BUREAU FOR SCIENCE AND TECHNOLOGY

FROM: S&T/PO, Douglas L. Sheldon 

SUBJECT: Diarrheal Disease and Research Coordination Project
(936-5986), PID and ICDDR/B Proposal: Senior Program
Review Committee Meeting November 14, 1990

On November 14, 1990 the Senior Program Review Committee met to discuss the Diarrheal Disease Research and Coordination PID (936-5986). The meeting was chaired by the AA/S&T, Richard Bissell, and in attendance were:

Brad Langmaid, DAA/S&T	Ann Van Dusen, S&T/H
Doug Sheldon, S&T/PO	Nancy Pielemeier, S&T/H
Dave Erbe, S&T/PO	Pam Johnson, S&T/H
John Giusti, S&T/PO	Genease Pettigrew, S&T/H
Craig Noren, S&T/PO	Joe Beausoleil, S&T/H
Alan Foose, USAID/Dhaka	Caryn Miller, S&T/H
Doug Peterson, LAC/DR	Lloyd Feinberg, S&T/H
Martia Glass, APRE/DR	Elizabeth Wadolowski, S&T/H

The issues paper prepared by S&T/H is attached.

1. Summary: The PID was approved subject to adequate treatment, either in the decision memo to the AA/S&T or in a revised PID, of the following areas: (a) the intent to implement Peer Review process for the three project components; and (b) the missing elements of the log frame, particularly a discussion of End of Project Status (EOPS).

It was agreed also that S&T/H can move ahead, prior to Project Paper approval, with the ICDDR/B component of the project in accordance with Bureau and Agency guidance on unsolicited proposals (issue # 4). A discussion of the long-range relationship of the Bureau with ICDDR/B as an institution will be included in the PP and action memo commenting on the proposal.

2. Summary of Discussion of Additional Issues:

--- Peer Review (issue # 1). As stated above, a preliminary treatment of peer review is needed at the PID stage. The PID or the decision memo should state whether peer review procedures will be applied for the project. A Peer Review Plan is needed for the PP. Specific points raised at the review to be addressed in the PP include: Do we need three distinct peer review processes? The PP should describe the peer review procedures used at WHO and ICDDR/B and their appropriateness for this project. With respect to A.I.D.'s research, is the TAG the most effective way to conduct peer review? We need to be careful that the TAG not play an advisory role. To what degree will international organizations share responsibility in A.I.D.-managed research activities?

--- Research Agenda (issue # 2). The Review Committee believes that:
(1) the research should continue to be focussed on diarrheal disease (though recognizing that there are cross-overs such as malaria and acute respiratory infection), and
(2) the PP should explain that the distinction between preventive and curative research is not clear cut -- there are shades of gray.

--- Funding Level for ICDDR/B (issue # 3). S&T/H wants to reduce AID's visibility and level of funding; at the same time, ICDDR/B has to compete for and obtain additional support from other donors. Questions raised: What are our assumptions about ICDDR/B? Do we view it as an international research institution meriting continued AID support for the foreseeable future or do we intend to phase out AID support at some point? Are we doing institution building? What are expectations for the institution in five years? What indicators can we use to show that, at the end of the project, we accomplished what we set out to do? Will the APRE bureau support ICDDR/B? If not, how should this affect S&T support for ICDDR/B? These issues should be addressed in the action memorandum commenting on the ICDDR/B proposal.

--- Sharing of Research Information. S&T/H recognizes that this is a serious problem, difficult to overcome. Researchers are hesitant to be free and open while research is in progress. Rich pointed out that this becomes even a bigger issue as we strengthen institutions. How can we facilitate information sharing between researchers and research institutions? How can we better link research agendas? How will the project measure any improvements made in this area? These questions should be addressed in the PP.

Clearances: DAA/S&T, B. Langmaid (draft) Date 11/16/90
S&T/H, A. Van Dusen AVD Date 11/19/90

Drafter: S&T/H/AR:PREyes:sm:54705:11/19/90:5135j:S&T/PO:JGiusti
revised from 3763d dated 11/15/90

22'

November 14, 1990

INFORMATION MEMORANDUM FOR THE AA/S&T

FROM: S&T/H Ann Van Dusen

SUBJECT: Diarrheal Disease Research and Coordination Project (936-5986), PID Review

The following issues have been raised for discussion of the PID for the Diarrheal Disease Research and Coordination Project:

1. The adequacy of peer review

The PID does not describe the peer review process in depth. Since each institution and component under this project has its own advisory and peer review process which will be described in detail in the project paper, is additional provision for peer review necessary?

2. The research agenda

The project intends to give primacy to interventions for the prevention and treatment of diarrheal disease, specifically, the improved case management with oral rehydration therapy as well as strategies for the prevention and treatment of persistent and invasive diarrheas. These latter are the major categories of diarrheal disease for which we lack proven and affordable approaches to prevention and treatment. Under what circumstances should other types of child survival research be incorporated under this project? In particular, should the project incorporate research on complementary case management strategies for pneumonia or other diseases?

3. Funding level for ICDDR/B

The proposed level of funding for ICDDR/B represents a modest decline from previous levels. How can A.I.D. support the very positive management improvements taking place at the Centre and, at the same time, reduce funding?

4. Design Strategy and Approval Process

We have in hand a proposal for the ICDDR/B component of this project. At the same time, completion of the full project design will take several months. Can we proceed to approve this component of the project following the guidelines for the review and approval of unsolicited proposals and then incorporate it into a full project paper?

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