



## PRESS RELEASE

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DORIS DUKE  
CHARITABLE FOUNDATION

Medical Research Program

### **AFRICAN HEALTH INITIATIVE IDENTIFIES 11 TEAMS TO RECEIVE PLANNING GRANTS TO CREATE NEW PARTNERSHIPS**

***Teams will develop plans for establishing implementation research, training and service delivery partnerships that address barriers to delivering integrated primary healthcare in sub-Saharan Africa***

**NEW YORK, October 28, 2008**—The Doris Duke Charitable Foundation today announced that it has selected 11 teams to receive six-month planning grants to develop work plans for partnerships that will conduct rigorous research for the delivery of integrated primary healthcare to regions with populations of at least 250,000 people. In mid-2009, the foundation will select up to six of the teams to receive grants ranging from \$8 million to \$16 million each over five to seven years. (Planning grant recipients listed on page 3.)

The partnerships – called ***Population Health Implementation and Training (PHIT) Partnerships*** – are the centerpiece of the foundation’s \$100 million African Health Initiative. The initiative aims to support the development, testing, and evaluation of novel approaches to overcoming three critical barriers to delivering integrated primary healthcare in Africa: fragile health systems, workforce shortages, and limited evidence of how to most effectively scale up healthcare in areas with severely constrained resources. The PHIT Partnerships are being selected through a three-stage competitive process. (Process described further on page 2.)

The 11 teams receiving planning grants will work with their national Ministry of Health, local communities, NGOs and single-disease programs to complete pilot studies if needed, begin to collect baseline data, and to refine their five to seven year work plans for establishing PHIT Partnerships. The proposed PHIT projects are in both urban and rural communities in the initiative’s nine target countries: Ghana, Lesotho, Madagascar, Malawi, Mozambique, Kenya, Rwanda, Tanzania and Zambia.

“These teams are proposing a broad array of promising interventions. These range from strengthening district level management capacity through fostering public-private partnerships to enhancing access and health equity in underserved urban and rural populations,” said Marian Jacobs, M.D., Dean of the Faculty of Health Sciences at the University of Cape Town and co-chair of the expert panel that reviewed the planning grant proposals in July. “The review panel was impressed and energized by the quality of the teams and their proposals as well as the potential health system impact of research that will be generated by their work.”

“We are pleased to support these 11 teams as they lay the groundwork to create innovative partnerships designed to strengthen health systems and provide integrated primary health services in varied settings in sub-Saharan Africa,” said Elaine Gallin, Ph.D., director of the foundation’s African Health Initiative and Medical Research Program. “These teams will build on important work supported by other programs such as the President’s Emergency Program for AIDS Relief and the Global Fund to fight AIDS, Tuberculosis and Malaria. We look forward to

working collaboratively with our grantees, advisors and other institutions to enhance the knowledge-base needed to efficiently deliver integrated primary health care.”

Launched in September 2007, the African Health Initiative represents a major expansion of the DDCF Medical Research Program's funding for health research in Africa. Since 1998, the Medical Research Program has committed approximately \$180 million to clinical research to speed the translation of biomedical advances into new therapies, cures and preventions for human diseases, including approximately \$16 million to improve the care and treatment of HIV/AIDS patients in 14 countries in sub-Saharan Africa.

In designing and implementing the African Health Initiative, the foundation relies on the advice of numerous experts, including an African Health Advisory Council. Members of the foundation's advisory council include **Barry Bloom**, Ph.D., Dean, Faculty of Public Health, Harvard School of Public Health; **Jo Ivey Boufford**, M.D., President, The New York Academy of Medicine; **Roger Glass**, M.D., Ph.D., Director, Fogarty International Center, U.S. National Institutes of Health; **Demissie Habte**, M.D., Former International Director, James P. Grant School of Public Health, BRAC University, Bangladesh; **Marian Jacobs**, M.D., Dean, Faculty of Health Sciences, University of Cape Town, South Africa; **Adetokunbo Lucas**, M.D., Adjunct Professor of International Health, Harvard School of Public Health; **Peter Ndumbe**, M.D., MSc, Ph.D., Dean of the Faculty of Medicine and Biomedical Sciences, University of Yaoundé I and **Miriam K. Were**, MBChb, MPH, DrPH, Chairperson, National AIDS Control Council & AMREF Board, Co-Founder UZIMA Foundation with a focus on Youth.

### **Selection Process for PHIT Partnerships**

PHIT Partnership teams are being selected using a three-stage competitive process. During the first stage, the foundation issued an open call for letters of interest from teams working in any of the nine target countries. Following an expert review of the 137 letters of interest received, the foundation invited 29 teams to submit proposals for planning grants of up to \$150,000 each.

The planning grant proposals were reviewed by members of the foundation's African Health Initiative Advisory Council, as well as other experts who were asked to comment on either the general merits (team quality, relevance and potential impact) or technical merits (design of evaluation and research components) of the proposed partnerships. Applications were reviewed by a minimum of four experts who submitted written comments, which were then discussed at a review panel meeting that was held in Johannesburg, South Africa. The foundation's selection of 11 teams to receive planning grants concluded the second stage of the competition.

During the third and final stage of the selection process, the foundation will obtain expert reviews of each team's proposed five to seven year work plan developed during the planning grant period and identify up to six teams that will receive PHIT Partnership grants ranging from \$8 million to \$16 million each. It is expected that the final stage will be completed in mid-2009.

*The mission of the Doris Duke Charitable Foundation ([www.ddcf.org](http://www.ddcf.org)) is to improve the quality of people's lives through grants supporting the performing arts, environmental conservation, medical research and the prevention of child maltreatment, and through preservation of the cultural and environmental legacy of Doris Duke's properties.*

**Doris Duke Charitable Foundation African Health Initiative  
Teams Selected to Receive 2008 PHIT Partnership Planning Grants**

<b>Team Leaders</b>	<b>Grantee Institution</b>	<b>Project Title</b>	<b>Target Country</b>
Dr. Dennis Israelski Dr. Eddie Addai	Pangaea Global AIDS Foundation	Equity and Access: Scaling up Primary Healthcare for Urban and Rural Poor in Ghana	Ghana
Dr. James Phillips Dr. John Koku Awoonor-Williams Dr. Godfrey Mbaruku	Trustees of Columbia University in the City of New York	Accelerating Millennium Development Goal Progress by Exchanging Health System Innovations between Tanzania and Ghana	Ghana, Tanzania
Dr. Joseph Inungu Dr. Eliya Zulu	African Population & Health Research Center	The Partnership for a Healthy Nairobi	Kenya
Dr. Elaine Abrams Dr. Raphael Ntomy	Columbia University in the City of New York	Lesotho PHIT Partnership: A Proposal to Strengthen Health Systems and Support Primary Care and District Health Systems	Lesotho
Dr. Josea Ratsirarson Dr. Noeline Razanamihaja	Medical Care Development International	Integrated Primary Health Care in the Région Atsimo Andrefana, Madagascar	Madagascar
Dr. William Rankin Mr. Jones Laviwa	Global AIDS Interfaith Alliance	Integrated Primary Health Care and Workforce Training in Zomba District Malawi	Malawi
Dr. Kenneth Gimbel-Sherr Dr. Fatima Cuembelo	Health Alliance International	Strengthening Integrated Primary Health Care in Sofala Province, Mozambique	Mozambique
Dr. Michael Rich Dr. Agnes Binagwaho	Brigham and Women's Hospital, Inc., Partners in Health	Strengthening and Studying Community-Based, Integrated Primary Health Care Systems in Rural Rwanda, Lesotho and Malawi	Rwanda, Lesotho, Malawi
Dr. Wafaie Fawzi Dr. Gernard Msamanga	Harvard School of Public Health	Dar es Salaam Population Health Implementation and Training Partnership	Tanzania
Dr. Sidney Ndeki	JHPIEGO, Johns Hopkins University	IMARISHA- Improving Regional Integrated Systems for Health Accessibility in Ruvuma, Tanzania	Tanzania
Dr. Jeffrey Stringer Dr. Moses Sinkala	The University of Alabama at Birmingham	Clinical Mentoring and Community Engagement to Improve Health Outcomes	Zambia