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Mid-Term Evaluation
of
Health and Child Survival Fellows Program
with
John Hopkins University

for
Agency for International Development
Bureau for Research and Development
Office of Health

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HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM
Cooperative Agreement DPE 5951-A-00-9033
with Johns Hopkins University

MIDTERM EVALUATION

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to the

Agency for International Development
Bureau for Research and Development
Office of Health

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HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM
Midterm Evaluation

I. SUMMARY AND RECOMMENDATIONS

FINDINGS

- A. The program is generally successful, in:
 - 1. Recruitment of fellows from a broad base
 - 2. Retention of graduated fellows in international health
 - 3. Management
 - responsive and effective
 - surpassed annual placement target
 - excellent support for fellows
 - 4. Benefits to both Agency and participants from new Senior Advisers in Residence (STAR) program.

- B. The objective of field placement has been eroded.
 - 1. Causes: reductions in Mission funding; "focus and concentrate"; the Gulf Crisis; the practice of "pass-through" recruiting.
 - 2. Thus, less than the expected developmental effect in training and in transfer to counterparts.

- C. Better definition and communication of objectives of institutions and fellows are needed.
 - 1. The ratio of technical vs. research vs. staff functions must be clarified.
 - 2. Objectives for counterpart and institutional development need to be communicated.

- D. Service to AID/Washington offices has become disproportionate, in numbers and in its influence on the recruitment process.

- E. The effort to recruit minority fellows has been carried out in good faith, but targets have not been met.

- F. Sustainability without A.I.D. funding is not likely.
 - 1. The role of collaborating institutions is limited mainly to information and nomination of fellows; their potential contributions of funds is not likely to be sufficient to finance the entire program.
 - 2. Attempts to engage other institutions through transfers of funds from JHU to a sponsoring institution have been frustrated by the desire of fellows to be associated with JHU.

- G. A few lessons from other programs could be considered.
 - 1. Security clearance process
 - 2. Orientation programs (TAACS, AAAS)
 - 3. Promotion of Esprit de Corps

RECOMMENDATIONS

- A. Continue the program for its full ten years; it is meeting important objectives in international health.
- B. Add a third element to the program to finance Associate Professional Officers (APOs) for World Health Organization.
- C. Encourage the Advisory Board to be more active in:
 1. Raising private funds to support the program.
 2. Recruitment of minority candidates for fellowships (and at the same time revise the expected profile of candidates to establish more realistic targets).
- D. Make minor course corrections:
 1. Restore the fellows element of the program to its original objective of placement in the field.
 - Consider adding to core funds to finance selected field-based fellowships, to bring the ratio to, say, two-thirds field, one-third Washington.
 - For Washington assignments, give priority to STARS rather than fellows.
 - Expand the role of A.I.D. and the Secretariat in selling the program to the field.
 - Establish guidelines that discourage the utilization of the Fellows Program to continue the services of persons already connected with A.I.D.
 2. Continue the STAR program, but not to the detriment of recruitment of fellows for field assignments; and clarify definitions and qualifications for STARS, fellows and (in future) APOs.
 3. Solicit from the Secretariat reports due under the Cooperative Agreement, in order to review the Program's progress toward its career enhancement and international health objectives.

4. Establish a more formal system for evaluating fellows' performance by the Secretariat, and an internal A.I.D. system of evaluating the contribution of fellows and STARS to the Program's development objective.
5. Urge the Secretariat to insure that the scope of work for a fellow is fully negotiated and mutually understood before the start of a fellowship.
6. Simplify and clarify budgeting and sharing of information on budgets.
 - Ensure that the full proposed assignment (for one or two years) has been funded before a fellow is placed.
 - For purposes of a PIO/T, use (and attach) the illustrative budget prepared by the Secretariat in consultation with the requesting organization.
7. Collaborate with the Secretariat to establish a formal orientation to A.I.D., and encourage the staff to explore information sharing among fellows through seminars, meetings, etc.
8. Regularize prompt initiation of security clearances as required for fellows and STARS.

II. OBJECTIVES AND STRUCTURE

A. The Cooperative Agreement

Under a Cooperative Agreement (No. DPE-5951-A-00-9033-00) of September 29, 1989, that is effective until September 30, 1994, hereinafter referred to as the Grant, between the Agency for International Development and Johns Hopkins University, the University undertook to help build a U.S. cadre of field-experienced technical experts committed to careers in child survival and international health. The purpose of the program supported by the Grant was to identify, place and supervise junior and mid-level experts in field assignments that will contribute to health and child survival programs in developing countries, as well as to the career development and commitment of the experts themselves.

In its implementation the recipient of the Grant has given primary emphasis to attracting new talent to careers in international health and stimulating the interest of universities and other institutions in working to address the needs of developing countries. The contribution of the fellows to health and child survival programs has been assumed to stem from appropriate assignment to positions that are dedicated to health development and from the potential for future contributions from committed experts. In addition, the recipient is expected to include funds for counterpart development in every fellowship as appropriate.

The total amount of the five-year program approved by the Grant was \$7,647,416, with the A.I.D. funding of \$6,476,046 to consist of \$1,500,000 in "core" funds from the Office of Health (intended for costs of administration and the Advisory Board only) and \$4,975,046 from A.I.D. offices and missions buying into the program to finance the costs of particular fellows. In August 1991 the Grant total was increased by \$3,724,016 to finance the placement of Senior Fellows (subsequently known as Senior Technical Advisers in Residence, or STARS).

The addition was to provide opportunities for senior level professionals recruited from U.S. universities and other U.S. institutions with prior experience in development assistance to return to the field for long or short term assignments. The program's intent to stimulate the interest of universities and other institutions to work to address needs of developing countries was expanded to include enhancement of the capacity of those institutions to undertake development assistance activities.

The Grant recipient is responsible for identifying suitable assignments and ensuring that funds from the sponsoring

institution or some other source are available to cover two years, or the full period, of an assignment.

The recipient is responsible for quarterly program performance reports covering accomplishments in relation to goals and factors or events affecting performance and disclosure of problems or adverse conditions that will affect ability to attain objectives. Annual progress reports are expected to review the program and problems to date, discuss significant issues, describe activities for the subsequent year, and review and forecast budget expenditures.

B. Structure of the Program

The National Secretariat of the program is established at the Institute for International Programs (IIP) and Johns Hopkins University (JHU). The Secretariat is responsible for all aspects of the management and administration of the program and staff functions of the Advisory Board. The Secretariat is charged with recruitment of candidates from a broad range of institutions and selection of qualified fellows from a national pool that reflects the diverse fabric of the U.S. population, and in particular with encouragement of minority participation. The Secretariat maintains a roster of candidates for fellowships, and another of qualified experts who might serve as volunteer advisers to fellows. Candidates for STAR positions are usually self-selected or suggested by the office desiring their services.

Program policy calls for fellows to be fully trained junior to mid-level health professionals who have already made, or are ready to make, a commitment to a career in international health or child survival. A fellow usually is a health practitioner, has some overseas experience and has completed degree training. The STARS are experienced mid to senior level health practitioners, researchers or professors who can offer their expertise in full or part-time positions.

The School of Hygiene and Public Health at Johns Hopkins University has reserved four of its 24 annual scholarships to the one-year Masters in Public Health (MPH) program for Black American candidates interested in international health. The up to 20 candidates who could earn MPH degrees within the program are guaranteed a place on the roster of potential fellows. Placement as a fellow must depend, however, on negotiation of a scope of work in the context of the needs of an international health organization.

Core funds from the Grant support the services of the Project Director Dr. Stella A. J. Goings (at 50 percent of her time), the Associate Director Paul R. Seaton (at 80 percent), Administrator Brenda Kovacs (at 100 percent) and a secretary (at 50 percent).

The costs of other required services are reimbursed by the Grant to the University or Institute for International Programs.

The Advisory Board of nine members represents five collaborating universities (including one of the Historically Black Colleges and Universities—HBCUs), the American Medical Association, Blythedale Children's Hospital, UNICEF and the Rockefeller Foundation. There is no representative from the commercial health sector.

The major responsibilities of the Board are to advise on program policies, procedures and directions; to promote broad institutional involvement in the program; and to review selection of fellows and advisers with special attention to promotion of minority participation in the program.

The eight universities collaborating in the program (including three representatives of HBCUs) have undertaken to identify applicants to the program from among their students and faculty, to identify faculty to serve as mentor to fellows in their assignments, and to publicize the program. The program permits the Grant recipient to transfer funds to a collaborating institution to support a fellow affiliated with that institution who is on assignment.

The Cognizant Technical Officer for A.I.D. from the Office of Health of the Bureau for Research and Development serves as a non-voting member of the Advisory Board.

C. Finance

The Health and Child Survival Fellows Program has been adequately financed in terms of funds obligated by A.I.D. Some \$700,000 of program costs were obligated under a prior Cooperative Agreement (DPE-5951-A-5051-00) with Johns Hopkins University under which a more limited predecessor fellows program had begun. In the first two years of the current five-year program, a total of \$3,099,536 was obligated within the ceiling of \$6,476,046 for A.I.D. funding. Those funds have financed part or all of 21 new fellowships, or an average of seven per year (six per year were anticipated). Had each of those fellowships been fully funded, as was intended by the Grant, another \$200,000-300,000 would have been obligated.

The addition of \$3,724,016 to the Grant, including \$3,323,730 for the costs of STARS, in August 1991 brought the total approved U.S. Government funding to \$10,199,062. Under this new element of the program, about \$1,600,000 has been obligated. Another \$300,000 will be required to fully fund all current senior advisers. At the average rate of some \$160,000 per person year of Senior Adviser, some 12 years of service have been funded or

informally committed to date. Therefore, another 11 years can be funded in fiscal years 1993 and 1994 without an additional increase in the total of the Cooperative Agreement.

Funds from USAID missions have been sparse during the three years of the program. As funds from AID/Washington offices have continued to be made available, the majority of fellows been placed in central and regional offices of A.I.D. Thus, achievement of the overseas aspect of the program objective has not been possible, and probably will not be possible without central funding of field placements (see discussion in Section III below).

Funds have not been forthcoming from sources other than A.I.D. to the extent anticipated (\$1,172,370 over five years). The Institute for International Programs of JHU has put in about \$100,000. The World Health Organization has co-funded three fellowships for a total of about \$100,000 and UNICEF funded one fellowship for a period of several months. The collaborating institutions as a group have financed the time of 22 faculty mentors with whom fellows have communicated (overseas travel by mentors is funded by the relevant fellowship).

Table 1: HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM
DPE-5951-A-00-9033-00

Sources of Funds
(in US \$000s)

SOURCE	Per FY 1989 Coop. Agmt.	Per FY 1991 Amendment	Projected Actual
A.I.D. Core Funding	1,500	1,500	1,500
A.I.D. Buy-Ins	4,975	8,699	8,699
U.S. Institutions	802	802	802
Other Organizations	370	370	370
TOTAL	7,647	11,871	11,871

III. FELLOWS AND SENIOR ADVISERS

A. Recruitment Process and Selection of Fellows

According to the Program Description of the Cooperative Agreement, JHU should "develop and maintain a roster of individual applicants" that is cross-referenced by academic training, area of geographic interest, language skills, and other criteria. The program is to give particular emphasis to the importance of recruiting fellows from the "broadest range of sources." The recipient is expected to achieve a profile of fellows reflecting a nationwide recruitment effort, a profile of the "best and brightest" as well as a profile which represents the "diverse fabric of the United States." The Agreement does not suggest that any one of these objectives might be more important than the others.

Specific criteria for recruitment are given as follows:

- U.S. citizenship;
- masters level training with relevant experience (except for minority candidates holding scholarships for the MPH degree);
- good cross cultural and interpersonal skills;

Special efforts are urged to (1) encourage minority candidates and participation by Historically Black Colleges and Universities (HBCUs), (2) avoid discrimination based on race, color, or other criteria; and (3) involve a wide range of U.S. universities.

The Program Description presents the "Idealized Composition of Fellows Program from 5 and 10 Year Perspectives," which proposes a very specific "ideal" composition of the fellows program in terms of minority participation as well as a number of other factors. For example, the profile suggests that in ten years, black Americans will constitute approximately 40% of the 60 fellows. It also anticipates that 23 fellows will have been placed in non-government organizations, six at universities and three at for-profit institutions.

Table 2, below, describes the gender and ethnic affiliation of the applicant pool as of November 1992, as well as the composition of the groups of fellows and STARS actually placed in the program. Analysis of the roster of accepted applicants reveals that Black, Asian and Hispanic applicants together account for only about 25 percent of the total active population. This feature of the roster suggests that a shortfall in minority participation occurs at the application stage of the process. It

would appear either that students and faculty at minority institutions, although they have been contacted, are somehow not being reached by the news of opportunities offered by the program, or that some unidentified factor discourages minority group members from submitting applications to the Health and Child Survival Fellows Program.

Table 2: HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM
Profile of Candidates for Fellowships and
Senior Advisory Assignments

ROSTER		TOTAL	MALE	FEMALE	BLACK	WHITE	ASIAN	HISP.	AMER.	N/A
Active Names on File	No.	152	61	91	21	101	15	1	1	13
	%		40%	60%	14%	66%	10%	1%	1%	8%
Fellows in Place at Beg.FY89	No.	6	2	4	2	4				
	%		33%	67%	33%	67%				
Fellows Placed from 10/89-11/92	No.	21	10	11	1	17	1	1		1
	%		48%	52%	5%	80%	5%	5%		5%
Senior Advisers	No.	8	2	6		8				
	%		25%	75%		100%				

In actual placements, Black Americans accounted for 33 percent of the fellows in on assignment at the beginning of fiscal year 1989; those fellows were funded under the predecessor Cooperative Agreement. Under the current Grant, however, since October 1989, only five percent of placements have been Black Americans. Although the sample is too small of be a certain indication of a trend, it is possible that, because many recent fellowships were awarded to persons already in direct contact with A.I.D., as employees of contractors or participants in other fellowship programs, the roster was by-passed. Thus, even those minority representatives on the roster had few opportunities to be placed as Health and Child Survival Fellows.

B. Qualifications and Assignments

The qualifications for Health and Child Survival Fellows have been clear and unambiguous in the current program. As junior and mid-level professionals, fellows are recruited from among persons who hold a graduate degree in public health, medicine or a related field and have made, or are ready to make, a commitment to a career in international health. Fellows must be U.S. citizens or permanent residents and have some previous international experience. Although a few fellows selected for the program have held only a recently acquired MPH degree, and no other graduate degree, a greater number of fellows have held degrees at the doctoral level, and many have been M.D.s.

Some fellows have suggested that the offices in which they have been placed (and perhaps the Secretariat as well) may prefer to recruit doctoral level candidates. Such a policy would be consistent with the intent of the Institute for International Programs at JHU to attract the "best and brightest" junior professionals to international health. Nevertheless, many of the assignments to A.I.D. itself have a strong administrative or staff work component which might be performed more satisfactorily by a management-oriented MPH candidate than by a more technically oriented Ph.D. or M.D.

Qualifications of the Senior Technical Advisers in Residence, however, are less clearly defined. The August 1991 amendment to the Cooperative Agreement, which authorizes the STAR component, describes the STARS as senior level professionals who are recruited from U.S. Universities and other institutions in the U.S., with prior experience in development assistance. The definition of "senior level" is left open to interpretation by the Secretariat and the organization seeking assistance, and the desired extent of prior experience is not specified.

In the view of the Secretariat, STARS were expected to be faculty members at JHU or a collaborating institution who would be available on a part-time or short-term basis. In fact, five of the eight STARS placed to date are working full time in AID/Washington offices.

There has been a tendency on the part of some A.I.D. offices and Missions to describe any fellow who has extensive work experience as a STAR. In certain instances, persons with roughly equivalent qualifications have been classified as fellow or STAR depending on the interpretation of the offices of assignment. Such a lack of clarity in definition raises the potential for "inflation" of the STAR component to engulf the entire Program, as well as for fellows to resent the fact that they are not classified as STARS.

Recommendation: That A.I.D. and the Secretariat establish an objective definition, in terms of training and experience, of the differences between (1) the purposes to be served by fellowships and by senior advisory assignments, and (2) the qualifications to be sought in candidates for fellowships and for STAR positions.

IV. BACKSTOPPING

A. Logistics and Support

According to information received from fellows, STARS and users of fellows, one of the most successful elements of the Program has been its logistical and administrative support to fellows. Comparisons with other fellowship programs and with backstopping of Technical Advisers in AIDS and Child Survival (TAACS) by the Centers for Disease Control have invariably been favorable to the Johns Hopkins University program. fellows have their own travel budgets and the Child Survival fellows Program is unique among the fellowships in arranging flights, visas, and other travel plans on request of the fellow. Expenses are reimbursed promptly with little paperwork required from the fellows other than submission of receipts.

Large equipment needs are met through the fellow's budgets and procured by the Secretariat. Personal computers are provided for the use of every fellow, and software is available as needed. When office furniture or related needs have appeared, the Program has procured items such as file cabinets. In an instance in which more than one fellow was assigned to a division within A.I.D.'s Office of Health, a secretary was assigned in support of the fellows and modular offices were set up in the division's space. Fellows describe the Secretariat response to requests for equipment or supplies as quick and the paperwork as minimal. Fellows also noted that Secretariat staff members have been willing to provide moral support as well, in that they could be relied on to answer any questions that arise, clarify misunderstandings, and intercede if misuse of the fellow or negotiated scope of work were threatened.

B. Orientation

In the first few days of the fellowships, fellows are given a one-to-two day orientation to Johns Hopkins University. They are introduced to the staff at the Institute for International Programs at Johns Hopkins University and have an opportunity to meet with faculty members whose interests coincide with their own. If the faculty mentor assigned to a fellow is a Johns Hopkins University faculty member, specific discussion of the fellow's work assignment is possible. Fellows also visit the

personnel office and receive information on staff benefits options that are available to them.

Fellows then depart for their various assignments, either in A.I.D. or elsewhere. When fellows are assigned to the field, orientation to the site and job must be specific to each fellow's work assignment. Under the current Grant, however, the bulk of placements have been in AID/Washington. There, fellows do not receive any formal general orientation to A.I.D. or training in the routine procedures they may be required to carry out. For this reason, some feel handicapped in comparison with participants in other programs, such as that of the American Academy for the Advancement of Science (AAAS), for which orientation is provided.

C. Mentors

All fellows are assigned academic advisors, or mentors, by the Secretariat at the beginning of their fellowships. The mentor is a faculty member at either Johns Hopkins University or one of the collaborating institutions. If the fellow has not already made direct contact with an interested mentor, an effort is made to match the interests and expertise of a mentor with the assignment of the fellow, so that the fellow can call on her for technical and scientific input when needed.

The degree to which the fellows have called upon the mentors for input has varied widely between fellows. Although the number of cases is too small to support generalization, it appears that fellows whose work has a large administrative component are less likely to call upon the mentor assigned by JHU. In those placements in which the fellow is assisting with the work of either a Mission or AID/Washington, scientific and academic input become less relevant, and the primary mentoring relationship is between the fellow and the supervisor in the office of assignment within A.I.D.

The field-based fellows are more likely to have received on-site visits and scientific and technical support from their designated mentors. In at least one instance, however, observers in the USAID mission in the country were not certain that the mentor commanded the full range of technical expertise required. In that case, it was suggested that the fellow might have profited more by having access to several faculty members, so that various disciplines and areas of expertise could be brought to bear at different times according to need. On the other hand, the fellows who did find a good match and worked closely with their mentors clearly benefited from having a continuous relationship with one faculty member throughout their fellowship.

V. OUTLOOK FOR ACHIEVEMENT AND SUSTAINABILITY

This program has done very well to date in identifying young degree-holders who are interested in pursuing careers in the international health field. The roster of 152 candidates for fellowships, comprising one of every seven or eight persons who first requested information on the program, represents a group of individuals who have made, or are ready to make, their commitment to working on international health issues. The roster is broad enough to offer potential candidates for specific fellowships as these are identified and funds are provided. It will, similarly, serve as a fruitful source of candidates for the proposed additional element of the program, to place Associate Professional Officers in World Health Organization offices.

The likelihood is great, if not certain, that the program will exceed its target rate of placement of six fellows per year during the five years of the current Cooperative Agreement. The number of fellows approved for and undertaking fellowships in the first three fiscal years of the program has already exceeded the number anticipated (21 vs. 18). This achievement is especially notable considering that in 1990 the Secretariat also placed three fellows who were funded by the predecessor grant, and in 1992 placed eight Senior Technical Advisers in Residence (STARs) under a new element of the grant. The evaluation team believes this program will continue to build upon the success of its predecessor, the Johns Hopkins University child survival fellows activity, from which participants have graduated to positions of leadership in international institutions.

A further aspect of program achievement is the excellent (almost 100 percent) record of continued professional dedication to international health on the part of the graduated fellows. Current occupations include research in Papua New Guinea and Bangladesh, liaison with Peace Corps activity in health, free lance consulting to promote and evaluate child survival programs, epidemiological consulting with WHO and other national and multinational organizations, and university teaching.

The two areas in which the program has had significant difficulty meeting expectations—minority recruitment and placement in field positions—are discussed in Section VI, below.

Expectations for sustainability following five to ten years of A.I.D. support—expressed as the expectation that up to half the funding for fellows would be offered by non-government organizations, foundations and other institutions—are not likely to be fulfilled unless the Advisory Board takes on the responsibility to interest U.S. foundations and private firms in supporting the program.

To date the U.S. collaborating universities and other organizations represented on the Advisory Board have barely made any contribution to the financing of fellowships, though six universities and other institutions (Johns Hopkins University, University of North Carolina, Camp Dresser & McKee, PAHO and the University of Maryland's Center for Prevention of Childhood Malnutrition) have financed the time of an advisory mentor to a fellow. Indeed, members of the Board representing universities indicated to the evaluation team that if they identified a likely source of funds, they would be more likely to try to "capture" the funds for their own university programs than for the Health and Child Survival Fellows Program.

Non-government organizations overseas may commit small amounts to support a fellow working in the field (as they did in Haiti under the predecessor program), but will never be able to take over commitments of the size that A.I.D. is making.

VI. CURRENT ISSUES

A. WHO Associate Professional Officers Program

Consistent with current views of the Office of Health, the National Secretariat at Johns Hopkins University has made a proposal to add a third element under the Cooperative Agreement that would place qualified young health professionals with limited experience as Associate Professional Officers in positions identified at WHO headquarters and in its regional and country offices. By participating in the APO program, the United States would join eleven other donor countries which are sponsoring some 65 APOs.

An APO will be assigned only after WHO has received a deposit of funds from the donor. It might be advantageous to the recruitment and assignment process if the Office of Health were to finance a nominal number of candidates through annual buy-ins to the Cooperative Agreement, rather than wait for each negotiation between JHU and the candidate and the requesting office before processing the funding.

The Secretariat has proposed to implement the program through subagreements to cover each of the APOs placed in service at WHO. The evaluation team suggests that if placement of APOs is to be a significant element in the Health and Child Survival Fellows Program, it would be preferable for JHU to negotiate a single subagreement to cover the effort in general. Thus, questions of potential conflict, such as the requirement for A.I.D.-funded Officers to travel on U.S. carriers, could be negotiated and agreed in a single document to cover all individual instances.

The terms and length of service (ranging from one to three years, but with assignment approved on a year by year basis) of each APO would be subject to specific agreement or memorandum of understanding between WHO and JHU. The technical unit of WHO to which the APO would be assigned would develop the job description. The roster of Health and Child Survival Fellows would be screened to identify appropriate candidates for review and acceptance, or rejection, by the WHO office. Each request from WHO would be accompanied by a job description and a budget, which could form the basis of JHU's suggested budget for a buy-in from the Operational Year Budget of the Office of Health.

The donors pay the full costs of APOs. An APO would technically not be a fellow, but an employee of WHO, with salary and terms of service determined according to WHO criteria. WHO's estimates of US\$ 90,000-100,000 as the average cost for an APO in Geneva, and US\$ 65,000-75,000 for a field posting, are less than the average costs for an overseas posting of a fellow posted overseas as estimated by A.I.D. Therefore, it will be especially important for the Secretariat to communicate to each candidate the terms and conditions under which she would be working at WHO in order to avoid frustration and negative comparison with the conditions applying to Fellows or to STARS.

The evaluation team believes that this proposed new element will provide a long-needed opportunity to place American health professionals in international positions from which they may be able to move into an international organization career. The potential is great for contribution to the experience of young professionals as well as effective contribution to the work of WHO and improvement of the health status of mothers and children.

Recommendation: That A.I.D. proceed to inform the Advisory Board and Secretariat of its approval of inclusion of the placement of Associate Professional Officers for WHO in the program and offer guidance to the Secretariat on the negotiation of a subagreement with WHO.

B. Role of Collaborating Institutions

In addition to the Secretariat, the Cooperative Agreement calls for broad participation in the program by collaborating institutions in identifying applicants and advisors, and in publicizing the program. The Secretariat has also been advised that, if sustainability is to be achieved, additional funding sources for fellows should be sought from among the collaborating institutions.

Collaborating institutions have provided mentors for fellows and, in some instances, have identified potential fellows for particular assignments from among their staff and students. For

of these five fellows the collaborating universities have made efforts to arrange for the funding to be handled by the home institution, with which the fellows were to retain their primary affiliation during their fellowship. One case was successfully arranged after complex bureaucratic requirements were fulfilled, and another case is currently pending final arrangements. Three fellows declined to retain their affiliation with the collaborating institution, preferring to be affiliated with Johns Hopkins. As one informant suggested, it may be that fellows believe the career-enhancing potential of the fellowship will be greater if they have been associated with Johns Hopkins University.

C. Recruitment

The program recruits new fellows through a variety of means. Among them are exhibit booths at national and international conferences, advertisements in the newsletter of the American Public Health Association, bulletin boards at schools of public health, and through the designated contact persons at collaborating institutions. Despite these efforts, issues concerning the breadth and appropriateness of recruitment activities have arisen.

The program was charged, both by the Cooperative Agreement and the Advisory Board, with broadening the racial and gender composition of the candidates. Johns Hopkins University, which offers 24 scholarships to its one-year MPH program each year, has set aside four for African-American candidates who want careers in the international health field. In no year have more than two candidates successfully competed for those scholarships. Of the four accepted in the first two years, two deferred their scholarships, but two others completed their MPH and are on the roster of fellows. In 1992, thirty-two persons inquired about scholarships, four applied and two were accepted. These two are expected to be good candidates for fellowships after they earn their degrees.

There are a number of possible explanations for the fact that the program has not generated the expected level of interest among minority candidates. Among them is the fact that many minority candidates who might otherwise go into international health may choose more remunerative careers. It is also possible that the representatives on the advisory board who might be expected to lead the recruiting effort sometimes prefer to encourage minority candidates to remain in their own institutions. It may be also that the history and reputation of Johns Hopkins University as an institution with few minorities among either faculty or students is discouraging minority participants. A further factor is the inability of many recipients of scholarships to accept them in the absence of a stipend. In any case, it may be unrealistic to

hold the recipient responsible for meeting targets that have proven elusive despite recruitment efforts on the part of staff and members of the Advisory Board.

Once they are on the roster, the ability of the Secretariat to ensure that minority candidates are placed as fellows is limited. Upon the Secretariat's nomination of several candidates, the funding office makes the final selection of a fellow. This problem has been compounded by the recent trend wherein AID/Washington has used the program as a type of "pass through" mechanism to hire or extend persons who were already in the system through programs such as AAAS. In such instances, when the Secretariat does not nominate the fellow, it cannot carry out its responsibility to promote placement of minority candidates.

The growing number of assignments of fellows who are already known to the Agency, often actually in place under an alternative fellowship or under an A.I.D. contract, is a serious derogation of the original intent of the Grant. The purpose of the program is to interest professionals in making a commitment to international health and to provide them with an entrance into this field. To the extent that candidates for fellowships are already "insiders" to the system, the objective to introduce new personnel and new talent into the field of international health is not being met.

Recommendations: That A.I.D.:

1. encourage the Advisory Board to be more active in minority recruitment, identifying minority candidates, introducing them to the Fellows Program, and offering sufficient incentives to application for and acceptance of MPH scholarships,
2. collaborate with the Secretariat to revise the desired profile of fellows in order to establish more realistic and achievable targets, and
3. establish guidelines that discourage the utilization of the Fellows Program to continue the services of persons already connected with A.I.D.

D. Location of Fellows and STARS

According to the Program Description of the 1989 Cooperative Agreement, the purpose of the program is "To identify, place and supervise junior and mid-level experts in field assignments that will contribute to health and child survival programs in developing countries, as well as to the career development and commitment of the experts themselves." The majority of fellows

placed after 1989, however, have been placed in AID/Washington rather than in a developing country.

Although three fellows were sent to developing countries in 1989; of the 28 fellows and STARS who were placed since October 1989, only five were placed in developing countries, one was assigned to WHO in Geneva, and the remaining 22 were assigned to AID/W. Together with three Senior Advisers also provided under the program, the six fellows working in the Office of Health of the Bureau for Research and Development constitute 18 percent of the total Office of Health staff.

This pattern constitutes a deviation from the original purpose of the program as described in the Cooperative Agreement. A variety of reasons have been advanced by those interviewed for the unexpectedly high number of Washington assignments. Since no core funding is allocated to the placement of fellows, no assignment can be developed unless a funding source is identified. Field placements generally rely on funding from USAID Mission buy-ins. Missions have faced severe funding cuts in the past few years, and little money may be available for obtaining fellows. Allocations for all travel-related activities were frozen during the Persian Gulf Crisis, and this crisis coincided with the beginning of the annual budget cycle. Many Missions are also under instructions to "focus and concentrate" their portfolios, and a number have done so by reducing or eliminating activities in the health sector.

During the early 1990's, child survival funding levels have increased while Washington-based Direct Hire positions have been cut. AID/Washington, therefore, is faced with the necessity to administer more funds with less staff. The resulting staff shortage has prompted attempts to identify other mechanisms to bring in staff members to assist with activities such as project design, monitoring and evaluation. The Health and Child Survival Fellows Program is seen as one such mechanism, along with the AAAS Fellows Program and the Congressional mandate to finance Technical Advisers in AIDS and Child Survival (TAACS) who can carry out the functions of A.I.D. Direct Hire personnel.

As larger numbers of fellows have been brought into Washington offices, the program veers from its original objective to provide developing country experience to the next generation of public health professionals. Some fellows (and among these some who already have developing country experience) are in fact seeking the administrative and policy oriented experience that a Washington assignment can provide. Mutual benefit is thus achieved in their contribution to Washington staffing needs and their exposure to the operations of an international donor agency.

Although some of the work assigned to Washington-based fellows utilizes and strengthens their technical expertise, to a significant extent the work of Washington offices is more administrative than technical, as technical requirements are usually fulfilled through contracts. A degree of frustration was expressed to the evaluation team by current fellows assigned to Washington. However, even those fellows who were initially disappointed in their expectations, are committed to help carry out the basic tasks of the offices to which they are affiliated and understand that such tasks are necessary to execution of AID's mission.

The recently added STAR component of the program, by contrast, is intended to provide a means to meet the technical needs of the funding office or organization. Incorporation of the Senior Advisor component in the Health and Child Survival Fellows grant permitted Johns Hopkins University to expand the existing senior long term adviser program through its inclusion in the broader, national structure of the Fellows Program. The provision of senior advisers was seen as consistent with the Program Description attached to the Cooperative Agreement, which called for "stimulating the interest of Universities and other institutions (in the U.S. and abroad) in working to address needs of developing countries."

The Senior Advisers are expected to be highly experienced professionals. Their career objective is not to acquire basic experience in the international health field, but they seek an opportunity to benefit from exposure to the current programmatic and technical objectives of major donor agencies. For that reason, location in an AID/Washington office can be mutually appropriate and beneficial.

It is unlikely that Senior Advisers would be willing to accept long-term field assignments unless a non-government organization or USAID mission was will to finance living costs beyond those covered under current program conditions. As senior personnel, many Advisers are likely to have families, homes and faculty appointments or other professional commitments that tie them to the United States. And for those senior personnel who are prepared to make a full time overseas commitment, there are other A.I.D. programs that can more appropriately cover the funding required.

Recommendation: That A.I.D. and the Secretariat, in order to ensure an international training experience for fellows without jeopardizing the ability of AID/Washington offices to have access to technical advice of high professional caliber:

1. reaffirm the absolute priority to be given to field assignments for fellows, and
2. clarify the degree to which assignment of Senior Advisers in Washington is acceptable.

Table 3: HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM
LOCATION OF ASSIGNMENT BY US FISCAL YEAR

Fellows					
	FY 90	FY 91	FY 92	FY 93	TOTAL
Developing Country	1	4	1	0	6
U.S.	3	3	5	2	13
Other (Multilateral Organization)	0	0	2	0	2
TOTAL	4	7	8	2	21

Senior Technical Advisers in Residence					
	FY 90	FY 91	FY 92	FY 93	TOTAL
Developing Country	0	0	0	0	0
U.S.	0	1	7	0	8
Other	0	0	0	0	0
TOTAL	0	1	7	0	8

E. Work Assignments

Interviews with both fellows and organizational representatives have suggested that a discrepancy is sometimes discovered between the expectations of the fellow and/or the Secretariat and the actual needs of the program's host organizations. On the basis of information and materials used to interest potential candidates in the program, many fellows expect that the tasks they perform on the job will be primarily technical in content, or that there will be a significant research component to their assignments. In many instances this expectation is realized, particularly by fellows placed in other donor or host country organizations.

In the case of AID/Washington or USAID Missions placements, however, technical and research assignments are rare. An AID office can offer exposure to the structural and policy operations of the Agency by assigning a fellow to help carry out the routine work, as well as the creative work, necessary to execute its responsibilities. Much of this work is necessarily administrative and managerial in nature, and since such work does not always fit their skills and anticipations, some fellows have expressed a degree of disappointment. The corollary is that some supervisors have been disappointed in fellow's ability or willingness to perform routine tasks. However, All fellows interviewed have concluded that they are learning useful skills, none has been so disappointed as to terminate a fellowship, and many have indicated that it was in fact their objective to learn how an international donor agency operates.

In other instances, fellows have commented that they did not see an actual scope of work until they had already committed themselves to the fellowship and had no chance to negotiate its terms. With a firm understanding of the nature of the functions to be performed, unrealistic expectations would not arise on either side.

Recommendation: That the Secretariat seek to minimize potential misunderstandings and disappointments by ensuring there is clear communication with both candidate and organization on the subject of a scope of work that is developed early in the recruitment process by the office or agency to which the fellow will be assigned.

F. Developmental Effects and Counterpart Relationships

The Cooperative Agreement describes "counterpart development" as a fundamental part of the foreign assistance program. It recommends that every fellowship should include a counterpart strengthening component, wherein the fellow is paired with a host-country national who will participate in the skills- and

career-enhancing benefits of the program. In a motion passed during its May, 1991 meeting, the program's Advisory Board made the same recommendation. The identification of host-country counterparts assumes that the fellow is placed outside the U.S. As noted above, the majority of fellows are now being placed in AID/Washington, and this trend appears to be gaining momentum with time. Unless a greater proportion of field placements can be arranged in future, the counterpart development component of the program seems unlikely to be activated.

G. Evaluation of Performance

The fellows are asked to submit quarterly progress reports to the Secretariat. These reports are reviewed by the Program Director in her review of the first year of a fellowship, but do not form part of a formal evaluation of performance. When the program was first begun, an informal evaluation was deemed adequate for the purposes of the Secretariat. As the program has grown, a formal means of performance evaluation may be called for, both as a means of determining the appropriateness and direction of a second year, and as a record that can be used by a fellow in a future job search. Since fellows actually perform their assigned tasks at sites other than JHU, the Secretariat itself may be unable to evaluate effectively the performance of those tasks.

A.I.D. receives no formal record of program performance in terms either of career development of fellows or of developmental results. Of reports due quarterly and annually in accordance with the Cooperative Agreement, only one annual report, for 1990, has been prepared and submitted to A.I.D.

Recommendations: That:

1. A.I.D. solicit from the Secretariat the reports that are due under the Cooperative Agreement in order to review the results of the program in terms of career development.
2. A.I.D. establish an internal system of evaluation of the contribution of the program fellows and STARS to the development objective to contribute to health and child survival programs in developing countries.
3. The Secretariat develop performance evaluation guidelines for evaluations by the on-site supervisors of the fellows, to be submitted on an annual basis.

H. Financing

1. Inadequate Demand and Financing from the Field

Of 21 placements of fellows made between October 1989 and November 1990, only a few were funded by USAID missions and one (for a period of only a few months) by a multilateral organization. The great majority of fellows were funded by AID/Washington, most of those for Washington assignments. None of the STAR appointments were financed by a mission.

The potential for achievement of the program objective, in terms of placement in the field, therefore, has been seriously eroded. Reasons cited include cuts in mission budgets, concentration of mission programs in a limited number of sectors, lack of priority for child survival programs (in spite of the Congressional earmark and budgetary pressure from headquarters), and reluctance of multilateral institutions to support another donor's grant program.

Recommendation: That the Office of Health consider allocating additional budget to the core funding of the Cooperative Agreement to finance placement of selected fellows overseas. A target should be established for overseas placements, perhaps at two-thirds of the total number of fellows.

2. Inadequate Funding of PIO/Ts for Fellows and STARS

The intent of the Grant, that each fellowship is to be fully funded at the outset for a full two years, has not been fulfilled. As the Secretariat and the funding office of A.I.D., or other agency, negotiate the terms of a fellowship, the funding office is often reluctant to put up more than one year's funding. In consequence, a fellow who takes an assignment for one year, must risk the possibility that funding may not be available for the second year.

Furthermore, the practice of micro-budgeting within and between projects generally leads to the processing of multiple PIO/Ts, even for one year's worth of funding. Of 21 new fellowships funded in fiscal years 1990-1992 under the current Grant, more than half were inadequately funded by the first PIO/T. For assignments for STARS, A.I.D. provided full funding in the first year for only four of eight advisers (but did not consistently provide those funds through a single PIO/T). The total unfunded commitment to fellows and senior advisers as of September 30, 1992, was about \$600,000 (see Table 4).

Table 4:

HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM

A.I.D. Funding Through PIO/Ts
By Funding Office
(in US dollars)

PIO/T Amount	Unfunded Mortgage	Total Required	Source of Buy-in	Fellows		STARs	
				\$	pm	\$	pm
1,191,780	(74,268)	1,117,512	RD/H/AR	820,900	108	296,612	24
856,885	48,914	905,799	RD/H/AIDS	277,306	36	628,493	47
196,230	64,030	260,260	RD/H/CD	260,260	24		
394,392	318,491	712,883	RD/H/HS	712,883	84		
444,163	(2,100)	442,063	RD/N	442,063	36		
138,000	127,000	265,000	RD/WID			265,000	24
162,326	205,939	368,265	RD/POP			368,265	24
325,000	0	325,000	U/Malawi	325,000	24		
215,250	(104,711)	110,539	U/Egypt	110,539	7		
3,924,026	583,295	4,407,321		2,948,951	295	1,558,370	119
				Cost/pm:	8,895	13,096	
				Cost/py	106,737	157,147	

The Secretariat, the funding office, A.I.D.'s Office of Procurement, and the fellow or senior adviser, all have to negotiate and process the documentation required to add the required funds, thus carrying out a series of steps that should not be necessary. Considering the overall budgets of the host offices, and the relatively small commitment required for a second year of a fellowship or senior adviser, there should be no objective budgetary constraint on a better management approach to their funding. Considering, moreover, that AID/Washington offices (among the worst offenders) are funding simultaneously the beginning and ending years of various fellows, those offices could finance each fellow or senior adviser at one time for the full two years without a significant drain on a given year's budget.

Recommendation: That A.I.D. remind the Grant recipient of the intent of the program that funds should be assured for two years before a fellowship is begun and that the Cognizant Technical Officer communicate the policy to A.I.D. users of the program.

I. Comparison with Other Fellowship Programs

In addition to the Health and Child Survival Fellows Program, two other fellowship programs receive funding from A.I.D.

1. American Association for the Advancement of Sciences (AAAS) Diplomacy Fellowship

The AAAS Fellowship is awarded for a single year, with possibility for a second year's extension. Although there has been a recent attempt to launch an overseas program that would place fellows in Missions, almost all AAAS Fellows are assigned to Washington, D.C. Unlike the Health and Child Survival Fellows Program, which places fellows on an individual basis as a request arises, a pool of 30 to 60 AAAS Fellows is selected yearly in response to A.I.D.'s list of requirements. After a process of interviews and matching to openings, all fellows take up their assignments simultaneously at the beginning of the academic year.

The routinized scheduling of fellowship awards allows the AAAS program to offer some features that are unique among the three programs. In March, at the time of the fellowship awards for the following September, applications for security clearances for those fellows who will need them are begun.

At the beginning of the fellowship period, a two and a half week orientation is given to all the new fellows. During this time, fellows become familiar with A.I.D., its structure, acronyms, and program mission. The orientation establishes a sense of cohort identity and esprit de corps that sometimes outlasts the

group's actual tenure at A.I.D. Group identity is reinforced by attendance at luncheon seminars held three times a month. At these seminars, speakers offer relevant scientific and policy information and fellows can discuss their work with one another over lunch.

In the Health and Child Survival Fellows Program, because fellows begin individually and there is no orientation to A.I.D. or regularized contact with other Fellows, some have complained of feeling isolated and lacking an essential feeling of connection with the program. Also, the security clearance process is begun on an *ad hoc* basis, and is dependent upon the initiative of the fellow's future supervisor. Many fellows and supervisors are frustrated by the inability of a fellow to sit with colleagues and participate fully in the work of an office, pending award of clearance.

On the other hand, the Health and Child Survival Fellows Program is preferred on a number of bases by both fellows and users. Among fellows who have left the AAAS Program and joined the Health and Child Survival Fellows Program, it is the general view that the JHU program is more prestigious and that a move from the former to the latter is a promotion. In addition, the administrative and logistical support provided by JHU is believed to be far superior. The Secretariat makes efficient travel arrangements, including visa handling, for fellows; and it routinely provides them with a personal computer and software to use during their tenure. It appears that AAAS does not perform these support functions, nor does it provide staff benefits other than reimbursement of fellows for their health insurance costs. At JHU a fellow receives full staff benefits, including health insurance and, if desired, access to a pension plan.

Informants in A.I.D.'s Office of Health were divided as to preference, but one Division Chief commented that his division was moving toward a preference for the Health and Child Survival Fellows because they were generally more experienced in both health and international issues. The AAAS Fellows tend to be drawn from academic and hard science backgrounds, are less knowledgeable about health, and have no real commitment to working in developing countries. They are frequently unable to adjust to the bureaucratic requirements of AID/Washington. As a result, some do not complete their assignments and many fail to pursue international health careers after completion of their fellowship. Another supervisor of AAAS fellows, however, observed that the skills of the Health and Child Survival Fellows are too narrow to suit all the division's purposes, and the interdisciplinary range of the AAAS Program is therefore more useful.

Another advantage of the AAAS program was said to be the routinized system of arranging for security clearances for

fellows in advance of their assignments. Some Health and Child Survival Fellows assigned to AID/Washington or to Missions have found themselves unable to undertake the full range of assigned duties until their clearance is obtained (a 3-6 month process).

2. Population Services Fellows Program, University of Michigan

The Population Services Fellows Program has been in existence for over a decade. Initially, it was a small program with only about nine fellows in the field at any one time. All of those fellows were entry-level junior professionals, and none were assigned in the U.S. About 18 months ago, changes were instituted and the program was expanded to include a Senior Fellows component. The Senior Fellows have previous overseas residential experience in family planning, at least ten years of work experience, and are mostly assigned to AID/Washington. Today, there are 42 fellows in the program, of whom approximately half (22) are junior-level fellows working in developing countries.

To a large extent, this revised Population Fellows Program is directly parallel to the Health and Child Survival Fellows Program. It differs, however, in so far as the distinction between the Junior and Senior Fellows is more clearly drawn. Junior Fellows are generally qualified at the MPH level and receive lower salaries than the Health and Child Survival Fellows, who frequently have an MD and degrees at the masters or doctoral level as well as some previous overseas experience. Health and Child Survival Fellows, unlike the Population Fellows, also have a housing allowance when assigned overseas. The cost of a junior-level Population Fellow, therefore, is only about \$60,000/year, which is slightly more than half the cost of the average Health and Child Survival Fellow.

A critical difference in the two programs results from the fact that the Population Fellows Program is 90 percent centrally funded. The Health and Child Survival Fellows Program relies on buy-ins for the placement of all fellows. Consequently, the Michigan program is able to place half of its fellows in developing country settings; while the Johns Hopkins Program is increasingly dominated by Washington placements. The managers of the Population Fellows Program have emphasized their commitment to keeping an even balance between the field and Washington assignments, but it is unlikely that they would be able to do so in the current funding climate if their program were reliant on Mission buy-ins.

3. Lessons Learned from Comparison of Programs

The Population Fellows Program basically serves a parallel function to the Health and Child Survival Fellows Program, such that the needs of an office or mission dealing with both health and population issues could be met equally well by either. The most significant difference, other than sectoral focus, is in the fact that the Population Fellows Program has been able to assign about half of its 1991 and 92 fellows to field placements, while most of the Health and Child Survival Fellows Program's assignments during the same period have been in AID/Washington. This discrepancy is explained largely by the fact that the Population Fellows Program has a far higher level of central funding for the support of fellows, but also in part by the more effective marketing of the Program to Missions.

The AAAS Fellows Program seems to be generally less attractive to fellows and to many users of the two programs, but it serves some unique functions through its inclusion of candidates from a broader range of disciplines. Fellows prefer the benefits package and administrative support of the JHU program, and they feel they will benefit from JHU's name recognition in the international health community. On the other hand, many have complained of a feeling of isolation from any ongoing network and from other fellows. Others have complained of the lack of orientation to the complex bureaucracy at A.I.D. The AAAS system, with its comprehensive orientation program and its luncheon/seminars, appears to foster an atmosphere of esprit de corps and information sharing which could be of benefit also to the Health and Child Survival Fellows.

Recommendations: That A.I.D.:

1. collaborate with the Secretariat to establish a more formal orientation (for both fellows and senior advisers) to A.I.D., its structure, documentation systems, acronyms and health programs;
2. discuss with the Secretariat the possibilities for more formal sharing of research and experiences, through seminars, periodic meetings at the time of national meetings or other mechanisms; and
3. regularize the security clearance process so that it can be begun in advance of the arrival of a fellow.

VII. GENERAL CONCLUSIONS

- A. The Health and Child Survival Fellows Program should be continued for its full projected ten years.

The program has demonstrated its ability to offer exposure to and training in international health work to U.S. health professionals desiring to commit themselves to such work. The fellows graduated from the program, almost without exception, have continued in the international health field.

In accordance with the intention of the Cooperative Agreement under which the Institute of International Programs (IIP) of Johns Hopkins University operates the program, the basic objectives of the program are being met following the guidance of an Advisory Board representing nine institutions and under the effective management of a National Secretariat located at IIP.

The roster of 152 candidates for fellowships comprises health professionals who have completed their training and are prepared to benefit from experience in international health work. Fellows are recruited from a range of institutions that includes but is not dominated by Johns Hopkins University.

The Cooperative Agreement projected a rate of six placement of fellows per year. The actual number placed has been twenty-one: four in fiscal year 1990, ten in 1991, five in 1992, and three more placed in the first three months of fiscal 1993. In addition, since August 1991, seven senior advisers have been assigned to work in AID/Washington, and one to work overseas.

Fellows graduating since 1989 have continued their commitment to the international health field, in further training, at universities or other U.S. organizations, at overseas institutions, on direct or indirect contract to the Agency for International Development, or in free lance health related consultancies.

The A.I.D. and other users of the program generally have found the fellows assigned to be appropriately qualified, have been able to offer a useful training experience to the fellows and have been pleased with the contributions fellows have made to the task of improving international health status and child survival. Many supervisors of fellows believe that a research component is an important aspect of training, but all (especially many in A.I.D. or WHO) are not able to offer opportunities for research. Depending on their individual situations, most of the fellows who are not involved in research have found they can learn a good deal through direct involvement in program operations. Some explicitly desired such exposure, yet are frustrated by its overwhelming importance in their current assignments.

- B. The Board and the Secretariat should continue and expand their marketing of the program to minority candidates, and should seek ways to overcome the apparent barriers to greater success in the scholarship route offered by Johns Hopkins University.

Efforts to recruit fellows representing disadvantaged and minority elements of the U.S. population have been carried out in good faith. The proportion of females on the roster and in the program exceeds the target of 40 percent. But the five-year targets for placement of minorities may not be met. Among fellows placed in the program, or under active recruitment, since October 1989 are one Asian American (the target is two to three), one Hispanic (the target is three to five), and one Black American (the target is eight to ten).

- C. The addition of a Senior Technical Advisor in Residence (STAR) element to the program in August 1991 has been of mutual benefit to A.I.D. and to the Advisors.

Six full time and two part-time STARS have been providing expertise to A.I.D. in such matters as AIDS, policy on women and AIDS, involvement of private firms in improving nutrition in developing countries, health communication, and population and child survival program strategies.

To AID/Washington, this element of the program brings technical expertise and research experience to contribute to policy formulation, program development and the ability of the Agency to elicit support for child survival programs in other fora.

To the advisers, the program brings exposure to actual program operations outside the research laboratory and the university setting, to the practical necessity to propose program decisions even though data is not complete (or may not exist) in the context of political and economic issues, and to the source of support for the cutting edge in the application of technology. Those with university affiliation will benefit by learning how to keep their teaching up to date in terms of the world in which students will be working, and more relevant to the situations of foreign students.

- D. A.I.D.'s proposal for a third element of the program, one that would place U.S. health professionals as Associate Professional Officers (APO) at the World Health Organization (WHO), should be added to the Cooperative Agreement in fiscal 1993.

This third element will contribute to the primary and secondary objectives of the program by offering an opportunity to young health professionals for one to three years of international experience and by placing those individuals where they can contribute to the improvement of international health status through positions at WHO headquarters or field offices.

The roster of candidates for fellowships would be an appropriate initial source of candidates for positions identified by WHO. Thus, this element of the program would expand the opportunities available for fellows as well as the opportunities for overseas placement of fellows.

- E. Some minor course corrections should be made as the program proceeds another seven years.

Specific recommendations for change are highlighted following the discussion of specific concerns in Section VI, Current Issues and Recommendations, above.

HEALTH AND CHILD SURVIVAL FELLOWS PROGRAM
Midterm Evaluation

Persons Consulted

<u>Organization</u>	<u>Person</u>
AID/RD/Office of Health	Ann Van Dusen Robert Clay Dale Gibb Pamela Johnson Caryn Miller
AID/RD/Office of WID	Martin Hewitt
AID/RD/Office of Population	Joanna Grossi
AID/RD/Office of Nutrition	Samuel Kahn
AID/RD/Office of Research	Ann Dix
AID/LAC/Office of Development Resources (formerly AFR/Technical Resources)	Carol Dabbs Glenn Post
AID/FA/Office of Procurement	Chris Byrne
JHU, Institute of International Programs	W. Henry Mosley, Dir. Paul Seaton, Dep. Dir.
Advisory Board	John Hatch W. Henry Mosley Walter Sullivan
Current Fellows	John Bowman Kirk Dearden Susan Kolodin Steven Landry Nancy Lowenthal Subhi Mehdi Nancy Stark Kate Stewart Elba Velasco
Current STARS	Lynellen Long E. Keys McManus W. Henry Mosley Debra Schumann Melody Trott

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Annex A

Former Fellows

Alfred Bartlett
Michael Mueller
Stephen Rosenthal
Shelley Smith
Elizabeth Sommerfelt
Paul Zeitz

AAAS

Claudia Sturges
Christopher McPhaul

WHO/Geneva

John Clements, EPI
Sandy Gove, CDR

USAID/Bolivia

Paul Hartenberger

USAID/Haiti (former)

Michael White

USAID/Mozambique (former)

Julius Schlotthauer

USAID/Tanzania

Dana Vogel

Health and Child Survival Fellow Program
Active Fellows 1989-1992

NAME	DATES	LOCATION	PRIOR INSTITUTIONAL AFFILIATION	GRADUATE STATUS	RACE Gender
Al Bartlett	11/22/86- 11/30/91	INCAP Guatemala	University of Texas/CDC	CDC/TAACS AID/R&D/H/ HS (703) 875-4530	WM
Elisabeth Sommerfelt	02/08/88- 03/07/91	DHS Columbia, MD	University of Michigan	DHS Macro Systems Staff (410) 290- 2800	WF
Necn Alruz	05/01/88- 10/26/90	AID/AFR/TR	University of Virginia at Blacksburg	IPA/TAACS USAID Burkina	WF
George Rae	08/15/88- 08/14/90	AMREF Kenya	University of Nairobi	AMREF Kenya	BM
Debora Barnes	01/30/89- 01/29/92	IEH Haiti	University of North Carolina	Dept of Epidemiology U of Minn	BF
Meri Sinnitt	09/16/89- 11/30/90	PROCOSI Bolivia	Seattle Community College	Save the Children Namibia	WF

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NAME	DATES	LOCATION	PRIOR INSTITUTIONAL AFFILIATION	GRADUATE STATUS	RACE Gender
Charles Oliver	11/27/89- 12/31/91	ZPCSEF Mozambique	University of Hawaii	Institute of Medical Res Papua New Guinea 011-675- 508088 or 011-675- 50828 FAX 011- 675-721998	WM
Michael Mueller	03/01/90- 02/28/92	AID/ST/H/AR	University of North Carolina	Consultant National Cancer Inst (202) 362- 9546	WM
Elba Velasco	06/16/90- 11/15/92	AID/LAC/TR	University of Puerto Rico	Professor, UPR	HF
Shelley Smith	08/01/90- 09/15/92	AID/ST/H/AR	Columbia University	AID/R&D/H/ AR Peace Corps PASA (202) 606- 3100	WF
Tom Hall	10/01/90- 09/30/93	Muhimbili Medical Ctr. Tanzania	Johns Hopkins University	Current Fellow	WM
Barbara Parker	10/22/90- 10/21/92	AID/AFR/TR ST/H/HS	University of Michigan	Consultant, ARC	WF

NAME	DATES	LOCATION	PRIOR INSTITUTIONAL AFFILIATION	GRADUATE STATUS	RACE Gender
Nancy Lowenthal	02/01/91-01/31/93	AID/NIAMEY	University of North Carolina	Current Fellow	WF
Paul Zeitz	02/01/91-06/30/92	UNICEF Florence Makerere U Maiduguri Nigeria	Johns Hopkins University	EIS/CDC Arizona State Health Dept (602) 230-5932	WM
Allan Lewis	04/15/91-11/15/92	ARI Control Program Egypt Child Survival Project	University of California at Berkeley	Current Fellow	WM
Kate Stewart	05/16/91-05/15/93	DHS Columbia, MD	Johns Hopkins University	Current Fellow	WF
Steve Rosenthal	06/01/91-05/31/92	AID/ST/H/AR	Johns Hopkins University	WHO/EPI STC	WM
Anne Marie Wouters	07/01/91-06/30/93	AID/ST/H/AR	JHU	Current STAR	WF
Kirk Dearden	07/16/91-07/15/93	ICDDR,B (1) Bangladesh	University of Alabama	Current Fellow	WM
Krystn Wagner	08/16/91-08/15/92	ST/H/AIDS	Yale	Medical Student	WF
John Bowman	11/01/91-10/31/93	ST/Nutrition	U of Illinois	Current Fellow	Not declared
Debra Schumann (STAR)	08/01/92-07/31/94	DHS Columbia, MD	Southern Methodist University	Current STAR	WF

NAME	DATES	LOCATION	PROFESSIONAL INSTITUTIONAL AFFILIATION	STATUS	Gender
Leroy Benons	12/16/91-12/15/93	PAHO/CAREC Trinidad	University of Minsk	Current Fellow	BM
Katherina Puffenberger	12/01/92-11/30/94	Family Planning/Demography Niger	Johns Hopkins University	To be brought on board	WF
Paul De Lay (STAR)	11/01-91-07/15/93	AIDS Division ST/H	U of California	Current STAR	WM
Deborah Helitzer-Allen (STAR)	6/15/92-9/15/92	Malawi Health Communications	JHU	Professor, JHU	WF
Keys McManus (STAR)	12/01/91-11/30/93	AID/R&D/POP	U of North Carolina	Current STAR	WF
Lynnda Keiss	10/16/92-10/15/93	Micronutrient Programming AID/R&D/N	JHU	Current Fellow	WF
Henry Mosley (STAR)	08/01/92-07/31/94	Applied Research Office of Health	JHU	Current STAR	WM
Melody Trott (STAR)	03/01/92-02/28/94	AIDS Division	Catholic University	Current STAR	WF
Stephen Landry	09/01/92-08/31/94	AID/R&D/H/CD	University of Wisconsin	Current Fellow	WM

NAME	DATES	LOCATION	PRIOR INSTITUTIONAL AFFILIATION	GRADUATE STATUS	RACE Gender
Nancy Norris Stark	10/01/92- 9/30/94	AID/R&D/H/HS	Southern Methodist University	Current Fellow	WF
Suhhi Mehdi	11/16/92- 11/15/94	AID/R&D/H/AR	American University	To come on Board	Asian F
Lynellyn Long	09/01/92- 08/31/94	AID/R&D/WID	Stanford University	Current Fellow	WF
Ioanna Trilivis	09/01/92- 08/31/94	AID/R&D/H/AIDS	University of California	Current Fellow	WF
Susan Kolodln	09/01/92- 08/31/94	AID/R&D/H/HS	University of California	Current Fellow	WF