



FOGARTY INTERNATIONAL CENTER • NATIONAL INSTITUTES OF HEALTH • DEPARTMENT OF HEALTH AND HUMAN SERVICES

Fogarty marks 50 years, considers future directions

By Ann Puderbaugh

A half century of Fogarty’s global health research and training accomplishments were celebrated May 1, as more than 500 NIH leaders, researchers, advocates and trainees gathered from around the world to mark the Center’s establishment in 1968. Part scientific symposium, part family reunion, the day was devoted to a review of progress in the development of research capacity in low- and middle-income countries (LMICs), Fogarty’s role in advancing science to reduce death and disability, and an exploration of new frontiers of global health research ripe for future exploration.

“Never before in the history of global health has global collective action been more important,” said Dr. Richard Horton, editor of *The Lancet*, in his keynote address. With nationalism and anti-science rhetoric on the rise, evidence-based decision-making is on the decline, he continued. “It feels like we are living through a counter-enlightenment, that some believe that the world is unsafe, unstable and insecure, that the idea of progress is actually a myth, that the promise that we have given society for what science can deliver is actually a lie.”

Horton urged the audience to extend efforts to improve global health in a number of key areas, including reducing child mortality, accelerating progress in reproductive health, improving understanding of the prevention and treatment of noncommunicable diseases, and finding ways to lessen health-related suffering, which he said impacts about 61 million people worldwide. The research community should also carefully consider the evolving health threats posed by climate change and environmental hazards, he suggested. Another priority must be continuing to train health professionals in LMICs, where many populations are underserved, so that the ultimate goal of achieving universal health coverage can be reached.

Photo by Andrew Propp for Fogarty



The best thing about 1968 was Fogarty’s creation, said Dr. Richard Horton, editor of *The Lancet*, who delivered the keynote address at the Center’s 50th anniversary symposium.

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— DR. RICHARD HORTON, EDITOR, *THE LANCET*

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- Fogarty trainees now hold leadership positions
- Fellowships encourage global health careers
- Capacity building enables locally driven research

Fogarty marks 50 years, considers future directions

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The Center remains faithful to the vision of its namesake, according to Sen. Jack Reed (D-RI), who recalled that Congressman John E. Fogarty was known for his effectiveness, decency and kindness. Not only a champion for the NIH, Fogarty also believed the U.S. had an obligation to improve health around the world. He argued for a “Health for Peace Center” that would embody Americans’ commitment to use science for the good of mankind. “That vision permeates this Center,” said Reed.

He pledged continued support for the Fogarty International Center and its work, and acknowledged the effective advocacy conducted on its behalf by Congressman Fogarty’s daughter, Mary Fogarty McAndrew, and her husband Tom McAndrew, who attended the celebration with their children and grandchildren.

In the first panel discussion, devoted to HIV/AIDS and the infectious disease agenda, National Institute of Allergy and Infectious Diseases Director Dr. Anthony S. Fauci noted the NIH investment in research that led to antiretroviral therapy (ART)

The first panel discussion concerned HIV/AIDS and infectious disease research. From left, Drs. Sten Vermund, Linda-Gail Bekker, Jean “Bill” Pape, Quarraisha Abdool Karim and Anthony S. Fauci.

Photos by Andrew Propp for Fogarty



Sen. Jack Reed (D-RI) said the Fogarty International Center remains faithful to the vision of its namesake, Congressman John E. Fogarty, who was committed to using science to advance peace and improve health for all people.

literally transformed the lives of those living with HIV. ART and other advances in prevention and treatment give him optimism. “We really have no more excuses. We do have the tools with treatment and prevention to actually end the AIDS pandemic as we know it.”

Young women pose a critical challenge to ending the epidemic in Africa, with 5,000 new infections occurring each day, according to Fogarty grantee Dr. Quarraisha Abdool Karim. Papers published with contributions by Fogarty trainees give glimpses of the physical and behavioral reasons young women hold the key to reducing transmission, she said. As associate scientific director of the Centre for the AIDS Programme of Research in

South Africa, known as CAPRISA, she suggested gender power disparities must be addressed and that young people should be part of the solution.

Dr. Linda-Gail Bekker, professor at the University of Cape Town, told her personal story of progressing from an M.D. looking to advance in South Africa—where only 4 percent of graduate students finished their Ph.D.s at the time—to traveling to Rockefeller University in New York with Fogarty support. “That opened up a whole world of exciting science and discovery,” she said. Now deputy director of the Desmond Tutu HIV Centre, she is also president of the International AIDS Society.

“We really have no more excuses.

We do have the tools with treatment and prevention to actually end the AIDS pandemic as we know it.”

– DR. ANTHONY S. FAUCI
DIRECTOR, NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

In Haiti, another former Fogarty trainee established and leads the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections, which is known by its French acronym, GHESKIO. Longtime



NCI Priorities in Global Health

- Building a global cancer research community
 - Research training and capacity building with FIC
 - NCI-designated Cancer Centers
- Translating research results into practice
 - TOBAC (International Tobacco & Health Research & Capacity Building) program with FIC
- Strengthening global cancer research
 - Increasing understanding of cancer etiology & pathogenesis and improving interventions



The discussion of noncommunicable diseases included presentations on cancer, cardiovascular conditions and sickle cell disease.

grantee Dr. Jean “Bill” Pape said he has trained about 500 scientists with Fogarty support, many in infectious disease research. His country is also seeing climbing rates of HIV infection in young women. He said an implementation science focus should be used to study interventions in key populations—particularly adolescents and young adults—and a community approach should be considered, including actions to reduce poverty.

Dr. Sten Vermund, longtime Fogarty grantee and Dean of Yale University’s School of Public Health, has spent decades overseeing research training programs in LMICs. Vermund highlighted a cancer prevention program in Zambia, begun with Fogarty trainees, that has grown into a cervical and breast cancer prevention program that has screened about 300,000 women and is now a training site for the entire world. “It’s remarkable how a small Fogarty investment, a small PEPFAR investment, can then blossom into a major program.”

Another panel further explored the growing burden of chronic, noncommunicable diseases. In addition to developing a number of its own funding programs to support NCD research and training, Fogarty also helped establish the Global Alliance for Chronic Diseases (GACD),

said its chair, Dr. Glenda Gray, who’s also President and CEO of the South African Medical Research Council. Since 2011, the 14 research agencies partnering through GACD have jointly funded \$178 million of research on hypertension, diabetes, lung diseases and mental health.

Global research collaborations are key for progress, National Cancer Institute (NCI) Deputy Director Dr. Douglas R. Lowy said. For instance, studies in Costa Rica provided data that suggests a single dose of the human papilloma virus vaccine may offer protection against cervical cancer, which could be significant for low-resource settings. Two former Fogarty fellows who are now co-PIs on an NCI grant said NIH support has changed the landscape of cancer care and research in Malawi. Dr. Satish Gopal,

The growing global threat of chronic diseases was considered by former Fogarty fellow Dr. Satish Gopal, NCI Deputy Director Dr. Douglas R. Lowy and President of the South African Medical Research Council Dr. Glenda Gray.



Malawi’s only oncologist, said Fogarty investments sparked what has now grown into a substantial research site that has produced numerous publications and alumni, resulting in additional NIH and other funding. Gopal’s Malawian colleague, Dr. Sam Phiri, told how he progressed from Fogarty trainee to NCI grantee.

NIH programs should empower country-driven contextual solutions to bend the curve and help eliminate health inequities, according to National Heart, Lung and Blood Institute (NHLBI) Director Dr. Gary Gibbons. He detailed his Institute’s global efforts to reduce household air pollution exposure, study low-cost hypertension interventions and translate advances in sickle cell disease to LMICs. NHLBI grantee Dr. Julie Makani, of Tanzania’s Muhimbili University, said she hopes genomics studies in Africa may lead to advances that can benefit sufferers everywhere.

There was no pathway for cardiologists interested in global health when he graduated from medical school, said Dr. Gerald Bloomfield. “Fogarty came into my sphere of understanding at a critical point in my career,” he said. His experience as a Fogarty Fellow studying the causes of heart failure in Kenya helped him transition into a principal investigator with his own research funding. He now mentors Kenyan trainees and has helped build a vibrant and active research environment in the country.



Fogarty's Amit Mistry talks to Dr. Shelli Avenevoli, deputy director of the National Institute of Mental Health, about the Center's new initiative on conducting research during humanitarian crises.



National Institute on Aging Director Dr. Richard Hodes describes the unique research opportunities in Colombia, where a clinical trial is testing a drug to see if it can prevent Alzheimer's disease from developing.

Brain disorders also cause an enormous disease burden in the developing world. National Institute of Neurological Disorders and Stroke Director Dr. Walter Koroshetz and grantee Dr. Gretchen Birbeck jointly presented on stigma and epilepsy. Koroshetz explained the shortage of neurological expertise in many LMICs means Western solutions are often not possible to implement. Birbeck says her studies to find cost-effective interventions for epilepsy in Zambia have shown working with peer groups and schools can be helpful. Each Fogarty grant is like a pebble in a pond, she said. "What we don't really appreciate unless we step back ... is all the rippling effects that occur as

the result of a small investment by Fogarty."

Another team, made up of National Institute on Aging Director Dr. Richard Hodes and grantee Dr. Kenneth Kosik, described an extended family of Colombians with a genetic mutation that brings early-onset Alzheimer's disease. Kosik said he used Fogarty funds to build local scientific capacity to study the population, which has made it possible for the site to be included in an ongoing drug trial to see if Alzheimer's can be stopped at its earliest point. He also said the team has established a brain bank there, an untapped resource that is waiting to be explored. Hodes says the

courageous families' commitment to the research is "extraordinary."

The National Institute of Mental Health (NIMH) has also had "fruitful partnerships" with Fogarty, said its Deputy Director Dr. Shelli Avenevoli, and has future plans to develop LMIC data infrastructure and analytic capacity, advance implementation science, and conduct research in the humanitarian context. NIMH grantee Dr. Vishwajit Nimgaonkar said his funding for genomic studies of schizophrenia in India and Egypt has allowed him to develop sufficient capacity that the local scientists now work on an equal basis with their U.S. partners. Nimgaonkar says he has trained 70 psychiatrists and psychologists in research techniques, established genomics labs, developed ethics guidelines for mental health research, and contributed samples to genetic banks.

The research agenda for global brain disorders was discussed by a panel moderated by Fogarty Deputy Director Dr. Peter Kilmarx (far right), with speakers including Fogarty advisory board member Dr. Gretchen Birbeck, of the University of Rochester (left), and National Institute of Neurological Disorders and Stroke Director Dr. Walter Koroshetz (center).



The final session focused on the multigenerational impact of Fogarty's research training programs. As a young girl growing up in Peru, Dr. Patty Garcia said she dreamed of being a super hero who could improve the lives of her country's people. After medical school, she received Fogarty support for advanced studies at the University of Washington, where she earned her master's in public health and Ph.D. Since returning



Mary Fogarty McAndrew, Congressman John E. Fogarty's daughter, toasts the Fogarty International Center's accomplishments, at a reception hosted by the Foundation for the NIH.



NIH Director Dr. Francis S. Collins (center) reminisced with Fogarty Director Dr. Roger I. Glass (left) and Dr. Warren Johnson, who is the founding director of Weill Cornell Medicine's Center for Global Health.

home, she has built a cadre of well-trained scientists—including co-presenter Dr. Magaly Blas—who have successfully competed for numerous research grants from NIH and other funders. Fogarty programs helped advance understanding of infectious diseases in Peru, develop expertise in informatics, incorporate electronic medical records into the national health system, and expand research into the Amazon region and other underserved areas. All the while Garcia has progressed in her career, serving as dean, director of Peru's NIH and recently as health minister.

"Every step you take in life shapes who you are," she said. "And the steps I've walked with the help of Fogarty were instrumental in helping me to achieve a great deal, including being appointed health minister."

In South Africa, ongoing Fogarty support since 1992 has helped train more than 600 scientists. "For me, the most important thing is that almost every study on HIV going on in South Africa today involves a Fogarty trainee in some way or another," said Dr. Slim Abdool Karim. He introduced his protégé, Dr. Vivek Naranbhai, who said his experience as a Fogarty fellow was life-changing. Naranbhai, now a resident at Harvard University, said he entered the program feeling he was an inconsequential physician, but during orientation at NIH quickly realized he had something to offer. "It introduced me to a community of

like-minded people—to suddenly have access to this great global village is extraordinary."

Uganda has also benefitted from Fogarty research training support, according to Dr. Nelson Sewankambo, of Makerere University. In particular, he highlighted the Medical Education Partnership Initiative (MEPI), which was administered by Fogarty with funding from NIH and the President's Emergency Plan for AIDS Relief. "Moving forward, these achievements need to be sustained and scaled-up," he said, and African resources should be mobilized.

His trainee, Dr. Mark Kaddamukasa, said NIH and Fogarty played a critical role in his career development. Now with his own NIH grant, he has in turn mentored more than a dozen students. He says this concept is reflected in an African saying, "When you walk in the path of your father, you learn to walk like him."

Fogarty programs that develop these local research leaders are the key to the future, said NIH Director Dr. Francis S. Collins. "We want to increasingly empower investigators in-country to be able to be in charge

of their own efforts, to figure out what the most important research questions are in their environment and then to help them build support for that within their own countries," he said. "Even with its modest budget, Fogarty can be an incredible catalyst."

The other Institutes, Centers and Offices at NIH have been Fogarty's greatest partners in building these international collaborations, with almost 90 percent of Fogarty grants receiving co-funding, noted Fogarty Director Dr. Roger I. Glass. "By forming and supporting these scientific partnerships, the Center has tried to expand the envelope of research," he said. "The principal value of Fogarty is investing in people and their careers."

RESOURCE

Website: <http://bit.ly/Fogarty50th>

Fogarty grantee Dr. Lisa Bebell caught up with colleagues during the event.



Viewpoints of Fogarty at 50

CULTIVATING THE NEXT GENERATION

“Fogarty training has given us Africans the skills we need to conduct research, document illness and look at possible interventions that work in Africa. Fogarty has changed the face of HIV medicine.”



Dr. Ruth Nduati
Professor, University of Nairobi

“My Fogarty training was a defining experience in my career . . . Fogarty gave me the opportunity of my life, professionally. It opened up my world completely, gave me another view, and I fell in love with public health and research.”



Dr. Marcos Espinal
Director, Communicable Diseases
Pan American Health Organization (PAHO)

“Every step you take in life shapes who you are. And the steps I’ve walked with the help of Fogarty were instrumental in helping me to achieve a great deal, including being appointed health minister.”



Dr. Patty Garcia
Professor, University of Cayetano Heredia
Former Minister of Health and Director of NIH in Peru

“NIH funds fantastic research and Fogarty backs this up with excellent capacity building. Thinking that we can do research without good training, without building scientific capacity is wrong and in many ways deluded. The two go hand-in-hand.”



Dr. Linda-Gail Bekker
President, International AIDS Society
Deputy Director, Desmond Tutu HIV Centre
Professor, University of Cape Town

“For us in Nigeria, the Fogarty funding for bioethics changed the entire landscape. What we have now would have been impossible without the Fogarty funding. Previously, individuals who received international training in bioethics would return home like being cast loose on an ocean, with no focus, no organizing principle and no idea of how they could continue to use that skill.”



Dr. Clement Adebamowo
University of Ibadan

“Without Fogarty, I quite simply wouldn’t be who I am today. My Fogarty training has helped me to reach career milestones—including starting the first standing committee on HIV in any African parliament and being chosen to head the ministry of science, technology and innovation that President Yoweri Museveni established.”



Dr. Elioda Tumwesigye
Uganda’s Minister of Science,
Technology and Innovation

“Fogarty’s requirement you conduct your research and spend time in other countries outside the U.S. is absolutely critical. Only in that way do you get exposed to particular problems that country faces, which may be quite different than what the U.S. is facing, even for the same disease. That allows you to develop relationships with the people that you’re going to collaborate with for years to come. They believe you’re interested in their country’s problems, that you understand them.”



Dr. Thomas A. Gaziano
Harvard University

“I’m an anthropologist, so what’s important to me when we train our students to get them ready to go overseas to do research, or when we bring international students to North Carolina for training, is that they really need the kind of interdisciplinary grounding that the Fogarty Framework program encouraged. Our trainees really need to understand the social and cultural context of the places where they’re going to be doing their research.”



Dr. Peggy Bentley
University of North Carolina

“Fogarty’s been great to me. I met so many people at orientation that introduced me to the next person and the next person. The opportunity to be involved, to be invited into this community has been amazing. I appreciate the chance that Fogarty has given me to develop my own skill set and help turn my passion for global health research into a career.”



Dr. Cameron E. Gaskill
Fogarty Fellow

“We are often reminded in medicine that we can only do so much. But shortcomings are what drive our desire to do clinical research—to improve, to advance, to care—so that one day when someone is looking for a miracle, we can deliver.”



Dr. Jessica Manning
Fogarty Fellow

“Before working in India, I didn’t do a lot of juggling different things at once, didn’t know I was strong on that, to finish on time and write the paper. But in the Fogarty fellowship, I was completely independent. That gave me the opportunity to see how much I can do on my own. You feel very good when you can see you’re making an impact on peoples’ lives. I would like to keep doing that.”



Dr. Arti Kundu
Fogarty Fellow

“Fogarty understands that global change starts within individual countries, and during its 50 years of existence, its unique, sustained focus on supporting people in their own countries to solve their own problems has been a critical piece of the architecture and development of global health.”



Dr. Peter Singer
CEO, Grand Challenges Canada
University of Toronto



PROFILE

Researcher enters global network via Fogarty program

By Karin Zeitvogel

As a teenager in medical school in South Africa, Dr. Vivek Naranbhai was impatient and thinking of changing career tracks. “I wasn’t learning what I wanted to learn, things that would allow me to bring positive change in the world,” Naranbhai said. Then, in 2004, he met longtime NIH grantee, Dr. Quarraisha Abdool Karim, and began working with her at the Centre for the AIDS Programme of Research in South Africa (CAPRISA). Their Fogarty-supported project looked at the mortality of patients starting on antiretrovirals (ARVs), which were only just being rolled out in South Africa after a protracted fight with the government.

“Patients were dying within months of starting ARVs, and word was getting around that this was because of the drugs, which we knew was not true,” Naranbhai said. “We wanted to figure out why there was this increase in mortality and our research showed it was largely because people were starting on ARVs so late that they already had a burden of opportunistic infections.”

After working for more than a year alongside Abdool Karim, Naranbhai was named a fellow in the Fogarty-Ellison International Clinical Research Training Program in 2006. The yearlong fellowship allowed him to travel to the United States, attend lectures at NIH, meet other scientists and conduct research. The experience changed his outlook and confirmed for Naranbhai that his future lay in global health.

“It was my first time in an academic center outside of South Africa, and I came to understand that, although I’m from the developing world, I’m as capable as anyone else of doing clinical research that helps patients in South Africa and globally,” Naranbhai said. “I understood that I wasn’t just an inconsequential, second-rate doctor from a backwater in South Africa.”

Naranbhai was paired for his fellowship with University of Washington in St. Louis medical student James Hudspeth. After spending time at NIH, the two did research together in South Africa. Naranbhai says this bidirectionality is a key reason Fogarty fellowships



Vivek Naranbhai, M.D., Ph.D., D.Phil.

Fogarty-Ellison Fellow:	2006-2007
Local organization:	University of KwaZulu Natal/CAPRISA
U.S. organization:	Columbia University
Research focus:	HIV

are so rewarding and constructive. “Fogarty gives young researchers from developing countries the opportunity to meet like-minded people from other parts of the world, to work together as equals and have conversations from which both sides learn valuable lessons.”

A firm believer in continual personal improvement, Naranbhai went on to do a second Ph.D. in clinical medicine at the University of Oxford, adding it to the doctorate in virology he already had from the University of KwaZulu-Natal in South Africa. He drew on his education, his experience as a Fogarty fellow and his background growing up in a developing country when, as a resident at Massachusetts General Hospital in 2017-18, he correctly diagnosed an American woman with scurvy. The disease, caused by poor nutrition and a lack of vitamin C, is rare in high-income countries like the U.S. The woman had been in and out of hospital for months.

Once he has completed his residency, Naranbhai envisages having a basic science laboratory and helping to conduct clinical trials—in other words, “to be involved in translational medicine,” he explained.

“Of course, if you work in a place like South Africa, that comes with the obligation to build capacity,” Naranbhai added. “But the relative investment in training is much less than if you’re funding a clinical trial or the development of a drug—and you can’t do any of that, anyway, without human capacity.”

“Fogarty realizes that and has a model that works well,” he said. “It creates a global village of people who want to positively change the world. It provides us with an ideal of how we can do good in the world, and for those reasons, Fogarty is very important for everyone.”

MARK KADDUMUKASA, M.D. PH.D.

Dr. Mark Kaddumukasa is a senior lecturer at the college of health sciences at Makerere University in Uganda, and a physician at Mulago Hospital in Kampala, the largest public hospital in the East African country. A former Fogarty trainee, Kaddumukasa's research focus is on neurological disorders. With support from Fogarty through the five-year Emerging Global Leader Award and from NIH's National Institute of Neurological Disorders and Stroke, Kaddumukasa in 2017 began a project studying strategies to address stigma among epileptics in Uganda.



How has Fogarty training helped your career?

With Fogarty support, I've trained as a clinical researcher, supervised student projects, enriched my skills and learned new research and clinical techniques. I have had the opportunity to network with U.S. collaborators, including some who eventually became my mentors. I was able to come to the U.S. and spend about a month at Johns Hopkins University where I underwent bioethics training. This enabled me to supervise the research of others and become a member of the Internal Review Board (IRB) at Makerere University. Last, but not least, Fogarty gave me the opportunity to visit NIH and see how research is conducted there. It was an eye-opener—completely different to the way we do research in Africa.

Which program has particularly impacted you?

I'd have to say that the Fogarty Medical Education Partnership Initiative (MEPI) project, on which I was a co-investigator, affected me the most. Through MEPI, we trained medical residents in neurology research. Students wrote proposals, which were evaluated and scored by a committee made up of experienced international and local researchers. The students who wrote the best proposals earned support for their project. I supervised three or four students each year, including two Ph.D. candidates. Their projects were focused on things like stroke, epilepsy, dementias and peripheral neuropathy in patients at Mulago Hospital in Kampala.

While I was supervising these students, I was continuing to learn from my own mentors—Professors Eli Katabira and Martha Sajatovic from Case Western Reserve University, and Professor Nelson Sewankambo from Makerere. They taught me things that you can only learn by working with a mentor—what expectations to set for yourself, how to make presentations, write a manuscript, how to review a research proposal, and more. Probably the most important lesson I learned from working on this project is that mentorship is not something you learn by studying a textbook. You learn it by doing it, and Fogarty facilitates that.

What is your current research focus?

I have an Emerging Global Leader K-award, which is supported by Fogarty and NIH's National Institute of Neurological Disorders and Stroke. I'm studying the stigma surrounding epilepsy and the quality of life of epileptic people in Uganda. I decided to pursue this line of research after I saw someone suffering from epilepsy who was locked up in their house, tied to their bed, while the family watched as the individual had seizures. I was deeply disturbed by what I saw. We have affordable drugs in Uganda that work, but the family thought that the medications wouldn't do anything.

This is an example of how misinformation about epilepsy is accepted as fact by many in Africa. There is also a widespread belief in parts of the continent that epilepsy is caused by spirits or witchcraft—which is, of course, not true. I think the most important thing we can do to address the stigma surrounding epilepsy is to educate people, especially the caregivers of people with the condition. I'm working with faculty at Makerere and Case Western Reserve University to achieve that.

How did Makerere become a powerhouse?

Makerere found itself on the brink of collapse in the 1970s and '80s. Since then, we have rebuilt and reinvented ourselves to get to where we are today—one of the top five African universities.

I think multigenerational mentorship, which is supported by Fogarty and other international partners, has been key to our rebirth. Makerere now has an established senior clinical research team who mentor the next generation, who in turn pass on what they learn to the next generation, and so on. Our international partners have helped us build foundations in research and helped us to get many successful projects off the ground and take them through to completion.

OPINION

By Dr. Roger I. Glass, Director, Fogarty International Center

Considering the new frontiers of global health research

As we mark our 50th year, it is appropriate that we both celebrate our many accomplishments and consider how best to tackle the new global health challenges of the 21st century. Fogarty has had a rich and varied legacy since its establishment in 1968. In our first decade, our infancy, Fogarty served as a conference center for global health policy discussions and a convener of outstanding scientists from around the world to build collaborations with U.S. investigators.

In the 1980s, as the extent of the global HIV/AIDS epidemic became clear, we began our first institutional extramural grant program, the AIDS International Training and Research Program, or AITRP. Fogarty developed a model of partnering U.S. and foreign institutions in low- and middle-income countries to train the next generation of young investigators, to build a research base in areas where this was lacking, with the infrastructure required to conduct ethical, groundbreaking research.

This approach has become the hallmark of Fogarty programs—taking science where the problems are and building local research capacity to solve them. The scientists who were first trained through our programs have become world leaders on the front lines in the battle to staunch the global epidemic of HIV/AIDS through innovative research, in collaboration with U.S. investigators, and with additional support from many others at NIH and beyond. The return on investment in people, partnerships and policies has truly changed the world.

Center Director Dr. Roger I. Glass greets former Fogarty fellows during the anniversary celebration.

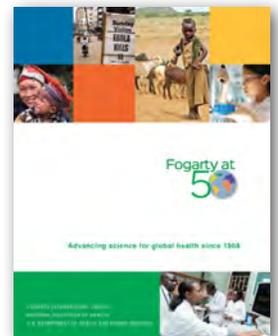


The Fogarty family came together May 1 to mark the Center's 50th birthday. From left, Drs. Vivek Naranbhai, Slim Abdool Karim and Roger Glass.

More recently, this model has been extended beyond infectious diseases to chronic, noncommunicable diseases and disciplines critical to advancing the global health agenda from every specialty of the medical and health sciences—including areas not traditionally considered part of global health, such as economics, law, business, architecture, engineering and others.

Fogarty remains the smallest center at NIH with what is perhaps the broadest goal—investing to build the next generation of leaders in biomedical research and supporting training to make them productive collaborators who can contribute to discoveries that improve health globally, as well as in the U.S.

To mark our anniversary, we've compiled profiles of some of our most successful trainees and captured stories that demonstrate the value of Fogarty programs. These are just a few examples that illustrate the impact of Fogarty programs and represent hundreds of others. I hope you will spend some time perusing this book and emerge as moved as I am by all we have accomplished together.



For the last 50 years, Fogarty's focus has been on cultivating partnerships that advance science for global health. On behalf of all of our staff and our alumni, we thank you for your continued support.

RESOURCE

Fogarty@50 book: <http://bit.ly/Fogarty50Book>



U.S. Global Malaria Coordinator named

Dr. Kenneth Staley was tapped as U.S. Global Malaria Coordinator to oversee the President's Malaria Initiative, which is led by USAID and implemented with HHS and CDC. Staley has served with the State Department and White House Homeland Security Council, and recently was a consultant working on crisis responses to Ebola and MERS.



New leadership for Indian research

Dr. Balram Bhargava is the new Secretary of the Department of Health Research in India and Director General of the Indian Council of Medical Research. Previously, he was professor of cardiology at the All India Institute of Medical Sciences. He is known for biomedical innovation, public health, medical research, education and training.



Barry receives top award for female physician

Fogarty grantee Dr. Michele Barry, senior associate dean of global health at Stanford University, was awarded the American Medical Women's Association 2018 Elizabeth Blackwell Medal. Created in tribute to the first woman to receive a medical degree from a U.S. institution, the award recognizes contributions to the cause of women in medicine.



Howard University bestows honorary degree on Pinn

Howard University presented an honorary Doctor of Science degree to Dr. Vivian Pinn, senior scientist emerita at Fogarty. Pinn was a professor and chair of the department of pathology at Howard's College of Medicine before coming to NIH, where she was the first full-time director of the Office of Research on Women's Health.



Murphy inducted into engineering elite

Dr. Robert Murphy, a Fogarty grantee, was inducted into the American Institute for Medical and Biological Engineering College of Fellows. A professor at Northwestern University and director of its Center for Global Health, Murphy was recognized for developing centers of excellence in infectious disease and biomedical engineering in sub-Saharan Africa.



Global Burden of Disease founders honored

For "groundbreaking work in conceptualizing and quantifying the Global Burden of Disease (GBD)," Drs. Christopher Murray and Alan Lopez will receive the 2018 John Dirks Canada Gairdner Global Health Award. Murray is director of the Institute for Health Metrics and Evaluation at the University of Washington, and Lopez is a Laureate Professor at the University of Melbourne.



Under their leadership, the GBD enterprise has grown to include a network of 3,191 collaborators in 140 countries and three territories, contributing to what has been recognized as the world's largest publishing collaboration in science. The study's latest edition covers 333 diseases and 84 risk factors.

WHO issues first list of essential diagnostics

Without an accurate diagnosis, many people around the world don't receive the treatment they need, or are incorrectly diagnosed and receive the wrong treatment. To address this gap, WHO has issued its first Essential Diagnostics List, a catalogue of the tests needed to diagnose the most common conditions as well as a number of global priority diseases.

Full report: <http://bit.ly/WHOdiagnostics>

Vaccines task force report released

Robust clinical research capacity in low- and middle-income countries is key to stemming the spread of epidemics, according to a new report from the International Vaccines Task Force (IVTF). The report lays out how to develop the political support, financing and coordination required to build this capacity as a crucial component of global epidemic preparedness. The task force was convened by the World Bank Group and the Coalition for Epidemic Preparedness Innovations.

News release: <http://bit.ly/strongcapacity>

WHO details global smoking disparities

Worldwide smoking is declining but stark disparities exist between countries and regions. A WHO investigation reveals that while more than 62 million smokers in high-income countries quit smoking since 2000, the number of smokers in low- and middle-income countries has increased by 33 million.

News release: <http://bit.ly/TobaccoWHO>

Road safety study details health impact

Road traffic is a neglected health issue that kills 350,000 children and adolescents each year and causes serious harm and injury to millions more, says a new report from the FIA Foundation. It argues for integrating road traffic injury prevention, air pollution and child NCDs into the UN agenda and calls for a summit on child and adolescent health.

News release: <http://bit.ly/kidsroadsafety>

NIH produces plan for data science

To capitalize on the opportunities presented by advances in data science, the NIH has developed a strategic plan to promote modernization of the NIH-funded biomedical data science ecosystem. The goal is to maximize the value of data generated through NIH-funded efforts to accelerate the pace of biomedical discoveries and medical breakthroughs for better health outcomes.

News release: <http://bit.ly/NIHdata>

Funding Opportunity Announcement	Details	Deadline
Global Infectious Disease (GID) Research Training Program (D71) (D43)	http://bit.ly/GIDplan http://bit.ly/GIDtrain	Jul 26, 2018 Jul 26, 2018
Reducing Stigma to Improve HIV/AIDS Prevention, Treatment and Care in LMICs (R21 Clinical Trial Optional)	http://bit.ly/StigmaHIV2018	Aug 1, 2018
Infrastructure Development Training Programs for Critical HIV Research at LMIC Institutions (G11)	http://bit.ly/FOGg11	Aug 23, 2018
Planning Grant for Fogarty HIV Research Training Program for LMIC Institutions (D71)	http://bit.ly/FOGD71	Aug 23, 2018
Fogarty HIV Research Training Program for LMIC Institutions (D43 Clinical Trial Optional)	http://bit.ly/HIVRTD43	Aug 23, 2018
Mobile Health: Technology and Outcomes in LMICs (R21 Clinical Trial Optional)	http://bit.ly/mhealthr21	Aug 31, 2018
Emerging Global Leader Award - Career Development (K43)	http://bit.ly/GlobalLeaderOp	Nov 7, 2018
Global Brain and Nervous System Disorders Research across the Lifespan (R21) (R01)	http://bit.ly/GlobalBrainR21 http://bit.ly/GlobalBrainR01	Nov 7, 2018 Nov 7, 2018

For more information, visit www.fic.nih.gov/funding

Global Health Matters

May/June 2018

Volume 17, No. 3 ISSN: 1938-5935

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National Institutes of Health
Department of Health and Human Services

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Fogarty's Glass receives Carter humanitarian award

Courtesy of the National Foundation for Infectious Diseases (NFID)



From left, NFID President Dr. Walter A. Orenstein, Fogarty Director Dr. Roger I. Glass and Dr. Mathuram Santosham, of Johns Hopkins University, who nominated Dr. Glass for the award.

The 2018 Jimmy and Rosalynn Carter Humanitarian Award was presented to Fogarty Director Dr. Roger I. Glass by the National Foundation for Infectious Diseases (NFID) on May 10. Glass was recognized for his "lasting contributions to improving children's health worldwide, including novel scientific research for the prevention of gastroenteritis from rotaviruses and noroviruses."

Other awardees included Vanderbilt University professor Dr. Kathryn M. Edwards, who received the Maxwell Finland Award for Scientific Achievement, and CDC principal deputy director Dr. Anne Schuchat, who was honored with the John P. Utz Leadership Award.

RESOURCE

Video: <http://bit.ly/CarterAccept>