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NIH to invest \$58M to catalyze data science in Africa

The NIH has announced it plans to provide \$58 million over five years for a new initiative, Harnessing Data Science for Health Discovery and Innovation in Africa (DS-I Africa). The program is intended to explore how advances in data science applied in the African context can spur health discoveries and catalyze innovation.

DS-I Africa will leverage existing data and technologies to develop solutions for the continent's most pressing clinical and public health problems. Awards will be supported in four areas: an open data science platform and coordinating center, research hubs, research training programs, and ethical, legal and social implications research. The program is targeting African academic and other non-profit organizations to apply in partnership with private sector, government and other research partners.

Notices of intent to publish four funding opportunity



Image by iStock

announcements (FOAs) for DS-I Africa were recently issued by NIH. The FOAs will be issued this summer and will provide more details regarding the initiative. Applications are expected to be due in late 2020 with projects slated to begin in the second half of 2021.

NIH is hosting a virtual symposium platform in late summer to communicate the program's key priorities and engage participants in robust scientific discussions on the state of data science in Africa. The platform is designed to encourage networking across disciplines, sectors and geographies to foster collaborations that will produce high quality applications. More information is available at <https://commonfund.nih.gov/AfricaData>.

DS-I Africa is an NIH Common Fund program guided by a working group led by the Office of the Director, Fogarty, the National Institute of Biomedical Imaging and Bioengineering, the National Institute of Mental Health and the National Library of Medicine.

NIH closes harassment loopholes governing grantees

NIH has announced new guidance for grantees that addresses reported gaps in its policies against sexual harassment. NIH grant recipients will now be expected to promptly inform the agency of changes in investigators or movement of a grant to a new recipient institution, specifying if the changes are related to harassment, bullying, retaliation or hostile working conditions. This includes situations where a senior researcher is removed from a grant during investigation of a serious allegation.

"The reason is clear—NIH does not tolerate sexual harassment. Period," according to a blog post from the Office of Extramural Research that explained the changes. The new guidance builds on previous steps NIH has taken to strengthen reporting of sexual harassment and other misconduct, and is intended to prevent instances of "passing the harasser," in which a scientist who changes institutions could evade the consequences of sexual harassment findings. For more information, visit: <https://bit.ly/NIH-harassment-reporting>.

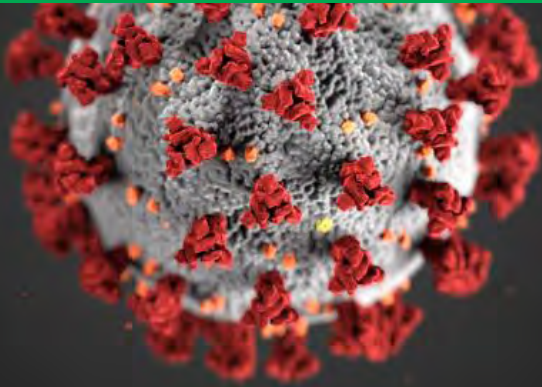
FOCUS



Fogarty community engaged in combatting COVID-19

- Grantees lead country responses to coronavirus
- Fellows find novel ways to contribute
- Pandemic poses mental health, bioethics issues

Read more on pages 6 – 9



COVID research, diagnostics projects gear up at NIH

To help speed development and commercialization of COVID-19 testing technologies needed to ensure a safe reopening of society, the NIH has announced a \$1.5 billion initiative, called the Rapid Acceleration of Diagnostics (RADx). The NIH will also seek opportunities to move diagnostic technologies swiftly through the development pipeline toward commercialization and broad availability. Applicants with rapid testing technologies will compete in a rapid, three-phase selection process. Finalists will be matched with technical, business and manufacturing experts to increase the odds of success. The goal is to produce millions of accurate and easy-to-use tests by the end of this summer.

“We need all innovators, from the basement to the boardroom, to come together to advance diagnostic technologies, no matter where they are in development,” said NIH Director Dr. Francis S. Collins. “Now is the time for that unmatched American ingenuity to bring the best and most innovative technologies forward to make testing for COVID-19 widely available.”

The NIH also continues to ramp up clinical studies of COVID-19, including two that will examine pregnant women and children.

In a multipronged effort, researchers will analyze the medical records of up to 21,000 women to evaluate whether changes to healthcare delivery that were implemented as a result of the pandemic have led to higher rates of pregnancy-related complications and cesarean delivery. They also seek to establish the risk of pregnant women with COVID-19 infection transmitting the virus to their fetus. Newborns will be monitored and assessed until they are discharged from the hospital. In addition, the study will track more than 1,500 pregnant women confirmed with COVID-19 infection, monitoring their health for six weeks after childbirth.

Other NIH-funded researchers are evaluating drugs prescribed to treat COVID-19 in infants, children and adolescents. They will analyze blood samples collected from routine medical procedures to understand how the drugs move through the bodies of children, from newborns to adolescents under 21 years of age. The goal is to gather information to refine dosing and improve safety.

Both studies are supported by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development.

Fogarty adds search function to funding directory

Non-NIH Funding Opportunities - Grants and Fellowships

Subscribe to Fogarty's *Global Health Matters* newsletter, and weekly funding news for global health researchers.

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This directory of **Non-NIH Funding Opportunities** includes international grants and fellowships in biomedical and behavioral research, providing information about additional funding opportunities available to those in the field of global health research.

To add or update your organization's listing, please contact FICInfo@mail.nih.gov.

Search funding

infectious diseases

Filter funding results

All	
Predoctoral	Postdoctoral
Health Professional	Faculty
Institutions	Travel

Showing funding opportunities matching *infectious diseases*. [Clear search](#)

Securing biomedical and behavioral research funding can be challenging for global health researchers. To help connect scientists across career stages with organizations offering grants, fellowships, scholarships and awards, Fogarty has for several decades maintained a directory of Non-NIH Funding Opportunities. Originally a print publication, the online version now includes a search function that allows users to find entries by keyword, funding category or career level.

The collection includes listings from U.S. government departments and agencies, foreign governments, nongovernmental organizations and academic institutions.

Fogarty welcomes directory submissions from organizations seeking candidates for their global health programs, particularly those focused on supporting research or research training in low- and middle-income countries.

Directory:

<https://bit.ly/GlobalHealthFunding>



An HIV research training grant in Haiti will train scientists focused on HIV prevention and treatment among adolescents.

\$18M awarded for HIV research training

To continue to strengthen research capacity to address the evolving HIV epidemic in low- and middle-income countries (LMICs), Fogarty intends to award \$18.3 million over the next five years through 14 grants.

One of eight new projects, a grant in Zimbabwe will build new capacity for molecular epidemiology and genomics with funding to the Biomedical Research and Training Institute to provide doctoral and postdoctoral training in lab research skills, bioinformatics, modeling and data science, in collaboration with Stanford University. In Haiti, GHESKIO Center and Weill Cornell Medicine will jointly provide public health research training to Haitian scientists focused on adolescent HIV prevention and treatment, HIV and tuberculosis co-infection, and HIV and noncommunicable diseases. Georgia's Partnership for Research and Action for Health is collaborating with Tbilisi State University and the State University of New York to build implementation science research capacity addressing gaps in HIV prevention and care.

Additionally, a grant to the University of California, San Francisco aims to instruct candidates at Maseno University and the Kenya Medical Research Institute on food security and poverty alleviation interventions to improve HIV outcomes. A program led by Washington University will provide methods training, mentoring, and

hands-on experience to Ugandan researchers devoted to children's mental health in HIV-impacted settings. Vanderbilt University plans to build Nigerian research capacity and enable clinical trials in HIV-associated noncommunicable diseases through mentored projects at Aminu Kano Teaching Hospital. Meanwhile, Yale University is partnering with the University of Malaya to provide implementation science training to produce researchers with the skills to address HIV prevention and treatment. Another Yale-based program will strengthen biomedical research capacity related to HIV-associated comorbidities in partnership with the University of Ghana.

Fogarty's HIV research training program is also renewing funding for four existing projects. Vanderbilt University will continue working with the University Eduardo Mondale to train Mozambique scientists in HIV implementation science research, while also supporting two institutional field sites. An existing partnership between the University of Washington (UW) and the Kenya Medical Research Institute will build additional research capacity and focus on prevention of new HIV infections among women and teen girls. The collaboration between University of North Carolina and University of Malawi will continue to provide training with the goal of producing independently funded Malawian investigators capable of multidisciplinary research. Training at Universidad Peruana Cayetano Heredia will help researchers achieve autonomy on projects addressing HIV as a chronic condition, in partnership with UW and the University of Alabama.

Finally, Fogarty awarded a planning grant to Makerere University to develop a training program for Ugandan researchers concentrated on HIV, noncommunicable diseases and aging. And George Washington University received a planning grant to strengthen ethical review capacity of HIV trials at Kinshasa University in the Democratic Republic of Congo.

The NIH's National Institute on Alcohol Abuse and Alcoholism, National Institute of Child Health and Human Development, National Institute on Drug Abuse and National Institute of Mental Health are also providing support.

Fogarty awards \$5M for bioethics research training

A critical mass of bioethics scholars is needed to address challenging health research issues in low- and middle-income countries (LMICs). To help build that capacity, Fogarty has announced four awards that will support research ethics training with nearly \$5 million over the next five years.

Fogarty is funding doctoral and postdoctoral-level bioethics research training through a grant to Loyola University Chicago, for a collaboration with Ukrainian Catholic University that will train 12 Ukrainian research

fellows. Under the same funding scheme, Fogarty also has committed to the South African Research Ethics Training Initiative Leadership Program at the University of KwaZulu-Natal. In addition, Fogarty is supporting two master's level bioethics research training programs with a new award to George Washington University for training in Mali and continuation of funding for a program at Makerere University in Uganda.

The NIH's National Institute of Allergy and Infectious Diseases is helping to fund the awards.

PROFILE

Former Fogarty Scholar helps Cambodia respond to COVID

By Susan Scutti

When Cambodia identified its first patient with COVID-19 in late January, former Fogarty Scholar Dr. Jessica Manning leapt into action. Newly trained to use a small, technological device, she was able to quickly sequence the genome of a virus sample and post it on Nextstrain, the global collaboration database. It was among the first 20 to be shared on the site, which now includes thousands of SARS-CoV-2 genomes. “That was a really big step for us—to be the first lab from a developing country to contribute to the global knowledge base.” The collective effort provides insights for vaccine development and helps track the transmission, mutation and spread of the novel coronavirus.

Manning’s pandemic-related duties did not end there. As Science Attaché at the U.S. Embassy in Phnom Penh, she helped develop clinical algorithms for potential positive cases among the diplomatic corps stationed in Cambodia. She also is setting up a sero-prevalence study and expanding sequencing capabilities there with the additional funding she received from her employer, NIH’s National Institute of Allergy and Infectious Diseases (NIAID).

Last year, Manning’s NIAID lab had acquired the new sequencer and research funding for a project supported by the Bill & Melinda Gates Foundation and the Chan Zuckerberg Initiative. Given the growing global incidence of mosquito-borne diseases such as malaria and dengue, Manning’s study aims to use genomic sequencing to identify pathogens in samples collected from people suffering from fevers. She intends to gather data to map vector-borne disease incidence, model transmission risk and identify target areas for interventions—important for authorities with limited resources for insecticide spraying and other measures. But her main research focus is investigating the potential for a universal vaccine for diseases transmitted by mosquitos, created from the insects’ spit. “We know that saliva actually worsens disease, so if we can have the body mount a protective response against saliva, we may be able to attenuate the actual pathogen’s effects—be it dengue, zika, malaria—whatever is carried by the mosquito,” she said.



Jessica Manning, MD, MSc

Fogarty Scholar:	2008-09
US Institution:	University of Maryland Center for Vaccine Development
Foreign Institution:	University of Bamako, Mali
Research area:	Gene expression in immune response to malaria

Manning has just published results of what may be the first clinical trial of a mosquito spit vaccine in *The Lancet*. Conducted at the NIH Clinical Center in 2017, the study tested for safety and side effects in 49 healthy volunteers, who received one of two versions of the vaccine or a placebo. The results were promising but further research is needed to determine the effectiveness of a mosquito saliva vaccine.

Manning’s work in Cambodia grew out of her 2008 Fogarty fellowship in Mali, where she learned how to operationalize a malaria study after first establishing a genomics lab in Bamako to process samples gathered across the resource-scarce nation.

“Fogarty changed my life,” she recounted. “I had never lived in the developing world and it was a character-building experience in ways that I had never considered. It was eye-opening, impactful and meaningful and I knew then that this was going to be my career.”

That fellowship helped her understand what she would need to succeed, which led her to complete a master’s in epidemiology to deepen her quantitative skills. She also learned patience.

“Fogarty taught me that everywhere you go, you have to drink the tea. You have to just sit there and not talk and understand what’s happening so that ultimately you can begin to achieve the scientific objectives you came with,” she noted. “Cultural fluency is the key. It’s the number one thing that has to happen and I think it’s the hardest to learn.”

RESOURCES

<https://bit.ly/ManningCOVID>

CHRISTIAN HAPPI, MSC, PHD

Dr. Christian Happi is director of the African Centre of Excellence for the Genomics of Infectious Disease, and professor of molecular biology and genomics at Redeemer's University in Nigeria. A leading genomic sequencing expert, Happi is also a visiting scientist at Harvard University. His first NIH grant was a Fogarty International Research Collaboration Award (FIRCA) and he is now a Principal Investigator on the NIH's Human Heredity and Health in Africa (H3Africa) project. He has won numerous honors for his accomplishments, including the 2019 African Prize from the Human Genome Organization.



How did Fogarty help advance your career?

Being named collaborator on the Fogarty grant in 2004 was the most critical step on my career path and laid the groundwork for my research achievements so far. My mentor, Dr. Dyann F. Wirth at Harvard, gave me responsibility to manage the whole project and report to her if there were challenges. Her words still ring in my ears like yesterday: "If you are successful with this, it will be the beginning of a brilliant career. The ball is in your court and you cannot afford to fail me." In 2008, I was promoted to Principal Investigator when the grant was renewed. This experience helped me become an independent investigator and further strengthened my capacity and abilities to manage research projects.

You initially studied malaria. Why was that?

It was a childhood dream for me to solve malaria, since I had multiple malaria episodes growing up. I made significant breakthroughs—from unravelling molecular markers of resistance to many antimalarial drugs, to using my genomics data to influence evidence-based antimalaria drug policy change in Nigeria. More importantly, building capacity on the African continent in the field of malaria molecular biology was most rewarding, because I can see today that many of the young African scientists that we trained are now among the leaders of malaria research across the continent.

How did you become engaged with Ebola?

In 2013, I received an NIH grant that was critical for the establishment of the first infectious disease genomics platform in West Africa, the African Center of Excellence for Genomics of Infectious Disease (ACEGID), at Redeemer's University in Nigeria. While we were doing our work on Lassa fever in 2014, we were faced with the largest Ebola outbreak in West Africa. We soon diagnosed the first case of Ebola in Sierra Leone and started working with government officials, offering diagnostic support. More importantly we quickly sequenced 99 genomes and made them available to the international research community for the development of various

countermeasures. We pioneered open data access for outbreak response and are happy that has now become the standard. We have established sequencing facilities in Nigeria, Sierra-Leone, Senegal and Liberia that have been used to respond to many outbreaks of diseases such as Lassa fever, monkeypox and yellow fever. We also have over the years built a critical mass of over one thousand well-trained African genomics scientists that are currently leveraging the skills acquired and the facilities we have established.

How did that prepare you for COVID-19?

Our work on Ebola gave us the confidence that we could sequence any organism, including the human genome. We had established a very robust metagenomic platform that enabled us to sequence the whole genome of the first SARS-CoV-2 in Africa from the first index case in Nigeria within 48 hours of receiving the samples. We realized that the whole genome sequencing and analytical pipelines that we set up for Ebola work seamlessly for SARS-CoV-2. The sequence provided us with the origin of the virus and enabled us to have better insight into the virus structure. The significance of our work is that through what we are doing, we have put Africa on the map, by contributing knowledge and information to global sequencing data repositories. We have changed the narrative by shifting our status from genomics knowledge consumers to genomics knowledge producers.

How has H3Africa advanced genomics capacity?

Genomics has become a critical component of infectious disease research, control and eradication. It provides both the researchers and policymakers with the type of insight and scientific evidence that they will not ordinarily have for public health interventions. It is important for Africa to have its own biobanks and genomics capabilities because with these, we will be able to adequately address health issues that are important to Africa. H3Africa has been a catalytic force for the successful establishment of state-of-the-art laboratories and biobanking facilities on the continent.

Fogarty community responds to COVID-19 in many ways



Dr. Vanessa Rouzier

GHESKIO is “facing the monster in Haiti”

With the number of Haitians testing positive for COVID-19 doubling each week, the country is struggling to mount a response, with little international help, said **Dr. Vanessa Rouzier** and **GHESKIO** colleagues in an article in the *NEJM*. Misinformation is rampant and stigmatization is impeding care, Rouzier reported. The NIH-funded GHESKIO clinic suffered a fire in early June that compounded its difficulties. Rouzier said shutting down commercial activity is not feasible in Haiti, given the extreme poverty, and presented guidance for others working in low-resource settings. “Haiti is susceptible to natural disasters and epidemics,” noted Rouzier. “But we are also resilient, creative, and relentless when faced with overwhelming challenges. We have overcome worse, and we will overcome COVID-19.”



Dr. Jerome Singh

AAS promotes African involvement in COVID trials

The African Academy of Sciences (AAS) has coordinated COVID-19 response activities across the continent, including launching an online platform to increase visibility of African clinical trial sites and investigators with the potential to participate in COVID-19 clinical trials. In a recent article in the *Journal of Infectious Diseases*, **AAS bioethics advisor and Fogarty grantee Dr. Jerome Singh** made the case that African involvement in COVID-19 research is essential. “As dozens of COVID-19 vaccine trials commence in the weeks and months ahead, African sites should be central to COVID-19 vaccine trial site mapping. Such an approach is in the interests of public health, scientifically responsible, and realizes key ethics values. Without such an approach, Africa risks being left behind in our response to the COVID-19 pandemic. This would be unconscionable.”



Dr. John Nkengasong

Africa CDC: global response needed to end COVID-19

Africa’s investments in preparedness and response efforts to address Ebola, Lassa fever and HIV/AIDS have produced technical know-how that has been swiftly adapted to COVID-19, according to a recent article published in *Nature Medicine*. However, senior author **Dr. John N. Nkengasong, director of Africa CDC**, and his colleagues said the continent cannot conquer coronavirus on its own. “Failure to cooperate globally and to act decisively in Africa will translate into sustained transmission and pose a risk to all. As acknowledged by world leaders: only victory in Africa can end the pandemic everywhere.”



Dr. Patty Garcia

Peru struggles to socially distance

Peru confirmed its first COVID-19 patient on March 6 and 10 days later the government issued a complete lockdown, recalled **Fogarty grantee and researcher** at Cayetano Heredia University, **Dr. Patty Garcia**. The restrictions were difficult for the country to take, she said, given their tradition of warm greetings and large gatherings. The authorities imposed a curfew to try to slow the pandemic’s spread. In an interview with Harvard’s public health school, Garcia described her role in the response. “I’m chairing a commission that has to do with innovations in technology for the response to COVID. So, in this commission, I work with about 16 scientists, and molecular biologists, engineers, et cetera. And we’re trying to advise on how to do things better.”



Dr. Zunyou Wu

Former Fogarty trainee at heart of China’s response

As **chief epidemiologist of China’s CDC, Dr. Zunyou Wu** has been actively involved in the COVID-19 response in his country since the outset. “My primary responsibility is to monitor the epidemic of COVID-19 as it changes over time, assess the epidemic’s magnitude and predict future trends,” said Wu, a former Fogarty trainee. “We give guidance on analyzing data and preparing daily reports for understanding the epidemic.” In February, Wu participated in the WHO-China joint assessment of the pandemic and published a paper in *JAMA* providing the early epidemiology of the outbreak, including a breakdown by gender, age, symptoms and fatality rate.



Dr. Jean Nachege

AFREhealth shares best practices

As the COVID-19 pandemic took hold globally, the **African Forum for Research and Education in Health (AFREhealth)** began convening a monthly video conference to share information and experiences among its collaborators. Topics have included updates on the virus, tips for addressing it in low-resource settings and country response case studies. **Dr. Jean Nachege**, an AFREhealth principal investigator, has also led COVID-related publications on mitigation strategies tailored for Africa, caution regarding use of chloroquine and hydroxychloroquine, the potential for mobile health solutions and relevant lessons learned from combatting Ebola.

In pandemic real-time, **Fogarty Fellow Andrew Kim**, a Ph.D. candidate based at the **Health Economics and Epidemiology Research Office in South Africa**, is examining the mental health impacts, perceptions and experiences of COVID-19 among families in Soweto. Kim and his research team are also conducting virtual ethnographic research to understand how people are responding to the effects of the pandemic on their daily lives. In addition, an impromptu surveillance system created by Kim's group can identify mental health needs and then make appropriate referrals with help from South Africa's largest mental health organization.

Current and former Fogarty Fellows Drs. Sarah Lofgren, Matt Pullen and Caleb Skipper teamed up with their **mentor Dr. David Boulware** to conduct a hydroxychloroquine clinical trial at the **University of Minnesota**. The researchers studied post-exposure prophylaxis, preemptive treatment and pre-exposure prophylaxis of hydroxychloroquine. Published results proved the antimalarial drug did not prevent development of COVID-19 better than a placebo.

News release: https://bit.ly/UM_COVID

Dr. Keymanthri Moodley Fogarty bioethics program grantee at Stellenbosch University, co-authored an article with **Former Fogarty trainee Dr. Jerome Singh** of the University of KwaZulu-Natal for the South African Medical Journal on the ethical considerations surrounding critical care triaging during the pandemic.

Article: https://bit.ly/COVID_triage

Dr. Malinee Neelamegam has partnered with the infectious diseases team at **University of Malaya (UM)** to set up a COVID-19 hospital patient registry. The **Fogarty Fellow** is also planning a clinical trial aimed at reducing use of ventilation for coronavirus patients admitted to the UM Medical Centre.

Dr. Zachary Porterfield, a **Fogarty Fellow** at the **University of Kentucky**, has developed four global collaboration projects to examine and translate COVID-related treatments. Acting as co-principal investigator, Porterfield has begun a clinical trial of a Japanese antiviral drug, camostat, at sites supervised by his own university and the **University of KwaZulu-Natal**, in South Africa. Camostat, a serine inhibitor, has been shown to prevent cleavage of the spike protein in SARS-CoV-2, which is necessary for the virus to infect cells.

News release: https://bit.ly/COVID_UK

Dr. Kingsley Preko vice president of the Ghana Red Cross Society, donated food, sanitizers, masks and other supplies to the Ankaful prison to assist Ghana in the fight against COVID-19. Preko, a **former Fogarty bioethics program fellow** and a senior lecturer at the **University of Cape Coast**, said the humanitarian society also offered the government help with contact tracing. *Article: https://bit.ly/COVID_donation*

Fogarty Fellow Dr. Alliya Qazi of **Stanford University** is collaborating with clinicians and researchers at **Addis Ababa University**, Ethiopia, to develop guidelines for use of low-cost personal protective equipment in resource-limited settings during the COVID-19 pandemic. Specifically, the group is focusing on development and assessment of locally available protective equipment and locally appropriate recommendations for conservation of equipment.

Pennsylvania State University's Dr. Steven Schiff has redirected his research to focus on neonatal infections. "It is clear to us that we know little of this new virus with respect to the spectrum of primary disease that it can generate in the infant," according to the **Fogarty brain disorders program grantee**. Explorations of co-infections must now expand to include the SARS-CoV-2 virus, he said. Schiff's team is also collaborating with African and Asian colleagues to design mapping tools to track the evolving pandemic.

Fogarty Fellow Dr. Ashley Styczynski has partnered with the CDC and the **International Centre for Diarrhoeal Disease Research** in Bangladesh to train hospital staff for triage and infection prevention and control during the coronavirus pandemic. Styczynski, a postdoctoral fellow at Stanford University, has also designed a survey of risk behaviors for coronavirus transmission in mosques, developed hand sanitizer holsters for healthcare workers and explored strategies for medical staff protection in resource-limited settings with limited personal protective equipment.

Working with the Centre for Rural Health, **Dr. Ruwayda Petrus**, a senior lecturer at the **University of KwaZulu-Natal**, created a video that highlights healthy ways of dealing with fears and anxieties provoked by COVID-19. The **Fogarty MEPI Junior Faculty Fellow** also contributed to an educational leaflet promoting psychological self-care that was created by University of Cape Town scientists. With Petrus' help, this same team also developed two videos, one that trains frontline medical providers to cope with stress caused by the pandemic, the other showing health care managers new ways to support and debrief their staff based on psychodynamic principles. *Video: https://bit.ly/covid_vid*

Courtesy of UKZN



Fogarty grantee studies COVID impact on pregnant teens

By Susan Scutti

When her Fogarty research project studying depression in pregnant teens was disrupted by the coronavirus outbreak, Kenyan scientist Dr. Manasi Kumar began examining how the pandemic was impacting that population. Her findings were sobering. Teens were hungry and they or their parents or partners had lost jobs. Gender-based violence had increased, while transportation and essential services had been severely disrupted. “Food insecurity is what has remained striking in my mind—going hungry for days when you are pregnant,” Kumar said. Compelled to act, she is helping Nairobi county establish a mental health help-line based on interventions she’d developed for her original project.



Image courtesy of Dr. Manasi Kumar

Dr. Manasi Kumar has developed an animated video intervention as part of her Fogarty project in Kenya studying depression among pregnant teens, who have experienced additional stress due to the pandemic.

was finally ready to tackle group psychotherapy for the pregnant teens. “The pandemic lockdown was announced on the very day I was supposed to start.”

Kumar believes the HIV epidemic provided Kenya and similar countries with a wealth of experience relevant to COVID-19, while emphasizing the importance of prevention and mitigation strategies. But translating past practices to fight new and future health crises requires research. Kumar is gathering relevant studies for a special journal issue she is co-editing that is focused on successes and challenges of policies and behavioral responses to COVID-19 in low- and middle-income countries.

The University of Nairobi senior lecturer had hoped to build capacity by empowering health facility staff to implement parts of her Fogarty work but learned they first needed self-care guidance and sensitization training. “In fragile settings you have to do a lot of investment in the health care providers themselves,” said Kumar. After 18 months of staff development, Kumar

It’s important to consolidate the evidence around COVID-19 to inform policymakers, especially regarding psychological research, which is often neglected, she said. “I hope this pandemic conveys to global actors and leaders in low- and middle- income countries that mental health is a key component during a crisis.”

Fellow addresses COVID mental health needs in Vietnam

By Dr. Dang Hoang Minh, Fogarty Fellow at Vietnam National University

The COVID-19 pandemic is posing serious psychological issues, especially for children and adolescents who often suffer more profoundly from disasters. This vulnerable age group has little control over their family situation, little experience coping with major events and less ability to put events in perspective. Kids and teens are also particularly sensitive to the stress that their parents experience and express. To help address this need, I am collaborating with UNICEF-Vietnam to develop a set of pandemic-related mental health and psychosocial support materials focused on children and adolescents. The materials we are developing are designed to help



Dr. Dang Hoang Minh

families cope with the mental health effects of the COVID-19 pandemic and lockdown—including a possible second wave of coronavirus in the fall—as well as future public health emergencies or natural disasters. The project includes training social workers and teachers how to use the materials.

My project wouldn’t be possible without the various Fogarty-related programs developed in Vietnam over the past two decades and the informal network of former Fogarty trainees who maintain professional mental health and research positions around the country.



is clearly long gone in most HIV treatment and prevention research, and is probably not going to be acceptable in COVID research,” he said.

South Africa’s research ethics community responded quickly to the global crisis and began preparing for a possible surge in urgent research. When the virus first crossed distant borders, Wassenaar and a handful of colleagues spontaneously formed an informal network to quickly share relevant COVID-19 information among research ethics committee members across the country.

Next, they reviewed existing national guidance, last revised in 2015, and found an enabling clause that anticipated the need for accelerated research during an emergency. A committee subgroup then developed procedures to facilitate rapid review of protocols. “It basically recommends full-committee review for a clinical trial or research that is more than minimal risk, but we also encourage RECs to find faster ways of reviewing and prioritizing studies in the national and global interest,” said Wassenaar. There must also be careful targeting of stakeholders and opinion leaders, he said, so that everyone is satisfied there has been sufficient engagement with affected populations.

Finally, the COVID committee endorsed an informal peer-support system to empower individual REC chairs to confidentially share a protocol and receive comments from other committees within 24 hours. “We’re enriching the review process to make sure urgency doesn’t compromise quality and rigor,” said Wassenaar. These new measures seem to have enabled some researchers to receive full ethics approval of pandemic-related studies within 10 to 20 days. Importantly, South Africa’s drug regulator almost simultaneously issued assurance to swiftly review COVID-related clinical trials, Wassenaar noted.

He said he and his research partners have begun to consider pandemic-related changes to their Fogarty bioethics research training program. “We’re going to do some retooling to look at lessons learned from COVID and make sure our graduates and leaders on the continent are in a position to give good advice on how to respond appropriately in an emergency situation.” An ethics committee is always both “the good guy and the bad guy,” he suggested. Researchers think committees are too bureaucratic, while committee members believe they’re protecting the public. “But if you are too slow and inappropriately difficult—and you delay products getting into the public health system—then you are not on the side of the public,” said Wassenaar. “Through our program, we want to train people who consider this middle ground very seriously and can make the best possible decisions in difficult circumstances.”

Scientists in South Africa and elsewhere are grappling with ethical dilemmas as they begin clinical trials of therapies and vaccines to combat COVID-19.

Conducting research in a pandemic raises thorny bioethics issues

By Susan Scutti

Is it ethical to shelve studies of priority conditions to conduct COVID-related research instead? How do you ensure informed consent among trial participants who are extremely ill? Many low- and middle-income countries have been grappling with these issues. In South Africa, scientists have already developed a large portfolio of coronavirus pandemic research, including simple observational studies as well as multinational, multi-site clinical trials of vaccines and therapies. In all cases, research ethics committees need to quickly address thorny questions before granting permission to researchers, according to Dr. Douglas Wassenaar, a University of KwaZulu-Natal professor and longtime Fogarty bioethics grantee.

Informed consent remains an “ongoing debate” among research ethics committees (RECs)—his nation’s equivalent of institutional review boards, explained Wassenaar. “Most of us worry about the extent to which people comprehend what they’re consenting to.” Study protocols that compare a standard of care control arm versus a study intervention group also prove morally “tricky” because, currently, there is only palliative care for COVID-19.

“HIV has prepared us quite well to review complicated trials,” said Wassenaar. Some South African committees have been reviewing HIV research for the past 10 to 15 years and so are accustomed to “applications where the standard of care or prevention arm is quite complicated with a whole armamentarium of biomedical, social and behavioral things that should be considered. Placebo alone

OPINION

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

We must work together to end racism, promote equality

“Human progress is neither automatic nor inevitable . . . Every step toward the goal of justice requires sacrifice, suffering, and struggle; the tireless exertions and passionate concern of dedicated individuals.”

— MARTIN LUTHER KING, JR., 1961

We have seen painful reminders in the past few weeks that the fight against racism and the struggle for equality are far from over, either here at home or in many other parts of the world. We must use this time of heightened awareness to consider how to make meaningful progress and we must not stop until all people have equal rights, social justice and access to medical care.

We at Fogarty condemn racism and bigotry in all its forms and remain committed to our mission to work toward achieving equity for all the world's people. The continuing issues of social justice, the importance of diversity, alongside the racism and police brutality that persist in our society have again come to the fore and been heightened by the COVID-19 pandemic, which has impacted minorities and vulnerable groups far more than others.

This is a time for all of us to reflect on what more we can do to address these continuing problems, to determine how we can contribute to meaningful solutions, individually and through our collective efforts, so that one day all people will live in a just and equitable world. We must channel our outrage, grief and frustration into positive change.

At NIH, I was encouraged to see our director Dr. Francis S. Collins issue a statement calling on our community to

foster a culture of inclusion, equity and respect for one another, including working to enhance and nurture the diversity of our workforce and fighting to end health disparities. As he sagely noted, our different perspectives, backgrounds and cultures are what fuel our creativity and drive innovation.



The NIH leadership is also continuing its efforts to end sexual harassment, including closing loopholes that had allowed some grantees to escape repercussions for their egregious actions by changing institutions.

We know there is much more to be done before there is truly a level playing field in science but we are making progress. Because some of our grantee institutions in low-resource settings do not have regulations and processes in place to deal with harassment or bullying, we are making some resources available for that purpose.

For us at Fogarty, we will not rest until all scientists are able to fully participate in biomedical research as equal partners and all the world's people are equal beneficiaries of research discoveries. This has been the overarching principle that has guided the Fogarty International Center and its staff for more than 50 years. It has never resonated more strongly than today.

I call on you, our partners in these endeavors, to join us in our quest for peace, equality and social justice. This is a time when we must band together, to help each other, to repair and remake our society for the next generation, even as we address the physical and economic devastation wrought by the COVID-19 pandemic. We cannot, we must not, fail.

We have indeed seen that progress is not automatic or inevitable. It falls on all of us to shoulder the burden together, so that real and enduring progress can be achieved.

RESOURCES

<https://bit.ly/GlassEquality>



NIH Director receives prestigious appointments

The Royal Society, the United Kingdom's national academy of sciences, has elected NIH Director Dr. Francis S. Collins as one of 10 exceptional scientists worldwide to be added as Foreign Members. Collins was recognized for his human genetics contributions. In addition, the Trump Administration has added Collins to the U.S. coronavirus task force.



Former Fogarty advisory board member dies

Dr. Charles Carpenter, who for several decades collaborated on Brown University's Fogarty HIV/AIDS research training grant, died in March. Carpenter had chaired the treatment subcommittee to evaluate the President's Emergency Plan for AIDS Relief (PEPFAR). He also served as a Fogarty advisory board member and received the 2003 Fogarty Award for International Health.



Fogarty grantees recognized for contributions

Fogarty grantees Drs. Quarraisha Abdool Karim and Salim S. Abdool Karim are the recipients of the 2020 John Dirks Canada Gairdner Global Health Award. The pair was recognized for their discovery that antiretrovirals prevent HIV from being sexually transmitted, which led to pre-exposure prophylaxis (PrEP) and a reduction in HIV infections in Africa and around the world.



In addition, Dr. Quarraisha Abdool Karim, whose research showed a topical gel could prevent HIV transmission among women, has been awarded one of France's top science prizes. Karim will receive the 2020 Christophe Merieux Prize for her work at the Centre for the AIDS Programme of Research in South Africa (CAPRISA), which she heads.



AIDS researcher, NIH grantee dies of COVID-19

Longtime NIH grantee and pioneering AIDS researcher Dr. Gita Ramjee died of COVID-19 in April. A South African scientist renowned for her work to expand women's access to HIV treatment and prevention, Ramjee was the chief scientific officer of the Aurum Institute, a nonprofit organization based in Johannesburg.



Barsa selected as Acting USAID Administrator

John Barsa became Acting USAID Administrator in April, following the departure of Administrator Mark Green. Barsa was previously USAID's Assistant Administrator for Latin America and the Caribbean. The son of a Cuban refugee, he has a bachelor's degree in international affairs from Florida International University.

NIH releases nutrition research plan

To spur discovery and innovation, NIH has launched the first agency-wide strategic plan for nutrition research. The cross-cutting scientific agenda—supported by nearly \$2 billion each year—includes a proposed focus on diet, behavior patterns, nutrition across the lifespan and food as medicine.

Full Strategic Plan: <https://bit.ly/NIHnutrition>

Mental health strategy developed by NIH

NIH's National Institute of Mental Health has released a strategic plan to guide its research. Its four stated goals are: defining brain mechanisms underlying complex behaviors, examining mental illness across the lifespan, striving for prevention and cures, and strengthening the public health impact of its research.

Full Strategic Plan: https://bit.ly/NIMH_SP

NIH launches PhenX Toolkit

NIH has developed a new resource—the PhenX Toolkit—to provide standardized measures for phenotypes and exposures in biomedical research involving the social determinants of health. The open-access collection of 19 protocols was supported by the NIH's National Institute on Minority Health and Health Disparities.

Website: www.phenxtoolkit.org

WHO creates COVID-19 tech access pool

Thirty countries and multiple international organizations are partnering to support the COVID-19 Technology Access Pool (C-TAP), a WHO initiative aimed at speeding progress and ensuring vaccines, tests, treatments and other health technologies to fight coronavirus are freely accessible to all.

News release: https://bit.ly/WHO_CTAP

COVID-19 guide for youth is published

The Smithsonian has collaborated with the WHO and others to develop a rapid-response COVID-19 guide for youth. Published in more than 15 languages, it aims to help young people understand the science of coronavirus as well as help them take actions to keep themselves, their families and communities safe.

Books: <https://ssec.si.edu/covid-19>

Funding Opportunity Announcement	Details	Deadline
International Bioethics Training R25 Clinical Trial Not Allowed D43 Clinical Trial Optional	http://bit.ly/BioethicsTraining	EXTENDED: Aug 4, 2020
Global Infectious Disease (GID) Research Training Program D43 Clinical Trials Optional	http://bit.ly/IDtraining	Aug 14, 2020
Fogarty HIV Research Training for LMIC Institutions D43 Clinical Trial Optional D71 Clinical Trial Not Allowed G11 Clinical Trial Not Allowed	http://bit.ly/NIHGlobalHIV	Aug 20, 2020
Mobile Health: Technology and Outcomes in LMICs R21/R33 Clinical Trial Optional - non-AIDS applications	http://bit.ly/NIHmhealth	Sep 24, 2020
Japan Society for the Promotion of Science (JSPS) Short-term Fellowships for U.S. Postdoctoral Scientists in Japan	http://bit.ly/JSPSforUS	Oct 1, 2020
Global Infectious Disease (GID) Research Training Program D71 Clinical Trials Not Allowed	http://bit.ly/IDtraining	Oct 28, 2020
Emerging Global Leader Award K43 Independent Clinical Trial Required K43 Independent Clinical Trial Not Allowed	http://bit.ly/NIHGlobalLeader	Nov 4, 2020
Global Brain and Nervous System Disorders Research Across the Lifespan R21 Clinical Trial Optional R01 Clinical Trial Optional	http://bit.ly/NIHGlobalBrain	Nov 6, 2020
Reducing Stigma to Improve HIV/AIDS Prevention, Treatment and Care in LMICs R21 Clinical Trial Optional	http://bit.ly/NIHstigmahiv	Nov 12, 2020

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

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Commemorative stamp issued to mark 40th anniversary of smallpox eradication



On May 8, 1980, the 33rd World Health Assembly officially declared, "The world and all its peoples have won freedom from smallpox." The announcement marked the end of a disease that had plagued humanity for at least 3,000 years, killing 300 million people in the 20th century alone.

It was ended through a 10-year global effort, spearheaded by the WHO, that involved thousands of health workers around the world who administered half a billion vaccinations to stamp out smallpox. To mark the 40th anniversary of eradication, the UN and WHO have unveiled a commemorative stamp. At its launch, WHO Director-General Dr. Tedros Adhanom Ghebreyesus said, "As the world confronts the COVID-19 pandemic, humanity's victory over smallpox is a reminder of what is possible when nations come together to fight a common health threat."

RESOURCES

News release: <https://bit.ly/SmallpoxStamp>