



RESEARCH SCIENTIST DEVELOPMENT AWARD

Department of Health and Human Services
National Institutes of Health

Notice of Award

Federal Award Date: 08/07/2017



FOGARTY INTERNATIONAL CENTER

Grant Number: 5K01TW009998-04

FAIN: K01TW009998

Principal Investigator(s):

Michael Jeffrey Vinikoor, MD

Project Title: Impact of antiretroviral therapy on liver fibrosis in Zambian HIV/HBV patients

May, Stephanie
Grants and Contracts Officer
1720 2nd Avenue South
AB 1170
Birmingham, AL 352940111

Award e-mailed to: OSP-NGA@mail.ad.uab.edu

Period Of Performance:

Budget Period: 09/01/2017 – 08/31/2018

Project Period: 09/01/2015 – 08/31/2018

Dear Business Official:

The National Institutes of Health hereby awards a grant in the amount of \$136,126 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to UNIVERSITY OF ALABAMA AT BIRMINGHAM in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the Fogarty International Center of the National Institutes of Health under Award Number K01TW009998. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with the 2011 revised regulation at 42 CFR Part 50 Subpart F. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website <http://grants.nih.gov/grants/policy/coi/> for a link to the regulation and additional important information.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

BRUCE R BUTRUM
Grants Management Officer
FOGARTY INTERNATIONAL CENTER

Additional information follows

SECTION I – AWARD DATA – 5K01TW009998-04**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$75,149
Fringe Benefits	\$22,426
Personnel Costs (Subtotal)	\$97,575
Travel	\$3,000
Other	\$6,340
Subawards/Consortium/Contractual Costs	\$20,658

Federal Direct Costs	\$127,573
Federal F&A Costs	\$8,553
Approved Budget	\$136,126
Total Amount of Federal Funds Obligated (Federal Share)	\$136,126
TOTAL FEDERAL AWARD AMOUNT	\$136,126

AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$136,126
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SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
4	\$136,126	\$136,126

Fiscal Information:

CFDA Name: International Research and Research Training
CFDA Number: 93.989
EIN: 1636005396A6
Document Number: KTW009998B
PMS Account Type: P (Subaccount)
Fiscal Year: 2017

IC	CAN	2017
TW	8476362	\$136,126

NIH Administrative Data:

PCC: IRSDA / **OC:** 415P / **Released:** BUTRUMBR 08/04/2017
Award Processed: 08/07/2017 07:03:42 PM

SECTION II – PAYMENT/HOTLINE INFORMATION – 5K01TW009998-04

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm>

SECTION III – TERMS AND CONDITIONS – 5K01TW009998-04

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in this Notice of Award.
- Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
- 45 CFR Part 75.
- National Policy Requirements and all other requirements described in the NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
- This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm> for certain references cited above.)

Research and Development (R&D): All awards issued by the National Institutes of Health (NIH) meet the definition of "Research and Development" at 45 CFR Part§ 75.2. As such, auditees should identify NIH awards as part of the R&D cluster on the Schedule of Expenditures of Federal Awards (SEFA). The auditor should test NIH awards for compliance as instructed in Part V, Clusters of Programs. NIH recognizes that some awards may have another classification for purposes of indirect costs. The auditor is not required to report the disconnect (i.e., the award is classified as R&D for Federal Audit Requirement purposes but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s).

This institution is a signatory to the Federal Demonstration Partnership (FDP) Phase VI Agreement which requires active institutional participation in new or ongoing FDP demonstrations and pilots.

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to receive a Dun & Bradstreet Universal Numbering System (DUNS) number and maintain an active registration in the System for Award Management (SAM). Should a consortium/subaward be issued under this award, a DUNS requirement must be included. See <http://grants.nih.gov/grants/policy/awardconditions.htm> for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) K01TW009998. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see <http://grants.nih.gov/grants/policy/awardconditions.htm> for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: <http://publicaccess.nih.gov/>.

This award represents the final year of the competitive segment for this grant. See the NIH Grants Policy Statement Section 8.6 Closeout for complete closeout requirements at: <http://grants.nih.gov/grants/policy/policy.htm#gps>.

A final expenditure Federal Financial Report (FFR) (SF 425) must be submitted through the eRA Commons (Commons) within 120 days of the period of performance end date; see the NIH Grants Policy Statement Section 8.6.1 Financial Reports, <http://grants.nih.gov/grants/policy/policy.htm#gps>, for additional information on this submission requirement. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) quarterly cash transaction data. A final quarterly federal cash transaction report is not required for awards in PMS B subaccounts (i.e., awards to foreign entities and to Federal agencies). NIH will close the awards using the last recorded cash drawdown level in PMS for awards that do not require a final FFR on expenditures or quarterly federal cash transaction reporting. It is important to note that for financial closeout, if a grantee fails to submit a required final expenditure FFR, NIH will close the grant using the last recorded cash drawdown level. If the grantee submits a final expenditure FFR but does not reconcile any discrepancies between expenditures reported on the final expenditure FFR and the

last cash report to PMS, NIH will close the award at the lower amount. This could be considered a debt or result in disallowed costs.

A Final Invention Statement and Certification form (HHS 568), (not applicable to training, construction, conference or cancer education grants) must be submitted within 120 days of the expiration date. The HHS 568 form may be downloaded at: <http://grants.nih.gov/grants/forms.htm>. This paragraph does not apply to Training grants, Fellowships, and certain other programs—i.e., activity codes C06, D42, D43, D71, DP7, G07, G08, G11, K12, K16, K30, P09, P40, P41, P51, R13, R25, R28, R30, R90, RL5, RL9, S10, S14, S15, U13, U14, U41, U42, U45, UC6, UC7, UR2, X01, X02.

Unless an application for competitive renewal is submitted, a Final Research Performance Progress Report (Final RPPR) must also be submitted within 120 days of the period of performance end date. If a competitive renewal application is submitted prior to that date, then an Interim RPPR must be submitted by that date as well. Instructions for preparing an Interim or Final RPPR are at: https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf. Any other specific requirements set forth in the terms and conditions of the award must also be addressed in the Interim or Final RPPR. *Note that data reported within Section I of the Interim and Final RPPR forms will be made public and should be written for a lay person audience.*

NIH strongly encourages electronic submission of the final invention statement through the Closeout feature in the Commons, but will accept an email or hard copy submission as indicated below.

Email: The final invention statement may be e-mailed as PDF attachments to: NIHCloseoutCenter@mail.nih.gov.

Hard copy: Paper submissions of the final invention statement may be faxed to the NIH Division of Central Grants Processing, Grants Closeout Center, at 301-480-2304, or mailed to:

National Institutes of Health
Office of Extramural Research
Division of Central Grants Processing
Grants Closeout Center
6705 Rockledge Drive
Suite 5016, MSC 7986
Bethesda, MD 20892-7986 (for regular or U.S. Postal Service Express mail)
Bethesda, MD 20817 (for other courier/express deliveries only)

NOTE: If this is the final year of a competitive segment due to the transfer of the grant to another institution, then a Final RPPR is not required. However, a final expenditure FFR is required and should be submitted electronically as noted above. If not already submitted, the Final Invention Statement is required and should be sent directly to the assigned Grants Management Specialist.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75. This term does not apply to NIH fellowships.

Treatment of Program Income:
Additional Costs

SECTION IV – TW Special Terms and Conditions – 5K01TW009998-04

FUNDING LEVEL

Per Guide Notice [NOT-OD-17-086](https://www.fic.nih.gov/About/FundingStrategy/Pages/fiscal-year-2017-funding-strategy.aspx), the Fiscal Year 2017 award is being issued at a level in accordance with the FIC funding strategy:
<https://www.fic.nih.gov/About/FundingStrategy/Pages/fiscal-year-2017-funding-strategy.aspx>
Your institution may re-budget in accordance with the NIH Grants Policy Statement.

FUNDING ANNOUNCEMENT

This award is subject to the conditions set forth in PAR-TW-13-072: RFA Name, International Research Scientist Development Award (IRSDA) (K01). The RFA can be found at:
<http://grants.nih.gov/grants/guide/pa-files/PAR-13-072.html>

FOREIGN SITE REQUIREMENT

Grantees must spend a minimum of 50 percent of the period of the grant at the foreign research site, with at least three months per year at the site. Grantees agree to spend a minimum of one year of total time at the foreign site and a minimum of three months per year at the foreign site. Please include a statement of amount of time at the foreign site (annual and cumulative) in each

SALARY CAP

None of the funds in this award shall be used to pay the salary of an individual at a rate per year in excess of the amounts reflected in the following NIH Guide Notice NOT-OD-17-049:
<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-049.html>
year's progress report.

CONCURRENT SALARY SUPPORT

Grantees are encouraged to apply for independent research support (e.g., R01, etc.). Grantees who are successful in obtaining NIH research grant support may receive salary support from the research grant only as advised under the policy described in
<http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-08-065.html>

CONSORTIUM/CONTRACTUAL

Funds are provided for the Consortia with Center for Infectious Diseases Research in Zambia (CIDRZ). Consortia are to be established and administered as described in the NIH Grants Policy Statement:
http://grants.nih.gov/grants/policy/nihgps_2013/nihgps_ch15.htm#_Toc271265264

HUMAN SUBJECT AND ANIMAL RESEARCH INFORMATION FOR TRAINING GRANTS

FIC funded research must have the appropriate required NIH and HHS assurances before any research or research training involving human subjects begins. These assurances apply to all research grants, any research supported by training grants (including re-entry support for foreign scientists), and research supported under a cooperative agreement. All human subjects research projects must have had a scientific review either by a peer review panel or by another independent review mechanism. Activity in which human subjects are involved may be undertaken if the institution has an active FWA assurance and if the project has been reviewed and approved by the appropriate Institutional Review Board (IRB). Activity in which Animal Research will be conducted may only be undertaken if the institution has an active Animal Assurance on file with the NIH Office of Laboratory Animal Welfare (OLAW).

Grant recipients must provide human subjects and IRB approval information in Section G.1 and Section G7. for Vertebrate Animals provide the IACUC approval. "Special NOA terms and FOA reporting requirements" of the RPPR for each trainee/scholar supported by the grant award during the reporting period. Additional information on this requirement can be found in the FIC Progress Report Supplemental Guidance on the FIC webpage:
<http://www.fic.nih.gov/Grants/Pages/progress-reports.aspx>

UNIFORM GRANT GUIDANCE AND REVISED NIH GRANTS POLICY STATEMENT

Per Notice Number NOT-OD-15-046 (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-046.html>), the Department of Health and Human Services published an interim rule adapting OMB's final Uniform Grant Guidance in 2 CFR part 200 with certain amendments, based on existing HHS regulations, to supplement the guidance as needed for the Department effective December 26, 2014. Additional final guidance from HHS and NIH is anticipated and will be distributed once available.

Per NOT-OD-15-087 (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-087.html>) a revised NIH Grants Policy Statement was published on March 31, 2015. Links to the revised Grants Policy Statement and a document summarizing the significant changes that were implemented are provided in the Notice.

Highlighted below are some select items of costs of particular note to FIC grant recipients:

- **F&A for Foreign and International Organizations:** NIH and FIC continue to provide F&A costs under grants to foreign and international organizations will be funded at a rate of 8 percent of modified total direct costs, exclusive of equipment, consistent with existing policy.
- **F&A for Career/Fellowship/Training Awards:** NIH and FIC continue to provide F&A costs under research training, some education grants, and Career (K) awards will be funded at a rate of 8 percent of modified total direct costs, exclusive of tuition and fees, health insurance (when awarded as part of tuition and fees), equipment, and consortiums in excess of \$25,000, consistent with existing policy.
- **Value Added Tax:** Foreign taxes charged for the purchase of goods or services that a non-Federal entity is legally required to pay in country is an allowable expense under Federal awards. However, for many countries an exemption of this tax for research exists. Consequently, requesting this cost should be unallowable for research grants involving such countries as a performance site.
- **Visa Costs:** Allowable as a direct cost as part of recruiting costs on an NIH grant. Allowable as a trainee cost and not allowable for other non-trainee project personnel, consistent with existing FIC policy.

CHANGES IN SCOPE

Prior approval must be obtained from the NIH awarding component for any changes in the direction, type of research or training, the use of human or animal subjects, or other areas that constitute a significant change from the aims, objectives, purpose, or scope of the approved project.

FOREIGN TRAVEL

U.S. Flag carriers must be used for departure from or entry into the U.S. and for other portions of the trip where available.

RESPONSIBLE CONDUCT OF RESEARCH

NIH policy requires instruction in responsible conduct of research by individuals supported by any NIH research training or career awards. It is expected that course attendance is monitored and that a certificate or documentation of participation is available upon course completion. NIH does not require certification of compliance or submission of documentation, but expects institutions to maintain records sufficient to demonstrate that NIH-supported trainees, fellows, and scholars have received the required instruction.

Each annual progress report must include the following information about activities that took place during the past budget period:

- * a description of the instruction in responsible conduct of research (RCR)
- * a description of who received RCR instruction
- * a description of any enhancements and/or modifications to the five instructional components described in the competing application or the previous year's progress report
- * a list of names of faculty who contributed to formal instruction in RCR and the specific training they provided

More information is available in the NIH Guide Notice NOT-OD-10-019

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-019.html>

NEW GRANT CLOSEOUT REQUIREMENTS

Effective October 1, 2014, NIH closeout policy has changed (see [NOT-OD-14-084](#) and [NOT-OD-15-065](#)). If the grants closeout process is not completed **WITHIN 180 days of the project period end date** (the expiration date of a grant, which will be AFTER any approved no-cost extension periods), new HHS policy stipulates that the NIH must initiate unilateral closeout (i.e. Closeout without the receipt of acceptable final reports).

Unilateral closeout may include unilateral financial closeout using the last recorded cash drawdown level in the Payment Management System. If the grantee submits a final expenditure FFR but has not reconciled any discrepancies between expenditures reported on the final expenditure FFR and the last cash report to PMS, NIH is required to close the award at the lower amount. (This could be considered a debt or result in disallowed costs.) *****This means your institution may lose and have to repay to the Federal Government, any funds associated with the un-reconciled costs. *****

In order to avoid unilateral closeout, final reports must be submitted in a timely manner. In addition to unilateral closeout, failure to submit accurate final reports could result in enforcement actions such as corrective actions, removal of authorities on active grants, and/or delay or withholding of future awards.

STAFF CONTACTS

The Grants Management Specialist is responsible for the negotiation, award and administration of this project and for interpretation of Grants Administration policies and provisions. The Program Official is responsible for the scientific, programmatic and technical aspects of this project. These individuals work together in overall project administration. Prior approval requests (signed by an Authorized Organizational Representative) should be submitted in writing to the Grants Management Specialist. Requests may be made via e-mail.

Grants Management Specialist: Mollie Shea

Email: mshea@niaid.nih.gov **Phone:** 240-669-2960 **Fax:** 301-493-0597

Program Official: Geetha Parthasarathy Bansal

Email: geetha.bansal@nih.gov **Phone:** (301) 496-1653

SPREADSHEET SUMMARY

GRANT NUMBER: 5K01TW009998-04

INSTITUTION: UNIVERSITY OF ALABAMA AT BIRMINGHAM

Budget	Year 4
Salaries and Wages	\$75,149
Fringe Benefits	\$22,426
Personnel Costs (Subtotal)	\$97,575
Travel	\$3,000
Other	\$6,340
Subawards/Consortium/Contractual Costs	\$20,658
TOTAL FEDERAL DC	\$127,573
TOTAL FEDERAL F&A	\$8,553
TOTAL COST	\$136,126

Facilities and Administrative Costs	Year 4
F&A Cost Rate 1	8%
F&A Cost Base 1	\$106,915
F&A Costs 1	\$8,553

Project Information?

5U01AI069924-12

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DESCRIPTION | DETAILS | RESULTS | HISTORY | SUBPROJECTS | SIMILAR PROJECTS | NEARBY PROJECTS BETA | LINKS | NEWS AND MORE

Project Number: 5U01AI069924-12

Contact PI / Project Leader: [EGGER, MATTHIAS](#)

Title: INTERNATIONAL EPIDEMIOLOGIC DATABASES TO EVALUATE AIDS - SOUTHERN AFRICA (IEDEA-SA)

Awardee Organization: UNIVERSITAT BERN

Abstract Text:

DESCRIPTION (provided by applicant): The International epidemiologic Databases to Evaluate AIDS in Southern Africa (leDEA-SA) Collaboration has two key, related overarching research purposes related to the continuum of HIV care: (i) Global surveillance and evaluation of access to, effectiveness and outcomes of HIV care, antiretroviral therapy (ART) and HIV-related comorbidity programs (ii) Informing optimal treatment and implementation guidelines for HIV and its comorbidities in resource-limited settings. These areas will be examined across the life course from pregnancy to infants (HIV-infected and exposed), children, adolescents and adults, through regional and multiregional studies, within and beyond the leDEA-SA consortium. The HIV epidemic is being transformed by massive ART expansion with corresponding declines in AIDS- related deaths and mother-to-child transmission, as well as ART improvements through access to better drugs, laboratory tests and health system innovations. To sustain and improve on hard-won reductions in HIV-related morbidity and mortality, we need to understand and optimize long-term HIV outcomes, including retention in care across life transitions, prevention and treatment of co-morbidity with infections and non-communicable diseases (e.g. cancer, cardiovascular disease and mental health disorders) and address the impact of substance abuse. Hence, leDEA-SA specific aims are: 1)To study the continuum of HIV and tuberculosis (TB) care from diagnosis through to long-term outcomes; 2)To study co-infections (TB, hepatitis B), cardiovascular and metabolic co-morbidities; 3)To study the burden and care of cancers in HIV+ children and adults; 4) To study the HIV/ART continuum especially long-term outcomes in HIV+ mothers and their children, from pregnancy to exposed uninfected infants through to infected infants, children and adolescents; 5) To study mental health and mental health care provision; 6) To study substance use in adolescents and adults on ART, with a cross-cutting aim (7) To develop and apply state-of-the-art statistical methods, data harmonization standards, data collection and linkage tools. Routine cohort data of nearly 900,000 HIV+ individuals (60,000 <13 years old at enrolment) will be enhanced by linkage to mortality and other disease databases (e.g. cancer and TB) together with targeted additional data collection including tracing studies to minimize mortality and co-morbidity under-ascertainment, and site surveys. Throughout, statistical methods addressing biases in routine cohort data will be developed and used. Southern Africa is the epicenter of the HIV/TB epidemic (HIV prevalence of 10-27% across the region), and leDEA-SA includes the largest number of adults and children. leDEA-SA is well-placed to address the specific aims through its long and successful track-record of collaboration between the epidemiologic and operational leadership at the Universities of Bern and Cape Town, clinical, scientific and programmatic experts across Southern African and other leDEA regions, as well as with WHO, UNAIDS and other information consumers.

Public Health Relevance Statement:





PUBLIC HEALTH RELEVANCE: Antiretroviral therapy (ART) for HIV-infected adults and children has expanded massively in the last decade, with huge numbers of HIV-infected individuals starting ART and living longer, especially in resource-limited settings. This application addresses a global public health priority and aims to understand and evaluate the long term outcomes of people living with HIV. The issues we address range from how patients can best be retained in care from HIV diagnosis to starting treatment through to long term outcomes of ART programs, prevention and treatment of disorders related to HIV such as cancer, mental illness, and the impact of substance abuse on HIV outcomes. The output from this program of work can be translated into improved prevention and treatment programs for HIV across the world.

NIH Spending Category:

Burden of Illness; Cancer; Cervical Cancer; Clinical Research; Drug Abuse (NIDA only); Emerging Infectious Diseases; HIV/AIDS; Infectious Diseases; Maternal Health; Mental Health; Pediatric; Pediatric AIDS; Prevention; Rare Diseases; Substance Abuse; Tuberculosis; Women's Health

Project Terms:

13 year old; Acquired Immunodeficiency Syndrome; Address; Adherence; Adolescent; Adult; African; Alcohol or Other Drugs use; Alcohols; antepartum depression; antiretroviral therapy; Area; Birth; Blood Vessels; cancer care; Cardiovascular Diseases; Cardiovascular system; Caring; case finding; CD4 Lymphocyte Count; Cervical Cancer Screening; Cervical dysplasia; Cessation of life; Child; Clinical; co-infection; cohort; Collaborations; Communicable Diseases; Comorbidity; Continuity of Patient Care; cost effective; Country; Data; Data Analyses; Data Collection; Data Linkages; Databases; Diagnosis; Disease; Drug resistance in tuberculosis; Effectiveness; Epidemic; Epidemiology; Evaluation; Event; follow-up; Growth; Guidelines; Health system; Healthcare; Hepatitis B; high risk; HIV; HIV antiretroviral; HIV diagnosis; HIV therapy; Hospitalization; Human Papillomavirus; Illness impact; Impairment; improved; improved outcome; Incidence; Individual; Infant; Infection; innovation; International; Interruption; Laboratories; Leadership; Life; Life Cycle Stages; Malignant neoplasm of cervix uteri; Malignant Neoplasms; Measurement; Mental disorders; Mental Health; Metabolic; method development; Methods; Modeling; Monitor; Morbidity - disease rate; mortality; Mother-to-child HIV transmission; Mothers; Multiregional Analyses; Mycobacterium tuberculosis; negative affect; novel strategies; Outcome; Output; Patient Care; Patients; Pattern; Pharmaceutical Preparations; point of care; Population; Postpartum Depression; Pregnancy; Pregnant Women; Prevalence; Prevention; Prevention program; Private Sector; programs; Puberty; public health priorities; public health relevance; Pulmonary Tuberculosis; Quality of life; Regimen; Research; Resources; Risk Factors; Sampling; Site; Southern Africa; Sputum; Statistical Methods; Substance abuse problem; substance abuse treatment; Surveys; Tenofovir; Testing; therapy outcome; Time; tool; Translating; treatment program; Tuberculosis; Universities; Vertical Disease Transmission; whole genome; Woman; Work

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RePORTER2N

https://projectreporter.nih.gov/project_info_description.cfm?aid=9281637

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