

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

John E. Fogarty International Center (FIC)

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# NATIONAL INSTITUTES OF HEALTH

## John E. Fogarty International Center

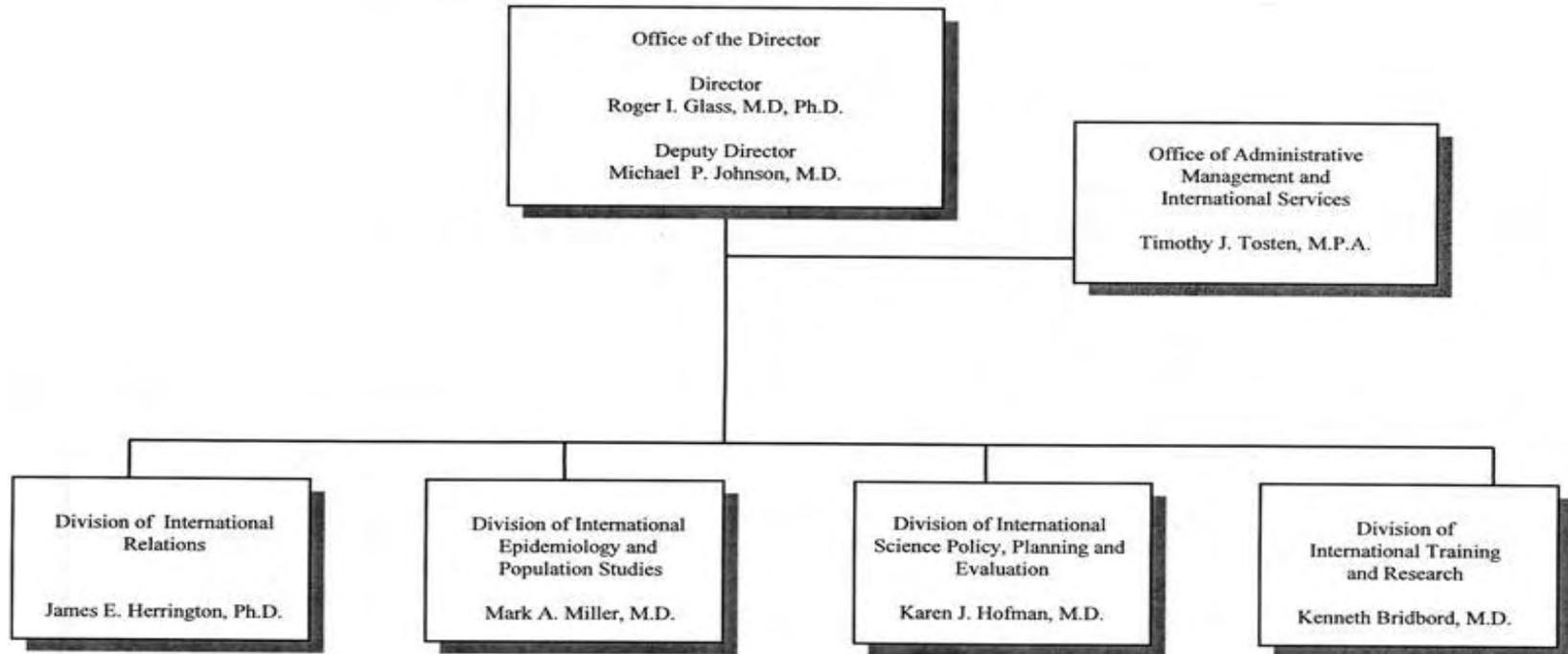


FIG-2

**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 the John E. Fogarty International Center [\$70,051,000] *\$73,027,000*  
(Public Law 111-117, Consolidated Appropriations Act, 2010)

**National Institutes of Health  
John E. Fogarty International Center**

**Amounts Available for Obligation 1/**

Source of Funding	FY 2009 Actual	FY 2010 Enacted	FY 2011 PB
Appropriation	\$68,691,000	\$70,051,000	\$73,027,000
Type 1 Diabetes	0	0	0
Rescission	0	0	0
Supplemental	0	0	0
Subtotal, adjusted appropriation	68,691,000	70,051,000	73,027,000
Real transfer under Director's one-percent transfer authority (GEI)	-74,000	0	0
Comparative transfer to NLM (NCBI and Public Access)	-36,000	-44,000	0
Comparative transfer under Director's one-percent transfer authority (GEI)	74,000	0	0
Subtotal, adjusted budget authority	68,655,000	70,007,000	73,027,000
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	68,655,000	70,007,000	73,027,000
Unobligated balance lapsing	-10,000	0	0
<b>Total obligations</b>	<b>68,645,000</b>	<b>70,007,000</b>	<b>73,027,000</b>

1/ Excludes the following amounts for reimbursable activities carried out by this account:  
FY 2009 - \$4,313,000    FY 2010 - \$5,120,000    FY 2011 - \$5,164,000

**NATIONAL INSTITUTES OF HEALTH**  
**John E. Fogarty International Center**  
(Dollars in Thousands)

Budget Mechanism - Total

MECHANISM	FY 2009 Actual		FY 2009 Recovery Act Actual		FY 2010 Recovery Act Estimated		FY 2010 Estimate		FY 2011 PB		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
<b>Research Grants:</b>												
<b>Research Projects:</b>												
Noncompeting	115	\$11,436	\$0	\$910	\$8	\$1,758	\$100	\$10,875	\$102	\$11,090	2	\$215
Administrative supplements	(0)	0	0	910	0	0	0	0	0	0	0	0
<b>Competing:</b>												
Renewal	3	1,129	0	0	0	0	0	0	0	0	0	0
New	33	1,425	8	1,868	0	0	41	2,898	42	2,956	1	58
Supplements	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal, competing	36	2,554	8	1,868	0	0	41	2,898	42	2,956	1	58
Subtotal, RPGs	151	13,990	8	2,778	8	1,758	141	13,773	144	14,046	3	273
SB R/STTR	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal, RPGs	151	13,990	8	2,778	8	1,758	141	13,773	144	14,046	3	273
<b>Research Centers:</b>												
Specialized/comprehensive	0	35	0	0	0	0	0	0	0	0	0	0
Clinical research	0	0	0	0	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0	0	0	0	0
Comparative medicine	0	0	0	0	0	0	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal, Centers	0	35	0	0	0	0	0	0	0	0	0	0
<b>Other Research:</b>												
Research careers	11	1,215	4	468	4	471	11	1,233	12	1,270	1	37
Cancer education	0	0	0	0	0	0	0	0	0	0	0	0
Cooperative clinical research	0	0	0	0	0	0	0	0	0	0	0	0
Biomedical research support	0	0	0	0	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0	0	0	0	0
Other	173	36,602	4	6,961	17	2,992	179	37,912	183	39,848	4	1,936
Subtotal, Other Research	184	37,817	8	7,429	21	3,463	190	39,145	195	41,118	5	1,973
<b>Total Research Grants</b>	<b>335</b>	<b>51,842</b>	<b>16</b>	<b>10,207</b>	<b>29</b>	<b>5,221</b>	<b>331</b>	<b>52,918</b>	<b>339</b>	<b>55,164</b>	<b>8</b>	<b>2,246</b>
<b>Research Training:</b>												
Individual awards	0	0	0	0	0	0	0	0	0	0	0	0
Institutional awards	0	125	0	0	0	0	0	125	0	0	0	-125
Total, Training												
Research & development contracts (SBIR/STTR)	0	3,197	0	0	0	1,595	0	3,237	0	3,448	0	211
	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
<b>Intramural research:</b>												
Research management and support	58	13,491	1	90	1	257	55	13,727	57	14,415	2	688
Construction	0	0	0	0	0	0	0	0	0	0	0	0
Buildings and Facilities	0	0	0	0	0	0	0	0	0	0	0	0
Total, FIC	58	68,655	1	10,297	1	7,073	55	70,007	57	73,027	2	3,020

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

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

	FY 2007 Actual		FY 2008 Actual		FY 2009 Actual		FY 2009 Comparable		FY 2010 Enacted		FY 2011 PB		Change	
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
<b>Extramural Research</b>														
<u>Detail:</u>														
Research Capacity Strengthening		\$32,814		\$35,225		\$36,817		\$36,855		\$38,890		\$40,303		1,413
Development of Human Resources for Global Health Research		4,285		3,177		3,826		3,826		3,499		3,626		127
International Collaborative Research		16,592		15,463		14,483		14,483		13,891		14,683		792
<b>Subtotal, Extramural</b>		53,691		53,865		55,126		55,164		56,280		58,612		2,332
<b>Intramural research</b>														
<b>Res. management &amp; support</b>	54	12,657	55	12,973	58	13,481	58	13,491	55	13,727	57	14,415	2	688
<b>TOTAL</b>	54	66,348	55	66,838	58	68,607	58	68,655	55	70,007	57	73,027	2	3,020

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

FIG-6

## **Major Changes in the Fiscal Year 2011 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 2011 budget request for FIC, which is \$3.020 million more than the FY 2010 Estimate, for a total of \$73.027 million.

Major Change (+\$3.020 million; total \$73.027 million): FIC will support a total of 144 Research Project Grant (RPG) awards in FY 2011. Noncompeting RPGs will increase by 2 awards and increase by \$.215 million. Competing RPGs will increase by 1 award and increase by \$.058 million. In FY 2011, FIC will support new investigators on R01 equivalent awards at success rates equivalent to those of established investigators submitting new R01 equivalent applications.

Research Capacity Strengthening (+\$1.413 million; total \$40.303 million): FIC will increase slightly the funding level for the Bioethics program, as well as the International Clinical, Operational and Health Services Research and Training Award for non-communicable diseases and disorders, malaria, AIDS and TB. FIC is also continuing the Millennium Promise Awards: Non-Communicable Chronic Diseases Research Training Program. This program will focus on the fields related to cancer, cerebrovascular disease including stroke, lung disease including chronic obstructive pulmonary disease (COPD), environmental factors including indoor air pollution, and obesity and lifestyle factors related to these conditions.

Development of Human Resources for Global Health Research (+\$.127 million; total \$3.626 million): FIC will continue to build on progress made in the international clinical scholars and fellows program and in the research career development program to advance the global health careers for both U.S. and foreign scientists.

International Collaborative Research (+\$.792 million; total \$14.683 million): FIC will continue emphasis on the Brain Disorders in the Developing World: Research Across the Lifespan program, as well as other areas of competing research programs.

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

FY 2010 enacted		\$70,007,000		
FY 2011 estimated budget authority		73,027,000		
Net change		3,020,000		
CHANGES	2010 Enacted		Change from Base	
	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural research:				
a. Annualization of January 2010 pay increase				
		\$0		\$0
b. January FY 2011 pay increase				
		0		0
c. Zero less days of pay (n/a for 2011)				
		0		0
d. Payment for centrally furnished services				
		0		0
e. Increased cost of laboratory supplies, materials, and other expenses				
		0		0
Subtotal				0
2. Research management and support:				
a. Annualization of January 2010 pay increase				
		\$7,455,000		\$45,000
b. January FY 2011 pay increase				
		7,455,000		78,000
c. Zero less days of pay (n/a for 2011)				
		7,455,000		0
d. Payment for centrally furnished services				
		859,000		17,000
e. Increased cost of laboratory supplies, materials, and other expenses				
		5,413,000		87,000
Subtotal				227,000
Subtotal, Built-in				227,000

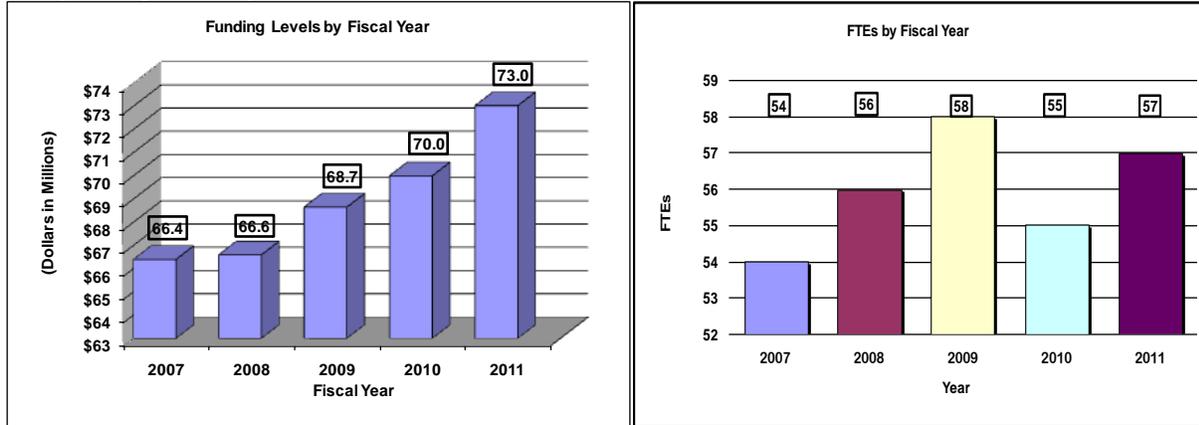
**NATIONAL INSTITUTES OF HEALTH  
John E. Fogarty International Center**

**Summary of Changes--continued**

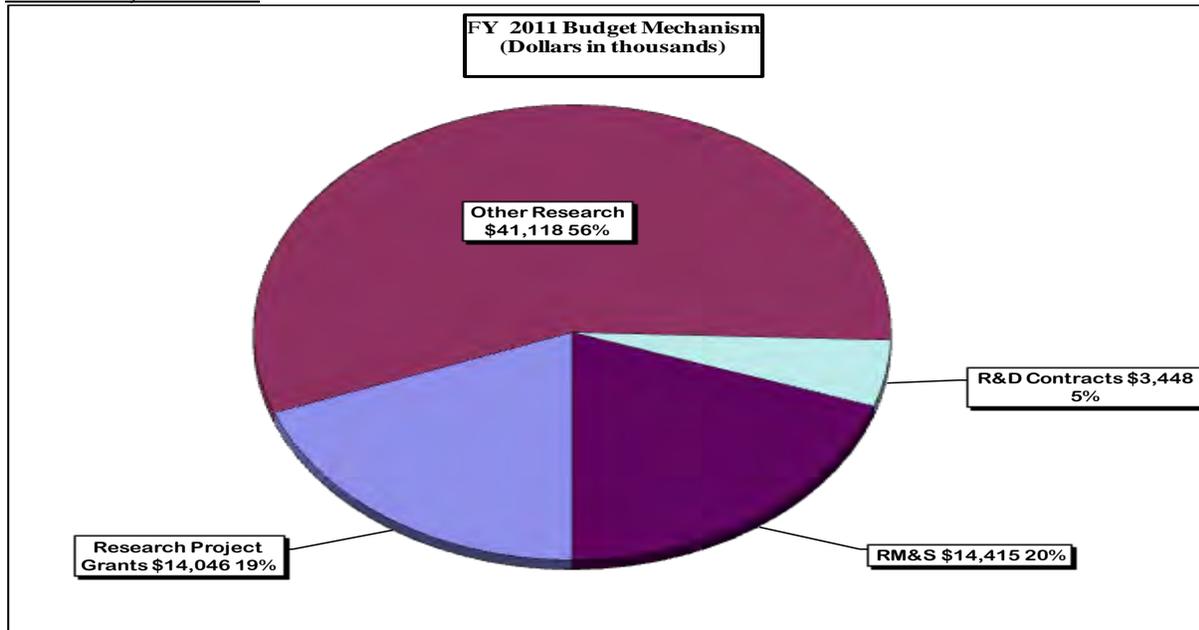
CHANGES	2010 Enacted		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	100	\$10,875,000	2	\$215,000
b. Competing	41	2,898,000	1	58,000
c. SBIR/STTR	0	0	0	0
Total	141	13,773,000	3	273,000
2. Research centers	0	0	0	0
3. Other research	190	39,145,000	5	1,973,000
4. Research training	0	125,000	0	(125,000)
5. Research and development contracts	0	3,237,000	0	211,000
Subtotal, extramural				2,332,000
	<u>FTEs</u>		<u>FTEs</u>	
6. Intramural research	0	0	0	0
7. Research management and support	55	13,727,000	2	461,000
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, program		70,007,000		2,793,000
Total changes	55		2	3,020,000

# Fiscal Year 2011 Budget Graphs

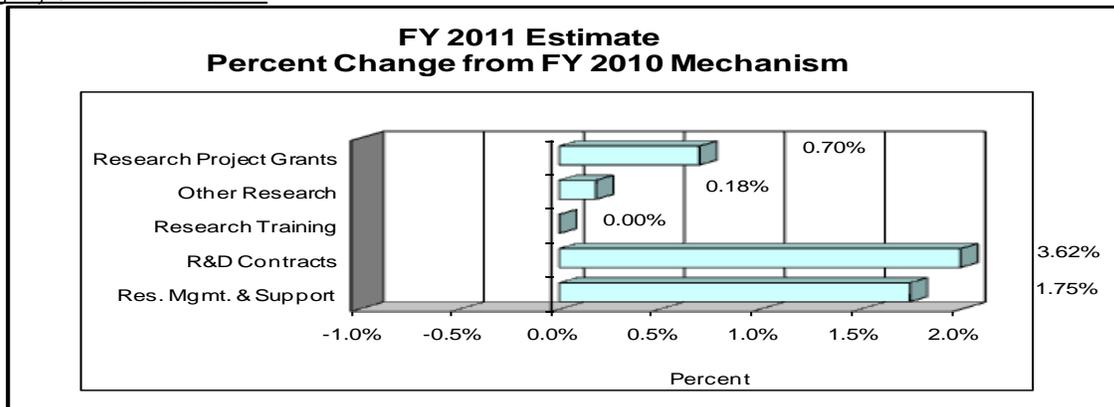
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanisms:



## Justification

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

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

FY 2009 Omnibus		FY 2010 Appropriation		FY 2011 President's Budget		FY 2011 +/- 2010 Appropriation	
<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
58	\$68,691,000	55	\$70,007,000	57	\$73,027,000	2	\$3,020,000

This document provides justification for the Fiscal Year (FY) 2011 activities of the Fogarty International Center (FIC), including NIH/AIDS activities. Details of the FY 2011 HIV/AIDS activities are in the "Office of AIDS Research (OAR)" Section of the Overview. Details on the Common Fund are located in the Overview, Volume One. Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

#### DIRECTOR'S OVERVIEW

Global health is a key area of focus for the Administration, including NIH. The President recently stated, "We cannot wall ourselves off from the world and hope for the best, nor ignore the public health challenges beyond our borders."<sup>1</sup> The President's statement is especially relevant to the mission of the Fogarty International Center (FIC). FIC supports and facilitates global health research conducted by U.S. and international investigators, building partnerships between research institutions in the U.S. and abroad, and training the next generation of global health scientists. Its programs address a broad range of diseases and research needs, including influenza, neglected tropical diseases, HIV/AIDS, and malaria; non-communicable and chronic diseases, such as cancer, mental illness, and tobacco-related disease; as well as critical areas that support research, including research ethics and informatics.

U.S. global health experts have been instrumental in many historic achievements, such as the eradication of smallpox and the use of oral rehydration therapy. Fogarty is investing in future U.S. leaders in global health research by supporting the training of early-career U.S. scientists. These scientists, who develop expertise in critical global disease areas and gain experience in the developing world, often go on to become leading international experts in global health. An example of these investments is the expansion and re-competition of the "Frameworks Program for Global Health" in FY 2011. This program supports the development of innovative, multidisciplinary global health programs, including new curricula and educational opportunities that will energize the next generation of global health researchers.

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<sup>1</sup> President Barack Obama's "Statement on the Global Health Initiative", May 5, 2009.

To solve global health problems, we must take science to their source. This strategy hinges on partnerships between U.S. and foreign research institutions that blend the expertise and experience of both to generate innovative solutions to global health challenges. Through Fogarty grants, U.S. universities extend their reach by partnering with overseas institutions to conduct and collaborate on research and provide research training. Fogarty has supported the training of thousands of scientists in developing countries. Through their intimate knowledge of the local context, they are uniquely poised to make advances in global health research. Many of these investigators have become leaders in Ministries of Health in their home countries or have been asked by governments to help design healthcare delivery programs for local populations. Moreover, Fogarty grants have catalyzed a cycle of sustainable research training, whereby the first generation of trained foreign investigators train subsequent generations of scientists.

From the earliest stages of the H1N1 influenza pandemic, Fogarty has played a critical role in applying scientific expertise to the development of key policy recommendations. In several recent publications<sup>2</sup>, Fogarty researchers recommended that policymakers target influenza vaccines to young-to-middle age adults who are more likely to develop severe disease after infection by the virus rather than the traditional target group of the elderly. Fogarty-funded collaborations have also led to promising scientific advances for medical treatment and drug development. In FY 2008, a collaboration between U.S. and Panamanian scientists uncovered potential cancer-fighting agents off the Panama coast. Since then the compound was advanced to preclinical development through additional funding from the National Cancer Institute.

In response, Fogarty created the Millennium Promise Awards, with initial grants totaling \$7.3 million over five years, to support local institutions in the development of training and research programs to identify novel approaches in reducing the burden of chronic disease. Additional competitions are planned for FY 2010 and FY 2011. Awardees will establish programs in cancer, heart disease, diabetes, schizophrenia, and obesity. Non-communicable diseases are often the result of a complex interplay of genes and the environment. By comparing the genetic makeup of different populations around the world, we can shed light on why certain groups may be predisposed to these diseases. For example, a Fogarty-supported team at the University of Pittsburgh is training doctoral students in India and Egypt to use data from a combined population of more than one billion to map genes involved in schizophrenia and bipolar disorder.

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<sup>2</sup> <http://content.nejm.org/cgi/content/full/NEJMp0903906>  
<http://content.nejm.org/cgi/content/full/NEJMoa0904023>

There is a tremendous gap between scientific advances and health outcomes in the developing world. Nearly 14,000 people in sub-Saharan Africa and South Asia die every day from HIV/AIDS, malaria, and diarrheal disease, despite the existence of effective prevention and treatment interventions. In response, Fogarty has expanded support for research training in implementation science, which creates knowledge that can be applied across diverse settings to answer questions central to functioning health systems. For example, why do some health programs lose effectiveness over time? How can multiple interventions be effectively packaged to capture cost efficiencies and to reduce splintering into disease-specific programs? To answer questions like these, the Fogarty supports behavioral and social science research, cost-effectiveness studies, and health policy analyses to develop evidence for prevention and treatment models in low-resource settings – including those in the U.S.

In an increasingly interconnected world, the U.S. is often called upon to play a leading role in addressing the world's most pressing challenges. Fogarty harnesses the capacity of the U.S. as a leader of biomedical research, to defeat global disease and save lives through science. Fogarty has set an ambitious course for the years ahead that is dedicated to moving us closer to a healthier world for generations to come.

### **Overall Budget Policy**

FIC distributes its resources among many programs and mechanisms and is committed to funding the largest number of meritorious projects possible, while allowing the flexibility needed to support selected program priorities and to respond to emerging scientific opportunities. Funding decisions are based on the number of high-quality applications, the overall number of applications, and the availability of funds. FIC funds a large number of initiatives with collaborating funding partners that include other NIH Institutes/Centers, other government agencies, and non-government organizations. Funding decisions take into account program relevance and overall portfolio consideration, and all future years will be adjusted accordingly.

Funds are included in R&D contracts to support several trans-NIH initiatives, such as the Therapies for Rare and Neglected Diseases program (TRND), the Basic Behavioral and Social Sciences Opportunity Network (OppNet), and support for a new synchrotron at the Brookhaven National Laboratory, as well as increased support for other HHS agencies through the program evaluation set-aside.

## **FY 2011 JUSTIFICATION BY ACTIVITY DETAIL**

### **Program Descriptions and Accomplishments**

#### **Research Capacity Strengthening**

The development of appropriate and effective health interventions that address local needs and priorities requires a sustainable base of research sites and people in developing countries. The establishment of highly capable research institutions in these countries is critical to finding solutions to public health challenges, and to training the research workforce of the future. Over the past few decades, Fogarty investments have greatly enhanced the number of trained foreign investigators working at research institutions abroad. Fogarty is strengthening in-country institutions by investing in cross-cutting areas that help to provide a sustainable research environment. These areas include investment in information and communication technology, informatics training for global health research, training and curriculum development in research ethics, and research management.

**Budget Policy:** The 2011 budget estimate for Research Capacity Strengthening is \$40.303 million, an increase of \$1.413 million or 3.5 percent over the FY 2010 estimate. FIC's new Strategic Plan 2009-2013 provides the pathway toward developing sustainable global health research and training programs where they are needed most. The plan's first goal is to mobilize the scientific community to address the growing epidemic of chronic, non-communicable diseases related to increased longevity and changing lifestyles in the developing world. To accomplish this, FIC will invest in this area, while continuing to invest in the critical infectious diseases agenda. FIC's Millennium Promise Awards in Non-Communicable Disease Program plans to fund \$1.5 million a year to support non-communicable diseases research training, with seven awards expected annually. In addition, FIC is working with other NIH components and private partners to develop further chronic disease initiatives.

### **Portrait of a Program: Global Research Training in Population Health**

FY 2010 Level: \$1.142 million  
FY 2011 Level: \$1.188 million  
Change: \$ .046 million

The FIC *Global Research Training in Population Health (POP)* program supports research training for developing country scientists and clinicians with the long-term objective of strengthening overseas research programs and institutions that investigate health and disease characteristics of the local population. Under the POP program, U.S. universities play a key role in building sustainable capacity through the provision of international research and training their foreign counterparts. The POP program enables these trained overseas scientists to contribute to the knowledge and evidence-base for local and global health efforts. Local scientists are critical for the communication and dissemination of scientific evidence that leads to the development of policies appropriate for their home countries and for the establishment of international guidelines.

The POP program has two primary lines of research inquiry: a) demographic processes, including aging, child health, adult health, mortality, morbidity, urbanization, and other social, behavioral, and economic factors that influence population dynamics, and b) reproductive health, including reproductive biology, fertility, contraceptive development and trials, and reproductive health evaluations. In FY 2011, in response to the Administration's commitment to improving global maternal and child health, Fogarty will expand and enhance the POP program to include further training opportunities for reproductive health and family planning. In much of the developing world, the health needs of women have been poorly characterized and understood. Research training in reproductive health is critical to addressing knowledge gaps that lead to high maternal morbidity and mortality rates and building a local cadre of scientists who can develop and implement effective health interventions for women around the world. For example, the POP program supports a partnership between the Virginia Commonwealth University and the University of Chile to provide research training in reproductive biology research, in areas that are critical to the health of the woman, including polycystic ovary syndrome, pre-term birth, and promoting healthy pregnancies.

### **Sustainable development of human resources for global health research**

Throughout history, the U.S. has maintained leadership in scientific research through its commitment to academic exchange and the global sharing of skills and knowledge. Advances in global health are built upon a foundation of well-trained researchers from both the U.S. and overseas who work together to investigate major global health issues. To this end, FIC established the Fogarty International Clinical Research Scholars Program, which provides opportunities for new U.S. investigators seeking hands-on experience working in developing countries and pairs them to early career foreign health scientists who work alongside the U.S. trainee during the clinical research year. Simultaneously, research training of overseas scientists remains a high priority for Fogarty. Over the past 40 years, Fogarty training programs have helped to train over 5,000 investigators around the world. Well-trained researchers in developing countries provide scientific evidence with an understanding of the unique biological, epidemiological, social, and cultural contexts of the local community. In addition, prominent investigators of large population-based research in developing countries are often called upon by their Ministries of Health to help design and implement healthcare

delivery programs for local populations, which provides additional opportunities for research on the translation of new scientific information to benefit larger populations.

**Budget Policy:** The 2011 budget estimate for Development of Human Resources for Global Health Research is \$3.626 million, an increase of \$.127 million or 3.5 percent over the FY 2010 estimate. FIC's impact has historically been most significant in developing the pipeline of U.S. and foreign research talent. FIC intends to expand the number of overseas research experiences available for young U.S. scientists in order to encourage them to adopt careers in global health. FIC will also continue its research training partnerships between U.S. and foreign institutions and strive to enhance research opportunities for foreign scientists when they return home.

**Portrait of a Program: Strengthening the Research Enterprise**

FY 2010 Level: \$3.499 million  
FY 2011 Level: \$3.626 million  
Change: \$ .127 million

*Information and Communication Technology* - With increasing globalization, the need to monitor, diagnose and respond to epidemics has increased dramatically. Biological data need to be integrated with information technologies that can rapidly store, manage, and visualize data in order to bring the power of modern biology to development of treatments for disease, and rapidly deliver this information anywhere in the world. These advances in global health are facilitated and strengthened by researchers working together to share data, tools and knowledge. Since 1998, Fogarty has supported partnerships between the U.S. and international research institutions to increase the capacity of biomedical scientists to design, access and use modern information technology in support of health sciences research. These partnerships are training biomedical and behavioral scientists, engineers, clinicians, librarians, and other health professionals to access, manage, analyze, and share biomedical information electronically. They are also training individuals who will be capable of developing new informatics applications. This will increase the ability of local scientists and institutions to conduct multi-site clinical trials and perform international disease surveillance and prevention programs that will serve as regional centers of excellence for medical, genome, and global health informatics. In FY 2009, Fogarty awarded eight grants in the third competition for this innovative training program.

*Research Ethics* - With the growing volume of biomedical and health research conducted in low- and middle-income countries and the accompanying need for local research ethics capacity, Fogarty developed the International Research Ethics Education and Career Development Award program. This initiative supports U.S. and international research institutions to establish or expand current graduate curricula and training opportunities in bioethics related to performing research in developing countries. Its primary outcome is the advanced training of professionals who can assume the roles and responsibilities of bioethicists involved in ethical review of clinical investigations in their countries. Fogarty currently awards a total of \$3 million to support 19 training programs that span four years in geographical areas such as Latin America, sub-Saharan Africa, Asia Pacific, Middle East and North Africa, South Asia, and Central and Eastern Europe. Since 2001, more than 330 trainees from developing countries have participated in this training program.

## **International Collaborative Research**

The burden of chronic, non-communicable diseases is climbing at a rapid rate in the developed and developing world due to an aging worldwide population and economic development. Chronic, non-communicable diseases can rarely be pinpointed to a single cause. They are often complex in origin and in consequences, involve a variety of risk factors, and are usually accompanied by several other illnesses or symptoms. As such, international collaborative research across disease disciplines and across countries becomes more critical to meaningfully understand how to prevent, treat, or cure these illnesses. By studying the variation in the patterns of non-communicable diseases in populations around the world, we can begin to understand the extent to which genetics and the environment affect the risk and severity of disease. Many of these discoveries will have relevance to U.S. populations. Fogarty's research programs support research partnerships between U.S. and developing country scientists in a variety of high priority areas.

**Budget Policy:** The 2011 budget estimate for International Collaborative Research is \$14.683 million, an increase of \$.792 million or 5.4 percent over the FY 2010 estimate. This area encourages implementation science to address the "know-do" gap, and would expand research training opportunities for U.S. and foreign scientists, foster a sustainable research environment in low- and middle-income countries, and build strategic partnerships to further global health. FIC plans to expand its International Clinical, Operational and Health Services Research Training Award program for AIDS and TB and has reinforced the initiative's support for implementation research.

### **Portrait of a Program: Brain disorders and mental health around the globe**

FY 2010 Level: \$1.398 million  
FY 2011 Level: \$1.454 million  
Change: \$ .056 million

According to the World Health Organization, hundreds of millions of people worldwide are affected by mental, behavioral, and neurological disorders. Depression is ranked as the leading cause of disability worldwide. In addition, roughly 20% of the world's children and adolescents are estimated to have mental disorders or problems, with similar types of disorders being reported across cultures. Mental disorders have a heavy economic and social toll in industrial and developing countries alike.

In response to this high burden of brain and mental health disorders, Fogarty established an innovative program, *Brain Disorders in the Developing World: Research Across the Lifespan*. Under this program, grantees develop collaborative research programs that are helping to build sustainable research capacity in developing countries to study brain and mental health function, as well as design effective interventions. This program, in its eighth year, supports research on a broad spectrum of brain disorders such as learning disabilities, epilepsy, Alzheimer's and Parkinson's disease, schizophrenia and clinical depression. The program is also addressing the intersection between brain disorders and infectious diseases, as well as environmental exposures, e.g., the neuropathology of severe malaria and HIV dementia, and the neurobehavioral effects of mercury exposure.

### **Portrait of a Program: Brain disorders and mental health around the globe (continued)**

The first phase of a project under this program consists of a two-year planning grant under which applicants further define the area of research to be developed; conduct pilot studies; and develop relationships between partners in the developed and developing world. The second phase of the program, supported in large part by several NIH Institutes, involves substantial collaboration and both research and capacity-building.

For example, collaboration between U.S. and Zambian scientists has highlighted the social and medical consequences of epilepsy-related stigma in sub-Saharan Africa. From the findings of their study, the researchers are implementing evidence-based interventions aimed at decreasing stigma associated with epilepsy. This improves the socioeconomic status of people with epilepsy and lowers the rate of seizure-related morbidity and mortality in four Zambian Provinces. Other studies examine the genetic origins of brain disorders such as microcephaly (when the brain fails to achieve normal size) and schizophrenia. Not only has this program fostered an understanding of neurological diseases abroad, but it has provided essential clues to treatment and prevention strategies that are applicable to both U.S. and worldwide populations.

### **Research Management and Support (RMS)**

FIC's RMS provides administrative, budgetary, logistical, and scientific support to review, award, and monitor research grants, training awards, and contracts. It encompasses strategic planning, coordination, and evaluation of the Center's programs; regulatory compliance; international coordination; international science policy; and liaisons with other Federal agencies, Congress, and the public. Specific functions include an in-house epidemiology section performing mathematical modeling of infectious diseases; international program officers developing partnerships between U.S. scientists and institutions and their counterparts abroad to advance scientific research and training; identification of collaborative opportunities with foreign science funding agencies; and support for all NIH international travel by issuing and tracking official government passports and international visas; review and approval of Notice of Foreign Travel requests; and the creation and coordination of official travel cables to U.S. Embassies.

**Budget Policy:** The 2011 budget estimate for Research Management and Support is \$14.415 million, an increase of \$688 thousand or 5 percent over the FY 2010 estimate. This increase in RMS reflects overall NIH policy for FY 2011 and will help to offset increases due to payroll costs, centrally funded assessments for NIH services, as well as for strengthening programs.

## **Recovery Act Implementation**

Recovery Act Funding: \$17.370 million

In FY 2009, the Fogarty International Center received \$17.370 million under the Recovery Act. Of this amount, \$10.297 million was obligated in FY 2009 and \$7.073 million will be obligated in FY 2010. Fogarty has used its allocated ARRA funds to invest in strengthening human and institutional capacity to conduct cutting edge global health research. These investments include enhanced integration of information and communication technologies (ICT) into research and research training programs, strengthening multidisciplinary global health activities at U.S. academic research institutions, and increased global health research training opportunities for U.S. medical, graduate and post-doctoral students.

To keep pace with advances in ICT, Fogarty awarded funds to 23 institutions that train personnel to use IT in their research projects, develop innovative methodologies to tackle research challenges and facilitate distance learning. For example, Claremont Graduate University will create a virtual global health classroom to link students from multiple countries in a Pacific Rim research network to collaborate on issues related to tobacco use, obesity, diabetes, and alcoholism. The virtual classroom will incorporate live web conferencing, online course options, and distance-learning opportunities. In addition, ARRA funds will support research on the use of cell phones and PDAs to deliver health information to Chinese youth related to smoking cessation.

Fogarty also used some of its ARRA monies to support two of the NIH Challenge Grant proposals. One project is investigating how cultural beliefs related to diet, lifestyle, and society are acquired and passed on in two different populations, while another project is examining the effects of climate change on cholera dynamics and prediction. Three other successful NIH Challenge Grant proposals (all related to strengthening global health research at U.S. institutions) also received funds. Topics include research on childhood illnesses using hand-held electronic communication devices; developing distance-based learning initiatives to assist international study coordinators; and describing the link between heart disease and diabetes.

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**Budget Authority by Object**

	FY 2010 Enacted	FY 2011 PB	Increase or Decrease	Percent Change
Total compensable workyears:				
Full-time employment	55	57	2	3.6
Full-time equivalent of overtime and holiday hour	0	0	0	0.0
Average ES salary	\$0	\$0	\$0	0.0
Average GM/GS grade	11.9	11.9	0.0	0.0
Average GM/GS salary	\$97,440	\$98,804	\$1,364	1.4
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$98,560	\$99,940	\$1,380	1.4
Average salary of ungraded positions	170,568	172,956	2,388	1.4
<b>OBJECT CLASSES</b>	<b>FY 2010 Enacted</b>	<b>FY 2011 PB</b>	<b>Increase or Decrease</b>	<b>Percent Change</b>
Personnel Compensation:				
11.1 Full-time permanent	\$3,937,000	\$4,145,000	\$208,000	5.3
11.3 Other than full-time permanent	1,444,000	1,520,000	76,000	5.3
11.5 Other personnel compensation	129,000	136,000	7,000	5.4
11.7 Military personnel	270,000	284,000	14,000	5.2
11.8 Special personnel services payments	0	0	0	0.0
<b>Total, Personnel Compensation</b>	<b>5,780,000</b>	<b>6,085,000</b>	<b>305,000</b>	<b>5.3</b>
12.0 Personnel benefits	1,474,000	1,552,000	78,000	5.3
12.2 Military personnel benefits	201,000	212,000	11,000	5.5
13.0 Benefits for former personnel	0	0	0	0.0
<b>Subtotal, Pay Costs</b>	<b>7,455,000</b>	<b>7,849,000</b>	<b>394,000</b>	<b>5.3</b>
21.0 Travel and transportation of persons	307,000	312,000	5,000	1.6
22.0 Transportation of things	18,000	19,000	1,000	5.6
23.1 Rental payments to GSA	0	0	0	0.0
23.2 Rental payments to others	0	0	0	0.0
23.3 Communications, utilities and miscellaneous charges	102,000	107,000	5,000	4.9
24.0 Printing and reproduction	118,000	124,000	6,000	5.1
25.1 Consulting services	175,000	184,000	9,000	5.1
25.2 Other services	974,000	1,026,000	52,000	5.3
25.3 Purchase of goods and services from government accounts	7,210,000	7,554,000	344,000	4.8
25.4 Operation and maintenance of facilities	206,000	217,000	11,000	5.3
25.5 Research and development contracts	(33,000)	15,000	48,000	-145.5
25.6 Medical care	0	0	0	0.0
25.7 Operation and maintenance of equipment	29,000	31,000	2,000	6.9
25.8 Subsistence and support of persons	0	0	0	0.0
<b>25.0 Subtotal, Other Contractual Services</b>	<b>8,561,000</b>	<b>9,027,000</b>	<b>466,000</b>	<b>5.4</b>
26.0 Supplies and materials	71,000	75,000	4,000	5.6
31.0 Equipment	332,000	350,000	18,000	5.4
32.0 Land and structures	0	0	0	0.0
33.0 Investments and loans	0	0	0	0.0
41.0 Grants, subsidies and contributions	53,043,000	55,164,000	2,121,000	4.0
42.0 Insurance claims and indemnities	0	0	0	0.0
43.0 Interest and dividends	0	0	0	0.0
44.0 Refunds	0	0	0	0.0
<b>Subtotal, Non-Pay Costs</b>	<b>62,552,000</b>	<b>65,178,000</b>	<b>2,626,000</b>	<b>4.2</b>
<b>Total Budget Authority by Object</b>	<b>70,007,000</b>	<b>73,027,000</b>	<b>3,020,000</b>	<b>4.3</b>

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

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**Salaries and Expenses**

OBJECT CLASSES	FY 2010 Enacted	FY 2011 PB	Increase or Decrease	Percent Change
<b>Personnel Compensation:</b>				
Full-time permanent (11.1)	\$3,937,000	\$4,145,000	\$208,000	5.3
Other than full-time permanent (11.3)	1,444,000	1,520,000	76,000	5.3
Other personnel compensation (11.5)	129,000	136,000	7,000	5.4
Military personnel (11.7)	270,000	284,000	14,000	5.2
Special personnel services payments (11.8)	0	0	0	0.0
<b>Total Personnel Compensation (11.9)</b>	<b>5,780,000</b>	<b>6,085,000</b>	<b>305,000</b>	<b>5.3</b>
Civilian personnel benefits (12.1)	1,474,000	1,552,000	78,000	5.3
Military personnel benefits (12.2)	201,000	212,000	11,000	5.5
Benefits to former personnel (13.0)	0	0	0	0.0
<b>Subtotal, Pay Costs</b>	<b>7,455,000</b>	<b>7,849,000</b>	<b>394,000</b>	<b>5.3</b>
Travel (21.0)	307,000	312,000	5,000	1.6
Transportation of things (22.0)	18,000	19,000	1,000	5.6
Rental payments to others (23.2)	0	0	0	0.0
Communications, utilities and miscellaneous charges (23.3)	102,000	107,000	5,000	4.9
Printing and reproduction (24.0)	118,000	124,000	6,000	5.1
<b>Other Contractual Services:</b>				
Advisory and assistance services (25.1)	175,000	184,000	9,000	5.1
Other services (25.2)	974,000	1,026,000	52,000	5.3
Purchases from government accounts (25.3)	5,443,000	5,703,000	260,000	4.8
Operation and maintenance of facilities (25.4)	206,000	217,000	11,000	5.3
Operation and maintenance of equipment (25.5)	29,000	31,000	2,000	6.9
Subsistence and support of persons (25.8)	0	0	0	0.0
<b>Subtotal Other Contractual Services</b>	<b>6,827,000</b>	<b>7,161,000</b>	<b>334,000</b>	<b>4.9</b>
Supplies and materials (26.0)	71,000	75,000	4,000	5.6
<b>Subtotal, Non-Pay Costs</b>	<b>7,443,000</b>	<b>7,798,000</b>	<b>355,000</b>	<b>4.8</b>
<b>Total, Administrative Costs</b>	<b>14,898,000</b>	<b>15,647,000</b>	<b>749,000</b>	<b>5.0</b>

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

**Authorizing Legislation**

	PHS Act/ Other Citation	U.S. Code Citation	2010 Amount Authorized	FY 2010 Enacted	2011 Amount Authorized	FY 2011 PB
Research and Investigation	Section 301	42§241	Indefinite	\$70,007,000	Indefinite	\$73,027,000
International Cooperation	Section 307	42§242I	Indefinite		Indefinite	
John E. Fogarty International Center	Section 482	42§287b	Indefinite		Indefinite	
<b>Total, Budget Authority</b>				<b>70,007,000</b>		<b>73,027,000</b>

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**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>
2002	56,449,000 <u>2/</u>	56,021,000	57,874,000	56,940,000
Rescission				(81,000)
2003	63,088,000	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
Rescission				0
2008	66,594,000	67,599,000	68,000,000	67,741,000
Rescission				(1,183,000)
2009	66,623,000	68,905,000	68,476,000	68,691,000
Rescission				0
2010	69,227,000	70,780,000	69,409,000	70,051,000
Rescission				0
2011	73,027,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

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

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

**Details of Full-Time Equivalent Employment (FTEs)**

OFFICE/DIVISION	FY 2009 Actual	FY 2010 Enacted	FY 2011 PB
Office of the Director	15	14	15
Office of Administrative Management and International Services	11	11	11
Division of International Training and Research	11	10	11
Division of International Relations	11	11	11
Division of International Science Policy, Planning and Evaluation	6	5	5
Division of International Epidemiology and Population Studies	4	4	4
<b>Total</b>	<b>58</b>	<b>55</b>	<b>57</b>
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		
2007	11.7		
2008	11.8		
2009	11.8		
2010	11.9		
2011	11.9		

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

**Detail of Positions**

GRADE	FY 2009 Actual	FY 2010 Enacted	FY 2011 PB
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	6	6	6
GM/GS-14	17	17	17
GM/GS-13	2	2	2
GS-12	6	6	6
GS-11	8	8	8
GS-10	0	0	0
GS-9	3	3	3
GS-8	0	0	0
GS-7	4	4	4
GS-6	0	0	0
GS-5	0	0	0
GS-4	2	2	2
GS-3	0	0	0
GS-2	1	1	1
GS-1	0	0	0
Subtotal	49	49	49
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	3	4	4
Senior Grade	1	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	4	4	4
Ungraded	16	14	14
Total permanent positions	51	51	51
Total positions, end of year	69	66	66
Total full-time equivalent (FTE) employment, end of year	58	55	57
Average ES salary	0	0	0
Average GM/GS grade	11.8	11.9	11.9
Average GM/GS salary	95,138	97,440	98,804

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

**NATIONAL INSTITUTES OF HEALTH  
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**New Positions Requested**

	FY 2011		
	Grade	Number	Annual Salary
Health Sciences Officer	GS-13	1	\$102,317
Program Officer	GS-14	1	\$120,907
<b>Total Requested</b>		<b>2</b>	<b>\$223,224</b>