PD-ABC-837
82278
180-0037

[redacted]

USAID

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

DEC 31 1991

Ms. Dorothy N. Moga
Administrative Director
Inova Health Systems
Inova Institute of Research and Education
3300 Gallows Road
Falls Church, VA 22046

Subject: Grant No. EUR-0037-G-00-2009-00

Dear Ms. Moga:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D.") hereby provides to Inova Health Systems (hereinafter referred to as "IHS" or "Grantee") the sum of $2,140,880 in support of a program to improve skills and capacity for the diagnosis, treatment, rehabilitation and prevention of coronary heart disease at St. Francis Hospital in Budapest, Hungary and its related referral institutions, as more fully described in Attachment 2, entitled "Program Description".

This Grant is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Grantee in furtherance of program objectives through the estimated completion date of December 31, 1994. Funds disbursed by A.I.D. but uncommitted by the Grantee at the expiration of this period shall be refunded to A.I.D.

The total estimated amount of the program is $2,140,880. Initial funding herein obligated is in the amount of $870,000 (hereinafter referred to as "Obligated Amount"), and the incremental (additional) funding of $1,270,880 may be provided, subject to availability of A.I.D. funds, after the effective date of this grant. Such incremental funding, if authorized, shall be provided through grant modifications. A.I.D. shall not be liable for reimbursing the Grantee for any costs in excess of the obligated amount.

This Grant is made to the Grantee on the condition that the funds will be administered in accordance with the terms and conditions as set forth in this Cover Letter, Attachment 1, entitled "Schedule", Attachment 2, entitled "Program Description", and Attachment 3, entitled "Standard Provisions", which together constitute the entire Grant document and have been agreed to by your organization.

Please acknowledge receipt of this Grant by signing all copies of this Cover Letter, retaining one copy for your files, and returning the remaining copies to the undersigned.

Sincerely,

Diane M. Miller

Diane M. Miller
Grant Officer
Eastern Europe Branch
Office of Procurement

Attachments:

1. Schedule
2. Program Description
3. Standard Provisions
4. Special Provision "Certification Regarding Lobbying"

ACKNOWLEDGED:

INOVA HEALTH SYSTEMS

BY: Dorothy N. Moga

TYPED OR PRINTED NAME: DOROTHY N. MOGA

TITLE: ADMINISTRATIVE DIRECTOR, INOVA HEALTH SYSTEM INSTITUTE OF RESEARCH AND EDUCATION

DATE: JANUARY 3, 1992

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FISCAL DATA

A. GENERAL

A.1. Total Grant Amount: $2,140,880
A.2. Total Obligated Amount: $870,000
A.3. Project No.: 180-0037
A.4. A.I.D. Project Office: EUR/DR/HR, Julia Terry
A.5. Funding Source: A.I.D./W
A.6. Paying Office: Office of Financial Management
FA/FM/CMPD/DC - Room 700 SA-2
Washington, D.C. 20523-0209
A.7. DUNS No.: 05-442-7455
A.8. TIN: 54-1071867

B. SPECIFIC

B.1.(a) PIO/T No.: 180-0037-3-2622406
B.1.(b) Appropriation: 72-11X1010
B.1.(c) Allotment: 184-62-180-01-69-21
B.1.(d) BPC: QAIX-92-32180-IG-12
B.1.(e) Amount: $870,000

ATTACHMENT 1

SCHEDULE

A. PURPOSE OF GRANT

The purpose of this Grant is to provide support for Partnerships in Health Care between medical facilities in the United States and medical facilities in Eastern Europe, as more specifically described in Attachment 2 of this Grant entitled, "Program Description."

B. PERIOD OF GRANT

B.1. The effective date of this Grant is the date of the Grant Officer's signature on the Grant Cover Letter, and the estimated completion date is December 31, 1994.

B.2. Funds obligated hereunder are available for program expenditures for the estimated period from the effective date of this Grant to approximately June 30, 1992.

C. AMOUNT OF GRANT AND PAYMENT

C.1. The total estimated cost of the program described in Attachment 2 of this Grant is $2,140,880.

C.2. The total amount of the A.I.D. contribution to the total estimated program costs shown in C.1. above, to be provided through this Grant (hereinafter referred to as "Total Grant Amount") for the period shown in B.1. above is $2,140,380.

C.3. A.I.D. hereby obligates the amount of $870,000 (Hereinafter referred to as "Obligated Amount") for program expenditures during the estimated period set forth in B.2. above.

C.4. Payment shall be made to the Grantee in accordance with procedures set forth in the Standard Provision entitled "Payment - Letter of Credit", as set forth in Attachment 3.

D. GRANT BUDGET

D.1. The following is the Budget for this Grant. Except as specified in the Standard Provision of this Grant entitled "Revision of Grant Budget", as set forth in Attachment 3, the Grantee may adjust budget amounts within the total agreement amount as may be reasonably necessary for the attainment of program objectives.

D.2. Budget

	Obligated Amount (12/23/91 - 6/30/92)	Remaining to be Funded (7/1/92 - 12/31/94)	TOTAL
(a) DIRECT COSTS			
Direct Labor	$ 42,320	$ 83,455	$125,775
Fringe Benefits	14,960	29,502	44,462
U.S. Consultants	23,946	48,506	72,452
Hungarian Consultants	0	192,000	192,000
Participant Trng.	49,155	26,253	75,408
Subgrant (Prince William Hospital)	113,337	207,709	321,046
Travel/Per Diem	21,000	29,790	50,790
Equipment	530,315	536,385	1,066,700
Other Direct Costs	20,095	36,120	56,215
SUBTOTAL	$315,128	1,189,720	2,004,848
(b) INDIRECT COSTS	54,872	81,160	136,032
TOTAL AMOUNT	$370,000	$1,270,880	$2,140,880

D.3. Inclusion of any cost in the budget of this Grant does not obviate the requirement for prior approval by the Grant Officer of cost items designated as requiring prior approval by the applicable cost principles (see the Standard Provision of this Grant set forth in Attachment 3 entitled "Allowable Costs") and other terms and conditions of this Grant, unless specifically stated in Section J. below.

E. REPORTING REQUIREMENTS

E.1. Financial Reporting

E.1.(a) Financial reporting requirements shall be in accordance with the Standard Provision of this Grant entitled, "Payment - Letter of Credit," as set forth in Attachment 3.

E.1.(b) All financial reports shall be submitted to A.I.D., Office of Financial Management, (FM/CMP), Washington, D.C. 20523. In addition, three copies of all financial reports shall be submitted to the A.I.D. Project Office specified in the Cover Letter of this Grant.

E.1.(c) With the exception of the final financial report, all financial reports shall be submitted within 30 days following the end of the reporting period. The final financial report shall be submitted within 90 days following the estimated completion date of this Grant.

E.2. Program Performance Reporting

The Grantee shall submit the following:

E.2.(a) Workplans

The initial workplan shall include an implementation plan for the initial, authorized year of the project. It will be due within 45 days after the signature date of the grant, and shall indicate the timing, by month, of the various components and subcomponents of the program over the 12 month period of implementation. It shall indicate the responsible organization and/or individual for each subcomponent or activity.

At least 45 days before the end of the initial workplan period, Grantee shall submit a workplan for the next 12 month period. If Grant is authorized for a third year, a workplan for the third year of the project will be due at least 45 days before the end of the year covered by the second workplan.

E.2.(b) Quarterly Reports by Reference to Quantifiable Indicators and Other Evaluation Benchmarks

E.2.(b)(1) The Grantee shall submit five copies of quarterly program performance reports which coincide with the financial reporting periods described in Section E.1. above to the A.I.D. Project Office specified in the Cover Letter of this Grant, and to the A.I.D. Representative (or AID Affairs Officer, Economic Section at the Embassy) of the country where the program is being undertaken. These reports shall include quantitative and qualitative measures of performance; shall be submitted within 30 days following the end of the reporting period; and shall briefly present the following information:

E.2.(b)(1)(A) Implementation status including a comparison of actual accomplishments with the established evaluation benchmarks for the period, the findings of the investigator, or both. If the output of programs can be readily quantified, such quantitative data shall be related to cost data for computation of unit costs.

E.2.(b)(1)(B) Reasons why established goals were not met, if applicable, including any problems or difficulties requiring U.S.G., possibly host country, or implementing organization attention.

E.2.(b)(1)(C) Summary financial report of all project expenditures, by subcomponent.

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E.2.(b)(2) Between the required performance reporting dates, events may occur that have significant impact upon the program. In such instances, the Grantee shall inform A.I.D. as soon as the following types of conditions become known:

E.2.(b)(2)(A) Problems, delays, or adverse conditions that will materially affect the ability to attain program objectives, prevent the meeting of time schedules and goals, or preclude the attainment of work units by established time periods. This disclosure shall be accompanied by a statement of the action taken, or contemplated, and any U.S.G., or possibly host country, assistance needed to resolve the situation.

E.2.(b)(2)(B) Favorable developments or events that enable time schedules to be met sooner than anticipated or more work units to be produced than originally projected.

E.2.(b)(2)(C) If any performance review conducted by the Grantee discloses the need for change in the budget estimates in accordance with the criteria established in the Standard Provision of this Grant entitled "Revision of Grant Budget", the Grantee shall submit a request for budget revision to the Grant Officer and the A.I.D. Project Officer specified in the Cover Letter of this Grant.

E.2.(b)(3) Quarterly updates and proposed modifications of annual work plans, specifically to include travel projected for the subsequent quarter.

E.2.(c) <u>Annual Report of Project</u>

The annual report will be submitted to both EUR/DR, A.I.D. Washington and to the A.I.D. Representative (or the AID Affairs Officer, Economic Section at the Embassy) of the country where the program is being undertaken. The annual report will substantively review performance against planned quantitative and qualitative measures, including a discussion and analysis of the success of the program's impact per the established mechanism(s) for measuring the partnership's impact on (a) excess mortality and morbidity rates for the chosen medical problem in the area served by the Eastern European partner; (b) knowledge and skills of each partners' staff; and (c) the extent to which the partners incorporate joint activities into their individual operations. Incremental funding will be contingent on submitting complete reporting, effectively resolving implementation problems, as well as on the availability of funds and any revisions in the overall program structure that A.I.D. may require.

Within 60 days following the estimated completion date of this Grant the Grantee shall submit five copies of the final report as indicated in the preceding paragraph. It should include: (1) an executive summary of the Grant's accomplishments or failings; (2) a description of the Grant activities from its inception; (3) significance of these activities; (4) comments and recommendations; (5) a fiscal report that describes in detail how the Grant funds were used.

E.2.(d) Evaluations

E.2.(d)(1) The project will be closely monitored on a continuing basis by the Project Office shown in the cover letter of this Grant (under Fiscal Data, Item A.4.).

E.2.(d)(2) An independent evaluator will assess the effectiveness of the health care partnership. Grantee shall cooperate fully with the assessment of partnership activities.

F. Closeout Procedures (OMB Circular A-110)

1. This paragraph prescribes uniform closeout procedures for AID grants and cooperative agreements.

2. The following definitions shall apply for the purpose of this paragraph:

(i) Closeout. The closeout of a grant is the process by which AID determines that all applicable administrative actions and all required work of the agreement have been completed by the grantee and AID.

(ii) Date of completion. The date of completion is the date on which all work under grants is completed or the date on the award document, or any supplement or amendment thereto, on which AID sponsorship ends.

(iii) Disallowed costs. Disallowed costs are those charges to a grant that AID or its representative determines to be unallowable, in accordance with theapplicable Federal cost principles or other conditions contained in the grant.

3. AID closeout procedures include the following requirements:

(i) Upon request, AID shall make prompt payments to a grantee for allowable reimbursable costs under the grant or agreement being closed out.

(ii) The grantee shall immediately refund any balance of unobligated (unencumbered) cash that AID has advanced or paid and that is not authorized to be retained by the grantee for use in other grants or cooperative agreements.

(iii) AID shall obtain from the grantee within 90 calendar days after the date of completion of the agreement all financial, performance, and other reports required as the condition of the grant. AID may grant extensions when requested by the grantee.

(iv) When authorized by the grant, AID shall make a settlement for any upward or downward adjustments to AID's share of costs after these reports are received.

(v) The grantee shall account for any property acquired with AID funds, or received from the Government in accordance with any provisions of this grant.

(vi) In the event a final audit has not been performed prior to the closeout of the agreement, AID shall retain the right to recover an appropriate amount after fully considering the recommendations on questioned costs resulting from the final audit.

G. INDIRECT COST RATES

Pursuant to the Standard Provision of this Grant entitled, "Negotiated Indirect Cost Rates - Provisional", a rate or rates shall be established for each of the Grantee's accounting periods which apply to this Grant. Pending establishment of revised predetermined, provisional or final indirect cost rates for each of the Grantee's accounting periods which apply to this Grant, provisional payments on account of allowable indirect costs shall be made on the basis of the following negotiated provisional rate(s) applied to the base which is set forth below.

Description	Rate	Base	Period	Type
Overhead	32.0%	(a)	Term of Grant	Provisional
Fringe Ben.	35.35%	(b)	Term of Grant	Provisional

(a) Total Direct Costs (excluding subgrants)
(b) Direct Labor

H. TITLE TO PROPERTY

Title to property purchased by the Grantee under this Grant shall be vested in the Grantee. The Standard Provision of this Grant entitled "Title to and Care of Property (Grantee Title)" applies. Disposition of property shall be in accordance with said Standard Provision.

I. PROCUREMENT AND (SUB)CONTRACTING

I.1. Authorized Geographic Code

All services shall have their nationality in the United States (A.I.D. Geographic Code 000) or the Cooperating Country (Hungary, A.I.D. Geographic Code 185), except as A.I.D. may otherwise agree in writing. The authorized source and origin for all goods/commodities shall be in accordance with the Optional Standard Provision entitled, "A.I.D. Eligibility Rules for Goods and Services (November 1985)". Requests for deviations to this requirement must include a full justification to be submitted to the Project Office indicated in the cover letter of this Grant. Approval of the Grant Officer and the Project Office is required before procurement of this nature can be undertaken. Ocean shipping financed by A.I.D. under the program shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

Although not yet implemented into the A.I.D. Handbooks, A.I.D. Geographic Code 935 has been amended to include the Cooperating Country.

I.2. Procurement Cost Detail

Whenever feasible, the lead U.S. grantee and/or its subgrantees will be responsible for purchasing the U.S. equipment and commodities required for the technical assistance components of the program. This equipment must be specifically and directly linked to the training programs undertaken under the various subcomponents. The prime grantee will be responsible for providing more exact details and specifications of the commodities they propose to procure, including estimated costs of same, in their application to A.I.D.

I.3. Local Cost Financing

Local cost financing is hereby authorized under this Grant, provided such financing falls within the legitimate needs of the Program Description of Attachment 2, and does not exceed the following limitations:

a. Procurement locally of items of U.S. origin up to a per transaction limit of the local currency equivalent of $100,000.

b. Procurement locally of items of non-U.S. origin up to a per transaction limit of the local currency equivalent of $5,000.

c. Commodities and services available only in the local economy (no specific per transaction value applies to this category). This category includes the following items:

(1) utilities - including fuel for heating and cooking, waste disposal and trash collection;

(2) communications - telephone, telex, fax, postal, and courier services;

(3) rental costs for housing and office space;

(4) petroleum, oils, and lubricants for operating vehicles and equipment;

(5) newspapers, periodicals, and books published in the cooperating country, and

(6) other commodities and services (and related expenses) that, by their nature or as a practical matter, can only be acquired, performed, or incurred in the cooperating country.

In cases where local cost procurements are expected to exceed the above limitations, and authorization for such procurement does not already exist in the Grant, the Grantee must obtain approval from the A.I.D. Grant Officer prior to proceeding with the procurement.

Except as otherwise changed by the above limitations, the conditions of the Optional Standard Provision entitled Local Cost Financing (November 1988), hereby incorporated into this Grant, apply, including paragraphs (b), (c), (d), (e), and (f).

I.4. Government Owned Organizations

A Government Owned Organization, i.e., a firm operated as a commercial company or other organization (including nonprofit organizations other than public educational institutions) which are wholly or partially owned by governments or agencies thereof, are not eligible as suppliers of goods and commodities, commodity-related services, or services (otherthan commodity-related services), except as the Grant Officer may otherwise agree in writing.

I.5. Travel

The standard provision entitled "Air Travel and Transportation" which requires advance notification of the Project Officer of the Grantee's travel intentions overseas, is required. The Grantee is also required to provide advance notification of intention to travel to the Embassy or A.I.D. Mission in the Cooperating Country.

All air travel and transportation under this grant are required to be made on U.S. flag carriers to the extent service by such carriers is available, in accordance with the aforementioned Standard Provision.

J. SPECIAL PROVISIONS

For the purposes of this Grant, references to "OMB Circular A-122" in the Standard Provisions of this Grant shall include the A.I.D. implementation of this Circular, as set forth in Subpart 731.7 of the A.I.D. Acquisition Regulation (AIDAR) (48 CFR Chapter 7).

J.2. Equipment and Other Capital Expenditures

J.2.(a) Requirement for Prior Approval

Pursuant to the Standard Provisions of this Grant entitled "Allowable Costs" and "Revision of Grant Budget," the Grantee must obtain A.I.D. Grant Officer approval for the following:

Purchase of General Purpose Equipment, which is defined as an article of nonexpendable tangible personal property, the use of which is not limited only to research, medical, scientific, or other activities (e.g., office equipment and furnishings, air conditioning equipment, reproduction and other equipment, motor vehicles, and automated data processing equipment, having a useful life of more than two years and an acquisition cost of $500 or more per unit.)

J.2.(b) Approvals

In furtherance of the foregoing, the Grant Officer does hereby provide approval for the following purchases, which shall not be construed as authorization to exceed the total estimated amount or the obligated amount of this Grant, whichever is less (see Section C. above):

1. Personal Computers (2)
2. Printer (1)
3. Color TV (1)
4. Video Camera (1)

J.3. **Salaries: IHS Employees**

Except as the Grant Officer may otherwise agree in writing, A.I.D. shall not be liable for reimbursing the Grantee for any costs allocable to the salary portion of direct compensation paid by the Grantee to its employees or to subcontractor employees for personal services which exceed the highest salary level for a Foreign Service Officer, Class 1 (FS-1) as periodically amended.

J.4. **Consultant Fees**

Compensation for consultants retained by the Grantee hereunder shall not exceed, without specific approval of the rate by the Grant Officer, either the highest rate of annual compensation received by the consultant during any full year of the immediately preceding three years, or the maximum rate of a Foreign Service Officer, Class 1 (FS-1), as periodically amended, whichever is less. A daily rate is derived by dividing the annual compensation by 2,087 and multiplying the result by 8.

K. **ORDER OF PRECEDENCE**

In the event of any inconsistencies in this Grant, they shall be resolved by applying the following descending order of precedence:

Attachment 1 - Schedule
Cover Letter
Attachment 3 - Standard Provisions
Attachment 2 - Program Description

L. **STANDARD PROVISIONS**

L.1. The Standard Provisions set forth as Attachment 3 of this Grant consist of the following Standard Provisions marked by an "X", which are attached hereto and made a part of this Grant:

L.2. **MANDATORY STANDARD PROVISIONS FOR U.S., NONGOVERNMENTAL GRANTEES**

(X) Allowable Costs (November 1985)
(X) Accounting, Audit, and Records (September 1990)
(X) Refunds (September 1990)
(X) Revision of Grant Budget (November 1985)
(X) Termination and Suspension (May 1986)
(X) Disputes (November 1989)
(X) Ineligible Countries (May 1986)
(X) Debarment, Suspension, and Other Responsibility Matters (March 1989)

(X) Nondiscrimination (May 1986)
(X) U.S. Officials Not to Benefit (November 1985)
(X) Nonliability (November 1985)
(X) Amendment (November 1985)
(X) Notices (November 1985)

L.3. **OPTIONAL STANDARD PROVISIONS FOR U.S., NONGOVERNMENTAL GRANTEES**

(X) Payment - Letter of Credit (November 1985)
( ) Payment - Periodic Advance (January 1988)
( ) Payment - Cost Reimbursement (November 1985)
(X) Air Travel and Transportation (November 1985)
(X) Ocean Shipment of Goods (May 1986)
(X) Procurement of Goods and Services (November 1985)
(X) AID Eligibility Rules for Goods and Services (November 1985)
(X) Subagreements (November 1985)
(X) Local Cost Financing (November 1988)
(X) Patent Rights (November 1985)
(X) Publications (November 1985)
( ) Negotiated Indirect Cost Rates - Predetermined (May 1986)
(X) Negotiated Indirect Cost Rates - Provisional (May 1986)
(X) Regulations Governing Employees (November 1985)
(X) Participant Training (May 1986)
(X) Voluntary Population Planning (August 1986)
(X) Protection of the Individual as a Research Subject (November 1985)
(X) Care of Laboratory Animals (November 1985)
(X) Government Furnished Excess Personal Property (November 1985)
(X) Title To and Use of Property (Grantee Title) (November 1985)
( ) Title To and Care of Property (U.S. Government Title) (November 1985)
( ) Title To and Care of Property (Cooperating Country Title) (November 1985)
( ) Cost Sharing (Matching) (November 1985)
(X) (1) Use of Pouch Facilities (November 1985)
(X) Conversion of United States Dollars to Local Currency (November 1985)

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1. The address in paragraph (a) (4) of this Provision should be changed to add -0001 after 20523 (the zip code).

PROGRAM DESCRIPTION

Executive Summary

Partnership in Health Care (RFA) No. OS/EE91-009

I. Partnership

U.S. Administrative Partner: Institute of Research and Education, Inova Health Systems; Falls Church, Virginia

U.S. Clinical Training Sites: Virginia Heart Center, Fairfax Hospital; Falls Church, Virginia and Prince William Hospital; Manassas, Virginia

Hungarian Clinical Site: St. Francis Hospital; Budapest, Hungary

Hungarian Cooperating Facilities: St. John Hospital; Budapest, Hungary and Department of Cardiovascular Surgery, Semmelweis University of Medicine; Budapest, Hungary

II. Program

Goal

Improve skills and capacity for the diagnosis, treatment, rehabilitation and prevention of coronary heart disease at St. Francis Hospital and its related referral institutions.

Objectives

- improve the short term and long term survival of patients with manifest cardiovascular disease who are referred to the hospitals (at St. Francis Hospital, mortality rate from acute myocardial infection is currently 48% compared to 8% at Virginia Heart Center)
- reduce morbidity associated with coronary heart disease
- improve rehabilitation outcomes for people who have undergone treatment for cardiovascular disease
- reduce the incidence of recurring acute cardiac dysfunction
- diagnose and treat coronary heart disease earlier in the course of the disease
- encourage life-style changes in the population served

Activities

- at U.S. clinical sites, train an interdisciplinary team of Hungarian health professional (3 Cardiologists, 1 RN, 2 Cardiac Technicians) in comprehensive care of coronary heart disease

- assist Hungarian team to train other physicians and allied health professionals
- design and equip a model cardiac service appropriate to a secondary facility at St. Francis Hospital, Budapest
- design and implement a data collection and quality assurance system
- disseminate knowledge attained by Hungarian participants to other colleagues and facilities

III. Managerial and Technical Resources

Clinical training will be conducted by five cardiologists and numerous professionals on the staff of Prince William Hospital and the Virginia Heart Center at Fairfax Hospital. Prince William Hospital is a secondary level facility which can provide a model for community-based cardiac services. The Virginia Heart Center is a tertiary care facility whose high impatient and outpatient volume (eg, 46,390 EKG's, 882 PTCA's, 12 transplants in 1990) will give the Hungarian fellows extensive exposure to a variety of clinical syndromes.

Fiscal and administrative oversight of the project will be vested in the Inova Institute of Research and Education. This Institute coordinates all research throughout Inova Health Systems, the parent organization of the Virginia Heart Center, Fairfax Hospital.

IV.

Total funding requested from AID for this three year project is $2,141,103 of which $1,060,900 is for medical equipment for the Hungarian partner. The cost of operating the cardiac services program in Hungary, will be borne by the St. Francis Hospital.

C. Program Narrative

Significance of Cardiovascular Disease as a Contributor to Excess Mortality and Morbidity in Hungary

Most industrialized countries have made encouraging progress in reducing deaths due to cardiovascular disease. In contrast, Eastern Europe, and Hungary in particular, has experienced a sharp increase in cardiovascular mortality. Between 1966 and 1984 total age-adjusted cardiovascular mortality in Hungary increased 50% for men aged 35 to 74 years (Kesteloot, et al 1988). By comparison, the United States achieved a 50% decrease in cardiovascular mortality during the same time period (Kesteloot, et al 1988). Figure 1 (page 1a) dramatically illustrates the role which cardiovascular disease plays in the excessively high death rate among Hungarian men. The situation for women is similar.

In 1985, Hungary had the highest mortality from all cardiovascular diseases of any industrialized country. The age-standardized death rate for men was 651 deaths per 100,000 population aged 30-69. For women the death rate was 300 deaths per 100,000 population aged 30-69 (Uemura and Pisa, 1988). This rate is almost double that of the US (Uemura and Pisa, 1988). Cardiovascular disease is a major contributor to the shortened life expectancy of the Hungarian population compared to other developed countries. In addition to causing excess deaths, cardiovascular disease also causes significant morbidity in the population.

In Hungary, excessive mortality due to cardiovascular disease is a result of two factors: the exceedingly high prevalence in the population of risk factors such as smoking, hypertension and high cholesterol (WHO MONICA Project, 1988) and shortcomings in the facilities and knowledge available to treat cardiovascular disease. Although primary prevention strategies are important in reducing the incidence of cardiovascular disease, prevention alone will not impact on the medical system's capability to provide effective treatment for those already experiencing symptoms of cardiovascular disease.

The success rate of Hungarian hospitals in treating cardiovascular problems is alarmingly poor in comparison to American standards. Of 700 admissions to two Budapest hospitals in 1990 for acute myocardial infarction, 48% of the patients died (Korhaz, 1991). 114 of the 338 deaths occurred during transfer to the hospital or before admission to the hospital. Of the 224 deaths occurring after hospital admission, 54 (24%) were in the first 24 hours and 170 (76%) were later.

The 170 deaths occurring after the first 24 hours of hospital care represents the group that is most likely to realize immediate benefit from the activities described in this grant application. This group, which constitutes 50% of all deaths from acute myocardial infarction, could benefit from appropriate medical intervention. Given the necessary technology, technical skill, and organizational commitment, it should be possible to

Comparative Mortality Between Hungary and Six Other Countries All Cause and Cardiovascular Disease

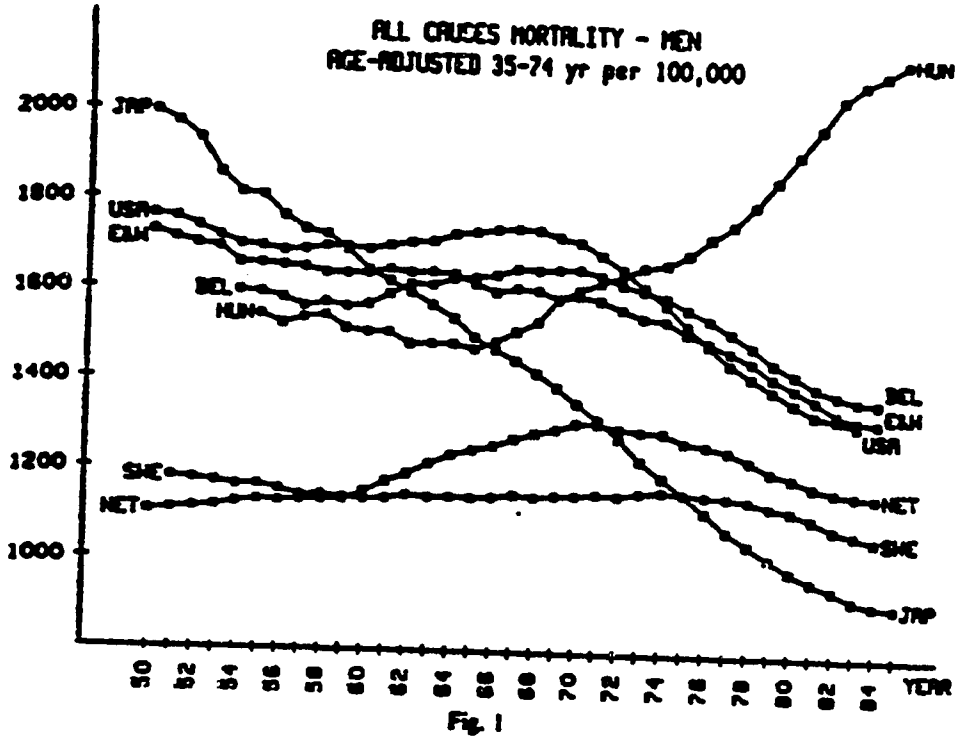

Fig. 1

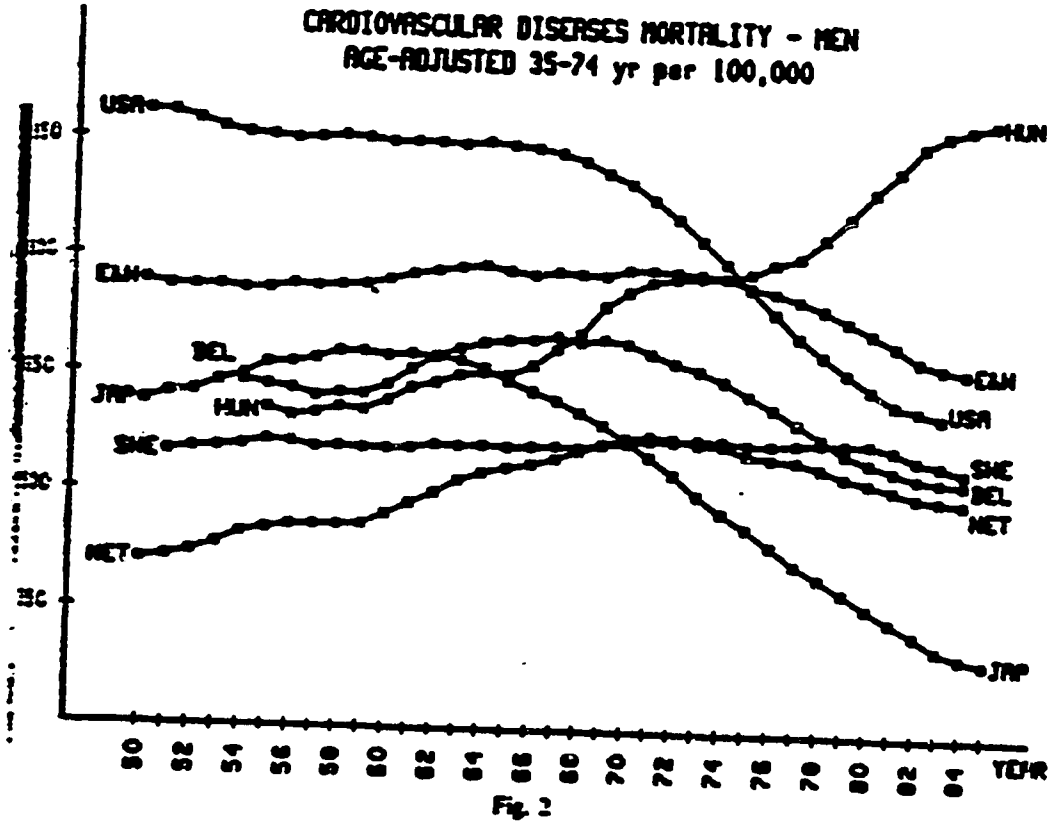

Fig. 2

Source: Kesteloot, Yuan, Joosens 1988

reduce this death rate considerably. Even though it would be unrealistic to expect achievement of mortality rates comparable to Western hospitals (usually well under 10%), a less drastic improvement would still yield impressive results. If the death rate after the first 24 hours could be reduced by 25%, overall mortality from acute myocardial infarction would be reduced by 12%. For the Budapest hospitals who supplied the above statistics, this would translate into 42 lives saved every year. Figure 2 (page 2a), shows the comparison of mortality rates between a Hungarian and a US hospital.

Anticipated results and impacts of this program on cardiovascular disease mortality and morbidity

In 1981 the World Health Organization (WHO) Expert Committee on Prevention of Coronary Heart Disease described a comprehensive plan for the prevention of coronary heart disease (CHD). This includes three components: "(1) a population strategy -- for altering the life-style and environmental characteristics, and their social and economic determinants, that are the underlying causes of mass CHD; (2) a high-risk strategy -- for bringing preventive care to individuals at special risk; and (3) secondary prevention -- for averting recurrences and the progression of disease in those already afflicted" (WHO Expert Committee, 1982).

While recognizing the importance of primary prevention, we have chosen to concentrate the resources of the program described in this application in the area of secondary prevention. We have chosen this approach because it is possible to achieve an immediate impact on the health of the target group (those who have already presented with clinical manifestation of disease) through secondary prevention approaches which include improvements in diagnosis, treatment, and rehabilitation. Primary prevention targeted at a population, although widely agreed to be necessary and effective (WHO Expert Committee, 1986), requires a much longer time frame to achieve measurable improvements in health.

The overall goal of this program is to improve the skills and capacity of the Hungarian partners in the area of diagnosis, treatment, rehabilitation and prevention of coronary heart disease in order to reduce excess mortality and morbidity in the population served by the Hungarian partners. Specifically, the program's objectives are to:

- improve the short-term and long-term survival of patients with manifest disease who are referred to the hospital
- reduce morbidity associated with CHD, especially sequelae of cardiovascular disease or dysfunction
- improve rehabilitation outcomes for people who have undergone treatment for cardiovascular disease
- reduce the incidence of recurring acute cardiac dysfunction

Figure 2

COMPARATIVE MORTALITY RATES

	St. Francis Hospital and St. John Hospital Budapest, Hungary	Fairfax Hospital(*) Falls Church, VA
1990		
Total Admissions for Acute Myocardial Infarction	700	444
Died before Admission	114 (16%)	-
Died after Admission	224 (32%)	35 (8%)
within 24 hours	54	7
died after 24 hours	170	28

Source for Hungarian Statistics: Personal Communication
Source for Fairfax Hospital Statistics: Hospital Management Information System

- encourage life-style changes in the population served.

The program intends to accomplish these objectives via the following major activities:

- train an interdisciplinary team of Hungarian health professionals in the care and treatment of CHD in both inpatient and outpatient settings
- design and equip a model cardiac service at St. Francis Hospital, Budapest
- design and implement a realistic data collection system which can assist the Hungarian partners in conducting quality assurance studies and in evaluating the impact of this program on mortality and morbidity
- disseminate knowledge attained by the Hungarian participants to other colleagues.

Overall Medical Approach

The overall approach of this project is to pair the Hungarian partners with American facilities that are similar in scope and population served. By observing and participating in the operation of the American facilities, the Hungarian partners will enhance their own skill level. Furthermore, the American facilities will assist the Hungarian partners to determine the programs and equipment which would transfer effectively to the Hungarian setting and will provide ongoing technical assistance as the Hungarian partners establish new or improved services.

The transfer of medical knowledge and technology will be guided by two criteria: 1) demonstrated effectiveness for reducing morbidity and mortality in the American setting, and 2) feasibility of successful implementation in the Hungarian setting.

Nature, Scope and Timing of Proposed Activities

This partnership pairs St. Francis Hospital in Budapest with two hospitals in suburban Washington D.C.: Prince William Hospital and Fairfax Hospital. The two American hospitals operate comprehensive cardiac programs which provide both inpatient and outpatient care. Staff from St. Francis Hospital would be invited to train at the American hospitals in all areas of non-invasive cardiac care. The program staff would then assist the Hungarian participants to adapt their newly acquired skills to their own setting. With the technical assistance provided by the American partners and equipment funded under this grant program, the Hungarian partner would be enabled to plan, staff, equip, and successfully operate a cardiac care program appropriate to the needs of their service area.

It is hoped that this model program would greatly enhance the diagnostic and treatment services offered to those patients who do <u>not</u> need referral to the tertiary care setting. Other

benefits which will result from this program include:

- more appropriate triaging of patients requiring referral to the tertiary care setting for invasive diagnosis and/or treatment
- earlier referral of patients to the model program by the primary physicians practicing at the district level
- expansion of rehabilitation services to serve patients at earlier stages of illness, thereby providing increased secondary prevention
- diffusion of knowledge to other physicians, nurses and health care workers, particularly at St. John's hospital

Program Components

As described below, there are five basic components to the activities under this program. These are:

1) education and training of an interdisciplinary Hungarian team, to be carried out in the clinical settings of the American partners;

2) assessment of the needs of the St. Francis service area and design of a coordinated cardiac service meeting those needs;

3) conduct of educational activities by the Hungarian team for the benefit of other medical professionals in Hungary;

4) development of an effective evaluation and quality assurance program; and

5) ongoing technical assistance, support, training and evaluation to be provided by the American partners on site in Hungary.

These activities have been designed to enable the Hungarian partner to implement a cost-effective program which will have significant impact on the care of cardiac patients in their own Hospital as well as influencing other institutions to undertake comprehensive programs which incorporate appropriate technology and well-trained personnel. Furthermore, the St. Francis team will be encouraged to incorporate a significant emphasis on prevention and rehabilitation into their program, and it is hoped that innovations which they are able to implement in this area will be adopted by other Hungarian medical institutions.

THE GRANTEE'S ORIGINAL TECHNICAL APPLICATION OF JUNE 24, 1991, AND REVISION OF SEPTEMBER 5, 1991 ARE HEREBY INCORPORATED BY REFERENCE.

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES (PIO/T)*

1. Cooperating Country: Eastern Europe Regional
2. PIO/T No.: 180-0037-3-2622406
3. PIO/T Amend No.: -
4. Project/Activity No. and Title: PARTNERSHIPS IN HEALTH CARE (180-0037)
5. Appropriation Symbol(s): 72-11X1010
6. Budget Plan Code(s): QAIX-92-32180-IG-12 (184-6a-180-01-69-21)
7. Pro Ag No. or Project Authorization Date: May 15, 1991
8. Obligation Status: [X] Administrative Reservation [ ] Implementing Document
9. Project Assistance Completion Date (Month, Day, Year): December 31, 1995
10. Authorized Agent: OP/EE
11. Type of Action and Governing A.I.D. Handbook: [B]
    A. A.I.D. Contract (HB14)
    B. A.I.D. Grant or Cooperative Agreement (HB 13)
    C. PASA/RSSA (HB 12)
    D. Other
12. Contract/Grant/Cooperative Agreement/Reference Number (if this PIO/T is for an order or a modification to an award)
13. A.I.D. Funding (Attach a detailed budget in support of column (2) as Attachment A.

	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
A. Dollars	0	870,000.00	0	870,000.00
B. U.S.-Owned Local Currency	-	-	-	-

14. Mission References: N/A

15. Instructions to Authorized Agent

Funds reserved under PIO/T 180-0037-3-1183739, to execute a grant with Inova Health Systems, were not obligated during FY 1991. This PIO/T provides the appropriate FY 1992 funding cites to complete this procurement action as an FY 1992 obligation. All other provisions of that PIO/T remain in force.

FUNDS RESERVED BY:
Initials: RA.
Date Posted: 11-5-91
FA/FM/A/PA

16. Address of Voucher Paying Office: Agency for International Development, Office of Financial Management, FA/FM/CMPD/DC, Room 700, SA-2, Washington, DC 20523-0209

17. Clearances - Include typed name, office symbol, and date for all clearances

A. The Project Officer certifies (1) that the specifications in the statement of work or program description are technically adequate, and (2) that (for contract actions only) all program personnel who are defined as procurement officials under 41 U.S.C 423 have signed the Procurement Integrity Certification (OF-333).

Signature: EUR/DR/HPN:Julia Terry Julia L. Terry Date: 10/23/91 Phone No: 7-8694

B. The statement of work or program description lies within the purview of the initiating office and approved agency programs.

Signature: RME/PD:John Morgan Date: 10/23/91

C. RME/ECA:Peter Orr Date: 10/25/91

Signature: RME/ECA/PROG:Tom Mahoney Date: 10/25/91

D. Funds for the services requested are available

Signature: FA/FM/A/PA:Rose Anderson Date:

E. EPB Elizabeth P. Brocki for

Signature: RME/Controller:Denton Larson Date: 11-1-91

18. Other clearances:

Signature: EUR/DR:Ross Anthony Date: 22 Oct 91

Signature: Date:

19. For the Agency for International Development:

Signature: Robert Nachtrieb Title: Director (A), RME Date: 11/1/91

FOR CONTRACT ACTIONS ONLY: SOURCE SELECTION INFORMATION—SEE FAR 3.104. THIS DOCUMENT, OR PORTIONS THEREOF, CONTAINS PROPRIETARY OR SOURCE SELECTION INFORMATION RELATED TO THE CONDUCT OF A FEDERAL AGENCY ACQUISITION, THE DISCLOSURE OF WHICH IS RESTRICTED BY LAW (41 U.S.C. 423). UNAUTHORIZED DISCLOSURE OF THIS INFORMATION MAY SUBJECT BOTH THE DISCLOSER AND RECIPIENT TO CONTRACTUAL, CIVIL, AND/OR CRIMINAL PENALTIES AS PROVIDED BY LAW.
FOR OTHER ACTIONS: UNAUTHORIZED DISCLOSURE OF PROPRIETARY OR SOURCE SELECTION INFORMATION MAY SUBJECT AN EMPLOYEE TO DISCIPLINARY ACTION.

AID 1350-1 (5/91)

Noted: DDavis
EUR/RME/PD 11/1/91

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