

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

John E. Fogarty International Center

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NATIONAL INSTITUTES OF HEALTH

John E. Fogarty International Center

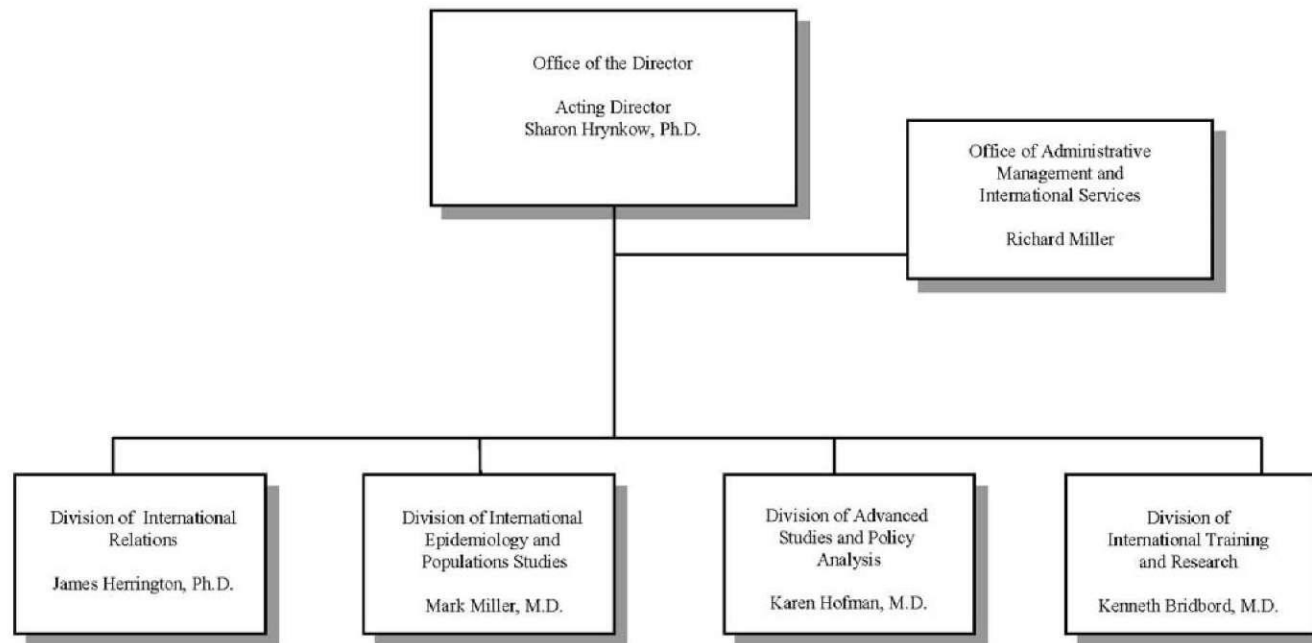


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NATIONAL INSTITUTES OF HEALTH

**John E. Fogarty International Center
for Advanced Studies in the Health Sciences**

For carrying out the activities at the John E. Fogarty International Center [\$67,048,000]
\$66,681,000.

[Departments of Labor, Health and Human Services, Education, and Related Agencies
Appropriations Act, 2006, as enacted by Public Law (109-149)]

National Institutes of Health
John E. Fogarty International Center

Amounts Available for Obligation 1/

Source of Funding	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate
Appropriation	\$67,182,000	\$67,048,000	\$66,681,000
Enacted Rescissions	(550,000)	(670,000)	0
Subtotal, Adjusted Appropriation	66,632,000	66,378,000	66,681,000
Real transfer under NIH Director's one-percent transfer authority for Roadmap	(421,000)	(593,000)	
Comparative transfer from OD for NIH Roadmap	421,000	593,000	0
Subtotal, adjusted budget authority	66,632,000	66,378,000	66,681,000
Unobligated Balance, start of year	0	0	0
Revenue from Breast Cancer Stamp <u>2/</u>	0		
Unobligated Balance, end of year	0	0	0
Subtotal, adjusted budget authority	66,632,000	66,378,000	66,681,000
Unobligated balance lapsing	(47,000)	0	0
Total obligations	66,585,000	66,378,000	66,681,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:

FY 2005 - \$2,344,976 FY 2006 - \$4,765,000 FY 2007 - \$4,800,000

Justification

John E. Fogarty International Center for Advanced Study in the Health Sciences

Authorizing Legislation: Section 301 and 307 and Title IV of the Public Health Service Act, as amended.

Budget Authority:

<u>FY 2005 Actual</u>		<u>FY 2006 Appropriation</u>		<u>FY 2007 Estimate</u>		<u>Increase or Decrease</u>	
<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>
51	\$66,632,000	56	\$66,378,000	57	\$66,681,000	1	\$303,000

This document provides justification for the Fiscal Year 2007 activities of the John E. Fogarty International Center of \$66,681,000, including HIV/AIDS activities. A more detailed description of NIH-wide Fiscal Year 2007 HIV/AIDS activities can be found in the NIH section entitled "Office of AIDS Research (OAR)." Detailed information on the NIH Roadmap for Medical Research may be found in the Overview section.

INTRODUCTION

"Time and time again, it has been demonstrated that the goal of better health has the capacity to demolish geographic and political boundaries and to enter the hearts and minds of men, women, and children in the four corners of the earth. It is an issue which serves as a forceful reminder of the oneness, the essential brotherhood of man." Congressman John E. Fogarty, Congressional Record, 1959.

When it comes to disease, we are truly one world. Congressman Fogarty, the visionary namesake of the National Institutes of Health (NIH) John E. Fogarty International Center for Advanced Study in the Health Sciences, recognized this reality more than 40 years ago. His words and those of his Congressional colleagues implored us to work for "a healthy America, in a healthier world." Today, the Fogarty International Center works to meet this goal in two ways: by supporting the whole of the NIH mission via international partnerships, and through the development of global health research and training programs all aimed at improving the health of citizens in the United States and around the globe.

In an increasingly interconnected global community, what befalls one country befalls all. The H5NI bird flu is a stark reminder to the global community of the devastation and suffering that pandemic flu can cause. In 1918, pandemic influenza led to the deaths of an estimated 20-50 million worldwide, 0.5 – 1 million in the U.S. alone.¹ As we consider the potential of bird flu to wreak havoc on the human population, the importance of efforts to strengthen the ability of laboratory personnel in key countries to detect new strains and to respond as quickly as possible becomes clear. Building capacity in partner countries is also invaluable as we work to combat the scourge of HIV/AIDS and other infectious diseases. In addition, as chronic diseases including cardiovascular disease and cancer continue to rise in every nation on earth, our global scientific collaborations become even more critical to tackling these diseases.

One of FIC's main functions is to build cadres of scientists in low- and middle-income countries who can collaborate in solving vital health problems. FIC capacity building programs provide epidemiological and laboratory training to scientists on the frontlines to detect infectious diseases and to develop drugs and treatments to prevent contagion, essential components of the global effort to mitigate the spread of influenza. These programs also develop local expertise in epidemiology that has contributed to significant lowering of AIDS incidence in key countries such as Haiti, Uganda, and Thailand, and that paves the way for successful prevention and treatment programs in mental health, cancer, and for conditions caused by environmental pollution, among others. In a world where one can move from any city on the globe to any other in 24 hours time, where communities in one part of the globe are strikingly similar genetically to communities thousands of miles away, the development of the international scientific framework is an endeavor that leads to protection of health of people everywhere.

The second major function of the Fogarty International Center is to support the whole of the NIH mission through international partnerships. In doing so, we take into account the words of the famous French scientist, Louis Pasteur, who said, "Science knows no country because it is the light that illuminates the world." Fogarty's work to foster ties and to build bridges with NIH equivalent organizations and with international scientists has yielded significant benefit. Longstanding collaborations with the Japan Society for the Promotion of Science and the Human Frontier Science Programme have supported the development of young scientists across the globe. Newer programs such as the Civilian Research and Development Foundation have created partnerships between U.S. scientists and former weapons scientists from Russia and other former Soviet Union states. Nascent efforts to create a global network of agencies working to advance the health of indigenous peoples - expected to include the U.S. Australia, Canada, and New Zealand - through research and to support the International Polar Year which commences 2007 promise to leverage resources among nations to make a difference in these neglected groups. These efforts to build a scientific community among nations are examples of FIC's initiatives in "health diplomacy." Indeed, they are "health diplomacy" in action.

¹ Russell CJ & Webster, RG. The genesis of a pandemic influenza virus. Cell: Vol. 123 (3): 368-371, Nov. 4, 2005.

SCIENCE ADVANCES AND NEW INITIATIVES

Research and training programs to tackle global health challenges

HIV/AIDS. Fogarty continues to place a high priority on combating HIV/AIDS – the deadliest pandemic of modern times. An estimated 4.9 million people became newly infected with HIV in 2004 - the highest number of new cases reported in any single year since the beginning of the pandemic.² Women and girls now make up almost 57% of all people infected with HIV in sub-Saharan Africa, where a striking 76% of young people (aged 15–24 years) living with HIV are female.³

As the United States works to combat the AIDS problem domestically, one thing is clear - we will not solve our own crisis until the AIDS situation is solved globally. Trained scientists in countries hard-hit by AIDS are crucial allies in our fight. In its 18 year history, Fogarty's AIDS International Research and Training Program (AITRP) has helped to train nearly 2,000 health scientists, including Ph.D. and Masters level researchers from developing countries working on AIDS. More than 50,000 have received short-course training in their home countries through this program. These scientists represent a substantial increase in the global capacity to fight AIDS and a wealth of allies in our international struggle.

Science Advance. A small number of studies have found higher rates of HIV transmission from mother to girl infants than boy infants, but these studies have not been able to determine whether the female babies were at increased risk of transmission during pregnancy, during labor and delivery, or during breastfeeding. Researchers at Johns Hopkins University and the University of Malawi examined the rates of HIV transmission among girl and boy infants at birth and at 6–8 weeks post delivery. Infants were enrolled in two studies that evaluated two different infant drug regimens to prevent HIV transmission. At birth, the infant girls were twice as likely as the boys to be HIV infected, indicating that the risk of infection during pregnancy was much higher for girls. At 6–8 weeks of age, among those infants not infected at birth, the increased risk for girls remained, though at a lower level, indicating that the risk of transmission through breastfeeding might also be higher for girls. Scientists are now considering whether infant girls are more susceptible to HIV infection or whether boy infants are more likely to die from the infection. These findings have implications for development of the most effective prevention strategies.

**Story of “Public Health Success”
Fogarty’s AIDS International Research and Training Program:
Fighting the Battle against HIV/AIDS in Haiti**

Haiti has the largest number of people living with AIDS in the Caribbean. Over the past 17 years, the Fogarty International Center has invested in research and public health infrastructure to combat the HIV/AIDS crisis in Haiti. Haiti has now begun to “turn the corner on AIDS,” with seroprevalence at Fogarty-funded research sites dropping from 6.3% in 1993 to 2.9% in 2003.

² UNAIDS AIDS Epidemic Update: December 2004, p. 2.

³ *Id.* at p. 7.

This extraordinary story of public health success began in 1988, when Dr. Warren D. Johnson Jr., Chief of Weill Cornell's Division of International Medicine and Infectious Diseases, received a five-year AITRP award. His work focused on Haiti, and his key collaborator was Dr. Jean Pape. Dr. Pape earned his M.D. and did his residency at Weill Cornell before returning to Haiti in 1979. In 1983, Drs. Pape and Johnson published the first description of AIDS in a tropical developing country in the *New England Journal of Medicine*. For the next 20 years, they generated key scientific findings related to AIDS and other infectious diseases. In 1985, they identified and described the route of HIV infection from contaminated blood transfusion in Haiti. A year later they identified the causative agent of chronic diarrhea in AIDS patients. In 1989, they showed a high prevalence of spontaneous abortion and early infant death in HIV-infected mothers, and demonstrated transmission rates of 30% in infants of HIV-infected women. In 1993, they determined that the drug isoniazid prevents tuberculosis (TB) and delays progression of HIV infection to disease in symptomatic HIV positive persons, and in 2000, they demonstrated the value of post-treatment prophylaxis for TB by showing the high rate of recurrence after TB therapy in patients with AIDS and TB. These are only a few examples of their successful collaboration.

Understanding that a solid research base was needed in Haiti in order to develop the most effective anti-AIDS strategies, Dr. Pape and his colleagues established the Groupe Haitien d'Etudes du Sarcome de Kaposi et des Infections Opportunistes (GHESKIO), in 1982. Its original goal was to better understand the epidemiology of the HIV epidemic in Haiti. According to Dr. Johnson, "The official posture in Haiti at the time was that AIDS did not exist in the country, and to state otherwise was considered treasonable." The GHESKIO Center is now an international research and training institution that has benefited from twenty years of research capacity building from Cornell and Vanderbilt Universities, supported by Fogarty funding. From an original staff of two, GHESKIO today has a staff of 110 that integrates patient services, health research, and training in HIV/AIDS and inter-related diseases. Along the way, GHESKIO scientists have produced over 70 top-notch scientific publications. Due to this strong base, GHESKIO received a grant from the President's Emergency Plan for AIDS Relief, allowing 2,000 patients to receive antiretroviral therapy. An analysis of the first 1,000 patients at the one-year follow up indicates outcomes comparable to those achieved in U.S. research units in terms of survival, viral loads, and CD4 counts. This was made possible in part by Fogarty-supported training of the GHESKIO team.

Dr. Pape has more recently won a Fogarty award to provide training in clinical, operational and health services research on AIDS and TB (ICOHRTA AIDS/TB). This award will train the personnel needed to implement a new country-wide program to provide a standardized package of HIV care and prevention services to 300,000 people per year. The Government of Haiti asked GHESKIO to lead this effort as Haiti scales up successful programs for the whole country. Dr. Pape has become an internationally recognized figure and champion in the war on AIDS, commended by United Nations Secretary General Kofi Annan and honored with France's highest distinction, the Legion d'Honneur, for his more than two decades of work fighting disease in his native Haiti. Dr. Pape credits Fogarty in a major way for his success, referring to dramatic and sustainable advances in health infrastructure and research capacity and noting that "We could not have done it without you."⁴

Tuberculosis. One of the most contagious infectious diseases, TB extends its reach to all economies, continents, and age groups. TB kills two million people annually, and, left unchecked, will cause nearly one billion new infections and 35 million deaths within the next 20 years.⁵ Poverty, a lack of basic health services, and poor nutrition all contribute to the spread of TB. In turn, illness and death from TB reinforce and deepen poverty in these same communities. Interrupted, erratic or inadequate therapy contributes to the rising incidence of multi-drug-resistant (MDR) strains. This lethal problem is not confined to resource poor settings. In the early 1990s, New York City witnessed an outbreak of drug-resistant TB and spent \$1 billion

⁴ Wilentz J (ed.), Fogarty at 35. NIH: May 2003.

⁵ Global Fund to Fight AIDS, Tuberculosis and Malaria website at: <http://www.theglobalfund.org/en/about/tuberculosis/default.asp>.

fighting 4,000 cases. During the late 1980s and early 1990s outbreaks of MDR-TB in North America and Europe killed over 80% of those who contracted it.⁶

Science Advance. Under a Fogarty International Scientist Development Award, a pilot program in Mexico evaluated the impact of directly observed treatment short-course (DOTS) on both drug susceptible and MDR-TB over a five-year period. In this region of Mexico, 21% of new tuberculosis cases were resistant to at least one anti-tuberculosis drug, and 3% were MDR. The data demonstrated that DOTS could rapidly reduce transmission and incidence of both drug-susceptible and MDR-TB. The rate of primary drug resistance decreased 84% and no significant transmission of these strains was detected. Multi-drug resistance rates among new cases dropped from 2.8 per 100,000 people to zero, demonstrating that even in settings with moderate levels of MDR-TB, DOTS can rapidly reduce the transmission and incidence of both strains of TB. Drug susceptibility testing and individualized treatment regimens are urgently needed to reduce mortality rates for MDR-TB. These findings are particularly significant in light of a recent unrelated study published in the *New England Journal of Medicine*, which concluded that efforts to expand DOTS programs in Mexico, Haiti, and the Dominican Republic could reduce tuberculosis-related morbidity and mortality among migrants to the United States, producing net cost savings for the United States.⁷

HIV and TB form a lethal combination, speeding each other's progress. HIV is the most powerful known risk factor for the activation of latent TB infection, promoting rapid progression of latent infection to active disease. Fogarty has responded to these challenges through its International Clinical, Operational, and Health Services Research Training Award for AIDS and Tuberculosis (ICOHRTA-AIDS/TB) program, supporting training to foster collaborative, multidisciplinary research. It provides opportunities for health professionals to train at the Masters, Ph.D., and post-doctoral levels while working on research projects related to HIV/AIDS and TB relevant to their country's needs. Currently, Russian and U.S. researchers at Yale are developing a TB-AIDS Clinical Training and Research Unit in St. Petersburg, which will help train a new generation of medical scientists to respond to the emerging Russian epidemics. Simultaneously, Ugandan scientists are working with Case Western Reserve University researchers by developing infrastructure in Uganda to translate basic and clinical research findings into public health policy and interventions for the evolving HIV and TB epidemics.

Malaria. Malaria is one of the greatest existing threats to global human health and economic welfare, killing close to three million people each year.⁸ Up to 90% of the deaths occur in Sub-Saharan Africa, where 3,000 children die every day. In addition to the human suffering, the estimated yearly economic loss due to malaria is about \$12 billion in endemic countries.⁹ Several Fogarty programs address this challenge. Through its Global Infectious Disease (GID) program, FIC supports 20 research training programs, mostly in Sub-Saharan Africa, that focus on building sustainable infectious disease research capacity at local institutions. In another

⁶ Global Alliance for TB Drug Development website: http://www.tballiance.org/2_1_C_AGlobalThreat.asp.

⁷ Schwartzman K, Oxlade O, Barr RG, Grimard F, Acosta I, Baez J, Ferreira E, Melgen RE, Morose W, Salgado AC, Jacquet V, Maloney S, Laserson K, Pablos Mendez A, Menzies D: Domestic returns from investment in the control of tuberculosis in other countries. *NEJM* 353:1008-1020, 2005.

⁸ Breman JG, Alillo MS, Mills A. Conquering the intolerable burden of malaria: What's new, what's needed: a summary. *Am J Trop Med Hyg*, Aug 7, 1 (2 suppl): 1-15, 2004.

⁹ Malaria Brochure, WHO Roll Back Malaria Department at www.who.int/malaria/docs/brochure_RBM.pdf.

example, Fogarty's International Maternal and Child Health Research Training program trains Cameroonian scientists in research on malarial immunity in pregnant women, newborns, and children with an emphasis of moving basic research from "the bench" into public policy.

Science Advance: Malaria and HIV are common infections in many parts of Africa, yet the interaction of these two infections remains poorly understood. HIV-infected adults are more likely to have symptoms of malaria and to carry higher parasite loads than non-HIV infected persons. HIV-infected individuals who also have malaria seem to have a higher HIV-load, enhancing transmission and accelerating the progression of AIDS. To better understand the effect of the malaria infection on the levels of HIV virus in blood, Fogarty-funded investigators from North Carolina, Malawi, Maryland, and Michigan found that HIV viral levels doubled with malaria infection, but fell after treatment for the malaria. Future studies are now needed to determine if screening for malaria infection coupled with early treatment may help slow disease progress in HIV-infected individuals, reducing the risk of transmitting HIV to others.

New Initiative: Malaria prevention and treatment interventions are available today, yet barriers to their use on a large scale exist. Health and medical personnel lack knowledge and experience in providing integrated prevention and treatment measures; in monitoring quality, cost and effectiveness of the interventions used; and in reaching and sustaining provision of interventions to the most vulnerable populations, especially in rural endemic areas. In support of the President's June 2005 Malaria Initiative, Fogarty will provide training to personnel in hard-hit countries to develop this local expertise. Only through locally led efforts will the most effective strategies be found. In the coming year, Fogarty will support 5-year training programs to provide integrated clinical, operational and public health services research training related to all available malaria prevention and treatment interventions currently used.

Newly Emerging and Reemerging Infectious Diseases. Little is known about the ecological factors that lead to the emergence or re-emergence of infectious diseases. To better understand the relationships between ecological disturbances and transmission of infectious agents, and to use this knowledge to develop predictive models of epidemics, Fogarty led the development of the Ecology of Infectious Diseases (EID) program. The EID program is co-supported by the National Science Foundation (NSF), the National Institute of Allergy and Infectious Diseases (NIAID), and the National Institute of Environmental Health Sciences (NIEHS). The EID program fills a critical gap in our national effort to protect the health of the public – both in the United States and globally – against the threat of epidemic and emerging infectious diseases. The program links veterinarians, molecular biologists, mathematical modelers, ecologists and other experts together to predict and prevent the spread of infectious disease. In its first years of operation, the EID program has already linked experts from 23 countries and has supported publication of over 200 major scientific articles.

Science Advance. Severe acute respiratory syndrome (SARS) was first reported in southern China in the winter of 2002-2003, from whence it spread to over two dozen countries in a few months. Within a month, SARS was identified as a viral respiratory illness caused by a newly identified coronavirus (CoV), yet how the virus was transmitted to humans remained a mystery. Preliminary evidence suggested two species that might have spread the virus to humans: the palm civet (a raccoon-like mammal common in live animal markets in southern China) and bats.

A team of Fogarty-funded researchers from the U.S., China, and Australia collected and analyzed specimens from nine species of bats in their native habitats in southern China. The team studied the presence of antibodies to the SARS virus and performed genome sequencing of viral isolates from positive tissues, comparing these genome sequences to that of the SARS virus. Large proportions of several species of bats carried antibodies to the SARS CoV, while a number of the viral genome sequences collected from three species of Chinese horseshoe bats were almost identical to that of SARS CoV. These results indicate that bats are the natural reservoir of the SARS virus, suggesting that palm civets played an intermediary role in human infections. These findings have major implications for development of public health strategies to combat the spread of SARS.

New Initiative. In FY 2007, FIC will expand the EID program in terms of the number of projects supported and their scope, simultaneously increasing the focus on supporting translation of research findings and predictions into action. Stronger collaboration among those involved in epidemiology, immunology, genomics, mathematical modeling and public health will result in teams positioned to develop predictive tools and strategies to maximize the public health benefits for all.

Mental Health and Non-Communicable Disease. More than 450 million people suffer from mental, neurological or behavioral problems worldwide, and nearly one million people commit suicide annually.¹⁰ Addictions, including those to alcohol and nicotine, are growing problems; each year, at least 4.9 million people die as a result of tobacco use,¹¹ a central risk factor underlying major chronic diseases such as cardiovascular illness. Research on mental illness and on addictions bridges traditional disciplines in combining biological as well as behavioral interventions. FIC's effort to understand mental disorders and to identify effective prevention and treatment paradigms will continue to be a priority. The International Clinical, Operational, and Health Services Research and Training Award for non-communicable diseases (ICOHRTA) program trains personnel in low- and mid-income nations, including Russia, the Czech Republic and Peru, to monitor and evaluate mental health programs and to identify strategies that work to improve health. Projects focus on a range of topics, including training in suicide prevention strategies; development of new ways to bring clinicians, sociologists, economists and others together to devise improved mental health treatment regimens; and strategies to more effectively counter drug abuse in regions where illicit drug production supports a large part of local economies. The International Tobacco and Health Research Capacity Building Program supports the creation of new knowledge essential to researchers and health officials in poorer countries as they develop national smoking prevention and cessation programs.

Science Advance. Children of individuals with schizophrenia are at increased risk for a range of mental disorders. Studies investigating the neuropsychological characteristics of individuals before they are clearly diagnosed with schizophrenia also indicate that they suffer from social, behavioral, attentional and neurocognitive impairments, often resembling attention deficit hyperactivity disorder (ADHD). In a Fogarty-funded study, investigators from Turkey and Boston compared the executive functioning and general intelligence among three groups of children: those with ADHD; "high-risk" offspring of parents with schizophrenia, including those

¹⁰ WHO Mental Health Fact Sheet at http://www.who.int/mental_health/en.

¹¹ WHO, Preventing Chronic Diseases: A Vital Investment (2005), pp. 2-6.

who had ADHD and those who did not; and normal comparison subjects. Results support and extend previous findings in that the "high-risk" children with ADHD were the most impaired and had significantly lower performance scores on various IQ test variables. They also had more global neuropsychological deficits. Thus children at high risk of schizophrenia who also exhibit ADHD need more extensive and earlier treatment and support for these cognitive problems.

Science Advance. Waterpipe smoking has increased dramatically worldwide in recent years, with an estimated 100 million daily users. Research on this traditional Middle Eastern tobacco-use method, known in the U.S. as hookah, is in its infancy, and little is known about users' cessation-related attitudes and experiences. Accumulating evidence indicates that waterpipe use, in which tobacco smoke passes through water before inhalation, is associated with health hazards similar to those of cigarette smoking. Based on data collected by a team from Tennessee and Syria, nearly 75% of waterpipe users in Syria were not interested in quitting, though 80% felt they could stop anytime. Among individuals who currently used both waterpipe and cigarettes, 25% and 63%, respectively, wanted to quit using those products. Factors influencing this low level of interest in quitting waterpipe use may include a lack of understanding of the adverse health effects, social norms that support waterpipe use, and a perception that waterpipes are not addictive. Waterpipe use must be considered in developing effective tobacco use cessation programs in the Middle East and elsewhere in which it is on the rise, including the United States.

Fostering a Global Culture of Science

Fogarty will continue to support a range of programs and initiatives aimed at bringing the best and the brightest around the world together for common good. Fogarty-supported collaborations are and will always be built as equal partnerships that engender trust and foster learning as well as sharing. One example of an initiative built on these principles is the Fogarty-Ellison Foundation training program for young health professionals. Pairs of students from the U.S. and the developing world receive clinical research training in a developing country institution. Medical, dental and public health students are all eligible for this unique training opportunity. Now in its third successful year, the program engages the next generation of health professionals to work in the global health arena while building lasting partnerships across political borders. Another example of Fogarty's support for global science is its program that provides support for developing country scientists who have trained in the United States upon their return to their native country. This program builds relationships, continues collaborations, and enhances the scientific infrastructure in developing nations. Finally, recognizing that the definition of what it means to be a scientist today is different from that of just a few decades ago, Fogarty will provide leadership training to junior women scientists from the developing world. Skill-building in communication, conflict resolution and negotiation will assist this cadre of scientists to be better prepared to meet the challenges before them and to participate fully and effectively in the global scientific enterprise.

At the same time, FIC will enhance its efforts to share information about NIH policies and programs with partner agencies in all countries. In doing so, science administrators, vital to the enterprise, will learn about NIH grants and program policies and procedures. New models may be developed that will spur increased collaboration between U.S. scientists and partners in

Europe. Media experts will continue to collaborate on how to report scientific advances in culturally appropriate ways, and Fogarty will redouble its efforts to engage community groups and leaders in global health programs. These initiatives and others will allow FIC and NIH to continue to promote and foster a scientific enterprise that is truly global in scope.

Information Technology for Global Health. From genetics to disease surveillance to clinical trials, research in global health is increasingly driven by multinational collaborations and large datasets that require computer-supported management and analysis. Our ability to manage and communicate scientific information has increased exponentially in recent years with the development of computer-based tools for data collection and analysis. To take full advantage of these tools, individuals with the advanced skills to use them are critically needed. Fogarty's Informatics Training for Global Health (ITGH) program supports partnerships between U.S. institutions and those in low- and middle-income countries with NIH-supported research programs in global health. It provides training in informatics and related tools to allow scientists and other experts to design, access and use information technology in support of health research. Awardees are finding new ways to link biomedical and behavioral scientists with engineers, clinicians, librarians, and other health professionals in the global health research endeavor.

Science Advance. The testing of new drugs and prevention strategies requires the ability to manage large amounts of information, including patient records. In poorer countries, systems to accomplish this may be weak or may not exist at all. Fogarty-funded investigators created a practical guide for designing and using electronic medical records systems in developing countries. To do this they first analyzed several such systems which are now in use in Kenya, Peru, Haiti, Uganda, Malawi and Brazil. Two primary benefits have already emerged: laboratory results are now able to be sent from central locations to remote clinics in a timely fashion, and stocks of drug supplies are more easily managed. In addition, web-based telemedicine systems sharing imaging and data have now been established in Mali, Peru, and South Africa.

New Initiative: American Indians and Alaska Natives have some of the worst health indicators of any group in the world. Life expectancy for these groups is nearly 6 years below that of other Americans. Infant mortality was 21% higher than for other Americans and alcohol use, diabetes and obesity are all dramatically higher in native populations than other U.S. groups. The United States is not alone in this, as Australia, Canada, New Zealand and parts of Latin America have similar staggering statistics. As a result of the burgeoning global culture of science and the ease of information exchange, the U.S. will not be alone in tackling this issue either. FIC will team up with the National Center for Minority Health and Health Disparities, other U.S. agencies, and their counterparts in Canada, New Zealand and Australia to advance health research on indigenous peoples' issues. Through this new global cooperative effort, we expect to gain knowledge about how disease occurs within indigenous communities, how to more effectively work with native healers and community leaders in addressing critical needs, and how to leverage resources across countries. Establishment of such cooperation will allow program officials to learn about best practices from abroad and to share experience. As the United States prepares for the International Polar Year (2007-2008), Fogarty will support new work to more effectively address the needs of Alaska natives, including combating high suicide rates in some communities.

ROADMAP

FIC supports the NIH Roadmap Initiative using its diplomatic tools, communication efforts and programs. As part of its communication effort, FIC staff discuss the NIH Roadmap with colleagues around the world. Through the many foreign delegation visits to the NIH campus or as part of presentations at international conferences or other venues, FIC highlights the main Roadmap activities and, more importantly, the guiding principles that have spurred new Roadmap approaches to medical research. On the program side, FIC has a broad outreach campaign to inform potential grantees, including current FIC grantees, about Roadmap opportunities.

The NIH Director's Pioneer Award: A current FIC grantee, Dr. Nathan Wolfe, was recently named one of the 13 recipients of the FY 2005 NIH Directors Pioneer Award, a program under the Roadmap that supports exceptionally creative scientists who take innovative approaches to major challenges in biomedical research. Dr. Wolfe's Pioneer Award builds on previous FIC support, allowing him to advance his research to identify new factors in the spread of infectious disease.

Training for a New Interdisciplinary Workforce: FIC incorporated the principles of the Roadmap in developing and launching a new program, Framework Programs for Global Health. As we work to build research teams of the future, one of the central tenets of the Roadmap, FIC supports universities as they "glue" multiple schools together around the issue of global health. For the first time in many cases, schools of business, law, communication, engineering and others are working with the more traditional partners, schools of public health and medicine. As these schools work together for global health, new paradigms and approaches will surely emerge. At the same time, the Framework Programs support curriculum development on global health for undergraduate and graduate students. Engaging the next generation of students on the topic of global health is a challenge that must be met if we are to be prepared for global health challenges on the horizon.

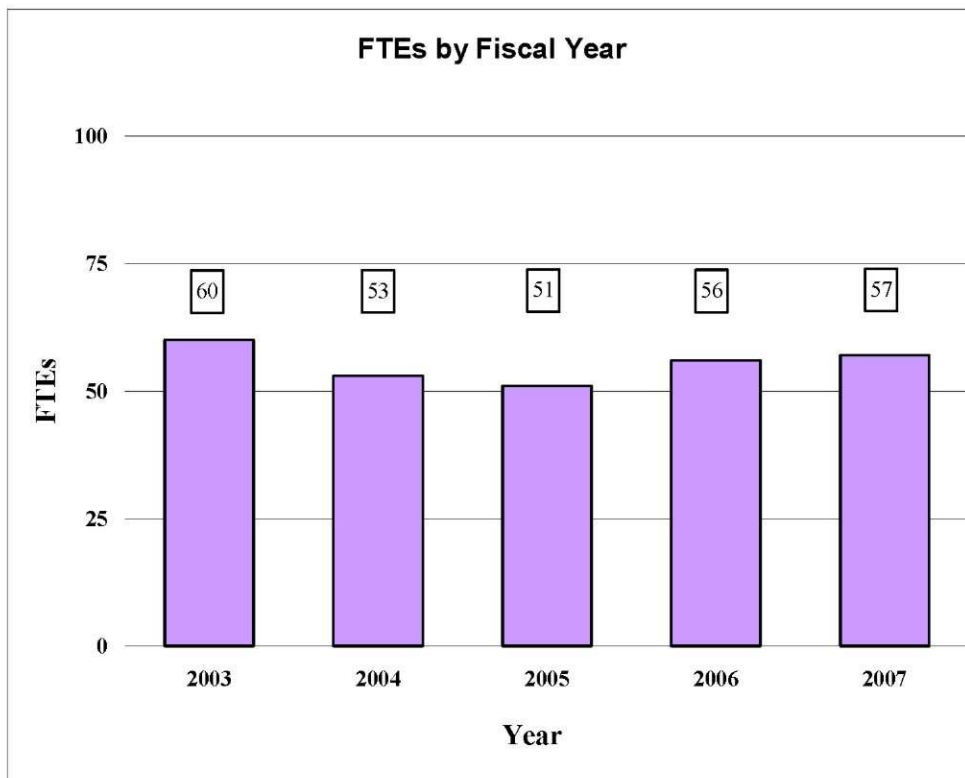
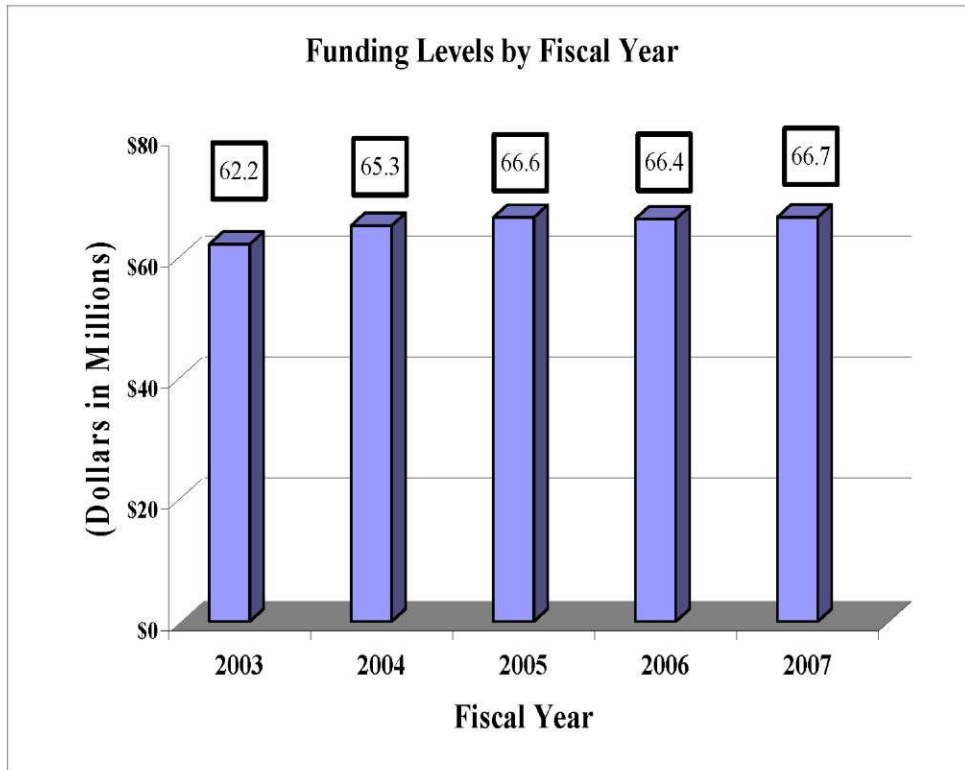
CONCLUSION

Congressman Fogarty's vision for a healthy America in a healthier world is as powerful and compelling today as it was four decades ago. With the pressing challenges of today and the new challenges on the horizon, the programs and initiatives supported by the Fogarty International Center on behalf of the NIH are more important than ever. While much has been accomplished, much more remains to be done.

Budget Policy

The Fiscal Year 2007 budget request for the FIC is \$66,681,000, an increase of \$303,000 and .5 percent over the FY 2006 Appropriation. Included in the FY 2007 request is FIC's support for the trans-NIH Roadmap initiatives, estimated at 1.2% of the FY 2007 budget request. A full description of this trans-NIH program may be found in the NIH Overview.

A five year history of FTEs and Funding Levels for FIC are shown in the graphs below. Note that as the result of several administrative restructurings in recent years, FTE data is non-comparable.



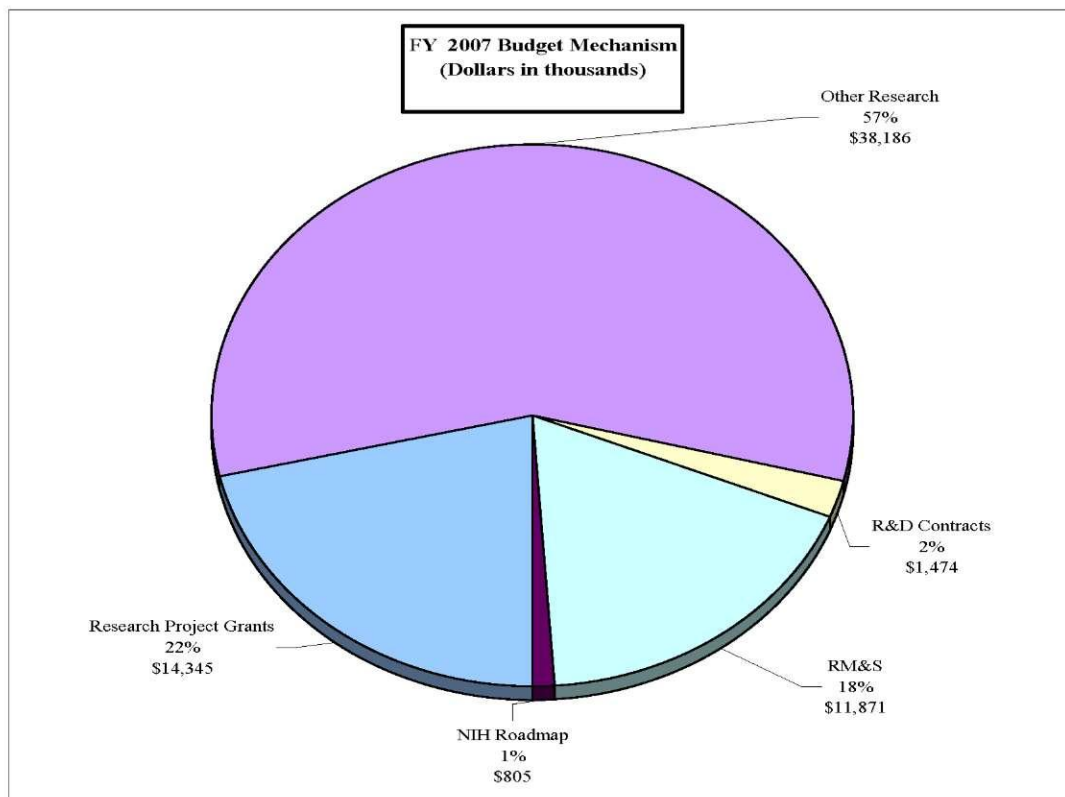
NIH's highest priority is the funding of medical research through research project grants (RPGs). Support for RPGs allows NIH to sustain the scientific momentum of investigator-initiated research while pursuing new research opportunities. We estimate that the average cost of competing RPGs will be \$67,350 in FY 2007. While no inflationary increases are provided for direct recurring costs in noncompeting RPGs, where the FIC has committed to a programmatic increase for an award, such increases will be provided

NIH must nurture a vibrant, creative research workforce, including sufficient numbers of new investigators with new ideas and new skills. In the FY 2007 budget request for FIC, \$180,000 will be used to support two awards for the new K/R "Bridges to Independence" program.

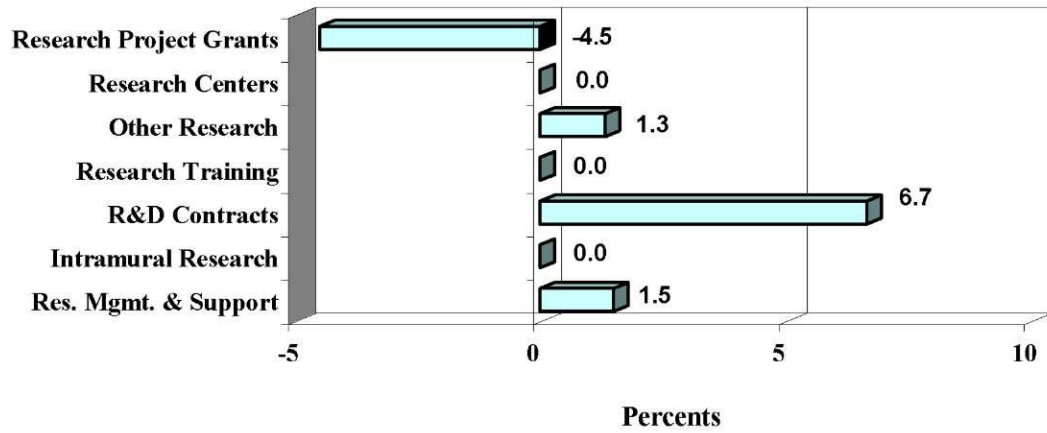
FIC will also support the Genes, Environment, and Health Initiative (GEHI) to: 1) accelerate discovery of the major genetic factors associated with diseases that have a substantial public health impact; and 2) accelerate the development of innovative technologies and tools to measure dietary intake, physical activity, and environmental exposures, and to determine an individual's biological response to those influences. The FY 2007 request includes \$74,000 to support this project.

The FY 2007 request includes funding for 150 Other Research grants. Research Management and Support increases by 1.5 percent. FIC will look to make savings in areas of supplies, equipment and services.

The mechanism distribution by dollars and percent change are displayed below:



**FY 2007 Estimate
Percent Change from FY 2006 Mechanism**



NATIONAL INSTITUTES OF HEALTH
John E. Fogarty International Center

Budget Mechanism - Total

MECHANISM	FY 2005 Actual		FY 2006 Appropriation		FY 2007 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Research Grants:						
<u>Research Projects:</u>						
Noncompeting	154	\$11,419,000	148	\$11,464,000	119	\$10,086,000
Administrative supplements	(12)	528,000	(9)	421,000	(9)	420,000
<u>Competing:</u>						
Renewal	3	680,000	0	0	0	0
New	54	3,350,000	45	3,135,000	57	3,839,000
Supplements	0	0	0	0	0	0
Subtotal, competing	57	4,030,000	45	3,135,000	57	3,839,000
Subtotal, RPGs	211	15,977,000	193	15,020,000	176	14,345,000
SBIR/STTR	0	0	0	0	0	0
Subtotal, RPGs	211	15,977,000	193	15,020,000	176	14,345,000
<u>Research Centers:</u>						
Specialized/comprehensive	0	0	0	0	0	0
Clinical research	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0
Comparative medicine	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0
Subtotal, Centers	0	0	0	0	0	0
<u>Other Research:</u>						
Research careers	16	1,717,000	15	1,643,000	17	1,823,000
Cancer education	0	0	0	0	0	0
Cooperative clinical research	0	0	0	0	0	0
Biomedical research support	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0
Other	147	35,887,000	149	36,044,000	150	36,363,000
Subtotal, Other Research	163	37,604,000	164	37,687,000	167	38,186,000
Total Research Grants	374	53,581,000	357	52,707,000	343	52,531,000
<u>Research Training:</u>	<u>FTEPs</u>		<u>FTEPs</u>		<u>FTEPs</u>	
Individual awards	0	0	0	0	0	0
Institutional awards	0	0	0	0	0	0
Total, Training	0	0	0	0	0	0
Research & development contracts (SBIR/STTR)	0 (0)	1,302,000 (0)	0 (0)	1,382,000 (0)	0 (0)	1,474,000 (0)
	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>	
Intramural research	0	0	0	0	0	0
Research management and support	51	11,328,000	56	11,696,000	57	11,871,000
Cancer prevention & control	0	0	0	0	0	0
Construction		0		0		0
Buildings and Facilities		0		0		0
NIH Roadmap for Medical Research	0	421,000	0	593,000	0	805,000
Total, N	51	66,632,000	56	66,378,000	57	66,681,000
(Clinical Trials)		(0)		(0)		(0)

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

**NATIONAL INSTITUTES OF HEALTH
John E. Fogarty International Center**

Budget Authority by Activity
(dollars in thousands)

ACTIVITY	FY 2005 Actual		FY 2006 Appropriation		FY 2007 Estimate		Change	
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
<u>Extramural Research:</u>								
International Research Activities		\$54,883		\$54,089		\$54,005		(\$84)
Subtotal, Extramural research		54,883		54,089		54,005		(84)
Res. management & support	51	11,328	56	11,696	57	11,871	1	175
NIH Roadmap for Medical Research	0	421	0	593	0	805	0	212
Total	51	66,632	56	66,378	57	66,681	1	303

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

NATIONAL INSTITUTES OF HEALTH
John E. Fogarty International Center

Summary of Changes

FY 2006 Appropriation		\$66,378,000		
FY 2007 Estimated Budget Authority		66,681,000		
Net change		303,000		
CHANGES	FY 2006 Appropriation		Change from Base	
	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural research:				
a. Within grade increase				
		\$0		\$0
b. Annualization of January 2006 pay increase				
		0		0
c. January 2007 pay increase				
		0		0
d. One less day of pay				
		0		0
e. Payment for centrally furnished services				
		0		0
f. Increased cost of laboratory supplies, materials, and other expenses				
		0		0
Subtotal				0
2. Research Management and Support:				
a. Within grade increase				
		5,930,000		99,000
b. Annualization of January 2006 pay increase				
		5,930,000		46,000
c. January 2007 pay increase				
		5,930,000		98,000
d. Payment for centrally furnished services				
		1,513,000		23,000
e. Increased cost of laboratory supplies, materials, and other expenses				
		4,253,000		81,000
Subtotal				347,000
Subtotal, Built-in				347,000

**NATIONAL INSTITUTES OF HEALTH
John E. Fogarty International Center**

Summary of Changes--continued

CHANGES	FY 2006		Change from Base	
	Appropriation			
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	148	\$11,885,000	(29)	(\$1,379,000)
b. Competing	45	3,135,000	12	704,000
c. SBIR/STTR	0	0	0	0
Total	193	15,020,000	(17)	(675,000)
2. Research centers	0	0	0	0
3. Other research	164	37,687,000	3	499,000
4. Research training	0	0	0	0
5. Research and development contracts	0	1,382,000	0	92,000
Subtotal, extramural				(84,000)
6. Intramural research	<u>FTEs</u> 0	0	<u>FTEs</u> 0	0
7. Research management and support	56	11,696,000	1	(172,000)
8. Cancer control and prevention	0	0	0	0
9. Construction		0		0
10. Buildings and Facilities		0		0
11. NIH Roadmap for Medical Research	0	593,000	0	212,000
Subtotal, program		66,378,000		(44,000)
Total changes	56		1	303,000

**NATIONAL INSTITUTES OF HEALTH
John E. Fogarty International Center**

Budget Authority by Object

	FY 2006 Appropriation	FY 2007 Estimate	Increase or Decrease
Total compensable workyears:			
Full-time employment	56	57	1
Full-time equivalent of overtime & holiday hours	1	1	0
Average F.S salary	\$154,263	\$158,120	\$3,857
Average GM/GS grade	11.6	11.6	0.0
Average GM/GS salary	\$81,482	\$83,112	\$1,630
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$88,644	\$90,971	\$2,327
Average salary of ungraded positions	138,653	142,292	3,639
OBJECT CLASSES	FY 2006 Appropriation	FY 2007 Estimate	Increase or Decrease
Personnel Compensation:			
11.1 Full-Time Permanent	\$3,569,000	\$3,717,000	\$148,000
11.3 Other than Full-Time Permanent	668,000	695,000	27,000
11.5 Other Personnel Compensation	80,000	83,000	3,000
11.7 Military Personnel	226,000	235,000	9,000
11.8 Special Personnel Services Payments	53,000	55,000	2,000
Total, Personnel Compensation	4,596,000	4,785,000	189,000
12.0 Personnel Benefits	1,129,000	1,173,000	44,000
12.2 Military Personnel Benefits	205,000	215,000	10,000
13.0 Benefits for Former Personnel	0	0	0
Subtotal, Pay Costs	5,930,000	6,173,000	243,000
21.0 Travel & Transportation of Persons	335,000	335,000	0
22.0 Transportation of Things	21,000	21,000	0
23.1 Rental Payments to GSA	0	0	0
23.2 Rental Payments to Others	0	0	0
23.3 Communications, Utilities & Miscellaneous Charges	70,000	72,000	2,000
24.0 Printing & Reproduction	66,000	66,000	0
25.1 Consulting Services	610,000	610,000	0
25.2 Other Services	740,000	740,000	0
25.3 Purchase of Goods & Services from Government Accounts	5,302,000	5,241,000	(61,000)
25.4 Operation & Maintenance of Facilities	118,000	120,000	2,000
25.5 Research & Development Contracts	1,382,000	1,474,000	92,000
25.6 Medical Care	0	0	0
25.7 Operation & Maintenance of Equipment	11,000	11,000	0
25.8 Subsistence & Support of Persons	0	0	0
25.0 Subtotal, Other Contractual Services	8,163,000	8,196,000	33,000
26.0 Supplies & Materials	120,000	115,000	(5,000)
31.0 Equipment	116,000	110,000	(6,000)
32.0 Land and Structures	0	0	0
33.0 Investments & Loans	0	0	0
41.0 Grants, Subsidies & Contributions	50,964,000	50,788,000	(176,000)
42.0 Insurance Claims & Indemnities	0	0	0
43.0 Interest & Dividends	0	0	0
44.0 Refunds	0	0	0
Subtotal, Non-Pay Costs	59,855,000	59,703,000	(152,000)
NIH Roadmap for Medical Research	593,000	805,000	212,000
Total Budget Authority by Object	66,378,000	66,681,000	303,000

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

NATIONAL INSTITUTES OF HEALTH
John E. Fogarty International Center

Salaries and Expenses

OBJECT CLASSES	FY 2006 Appropriation	FY 2007 Estimate	Increase or Decrease
Personnel Compensation:			
Full-Time Permanent (11.1)	\$3,569,000	\$3,717,000	\$148,000
Other Than Full-Time Permanent (11.3)	668,000	695,000	27,000
Other Personnel Compensation (11.5)	80,000	83,000	3,000
Military Personnel (11.7)	226,000	235,000	9,000
Special Personnel Services Payments (11.8)	53,000	55,000	2,000
Total Personnel Compensation (11.9)	4,596,000	4,785,000	189,000
Civilian Personnel Benefits (12.1)	1,129,000	1,173,000	44,000
Military Personnel Benefits (12.2)	205,000	215,000	10,000
Benefits to Former Personnel (13.0)	0	0	0
Subtotal, Pay Costs	5,930,000	6,173,000	243,000
Travel (21.0)	335,000	335,000	0
Transportation of Things (22.0)	21,000	21,000	0
Rental Payments to Others (23.2)	0	0	0
Communications, Utilities and Miscellaneous Charges (23.3)	70,000	72,000	2,000
Printing and Reproduction (24.0)	66,000	66,000	0
Other Contractual Services:			
Advisory and Assistance Services (25.1)	610,000	610,000	0
Other Services (25.2)	740,000	740,000	0
Purchases from Govt. Accounts (25.3)	3,520,000	3,438,000	(82,000)
Operation & Maintenance of Facilities (25.4)	118,000	120,000	2,000
Operation & Maintenance of Equipment (25.7)	11,000	11,000	0
Subsistence & Support of Persons (25.8)	0	0	0
Subtotal Other Contractual Services	4,999,000	4,919,000	(80,000)
Supplies and Materials (26.0)	120,000	115,000	(5,000)
Subtotal, Non-Pay Costs	5,611,000	5,528,000	(83,000)
Total, Administrative Costs	11,541,000	11,701,000	160,000

NATIONAL INSTITUTES OF HEALTH
John E. Fogarty International Center

SIGNIFICANT ITEMS IN HOUSE, SENATE, AND CONFERENCE APPROPRIATIONS
COMMITTEE REPORTS

FY 2006 House Appropriations Committee Report Language

Item

Tuberculosis Training – The Committee is pleased with the Fogarty International Center’s efforts to supplement grants in the AIDS International Training and Research Program (AITRP) or International Training and Research Program in Emerging Infectious Diseases (ERID), which trains tuberculosis experts in the developing world. Given the magnitude of global tuberculosis, the Committee encourages FIC to consider developing a specific free-standing TB program (p. 99).

Action taken or to be taken

Given the impact of tuberculosis (TB) on the global health agenda, FIC has integrated TB research and training efforts across the spectrum of extramural programs, allowing leveraging of resources and multi-disciplinary approaches to tackle this urgent problem. TB continues to be an important focus of several FIC extramural programs, including: the Global Infectious Disease (GID) Research Training program; the International Clinical, Operational, and Health Services Research and Training Award for AIDS and TB program (ICOHRTA AIDS/TB); the AIDS International Training and Research Program (AITRP); and the Stigma and Global Health Research program. In addition, TB research is also conducted within FIC’s Tobacco Research program and the International Research Scientist Development Award (IRSDA) program for junior U.S. scientists. By building on infrastructure in place for a range of infectious diseases, the GID program allows TB researchers in low- and middle-income nations to leverage resources of a range of partners, including the National Institute of Allergy and Infectious Diseases (NIAID), the Centers for Disease Control and Prevention (CDC), and the Aeras Global TB Vaccine Foundation, supported by the Bill and Melinda Gates Foundation involving TB vaccine research in South Africa. By linking clinical, operational and health services research training on AIDS with that of TB, the ICOHRTA AIDS/TB program allows FIC and its partner agencies, including the National Institute on Drug Abuse (NIDA), and also CDC and USAID, to bolster efforts in these linked epidemics in the developing world. Training and research on TB has been an important part of AITRP since its inception eighteen years ago.

In FY 2005 FIC added two new linked developing country/U.S. awards under its International Clinical Operational and Health Services Research Training Awards Program on AIDS and Tuberculosis (ICOHRTA AIDS/TB) involving Brazil and Zimbabwe, in addition to existing awards in China, Russia, Haiti and Uganda which were funded in prior fiscal years. In FY 2006, FIC plans to convene a TB Network Meeting across all of its major TB-related programs in conjunction with a meeting of the National Tuberculosis Curriculum Consortium, supported by the National Heart Lung and Blood Institute.

Item

Chronic Obstructive Pulmonary Disease- The Committee notes that Chronic Obstructive Pulmonary Disease (COPD) is the fourth leading cause of death worldwide, and encourages the FIC expand its COPD research and training activities (p. 158).

Action taken or to be taken

The Fogarty International Center (FIC) continues to address chronic obstructive pulmonary disease (COPD) with the establishment in FY 2003 of the International Tobacco and Health Research and Capacity Building Program. The FIC and eight partners, including the National Cancer Institute and the National Institute on Drug Abuse, made 14 awards to institutions working in 20 developing countries to support research and training on the impact of smoking-associated adverse health consequences. These awards will enhance the ability of scientists in low- and middle-income nations to understand risk factors for smoking uptake, particularly in youth, to develop effective prevention and mitigation programs, and to identify the most effective health service and communications policies to reduce the negative impacts of smoking on populations. Among the studies supported are those that focus on the use of the Internet for education related to smoking in rural Dominican Republic, economic analysis and smoking policies in China, smoking cessation in Syria, the use of water pipes in Egypt, and adolescent smoking prevention and cessation in South Africa. It should be noted that waterpipes are becoming more popular in the U.S. as well. The knowledge gained and interventions developed abroad through this program will benefit the United States since risk factors are similar in communities at home and abroad, and since effective interventions developed overseas may have particular effectiveness in U.S. groups. The FIC is pleased with progress under this program and publications are beginning to appear in the scientific literature based on support from this program. For example, in an article in the journal *Lancet*, authored by Jha and Peto, two FIC Principal Investigators, they were able to show a strong link between smoking and tuberculosis, indicating that TB was not only more common than expected in smokers, but also much more lethal. A recent publication in the *American Journal of Public Health* (June 2005, vol. 95, no. 6) indicates that this program is the most significant international tobacco research program in the world. FIC is planning to re compete this program in FY 2007 with an announcement for this recompetition planned to be issued in FY 2006.

In addition to the tobacco program, FIC is also addressing COPD under its International Training and Research in Environmental and Occupational Health (ITREOH) Program. The ITREOH is a collaborative program involving FIC and the National Institute of Environmental Health Sciences (NIEHS) within the NIH, and also the National Institute for Occupational Health and Safety (NIOSH) within the Centers for Disease Control and Prevention. Examples include efforts to reduce environmental and occupational health risks associated with mining and mineral processing in sub-Saharan Africa, in countries such as Zambia, Zimbabwe, and South Africa, as well as prevention of silicosis in Vietnam, and reduction of smoking and exposure to environmental tobacco smoke in China. For the first time, global programs are making in-roads with more coordinated efforts with the goal of educating people on the dangers of tobacco, thus

reducing initial uptake as well as overall exposure, and thereby ultimately reducing illness and disease associated with tobacco use

Item

Fragile X B: The Fogarty International Center addresses global health challenges through innovative and collaborative research and training programs and supports and advances the NIH mission through international partnerships. International collaboration among scientists is an essential element in Fragile X research. The Committee encourages the Fogarty International Center to consider Fragile X syndrome through all appropriate programs, such as the Fogarty International Research Collaboration Award and the FIC Brain Disorders in the Developing World Program (p. 99-100).

Action taken or to be taken

The Fogarty International Center was invited by Ms. Karen Fay, the Director of the Conquer Fragile X Foundation (CFXF: <http://www.sfxf.org/index.html>) to speak to their scientific advisory board and grantees during the annual Fragile X meeting, held at the Renaissance Hotel in Washington, D.C., on June 26, 2004. This presentation entitled “Funding Opportunities for International Research in Fragile X Syndrome” highlighted a variety of FIC Programs in which Fragile X Syndrome could be addressed including Brain Disorders, Fogarty International Research Collaboration Award (FIRCA), Stigma, International Clinical, Operational, and Health Services Research and Training Award (ICOHRTA-I), Genetics, and International Research Scientist Development Award (IRSDA) programs. Participants were introduced to the FIC mission and website. Discussions were held on how the CFXF’s international funding activities might synergize with NIH opportunities in this field. FIC staff had further follow-up discussions with a number of the Foundation’s grantee regarding FIC funding opportunities

FY 2006 Senate Appropriations Committee Report Language

Item

Fragile X B: The Committee encourages the Fogarty International Center to consider Fragile X syndrome through all appropriate programs, such as the Fogarty International Research Collaboration Award and the FIC Brain Disorders in the Developing World Program (p.158, Senate).

Please refer above to the IC’s response to the House for this Significant Item regarding Fragile X B.

**NATIONAL INSTITUTES OF HEALTH
John E. Fogarty International Center**

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2006 Amount Authorized	FY 2006 Appropriation	2007 Amount Authorized	FY 2007 Budget Estimate
Research and Investigation	Section 301	42§241	Indefinite	\$66,378,000	Indefinite	\$66,681,000
International Cooperation	Section 307	42§242I				
John E. Fogarty International Center	Section 482	42§287b	Indefinite		Indefinite	
National Research Service Awards	Section 487(d)	42§288	a/	0		0
Total, Budget Authority				66,378,000		66,681,000

a/ Amounts authorized by Section 301 and Title IV of the Public Health Act.

**NATIONAL INSTITUTES OF HEALTH
John E. Fogarty International Center**

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation <u>1/</u>
1998	16,755,000 <u>2/</u>	27,620,000	28,468,000	28,289,000
1999	19,045,000 <u>2/ 3/</u>	30,367,000	35,426,000	35,426,000
Rescission	0	0	0	(24,000)
2000	23,498,000 <u>2/</u>	40,440,000	43,723,000	43,723,000
Rescission				(229,000)
2001	32,532,000 <u>2/</u>	50,299,000	61,260,000	50,514,000
Rescission				(21,000)
2002	56,449,000	56,021,000	57,874,000	56,940,000
Rescission				(81,000)
2003	63,088,000 <u>4/</u>	63,088,000	60,880,000	63,880,000
Rescission				(415,000)
2004	64,266,000	64,266,000	65,900,000	65,800,000
Rescission				(418,000)
2005	67,182,000	67,182,000	67,600,000	67,182,000
Rescission				(550,000)
2006	67,048,000	67,048,000	68,745,000	67,048,000
Rescission				(670,000)
2007	66,681,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

2/ Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research.

3/ Reflects a decrease of \$60,000 for the budget amendment for Biodefense.

4/ Reflects a decrease of \$292,000 for the budget amendment for Buildings and Facilities.

**NATIONAL INSTITUTES OF HEALTH
John E. Fogarty International Center**

Detail of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate
Office of the Director	10	11	11
Office of Administrative Management and International Services	12	12	12
Division of International Training and Research	11	12	12
Division of International Relations	8	10	11
Division of Advanced Studies and Policy Analysis	5	5	5
Division of International Epidemiology and Population Studies	5	6	6
Total	51	56	57
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research FTEs supported by funds from Cooperative Research and Development Agreements			
	(0)	(0)	(0)
FISCAL YEAR	Average GM/GS Grade		
2003	11.1		
2004	11.0		
2005	11.6		
2006	11.6		
2007	11.6		

**NATIONAL INSTITUTES OF HEALTH
John E. Fogarty International Center**

Detail of Positions

GRADE	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate
ES	1	2	2
Subtotal	1	2	2
Total - ES Salary	\$150,696	\$307,420	\$313,568
GM/GS-15	7	7	7
GM/GS-14	10	11	11
GM/GS-13	5	6	6
GS-12	4	4	4
GS-11	5	5	6
GS-10	0	0	0
GS-9	3	4	4
GS-8	2	2	2
GS-7	6	6	6
GS-6	0	0	0
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	1	1	1
GS-1	0	0	0
Subtotal	43	46	47
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	1	1	1
Senior Grade	1	1	1
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	2	2	2
Ungraded	14	16	16
Total permanent positions	46	50	51
Total positions, end of year	60	66	67
Total full-time equivalent (FTE) employment, end of year	51	56	57
Average ES salary	\$150,696	\$153,710	\$156,784
Average GM/GS grade	11.6	11.6	11.6
Average GM/GS salary	\$79,884	\$81,482	\$83,112

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

**NATIONAL INSTITUTES OF HEALTH
John E. Fogarty International Center**

New Positions Requested

	FY 2007		
	Grade	Number	Annual Salary
Program Specialist	GS-9	1	\$45,753
Total Requested		1	45,753