

A.1 STATEMENT OF WORK

Evaluation of Global Health Technology Development and Introduction (Health Tech)

April-June, 2005

I. Introduction and Purpose of the Evaluation

The US Agency for International Development (USAID), Bureau for Global Health (GH), Office of Health, Infectious Diseases and Nutrition (HIDN) intends to commission an external evaluation of USAID's investments in accelerating global health, nutrition, and family planning technology development and introduction under the HealthTech Cooperative Agreements. This evaluation would also include: a brief diagrammatic map of current significant interests in and alternative models being employed by USAID and by groups outside of USAID to accelerate global health technology development and introduction in USAID priority areas; and the formulation of a set of recommendations to help guide decisions about a potential future USAID role in this area.

The purpose of this evaluation is to assess the performance of the HealthTech cooperative agreements and to provide guidance to USAID related to potential future roles of the Agency in the area of global health technology development.

The proposal for the evaluation task should be no longer than 10 pages (excluding annexes) and should contain: a technical proposal describing how your organization will accomplish the work, including a time line for completion; a description of the team composition and qualifications; and a cost proposal. Annexes should include past experience relevant to the task involved and CVs for proposed personnel.

II. Expected Outcomes

The expected outcomes of this Evaluation of the HealthTech cooperative agreements will include:

- a technical evaluation and status report of the portfolio of technology product development and introduction activities under the HealthTech cooperative agreements since 1987;
- a set of pragmatic lessons learned from what has worked and what has not in implementation of the HealthTech CA to inform the design of potential future activities in this area;
- a description of the key technical achievements of the HealthTech Cooperative Agreements that could be utilized for reporting Agency achievement/results;
- a brief, diagrammatic mapping of the current landscape of significant interests and activities by the public, private-not-for profit, and private sectors in areas of global health technology development and introduction of relevance to USAID's global health strategy in order to identify current needs and opportunities for future USAID investment;

- the formulation of a set of recommendations, to be presented in a separate annex addressed specifically for USAID, that could be utilized by HIDN to make well-informed, strategic and pragmatic decisions about a future GH role in this area, based on all of the above outcomes, as well as on:
 - an understanding of the USAID and GH programmatic context;
 - USAID’s “comparative advantage”;
 - the level of human and financial resources likely to be committed to support health technology development/introduction efforts by the HIDN Office after the current HealthTech IV Agreement ends on Sept 30, 2006

The set of (procurement-sensitive) recommendations should include information about the following:

- Areas of work where USAID could make a significant, value-added contribution in facilitating global health technology development and introduction
- Specific role that USAID could play
- Estimates of costs
- Options for mechanisms for program implementation
- Estimates of human resource needs for both implementer and USAID
- Areas of major risk
- Appropriate timeframes

III. Primary Activities

The primary activities of the Evaluation will include:

- a) Evaluating the structure and management of the HealthTech CA since its inception (USAID & PATH);
- b) Evaluating the HealthTech program portfolio of technology development and introduction activities with regard to selection of technologies and appropriateness of the investments elucidating both the key technical achievements and key challenges faced;
- c) Briefly reviewing a number of other key USAID GH mechanisms or specific investments in health technology development and introduction for the purposes of:
 - i) Understanding how USAID investments, activities and partners in this area complement, duplicate or “synergize” with each other;
 - ii) Understanding the range of alternative models being employed by USAID health and other partners (as described in “e” below);
- d) Briefly reviewing the financial trends at USAID since the initiation of the HealthTech Agreements in 1987 with regard to:
 - i) The overall (total) annual HealthTech program budget and corresponding annual health budget of GH;
 - ii) annual trends and total investment to date of individual HealthTech product development or introduction project budgets, as defined by Product Development Plans (or Product Introduction Plans);
- e) Briefly mapping (in a diagrammatic overview) the current landscape of investments made, and strategies being used in the public, private-not-for-profit and private sector to accelerate global

health technology development and introduction in areas of relevance to the current USAID strategic health priorities;

f) Formulating a set of lessons learned from the HealthTech Cooperative Agreements, based on the outcomes that could inform future program design and implementation.

g) Systematically reviewing:

- Potential roles for USAID in a dramatically different investment environment that effectively harness USAID's value-added and is consistent with the human and financial resources available
- alternative designs for health technology cooperative agreement implementation, including a description of the advantages and disadvantages of each design for the USAID context;
- alternative approaches to individual technology development and introduction project support and management by USAID, including a description of the advantages and disadvantages of each alternative for the USAID context.

IV. Health Tech Project Background:

Global Health Technology Development and Introduction. Impediments to the effective delivery of health, nutrition and family planning services and technical assistance in developing countries have frequently been addressed through the appropriate use of affordable, durable, and easy-to-use technologies. In order to contribute to the more sustainable improvement of global public health outcomes, technologies must put minimal burden on health infrastructure support; specialized staff and training; and users. New and improved technologies developed for use in low-resource, weak-infrastructure settings can contribute to improved global public health outcomes by, for example: assisting in the safe and more effective delivery of vaccines, contraceptives and medicines; assisting in improved surveillance, accurate and timely diagnosis, treatment and case management of infectious diseases; assisting in the detection and better targeting of interventions for nutrition deficiencies and low birth weight; promoting cost reduction by improving efficiency; and fostering the provision of more equitable access to limited health care, family planning services, and technical assistance.

USAID's Role in Health Technology Development Through the HealthTech Cooperative Agreements (1987-present). Since 1987, USAID has supported a broad portfolio of health technology development and introduction activities through a series of cooperative agreements for the HealthTech project (with the Program for Appropriate Technology in Health, PATH). The current five-year HealthTech IV Cooperative Agreement will end September 30, 2006. The HealthTech Cooperative Agreements have been the primary mechanism in the Bureau for Global Health (GH) for providing the Agency with the broad range of capabilities required to develop or advance affordable and appropriate health technologies that can contribute to addressing identified impediments to the safe, effective and more equitable delivery of health and nutrition, and family planning services in developing countries.

The HealthTech program has provided GH a mechanism for the assessment, development, adaptation, testing, transfer, introduction/application, appropriate use - and where appropriate, local manufacturing - of affordable health, nutrition and family planning technologies that can contribute to achieving the GH strategic objectives. The GH strategic objectives (SOs) include:

- SO1 increased use by women and men of voluntary practices that contribute to reduced fertility;
- SO2 increased use of key maternal health and nutrition interventions;
- SO3 increased use of key child health and nutrition interventions;
- SO4 increased use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic; and
- SO5 increased use of effective interventions to reduce the threat of infectious diseases of major public health importance.

The GH strategic objectives, in turn, contribute to one of the Agency's goals--the stabilization of world population and the protection of human health. The HealthTech agreement has also served as a mechanism for providing the Agency with technology-related technical assistance that promotes local self-sufficiency in the supply and management of essential health, population and nutrition products.

Current HealthTech IV cooperative agreement objectives include:

- improving the quality of vaccines delivered by limiting the adverse effects of heating and freezing;
- improving the safety of injections;
- improving the quality, feasibility, resource allocation, planning and effectiveness of vitamin A interventions through the development of a new assay to measure vitamin A status in populations;
- improving the quality, access, affordability and timeliness of diagnosis and targeting of treatment for high-burden diseases of the development world of priority to USAID;
- improving the access to and safety of interventions to prevent the transmission of HIV to at-risk mothers and their infants;
- improving the quality, safety, efficacy and effectiveness of affordable and appropriate family planning technologies to improve reproductive health service provision.

Illustrative activities under each strategic objective include:

- **SO1:** development of Uniject, which can be applied to injectable contraceptives; safe injection and medical waste technologies for introduction of injectable contraceptives; evaluation of vasectomy technologies;
- **SO2:** development of a commercial supply of oxytocin in Uniject;
- **SO3:** vaccine vial monitor introduction; cold chain technologies; sharps disposal technologies; development of Tetanus Toxoid in Uniject; development of vaccine stabilization technologies (to avoid reconstitution of vaccines); development of mass campaign jet injector; development of gentamicin in Uniject; development of a population-based test to measure Vitamin A deficiency status (retinol binding protein (RBP) enzyme immunoassay); evaluation of the effectiveness of a clean delivery kit intervention.
- **SO4:** development of a rapid point-of-care diagnostics for gonorrhea and for chlamydia; pre-filled single-dose packaging of Nevirapine oral suspension to deliver infant doses; microbicide applicator evaluation and design feasibility analysis
- **SO5:** rapid point-of-care serodiagnostic for detecting active tuberculosis; diagnostics for surveillance (evaluating the operational feasibility of using dried blood spot samples for measles surveillance); development/introduction of rapid point-of-care malaria diagnostics.

The health technology development and introduction activities under the HealthTech program cover a wide continuum of iterative activities from the identification of a significant public health need and the conceptualization of a technology solution to the steps leading to the full programmatic deployment of the technology. The HealthTech program strategy has been based on the premise that a concern for future introduction issues, such as those related to broad stakeholder involvement and endorsement, affordability and access, and health policy and guideline alignment is required from the outset of carrying out activities along the critical path. Successful scaled-up introduction requires an integrated multi-partner plan, as no one partner has the full range of skills or the capacity to carry out the comprehensive set of activities required along the full continuum. Opportunities to accelerate the development and widespread deployment of health technologies exist at multiple points along the development-to introduction critical path.

Health Technology Development vs. Health Service Research. The approaches taken and range of capabilities, funding levels and time frames required to manage and carry out health technology development and introduction efforts are different in several important respects from traditional health research and implementation activities undertaken by USAID. This evaluation will apply only to specific technology development/introduction efforts at USAID and not to health research efforts such as those aimed at establishing the evidence base for new health service delivery approaches or to the development of new tools such as new treatments or treatment regimens, or new vaccines, etc.

Current Expectations of Future Funding Levels for a New Procurement in the Area of Health Technology Development and Introduction through the Office of Health, Infectious Diseases and Nutrition

It is currently expected that the HIDN office may allocate approximately \$1 - \$1.3 million annually to continue support for activities in the area of global health technology development and introduction after the current HealthTech Cooperative Agreement ends September 30, 2006. Additional contributions to a future effort in this area may be made by other USAID Global Health Bureau offices, but it is currently not possible to estimate the expected levels.

V. Key Guiding Questions to be Addressed by the Evaluation: The following are specific questions to guide the evaluation team in implementing this task. The Evaluation Team and USAID should prioritize the questions listed below to increase effectiveness and efficiency of the process. Additional questions and issues may be added at the Team's discretion in consultation with USAID. Data to address these questions will be derived from documents and interviews with USAID, other partners or collaborators, and knowledgeable observers (see list of documents and potential interview contacts).

HealthTech – Impact

- Are the assumptions and goals under which the initial HealthTech CA was first designed in 1987 and under which the current HealthTech IV project was designed in 2001 still appropriate and realistic for achieving the objectives of the project and of the Agency and for any future new program in this area?
- What are the significant achievements resulting from investments in the HealthTech agreement since USAID began investing in these programs in 1987? What products have been developed and how widely are they being used? How well do these products align with and contribute to Agency goals, GH objectives and HealthTech objectives?
- What significant barriers to progress and achieving impact would need to be addressed in a future new program in this area?

- Where along the development to introduction continuum has the HealthTech cooperative agreement been most effective? Least effective? Is this the same for all project areas?
- Was the HealthTech program (including PATH and USAID HealthTech CA staff) successful in focusing increased attention, funding and efforts on the role of health technology development and introduction in addressing global health needs? What factors, if any, were associated with successful global leadership? What, if any, limitations or barriers have there been that could be addressed in a future program in this area?
- Was the HealthTech agreement (including PATH and USAID staff) successful in providing leadership to or contributing to moving forward agendas of global initiatives in relevant areas or collaborating with other partnerships or efforts in this area? What, if any, factors contributed most to the success of HealthTech in this area or have been significant barriers that would need to be addressed in a future program in this area?

Program Implementation, Management and Financial Issues

- What management lessons have been learned in implementation of the current agreement? Are there alternative approaches that should be considered in any future program?
- Were project human and financial resources and activities allocated to maximize efficiency, progress and impact? Has the approach changed over time? In what ways, if any, should the structure and management process of any future efforts be changed?
- Have milestones and indicators of success for the HealthTech agreement been sufficiently and/or appropriately identified and, if so, effectively utilized by both PATH and USAID for program and individual technology project management? Are there ways that milestones and indicators of success could be more appropriately and effectively used for project management in any future program in this area?
- How appropriate, effective and realistic have been the USAID annual and life-of-Agreement levels of funding for maintaining momentum, making timely progress and achieving the objectives of the various activities in the HealthTech agreement portfolio? What is a realistic threshold level?
- The HealthTech IV Agreement, since its initiation in 2001, has been completely dependent on contributions earmarked for individual product development or introduction projects from specific SO teams (and within some SO teams, from each strategic team). What is a reasonable threshold level for the right mix of exploratory (core undirected) and directed funding?
- To what degree have USAID funds been used as seed money to leverage additional funds? To what degree have other funders contributed directly or indirectly to advancing the objectives of the HealthTech program, in general, and of individual product development/introduction activities?
- What are the strengths and weaknesses in the relationship between PATH and USAID? What lessons were learned from PATH's efforts in: a) accessing required expertise; b) identifying private sector partners for product development; c) negotiating IP and licensing agreements; and d) obtaining preferential pricing for public sector programs.

Mapping the Current USAID Landscape of Global Health Technology and Introduction

- How does the HealthTech program relate to other USAID-supported efforts in health technology development/introduction (e.g., with those in USAID's Population & Reproductive Health Research, Technology and Utilization Division; Office of HIV/AIDS's Technical Leadership & Research Division; and at WHO and TDR)? Do USAID health technology activities in this area complement, duplicate or complement each other? How does the HealthTech portfolio of projects relate to the portfolio of other USAID CAs and supported partners working in related areas (e.g., CONRAD, HARP, FHI, TDR, WHO)?

- What other types of alternative models are being employed in other USAID projects in this area (e.g., with regard to the scope of the portfolio, the managerial and programmatic approaches being employed; and the level of financial and human resources being allocated)? Are there lessons that can be learned?

Mapping the Global Health Technology Development and Introduction Landscape

- How has the landscape of investments and activities in global health technology development and introduction changed since the inception of the most recent HealthTech agreements?
- Does the HealthTech program presently offer a unique capability or portfolio of products that gives it a comparative advantage in developing solutions to problems relative to other technology development and introduction programs in this field? Who are the other significant players in this field in the various project areas? What strategies are they using for implementation? In many cases these are multipartner efforts - what are the lessons learned from these partnerships relevant to the design of future USAID investments?

Future Directions

- Are there important health technology development objectives that have received USAID funds in the past that are predominantly supported by USAID and/or for which the Agency has the comparative advantage to support?
- Given the level of financial resources expected to be made available by the HIDN office, can USAID launch a credible effort in this area and, if so, what would be the programmatic scope and approaches that USAID should consider?
- Are there other areas that have received USAID funds in the past but may now be more appropriate for support by other organizations?
- Are there important priority areas of need or opportunity that have not received USAID funds in the past that currently only USAID might be interested in supporting and/or has the comparative advantage to support? Given the level of financial resources expected to be made available by the HIDN office, can USAID launch a credible effort in this area and, if so, what would be the programmatic scope and approaches that USAID should consider?
- Are there important priority areas of need or opportunity that are predominantly supported by other groups that would significantly benefit from USAID's engagement? Given the level of financial resources expected to be made available by the HIDN office, can USAID serve as an effective partner and, if so, what would be the programmatic scope and approaches that USAID should consider?
- What would USAID gain by continuing to provide funds for a health technology product development program having a similar design and scope? (Alternatively, what would USAID lose, if it did not continue to fund such a program?)
- What might USAID gain by continuing to provide funds for a health technology product development program with a revised or new design, scope, portfolio of activities and approach? What alternative existing models should be examined?
- If there were to be a future program, what approaches might USAID take to foster innovation within the scope of achieving the goals and objectives of the program and of the Agency?
- Is the level of expected allocation of human and financial resources by USAID sufficient to launch a credible effort to pursue any of the most promising and high priority areas of need and opportunity identified through the Evaluation landscape mapping? What would be the associated range of scope of activities of these credible efforts and the approach(es) that would be recommended to be most effective? How would the Agency most effectively invest the resources available?
- If the level of expected allocation of human and financial resources by USAID is thought not to be sufficient to launch a credible effort, what minimal level of financial and human

resource investments would be needed for USAID to effectively launch an effort (and by what approach?) to pursue any one of the most promising and highest priority areas of need and opportunity identified through the Evaluation landscape mapping?

VI. Team Composition. The Evaluation Team should be qualified to review and make a wide range of possible recommendations regarding future options and sufficiently respected and influential that its recommendations would be considered authoritative. This review is specifically designed to provide the opportunity for USAID to determine if future investments in this area are warranted and can add value to other on-going or planned efforts of USAID and or other public, private-not-for-profit, and/or private sector efforts in the global health community. The review is designed to provide guidance that could be used by the Agency to redefine the approaches that it would take to most effectively use the level of resources that it is able to make available to any future program in this area.

It is expected that three consultants with complementary knowledge in this field will be needed for the Evaluation Team. The complementary knowledge/experience of the Team should encompass at the very least:

- 1) international health technology/product development experience;
- 2) intellectual property management; licensing management; technology transfer and regulatory experience; business management;
- 3) knowledge of the product needs for and key issues related to a wide range of global public health programs (including immunization programs, programs of relevance to the range of infectious diseases of priority to GH; maternal and child health programs; nutrition; and reproductive health productive health programs); and
- 4) knowledge of the landscape of public, not-for-profit and/or private interests in global health technology development/introduction and of public/private partnerships; business management.
- 5) practical knowledge of the USAID context and program objectives.

It is also important that the candidates not have any conflict of interest with PATH (the implementing USAID cooperating agency) or PATH's implementing partners. It will be critical to recruit consultants who are knowledgeable and highly respected in this field, but are as unbiased about this area of technology development and its future directions. Candidates who are analytical and strategic thinkers are essential as are those who can work as team members, evaluate and synthesize information quickly, make clear and well-founded recommendations, and contribute effectively to the written report and debriefings. One of the team members should be designated evaluation team leader, and be made responsible for leading the process and integrating the contributions of the other members.

VII. Illustrative Methodology

a. Self-assessment/background materials. USAID will request that PATH prepare a self-assessment of the HealthTech Program and background materials on the portfolio of individual technology development/introduction activities, which will be provided to the Team as part of the background materials.

b. Preparation of the Evaluation Work plan. The Evaluation Team will initially meet with USAID staff (including the HealthTech CTO) to be briefed on the HealthTech Program, in particular, and about other USAID health technology investments, in general. The overall process, deliverables and key questions to be addressed in the Evaluation will be reviewed and discussed. The Team will then be responsible for developing the overall final evaluation work plan and time

line, defining the responsibilities of individual Team members, agreeing on a schedule for specific activities, and addressing other operational and logistical issues as needed.

c. Background documents/materials The following documents will be provided to the evaluation team for review. Other documents may be added or requested by the evaluation team.

HealthTech

- HealthTech Cooperative Agreements
- Annual Work plans
- Results Reports
- Budget information
- PATH Self-assessment report
- Contact information for collaborators and major partners, as well as for potential key informants
- “Heath Technologies in the Development Pipeline at PATH Funded by USAID” April 2004
- “Product R&D Supported by the Bureau for Global Health”, April? 2004
- <http://www.path.org/programs/healthtech.htm>; for information regarding specific technologies, refer to a subset of: <http://www.path.org/technos/technologies.htm>

General

- Interim Report of the “Review of Science and Technology in U.S. Foreign Assistance”, Committee on Science and Technology in Foreign Assistance, Development, Security and Cooperation, Policy and Global Affairs Division, National Research Council of the National Academies.
- Hannah Kettler and Karen White, in consultation with Scott Jordan: “Valuing Industry Contributions to Public-Private Partnerships for Health Product Development”, The Initiative on Public-Private Partnerships for Health, Global Forum for Health Research, May 2003.
- Others to be added

d. Interviews In consultation with the HealthTech CTO and HIDN office, it is anticipated that the Evaluation Team will conduct an extensive set of semi-structured telephone or in-person interviews. Persons to be interviewed will be selected persons (including all key stakeholders) at USAID, PATH, other product development organizations and commercial partners that are working on technologies related to the areas of HealthTech product development and introduction focus or have worked with PATH (e.g., TDR, WHO, CDC, CONRAD, MOST, selected private sector partners, Scimedx, Corixa, etc.). Other stakeholders in global health technology development will also be interviewed and might include USAID CAs as well as other product developers, donors (e.g., the Gates Foundation, etc), advocates or other parties chosen by USAID or the Evaluation Team.

To the extent feasible, interviews with key USAID or PATH staff should be conducted in person with the entire evaluation Team present. Interviews with non-USAID or PATH staff may be conducted by telephone or in person, and by one or more team members, depending on which is more appropriate.

A list of suggested persons to be interviewed (informants) at PATH, USAID and other stakeholders is provided in Attachment 1.

VIII. Reports and Deliverables

- Evaluation Report. After collecting the information sought, the Evaluation Team will analyze and synthesize conclusions that address the key questions above. The Team will then prepare an Evaluation Report of no more 30 pages (not including attachments), that includes an Executive Summary, briefly describes the methodology used in the Evaluation, and presents the Evaluation Team conclusions and recommendations that address the full range of key questions; conclusions or recommendations that relate to future program design or needs or to any other potential procurement-sensitive issues will be restricted to a separate annex of the Report which will only be shared with and reported to USAID. A suggested general Report format and content can be found in Annex III.
- The Report will be edited, if necessary, with the contractor's assistance. All parts of the Report will be shared with PATH, with the exception of recommendations to USAID regarding future procurement issues, which will be kept internal to USAID, as discussed above.
- At least one week prior to the starting date of the evaluation, USAID and PATH will provide all required documents and reports for review by the evaluation team members.

Timeline

- Work plan and timeline for the evaluation: draft version for discussion during initial briefing with USAID/HIDN team (o/a May 2, 2005, depending on actual start date).
- Outline of final report: due at on or before the end of the first week of the evaluation (o/a May 9, 2005, or end of first week of evaluation)
- Mid-evaluation debriefing for USAID on overall report outline, general findings to date, questions, issues (o/a May 23—end of third week of evaluation)
- Draft report due to USAID/HIDN (o/a May 31 or end of fourth week), followed by review meeting with HIDN to discuss comments
- Final report due to USAID following receipt of HIDN staff comments (report due o/a June 6, or end of fifth week of the evaluation)

Suggested outline for the Evaluation Report

Title Page

Acronyms, Abbreviations, and Foreign Terms

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Appendix A: Scope of Work
Appendix B: Persons Contacted
Other Appendices ...
References

Additional/useful suggestions for guideline format/content can be found at:
<http://www.poptechproject.com/pdf/rptguidelines.pdf>

IX. Level of Effort and Period of Performance

The level of effort for each of the evaluation team members will be 27 days, which includes two days for document review and team self-preparation prior to the actual start of the evaluation schedule. In addition, three additional days will be provided to the team leader to ensure completion of edits and preparation of the final report.

Level of Effort: Team leader—30 days; plus 27 days for each of other two consultants.

The evaluation task is expected to be carried out based in Washington, D.C.. However, it is expected that the team members will be in travel status for approximately five days of the period of work in visits to the implementing agency, PATH (in Seattle), and other relevant partners/informants.

The Period of Performance is expected to begin o/a May 2, 2005 and continue to completion five weeks later, o/a June 8, 2005.

Annex 1. Suggested List of Persons to Be Interviewed

PATH

Michael Free
Gretchen Shively
Chris Elias
Key PATH staff involved in HealthTech program portfolio of activities

Current USAID Leadership and/or Upper Management

Richard Greene
John Rogosch

Current USAID SO Team Leaders and/or Members

SO1 – Jeff Spieler
SO2 – Mary Ellen Stanton; Patricia Stephenson; Lily Kak
SO3 – Lily Kak (Child health); Al Bartlett (child health); Frances Davidson (nutrition); Tim Quick (nutrition); Murray Trostle (immunization); Susan McKinney (immunization)
SO4 – David Stanton (HIV/AIDS; STIs); Katharine Kripke (HIV/AIDS); Lee Claypool (Microbicides)

SO5 – Dennis Carroll (ID, malaria); Trent Ruebush (malaria); Susan Bacheller (TB); Murray Trostle (Surveillance)

Current and (Recent) Past HealthTech Program CTOs

Deborah Lans (current)

Steve Landry (Gates Foundation)

Other USAID CAs/Universities and other Implementing Organizations and Other Partners

CONRAD, (contact person - from Jeff Spieler)

FHI & Engender Health – vasectomy technologies (Contact Jeff S.)

MOST (Micronutrient Operational Strategies and Technologies Project - RBP-EIA (ask Frances)

WHO (Immunization) – Michel Zaffran; Safe Injection Network – Yvan Hutton; Reproductive Health (get name from Jeff Spieler)

TDR (Rosanna Peeling)

Centers for Disease Control and Prevention (CDC); Atlanta, GA USA (TB Dx – Michael Iadomarco; BOTUSA Project – Elizabeth _____ GC)

Ron Ballard (South African Institute for Medical Research)

Michel Zaffran, WHO (Immunization and Medical Waste)

Rebecca Fields, Robert Steinglass; BASICS

Joachim Oehler, Concept Foundation (injectable contraceptives)

Private Sector Stakeholders

Lifelines Technology, Inc., New Jersey; (VVMs)

Scimedx, New Jersey; (RBP-EIA)

Orchid Biomedical Systems (Goa, India)

Thermo Biostar, Inc; Boulder, CO USA (GC Dx)

Felton Medical, Lenaxa, KS (Mass Campaign Needleless Injector)

Becton Dickinson (BD), Franklin Lakes, NJ USA – multiple projects

Pfizer, New York, NY USA (DMPA/uniject)

Corixa Corporation (Seattle) (TB Dx)

Star

Dolphin Laboratories Ltd, India (gentamicin, oxytocin...)

Frontage laboratories, NJ USA (Gentamicin/oxytocin...)

Boehringer Ingelheim, Population Services International (PSI),

USP

Landscape Analysis

Bill and Melinda Gates Foundation/broad portfolio – Hannah Kettler;

Bill and Melinda Gates Foundation/diagnostics - Carol Dahl

Bill and Melinda Gates Foundation/Child health technologies - Gordon Perkin

TDR/Diagnostics – Rosanna Peeling

GAVI/immunization technologies (Steve Landry; Michel Zaffran)

Reproductive Health (name - from Jeff Spieler)

USAID Landscape Analysis

Jeff Spieler (Reproductive Health Technologies)

David Stanton (HIV/AIDS; STI diagnostics)

Lee Claypool - Microbicides