

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

John E. Fogarty International Center (FIC)

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NOTE: The FY 2016 Enacted funding amounts cited throughout this chapter reflect the effects of OAR HIV/AIDS Transfers.

NATIONAL INSTITUTES OF HEALTH

John E. Fogarty International Center

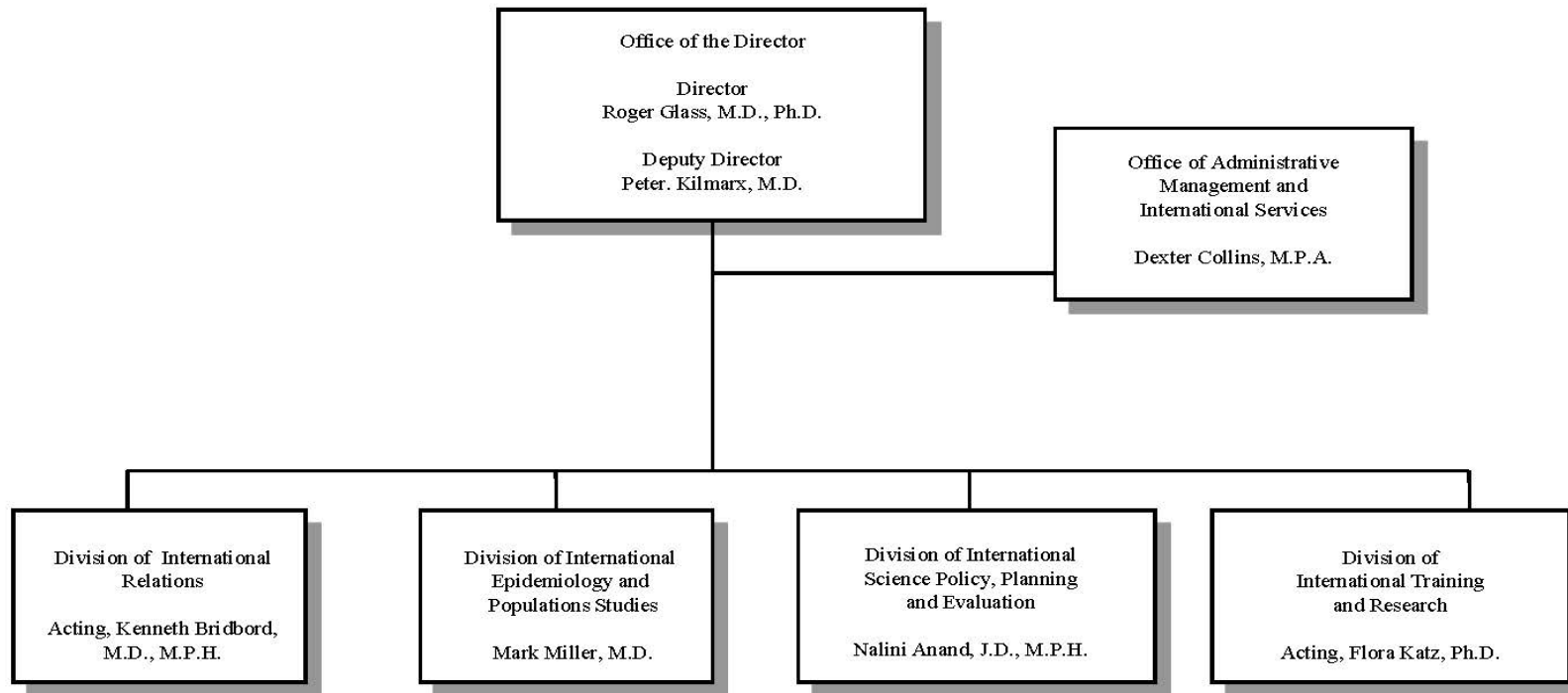


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NATIONAL INSTITUTES OF HEALTH

JOHN E. FOGARTY INTERNATIONAL CENTER

For carrying out the activities of the John E. Fogarty International Center (described in subpart 2 of part E of title IV of the PHS Act), [~~\$70,447,000~~]*\$69,175,000*.

**NATIONAL INSTITUTES OF HEALTH
Fogarty International Center**

Amounts Available for Obligation¹

(Dollars in Thousands)

Source of Funding	FY 2015 Actual	FY 2016 Enacted	FY 2017 President's Budget
Appropriation	\$67,786	\$70,447	\$70,117
Mandatory Appropriation: (non-add)			
<i>Type 1 Diabetes</i>	(0)	(0)	(0)
<i>Other Mandatory financing</i>	(0)	(0)	(942)
Rescission	0	0	0
Sequestration	0	0	0
FY 2015 First Secretary's Transfer	0	0	0
FY 2015 Second Secretary's Transfer	0	0	0
Subtotal, adjusted appropriation	\$67,786	\$70,447	\$70,117
OAR HIV/AIDS Transfers	-152	-330	0
National Children's Study Transfers	0	0	0
Subtotal, adjusted budget authority	\$67,634	\$70,117	\$70,117
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	\$67,634	\$70,117	\$70,117
Unobligated balance lapsing	-58	0	0
Total obligations	\$67,576	\$70,117	\$70,117

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

FY 2015 - \$2,524 FY 2016 - \$4,022 FY 2017 - \$4,022

**NATIONAL INSTITUTES OF HEALTH
FY 2017 Congressional Justification**

**FIC
Budget Mechanism - Total¹**
(Dollars in Thousands)

MECHANISM	FY 2015 Actual		FY 2016 Enacted		FY 2017 President's Budget ³		FY 2017 +/- FY 2016	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Projects:								
Noncompeting	38	\$6,077	26	\$5,682	31	\$6,136	5	\$454
Administrative Supplements	(6)	376						
Competing:								
Renewal								
New	15	2,149	25	3,559	17	3,200	-8	-359
Supplements								
Subtotal, Competing	15	\$2,149	25	\$3,559	17	\$3,200	-8	-\$359
Subtotal, RPGs	53	\$8,601	51	\$9,241	48	\$9,336	-3	\$95
SBIR/STTR								
Research Project Grants	53	\$8,601	51	\$9,241	48	\$9,336	-3	\$95
Research Centers:								
Specialized/Comprehensive		\$481		\$482		\$486		\$4
Clinical Research								
Biotechnology								
Comparative Medicine								
Research Centers in Minority Institutions								
Research Centers		\$481		\$482		\$486		\$4
Other Research:								
Research Careers	26	\$3,259	21	\$2,872	22	\$3,060	1	\$189
Cancer Education								
Cooperative Clinical Research								
Biomedical Research Support								
Minority Biomedical Research Support								
Other	167	36,988	186	38,448	182	37,588	-4	-860
Other Research	193	\$40,247	207	\$41,319	204	\$40,648	-3	-\$671
Total Research Grants	246	\$49,329	258	\$51,042	252	\$50,470	-6	-\$572
Ruth L Kirchstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards								
Institutional Awards								
Total Research Training								
Research & Develop Contracts <i>(SBIR/STTR) (non-add)²</i>		\$2,903		\$3,025		\$3,115		\$90
Intramural Research								
Res Management & Support	61	15,402	62	16,050	62	16,532		482
<i>Res. Management & Support (SBIR Admin) (non-add)²</i>								
<i>Office of the Director - Appropriation²</i>								
Office of the Director - Other								
<i>ORIP/SEPA (non-add)²</i>								
<i>Common Fund (non-add)²</i>								
Buildings and Facilities								
<i>Appropriation</i>								
Type 1 Diabetes								
Program Evaluation Financing								
Cancer Initiative Mandatory Financing								
Other Mandatory Financing						-942		-942
Subtotal, Labor/HHS Budget Authority		\$67,634		\$70,117		\$69,175		-\$942
Interior Appropriation for Superfund Res								
Total, NIH Discretionary B.A.		\$67,634		\$70,117		\$69,175		-\$942
Type 1 Diabetes								
Proposed Law Funding								
Cancer Initiative Mandatory Financing								
Other Mandatory Financing						942		942
Total, NIH Budget Authority		\$67,634		\$70,117		\$70,117		
Program Evaluation Financing								
Total, Program Level		\$67,634		\$70,117		\$70,117		

¹ All Subtotal and Total numbers may not add due to rounding.

² All numbers in italics and brackets are non-add.

³ Includes mandatory financing.

Major Changes in the Fiscal Year 2017 President's Budget Request

The FY 2017 President's Budget for FIC is the same as the FY 2016 Enacted level, for a total of \$70.117 million. FIC will support a total of 48 Research Project Grant (RPG) awards in FY 2017. Noncompeting RPGs will increase by 5 awards and increase by \$0.454 million. Competing RPGs will decrease by 8 awards and decrease by \$0.359 million. There is a 3.0 percent increase in Research and Development (R&D) and in Research Management Support (RMS) to support trans-NIH initiatives.

**NATIONAL INSTITUTES OF HEALTH
Fogarty International Center**

Summary of Changes

(Dollars in Thousands)

FY 2016 Enacted				\$70,117
FY 2017 President's Budget				\$70,117
Net change				\$0
CHANGES	FY 2017 President's Budget		Change from FY 2016	
	FTEs	Budget Authority	FTEs	Budget Authority
<u>A. Built-in:</u>				
<u>1. Intramural Research:</u>				
a. Annualization of January 2016 pay increase & benefits		\$0		\$0
b. January FY 2017 pay increase & benefits		0		0
c. Two less days of pay		0		0
d. Differences attributable to change in FTE		0		0
e. Payment for centrally furnished services		0		0
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		0		0
Subtotal				\$0
<u>2. Research Management and Support:</u>				
a. Annualization of January 2016 pay increase & benefits		\$8,068		\$107
b. January FY 2017 pay increase & benefits		8,068		135
c. Two less days of pay		8,068		-68
d. Differences attributable to change in FTE		8,068		0
e. Payment for centrally furnished services		426		10
f. Increased cost of laboratory supplies, materials, other expenses, and non-recurring costs		8,038		0
Subtotal				\$185
Subtotal, Built-in				\$185

**NATIONAL INSTITUTES OF HEALTH
Fogarty International Center**

Summary of Changes

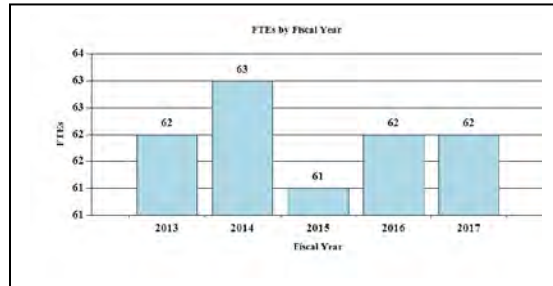
(Dollars in Thousands)

CHANGES	FY 2017 President's Budget ¹		Change from FY 2016	
	No.	Amount	No.	Amount
B. Program:				
1. Research Project Grants:				
a. Noncompeting	31	\$6,136	5	\$454
b. Competing	17	3,200	-8	-359
c. SBIR/STTR	0	0	0	0
Subtotal, RPGs	48	\$9,336	-3	\$95
2. Research Centers	0	\$486	0	\$4
3. Other Research	204	40,648	-3	-671
4. Research Training	0	0	0	0
5. Research and development contracts	0	3,115	0	90
Subtotal, Extramural		\$53,585		-\$482
6. Intramural Research	<u>FTEs</u> 0	\$0	<u>FTEs</u> 0	\$0
7. Research Management and Support	62	16,532	0	297
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, Program	62	\$70,117	0	-\$185
Total changes				\$0

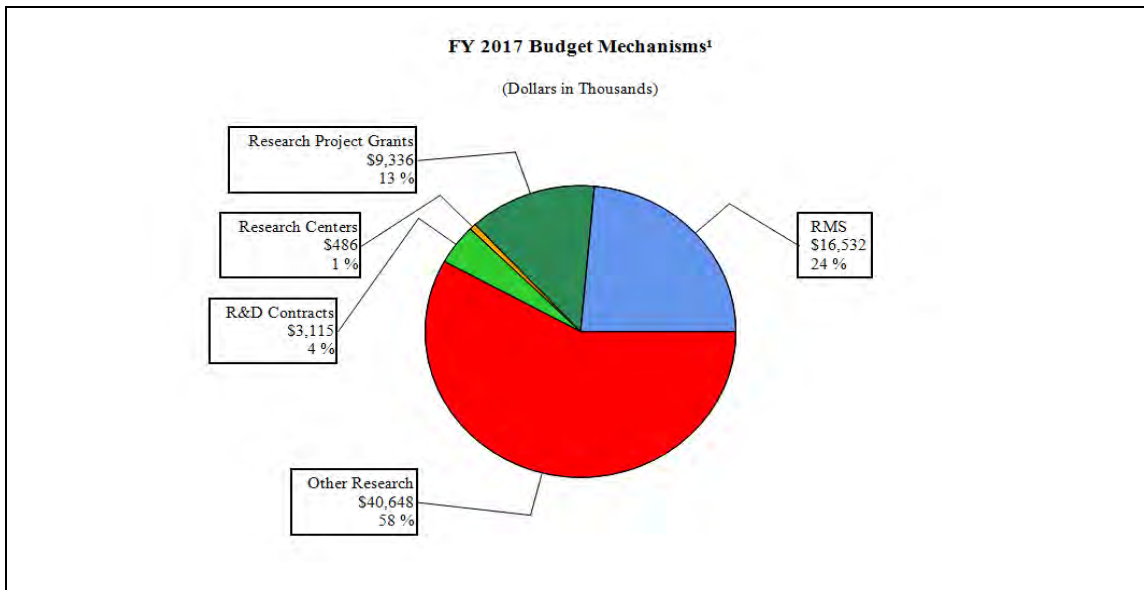
¹ Includes mandatory financing.

Fiscal Year 2017 Budget Graphs

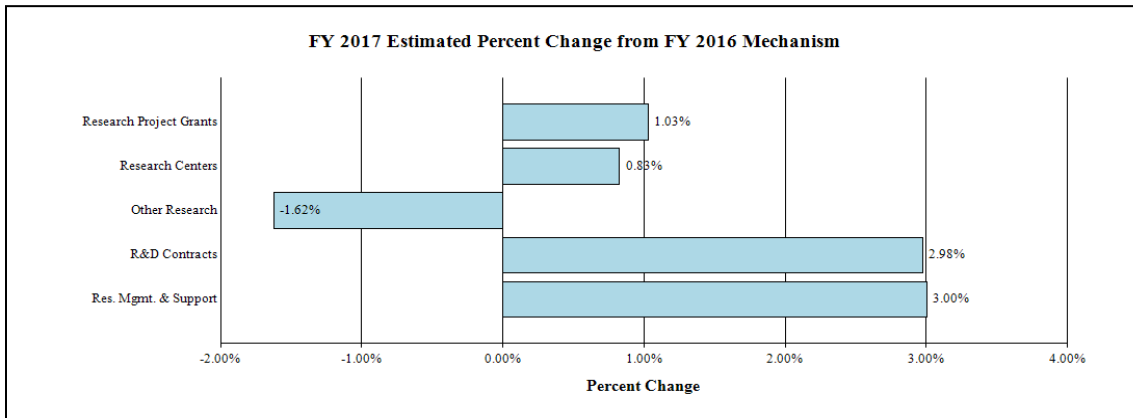
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanism:



**NATIONAL INSTITUTES OF HEALTH
Fogarty International Center**

Budget Authority by Activity¹
(Dollars in Thousands)

	FY 2015 Actual		FY 2016 Enacted		FY 2017 President's Budget ²		FY 2017 +/- FY2016	
	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>
<u>Extramural Research</u>								
<u>Detail</u>								
Research Capacity Strengthening		\$34,921		\$35,743		\$35,743		\$0
Development of Human Resources for Global Health Research		8,743		10,320		9,838		-482
International Collaborative Research		8,568		8,004		8,004		0
Subtotal, Extramural		\$52,232		\$54,067		\$53,585		-\$482
Intramural Research	0	\$0	0	\$0	0	\$0	0	\$0
Research Management & Support	61	\$15,402	62	\$16,050	62	\$16,532	0	\$482
TOTAL	61	\$67,634	62	\$70,117	62	\$70,117	0	\$0

¹ Includes FTEs whose payroll obligations are supported by the NIH Common Fund

² Includes mandatory financing

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

Authorizing Legislation

	PHS Act/ Other Citation	U.S. Code Citation	2015 Amount Authorized	FY 2016 Enacted	2016 Amount Authorized	FY 2017 PB
Research and Investigation	Section 301	42§241	Indefinite	} \$70,117,000	Indefinite	} \$69,175,000
International Cooperation	Section 307	42§242I	Indefinite		Indefinite	
John E. Fogarty International Center	Section 401(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				\$70,117,000		\$69,175,000

¹ Excludes mandatory financing.

**NATIONAL INSTITUTES OF HEALTH
Fogarty International Center**

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2007 Rescission	\$66,681,000	\$66,681,000	\$66,832,000	\$66,378,000 \$0
2008 Rescission Supplemental	\$66,594,000	\$67,599,000	\$68,000,000	\$67,741,000 \$1,183,000 \$354,000
2009 Rescission	\$66,623,000	\$68,905,000	\$68,476,000	\$68,691,000 \$0
2010 Rescission	\$69,227,000	\$70,780,000	\$69,409,000	\$70,051,000 \$0
2011 Rescission	\$73,027,000		\$72,914,000	\$70,051,000 \$615,089
2012 Rescission	\$71,328,000	\$71,328,000	\$68,653,000	\$69,754,000 \$131,835
2013 Rescission Sequestration	\$69,758,000		\$69,969,000	\$69,622,165 \$139,244 (\$3,494,554)
2014 Rescission	\$72,864,000		\$72,380,000	\$67,577,000 \$0
2015 Rescission	\$67,776,000			\$67,786,000 \$0
2016 Rescission	\$69,505,000	\$68,627,000	\$70,944,000	\$70,447,000 \$0
2017 ¹	\$70,117,000			

¹ Includes mandatory financing.

Justification of Budget Request

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

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

Budget Authority (BA):

	FY 2015 Actual	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
BA	\$67,634,000	\$70,117,000	\$70,117,000	\$0
FTE	61	62	62	0

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

Director's Overview

Cutting-edge scientific advances that improve public health are built on foundations of research capacity and rigorous training for future scientific leaders. Through its research and training programs, the Fogarty International Center (FIC) supports the best science where problems are most acute, facilitating research collaborations between U.S. and international investigators and institutions, and training the next generation of scientists to address global health challenges. FIC's niche of investing in future global health research leaders extends the reach of research institutions and equips scientists in the United States and low- and middle-income countries (LMICs) to solve health problems that affect us all.

Stewardship to Inspire Public Trust: FIC leverages partnerships to maximize the impact of NIH investments globally. For example, in collaboration with international research funding organizations, FIC and the NIH Director's Office have created a database (WorldRePORT) that includes funding information by topic and location from major global health funders. WorldRePORT is a powerful tool for setting priorities, fostering collaboration, identifying opportunities for critical research, and avoiding duplication of efforts.

FIC also has played a leadership role in catalyzing collaboration between the Bill and Melinda Gates Foundation (BMGF) and NIH to address deaths and sickness due to household air pollution. The Household Air Pollution Health Outcomes Trial funded by NIH and BMGF will build evidence for improved stoves that could save millions of lives. Complementing this effort, FIC recently launched the Global Environmental and Occupational Health program (GEOHealth), which supports research and training hubs in LMICs. Each hub includes U.S. and LMIC institutions collaborating on research and training topics of regional importance. The hubs form a platform that builds research leadership in environmental and occupational health, and fosters mutual learning and use of evidence to inform policy. GEOHealth is a collaboration

between the National Cancer Institute (NCI), National Institute of Environmental Health Sciences (NIEHS), National Institute for Occupational Safety and Health at the Centers for Disease Control and Prevention (CDC), Canada's International Development Research Centre, and the Global Alliance for Clean Cookstoves.

NIH's longstanding relationship with the President's Emergency Plan for AIDS Relief (PEPFAR) has helped to advance science and increase returns on U.S. investments in global health. Effective methods to prevent mother-to-child HIV transmission (PMTCT) often do not reach the expectant mothers who need them. In collaboration with the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development and PEPFAR, FIC launched the NIH-PEPFAR PMTCT Implementation Science Alliance, which has identified and addressed key barriers to implementation and scale-up of PMTCT services, thus harnessing science to help close the gap between known interventions and their real world applications.

Strengthen and Sustain the Biomedical Workforce: Since 1999, FIC's International Research Scientist Development Award (IRSDA) has provided support for American scientists to work and learn in LMICs to address global health problems. For example, Dr. Maria Hyoun Kim of Baylor College of Medicine is working with mentors in Malawi and the United States to improve PMTCT. Her research evaluates Malawi's novel national PMTCT Option B+ (B+) program, which offers lifelong antiretroviral treatment to HIV-infected pregnant and breastfeeding women, and will shed light on how effective B+ may be for preventing babies from becoming infected.

The Medical Education Partnership Initiative (MEPI) demonstrates that strong local research capacity is critical in addressing emerging health threats. Led by FIC and supported by PEPFAR and NIH, MEPI has provided medical education and research training for medical students, faculty, and other health professionals in sub-Saharan Africa over the past five years. Leaders of Ghana's MEPI award helped to prepare frontline health professionals to identify, diagnose and treat Ebola patients. Some MEPI team members participated in developing a long-term national strategy for Ebola, and this team is supporting the Ghanaian health system in its role as the World Health Organization coordinating hub for West Africa.

Applying Technology to Improve Health: An overburdened workforce in low-resource settings needs new, evidence-based tools for data collection, diagnosis, and treatment of disease. In an effort to understand the impact of mobile technologies on health, FIC's Mobile Health: Technology and Outcomes in Low and Middle Income Countries (mHealth) program supports research on the use of mobile devices to generate better health outcomes. For example, one team of U.S. and South African scientists is developing a mobile screening tool that can be used by staff with minimal training to detect neurocognitive impairment resulting from HIV infection. Pioneering tools like this can improve care, reduce costs, and have potential relevance for settings in the United States and worldwide.

Foundation for Discoveries – Basic Research: Over the past 12 years, FIC's Global Brain Disorders Research (Brain) program has energized a global health research agenda around brain and nervous system diseases and disorders. Brain has catalyzed innovations relevant across the lifespan, from fetal and neonatal neuro-development to neurodegenerative diseases of later life,

such as Alzheimer's disease. For example, scientists at Albert Einstein College of Medicine are collaborating with colleagues in India to investigate cognitive decline in older adults. Recent findings report prevalence of motoric cognitive risk syndrome (MCR) – a newly described predementia syndrome – and identify MCR in older adults as a strong, early risk factor for cognitive decline that can be used to identify seniors at high risk for dementia.

FIC researchers were also at the forefront of combating the Ebola outbreak, utilizing a novel methodology to analyze Internet news reports from Africa and describing pathways of transmission. This methodology provided evidence for news reports as a useful source of epidemiologic data.

FIC will continue to invest in the most promising minds in global health research, strengthening the long-term capacity of research institutions to be sustainable platforms for cutting-edge science, and catalyzing meaningful scientific collaborations between and among institutions.

Program Descriptions and Accomplishments

Sustainable Development of Human Resources for Global Health Research: Breakthrough scientific advances in global health are built upon a foundation of well-trained researchers, over 5,000 to date, from both high-income countries and LMICs who collaborate to solve major global health problems. Investing in the best and brightest minds, and catalyzing research and training partnerships between talented U.S. and LMIC scientists continues to be a high priority. Well-trained LMIC researchers bring an understanding of the unique biological, epidemiological, social, and cultural contexts of their communities, thereby contributing this knowledge to research on locally relevant challenges that often have broader, global implications. A further investment is in FIC's Global Health Research and Research Training eCapacity Initiative Program, which will support innovative research education programs to teach researchers at LMIC institutions the knowledge and skills necessary to incorporate Information and Communication Technology (ICT) into global health research and research training.

Budget Policy:

The FY 2017 President's Budget estimate is \$9.838 million, a decrease of \$0.482 million, or 4.7 percent compared to the FY 2016 Enacted level. 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. In further support, FIC will fund eCapacity training, focusing on the capacity building activities at LMIC institutions.

Program Portrait: International Research Scientist Development Award (IRSDA)

FY 2016 Level: \$2.8 million

FY 2017 Level: \$2.8 million

Change: \$0.0 million

IRSDA fills an important gap in the career trajectories of exceptional U.S. post-doctoral research scientists who are interested in building research careers in global health. The award provides salary and research project support for a sustained period of “protected time” (three to five years) for intensive research career development, under the guidance of experienced U.S. and LMIC mentors, in any health-related discipline that is relevant to the health priorities of the LMIC in which the awardee is conducting research. It is expected that this experience will prepare outstanding scientists to pursue an independently-funded global health research careers involving ongoing collaboration with LMIC scientists.

One such recipient of the IRSDA is Dr. Rajesh Vedanthan. Dr. Vedanthan conducts his research in rural western Kenya under the mentorship of an international partner at Moi University in Kenya and a U.S. partner at Mount Sinai School of Medicine. Task-shifting programs delegate patient care tasks to less specialized health workers to allow providers in low-resource settings to most efficiently deliver health services. Nurses have been shown to be effective providers for certain aspects of HIV care in LMICs and for hypertension care in high-income countries. However, rigorous studies specifically examining the effectiveness of task-shifting from physicians to nurses in hypertension care have not been conducted in sub-Saharan Africa. Dr. Vedanthan’s research does just that. His findings will add to knowledge on scalable and sustainable strategies for effectively managing hypertension and related chronic diseases in LMICs, as well as resource-poor settings in the United States and other high-income countries.

A key goal of the IRSDA program is to foster research independence. Dr. Vedanthan is achieving this by having successfully leveraged his award to compete for other independent funding. He was awarded scientific funding for research from NHLBI through the NIH Dissemination and Implementation Research in Health program. Dr. Vedanthan is one of many successful IRSDA award recipients who have gone on launch independent global health research careers.

International Collaborative Research: Fogarty-supported research collaborations between U.S. and LMIC scientists make U.S. academic institutions more globally competitive, extend their reach, and enable U.S. scientists to lead and participate in international research teams that address key global health priorities. For example, the burden of chronic, non-communicable diseases is climbing at a rapid rate in many LMICs due to dramatic gains in life expectancy, urbanization, and global economic development. This has led to a shared research agenda between high-income countries and LMICs, as well as opportunities to share knowledge and lessons learned. These partnerships also lead to more robust solutions to global health problems, as the respective strengths and expertise of local and U.S. scientists are brought to bear on complex challenges. Whether the focus is international collaborative research on disorders and diseases of the brain and nervous system or the prediction and containment of emerging infectious diseases, discoveries, and evidence generated by these projects have implications for U.S. populations.

Budget Policy:

The FY 2017 President’s Budget estimate is \$8.004 million, which is the same as the FY 2016 Enacted level. 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 LMICs, and build strategic partnerships to further global health.

Program Portrait: Global Environmental and Occupational Health (GEOHealth)

FY 2016 Level: \$1.9 million

FY 2017 Level: \$1.9 million

Change: \$0.0 million

Pesticide use, household and outdoor air pollution, mining hazards, and other occupational and environmental risk factors cause almost one quarter of the world's deaths, according to the World Health Organization. The greatest burden of disease caused by these exposures occurs in LMICs, where there is limited capacity to study the links between these risk factors and illness. More than two million workers around the world die every year due to occupational injury or illness, costing the global economy billions of dollars, as reported by the International Labor Organization.

To address these critical problems, FIC has launched the GEOHealth program. This program will invest \$20.9 million over five years to establish seven regional research and training hubs. Each hub is based in an LMIC and consists of a multidisciplinary group of researchers and partner organizations who will collaborate on common research and training topics that address environmental and/or occupational health issues. Fogarty is leading the program and partially funding the awards, in collaboration with NIH partners, NCI and NIEHS. Also providing support is the National Institute for Occupational Safety and Health, part of CDC. Canada's International Development Research Centre is contributing funding to research led by LMIC scientists. The Global Alliance for Clean Cookstoves is offering supplemental funding for research and training focused on household air pollution.

Hubs are supported by two awards – one to an LMIC lead institution for research on key topics of regional importance, and another to a U.S. institution to oversee relevant research training. Together, the seven hubs will form the GEOHealth Network, a platform to build LMIC research leadership in environmental and occupational health, and foster the exchange of knowledge and use of evidence to inform policies.

One Hub in eastern Africa is focusing primarily on the health effects of indoor and outdoor air pollution on children, as well as secondary themes in occupational health, and the impacts of climate change on health. In 2015 the Eastern Africa GEOHealth Hub will initiate research by setting up air quality monitoring stations and collecting respiratory health data. The Hub will simultaneously carry out training programs to develop researchers and research teams that are able to perform the investigations and develop local training to assure sustainability. Key partners in the Eastern Africa GEOHealth Hub are Addis Ababa University in Ethiopia and the University of Southern California. These groups are launching the endeavor for the eastern Africa region which also includes Kenya, Rwanda, and Uganda. The Eastern Africa Hub's work, like all of the GEOHealth Hubs, is designed to develop a critical mass of scientists who can discover how these exposures trigger diseases, identify effective interventions, and inform policy changes that will improve health.

Research Capacity Strengthening: Identification of priority health challenges and development of effective health interventions to address those challenges require a critical mass of U.S. and LMIC institutions that can conduct robust research and train the next generation of scientists to solve complex problems. Strong institutions that can conduct health research and train scientists in a wide range of disciplines are critical to finding solutions to global public health challenges, and to building the research workforce of the future. These institutions can stimulate innovative and multidisciplinary research on locally relevant problems, generate effective and implementable solutions, and build a nimble and networked research workforce. Fogarty investments are strengthening U.S. and LMIC research institutions by supporting the development of new research and research training models that will foster collaborative and sustainable research environments.

Program Portrait: Fogarty International Collaborative Trauma and Injury Research Training Program (TRAUMA)

FY 2016 Level: \$2.3 million

FY 2017 Level: \$2.3 million

Change: \$0.0 million

Injury and trauma are among the leading causes of death and disability in the world. The World Health Organization has estimated that more than five million deaths occur per year globally due to intentional and non-intentional injuries. Over the past decade, TRAUMA has supported research and strengthened research capacity related to injury and trauma related deaths and disabilities in LMICs. This investment has also expanded trauma and injury research partnerships between U.S. and LMIC scientists, and generated data for evidence-based decision making in injury-related clinical treatment, and prevention programs.

The aim of the program is to support the design of short- and long-term training plans to fill gaps in trauma and injury research expertise with the goal of developing a critical mass of scientists and health professionals who conduct injury research, understand the pathophysiology, and prevent or treat injury in their countries.

Research training focuses on priority topics of local importance, such as childhood drowning, domestic and intimate partner violence, alcohol-related violence and injuries, occupational injuries, or road traffic injuries. For example, Kwame Nkrumah University of Science and Technology in Ghana and the University of Washington's Harborview Injury Prevention and Research Center are collaborating to train a range of key stakeholders from several institutions across Ghana. The team has successfully informed policy in injury control in partnership with the Ministry of Health and Transportation, members of Ghana's Parliament, and local media. In particular, the research has helped to identify low-cost ways to improve injury surveillance systems, identify risk factors for injuries, and identify ways to improve trauma care in pre-hospital, hospital and rehabilitation settings.

In another example, the University of California, Los Angeles, School of Medicine and the University of Cape Town in South Africa are working together to address the effects of sexual and physical violence during pregnancy on the growth and development of infants. Their study found that maternal exposure to physical violence in the year preceding delivery was significantly associated with lower birth weight in the infants. Further research is planned to assess relevant underlying mechanisms and methods in the communities so that effective intervention plans and health policies can be developed for South Africa and other sub-Saharan African countries. The team plans to gather more detailed information using advanced research methodology with active participation from the communities, to inform the development of effective intervention plans and policies for South Africa and potentially other Sub-Saharan African countries.

Over the past decade, TRAUMA has resulted in significant scientific advances that have informed trauma-related policies and programs, enhanced knowledge regarding the impact of trauma in LMICs, increased trauma research capacity, and strengthened global injury and trauma research networks, and improved measurable policy and practice outcomes.

Budget Policy:

The FY 2017 President's Budget estimate is \$35.743 million, which is the same as the FY 2016 Enacted level. Fogarty's Strategic Plan provides the pathway toward developing sustainable global health research and training programs where they are needed most. One goal of the plan 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, Fogarty continues to invest in this area, while also investing in the critical infectious diseases agenda.

Research Management and Support (RMS): 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 FIC'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 program 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; 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 office travel cables to U.S. Embassies.

Budget Policy:

The FY 2017 Presidents Budget estimate is \$16.532 million, an increase of \$0.482 million or 3.0 percent compared to the FY 2016 Enacted level.

NATIONAL INSTITUTES OF HEALTH
Fogarty International Center
Budget Authority by Object Class¹
(Dollars in Thousands)

	FY 2016 Enacted	FY 2017 President's Budget²	FY 2017 +/- FY 2016
Total compensable workyears:			
Full-time employment	62	62	0
Full-time equivalent of overtime and holiday hours	0	0	0
Average ES salary	\$0	\$0	\$0
Average GM/GS grade	11.9	11.9	0.0
Average GM/GS salary	\$103	\$103	\$0
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$0	\$0	\$0
Average salary of ungraded positions	\$0	\$0	\$0
OBJECT CLASSES	FY 2016 Enacted	FY 2017 President's Budget²	FY 2017 +/- FY 2016
Personnel Compensation			
11.1 Full-Time Permanent	\$4,394	\$4,428	\$33
11.3 Other Than Full-Time Permanent	1,175	1,184	9
11.5 Other Personnel Compensation	111	112	1
11.7 Military Personnel	189	190	1
11.8 Special Personnel Services Payments	0	0	0
11.9 Subtotal Personnel Compensation	\$5,870	\$5,915	\$45
12.1 Civilian Personnel Benefits	\$1,958	\$1,997	\$39
12.2 Military Personnel Benefits	156	157	1
13.0 Benefits to Former Personnel	0	0	0
Subtotal Pay Costs	\$7,984	\$8,068	\$85
21.0 Travel & Transportation of Persons	\$430	\$438	\$8
22.0 Transportation of Things	16	16	0
23.1 Rental Payments to GSA	0	0	0
23.2 Rental Payments to Others	0	0	0
23.3 Communications, Utilities & Misc. Charges	120	122	2
24.0 Printing & Reproduction	0	0	0
25.1 Consulting Services	\$9	\$9	\$0
25.2 Other Services	3,348	3,637	289
25.3 Purchase of goods and services from government accounts	6,839	6,989	150
25.4 Operation & Maintenance of Facilities	\$0	\$0	\$0
25.5 R&D Contracts	25	26	0
25.6 Medical Care	0	0	0
25.7 Operation & Maintenance of Equipment	7	7	0
25.8 Subsistence & Support of Persons	0	0	0
25.0 Subtotal Other Contractual Services	\$10,228	\$10,668	\$440
26.0 Supplies & Materials	\$142	\$167	\$25
31.0 Equipment	154	167	13
32.0 Land and Structures	0	0	0
33.0 Investments & Loans	0	0	0
41.0 Grants, Subsidies & Contributions	51,042	50,470	-572
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	\$62,133	\$62,049	-\$85
Total Budget Authority by Object Class	\$70,117	\$70,117	\$0

¹ Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

² Includes mandatory financing.

**NATIONAL INSTITUTES OF HEALTH
Fogarty International Center**

Salaries and Expenses

(Dollars in Thousands)

OBJECT CLASSES	FY 2016 Enacted	FY 2017 President's Budget	FY 2017 +/- FY 2016
Personnel Compensation			
Full-Time Permanent (11.1)	\$4,394	\$4,428	\$33
Other Than Full-Time Permanent (11.3)	1,175	1,184	9
Other Personnel Compensation (11.5)	111	112	1
Military Personnel (11.7)	189	190	1
Special Personnel Services Payments (11.8)	0	0	0
Subtotal Personnel Compensation (11.9)	\$5,870	\$5,915	\$45
Civilian Personnel Benefits (12.1)	\$1,958	\$1,997	\$39
Military Personnel Benefits (12.2)	156	157	1
Benefits to Former Personnel (13.0)	0	0	0
Subtotal Pay Costs	\$7,984	\$8,068	\$85
Travel & Transportation of Persons (21.0)	\$430	\$438	\$8
Transportation of Things (22.0)	16	16	0
Rental Payments to Others (23.2)	0	0	0
Communications, Utilities & Misc. Charges (23.3)	120	122	2
Printing & Reproduction (24.0)	0	0	0
Other Contractual Services:			
Consultant Services (25.1)	9	9	0
Other Services (25.2)	3,348	3,637	289
Purchases from government accounts (25.3)	5,011	5,129	117
Operation & Maintenance of Facilities (25.4)	0	0	0
Operation & Maintenance of Equipment (25.7)	7	7	0
Subsistence & Support of Persons (25.8)	0	0	0
Subtotal Other Contractual Services	\$8,375	\$8,782	\$407
Supplies & Materials (26.0)	\$142	\$167	\$25
Subtotal Non-Pay Costs	\$9,084	\$9,526	\$441
Total Administrative Costs	\$17,068	\$17,594	\$526

**NATIONAL INSTITUTES OF HEALTH
Fogarty International Center**

Detail of Full-Time Equivalent Employment (FTE)

OFFICE/DIVISION	FY 2015 Actual			FY 2016 Est.			FY 2017 Est.		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of International Epidemiology and Population Studies									
Direct:	2	1	3	2	1	3	2	1	3
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	2	1	3	2	1	3	2	1	3
Division of International Relations									
Direct:	9	-	9	9	-	9	9	-	9
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	9	-	9	9	-	9	9	-	9
Division of International Science Policy, Planning and Evaluation									
Direct:	7	-	7	7	-	7	7	-	7
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	7	-	7	7	-	7	7	-	7
Division of International Training and Research									
Direct:	13	-	13	13	-	13	13	-	13
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	13	-	13	13	-	13	13	-	13
Office of Administrative Management									
Direct:	14	-	14	15	-	15	15	-	15
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	14	-	14	15	-	15	15	-	15
Office of the Director									
Direct:	14	1	15	14	1	15	14	1	15
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	14	1	15	14	1	15	14	1	15
Total	59	2	61	60	2	62	60	2	62
Includes FTEs whose payroll obligations are supported by the NIH Common Fund									
FTEs supported by funds from Cooperative Research and Development Agreements	0	0	0	0	0	0	0	0	0
FISCAL YEAR	Average GS Grade								
2013	12 1								
2014	12 1								
2015	11 9								
2016	11 9								
2017	11 9								

**NATIONAL INSTITUTES OF HEALTH
Fogarty International Center**

Detail of Positions¹

GRADE	FY 2015 Actual	FY 2016 Enacted	FY 2017 President's Budget
Total, ES Positions	0	0	0
Total, ES Salary	0	0	0
GM/GS-15	7	7	7
GM/GS-14	15	15	15
GM/GS-13	9	10	10
GS-12	6	6	6
GS-11	4	4	4
GS-10	0	0	0
GS-9	1	1	1
GS-8	2	2	2
GS-7	7	7	7
GS-6	0	0	0
GS-5	1	1	1
GS-4	0	0	0
GS-3	0	0	0
GS-2	1	1	1
GS-1	0	0	0
Subtotal	53	54	54
Grades established by Act of July 1, 1944 (42 U.S.C. 207)	0	0	0
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	6	6	6
Total permanent positions	55	56	56
Total positions, end of year	61	62	62
Total full-time equivalent (FTE) employment, end of year	61	62	62
Average ES salary	0	0	0
Average GM/GS grade	11.9	11.9	11.9
Average GM/GS salary	102,515	102,515	102,515

¹ Includes FTEs whose payroll obligations are supported by the NIH Common Fund.