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**EVALUATION OF THE NIAID-USAID PASA:
Findings and Recommendations**

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LIST OF ABBREVIATIONS

AIDSCAP:	AIDS Control and Prevention Project
AIIMS:	All Indian Institute of Medical Science
AVEU:	AIDS Vaccine Evaluation Units
BRGP:	Behavioral Research Grants Program
CDC:	Centers for Disease Control
CDS:	Center for Health and Development
CIRAS:	Collaboration in International Research on AIDS and STD
CWRU:	Case Western Reserve University
DMID:	Division of Microbiology and Infectious Diseases
FU RIO:	Federal University of Rio de Janeiro
HIV:	Human Immunodeficiency Virus
HTLV-1:	Human T Cell Lymphotropic Virus-1
ICAR:	International Collaboration in AIDS Research
JHU:	Johns Hopkins University
KILIMANJARO:	Kilimanjaro Christian Medical Center
LAC:	Latin America and Caribbean
MOH:	Ministry of Health
NCNR:	National Center for Nursing Research
NIA:	National Institute of Aging
NIAID:	National Institute for Allergy and Infectious Diseases
NICHD:	National Institute of Child Health and Human Development
NIH:	National Institutes of Health
NIV:	National Institute of Virology
OIR:	Office of International Research
PASA:	Participating Agency Services Agreement
PAVE:	Preparing for AIDS/HIV Vaccine Evaluation
PNG:	Papua New Guinea
POP COUNCIL:	Population Council
PSC:	Personal Services Contract
SIV:	Simian Immunodeficiency Virus
SLU:	St. Louis University
SSI/SPS:	Social Security Institute, San Pedro Sula
STD:	Sexually Transmitted Disease
SW FOUNDATION:	Southwest Foundation for Biomedical Research
TBC:	Tuberculosis
UCLA:	University of California Los Angeles
UCSF:	University of California San Francisco
USAID:	United States Agency for International Development
USC:	University Southern California
UVRI:	Ugandan Viral Research Institute
UWI:	University of West Indies
WHO:	World Health Organization

1. INTRODUCTION

The US Agency for International Development (USAID) and the National Institute for Allergy and Infectious Diseases (NIAID) entered into a Participating Agency Service Agreement (PASA) in September 1988. The original objectives of the PASA were to tap the NIH network for training and technical expertise in biomedical/laboratory science and to develop collaborative relationships between US and developing country institutions to facilitate international AIDS-related research.

An evaluation of the International AIDS Technical Assistance Program was commissioned to assess whether the PASA is meeting its objectives, what lessons have been learned from the program and the activities supported by it, and the advantages and disadvantages of the PASA granting mechanism. The PASA was established at a time when the USAID HIV/AIDS prevention program was searching for effective AIDS prevention and control strategies and NIH needed to establish research relationships in the developing world, where epidemics had already taken hold. (See Appendix 1 for additional historical perspective.) Given the evolution of more focused USAID priorities and NIH progress in establishing developing country linkages, the goal of the evaluation was to determine whether the PASA should be continued. The evaluation was conducted through interviewing key USAID and NIAID staff and recipients of support under the PASA, and through reviewing program files. This report summarizes key findings and recommendations.

The findings detailed below support three main conclusions:

1. The PASA has successfully met its original objectives of fostering international collaborative research relationships needed to carry out HIV/AIDS research and providing training and technical assistance to developing country scientists. This is demonstrated in "PASA Accomplishments" and in the "PASA Activity Summary" included as Appendix 2.
2. The PASA, as it is now structured and perceived, is not a valued contributor to the USAID HIV/AIDS program. This reflects the evolution of USAID program goals and current program start-up priorities, outdated PASA objectives, and administrative problems. These issues are discussed in greater detail in "Programmatic Assessment."
3. The PASA has the potential to effectively support the identification and pursuit of common research interests of the NIH and USAID HIV/AIDS programs. This can be achieved by clarifying PASA goals and objectives, involving appropriate NIH program staff and USAID contractors in order to identify mutual research interests, and addressing the administrative weaknesses experienced to date. Specific suggestions for modifications are provided in "Recommendations."

2. PASA ACCOMPLISHMENTS

The PASA has funded training and technical activities that have supported US research interests by establishing new linkages, building developing country scientific and technical capabilities to carry out NIH-funded research, and providing professional development opportunities to developing country scientists and technicians working on US research projects. Additionally, the PASA has supported meetings between US and developing country investigators to design studies and prepare proposals for NIH funding. The PASA has also been of limited benefit to developing country HIV/AIDS programs, particularly those activities that supported practical laboratory training and those that provided catalytic funds for joint research initiatives of benefit to the developing world. Less tangible is the PASA's contribution to institutionalized HIV/AIDS program information exchange between USAID and NIH through the establishment of formal channels of communication.

2.1 PASA-funded Activities

- o Overall: A total of 37 activities have received or are committed to receive support under the PASA to date, of which there were 19 in Africa, seven in Asia, and nine in Latin America and the Caribbean. The 37 activities covered several technical areas: behavioral and prevention research (nine activities); training in HIV and AIDS diagnosis and care (six activities); STD research and training (five activities); vaccine research (five activities); HIV and tuberculosis research (four activities); other opportunistic infections (three activities); and basic science research (one activity). The remaining four activities supported NIH program staff field visits to explore research possibilities.
- o Training and Technical Assistance: Twelve activities fell within the specific training and technical assistance objectives of the original agreement. In addition to providing training opportunities for developing country investigators, these activities, because they were conducted by NIH-affiliated institutions, also fostered the development of relationships for future research collaboration. Half of these activities trained senior scientists who could potentially collaborate on US research. Areas of research supported by PASA training activities were generally relevant for the developing world; they included vaccine development (HIV isolation and characterization techniques); the interaction between HIV and other diseases (STD, tuberculosis, diarrheal disease); and vertical transmission. Other training activities were geared toward improving health service delivery, including four in diagnostic techniques, one in STD management, and one in universal precautions.
- o Project Development: Within the broader goal of supporting research relationships, eleven activities successfully led to development of proposals for full-scale research projects. While several of these are still under development or are under review, at least two of them have received funding: a University of Texas-University of Zambia study of the interaction between HIV infection and diarrhea and wasting in Zambia was funded under an NIH R01 grant; and a Johns Hopkins University-Ministry of Health/Papua New Guinea study of the interaction of human retroviral infections (HIV

and HTLV) and donovanosis was funded in part by the USAID Mission and may receive additional support under the NIH.

- o **Supplemental Funding:** Fifteen grants provided established projects with supplemental funding for overseas components or training for host-country collaborators. In Zaire, for example, this funding provided a means of providing Projet SIDA technicians with opportunities for professional development that could not be supported under existing funding sources. These kinds of activities were intended to generate a spirit of good will and improve the quality of research.
- o **NIH-USAID Collaboration:** The PASA provided support for NIH program staff international travel to visit projects funded under the joint NIH-USAID Behavioral Research Grants Program. NIH program staff from the National Center for Nursing Research, the National Institute of Aging, and the National Institute of Child Health and Human Development conducted pilot study assessment visits; these visits allowed them to report on project progress and secure Phase II (full-scale project) funding from their respective Councils for four behavioral research projects.
- o **USAID Initiatives:** Five activities that have received support or commitment for support under the PASA were initiated by USAID missions and developing country institutions. Activities include training in clinical diagnosis and management of STD, diagnosis of tuberculosis and opportunistic infections, prevention of nosocomial transmission of HIV, and clinical research. While these represent a small proportion of PASA activities, they provide an indication of the types of scientific training and research activities missions are interested in supporting.

Appendix 2 summarizes the activities supported under the PASA.

2.2 Lessons Learned

The PASA successfully provided a mechanism to support training and technical assistance as a means of linking US and developing country investigators and building the skills needed to carry out HIV/AIDS research. The lessons learned from these activities cannot be measured in terms of scientific merit or achievement, as PASA objectives and reporting requirements were not established to capture subsequently developed protocols or study findings. Lessons from the PASA are programmatic in nature.

- o The PASA is an effective means of creating new collaborative relationships, illustrated by the University of Texas/University of Zambia and the Johns Hopkins University/All India Institute of Medical Science initiatives.
- o The PASA provides an effective mechanism for promoting areas of mutual interest to both the US and the developing world, demonstrated by its utilization for the development of PAVE grant applications.
- o PASA activities can increase NIH awareness of and responsiveness to funding needs

for US research overseas, exemplified by modification of the NIAID AIDS Vaccine Evaluation Units (AVEU) program to allow funding for training for developing country scientists in vaccine-related research, and internal NIH support for international activity funding in Shannon Awards.

- o Training under the PASA can lead to US recognition of potential contributions of developing country scientists, as illustrated by the invitation of Thailand's Dr. Ruxrungham to work as a Visiting Scientist at the NIAID's Laboratory of Immunoregulation. Such recognition enables increased visibility and opportunity for promoting developing-country research interests within the US scientific community.
- o Effective utilization of the PASA requires more than announcement of funding availability; it is a labor-intensive, time-consuming process requiring proactive efforts by USAID and NIAID staff. This is supported by the finding that most grant recipients learned about the PASA from NIAID/OIR or USAID/AIDS staff rather than through program announcements.
- o PASA support for research initiated by USAID or developing country investigators has not led to NIH-funded studies. Improved communication is needed: between NIAID/OIR and USAID/AIDS, to direct development of research initiatives that are of common interest and therefore appropriate for NIH funding; and between investigators and USAID contractors and missions, to identify other sources of support.
- o PASA support for activities that do not fit within NIH funding priorities may increase the relevance of NIH-sponsored research for developing countries, smooth research relationships, or support critical international components that are difficult to fund under domestic research programs.
- o USAID collaboration with NIH often requires provision of travel funds, given Public Health Services travel restrictions. The PASA provides an efficient mechanism for supporting such travel.

3. PROGRAMMATIC ASSESSMENT

3.1 Advantages and Disadvantages of the PASA Grants Mechanism

The PASA was intended to support HIV/AIDS program interests of NIH and USAID through matching US investigator research interests with developing country training and technical assistance needs, and through supporting development of collaborative research activities. The PASA's advantages and disadvantages as perceived by the intended beneficiaries are presented below.

3.1.1 Advantages

NIH:

- o The PASA is a source of support for international activities that strengthen domestic studies.
- o PASA training and technical assistance activities help establish or strengthen individual and institutional relationships needed to carry out international research activities.
- o The connection with USAID affords the NIH access to intergovernmental relationships that can help facilitate host-country approvals.
- o The role of the Office of International Research in administering the grants plays a major part in the program's success in meeting NIH research needs: it has resulted in a significant influence over the requests that are considered for funding, increasing the likelihood that seed money will result in the development of proposals that will be competitive in the NIH system.
- o Administration of the PASA by the Office of International Research also allows for PASA funding determinations to be based on informal assessment without potential perceptions of conflict of interest that could result from administration of the program out of offices directly involved in funding AIDS research.

USAID:

- o The USAID program, while prevention-oriented, has benefitted from NIH-sponsored biomedical and behavioral research (factors influencing STD as a risk factor in HIV transmission, for example), and continues to rely in part on the US research community for validation and modification of the current program foci.
- o The PASA provides USAID with access to the NIH network for training of developing country laboratory technicians and biomedical scientists and is a mechanism to respond to host country AIDS program needs.
- o The agreement is an indication of formal linkages that are politically advantageous for USAID. As effective vaccines and therapeutic interventions are developed, USAID will face increasing international pressure to redirect AIDS program resources toward these biomedical innovations. The PASA provides a mechanism for USAID to support research and development of these new tools through access to its field network, while maintaining the programmatic and resource focus on applying existing (prevention) tools toward limiting the impact of HIV/AIDS on the developing world.
- o While conceivably USAID's biomedical technical assistance needs could be met by subcontracting university support through the AIDSCAP agreement, AIDSCAP does

not have the vast network offered by the NIH and cannot secure technical assistance as cost-effectively.

US Investigators:

- o The PASA provides resources for developing collaborative relationships needed for successful international research proposal development.
- o The PASA is a unique source of catalytic funds for developing international research proposals.
- o Minimal application and reporting requirements (experienced by some applicants) make the grants particularly accessible.
- o The PASA affords experienced US investigators with connections to conduct research in countries in various stages of the epidemic.

Developing Country Investigators:

- o The PASA provides developing country investigators with technical expertise and helps them secure positions on projects that will give them research experience.
- o The PASA brings capable scientists in contact with NIH networks, improving their position to advance national research interests and lobby for directing international resources toward developing country research priorities.

Mutual Advantages

- o The PASA can potentially serve as an easy mechanism for USAID to contribute funds to programs of mutual interest or to access NIH staff for technical assistance, reviewing proposals, conference presentations, etc.
- o The PASA is a rapid response mechanism for funding simple international travel requests or supplemental emergency funding for ongoing research.
- o The PASA has supported interagency collaboration, specifically on the Behavioral Research Grants Program.
- o Training, technical assistance and program development supported under the PASA can lead to modifications in US research priorities and funding for international research activities. While other government or academic institutions may be able to offer similar expertise, the potential for follow-on funding for research in the mutual interest of the US and the developing world is unique to the NIH.

3.1.2 Disadvantages

NIH: PASA funding entails administrative work (application, approvals, reporting) that is not generally required by NIH for such small grants.

USAID:

- o Given limited human and financial resources for HIV/AIDS control efforts in the developing world, building basic biomedical research capabilities is a low funding priority, particularly in countries where health manpower is most scarce.
- o Developing countries benefit most directly from epidemiologic, applied and operations-oriented research rather than advanced-technology, laboratory-oriented basic research in which NIH expertise is of greatest value.
- o While information derived from basic science may well influence developing country prevention and control efforts in the long run, it is not of immediate practical value to the USAID prevention program.

US Investigators:

- o The PASA's usefulness as a project development fund is limited by the \$10,000 cap. These resources are insufficient for pretesting new hypotheses, which is needed to justify funding.
- o The involvement of AID/Washington, the USAID missions and the host country Ministry of Health results in excessive delays and red tape for the size of the resources and the exploratory nature of the proposed activities.

Developing Countries:

- o While the program has provided developing country investigators with expertise, experience and contacts, much of the research that has been subsequently funded under the PASA has been geared toward the needs and funding priorities of the US. While scientists are better equipped to compete for international research grants, resources remain scarce for the HIV/AIDS research priorities of the developing world.
- o Training opportunities for individual scientists build US-oriented research capabilities but technology is often not appropriate for sustainable developing country research programs. Furthermore, in countries where health manpower is scarce, developing research capabilities may not be an effective use of human resources.

3.2 Administrative Issues

Conflicting views on how PASA funds are best administered have logically developed out of different agency goals for the PASA and fundamental differences in institutional program

priorities and the implications for administrative procedures. USAID priorities are results-oriented and focused on limiting the impact of HIV/AIDS on development; NIH priorities are science-oriented, and include exploring opportunities for new areas of research. Administrative requirements for USAID are geared toward demonstrating results of program efforts and are thus fairly extensive, even for small amounts of funding; NIH administrative requirements for small grants are relatively minimal. Resulting administrative problems have interfered with program effectiveness. NIAID/OIR anticipates that most of these problems can be addressed with the anticipated addition of an administrator to NIAID/OIR staff. A summary of administrative procedures and issues are discussed in Appendix 3. Key issues are listed below.

- o The PASA's inconsistent expenditure record indicates periods of underutilization and administrative backups, reflecting ineffective advertisement and inadequate administrative staffing.
- o The unstructured application process has limited USAID involvement in funding decisions and investment in program success.
- o Communication with USAID missions has been ineffective, resulting in problems with host-country ministries, delayed or denied approvals for developing new research activities, and underutilization of mission networks to identify potential collaborative research opportunities.
- o Approved requests have received inconsistent attention, resulting in hectic travel arrangements and delays in reimbursement.
- o PASA reporting (both activity reports and program progress reports) has been inconsistent in timing, format and distribution. Program progress reports have been ineffective in conveying PASA achievements and providing an indication of anticipated program activities.

4. CONCLUSIONS AND RECOMMENDATIONS

The original PASA objective of providing laboratory technical assistance and training to developing country scientists, while met, has not measurably served the program interests of USAID. The real potential for NIH-USAID collaboration lies in building on the PASA's success in establishing research relationships between US and developing country investigators. To date, PASA achievements have been of most benefit to US research interests. The PASA could provide a means of identifying NIH interest and funding for studies that are also priorities for USAID and the developing world.

4.1 Interests Served by an Interagency Agreement

Biomedical research can help USAID carry out its mandate of limiting the destructive impact of HIV on development. USAID's immediate need for research is to improve the tools available for developing country prevention efforts. Research is also needed to address more

far-ranging HIV/AIDS program issues. For example, there is growing awareness that a prevention-only strategy will be increasingly difficult to maintain as the impact of existing HIV infection on development is felt and of the emerging need to explore strategies to provide appropriate treatment and care.

NIH is responsible for biomedical research on HIV and AIDS that leads to improving the health of the US population. Collaboration with the developing world is critical to the long-term success of research efforts. Improving the quality of collaboration advances the legitimacy of research in the developing world, serving research interests beyond those of the immediate project. The US must find ways to support developing country research interests if stable, productive relationships needed for successful research are to be sustained. The recent NIAID International AIDS Epidemiology Research Program Announcement (Appendix 4) is an indication of emerging NIH recognition of the importance of funding areas of mutual interest to the US and the developing world.

A worthy goal of interagency collaboration is to support US-developing country negotiations to undertake NIH-funded research that both improves developing country HIV/AIDS control efforts and secures viable developing country research relationships for the US. If USAID and NIH determine that research collaboration on areas of mutual interests fits within their priorities, the following modifications in the existing PASA are recommended.

4.2 Recommendations

1. The objectives of the PASA should be renegotiated to clearly contribute to both NIH and USAID AIDS program goals. As a first step, USAID/AIDS staff and contractors and NIH international research and AIDS program staff should meet to identify areas of common interest.

Examples of common research interests that were identified in the evaluation are listed below.

Prevention-oriented Research

- STD diagnosis and treatment
- biomedical and behavioral aspects of vaccine development
- epidemiology research

AIDS Management Issues

- management of tuberculosis, diarrheal disease, and opportunistic infections
- cost-effective therapies slowing the natural history of HIV infection
- natural history studies leading to an improved understanding of the pathogenesis and implications for rationale treatment interventions
- risk factors, diagnosis and management of HIV infection in women

2. Funding criteria should be established that continue to allow flexibility in the kinds of activities that are funded (training, international travel, etc.) but that limit funding to activities

that directly contribute to the development of NIH research proposals within the defined areas of common interest, or that link NIH research to specific training or assistance need of USAID HIV/AIDS prevention efforts. USAID will need to consider the human resource implications of supporting development of research in priority countries on a case-by-case basis. Additionally, the \$10,000 funding ceiling should be reconsidered to allow support for pretesting of innovative hypotheses.

3. The International AIDS Technical Assistance program should be better integrated with the USAID HIV/AIDS prevention program. Semi-annual meetings between appropriate NIH and USAID/AIDS and contractor staff should be convened to identify opportunities for research coordination, possibilities for collaboration, and areas of common research interests.

4. The administrative problems need to be addressed. (Specific recommendations are included in Appendix 3.)

DATA COLLECTION

This report was prepared from information gathered by the author through conducting personal interviews with the NIH/NIAID and USAID/AIDS staff who administer the PASA; a file review of PASA-related correspondence and reports; and incorporating comments prepared by Sybil Allen, MD, based on her personal and telephone interviews with PASA staff and with US and developing country investigators who received funding or training under the PASA.

Interviews

NIH/NIAID

Dr. Kate Aultman
Dr. Robert Fischer
Dr. Karl Western

USAID/AIDS

Dr. Robert Bernstein
Dr. Helene Gayle
Dr. Jeff Harris (former USAID)
Dr. Julie Klement
Ms. Erin Soto
Dr. Jaonna Trilivas

USAID Missions

Mr. Paul Cohn (former USAID/Uganda)
Ms. Jane Lyons (USAID/Guatemala)

Recipients

Dr. Maria Appleman
Dr. Barney Cline
Dr. Elaine Daniels
Dr. Robert Fischer
Dr. Alan Lifson
Ms. Heidi Logamann
Dr. R.H. Purcell
Dr. Tom Quinn
Dr. Chris Wanke
Dr. Karl Western

Others

Dr. Gina Dallabetta (AIDSCAP)
Dr. Sharon Frey, (applicant)
Dr. Peter Lamptey (AIDSCAP)
Dr. John Ziegler

APPENDICES

APPENDIX 1: PASA HISTORY AND DESCRIPTION

PROGRAM HISTORY

The program was initiated by the NIH/NIAID Office of International Research in April 1988. The original concept was to establish a formal link between the USAID AIDS program and the NIH research community which would enable a rapid response to unforeseen international AIDS research opportunities as they emerged.

Need for Strategies, Research Partnerships

The agreement was intended to meet both USAID and NIH research objectives in a climate in which much less was known about the epidemiology and natural history of HIV infection and about appropriate directions for prevention efforts. The USAID program was in its infancy, and many avenues were being explored to identify and test developing-country intervention strategies. The PASA provided a way for the AIDS program to access US research that could lead to enhanced prevention and control through an improved understanding of HIV transmission or biomedical developments, such as an effective vaccine or affordable therapy.

During this same period, NIH was mobilizing to respond to the research needs imposed by the emergence of the AIDS pandemic. Research opportunities were limited, however, by the Institutes' several-year history of deliberately avoiding research in sub-Saharan Africa. Further, until 1988, NIH was prohibited from providing overseas technical assistance and was therefore ethically constrained from undertaking research in developing countries. Relationships with technical assistance organizations provided an opportunity to circumvent the ethical constraints this prohibition imposed. While NIH became authorized to provide international technical assistance in the area of AIDS research prior to the implementation of the interagency agreement, the legacy of the restriction was a dearth of institutional relationships with technically competent developing-country collaborators at a time when international research, particularly in the hardest hit areas in sub-Saharan Africa, was critical to US control efforts.

Program Objectives

The PASA was intended to meet the NIH need to develop a network of collaborators in sub-Saharan Africa and other developing regions in order to study heterosexual transmission and identify risk factors and cofactors of HIV transmission; and to meet the USAID need to explore all potentially viable options in the search for appropriate developing-country intervention strategies. USAID, facilitated by the contribution of minimal resources, would offer its network of developing-country contacts to the US effort to understand and intervene in HIV transmission and the natural history of infection. In turn, through forging new collaborative relationships, the NIH network of US research institutions would provide technical assistance resulting in strengthening developing country institutions' capabilities to

carry out biomedical research. This two-tiered collaboration, between USAID and NIH and between the US and the developing world, would generate opportunities to carry out otherwise impossible international research, perhaps yielding critical information in the global effort to understand and control HIV.

PASA Terms and Amendments

An \$85,000 PASA was signed September 29, 1988. Specific guidelines are listed in Appendix 5. The terms of the PASA were amended four times, adding an additional \$85,000 in 1989, 1990 and 1991, and providing year-long extensions in 1991 and 1992. No formal substantive amendments were included. The terms of the PASA, as amended, are to carry out the original scope of work over a period of 5 years with a budget of \$255,000 (and a ceiling of \$402,500). The NIAID contribution to the program, while not specified in the PASA, has consisted of NIAID/OIR staff time in program administration (20 percent of the director's time and 15-20 percent of the secretary's time) and application of NIH overhead charges toward program activities.

Informal changes in the terms of the PASA, specified in administrative guidelines established in June 1990 (Appendix 6), included the provision of quarterly progress reports and the development of activity funding criteria. Most significant was the priority placed on activities that would build or strengthen collaborative relationships resulting in submission of full-scale research proposals for funding by non-USAID sources. Also articulated were characteristics of activities that would not be funded under the PASA, which in effect precluded support for established research programs. Later, USAID/AIDS encouraged NIAID/OIR to limit PASA activities to AIDSCAP priority countries. These changes reflected an effort by USAID to clarify funding criteria and shift the PASA emphasis toward supporting USAID HIV/AIDS Program goals.

Issues: The PASA was written to achieve program flexibility and is not specific about how program objectives would support the agencies' goals. Staff turnover with USAID/AIDS and evolution of USAID HIV/AIDS prevention goals have resulted in changes in the interpretation of the PASA objectives. Interviews with USAID and NIAID staff reveal significant differences in interpreting the spirit of the stated objectives. USAID program managers indicate an understanding that the PASA was designed to directly support USAID HIV/AIDS prevention efforts, and that activities funded under the PASA should be clearly prevention-focused. Somewhat differently, NIAID program managers understand the objective to imply that activities funded under the PASA should have relevance for prevention efforts, but that there is room for indirect interpretation of what is "relevant." Efforts to clarify the programmatic and administrative terms of the PASA have not adequately addressed these differences in interpretation.

COUNTRY (DATES)	US INSTITUTION/ INVESTIGATOR	HOST-COUNTRY INSTITUTION/ INVESTIGATOR	ACTIVITY TITLE	FUNDS	RESULTS	RATING
AFRICA Botswana (3/20-27/91)	NCNR/Weiss U Illinois/Norr	MOH/Moeti U Botswana/Tlou	NIH Staff Program Review Visit for NIH- USAID BRGP	1100	Supported unique international, inter-agency research collaboration effort; trip supported decision that USAID (AIDSTECH)-funded pilot project, "Peer Education for AIDS Prevention among Botswana Women," would be funded for phase II	+
Kenya (3/7-14/91)	NCNR/Weiss		NIH Staff Program Visit for NIH-USAID BRGP	2176	Supported unique international, inter-agency research collaboration effort	+
Malawi (2/5-8/90)	NIAID/Fischer		Site Visit JHU ICAR; Evaluate Need for FACS and Future Research Opportunities	1000	NIAID staff site visit to ICAR; facilitated NIAID procurement of FacScan for ICAR	++
Rwanda (Planned)	UCSF/Allen	Central Hospital/ Mukankuku Uzazigira	Short-term Training Two Rwandan Nurses in Clinical Diagnosis and Management of STDs	7400	Training will strengthen application for competitive renewal of UCSF research grant.	N/A
Senegal (12/12-21/91)	NIAID/Daniels		Site visit Harvard ICAR; VI International Congress on AIDS in Africa; Develop HIV/TBC protocol	5060	Possibility of sister HIV/TBC protocol comparing Africa with Latin America, the Caribbean and the USA was explored	++

Rating code:

- +++++ Lead to full-scale project of clear mutual interest to both USAID/developing countries and to NIH/United States
- ++++ Lead to full-scale project of interest to either USAID/developing countries or to NIH/United States
- +++ Full-scale project in development or application under review
- ++ Results of grant stand alone as meritorious, but did not lead directly to full-scale project
- ++ Establishment or development of collaborative relationships between the US and developing country institutions or between NIH and USAID
- + Provided supplemental funding to an existing project to support an activity that could not have otherwise taken place

Appendix 2: NIAID-USAID PASA Activity Summary, 1989-1992

COUP (DATES)	US INSTITUTION/ INVESTIGATOR	HOST-COUNTRY INSTITUTION/ INVESTIGATOR	ACTIVITY TI	FUNDS	RESULTS	RATING
Uganda (Planned)	SLU/Belshe SLU/Frey	UVRI/Biryawaho UVRI/TBA	HIV-1 Characterization and Neutralizing Assays	10000	Propose a preliminary study to look at strain variation in Uganda isolates when compared with isolates presently being used in HIV-1 subunit vaccines being tested; activities do not qualify for funding under SLU's AVEU contract; results will provide basis for R-01 application	NA
Zaire (2-5/90)	AFIP/Nelson	Projet SIDA/ Nsiangana	Cytological Identification of Human Papilloma Viruses	8500	Intended to aid in development of NIH grant proposal	++
Zaire (6-8/90)	NIAID/LPD/Neva	Projet SIDA/ Mwungura	Training in Laboratory Diagnosis: HIV and Opportunistic Infections	7470	Mwungura provided support to protocol investigating the interaction of HIV, HTLV-I and <u>Strongyloides stercoralis</u> ; it was found that <u>S. stercoralis</u> is an opportunistic pathogen in HTLV-I-positive, but not HIV-1-positive individuals; Training opportunity for Projet-SIDA technician-level staff was unique	+++
Zaire (4-5/90)	Tufts/Braden	Projet SIDA/ Kabagabo	Human Papilloma Virus Immunodiagnosis and Culture	2980	Intended to be basis of new grant submission to NIH; precluded by politics	++
Zambia (7/23-26/90)	U Texas/DuPont	U Zambia/Chintu	Identify HIV/AIDS Research Opportunities	842	Three research protocols were developed; one, HIV/diarrheal disease, was funded; two others, HIV/breast milk transmission and HIV/TB, are being revised and resubmitted	+++++

Rating code:

- +++++ Lead to full-scale project of clear mutual interest to both USAID/developing countries and to NIH/United States
- ++++ Lead to full-scale project of interest to either USAID/developing countries or to NIH/United States
- +++ Full-scale project in development or application under review
- ++ Results of grant stand alone as meritorious, but did not lead directly to full-scale project
- ++ Establishment or development of collaborative relationships between the US and developing country institutions or between NIH and USAID
- + Provided supplemental funding to an existing project to support an activity that could not have otherwise taken place

Appendix 2: NIAID-USAID PASA Activity Summary, 1989-1992

COUNTRY (DATES)	US INSTITUTION/ INVESTIGATOR	HOST-COUNTRY INSTITUTION/ INVESTIGATOR	ACTIVITY TITLE	FUNDS	RESULTS	RATING
Sierra Leone (12/89-6/90)	NIAID/LID/ Purcell Georgetown/ Hirsch Rutgers/Fimble	Njala College/ Gbakima	Identify SIV-like, HIV-like Retroviruses in West African Non-human Primates	30000	Provided supplemental funding for international component of primarily domestic basic science research project. Resulted in \$10,000 ceiling on PASA grants.	+++
Tanzania (4-6/90)	SW Foundation/ Kennedy	Kilimanjaro/Nkya U Tanzania/Shao	Training HIV Isolation HIV Isotyping; T4 Characterization	5986	Tanzanian isolates characterized and results, suggesting existence of regional isolates of HIV-1, were published; Collaboration with Texas Consortium explored	+++
Uganda (9-10/90)	CDC/CID/Schmid	UVRI/Biryawaho	HIV Isolation and Characterization; Visit NIH and CWRU ICAR	4500	NIAID AVEU program modified so that awards now provide training for LDC nationals in vaccine-related research; Ugandans received such training at SLU AVEU at NIAID expense; resulted in exploration of research on HIV-1 characterization and neutralization assays by SLU and UVRI toward the development of an R-01 grant application	++++
Uganda (3/7-14/91)	NCNR/Weiss CWRU/Schumann	Makerere U/ Rwabukwali	NIH Staff Program Review Visit for NIH-USAID BRGP	1400	Supported unique international, inter-agency research collaboration effort; trip supported decision that USAID (AIDSTECH)-funded pilot project, "Sociocultural Context of AIDS Prevention in Uganda," would be funded for phase II	+
Uganda (2/11-15/90)	NIAID/Fischer		Site Visit to CWRU ICAR	3800	Follow-up to Bush-Museveni discussions regarding clinical trials in Uganda; discussions about vaccine intervention studies took place; helped smooth the way for John Zeigler sabbatical	+++

Rating code:

- +++++ Lead to full-scale project of clear mutual interest to both USAID/developing countries and to NIH/United States
- ++++ Lead to full-scale project of interest to either USAID/developing countries or to NIH/United States
- +++ Full-scale project in development or application under review
- ++ Results of grant stand alone as meritorious, but did not lead directly to full-scale project
- + Establishment or development of collaborative relationships between the US and developing country institutions or between NIH and USAID
- Provided supplemental funding to an existing project to support an activity that could not have otherwise taken place

Appendix 2: NIAID-USAID PASA Activity Summary, 1989-1992

COU NTRY (DATEs)	US INSTITUTION/ INVESTIGATOR	HOST-COUNTRY INSTITUTION/ INVESTIGATOR	ACTIVITY TITLE	FUNDS	RESULTS	RATING
Indonesia (4/20-27/91)	NICHD/Cain U Michigan/Ford	Udayana U. Bali/ Dewa	NIH Staff Program Review Visit for NIH- USAID BRGP	1200	Supported unique international, inter-agency research collaboration effort; trip supported decision that USAID (AIDSTECH)-funded pilot project, "AIDS Risk Behavior among Sex Workers and Clients in Bali," would be funded for phase II	+
Papua New Guinea (6/6-28/91)	CDC/Brady NIAID/JHU/ Francis	MOH/Malau	Develop STD/HIV Protocols	7192	Supported-problem solving visit, enabling US-MOH collaboration on STD research in PNG; Anthropology and Donovaniasis STD protocol funded by USAID/Suva; NIH funding for Epidemiology protocol pending	+++++
Thailand (Planned)	JHU/Nelson	Chiang Mai U/ Chalie	Prevention of Nosocomial Transmission of HIV in a Tertiary Referral Center in Northern Thailand	9970	Propose to train 2-3 health care professionals in universal precautions; will lead to training programs in Northern Thailand	NA
Thailand (4/11-19/91)	NIA/Ory NICHD/Cain Columbia U/ Wawer	Mahiodol U/Chai	NIH Staff Program Review Visit for NIH- USAID BRGP	5600	Supported unique international, inter-agency research collaboration effort; trip supported decision that USAID (AIDSTECH)-funded pilot project, "Behavioral Research for AIDS Prevention in Thailand," would be funded for phase II	+

Rating code:

- +++++ Lead to full-scale project of clear mutual interest to both USAID/developing countries and to NIH/United States
- ++++ Lead to full-scale project of interest to either USAID/developing countries or to NIH/United States
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COUNTRY (DATES)	US INSTITUTION/ INVESTIGATOR	HOST-COUNTRY INSTITUTION/ INVESTIGATOR	ACTIVITY TITLE	FUNDS	RESULTS	RATING
Zambia (11/4-15/1991)	U Texas/DuPont	U Zambia/Chintu	Negotiate and Implement NIAID HIV/Diarrheal Disease Grant	2400	DuPont traveled to Zambia; Protocol developed and March 1992 start date agreed upon with Zambian collaborators; funds supplemented Shannon Award project development funds for international component of project; example resulted in NIH internal request to include international activities in Shannon Award funding	+
Zimbabwe (12/16-19/91)	UCSF/Lifson	U Zimbabwe/ Mbizvo	VI International Congress on AIDS in Africa	1475	Revised STD/HIV research proposal with Zimbabwean counterparts for submission to AIDSCAP following NIH rejection	++++
Zimbabwe (Planned)	UCSF/Lifson	U Zimbabwe/ Mbizvo	Training at the California State Health Laboratory in Berkeley	10000	Short-term training will support study of CD4 count determinations and other possible correlates for mother-infant HIV transmission	N/A
Zimbabwe (3/15-19/91)	NCNR/Weiss Battelle/Kasprzyk	U Zimbabwe/ Wilson	NIH Staff Program Review Visit for NIH-USAID BRGP	1400	Supported unique international, inter-agency research collaboration effort; trip supported decision that USAID (AIDSTECH)-funded pilot project, "Understanding Condom Use and AIDS Prevention in Zimbabwe," would be funded for phase II	+
Africa Total				107,489		
ASIA India (1-6/90)	NIAID/JHU/Quinn	AIIMS/Tripathy	Clinical Research Training; Diagnosis of TBC and Opportunistic Infections; Visit CDC; VI International AIDS Conference	8100	HIV/TBC protocol developed; training and development of collaborative relationship facilitated JHU-NIV/Pune PAVE application	++++

Rating code:

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Appendix 2: NIAID-USAID PASA Activity Summary, 1989-1992

COUN / (DATES)	US INSTITUTION/ INVESTIGATOR	HOST-COUNTRY INSTITUTION/ INVESTIGATOR	ACTIVITY TI	FUNDS	RESULTS	RATING
LATIN AMERICA/ CARIBBEAN Brazil (4/4-13/92)	JHU/Gallant	FU Rio/Schechter	Evaluate HIV Case Definitions; Develop HIV/TBC Protocol	2324	Protocol developed to compare four HIV/AIDS case definitions in USA and Brazil - study to be completed in 10/92; developing retrospective study of WHO staging and survival in Baltimore and Rio was discussed; possibility of looking at the epidemiology of Hepatitis C identified	+++
Brazil (Planned)	JHU/Gallant Quinn	FU Rio/Schechter	Exchange Visit: Protocol Development in HIV/TBC Interaction	2500	Propose to bring Dr. Schechter to NIH and JHU for project development.	N/A
Chile (5/13-19/91)	NIA/Ory U Pennsylvania/ Aiken	CIC/Ferrer	NIH Staff Program Review Visit for NIH- USAID BRGP	1820	Supported unique international, inter-agency research collaboration effort; trip supported decision that USAID (AIDSTECH)-funded pilot project, "Nursing Intervention to Prevent AIDS in Chile," would be funded for phase II	+
Dominican Republic (1/90)	UCSF/Levy	MOH/Koenig	Training Course IF HIV Confirmatory Testing	869	Less expensive confirmatory testing technology transferred; strengthened existing UCSF-MOH relationship	+++
Guatemala (5-6/90)	H Roosevelt/ Logemann	Hosp. General/ Herrera	Training Laboratory Diagnosis HIV/AIDS and Opportunistic Infections; VI International AIDS Conference	6800	LAC/USC protocol developed for national training program, referred to but not funded by AIDSTECH	+++

Rating code:

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Appendix 2: NIAID-USAID PASA Activity Summary, 1989-1992

COUNTRY (DATES) US INSTITUTION/ INVESTIGATOR HOST-COUNTRY INSTITUTION/ INVESTIGATOR ACTIVITY TITLE FUNDS RESULTS RATING

Thailand (12/89-6/90)	NIAID/JHU/Quinn	Chulabhorn Research Institute/ Ruxrungtham	Clinical Research Training; Develop Phagocytosis Assay to Evaluate Antivirals; Visit CDC; VI International AIDS Conference	6740	Ruxrungtham is now supported as a Visiting Scientist at the NIAID Laboratory of Immunoregulation	+++
Thailand (4/18-25/92)	Tufts/Wanke Tufts/Hammer	Thai Red Cross/ Phanuphak Chulalonghorn U/ Hanavanich	Project Development in HIV/AIDS Case Definition; Opportunistic Infections	6720	Visit revealed that WHO AIDS case definition is inappropriate for Thailand and needs to be redefined or modified to reflect unique spectrum of opportunistic infections; that there is a need to identify the causative agents of pulmonary and enteric opportunistic infections in Thailand and evaluate the efficacy of treatment and prophylaxis regimens; and that Thai institutions visited required additional technology transfer and institutional strengthening in virology, immunology, and specimen storage and handling in order to participate in clinical research which would meet international standards. Collaboration established between Deaconess Hospital and Thai institutions; research proposal in development in response to NIH Program Announcement for "International AIDS Epidemiology Research."	++++
Asia Total				45,522		

Rating code:

- +++++ Lead to full-scale project of clear mutual interest to both USAID/developing countries and to NIH/United States
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- +++ Full-scale project in development or application under review
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Appendix 2: NIAID-USAID PASA Activity Summary, 1989-1992

COU Y US INSTITUTION/ HOST-COUNTRY ACTIVITY T & FUNDS RESULTS RATING

(DATES) INVESTIGATOR INSTITUTION/ INVESTIGATOR

N/A - Utrecht (7/92)	NICHD/Cain NIA/Ory NCNR/Weiss		NIH-USAID Behavioral Research Grants Program Grantees Workshop Attendance	6136	Allowed otherwise impossible attendance by NIH program staff at the annual, results- and problem-oriented workshop, the key objective of which was to foster collaboration and maintain program coordination among grantee and funding institutions	+
Total Funding to Date				184,420		

Rating code:

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Appendix 2: NIAID-USAID PASA Activity Summary, 1989-1992

COUNTRY (DATES)	US INSTITUTION/ INVESTIGATOR	HOST-COUNTRY INSTITUTION/ INVESTIGATOR	ACTIVITY TITLE	FUNDS	RESULTS	RATING
Guatemala (8/89)	USC/Appleman		Identify HIV/AIDS Training Needs	850	2 Guatemalan lab technicians identified and trained in HIV/AIDS diagnosis, collaborative relationship led to PAVE grant application	++++
Haiti (5/6-10/91)	NIA/Ory JHU/de Zalduondo	CDS/Boulos CDS/Desormeaux	NIH Staff Program Review Visit for NIH-USAID BRGP	1300	Supported unique international, inter-agency research collaboration effort; trip supported decision that USAID (AIDSTECH)-funded pilot project, "Culture, Health and Sexuality: Reducing HIV Risk in Haiti," would be funded for phase II	+
Honduras (5/4-12/92)	Tulane/Cline Consultant/Johnson	U Honduras/ Figueroa SSI/SPS/Erazo SSI/SPS/Ovieda MOH/Zelaya	Develop NIAID PAVE Application	6200	Develop proposal to carry out cohort studies of HIV seroconversion and cofactors of HIV transmission in San Pedro Sula, a city with one of the highest rates of HIV seropositivity in Latin America	++++
Jamaica (4/29-5/3/91)	NICHD/Baldwin UCLA/Wyatt	UWI/LeFranc	NIH Staff Program Review Visit for NIH-USAID BRGP	1000	Supported unique international, inter-agency research collaboration effort; trip supported decision that USAID (AIDSTECH)-funded pilot project, "Sexual Decision Making among Jamaicans: Female Low Income Workers and AIDS in Jamaica," would be funded for phase II	+
Mexico (5/6-10/91)	NICHD/Cain Pop Council/ Tolbert	Pop Council/ Izazola	NIH Staff Program Review Visit for NIH-USAID BRGP	1610	Supported unique international, inter-agency research collaboration effort; trip supported decision that USAID (AIDSTECH)-funded pilot project, "Influencing Risk Behaviors of Bisexual Males in Mexico," would be funded for phase II	+
LA/C Total				25,273		

Rating code:

- +++++ Lead to full-scale project of clear mutual interest to both USAID/developing countries and to NIH/United States
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- +++ Full-scale project in development or application under review
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Appendix 2: NIAID-USAID PASA Activity Summary, 1989-1992

APPENDIX 3: ADMINISTRATIVE ISSUES AND RECOMMENDATIONS

PASA ADMINISTRATION

The PASA is administered out of NIAID/OIR. The Director of the Office of International Research is a recognized within the NIH and its network of US investigators as a resource of information on international research. As AIDS-related research activities are conducted by several institutes, OIR's role in coordinating NIH international research makes it is well positioned to identify common research interests between NIH and USAID.

Program Advertisement

Process: The program has twice been advertised throughout USAID by describing the program in an USAID-wide cable (reaching all USAID Mission and Washington Regional Bureau health officers), once in 1989 and again in 1990. The program has also been informally advertised throughout the NIAID research community by word of mouth. In response to the perceived need for additional advertisement, a flyer was developed in 1991 describing the program and funding priorities, which was disseminated at international conferences, workshops and meetings (Appendix 7). The flyer has been cited in publications' listings of research funding sources.

Issues:

- o Advertisement has been ineffective in generating interest in the PASA.
- o Program Announcement cables have generated considerable mission response, but most suggestions and inquiries have not been appropriate for PASA funding. The first USAID-wide cable generated over 30 mission requests. Less than ten requests were considered appropriate for PASA funding; three of these eventually received PASA support.
- o The failure of cable advertising reflects inadequate description of the International AIDS Technical Assistance Program and of USAID/AIDS and NIAID/OIR goals for the program.
- o Limited efforts to advertise the PASA reflect concern about increasing the number of requests beyond the administrative capacity to review requests and coordinate assistance and about raising expectations for support beyond the program's capacity to fund at most eight to ten activities.

Application

Process: No formal procedures have been developed for application for grants under this program, in part because of the diversity of the types of activities that are funded, and in part because the program is intended to provide investigators with easy access to resources. PASA resources are small, so are seen as catalytic funds for initiatives in the earliest stages of development, while hypotheses are being refined and collaborative relationships identified. Pre-proposal requests are made verbally, by letter of intent, or by concept proposal.

Issue: The lack of structure in the application process has resulted in USAID/AIDS's lack of understanding of how proposals are deemed meritorious by NIH and in receiving little information upon which USAID can base a funding decision. This has limited USAID's contribution to the review process and staff investment in the program's success.

Review

Process: Inquiries are evaluated based on whether they fit within the programmatic interests of the PASA and whether the investigator making the request is seen as capable of carrying out the proposed research. Requests are shared with appropriate program staff in the NIH to determine their merit and potential competitiveness for various research grants. Those that receive NIH endorsement are referred to USAID/AIDS. USAID approval of use of PASA funds is determined by the AIDS Division Research Advisor and USAID mission concurrence. A summary of requests for funding appear in Appendix 8.

Issues:

- o Approvals can take up to 18 months to secure. Approvals are most often delayed or denied during mission review. This sometimes reflects appropriate examination of the research objectives in light of host-country health priorities and resource constraints. Other times, however, the mission approval process is hindered by a lack of understanding of the PASA's objectives or of the research being proposed.
- o Missions have been ineffectively utilized to promote US-developing country collaboration. USAID/AIDS expects NIAID to communicate with missions to work through issues around host-country endorsement of the research relationships being forged. NIAID/OIR relies upon the developing country collaborators to secure USAID Mission concurrence due to perceptions that being external to the USAID network render direct NIH-Mission contact unproductive. Exceptions reveal the potential gain from involving mission in terms of securing national support for collaborative efforts. Such support lays the foundation for future joint research endeavors, as has been proven in Uganda, for example.

Administration of Funds and Reporting Requirements

Process: NIAID/OIR uses the Personal Services Contract (PSC) to award funds for approved requests. Activities are divided into discrete components so that PSC's are for less than \$3000, limiting internal paperwork. USAID requires trip reports for all travel under the PASA, and Quarterly reports on PASA activities have replaced the annual reporting requirement.

Issues:

- o Travel arrangements are often lengthy, reflecting unrealistic lead time after approvals and inadequate administrative follow-up. The expected addition of an administrator to NIAID/OIR staff will prevent future administrative lapses.
- o USAID receipt of reports on PASA activities has been inconsistent, contributing to the perception of limited accomplishment. Reports focus on proposals that are in the application and review process and only minimally provide information on funded activity achievements or plans for future direction of the program.

Expenditures

As of March 1992, the PASA had the following expenditure record (for detailed expenditure breakdown, see Appendix 9):

FY	Budget	Billed	Balance	Expended & Obligated	Pending	Proposed
1989	\$ 85,000	\$ 12,684	\$ 72,316			
1990	\$157,316	\$102,019	\$ 55,297			
1991	\$140,297	\$ 29,334	\$110,963			
1992	\$110,963	\$ 9,706	\$101,257	\$ 42,236	\$ 35,000	\$30,000
LOP	\$255,000	\$153,743	\$101,257	\$ 42,236	\$ 35,000	\$30,000

Notes: Budget includes the unbilled carry-over from the previous fiscal year balance.

Billed includes expenditures that have been billed against the PASA.

Expended & Obligated includes funds spent but not yet billed and funds approved and committed but not yet spent.

Pending includes requests that are in the late stages of the approval process.

Proposed includes requests that are in the early stages of the application process.

The balance includes the 25 percent (\$63,750) overhead NIH charges interagency agreements as NIH has allowed these overhead funds to be directly used for PASA activities. A better indication of program performance, however, is the net balance of \$37,507. When obligated funds are included, the PASA has promised or spent all of the funds called for in the terms of the agreement. Because overhead funds have been turned over to the NIAID/OIR, the International AIDS Technical Assistance Program has a remaining balance of \$59,021 -

slightly less than what would be required to fund the existing pool of proposed and pending activities.

Issues: While PASA expenditures are currently on track, the spending history shows marked lag periods in 1989 and 1991, followed by periods of relatively rapid spending in 1990 and 1992. This suggests that there is a market for PASA funds, but only when there is a push to sell the program are these resources efficiently utilized. The effort on behalf of NIH to use the program to generate strong Preparing for AIDS/HIV Vaccine Evaluation (PAVE) grant applications (1992) is an example of how efforts to use the program productively result in improved financial performance.

ADMINISTRATION RECOMMENDATIONS

- o The PASA requires consistent administrative support by the new Administrator being recruited by NIAID/OIR;
- o Standardized application procedures should be developed, requiring a 1-2 page synopsis of the hypothesis and rationale of the project being developed, expected results of the assistance requested, and a detailed budget;
- o Requests for USAID concurrence with proposed research activities should provide a description of the PASA and of the specific activities proposed. Cables should offer a mission briefing by investigators and request advice on appropriate in-country approvals, host-country sensitivities, etc. Mission endorsement should be sought not only to facilitate in-country coordination of US AIDS activities but also to promote host-country endorsement of the research activity and to provide assistance in identifying potential funding sources for subsequent research initiatives.
- o A standard award letter should be developed and sent to all successful applicants: it should include requirements for six-week lead time for travel arrangements and for an activity report within two weeks of completion of PASA-funded activities.
- o A standard activity report format should be developed to enable easy retrieval of information for reporting and evaluation purposes.
- o The Administrator should develop and maintain a system for logging requests, assistance awards, and activities and accomplishments resulting from PASA support (summarized from activity reports) which can be used to quickly and easily generate reports as needed;
- o Internal program advertisement should be carried out within NIH and USAID on a semi-annual basis, and should consist of detailed written description of program funding priorities as determined from program planning meetings.

- o Quarterly reports should describe program progress in meeting goals and objectives, including achievements of supported activities, status of applications under review, and upcoming opportunities for program activities.
- o Activity Reports and Quarterly Reports should be circulated to USAID/AIDS staff and appropriate contractors.

APPENDIX 4: NIAID PROGRAM ANNOUNCEMENT

INTERNATIONAL AIDS EPIDEMIOLOGY RESEARCH

NIH GUIDE, Volume 21, Number 10, March 13, 1992

PA NUMBER: PA-92-52

P.T. 34; K.W. 0715008, 0785055, 0710030

National Institute of Allergy and Infectious Diseases

Application Receipt Dates: January 2, May 1, September 1

PURPOSE

The purpose of this program announcement is to stimulate international collaborative research and research infrastructure development for the investigation of a broad range of studies on the epidemiology of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) in foreign countries.

HEALTHY PEOPLE 2000

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity for setting priority areas. This program announcement, International AIDS Epidemiology Research, is relevant to the priority area of HIV infection. Potential applicants may obtain a copy of "Healthy People 2000" (Full Report: Stock No. 017-001-00474-0) or "Healthy People 2000" (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-0325 (telephone 202-783-3238).

ELIGIBILITY REQUIREMENTS

Research grant applications may be submitted by domestic and foreign, for-profit and non-profit organizations, public and private, such as universities, colleges, hospitals, laboratories, units of State and local governments, and eligible agencies of the Federal Government. Both foreign and domestic institutions are eligible to be the grantee institution, although all grant applications must include the participation of both eligible U.S. and foreign institutions. Applications from minority individuals and women are encouraged.

MECHANISMS OF SUPPORT

The mechanism of support will be the individual research project grant (R01). Policies that govern research grant programs of the National Institutes of Health will prevail.

RESEARCH OBJECTIVES

Applications are encouraged in areas relevant to the purpose of this program announcement. Research may include, but is not limited to:

- o study of the natural history of HIV infection;
- o identification of populations at high risk of HIV infection;
- o establishment of seroprevalence and seroincidence rates in selected population groups;
- o identification of behavioral and biological co-factors associated with HIV transmission and/or disease acquisition;
- o study of the clinical evolution of HIV and associated diseases;
- o assessment of immunological parameters of HIV infection acquisition and disease development;
- o correlation of HIV genetic variants with disease presentation and/or progression;
- o evaluation of biological and/or clinical markers of HIV infection and associated disease development;
- o assessment of HIV intervention strategies; and

o pilot studies of preventive and therapeutic strategies.

Applicants are encouraged to give high priority to research designs that promote technology transfer, development of foreign research infrastructure, and the development of self-direction and self-sufficiency in the foreign country research team.

Applications for small-scale intervention studies (e.g., clinical trials of behavioral interventions or sexually transmitted diseases treatment programs) will fall within the purview of this program announcement if these studies are logically linked to the epidemiology studies, if they can be demonstrated appropriate for the given developing country, and if they are complementary to, and not redundant with, work that is already well supported.

STUDY POPULATIONS

SPECIAL INSTRUCTIONS TO APPLICANTS REGARDING IMPLEMENTATION OF NIH POLICIES CONCERNING INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH STUDY POPULATIONS

NIH and ADAMHA policy is that applicants for NIH/ADAMHA clinical research grants and cooperative agreements are required to include minorities and women in study populations so that research findings can be of benefit to all persons at risk of the disease, disorder or condition under study; special emphasis must be placed on the need for inclusion of minorities and women in studies of diseases, disorders and conditions that disproportionately affect them. This policy is intended to apply to males and females of all ages. If women or minorities are excluded or inadequately represented in clinical research, particularly in proposed population-based studies, a clear compelling rationale must be provided.

The composition of the proposed study population must be described in terms of gender and racial/ethnic group. In addition, gender and racial/ethnic issues should be addressed in developing a research design and sample size appropriate for the scientific objectives of the study. This information must be included in the form PHS 398 in Section 2, A-D of the Research Plan AND summarized in Section 2, E. Human Subjects. Applicants/offerors are urged to assess carefully the feasibility of including the broadest possible representation of minority groups. However, NIH recognizes that it may not be feasible or appropriate in all research projects to include representation of the full array of United States racial/ethnic minority populations (i.e., Native Americans (including American Indians or Alaskan Natives), Asian/Pacific Islanders, Blacks, Hispanics). The rationale for studies on single minority population groups must be provided.

For the purpose of this policy, clinical research is defined as human biomedical and behavioral studies of etiology, epidemiology, prevention (and preventive strategies), diagnosis, or treatment of diseases, disorders or conditions, including but not limited to clinical trials.

The usual NIH policies concerning research on human subjects also apply. Basic research or clinical studies in which human tissues cannot be identified or linked to individuals are excluded. However, every effort should be made to include human tissues from women and racial/ethnic minorities when it is important to apply the results of the study broadly, and this should be addressed by applicants.

For foreign awards, the policy on inclusion of women applies fully; since the definition of minority differs in other countries, the applicant must discuss the relevance of research involving foreign population groups to the United States' populations, including minorities.

If the required information is not contained within the application, the review will be deferred until the information is provided.

Peer reviewers will address specifically whether the research plan in the application conforms to these policies. If the representation of women or minorities in a study design is inadequate to answer the scientific question(s) addressed AND the justification for the selected study population is inadequate, it will be considered a scientific weakness or deficiency in the study design and will be reflected in assigning the priority score to the application.

All applications for clinical research submitted to NIH are required to address these policies. NIH funding components will not award grants or cooperative agreements that do not comply with these policies.

APPLICATION PROCEDURES

Applicants are to use the research grant application form PHS 398 (rev. 9/91). For purposes of identification and processing, check "yes" on item 2 of the face page of the application and enter the title: "PA-92-52, International AIDS Epidemiology Research." Applications will be accepted in accordance with the standard submission dates for new investigator-initiated AIDS research grant applications: January 2, May 1, and September 1.

Application kits are available at most institutional business offices and may be obtained from the Office of Grants Inquiries, Division of Research Grants, Westwood Building, Room 449, National Institutes of Health, Bethesda, MD 20892, telephone (301) 496-7441.

The completed original application and five legible copies must be sent or delivered to:

Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, MD 20892**

REVIEW PROCEDURES

Applications will be assigned on the basis of established PHS referral guidelines. Applications will be reviewed for scientific and technical merit by study sections (specifically assigned to review AIDS applications) of the Division of Research Grants, NIH, in accordance with the standard NIH peer review procedures. Following scientific-technical review, the applications will receive a second-level review by an appropriate national advisory council or board.

AWARD CRITERIA

Applications will compete for available funds with all other approved applications. The following will be considered in making funding decisions: quality of the proposed project as determined by peer review; availability of funds; and program balance among research areas of the announcement.

INQUIRIES

Questions regarding programmatic aspects of this program announcement may be directed to:

Robert D. Fischer, M.D., M.P.H.
Deputy Branch Chief for International Health
Epidemiology Branch, CRP, DAIDS
National Institute of Allergy and Infectious Diseases
6003 Executive Boulevard
Bethesda, MD 20892
Telephone: (301) 496-6177
FAX: (301) 402-0443

FOR EXPRESS MAIL CORRESPONDENCE WITH DR. FISCHER, USE THE SAME ADDRESS ABOVE WITH THE EXCEPTION OF THE CITY AND ZIP. INSTEAD OF "BETHESDA, MD 20819", USE "ROCKVILLE, MD 20852."

Questions regarding fiscal matters may be directed to:

Ms. Jane Unsworth
Chief, DAIDS Section, Grants Management Branch
National Institute of Allergy and Infectious Diseases
6003 Executive Boulevard, Solar Building
Bethesda, MD 20892
Telephone: (301) 496-6177
Fax: (301) 402-1506

AUTHORITY AND REGULATIONS

This program is described in the Catalog of Federal Domestic Assistance No. 93.856 Microbiology and Infectious Diseases Research, and No. 93.855 Allergy, Immunology, and Transplantation Research. Awards are made under authorization of the Public Health Service Act, Title IV, Part A (Public Law 78-410, as amended by Public Law 99-158, 42 USC 241 and 285) and administered under PHS grants policies and Federal Regulations 42 CFR 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

Authority for the international aspects of this program are provided by Public Law 86-610, the "International Health Act of 1960" and Public Law 100-607, the "Health Omnibus Program Extension Act of 1988."

**THE MAILING ADDRESS GIVEN FOR SENDING APPLICATIONS TO THE DIVISION OF RESEARCH GRANTS OR CONTACTING PROGRAM STAFF IN THE WESTWOOD BUILDING ** THE CENTRAL MAILING ADDRESS FOR THE NATIONAL INSTITUTES OF HEALTH. APPLICANTS WHO USE EXPRESS MAIL OR A COURIER SERVICE ARE ADVISED TO FOLLOW THE CARRIER'S REQUIREMENTS FOR SHOWING A STREET ADDRESS. THE ADDRESS FOR THE WESTWOOD BUILDING IS:

5333 Westbard Avenue
Bethesda, MD 20816

APPENDIX 5: PASA AND AMENDMENTS

1. Initial Starting Date (MO, DAY, YR) 9/30/88	PASA PARTICIPATING AGENCY SERVICE AGREEMENT BETWEEN THE AGENCY FOR INTERNATIONAL DEVELOPMENT	2. <input checked="" type="checkbox"/> PASA ORIGINAL <input type="checkbox"/> PASA AMENDMENT
3. Proposed Completion Date (MO, DAY, YR) 9/29/91		7. PASA Number DPE-5972-P-HZ-8079
4. Category <input type="checkbox"/> TOY <input type="checkbox"/> ASSIGNED	The National Institute of Allergy and Infectious Disease (NIAID)	8. Country/AIDW Office WI
5. Duration of Funding <input checked="" type="checkbox"/> CURRENT YEAR <input type="checkbox"/> FORWARD FUNDING	6. Project Number and Title 936-5972.6 AIDS Technical Support	9. Type <input checked="" type="checkbox"/> GRANT <input type="checkbox"/> LOAN <input type="checkbox"/> COUNTRY PROGRAM
		10. Year FY to 88/89

11. FUNDING

A CITATIONS	(1) Appropriation Number	(2) Allotment Number	(3) PIOT/Obligation Number
	VS 1181021.2	842-36-099-00-20-81	8361421
B. FOR PARTICIPATING AGENCY	(1) Initial or Current \$85,000	(2) Change (+ or -) 0	(3) New Total \$85,000
C. FOR AID DIRECT DISBURSEMENT FOR IN-COUNTRY ALLIANCE	(1) Initial or Current 0	(2) Change (+ or -) 0	(3) New Total 0
D. TOTAL AMOUNT OBLIGATED (Blocks B+C)	(1) Initial or Current \$85,000	(2) Change (+ or -) 0	(3) New Total \$85,000
E. PRINCIPLE COST COMPONENTS OF (Block B)	(1) Salaries, Differential and Benefits	(2) Transportation including Per Diem	(3) Miscellaneous
			(4) Overhead

F. Statement of Purpose

- I. This PASA between A.I.D. and NIAID provides funding for the provision of technical assistance, short-term training, chemical reagents and ad-hoc review of research proposals to developing country AIDS prevention programs.
- II. Allotment No.: **842-36-099-00-20-81**
 Budget Plan Code: **DDGA-88-13600-KG11**
 PIO/T No.: **8361421**
 Amount Obligated: **\$85,000**

13. GOVERNING PROVISIONS: Pursuant to the General Agreement dated March 3, 1966 between AID and the DHS, the Agency named above agrees to provide the services outlined in Block 18 specified as needed by Appendix A unless otherwise authorized by AID, all services shall be of U.S. origin. Any appendices attached hereto are considered part of this PASA.

14. Signatures

<p>NAME: <u>[Signature]</u> TITLE: <u>Surgeon General and Director,</u> <u>Office of International Health</u> DATE: <u>9/29/88</u></p>	<p>NAME: <u>Joyce E. Frame</u> TITLE: <u>Contracting Officer, OP/W/HP</u> DATE: <u>SEP 29 1988</u></p>
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15. Appendices

- APPENDIX A—SCOPE OF WORK
- APPENDIX B—BUDGET PLAN
- APPENDIX C—USE OF AID PERSONNEL/FACILITIES
- APPENDIX D—SUBCONTRACTING
- OTHER/REFERENCE _____

16. Negotiating Officers

AID: James F. Nindel
 AGENCY: _____

III. LOGISTICAL SUPPORT

All arrangements for travel (including tickets) as well as the procurement of supplies and equipment will be made by NIAID. Furthermore, except as stated in Appendix D, attached, no subcontracting for technical services will be allowed under this PASA unless specifically authorized.

IV. SPECIAL PROVISIONS

Access to classified information may be required by some or all of the persons paid under this PASA.

V. GUIDANCE AND LIAISON

A.I.D./W Liaison Official

Dr. Jeffrey Harris 875-4494
S&T/H

VI. DUTY POST

Washington D.C.; overseas TDY assignments are anticipated.

VII. PERIOD OF PERFORMANCE

The effective date of this PASA is September 30, 1988, and the estimated completion date is September 29, 1991.

NIAID PASASTATEMENT OF WORKA. OBJECTIVE

National Institute of Allergy and Infectious Diseases (NIAID) staff will assist the Agency AIDS Coordinator and ST/H contractors to provide technical assistance, short-term training, chemical reagents and ad-hoc review of research proposals to developing country AIDS prevention programs.

B. SCOPE OF WORK

The NIAID will provide 15 person months (p.m.) of technical assistance overseas and 56 p.m. of short-term training as follows:

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Total</u>
Technical Assistance	3 person months	6 p.m.	6 p.m.	15 p.m.
Short-term Training	12 person months	22 p.m.	22 p.m.	56 p.m.

In addition, NIAID will pay for shipments of reference and reagent chemicals to qualified investigators overseas. Upon request and by mutual agreement, NIAID staff will participate in reviews of scientific research grants and awards for operations research. Appendix B to this PASA further details this scope and its associated costs.

C. REQUIRED REPORTS

Reports on technical assistance provided in LDCs shall be submitted within 14 calendar days after the traveller returns to the U.S.

Reports on training provided to LDC participants shall be submitted at the conclusion of each participant's training experience. A brief summary report of training provided during the fiscal year shall be submitted by November 30 of each year.

BUDGET PLAN APPENDIX B PAGE 1 OF 1	PARTICIPATING AGENCY SERVICE AGREEMENT BETWEEN THE AGENCY FOR INTERNATIONAL DEVELOPMENT AND Department of Health & Human Services NIH, National Institute of Allergy & Infectious Diseases		1. PASA NO.	2. AMENDMENT NO. Original	3. FISCAL YEAR FY-88/89/90/91	
			4. APPROPRIATION 77	5. ALLOTMENT	6. AMOUNT CURRENTLY FUNDED	
7. FUNDED BY	PIA/T-OBLS. NO.	AMOUNT	PIA/T-OBLS. NO.	AMOUNT	PIA/T-OBLS. NO.	AMOUNT

8. PASA BUDGET PLAN - FUNDING		9. STAFFING			
DESCRIPTION	AMOUNT	NAME AND TITLE	GRADE	PERIOD (PEOPLE-MONTHS)	AMOUNT
SALARIES	12,000				
BENEFITS (_____ % OF SALARIES)					
DIFFERENTIAL (_____ % OF SALARIES)					
LEAVE FACTOR (TDY ONLY) (_____ % OF SALARIES & BENEFITS)					
TRAVEL (EXPLAIN BELOW)	20,000				
PUBLICATIONS					
ANNUAL JOINT CONFERENCE					
TRAINING	24,000				
OTHER:					
OVERHEAD <input type="checkbox"/> SALARIES & BENEFITS PERSONNEL <input type="checkbox"/> NET COSTS <input checked="" type="checkbox"/> ALL COSTS	12,000				
TOTAL INCLUDES (NON-FUNDED BY TO BE FUNDED BY FUTURE PASA AGREEMENTS)	85,000				

EXPLANATORY COMMENTS

Travel: Provision of funds required by NIAID/NIH staff for transportation and per diem in order to provide consultation, training, and technical assistance in support of USAID programs

Other: Anticipated expenses (\$ 7,000) for international shipping and cold storage of NIAID-donated AIDS research and diagnostic reagents in support of USAID programs

Costs incurred (\$ 5,000) in the organization and conduct of scientific peer review of grants, contracts, and collaborative agreements in the support of USAID programs.

Training: To cover costs associated with training of collaborating scientists at NIAID

- o Short-Term Technical Assistance. Provision of NIAID/NIH scientific staff to AID AIDS Programs in response to requests for assistance from AID-eligible developing countries. Areas of expertise would include but not be limited to: epidemiology research, sexually transmitted diseases, virology, clinical immunology, clinical investigation, drug and vaccine development, laboratory management, research administration.

Person Months	3	@ \$ 4,000	\$ 12,000
Travel			\$ 20,000

			\$ 32,000

- o Short-Term Training. Support for task-oriented training of scientists from developing countries in the laboratory aspects of AIDS at NIAID/NIH or in NIAID/NIH-funded laboratories. AIDSTECH and other projects should be able to provide international air fares and per-diem expenses but will find it difficult to compensate the host laboratory for staff time, laboratory space, and laboratory supplies used in the training. Without compensation it will be extremely difficult to place trainees in the U.S.A.

Person Months	12	@ \$ 2,000	\$ 24,000
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- o Reference and Research Reagents. NIAID/NIH reagents are provided without charge to qualified investigators. It is expected, however, that the requesting scientist will pay the shipment expenses. This is ordinarily no problem for domestic or Western European investigators with research grants and easy means of communication. Scientists in developing countries are often unable to access this "free" resource because of lack of funds, currency restrictions, and the increased cost of international overnight delivery.

Shipment Subvention for AID approved scientists	\$ 7,000
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- o Assistance in Review of Small Grants and Sub-Projects. NIH currently organizes the scientific peer review of approximately \$ 5 billion per year. To meet the AIDS Emergency, NIH is developing the capacity to provide triage and expedited review of AIDS proposals. AID AIDS projects envisage the organization of a Technical Advisory Group (TAG), the awarding of sub-projects, and the solicitation of small grant applications. NIAID/NIH scientific and program management staff could, under mutually agreeable terms, be made available on an ad hoc basis to participate in or provide support in the AID review process. Activities might include but not be limited to ad hoc or written scientific reviews, site-visits, membership (as appropriate) on review panels, and/or assisting with the administrative aspects of the review process. (NIH currently peer reviews all NIOSH/CDC grant applications and has provided ad hoc review for the AID Historically Black University and Colleges Grants Program).

Subvention of AID AIDS Review	\$ 5,000

Sub-Total	\$ 58,000

- o Indirect Cost. NIAID has been advised that it is the current PHS policy to charge an indirect cost of 25% on interagency agreements.

Indirect cost (25%)	\$ 17,000

TOTAL	\$ 85,000

APPENDIX C

"AID Facilities and/or Personnel

- a. Participating agencies, their employees, and consultants are prohibited from using AID facilities (such as office space or equipment) and AID clerical/technical personnel in the performance of services specified in a Resources Support Service Agreement (RSSA) or Participating Agency Service Agreement (PASA), unless the use of such personnel and/or facilities is/are specifically authorized in the RSSA/PASA agreement.

- b. If at any time it is determined that the participating agency has used AID facilities or personnel without authorization in the RSSA or FASA, then the amount payable under the RSSA or PASA agreement shall be reduced by an amount equal to the value of the AID facilities or personnel used by the participating agency as determined by the AID Agreement Officer."

APPENDIX D"Subcontracting

- a. As used herein, the term "subcontracting" includes purchase orders.
- b. Subcontracting by the participating agency with AID funds must be specifically authorized in the PASA or RSSA involved or, separately requested in writing and approved by the AID Agreements Officer prior to negotiations. Accordingly, participating agencies are required to clearly indicate in their budget submission to AID for a particular PASA or RSSA the extent of anticipated subcontracting. Where such subcontracting arises during performance an amended budget and amendment to the PASA or RSSA to cover subcontracting may be necessary prior to entering into a subcontract. All subcontracting under PASA and RSSA agreements using AID funds is subject to the provisions on contracting as stated in AID Handbook 12, 1C7. a. through f. pages 1-21 and 1-21a.
- c. AID authorized subcontracting shall be undertaken using the participating agency's own contracting authority and its own contracting regulations. Such authority shall be cited in the subcontract. When subcontracts are negotiated, the circumstances permitting negotiation shall also be cited. AID may, when it is in the best interest of the Government, authorize a participating agency to subcontract with an individual for personal services abroad under a subcontract in which the participating agency may, absent its own authority to contract for personal services, cite Section 636 (a) (3) of the Foreign Assistance Act of 1961, as amended (FAA). In such event, the circumstance permitting negotiation is 41 U.S.C. 252 (c) (15). Where the FAA is used as authority, the participating agency shall also use applicable AID contracting regulations."

APPENDIX E

BILLINGS

- A. Billings should be submitted for payment to A.I.D. on Standard Form 1080 or 1081, together with dates of services rendered and a breakdown of accrued expenses. Submissions should be made on a monthly or quarterly basis.
- B. The format of the report accompanying the FS 1080 or 1081 should be substantially as indicated below. Disbursements will not be made without the following identifying information:

DEPARTMENT OR AGENCY
FINANCIAL STATUS REPORT
On an Accrual Basis

PASA/RSSA NO: _____ Period Covered: From: _____
 Project Name: _____ To: _____
 Project Number: _____ PASA/RSSA Agreement Period: From: _____
 Fiscal Data: PIO/T Oblig. No. _____ To: _____
 Appropriation No. _____
 Allotment No. _____

<u>Description of Budget Line Items</u>	<u>Current Billing</u>	<u>Cumulative Billing to Date</u>
Salaries		
Benefits		
Travel		
Transportation		
Supplies & Materials		
Other		
Overhead		
Totals	_____	_____
	_____	_____

Cumulative Funds Authorized in PASA/RSSA through
 Amendment Number _____

Billings for services rendered under this agreement should be addressed to:

APPENDIX F

1. IDENTIFICATION, SELECTION AND USE OF CONTRACTORS AND CONSULTANTS

(a) It is the responsibility of the participating agency to identify and select contractors and consultants in accordance with participating agency procedures and, to the maximum extent practicable, under competitive procedures. AID employees are not authorized to suggest or recommend specific individuals or organizations. The participating agency agrees not to solicit suggestions or recommendations of potential contractors or consultants from AID employees. Discussions between AID employees and the participating agency on specific individuals or organizations are permitted only after an individual or organization has been identified as a potential contractor or consultant by the participating agency.

(b) Contractor (nonfederal) employees or consultants performing services under PASA or RSSA agreements shall not participate in policy formulation, budgeting, or supervision of AID personnel.

2. LIMITATION ON COMPENSATION OF PARTICIPATING AGENCY PERSONNEL, CONTRACTOR EMPLOYEES, OR CONSULTANTS

(a) Salaries and wages or consultant fees which exceed the maximum level of the Foreign Service Officer Class 1 (FS-1), or the equivalent daily rate, as established in the payment schedule of the uniform State/AID/USIA Regulations, as from time to time amended, must be specifically authorized in advance by the AID Agreement Officer.

(b) Reimbursement will not be made for unauthorized salary and wage, or consultant fee amounts which exceed the maximum FS-1 level.

3. RELOCATION WITHIN THE U.S. OF PARTICIPATING AGENCY EMPLOYEES, CONTRACTOR EMPLOYEES, OR CONSULTANTS

(a) Relocation within the United States of participating agency employees, contractor employees, or consultants must be specifically authorized in advance by the AID Agreement Officer

(b) Relocation allowances for authorized participating agency employees will be reimbursed as provided in the Federal Travel Regulations.

(c) Relocation costs for authorized contractor employees, or consultants will be reimbursed in accordance with Section 31.205-35 of the Federal Acquisition Regulations (FAR).

4. PARTICIPANT TRAINING COSTS

All participant training shall be conducted in accordance with the policies and procedures established in AID Handbook 10 - Participant Training unless otherwise specifically authorized in advance by the AID Agreement Officer.

5. WORKSHOP/CONFERENCE COSTS

Meetings and conferences, including meals, transportation, rental of meeting facilities and other incidental costs are allowable when the primary purposes of the incurrence of the costs is the dissemination of technical information.

6. ENTERTAINMENT COSTS

Costs of amusement, diversion, social activities, and any directly associated costs such as tickets to shows, sports events, meals, lodging, rentals, transportation, and gratuities are not allowable.

NIAH

1. Initial Starting Date (Mo., Day, Yr.) 9/30/88	PASA PARTICIPATING AGENCY SERVICE AGREEMENT BETWEEN THE AGENCY FOR INTERNATIONAL DEVELOPMENT AND The National Institute of Allergy and Infectious Diseases	6. <input type="checkbox"/> PASA ORIGINAL <input checked="" type="checkbox"/> PASA AMENDMENT 02
2. Projected Completion Date (Mo., Day, Yr.) 9/29/91		7. PASA Number DPE-5972-P-HZ-8079-00
3. Category <input type="checkbox"/> TDY <input type="checkbox"/> ASSIGNED	8. Country/AID/W Office	
4. Duration of Funding <input type="checkbox"/> CURRENT YEAR <input checked="" type="checkbox"/> FORWARD FUNDING	9. Project Number and Title 936-5972.6 Aids Technical Support Project (NIAID)	10. Year FY 18 <u>90</u>

11. FUNDING

A. CITATIONS	(1) Appropriation Number 72-1101021.2	(2) Allotment Number 042-36-099-00-20-01	(3) PIO/T/Obligation Number 0361233
B. FOR PARTICIPATING AGENCY	(1) Initial or Current 170,000	(2) Change (+ or -) 85,000	(3) New Total 255,000
C. FOR AID DIRECT DISBURSEMENT FOR IN-COUNTRY SUPPORT	(1) Initial or Current	(2) Change (+ or -)	(3) New Total
D. TOTAL AMOUNT OBLIGATED (Blocks B+C)	(1) Initial or Current 170,000	(2) Change (+ or -) 85,000	(3) New Total 255,000
E. PRINCIPLE COST COMPONENTS OF (Block B)	(1) Services, Differential and Benefits	(2) Transportation including Per Diem	(3) Miscellaneous (4) Overhead

12. Statement of Purpose

I. This PASA between A.I.D. and NIAID is amended in order to provide 85,000 in additional funding for authorized activities during the period 9/30/90 thru 9/29/91.

II. Allotment no. -042-36-099-00-20-01
Budget Plan Code- DDGA-90-13600-KG11
PIO/T No. -0361233
Amount- 85,000

All other terms and conditions of the original PASA remain unchanged.

13. GOVERNING PROVISIONS. Pursuant to the General Agreement dated MARCH 3, 1966 between AID and the DHHS, the Agency named above agrees to provide the services outlined in Block 12 amplified as needed by Appendix A, unless otherwise authorized by AID, all services shall be of U.S. origin. Any appendices attached hereto are considered part of this PASA.

14. Signatures

NAME Harold P. Thompson
TITLE Director, Office of International Health
DATE 6/21/90

NAME Stephen A. De...
TITLE/OFFICE Contracting Officer Chief, Health and Population Branch
DATE 4/26/90

15. Appendices

- APPENDIX A—SCOPE OF WORK
- APPENDIX B—BUDGET PLAN
- APPENDIX C—USE OF AID PERSONNEL/FACILITIES
- APPENDIX D—SUBCONTRACTING
- OTHER/REFERENCE _____

16. Negotiating Officers

AID _____
AGENCY: _____

BUDGET PLAN APPENDIX PAGE ____ OF ____	PARTICIPATING AGENCY SERVICE AGREEMENT BETWEEN THE AGENCY FOR INTERNATIONAL DEVELOPMENT AND	1. PASA NUMBER DPF-5972-P-H7-8079-00	2. AMENDMENT NO. 02	3. FISCAL YEAR EY 90/91
		4. APPROPRIATION 72-1101021.2	5. ALLOTMENT 042-36-099-00-20-01	6. AMOUNT CURRENTLY FUNDED 170,000

7. FUNDED BY	PROJ/OBLIG. NO.	AMOUNT	PROJ/OBLIG. NO.	AMOUNT	PROJ/OBLIG. NO.	AMOUNT
	0361233	85,000				

8. PASA BUDGET PLAN - FUNDING		9. STAFFING			
DESCRIPTION	AMOUNT	NAME AND TITLE	GRADE	PERIOD (PEOPLE-DAYS/MONTHS)	AMOUNT
SALARIES					
BENEFITS (_____ % OF SALARIES)					
DIFFERENTIAL (_____ % OF SALARIES)					
LEAVE FACTOR (TDYs ONLY) (_____ % OF SALARIES AND BENEFITS)					
TRAVEL (EXPLAIN BELOW)	8,000				
PER DIEM (EXPLAIN BELOW)					
MOVEMENT EFFECTS (INTERNATIONAL) (NORMALLY ONLY MOVEMENT TO POST)					
MOVEMENTS/STORAGE OF EFFECTS (DOMESTIC)					
OTHER (SPECIFY BELOW) TRAINING	60,000				
OVERHEAD <input type="checkbox"/> SALARIES & BENEFITS 25 % <input type="checkbox"/> PERSONNEL COSTS <input checked="" type="checkbox"/> ALL COSTS	17,000				
IN-COUNTRY SUPPORT PROVIDED DIRECTLY BY AID (EXPLAIN BELOW)*					
TOTAL (INCLUDES _____ TO BE FUNDED BY FUTURE PASA AMENDMENTS)	85,000				

EXPLANATORY COMMENTS

Training includes travel, per diem and tuition (where applicable) for LDC Scientists to receive technical assistance and training in AIDS research.

Travel includes costs of USG-Personnel to provide technical assistance and training to LDC Scientists.

*NOTE: This should include housing and other allowances to be paid at post, administrative support, local travel, and international travel and shipments for which A.I.D. is responsible (see 1C3a(2) of H.B. 12 - Ch. 1).

1. Initial Starting Date (Mo., Day, Yr.) 9/30/88	PASA PARTICIPATING AGENCY SERVICE AGREEMENT BETWEEN THE AGENCY FOR INTERNATIONAL DEVELOPMENT	6. <input type="checkbox"/> PASA ORIGINAL <input checked="" type="checkbox"/> PASA AMENDMENT 02
2. Projected Completion Date 9/29/91		7. PASA Number DPE-5972-P-HZ-8079-00
3. Category <input type="checkbox"/> TDY <input type="checkbox"/> ASSIGNED	The National Institute of Allergy and Infectious Diseases	8. Country/AID/W Office
4. Duration of Funding <input type="checkbox"/> CURRENT YEAR <input checked="" type="checkbox"/> FORWARD FUNDING	9. Project Number and Title 936-5972.6 Aids Technical Support Project (NIAID)	9. Type <input checked="" type="checkbox"/> GRANT <input type="checkbox"/> LOAN <input type="checkbox"/> COUNTRY FINANCED
		10. Year FY 19 <u>90</u>

11. FUNDING

A. CITATIONS	(1) Appropriation Number 72-1101021.2	(2) Allotment Number 042-36-099-00-20-01	(3) PIO/T/Obligation Number 0361233
B. FOR PARTICIPATING AGENCY	(1) Initial or Current 170,000	(2) Change (+ or -) 85,000	(3) New Total 255,000
C. FOR AID DIRECT DISBURSEMENT FOR IN-COUNTRY SUPPORT	(1) Initial or Current	(2) Change (+ or -)	(3) New Total
D. TOTAL AMOUNT OBLIGATED (Blocks B+C)	(1) Initial or Current 170,000	(2) Change (+ or -) 85,000	(3) New Total 255,000
E. PRINCIPLE COST COMPONENTS OF (Block B)	(1) Scientific, Differential and Benefits	(2) Transportation including Per Diem	(3) Miscellaneous
			(4) Overhead

12. Statement of Purpose

I. This PASA between A.I.D. and NIAID is amended in order to provide 85,000 in additional funding for authorized activities during the period 9/30/90 thru 9/29/91.

II. Allotment no. -042-36-099-00-20-01
 Budget Plan Code- DDGA-90-13600-KG11
 PIO/T No. -0361233
 Amount- 85,000

All other terms and conditions of the original PASA remain unchanged.

13. GOVERNING PROVISIONS Pursuant to the General Agreement dated MARCH 3, 1966 between AID and the DHHS, the Agency named above agrees to provide the services outlined in Block 12 specified as needed by Appendix A, unless otherwise authorized by AID, all services shall be of U.S. origin. Any appendices attached hereto are considered part of this PASA.

14. Signatures
 NAME Harold P. Thompson
 TITLE/OFFICE Director, Office of International Health
 DATE 6/21/90

NAME Stephen G. De...
 TITLE/OFFICE Contracting Officer Chief, Health and Population Branch
 DATE 4/26/90

15. Appendices
- APPENDIX A - SCOPE OF WORK
 - APPENDIX B - BUDGET PLAN
 - APPENDIX C - USE OF AID PERSONNEL/FACILITIES
 - APPENDIX D - SUBCONTRACTING
 - OTHER/REFERENCE _____

16. Negotiating Officers

AID _____

AGENCY _____

BUDGET PLAN APPENDIX B PAGE ____ OF ____	PARTICIPATING AGENCY SERVICE AGREEMENT BETWEEN THE AGENCY FOR INTERNATIONAL DEVELOPMENT AND		1. PASA NUMBER	2. AMENDMENT NO.	3. FISCAL YEAR	
			DPE-5977-P-H7-8079-00	02	FY 90/91	
			4. APPROPRIATION	5. ALLOTMENT	6. AMOUNT CURRENTLY FUNDED	
			72-1101021 2	042-36-099-00-20-011	170,000	
7. FUNDED BY	PROJ/OBLIG. NO.	AMOUNT	PROJ/OBLIG. NO.	AMOUNT	PROJ/OBLIG. NO.	AMOUNT
	0361233	85,000				
8. PASA BUDGET PLAN -- FUNDING			9. STAFFING			
DESCRIPTION		AMOUNT	NAME AND TITLE	GRADE	PERIOD (PEOPLE-DAYS/MONTHS)	AMOUNT
SALARIES						
BENEFITS (_____ % OF SALARIES)						
DIFFERENTIAL (_____ % OF SALARIES).						
LEAVE FACTOR (TDYs ONLY) (_____ % OF SALARIES AND BENEFITS)						
TRAVEL (EXPLAIN BELOW)		8,000				
PER DIEM (EXPLAIN BELOW)						
MOVEMENT EFFECTS (INTERNATIONAL) (NORMALLY ONLY MOVEMENT TO POST)						
MOVEMENTS/STORAGE OF EFFECTS (DOMESTIC)						
OTHER (SPECIFY BELOW) TRAINING		60,000				
OVERHEAD <input type="checkbox"/> SALARIES & BENEFITS 25 % <input type="checkbox"/> PERSONNEL COSTS <input checked="" type="checkbox"/> ALL COSTS		17,000				
IN-COUNTRY SUPPORT PROVIDED DIRECTLY BY AID (EXPLAIN BELOW)*						
TOTAL (INCLUDES _____ TO BE FUNDED BY FUTURE PASA AMENDMENTS)		85,000				

EXPLANATORY COMMENTS

Training includes travel, per diem and tuition (where applicable) for LDC Scientists to receive technical assistance and training in AIDS research.

Travel includes costs of USG-Personnel to provide technical assistance and training to LDC Scientists.

*NOTE: This should include housing and other allowances to be paid at post, administrative support, local travel, and international travel and shipments for which A.I.D. is responsible (see IC3a(2) of H.B. 12 - Ch. 1).

Initial Starting Date (Pub. Law 91)	PASA PARTICIPATING AGENCY SERVICE AGREEMENT BETWEEN THE AGENCY FOR INTERNATIONAL DEVELOPMENT AND The National Institute of Allergic and Infectious Disease	<input type="checkbox"/> PASA ORIGINAL <input checked="" type="checkbox"/> PASA AMENDMENT 3
Previous Agreement Date (Pub. Law 91)		7. PASA Number DPH-5972-P-HZ-8079-00
Effective Date 9/29/92		8. Geographic Area Worldwide
Category <input checked="" type="checkbox"/> TTY <input type="checkbox"/> AIRSHIP	9. Project Number and Title 936-5972.6 <input checked="" type="checkbox"/> AIDS Technical Support Project	6. Type <input checked="" type="checkbox"/> GRANT <input type="checkbox"/> LOAN <input type="checkbox"/> SECURITY ASSISTANCE 10. Year 91
Duration of Funding <input checked="" type="checkbox"/> CURRENT YEAR <input type="checkbox"/> FUTURE FUNDING		

11. FUNDING

A. CITATIONS	(1) Agreement Number 78-1101021.2	(2) Account Number 042-36-099-00-20-11	(3) PASA Obligation Number 936-5972-0361233 A1
B. FOR PARTICIPATING AGENCY	(1) Initial or Current \$255,000	(2) Change (+ or -) \$ - 0 -	(3) New Total \$255,000
C. FOR AID PROJECT	(1) Initial or Current	(2) Change (+ or -)	(3) New Total
D. TOTAL AMOUNT OBLIGATED (Sum B+C)	(1) Initial or Current \$255,000	(2) Change (+ or -) \$ - 0 -	(3) New Total \$255,000
E. PRINCIPAL COST COMPONENTS OF (Block B)	(1) Salaries, Benefits and Benefits	(2) Transportation including Per Diem	(3) Miscellaneous
			(4) Overhead

12. Statement of Purpose

The purpose of this amendment between AID & NIAID is to provide an extension of the period of performance from 9/30/91 to 9/29/92.

All other terms & conditions, as amended, remain the same.

Budget Plan Code: DDCA-90-13600-8011

13. GOVERNMENT PROVIDED: Pursuant to the General Agreement dated March 3, 1966 between AID and the D. H. H. S.

the Agency named above agrees to provide the services outlined in Block 14

except as needed by Appendix A which is authorized by P.L. of services and to U.S. origin. Any appendices attached hereto are considered part of this PASA.

14. Signatures

NAME <u>James E. Sam, M.D., M.P.H.</u> TITLE/OFFICE <u>Deputy Assistant Secretary for International Health</u> DATE _____	NAME <u>Stephen A. Dean</u> TITLE/OFFICE <u>Chief, Health & Population Branch</u> DATE <u>8/23/91</u>
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15. Appendix

APPENDIX A—SCOPE OF WORK
 APPENDIX B—BUDGET PLAN
 APPENDIX C—USE OF AID PERSONNEL/FACILITIES
 APPENDIX D—SUBGRANTING
 OTHER APPENDICES _____

16. Reporting Officers

ASB _____
 AGENCY _____

AM 04 007

GUIDELINES FOR THE ADMINISTRATION OF
THE A.I.D.- N.I.A.I.D. PASA

Activities to be given priority for funding are those which:

- . develop or initiate new research relationships;
- . increase the research capability of an LDC;
- . lead to the submission of a larger-scale research proposal;
- . lead to eventual funding by other agencies than A.I.D. and/or;
- . are evenly distributed among countries and regions;
- . participate in ad hoc peer review, site visits, consultations for A.I.D.

Activities whose funding should be discouraged are those which:

- . stand alone;
- . cost more than \$10, 000;
- . fund equipment (expendables:except as part of a package);
- . support existing AIDS-related research relationships; or (will cut out ANE, LAC); fund routine NIH travel.

Other administrative issues include:

- . the timeframe for finalizing travel arrangements, particularly for releasing airline tickets (2 weeks ahead of travel date);
- . timeframe for drafting cables/seeking mission concurrence (minimum 30 days);
- . routine distribution list for all PASA -related communications:NIAID AID/ST/H, USAID mission, trainer, trainee);
- . procedure for drafting cables/communications (NIAID to draft and transmit via DIALCOM. Then AID to log, clear and transmit cables.
- . PASA will buy NIAID a node on dialcom, Karl Western to get a 2400 band, Hayes-compatible modem and transmit as binary files in Word Perfect.

NIAID-USAID PROGRAM
ON
"INTERNATIONAL AIDS TECHNICAL ASSISTANCE"

The National Institute of Allergy and Infectious Diseases (NIAID) and the U.S. Agency for International Development (AID) have developed an inter-agency agreement to make the scientific expertise and resources at the National Institutes of Health (NIH) available to support AIDS's international AIDS technical assistance program.

Activities supported by the NIAID-AID Agreement include:

- 1) Short-term technical assistance and consultation (up to 30 days) from NIH staff or NIH-supported investigators;
- 2) Short-term research training (up to 90 days) at NIH or in an NIH-supported facility;
- 3) HIV/AIDS reference and research reagents for preliminary studies or wet-bench laboratory training;
- 4) Catalytic funds for project development.

Eligibility: Scientists from AID eligible countries; NIH staff scientists or NIH-supported investigators. Linkage between U.S. and foreign scientists is strongly encouraged.

Funding: Ordinarily up to \$ 10,000 per award.

Deadline: Open

Application: A one-two page proposal summarizing the request and a budget with justification is required.

Foreign scientists should clear proposals through their supervisors and transmit them to the USAID Mission (or U.S. Embassy) in their country. The USAID Mission should forward approved proposals to Dr. Ioanna Trilivas, AIDS Division, Office of Health, Agency for International Development (AID) Washington.

U.S. scientists should contact:

Karl A. Western, MD, DTPH
Assistant Director for International Research
National Institute of Allergy & Infectious Diseases
Solar Building, Room 3C-25
Bethesda, Maryland, U.S.A. 20892

Phone: 301/496-6721; Fax: 301/402-3255

APPENDIX 8: SUMMARY OF REQUESTS

SUMMARY OF NIAID-USAID "INTERNATIONAL AIDS TECHNICAL ASSISTANCE" PROJECT

Fiscal Years (FY): 1989-1992

FY 1989

<u>Country</u>	<u>U.S./National Counterparts</u>	<u>Activity</u>	<u>Expense</u>
Dominican Republic	Dr. Jay Levy (UC/SF) Ms. Elena Koenig (MOH)	Training Course IF HIV Confirmatory Testing	\$ 869.00
<u>Results:</u> IF technology transferred to MOH laboratory as less expensive HIV confirmatory test than Western blot. UC/SF-MOH collaboration strengthened (Confirmatory tests had previously been sent to UC/SF for <u>pro bono</u> testing).			
Guatemala	Dr. Maria Appleman (LAC/USC)	Identify HIV/AIDS Training Needs	\$ 850.00
<u>Results:</u> Two Guatemalan laboratory technicians identified and received short-term training in the recognition and diagnosis of HIV and opportunistic infections.			
Nigeria	Dr. K.A. Western (NIAID)	I National Conference on HIV/AIDS and Drugs (USAID-sponsored)	3,400.00
<u>Results:</u> PHS represented at this first formal meeting on HIV/AIDS in Nigeria. Meetings with MOH generated a proposal for blood bank screening for HIV-1, HIV-2 in Nigeria which was referred to AIDSTECH.			
Papua New Guinea	Mr. W.E. Brady (CDC) Dr. H.L. Francis (NIAID/JHU) Dr. Clement Malau (MOH)	Develop STD/HIV Protocols	\$ 4,200.00 2,992.00
<u>Results:</u> Anthropology and donovaniasis STD protocol funded by USAID Mission. Epidemiology of HIV/donovaniasis protocol revised and study sites changed. Application to NIH for funding pending.			
Tanzania	Dr. W. Nkya (Kilimanjaro) Dr. J. Shao (U Tanzania) Dr. R. Kennedy (SW Foundation)	Training HIV isolation HIV isotyping; T4 char- acterization	\$ 2,993.00 2,993.00
<u>Results:</u> Tanzanian HIV isolates have been characterized and the results published. (NIAID-supported investigator's award did not provide for travel/training of Africans in Texas). Exploratory talks with Texas Consortium on application did not bear fruit. (Texas Consortium chose Zambia).			

Uganda	Dr. F. Biryawaho (Uganda Viral Research Institute) Dr. D.S. Schmid (CID/CDC)	HIV isolation and char- acterization; visit NIH and CWRU ICAR	\$ 4,500.00
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Results: NIAID-supported Case Western Reserve University award did not provide for this training (which could not be provided in Cleveland at that time). Training was provided at CDC, a Federal laboratory. This experience was one factor in the modification of NIAID AIDS Vaccine Evaluation Unit (AVEU) awards to provide training for LDC nationals in vaccine related research. The Ugandans have received training in the St. Louis AVEU at NIAID expense.

Zaire	Dr. U. Kabagabo (Projet SIDA) Dr. Kathleen Braden (Tufts)	Human Papillomavirus immunodiagnosis and culture	\$ 2,980.00
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Results: Short-term training of Africans in U.S.A. was not provided for in the Tufts ICAR in Zaire. In addition, this proposed training was outside the study area of HIV/diarrheal disease. This training was provided on the understanding that it would be the basis of a new grant submission to NIH. Political conditions in Zaire preclude this option.

Zaire	Dr. Nsiangana (Projet SIDA) Dr. Ann Nelson (AFIP)	Cytological identifi- cation of human papil- loma viruses	\$ 8,500.00
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Results: While a formal participant in Projet SIDA, AFIP--a Federal laboratory--had no provision for training of Zairian nationals in Washington, DC. This training was undertaken that an NIH grant proposal would be developed and submitted through the Armed Forces Registry of Pathology--a non-Federal component associated with AFIP. Conditions in Zaire have prevented implementation.

FY 1990

Guatemala Ms. H. Logemann (H Roosevelt) Training laboratory 2,400.00
 Ms. E. Herrera (Hosp Gen'l) diagnosis HIV/AIDS and 2,400.00
 Opportunistic infections
 VI International AIDS Con- 2,000.00
 ference

Results: Training provided and LAC/USC protocol developed for national training program. Protocol referred to AIDSTECH. Two technician level workers had opportunity to attend International AIDS Conference at minimal expense.

India Dr. S.P. Tripathy (AIIMS) Clinical research 5,600.00
 Dr. T.C. Quinn (NIAID; JHU) training; diagnosis of
 TBC and opportunistic
 infections
 Visit CDC 800.00
 VI International AIDS Con- 1,700.00
 ference (San Francisco)

Results: Clinical training provided at a time when HIV/AIDS political sensitivity was still high. HIV/TBC protocol developed for implementation at AIIMS. Dr. Tripathy subsequently transferred to ICMR National Institute of Virology/Pune. Relationship established during this period was critical to development of Johns Hopkins-NIV/Pune PAVE application which will be peer reviewed in July 1992. (FYI: Dr. Tripathy's father has become ICMR Director subsequent to training). Young Dr. Tripathy also had opportunity to visit CDC and attend San Francisco AIDS Conference at a formative stage in his career.

Malawi Dr. R.D. Fischer (NIAID) Site visit JHU ICAR; Eval- 1,000.00
 uate need for FACS and
 future research opportuni-
 ties

Results: While NIAID funds ICARs, international travel ceilings prevented staff site visits. JHU ICAR had made proposal to use NIAID-USAID PASA funds to purchase cell sorter not provided for in final ICAR award. Alternate funding source identified for cell sorter. Visit provided opportunity to evaluate Malawi for future HIV/AIDS intervention studies.

Sierra Leone Dr. R.H. Purcell (LID/NIAID) Identify SIV-like, HIV- 30,000.00
 Dr. Vanessa Hirsch (Georget'n) like retroviruses in West
 Ms. Cheryl Fimble (Rutgers) African non-human primates
 Dr. A. Gbakima (Njala College)

Results: Expectation was that if there were a simian HIV-like lentivirus in West Africa, this protocol would identify it. LID/NIAID could not implement project with its own resources because of ceiling on international travel funds. While highly meritorious, it was decided that the PASA could not support these "high cost" initiatives and a ceiling of \$ 10,000 was set for future activities. A subsequent proposal for a similar study in East Africa was rejected.

Thailand	Dr. K. Ruxrungtham (Chulabhorn U) Dr. T.C. Quinn (NIAID; JHU)	Clinical research training; develop phagocytosis assay to evaluate anti-virals Visit CDC VI International AIDS Conference (San Francisco)	\$ 5,940.00 800.00
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Result: Dr. Ruxrungtham is an MD/PhD clinical investigator at the Chulabhorn Research Institute recently established by HRH Princess Chulabhorn Mahidol. Request for training was generated and strongly supported by USAID Mission/Bangkok. Dr. Ruxrungtham's performance was so outstanding that he is now supported as a Visiting Scientist at the NIAID Laboratory of Immunoregulation (Dr. H.C. Lane). Training also provided introductory visit to CDC and opportunity to attend San Francisco International AIDS Conference.

Uganda	Dr. R.D. Fischer (DAIDS/NIAID)	Site visit CWRU ICAR;	\$ 3,800.00
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Results: Site visit to the NIAID-supported Case Western Reserve University ICAR took place following a discussions between Presidents Bush and Musaveni to consider clinical studies in Uganda. Use of the NIAID-USAID PASA made it possible for PHS and USAID to be responsive. Discussions were had with Ugandan officials regarding HIV vaccine intervention studies and the assignment of a Veterans Administration scientist (Dr. John Zeigler) to Uganda for a sabbatical period.

Zambia	Dr. H. DuPont (UTexas/Houston) Dr. C. Chintu (U Zambia)	Identify HIV/AIDS research opportunities	\$ 842.00
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Results: Three research protocols were developed and submitted to NIH for funding in the areas of: 1) HIV/diarrheal diseases; 2) HIV/breast milk transmission; and 3) HIV/tuberculosis. The first was eventually funded (See FY 1991) and the others are being revised and resubmitted.

Zaire	Mr. C. Mwangura (Projet SIDA) Dr. F. Neva (LPD/NIAID)	Training in laboratory diagnosis HIV and opportunistic infections	7,470.00
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Results: Mr. Mwangura, a lab technician, provided key support to a NIAID Laboratory of Parasitic Diseases-Projet SIDA protocol investigating the interaction of HIV, HTLV-1, and Strongyloides stercoralis. Comparative studies in Jamaica and Zaire showed that S. stercoralis is an opportunistic pathogen in HTLV-1 positive, but NOT HIV-1 positive individuals. The biologic basis for this difference is still under investigation at NIAID. This training was provided to reward Mr. Mwangura for his excellent work and extend his capacity to diagnose opportunistic parasitic pathogens in Projet SIDA. Projet SIDA had no resources to train Zairian nationals in the U.S.A.--particularly at the technician rather than MD, PhD level.

FY 1991

Botswana	Dr. Charlene Weiss (NCNR)	Site visit PHS/AID/NIMH Behavioral Research Project	\$ 1,100.00
Brazil	Dr. J.L. Gallant (JHU) Dr. M. Schacter (FU Rio)	Evaluate HIV case definitions; develop HIV/TBC protocol	\$ 2,324.00
<u>Results:</u> Protocol developed to compare four HIV/AIDS case definitions in Brazil and the U.S.A. Study to be completed and submitted as FU Rio de Janeiro doctoral thesis in October 1992.			
Chile	Dr. Marcia Ory (NIA)	Site visit NIH/AID/NIMH Behavioral Research Project	1,820.00
Haiti	Dr. Marcia Ory (NIA)	Site visit NIH/AID/NIMH Behavioral Research Project	1,300.00
Indonesia	Dr. Virginia Cain (NICHD)	Site visit NIH/AID/NIMH Behavioral Research Project	1,200.00
Jamaica	Dr. Wendy Baldwin (NICHD)	Site visit NIH/AID/NIMH Behavioral Research Project	1,000.00
Kenya	Dr. Charlene Weiss (NCNR)	Site visit NIH/AID/NIMH Behavioral Research Project	2,176.00
Mexico	Dr. Virginia Cain (NICHD)	Site visit PHS/AID/NIMH Behavioral Research Project	1,610.00
Senegal	Dr. Elaine Daniel (NIAID)	Site visit Harvard ICAR VI International Congress on AIDS in Africa Develop HIV/TBC protocol	5,060.00

Results: Dr. Daniel is responsible for NIAID Division of AIDS studies investigating the interaction of HIV/AIDS. Protocols have been developed and are being implemented in the U.S.A., the Caribbean, and Mexico. The NIAID-USAID "PASA" work plan provided for the participation of an NIAID/NIH staff person. Dr. Daniel, a black MD/PhD clinical investigator who had no previous African

experience was identified as that individual because the opportunity the Conference provided to visit the recently launched Harvard ICAR, identify HIV/AIDS and TBC research opportunities in Africa, and explore the possibility of a sister HIV/TBC protocol comparing Africa with Latin America, the Caribbean, and the U.S.A. The African HIV/TBC project is under development. (FYI: She was only one of two NIAID staff able to participate).

Senegal	Dr. Alan Lifson (UC/SF)	VI International Congress on AIDS in Africa	1,475.00
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Results: Dr. Lifson was identified by AIDS/AID/W as a suitable candidate for NIAID-USAID PASA support to attend the Dakar Conference to meet with Zimbabwean counterparts and develop an STD/HIV research proposal to submit to NIH. The proposal was developed and submitted, but did not receive a fundable priority score. After further discussion with AIDS/AID/W, Dr. Lifson has revised the protocol and submitted it to AIDSCAP for funding.

Thailand	Dr. Virginia Cain (NICHD)	Site Visit NIH/AID/NIMH	2,800.00
	Dr. Marcia Ory (NIA)	Behavioral Research Project	2,800.00

Thailand	Dr. Chris Wanke (Tufts)	Project development	3,360.00
	Dr. Scott Hammer (Tufts)	in HIV/AIDS case defin-	3,360.00
	Dr. P. P. Phanuphak (Thai RC)	ition; opportunistic	
	Dr. M. Hanavanich (Chulalong-	infections	
	korn U)		

Results: The need for a revised HIV/AIDS case definition which takes into account unusual opportunistic infections (possibly attributed to HIV genetic variation and/or unique human populations was identified. A research proposal for submission to NIH is being developed in response to the NIAID Program Announcement (PA) on "International AIDS Epidemiology Research".

Uganda	Dr. Charlene Weiss (NCNR)	Site Visit NIH/AID/NIMH Behavioral Research Project	1,400.00
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Zambia	Dr. H. DuPont (UTexas/Houston)	Negotiate and implement	2,400.00
	Dr. C. Chintu (U Zimbabwe)	NIAID HIV/Diarrheal Disease grant	

Results: NIAID decided to award Dr. Herbert L. DuPont a three year research grant to investigate HIV/diarrheal diseases in Zambia (\$ 380,000 a year). Before the Zambia award was made, Dr. DuPont received an NIH Shannon award which did not provide for overseas salaries or international travel. The NIAID-USAID PASA was used to bridge this gap for Dr. DuPont's travel and negotiate interim salary arrangements for Zambian staff. As a result of this

example, FIC and NIAID have written the NIH Director requesting that the language on Shannon Awards be modified to address the situation of a U.S. recipient whose research involves international activities.

Zimbabwe	Dr. Alan Lifson (UC/SF)	Develop HIV/STD protocol	0.00
	<u>Results:</u> This protocol, developed at the Dakar AIDS Conference has been rewritten and submitted to AIDSCAP.		
Zimbabwe	Dr. Charlene Weiss (NCNR)	Site Visit NIH/AID/NIMH Behavioral Research Project	1,400.00

FY 1992

Cameroon	Dr. Abondo Antoine (MOE) NIAID Consultant	Identify HIV/AIDS Biomedical Research Opportunities	\$ 10,000.00
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Results: Endorsed by USAID Mission/Youande and NIAID. Not implemented. NIAID consultant to be identified. Role of Dr. P.M. Ndumbe (original proposer) to be clarified.

Cameroon	Dr. P.M. Ndumbe (U Yaounde) NIAID Consultant	HIV Risk in Medical Personnel in Cameroon	\$ 10,000.00
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Results: Endorsed by USAID Mission/Yaounde and NIAID staff conditional upon provision of additional information regarding protocol design and implementation. HIV risk in Cameroun appears considerably higher than in U.S.A. This issue is of great interest and has only been looked at in Projet SIDA (Zaire) and U.S.A. Relationship to previous Cameroonian proposal needs to be clarified.

Honduras	Dr. K.M. Johnson (Consultant)	Develop NIAID PAVE	\$ 2,600.00
	Dr. M. Figueroa (UHonduras)	Application	900.00
	Dr. M. Erazo (SSI/S. Pedro Sula)		900.00
	Enf J. Oviedo (SSI/S. Pedro Sula)		900.00
	Dr. E. Zelaya (MOH)		900.00
	Dr. B.L. Cline (Tulane)		0.00

Results: Honduras has highest HIV/AIDS rates in Latin America. Request for assistance from Tulane to bring Honduraneans and a U.S. consultant to New Orleans to develop an NIAID PAVE application by deadline. Application submitted on time and will be peer reviewed in July 1992.

India*	Dr. R. Bollinger (JHU) Dr. Banerjee(NIV/Pune)	Develop NIAID PAVE Application	0.00
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Results: NIAID-USAID "AIDS" PASA support was sought for Dr. Bollinger to travel to India to complete an NIAID PAVE application before the deadline. Because of time constraints, NIAID/NIH-controlled rupees in the Indo-U.S. Subcommittee on Science and Technology were utilized instead. A PAVE application was submitted on time and will be peer reviewed in July 1992.

Rwanda	Dr. Susan Allen (UC/SF) Ms. M. Mukankuku (Cent Hosp) Ms. E. Uzazigira (Cent Hosp)	Short-term Training Two Rwandan Nurses in Clinical Diagnosis and Management of STDs	7,400.00
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Results: NIAID endorsed; supported by AIDS/AID/Washington. Budgetary questions outstanding (per diem in San Francisco). No USAID/Kigali concurrence as yet.

Thailand	Dr. P. Chalie (Mahidol U) Dr. K. Nelson (JHU)	Prevention Nosocomial \$ 10,000.00 Transmission of HIV in Tertiary Hospitals
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Results: USAID/Bangkok endorsed and ready for implementation in early September 1992. JHU has recently asked for modification of work plan to send Dr. John Froggatt, JHU Hospital Infection Control Officer to Thailand on an orientation visit in conjunction with a planned (separately funded) visit by Dr. Kenrad Nelson. Following Dr. Froggatt's evaluation of training needs, Dr. Chalie has identified a RN and an MD to go to Baltimore for training within the \$ 10,000 limit.

Uganda	Dr. Sharon Frey (St. Louis U) Uganda Virus Research Unit	Project Development: \$ 10,000.00 HIV-1 Characteriza- tion and Neutraliza- tion Assays
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Results: Ugandans have been trained at the St. Louis University AIDS Vaccine Evaluation Unit (SLU/AVEU) and Dr. Frey has been supported by SLU/AVEU to spend three months in Uganda. This proposal was originally submitted as a request to develop a unsolicited research grant application to NIH and then revised to request support for the development of a PAVE application. When USAID Mission/Makere expressed concern about the number of U.S. institutions (e.g. CWRU, UC/SF, Columbia) active in Uganda in this area, a third pre-proposal was developed in the above area. In the meantime, the first three institutions have submitted a consortium PAVE application for Uganda. SLU/AVEU is a partner in the UC/SF PAVE application for Rwanda. Both PAVE applications will be peer reviewed in July 1992. Mission concurrence for this revised application is pending.

Zimbabwe	Dr. M. Mbizvo (U Zimbabwe) Dr. A. Lifson (UC/SF)	Training in HIV immun- \$ 10,000.00 odiagnosis, isolation, characterization
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Results: UC/SF (Lifson) has made arrangements for short-term training of Dr. Mbizvo in San Francisco in September 1992. Dr. Mbizvo is collaborator in Stanford (Katzenstein) PAVE application. Precise nature of training and specific skills will be influenced by likelihood of PAVE funding. PAVE peer review in July 1992 with awards by September 30, 1992.

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NIAID-USAID "AIDS" PASA: Pending

Page 11

Pending

Behavioral Research	Dr. Virginia Cain (NICHD)	NIH/AID/NIMH Behavioral Science Program Consultation (Utrecht)	\$ 1,100.00
	Dr. Marcia Ory (NIA)		1,100.00
	Dr. Charlene Weiss (NCNR)		1,100.00

Results: Travel orders being prepared for this July 1992 travel to AID/NIH/NIMH three day Workshop in Utrecht immediately before Amsterdam AIDS Conference. PASA will provide Washington-Amsterdam tourist travel at U.S. Government contract fare, per diem in Utrecht. One of three may attend Amsterdam AIDS Conference. If so, PASA will provide Amsterdam per diem, but not registration.

Behavioral Research	Dr. Cynthia White (UWisconsin) (MOH Cameroon)	Supplementation NIH/AID/NIMH Behavioral Research Grant Awards (Training)	28,508.00
	Dr. J. Casterline (Brown U)	Seed projects in Ghana and Zimbabwe	22,140.00
	Dr Kofi Benefo (Brown U)		
	Ms. Assata Franklin (UChicago)	Training supplement: Child Health-Fertility Relationships in Uganda and Zimbabwe	19,739.00
	Dr. W. Ageli (U Makere)		
	Dr. N. Townsend (UC/Berkeley)	Male Attitudes towards Fertility in Botswana	28,608.00
	Dr. Nancy Howell (UBotswana)		
	Ms. Laura Nyblade (UPenn)	How women obtain information Family Planning Programs in Tanzania	27,934.00
	Dr. B. Campbell (UN Carolina)	Cross-cultural study of pubertal development, hormones, and sexual behavior in non-western boys	30,348.00
	Dr. M. Mbizvo (U Zimbabwe)		

Results: This packet of proposals was identified by the interagency Behavioral Research Group as meritorious supplements to NICHD T-32 (institutional training) and R-37 (research grant) awards. Forwarded for possible PASA funding on possibility of unobligated FY 1992 PASA funds. All FY 1992 funds obligated. Each proposal will have to be considered separately with regard to relevance to USAID AIDS programs and whether NIH peer review will be required for supplementation. Each exceeds \$ 10,000.00 cap.

Brazil	Dr. M. Schacter (FU Rio)	Exchange Visit: Protocol Development in HIV/TBC interaction	\$ 2,500.00
	Dr. J. Gallant (JHU)		
	Dr. T.C. Quinn (NIAID; JHU)		

Results: Exchange visit by Dr. Schachter to NIH and JHU approved by USAID/Brasilia, but not certain that it will be necessary to complete project development.

Guatemala	Dr. Peter Haseltine (LAC/USC) Dr. Maria Appleman (LAC/USC) Dr. Eduardo Arathoon (Hospital General)	HIV/AIDS in Guatemalan Military; Evaluation for vaccine intervention	10,000.00
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Results: No formal request for PASA funds or PAVE application submitted. Difficulty seems to be obtaining clearances within Guatemala. Probably will be withdrawn.

India*	Dr. A. Banerjee (NIV/Pune) Dr. R.C. Bollinger (JHU)	Support for STD laboratory; quality control	10,000.00
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Results: Recently received. Transmitted to AIDS/AID/Washington to evaluate program relevance. NIAID endorses in principle, but reserves final technical opinion until peer review of JHU-NIV/Pune PAVE application. Indo-U.S. rupee funds may be available to supplement PASA expenses.

India*	Dr. Pradeep Seth (AIIMS) - NIAID Consultant (no cost)	Evaluate PCR MTB64 Ag in Diagnosis of Multi- and Paucibacillary tuberculosis	10,000.00
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Results: NIAID technical staff indicate that methodology is sound and that AIIMS has access to HIV+ and HIV- negative suspect tuberculosis cases not easily recruited in the U.S.A. Though Dr. S.P. Tripathy is now at NIV/Pune, this project is the result of protocols he developed which supported by PASA at JHU and NIAID in 1990. If PCR MTB64 antigen is successful as immunodiagnostic agent, this will be indigenous Indian test for TBC. Possibility of Indo-U.S rupee funds to supplement PASA.

Indonesia	Dr. M. Hadiarto (UIndonesia) Dr. R.B. Fick (UIowa)	Consultation/Project Development: HIV/TBC surveillance and control	10,000.00
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Results: Collaboration originally proposed by AIDS/AID/Washington based on interest in subject, knowledge of Indonesia HIV/AIDS and TBC situation, and the work of Dr. James Merchant at University of Iowa. Dr. Merchant is not available to collaborate. Dr. R.B. Fick, however, has recently written indicating his interest.

Nigeria	Dr. O.D. Olaleye (U Ibadan) Dr. S. Rasheed (LAC/USC)	Extension FIC Fellowship: Isolation and characterization Nigerian HIV isolates	10,000.00
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Results: Dr. Olaleye is a FIC/NIH Fellow at the University of Southern California where he is attempting to isolate and characterize Nigerian HIV viruses. Unfortunately, the yield from the specimens he brought with him has been disappointing and he is requesting funds from the PASA for a return visit to Nigeria to collect additional specimens, return with them to Los Angeles, and extend his fellowship by up to three months to complete the analysis. Supplementation of the FIC/NIH Fellowship is not practical or feasible (FY 1992 funds are obligated and the program is being re-competed in FY 1993). Proposal has been endorsed by FIC/NIH and NIAID. AIDS/AID/Washington decision pending. No unobligated FY 1992 PASA funds.

Nigeria	Dr. D.S. Obikaze (U Nsukka)	Analysis of data on	10,000.00
	Dr. F.K. Goldscheider (Brown)	factors influencing	
	Dr. James McCarthy (Columbia)	condom use in Nigeria	

Results: USAID Mission/Lagos generated proposal to utilize PASA funds to complete analysis of Nigerian data in a U.S. institution. Willingness in principle to host secured from Brown and Columbia Universities. Dr. Obikaze did not receive NIAID-USAID "AIDS" PASA terms of reference sent to him. These were retransmitted in April 1992. Formal application_awaited.

Thailand	Dr. Wichit (Chiang Mai U)	Training/Project Devel-	10,000.00
	Dr. Srivakorn (Chiang Mai U)	HIV/AIDS psychiatric and	
	Dr. Kenrad Nelson (JHU)	neurologic manifesta-	
		tions	

Results: Dr. Nelson, who has over 20 years experience in research collaboration in Thailand proposes to link Chiang Mai University with the JHU Departments of Neurology and Psychiatry for short-term training in the diagnosis, evaluation, and management of HIV/AIDS related dementia and CNS complications. There is also a small, but important component of training in the optic complications of HIV infection. Proposal endorsed by NIAID, NINCDS, and NEI. Pending for lack of unobligated FY 1992 funds.

Thailand	Dr. S.Songyos (Bangkok HD)	Training in HIV/AIDS	2,500.00
	Ms. C. Napa (Bangkok HD)	Research Methodology	2,500.00

Results: Budget for ten day course per diem incorrect (e.g. 10 days for \$ 9,900 per trainee rather than 1,100.00). Delay has been finding a suitable short-course. CDC-Emory hosted "International Course in Surveillance and Applied Epidemiology for HIV and AIDS" in January 1992, but will not be re-offered until September 1993. USAID/Bangkok approved. Implementation dependent upon extension and funding of PASA in FY 1993.

St.Vincent MOH, St. Vincent & Grenadines HIV Prevalence in St. Vincent & Grenadines 10,000.00

Results: Referred to AIDSTECH/AIDSCAP with comments.

Thailand Dr. S. Ruengpung (Mahidol U) Project Development:
Dr. D.N. Lawrence (NIAID) HIV/AIDS Epidemiology
Research in Thailand

Results: Proposal cancelled by NIAID. Dr. Ruengpung terminated her NIAID-supported training at DAIDS/NIAID, Walter Read, and JHU for personal reasons.

Thailand Dr. Hjordis Foy (U Washington) Capital Equipment: 8,000.00
Fluorescent Micro-
scope to supplement
AmFAR grant for HIV/STD
grant.

Results: Proposal rejected by AIDS/AID/Washington. NIAID to determine availability of IF microscope in NIH Surplus. Will reconsider PASA providing cost of shipment if equipment located and Embassy or AID/Bangkok accept transfer.

Thailand Dr. Hjordis Foy (U Washington) Evaluate efficacy of 10,000.00
(Bangkok Metropolitan Health condoms in Thailand
Department)

Results: Referred to AIDSCAP. No funding decision as yet.

Thailand Mr. W. Chusak (World Vision) Thai Folk Drama AIDS 31,000.00
Education Project

Results: Referred to AIDSCAP.

Zimbabwe Dr. D. Katzenstein (Stanford) Development of PAVE 10,000.00
in Zimbabwe

Results: USAID/Harare did not concur on basis that the Mission does not have a health program in HIV/AIDS. Stanford submitted a PAVE application anyway which will be peer reviewed in July 1992.

PENDING NIAID-USAID "AIDS" PASA EXPENDITURES

<u>Country</u>	<u>Investigator</u>	<u>Project Activity</u>	<u>Amount</u>
Africa			
Cameroun	Dr. P. Ndumbe NIH Consultant	Develop an AIDS Research Plan for Cameroun	\$ 10,000
OAU 8,000	Dr. Williams (NCI)	Attend OAU AIDS Summit (Dakar)	
Rwanda	Dr. Belshe (SLUMC)	Develop PAVE Application	10,000
Uganda	Dr. Belshe (SLUMC) UVRI	Develop AIDS Epidemiology Proposal	10,000
Zimbabwe	Dr. Katzenstein Dr. Latif (UZimb)	Develop a Stanford PAVE Application	4,900 4,400
Zimbabwe	Dr. Lifson (UC/SF) (UZimbabwe)	Develop HIV Intervention Project	8,000
Zimbabwe	Mr. Mbvizo (UZimb)	HIV/AIDS Laboratory Diagnosis	<u>10,000</u>
		Sub-Total	\$ 65,600
Americas and Caribbean			
Brazil	Dr. Quinn (JHU/NIH) Dr. Schachter (FURJ)	Evaluate AIDS Case Definitions HIV/Tuberculosis Interaction	9,500
		Sub-Total	\$ 9,500
Asia			
India	Dr. Seth (AIIMS)	Develop PCR for <u>M. tuberculosis</u>	10,300
Indonesia	Dr. Ash (UCLA) Dr. Pinardi (UIndo)	Parasite OI/HIV Training	10,000
Thailand	Dr. Wanke (Harvard) Thai Red Cross	Develop Epidemiology Project	9,500
Thailand	Bangkok Health Dept	HIV/AIDS Prevention Training	10,000
Thailand	Dr. Nelson (JHU)	Prevention Nosocomial HIV	<u>10,000</u>
		Sub-Total	\$ 49,300
		GRAND TOTAL	\$ 104,900

STATUS OF FUNDS
 AID AIDS TECHNICAL SUPPORT REIMBURSEABLE
 PASA #DPE-5972-HP2-8079
 NIH # Y03-AI-90105

OBLIGATIONS/EXPENDITURES

OBJECT CLASS	PROPOSED BUDGET AMOUNT	(actual dollars)				TOTAL Obligatns	BALANCE
		FY 1989	FY 1990	FY 1991	FY 1992		
SALARIES/ BENEFITS	12,000	0	0	0	0	0	12,000
TRAVEL	36,000	7,074	42,669	19,089	7,764	76,596	(40,596)
TRAINING/ SERVICES*	178,000	4,921	59,350	8,388	1,942	74,601	103,399
OTHER	29,000	689	0	1,857	0	2,546	26,454
SHOPPING	0	0	0	0	0	0	0
TOTALS	255,000	12,684	102,019	29,334	9,706	153,743	101,257

FIGURES AS OF MARCH 14, 1992

*Services (SERVICE & SUPPLY FUND, etc) included here--majority is for professional service contracts to have individuals attend conferences, training, etc.

PROPOSED BUDGET AMOUNTS ARE THROUGH PASA AMENDMENT #3

NOTE: AUTHORITY TO OBLIGATE THESE FUNDS EXPIRES 09/29/92**