DEPARTMENT OF HEALTH AND HUMAN SERVICES

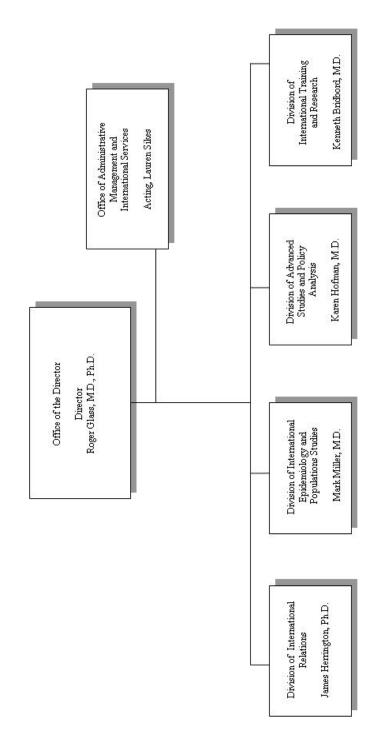
NATIONAL INSTITUTES OF HEALTH

John E. Fogarty International Center

FY 2008 Budget	Page No.
Organization chart	2
Appropriation language	3
Amounts available for obligation	4
Budget mechanism table	5
Budget authority by program	. 6
Major Changes in Budget Request	7
Summary of changes	8
Budget Graphs	. 10
Justification narrative	. 11
Budget authority by object	19
Salaries and expenses	20
Authorizing legislation	21
Appropriations history	. 22
Detail of full-time equivalent employment (FTE)	23
Detail of positions	24
New positions requested	25



John E. Fogarty International Center



FY 2008 Proposed Appropriation Language

NATIONAL INSTITUTES OF HEALTH

John E. Fogarty International Center

For carrying out section 301 and title IV of the Public Health Services Act with respect to the activities at John E. Fogarty International Center \$66,594,000

Supplementary Exhibit

Comparison of Proposed FY 2008 Appropriation Language to Most Recently Enacted Full-Year Appropriations

NATIONAL INSTITUTES OF HEALTH

John E. Fogarty International Center

For carrying out section 301 and title IV of the Public Health Services Act with respect to

the activities of the John E. Fogarty International Center [\$66,378,000] \$66,594,000

(Department of Health and Human Services Appropriation Act, 2006)

National Institutes of Health John E. Fogarty International Center

Source of Funding	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Appropriation	67,048,000	66,378,000	66,594,000
Enacted Rescissions	-670,000		
Subtotal, Adjusted Appropriation	66,378,000	66,378,000	66,594,000
Real Transfer under Roadmap Authority	-593,000		
Real Transfer under Secretary's One-percent transfer authority	-46,000		
Comparative transfer from OD for NIH Roadmap	593,000		
Comparative Transfer to NIBIB	-5,000	-5,000	
Comparative transfer to OD	-2,000	-2,000	
Comparative Transfer to NCRR	-8,000	-17,000	
Subtotal, adjusted budget authority	66,317,000	66,354,000	66,594,000
Unobligated balance lapsing	-12,436		
Total obligations	66,304,564	66,354,000	66,594,000

Amounts Available for Obligation <u>1</u>/

 <u>1</u>/ Excludes the following amounts for reimbursable activities carried out by this account: FY 2006 - \$2,299,000; FY 2007 - \$4,800,000; FY 2008 - \$4,815,000

NATIONAL INSTITUTES OF HEALTH

John E. Fogarty International Center

		(Dollars in	Thousand	s)				
	I	Budget Mech	anism - To	otal				
	FY	7 2006	F١	7 2007	F١	2008		-
MECHANISM	A	ctual	Continuii	g Resolution Estimate		Estimate		Change
Research Grants:	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Projects:								
Noncompeting	145	\$11,533	\$122	\$10,025	\$123	\$8,521	1	-\$1,504
Administrative supplements	(3)	95	(9)	481	(9)	481	(0)	0
Competing:								
Renewal	1	38	0	0	0	0	0	0
New	48	3,088	60	3,839	67	5,420	7	1,581
Supplements	0	0	0	0	0	0	0	0
Subtotal, competing	49	3,126	60	3,839	67	5,420	7	1,581
Subtotal, RPGs	194	14,754	182	14,345	190	14,422	8	77
SBIR/STTR	0	0	0	0	0	0	0	0
Subtotal, RPGs	194	14,754	182	14,345	190	14,422	8	77
Research Centers:								
Specialized/comprehensive	0	125	0	0	0	0	0	0
Clinical research	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0
Comparative medicine	0	0	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0
Subtotal, Centers	0	125	0	0	0	0	0	0
Other Research:								
Research careers	10	1,026	16	1,611	18	1,791	2	180
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	0	0	0	0	0	0	0	0
Biomedical research support	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0
Other	154	36,663	150	35,692	150	35,425	0	-267
Subtotal, Other Research	164	37,689	166	37,303	168	37,216	2	-87
Total Research Grants	358	52,568	348	51,648	358	51,638	10	-10

FTTPs

FTEs

1,341

(

11,690

FTTPs

1,262

12,514

FTEs

FTEs

1,314

12,639

Cancer prevention & control Construction **Buildings and Facilities** NIH Roadmap for Medical Research 66,354 Total, FIC 66,317 66,594

FTTPs

FTEs

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

Research Training:

Individual awards

Total, Training

Institutional awards

(SBIR/STTR)

Intramural research

Research & development contracts

Research management and support

NATIONAL INSTITUTES OF HEALTH John E. Fogarty International Center Budget Authority by Program (Dollars in thousands)

	FY 2004	FY 2005	FY 2006	9	FY 2006	FY 2007	FY 2008		
	Actual	Actual	Actual		Comparable	Continuing Resolution	Estimate	Change	e Ge
<u>Extramural Research</u> Detail:	FTEs Amount	FTEs Amount	unt FTEs Amount	20.20	FTEs Amount	FTEs Amount	FTEs Amount	FTEs Amount	nount
Research Capacity Strengthening - Institutional Capacity Building	\$31,051	\$34,185		\$34,729	\$34,729	\$34,061	\$33,846		-\$215
research Capacity ou cuiguranting - Develophican or runnan Resources for Global Health Research	3,149		3,430	3,148	3,140	3,332	3,512		180
International Collaborative Research	19,621	17,304	2010	16,165	16,165	15,642	15,719		77
Subtotal, Extramural	53,821	54,919		54,042	54,034	53,035	53,077	7	42
Intramural research								0	0
Res. management & support	53 11,345	51 11,292	52	11,697	52 11,690	54 12,514	55 12,639	I	125
NIH Roadmap for Medical Research	225		421	593	593	508	878	0	73
TOTAL	53 65,391	51 66,632	52	66,332	52 66,317	54 66,354	55 66,594	-	240
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Rese	Research								

Major Changes in the Fiscal Year 2008 Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2008 budget request for John E. Fogarty International Center (FIC) which is \$0.2 million more than the FY 2007 Continuing Resolution, for a total of \$66.6 million.

<u>Research Project Grants (+\$0.1 million; total \$14.4 million)</u>: FIC will support a total of 190 Research Project Grant (RPG) awards in FY 2008. Noncompeting RPGs will increase by 1 award and decrease by -\$1.5 million. Competing RPGs will increase by 7 awards and increase by \$1.6 million.

<u>Research Careers (+\$0.2 million; total \$1.8 million)</u>: FIC will support the Pathway to Independence program by funding an additional 2 awards in FY 2008. Total support for the Pathway program in FY 2008 is 4 awards and \$0.4 million.

<u>NIH Roadmap for Biomedical Research (+\$0.1 million; total \$0.9 million)</u>: FIC will continue its support of the NIH Roadmap, an incubator for new ideas and initiatives that will accelerate the pace of discovery, in FY 2008.

<u>Research Capacity Strengthening:</u> Institutional Capacity Building (-\$0.2 million; total \$33.8 million): FIC will reduce slightly the funding level for emerging infectious diseases programs.

Research Capacity Strengthening: Development of Human Resources for Global Health Research (+\$0.2 million; total \$3.5 million): FIC will support the Pathway to Independence program by funding an additional 2 awards in FY 2008. Total support for the Pathway program in FY 2008 is 4 awards and \$0.4 million.

NATIONAL INSTITUTES OF HEALTH John E. Fogarty International Center Summary of Changes

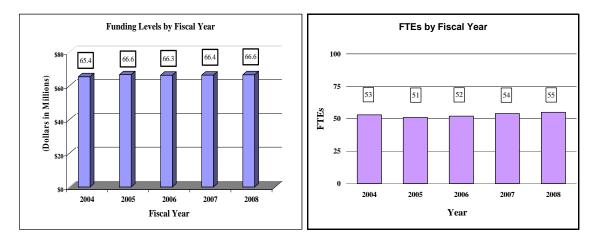
FY 2007 Continuing Resolution				\$66,354,000
FY 2008 Estimated Budget Authority				66,594,000
Net change				240,000
	J	FY 2007		
CHANGES	Continu	ing Resolution	Chang	e from Base
CIMITOLS		Budget		Budget
	FTEs	Authority	FTEs	Authority
A. Built-in:				
1. Intramural research:				
a. Annualization of January				
2007 pay increase		\$0		\$0
b. January 2008 pay increase		0		0
c. Two extra days of pay		0		0
d. Payment for centrally furnished services		0		0
e. Increased cost of laboratory supplies,		0		0
materials, and other expenses		0		0
Subtotal				0
2. Research Management and Support:				
a. Annualization of January				
2007 pay increase		\$6,169,000		\$38,000
b. January 2008 pay increase		6,169,000		231,000
c. Two extra days of pay		6,169,000		46,000
d. Payment for centrally furnished services		1,614,000		16,000
e. Increased cost of laboratory supplies,				
materials, and other expenses		4,731,000		91,000
Subtotal	1			422,000
Subtotal, Built-in				422,000

Summary of Changes--continued

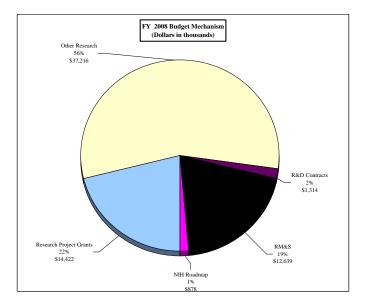
	I	FY 2007		
CHANGES		ing Resolution	Chang	ge from Base
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	122	\$10,506,000	1	-\$1,504,000
b. Competing	60	3,839,000	7	1,581,000
c. SBIR/STTR	0	0	0	0
Total	182	14,345,000	8	77,000
2. Research centers	0	0	0	0
3. Other research	166	37,303,000	2	-87,000
4. Research training	0	125,000	0	0
5. Research and development contracts	0	1,262,000	0	52,000
Subtotal, extramural				42,000
	<u>FTEs</u>		<u>FTEs</u>	
6. Research management and support	54	12,514,000	1	-297,000
7. NIH Roadmap for Medical Research	0	805,000	0	73,000
Subtotal, program		66,354,000		-182,000
Total changes	54		1	240,000

Fiscal Year 2008 Budget Graphs

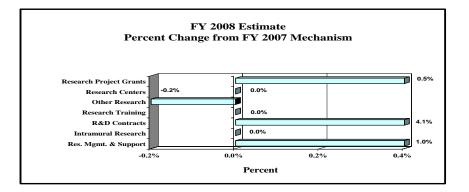
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanisms:



Justification

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

Autho	orizing Legislat		ections 301 and ervice Act, as a		Title IV	of the Public Health
Budg	et Authority:					
	FY 2006	F	¥ 2007	FY	2008	Increase or
	Actual	Continuin	g Resolution	Estimate		Decrease
FTE	BA	FTE	BA	FTE	BA	FTE BA

This document provides justification for the Fiscal Year (FY) 2008 activities of the Fogarty International Center (FIC) including HIV/AIDS activities. Details of the FY 2008 HIV/AIDS activities are in the "Office of AIDS Research (OAR)" Section of the Overview. Details on the Roadmap/Common Fund are located in the Overview, Volume One.

54 \$66.354.000

55

\$66.594.000

1

\$240.000

DIRECTOR'S OVERVIEW

\$66.317.000

52

"The NIH speaks the universal language of humanitarianism. It has been devoted throughout its long and distinguished history to furthering the health of all mankind, in which services it has recognized no limitations imposed by international boundaries; has recognized no distinctions of race, of creed, or of color." Franklin D. Roosevelt

The Fogarty International Center plays a critical and unique role in promoting better health around the globe. Specifically, it strengthens human and institutional capacity to confront complex global health challenges in two ways. First, Fogarty's innovative training programs build the knowledge and skills of developing country foreign scientists to perform health research in their countries and collaborate as full and effective partners for U.S. scientists. Second, it is investing in the next generation of U.S. scientific leaders in global health research. Fogarty also identifies crucial gaps in global health research and supports international research collaborations. This helps U.S. scientists maintain their competitive lead.

Research Training. Infectious diseases continue to exact an enormous toll on millions of people in developing countries. HIV/AIDS, TB and malaria constitute a triple threat in many developing countries and collectively kill over six million people each year.¹ In July 2006, the G-8 nations made a landmark decision to join in the fight against infectious diseases. They pledged to:

¹ The Global Fund to Fight AIDS, Tuberculosis and Malaria, Monthly Progress Update, Nov. 15, 2006.

"...increase scientific cooperation with developing countries, encourage partnerships between experts and laboratories of developing and developed countries, and increase the scientific potential in countries of all income levels.... By expanding ties with developing countries institutions for the application of research findings in those countries, we can help prepare the current and future generations of scientists in developing countries to function and excel in a global environment."²

For many years, Fogarty programs have trained thousands of scientists in developing countries. This expertise now allows researchers and research institutions to contribute to the success of recent investments made by Congress, particularly through the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, TB and Malaria, and the President's Malaria Initiative (PMI). For example, clinical trials for new malaria vaccines or TB drugs must be conducted in endemic areas, requiring local scientists to participate in the design, conduct and analysis of these trials. Long-term success of U.S. and multilateral investments also depends on the ability to conduct research abroad to identify how to best deliver preventive services and treatment for multiple infections in low-resource settings. As a result of Fogarty's long-term infectious disease research investment, its trainees are on the front lines to prevent, identify, and contain emerging infectious diseases such as SARS and avian influenza.

Developing the next generation of U.S. leaders in global health research. With a growing interest in global health in U.S. universities, Fogarty is providing the leadership to sustain and capitalize on this energy. A new generation of Americans is committed to improving global health through research. Fogarty is providing a launching pad for American students and junior researchers to build relationships abroad and to address critical research relevant questions about global health to both the U.S. and the developing world.

Research. Fogarty's research portfolio targets strategic areas vital to promoting global health. For example, mental, neurological, and behavioral disorders collectively affect more than 450 million people worldwide.³ In response to this growing burden, Fogarty and its NIH partners support collaborative research and training between American scientists and their developing country counterparts. Insights generated will lead to better treatment and health care delivery here and abroad. Another example is Fogarty's Stigma and Global Health Research Program, which is generating new evidence on the causes, consequences and effective interventions for stigma-related barriers concerning HIV/AIDS, mental health, and other areas.

Looking forward. Fogarty is developing a Strategic Plan that will guide our priorities from FY 2007 – FY 2011. We anticipate and are addressing changing trends in the global burden of disease and evolving research needs. For example, to support implementation of the PMI, Fogarty will fund planning grants for clinical, operational and health services research training in PMI countries for FY 2007 - FY 2008. Another example reflects the increasing global burden of cancer and cardiovascular diseases due to smoking, as Fogarty is recompeting its International Tobacco and Health Research and Capacity Building Program in FY 2007. To enhance its investment in the next generation

² G-8 Summit 2006, St. Petersburg, Russia.

³ WHO website: http://www.who.int/mental_health/en/.

of U.S. leaders in global health research, Fogarty will expand its International Clinical Research Scholars program in FY 2008 by providing additional support during the scholars' medical residency and fellowship programs. Fogarty also plans to provide leadership in international "implementation science," which is the translation and scale up of health innovations into effective new public health programs. Fogarty has historically considered the needs of other NIH Institutes, Centers and Offices (ICs) in the development of its programs, and has collaborated with almost every IC over the past five years. We will continue to do this as we plan for the future.

British medical journal *The Lancet* recently noted that "Health is now the most important foreign policy issue of our time." In an era of global interconnectedness, science's role in diplomacy is critical. Fogarty creates opportunities for scientists, research institutions and governments to bridge differences between countries while building trust and lasting collaborations. Such partnerships can provide hope; address health disparities within countries or regions; and promotes stability, goodwill and peace. On behalf of the NIH, Fogarty plays a vital role in facilitating these international partnerships.

FY 2007 JUSTIFICATION BY ACTIVITY DETAIL

Research Capacity Strengthening

Institutional Capacity Building: FIC supports eleven research training programs, each designed to enhance research capacity in an area of critical importance to the health of people who live in resource-poor settings. Cognizant that it takes many years to build sustainable and robust capacity to conduct global health research, each program takes a long-term approach and provides training at a U.S. academic institution for a succession of junior investigators from a foreign institution. Training must be clearly linked to funded research activities usually supported by the NIH. This requirement is common to all FIC research training programs, which build upon and enhance the international research activities of other ICs and enable research institutions and scientists in developing countries to be effective long-term international partners in global health research. Fogarty also invests in cross-cutting infrastructure to support the ethical conduct of research and the ability to utilize information technology resources optimally. To bolster this institutional capacity, Fogarty supports an international bioethics training program to build a cadre of developing country professionals qualified to conduct ethical reviews of clinical investigations locally. Fogarty's informatics training program is increasing the capacity of developing country scientists to design, access and use information technology in support of health sciences research.

<u>Budget Policy</u>: The 2008 budget estimate for Institutional Capacity Building is \$33,846,000, a decrease of \$215,000 or -0.6 percent from the FY 2007 Continuing Resolution. The program plans for 2008, along with expected outputs are as follows:

- The AIDS International Training and Research Program continues its efforts to build and expand its goals in building multi-disciplinary biomedical, behavioral and social science research capacity for the prevention, care and treatment of HIV/AIDS and HIV-related conditions.
- The International Clinical, Operational, and Health Services Research Training Award for AIDS and TB will continue to support and produce a cadre of experts at the foreign institution who will conduct clinical, operational, and health services research, particularly in low- and middle-income countries. Such research training reaches across the span of clinical science and public health practice and involves a wide range of health professionals which will strengthen the in-country capacity so that large-scale prevention, treatment and care interventions are locally relevant and effective.
- The Framework Programs for Global Health enhances the global health research capacity in the U.S. and in low- and middle-income countries by supporting the development of innovative, multidisciplinary global health programs. Creating administrative frameworks within educational institutions brings multiple disciplines, such as engineering, business, arts and sciences, law, communications, public health, medicine, environmental studies, together on the

topic of global health and develops multidisciplinary global health curricula for undergraduate, graduate and professional school students.

Portrait of a Program: Strengthening Capacity in Infectious Diseases Research

 FY 2007 Level:
 \$21,606,000

 FY 2008 Level:
 \$21,606,000

 Change
 \$0

Robust local research capacity is essential to ensuring that the benefits of the PEPFAR, the Global Fund, and PMI are achieved. Fogarty's AIDS International Training and Research Program (AITRP) responds to the demand for in-country research and public health capacity to effectively deal with the expanding HIV/AIDS epidemic. For example, as one of PEPFAR's focus countries, Zambia has received a significant amount of recent attention due to its early success in scale-up of antiretroviral therapy (ART) for its HIV/AIDS-infected population. In part, this success is a result of the AITRP, which has allowed the University of Alabama to provide long-term degree training to 22 Zambian research scientists, all of whom have returned home and are working in HIV/AIDS and health development, either as researchers, educators, or program leaders for institutions such as the CDC, UNICEF, and the WHO. FIC's International Clinical, Operational, and Health Services Research Training Award for AIDS and TB (ICOHRTA-AIDS/TB) is a newer effort that strengthens the ability of foreign scientists and their institutions to conduct collaborative clinical, operational, and health services research with U.S. scientists in the context of HIV/AIDS and TB. These investments help countries to identify effective interventions specific to local needs and better implement successful interventions and scale-up of treatment and care through the local health care system. For example, Haiti's ICOHRTA-AIDS/TB research training program is designed specifically to provide training for monitoring and evaluation for the scale-up of HIV prevention and care services supported by PEPFAR and the Global Fund. To support the implementation of the PMI, to provide sustainable scientific capacity to address the challenges of malaria control, and to rapidly move malaria research results into practice. FIC plans to duplicate the ICOHRTA-AIDS/TB model for malaria for PMI countries. Research on new TB technologies is of particular importance given the recent emergence of extensively drug resistant TB, which is unresponsive to first- and second-line drugs and could pose a serious threat to populations around the world. Supported by a FIC Global Infectious Disease research grant to the University of Cape Town in South Africa, clinical research team members are being trained in collaboration with The George Washington University to conduct trials of new drugs and vaccines such as TB vaccines developed by Aeras with support from the Gates Foundation.

Development of Human Resources for Global Health Research: FIC is committed to ensuring that U.S. junior scientists and clinicians have opportunities to engage in international research early in their careers. Through two specific programs - the International Clinical Research Scholars Program and the International Research Scientist Development Award - FIC fosters future U.S. leaders in global health research committed to confronting global health challenges, and who understand the realities of conducting research in resource-limited settings. By investing in these junior scientists, FIC is accomplishing two central objectives: attracting new research talent to global health research and advancing the career paths of exceptional junior U.S. scientists who can address critical health issues of developing country and U.S. populations.

<u>Budget Policy</u>: The 2008 budget estimate for Development of Human Resources for Global Health Research is \$3,512,000, an increase of \$180,000 or 5.1 percent from the FY 2007 Continuing Resolution. The program plans for 2008, along with expected outputs are as follows:

- The International Clinical Research Scholars Program will be expanded to allow residents and fellows to compete for funds to continue their relationship with their developing country institution or site in the developing world, and/or attend relevant meetings over the next year related to their studies and training.
- The International Research Scientist Development Award Program provides junior U.S. scientists with an opportunity to embark on or enhance their careers in research related to global health, and prepare them for independent research careers. Similar to other NIH career development awards, this award emphasizes and requires a focus on research in developing countries. FIC is also funding two additional Pathway to Independence awards in FY 2008.

Portrait of a Program: Investing in Future U.S. Global Health Scientists

FY 2007 Level:	\$2,	308,000
FY 2008 Level:	\$2,	388,000
Change	\$	80,000

Established in FY 2003 in partnership with the Ellison Medical Foundation, the Fogarty International Clinical Research Scholars Program (ICRSP) responds to the acute need for future clinical investigators who can translate basic research advances into clinical care on a global scale. This next generation of clinical researchers will require hands-on experience in conducting clinical trials and clinical research in countries where the disease burdens are highest, typically in poorer countries. The ICRSP provides highly motivated U.S. graduate students in the health sciences the opportunity to experience one year of mentored clinical research training at distinguished research institutions in developing countries. Current training sites include Bangladesh, Botswana, Brazil, China, Haiti, India, Kenya, Mali, Peru, Russia, South Africa, Tanzania, Thailand, Uganda, and Zambia. Since its inception, the program has supported 70 U.S. scholars. After the year of research training abroad, however, these fellows are often not provided with any resources or opportunities to capitalize on their experiences and pursue their long-term interests in clinical research and global health. This expansion will more effectively enlarge the pool of future U.S. leaders with the necessary skills needed to design and conduct research on critical global health problems in collaboration with developing country researchers. Through the International Research Scientist Development Award (IRSDA), FIC provides research support to U.S. postdoctoral scientists in the formative stages of their careers to solidify their commitment to global health research. Each IRSDA grantee works closely with an established developing country scientist and a U.S. mentor involved in collaborative research and training at both the developed and developing country institutions. These awards forge long-term partnerships between senior developing country researchers and outstanding U.S. junior scientists, who are the potential future leaders in global health research.

International Collaborative Research

FIC provides leadership by identifying critical areas of research that are not being adequately addressed by other research funding agencies or institutions, but that must be conducted to confront current and future global health challenges. These programs build long-term research collaborations between U.S. and foreign investigators in areas of mutual scientific interest, as well as including a research training aspect. They also bring together scientists of diverse disciplines. For example, Fogarty's Ecology of Infectious Diseases research program funds interdisciplinary research projects that develop predictive models and principles governing the transmission dynamics of infectious disease agents. Benefits of the program include an increased capacity to forecast outbreaks and improved understanding of how diseases emerge and re-emerge, and strategies to control them. Under Fogarty's International Cooperative Biodiversity Groups program, seven Groups of universities, environmental organizations and pharmaceutical companies in nine countries are currently collaborating on multidisciplinary projects. Projects include acquisition and analysis of natural products as potential therapeutic agents for diseases such as HIV/AIDS, malaria, TB and other infectious diseases, cancers, heart disease, drug addiction and central nervous system disorders, including Alzheimer's disease.

<u>Budget Policy</u>: The 2008 budget estimate for International Collaborative Research is \$15,719,000, an increase of \$77,000 or 0.5 percent from the FY 2007 Continuing Resolution. The program plans for 2008, along with expected outputs are as follows:

- The International Tobacco and Health Research and Capacity Building Program promotes international cooperation between investigators in the U.S. and other high-income nation(s) pursuing research programs on tobacco control, and scientists and institutions in low- and/or middle-income nation(s), where tobacco consumption is a current or anticipated public health urgency. Research will continue to support trans-disciplinary research and capacity building projects that address the burden of tobacco consumption by pursuing observational, intervention and policy research of local importance, and, by building capacity in these regions in epidemiological and behavioral research, prevention, treatment, communications, health services and policy research.
- The Global Health Research Initiative Program for New Foreign Investigators promotes productive re-entry of NIH-trained foreign investigators into their home countries as part of a broader program to enhance the scientific research infrastructure in developing countries. Sustaining and emphasizing the specific goals of this popular initiative is important as it provides badly needed funding opportunities for returning home investigators, thereby increasing the pool of foreign biomedical and behavioral scientists, clinical investigators, nurses, and other health professionals with state-of-the-art knowledge of research methods to advance critical issues in global health in their own countries.

Portrait of a Program: International Research on Tobacco and Health

 FY 2007 Level:
 \$1,439,000

 FY 2008 Level:
 \$1,439,000

 Change
 \$0

Worldwide, tobacco is estimated to kill about five million people annually. The 21st century is likely to see one billion tobacco deaths, most of them in low-income countries (Jha P., Chaloupka FJ, Moore J, et al., "Tobacco Addiction," *Disease Control Priorities in Developing Countries* (2nd Edition 2006)), comprising America's efforts to promote productivity and economic development in low- and middle- income countries. In addition to the health care costs that result from treating tobacco-related illness, morbidity and mortality from tobacco affect people at the height of their productivity, depriving families of muchneeded income and draining workforces of countries around the globe. Recognizing the critical role of research in reducing the burden of tobacco use in low- and middle-income nations, FIC, in collaboration with the National Cancer Institute, the National Institute on Drug Abuse and other NIH ICs, established the International Tobacco and Health Research and Capacity Building Program in FY 2002. This program addresses the need to generate a solid evidence base that can inform effective tobacco control strategies and policies. It also supports the training necessary to create future capacity for tobacco research. The overwhelming majority of smokers begin tobacco use before they reach adulthood; therefore, the program emphasizes research on the determinants of youth smoking in diverse cultural and economic settings and on effective ways to prevent young people from starting to smoke. Grantees have also created a global network of scientists by forging new partnerships and collaborations with researchers in South America, the Middle East, Africa, Russia, and Asia. This network shares best practices, challenges, and opportunities related to research on the health aspects of tobacco use. Training of the next generation of scientists is a core feature of this program, and projects are required to include significant capacity and infrastructure-strengthening components. More than 1,600 individuals have already received research training under the program through long-term mentorship, meeting and workshop support, and support for short courses.

Research Management and Support (RMS)

FIC RMS activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards and research and development contracts. RMS functions also encompass strategic planning, coordination, and evaluation of the Center's programs, regulatory compliance, international coordination, international science policy issues, and liaison with other Federal agencies, Congress, and the public. RMS includes the FIC's in-house epidemiology and mathematical modeling of infectious diseases program, which includes primary concentrations on cross-national studies of mortality patterns with special emphasis on influenza-associated disease, vector borne, and vaccine preventable diseases. RMS also supports the staff that works on behalf of the FIC and NIH in developing new partnerships between U.S. scientists and institutions and counterparts abroad to advance research and training in the biomedical and behavioral sciences, and in identifying opportunities for collaboration with foreign science funding agencies.

<u>Budget Policy</u>: The 2008 budget estimate for Research Management and Support is \$12,639,000, an increase of \$125,000 or 1.0 percent from the FY 2007 Continuing Resolution. The increase will support pay increases and other administrative activities.

Budget Authority by Object

	NIH Roadmap for Medical Research	805,000	878,000	73,000
	Subtotal, Non-Pay Costs	59,380,000	59,184,000	-196,000
44.0	Refunds	0	0	0
43.0	Interest & Dividends	ů 0	0	0
42.0	Insurance Claims & Indemnities	0	0	0
	Grants, Subsidies & Contributions	50,054,000	50,044,000	-10,000
33.0	Investments & Loans	0	0	0
	Land and Structures	0	0	0
31.0	Equipment	115,000	115,000	0
26.0	Supplies & Materials	118,000	120,000	2,000
25.0	Subtotal, Other Contractual Services	8,545,000	8,342,000	-203,000
25.8	Subsistence & Support of Persons	0	0	0
25.7	Operation & Maintenance of Equipment	12,000	12,000	0
25.6	Medical Care	0	0	0
25.5	Research & Development Contracts	633,000	421,000	-212,000
25.4	Operation & Maintenance of Facilities	162,000	165,000	3,000
	Government Accounts	6,463,000	6,484,000	21,000
25.3	Purchase of Goods & Services from			
25.2	Other Services	710,000	700,000	-10,000
25.1	Consulting Services	565,000	560,000	-5,000
24.0	Printing & Reproduction	70,000	72,000	2,000
	Miscellaneous Charges	78,000	80,000	2,000
23.3	Communications, Utilities &			
23.2	-	1,000	1,000	0
23.1	Rental Payments to GSA	0	0	0
22.0	Transportation of Things	34,000	35,000	1,000
21.0	Travel & Transportation of Persons	365,000	375,000	10,000
	Subtotal, Pay Costs	6,169,000	6,532,000	363,000
13.0	Benefits for Former Personnel	0	0	0
12.2	Military Personnel Benefits	196,000	201,000	5,000
12.0	Personnel Benefits	1,188,000	1,283,000	95,000
	Total, Personnel Compensation	4,785,000	5,048,000	263,000
11.8	Special Personnel Services Payments	35,000	36,000	1,000
11.7	Military Personnel	212,000	219,000	7,000
11.5	Other Personnel Compensation	67,000	69,000	2,000
11.3	Other than Full-Time Permanent	874,000	900,000	26,000
11.1	Full-Time Permanent	\$3,597,000	\$3,824,000	\$227,000
	Personnel Compensation:			
		Continuing Resolution	Estimate	Decrease
	OBJECT CLASSES	FY 2007	FY 2008	Increase or
	Average salary of ungraded positions	\$143,576	\$147,345	\$3,769
	July 1, 1944 (42 U.S.C. 207)	\$82,990	\$85,168	\$2,178
	Average salary, grade established by act of			
	Average GM/GS salary	\$82,875	\$85,063	\$2,188
	Average GW/G5 grade	11.5	11.5	0.0
	Average GM/GS grade	11.3	11.3	\$3,228 0.0
	Average ES salary	\$161,396	\$164,624	\$3,228
	Full-time equivalent of overtime & holiday hours	1	1	0
	Full-time employment	54	55	1
Total c	ompensable workyears:			
		Continuing Resolution	Estimate	Decrease
		FY 2007	FY 2008	Increase or

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

Sal	aries and Expenses		
	FY 2007	FY 2008	Increase or
OBJECT CLASSES	Continuing Resolution	Estimate	Decrease
Personnel Compensation:			
Full-Time Permanent (11.1)	\$3,597,000	\$3,824,000	\$227,000
Other Than Full-Time Permanent (11.3)	874,000	900,000	26,000
Other Personnel Compensation (11.5)	67,000	69,000	2,000
Military Personnel (11.7)	212,000	219,000	7,000
Special Personnel Services Payments (11.8)	35,000	36,000	1,000
Total Personnel Compensation (11.9)	4,785,000	5,048,000	263,000
Civilian Personnel Benefits (12.1)	1,188,000	1,283,000	95,000
Military Personnel Benefits (12.2)	196,000	201,000	
Benefits to Former Personnel (13.0)	0	0	0
Subtotal, Pay Costs	6,169,000	6,532,000	363,000
Travel (21.0)	365,000	375,000	10,000
Transportation of Things (22.0)	34,000	35,000	1,000
Rental Payments to Others (23.2)	1,000	1,000	0
Communications, Utilities and			
Miscellaneous Charges (23.3)	78,000	80,000	2,000
Printing and Reproduction (24.0)	70,000	72,000	2,000
Other Contractual Services:			
Advisory and Assistance Services (25.1)	565,000	560,000	-5,000
Other Services (25.2)	710,000	700,000	-10,000
Purchases from Govt. Accounts (25.3)	3,935,000	3,894,000	-41,000
Operation & Maintenance of Facilities (25.4)	162,000	165,000	3,000
Operation & Maintenance of Equipment (25.7)	12,000	12,000	0
Subsistence & Support of Persons (25.8)	0	0	0
Subtotal Other Contractual Services	5,384,000	5,331,000	-53,000
Supplies and Materials (26.0)	118,000	120,000	2,000
Subtotal, Non-Pay Costs	6,050,000	6,014,000	-36,000
Total, Administrative Costs	12,219,000	12,546,000	327,000

Salaries and Expenses

		Authorizing	Authorizing Legislation			
	PHS Act/ Other Citation	U.S. Code Citation	2007 Amount Authorized	.007 Amount FY 2007 Authorized Continuing Resolution	2008 Amount Authorized	FY 2008 Budget Estimate
Research and Investigation	Section 301	42§241	Indefinite		Indefinite	
International Cooperation	Section 307	42§242I	Indefinite	➤ \$66,354,000	Indefinite	\$66,594,000
John E. Fogarty International Center	Section 482	P.L109-482	Indefinite		Indefinite	
Total, Budget Authority			ŝ	66,354,000	5	66,594,000

Fiscal	Budget Estimate	House	Senate	
Year	to Congress	Allowance	Allowance	Appropriation $\underline{1/}$
1999	19,045,000 <u>2/ 3/</u>	30,367,000	35,426,000	35,426,000
Rescission				-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	66,681,000	66,832,000	66,378,000 <u>5/</u>
2008	66,594,000			

Appropriations History

<u>1</u>/ 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.

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

5/ Annualized current rate

-	FY 2006	FY 2007	FY 2008			
OFFICE/DIVISION	Actual	Continuing	Estimate			
		Resolution				
Office of the Director	10	11	11			
Office of Administrative Management and	12	12	12			
International Services	12	12	12			
Division of International Training and Research	11	11	11			
Division of International Relations	9	9	10			
Division of Advanced Studies and Delieu Anglusia	5	5	F			
Division of Advanced Studies and Policy Analysis	5	5	5			
Division of International Epidemiology and	5	6	6			
Population Studies			-			
Total	52	54	55			
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research						
FTEs supported by funds from Cooperative Research and Development Agreements		$\langle 0 \rangle$	$\langle 0 \rangle$			
and Development Agreements	(0)	(0)	(0)			
FISCAL YEAR	Average GM/GS Grade					
2004						
2004	11.0					
2005 2006	11.6					
2006 2007	11.2					
2007 2008	11.3 11.3					
2000	11.3					

Details of Full-Time Equivalent Employment (FTEs)

Detail of Positions						
	FY 2006	FY 2007	FY 2008			
GRADE	Actual	Continuing	Estimate			
		Resolution				
Total, ES Positions	1	2	2			
Total, ES Salary	\$158,231	\$322,791	\$329,247			
GM/GS-15	8	8	8			
GM/GS-14	10	10	10			
GM/GS-13	5	6	7			
GS-12	7	7	7			
GS-11	2	3	3			
GS-10	0	0	0			
GS-9	3	3	3			
GS-8	2	2	2			
GS-7	7	7	7			
GS-6	0	0	0			
GS-5	1	1	1			
GS-4	1	1	1			
GS-3	0	0	0			
GS-2	2	2	2			
GS-1	0	0	0			
Subtotal	48	50	51			
Grades established by Act of						
July 1, 1944 (42 U.S.C. 207):						
Assistant Surgeon General	0	0	0			
Director Grade	2	2	2			
Senior Grade	0	0	0			
Full Grade	0	0	0			
Senior Assistant Grade	0	0	0			
Assistant Grade	0	0	0			
Subtotal	2	2	2			
Ungraded	14	14	14			
Total permanent positions	51	54	55			
Total positions, end of year	65	68	69			
Total full-time equivalent (FTE)						
employment, end of year	52	54	55			
Average ES salary	\$158,231	\$161,396	\$164,624			
Average GM/GS grade	11.2	11.3	11.3			
Average GM/GS salary	\$80,743	\$82,875	\$85,063			

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

New Positions Requested

	FY 2008		
	Grade	Number	Annual Salary
International Health Program Officer	GS-13		1 \$79,397
Total Requested			1 \$79,397