

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</i>				1. REQUISITION NUMBER 12120557		PAGE OF 1   2			
2. CONTRACT NO. PC-12-5-001		3. AWARD/ EFFECTIVE DATE	4. ORDER NUMBER		5. SOLICITATION NUMBER		6. SOLICITATION ISSUE DATE		
7. <b>FOR SOLICITATION INFORMATION CALL:</b>		a. NAME Joseph Alustiza De Rocco			b. TELEPHONE NUMBER <i>(No collect calls)</i>		8. OFFER DUE DATE/LOCAL TIME		
9. ISSUED BY  Peace Corps 1111 20th Street, NW Acquisitions & Contract Management 4th flr Washington DC 20526		CODE PCISSUE	10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR:						
		<input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS		<input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A)		NAICS:  SIZE STANDARD:			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING			
15. DELIVER TO  WASHINGTON-DC 1111 20th St NW Washington DC 20526-0001		CODE WASHINGTON-DC	16. ADMINISTERED BY  Peace Corps 1111 20th Street, NW Acquisitions & Contract Management 4th Flr Washington DC 20526		CODE PCOACM		14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP		
17a. CONTRACTOR/OFFEROR  Global Health Service Corps 100 Cambridge Street, 15th Floor, Suite 1541A Boston MA 02114		CODE 100100342	FACILITY CODE	18a. PAYMENT WILL BE MADE BY  Peace Corps 085 Dom Voucher Examiner-Domestic 4th Floor, Room #4330 1111 20th Street, NW Washington DC 20526		CODE PEACE CORPS 085			
TELEPHONE NO. -				17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>					
19. ITEM NO.				20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
		DUNS Number: Not Available		Technical POC: Warren W. Buckingham, wbuckingham@peacecorps.gov, (202) 692-2191					
		Agreement POC: Joseph Alustiza, jalustizaderocco@peacecorps.gov, (202) 692-1235							
		Pursuant to the authority contained in the Peace Corps Act of 1961, the Peace Corps hereby awards to Global Health Service Corps (hereinafter referred to as the "Recipient" or "GHSC"), the sum of \$500,000.00 to support as described in the Schedule of this Agreement and Attachment B, entitled "Program Description". This <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>							
25. ACCOUNTING AND APPROPRIATION DATA XX.19X103111.610001.020.11.25223.3617.000.00						26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$500,000.00			
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.									
27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.									
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.				29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:					
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) 					
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) Lisa M. Bilder		31c. DATE SIGNED 9/10/2012			

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	<p>Agreement is effective and obligation is made as of the date of the attached letter and shall apply to commitments made by the Recipient in furtherance of program objectives during the period beginning with the effective date and ending September 9, 2015.</p> <p>This Agreement is made to the Recipient on the condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment A, entitled "Schedule"; Attachment B, entitled "Program Description"; and Attachment C, entitled "Mandatory Standard Provisions."</p> <p>BFY: XX Fund: 19X103111 Account: 610001 Location: 020 Purpose: 11 Object: 25223 Sponsor: 3617 Future1: 000 Future2: 00 Period of Performance: 09/10/2012 to 09/09/2015</p> <p>Global Health Service Corps transfer per agreement Obligated Amount: \$500,000.00</p> <p>The total amount of award: \$500,000.00. The obligation for this award is shown in box 26.</p>	500000	AM	1.00	500,000.00

32a. QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED     INSPECTED     ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: \_\_\_\_\_

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT			42a. RECEIVED BY ( <i>Print</i> )	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT ( <i>Location</i> )	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS



September 10, 2012

Vanessa Bradford Kerry, MD MSc  
Executive Director  
Global Health Service Corps  
C/O 19 Louisburg Sq.  
Boston, MA 02108

Subject: Peace Corps Cooperative Agreement No. PC-12-5-001 - Global Health Service Partnership

Dear Dr. Kerry:

In accordance with the authority contained in the Peace Corps Act, the Global Health Service Corps (hereinafter referred to as the "Recipient" or "GHSC") is hereby awarded this Cooperative Agreement to provide support as described in the Schedule of this Agreement and Attachment B, entitled "Program Description."

This Agreement is effective as of September 10, 2012 and shall apply to commitments made by the Recipient in furtherance of program objectives during the period beginning with the effective date and ending September 9, 2015. This Agreement shall be incrementally funded and at this time is funded in the amount of \$500,000.00 to support activities through September 9, 2013. The Peace Corps shall not be liable for reimbursing the Recipient for any costs in excess of the obligated amount.

This Agreement is made to the Recipient on the condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment A, entitled "Schedule"; Attachment B, entitled "Program Description"; and Attachment C, entitled "Mandatory Standard Provisions."

Please sign this letter to acknowledge your receipt of the Cooperative Agreement and return a signed copy to the Agreement Officer.

Sincerely,

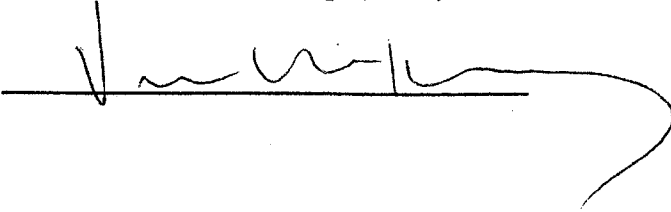
Lisa M. Bilder  
Agreement Officer and Chief Acquisition Officer  
Office of Acquisitions and Contract Management (OACM)

**Attachments:**

- A. Schedule
- B. Program Description
- C. Mandatory Standard Provisions

**Acknowledged by:**

**Name:** Dr. Vanessa Bradford Kerry, MD MSc  
**Title:** Executive Director  
**Organization:** Global Health Service Corps (GHSC)

**Signature:** 

**ATTACHMENT A**  
**Schedule**

## **SCHEDULE**

### **I. Purpose of Agreement**

The purpose of this Agreement is to provide support to the Global Health Service Corps (GHSC) for the program description in Attachment B to the Agreement entitled "Global Health Service Partnership (GHSP)."

### **II. Authority**

Peace Corps awards this Cooperative Agreement under the authority of Section 10(a) of the Peace Corps Act (22 U.S.C. 2509).

### **III. Period of Agreement**

The effective date of this Agreement is September 10, 2012. The estimated completion date of this Agreement is September 9, 2015.

### **IV. Amount of Award and Payment**

A. The total estimated amount of this Award for the period shown in Section III above is \$2,000,000.00.

B. The Peace Corps hereby obligates the amount of \$500,000.00 for the performance of the first year of this Agreement in accordance with the Budget below in Section V. The Recipient will be given written notice by the Agreement Officer when additional funds will be added. Peace Corps is not obligated to reimburse the Recipient for the expenditure of amounts in excess of the total obligated amount.

C. The Recipient will be paid in advance, provided that GHSC maintains or demonstrates the willingness to maintain:

- 1) Written procedures that minimize the time elapsing between the transfer of funds and disbursement by the Recipient.
- 2) Financial management systems that meet the standards for fund control and accountability as established in 2 CFR Section 215.21.

Advance payments to the Recipient shall be limited to the minimum amounts needed and be timed to be in accordance with the actual, immediate cash requirements of the Recipient in carrying out the purpose of the approved program or project. The Recipient shall be authorized to submit monthly requests for advance payments by completing SF-270, "Request for Advance or Reimbursement" when electronic fund transfers are not used. Advance payments are subject to 31 CFR part 205.

Treasury check advance payments shall be sent to the following address: Global Health Service Corps, 100 Cambridge Street, 15<sup>th</sup> floor, Suite 1541A, Boston, MA, 02114.

D. Additional funds up to the total amount of the Cooperative Agreement shown in IV above may be obligated by Peace Corps subject to the availability of funds, satisfactory progress of the project and continued relevance to the Peace Corps programs.

#### **V. Budget**

The following is the Agreement Budget. Revisions to this budget shall be made in accordance with 2 CFR 215.25.

GLIN 001	Project Year 1 - \$500,000.00
GLIN 002	Project Year 2 - \$650,000.00
GLIN 003	Project Year 3 - \$850,000.00

Total estimated amount:     \$2,000,000.00

#### **VI. Authorized Representatives**

The Agreement Officer (AO) has legal responsibility for this Agreement. Therefore, only the AO can take action on behalf of Peace Corps to enter into, change, or terminate this Agreement.

The Agreement Officer's Representative (AOR) is the person, as designated in writing by the AO, who will assist in technical monitoring and administer certain aspects of this Agreement. This authority is not re-delegable other than as specified in the AO's designation letter. The AOR will a) maintain communication including liaison with the Recipient, b) review and analyze reports, c) ensure compliance with the terms and conditions of the award and d) perform other duties as delegated by the AO. The AOR for this Agreement is Warren W. Buckingham, Director, Office of Global Health and HIV, 1111 20<sup>th</sup> Street NW, Washington, D.C. 20526.

#### **VII. Office of Management and Budget (OMB) Circulars**

The provisions of OMB Circular A-110, "Uniform Administrative Requirements for Grants and Other Agreements" and OMB Circular A-122, "Cost Principles for Non-Profit Organizations" herein to this Agreement are applicable to GHSC. Copies of these circulars can be located on the following website: [http://www.whitehouse.gov/omb/circulars\\_index-education](http://www.whitehouse.gov/omb/circulars_index-education).

#### **VIII. Substantial Involvement Understandings**

On behalf of the Peace Corps, the AOR will substantially be involved in the administration of this Agreement to help the Recipient achieve the agreement objectives. The AO may delegate the approvals listed below to the AOR, except for authority to change the program description and the approved budget. Substantial involvement under this Agreement shall include:

- A. **Approval of the Recipient's Annual Budgets** - Significant changes by the Recipient to the approved budget will require approval from the AO.

- B. **Approval of the Recipient's monitoring and evaluation plan.** Significant changes by the Recipient to the approved plan will require approval from the AOR as delegated by the AO.
- C. **Approval of Agency and Recipient Collaboration** - When the recipient's successful accomplishment of program activities and objectives would benefit from Peace Corps' technical knowledge, the AO may authorize the collaboration or joint participation of Peace Corps and the Recipient on the program.

## **IX. Reporting and Evaluation**

- A. **Financial Reporting** – The Recipient shall submit financial reports (Standard Form 269) to the AOR with one copy to the AO on a quarterly basis as provided for in 2 CFR 215.52. The reports shall be submitted no later than 30 days following the end of each quarter.
- B. **Program Reporting** - GHSC shall submit a Program Report in electronic format (using Microsoft Word or Adobe Acrobat PDF files) to the AOR with one copy to the AO. Program reports shall be submitted every quarter starting on January 2013 and ending no later than September 2015. Each report shall contain the following information:

### **Project Year I Reporting:**

- 1) **Site selection criteria and assessment:**
  - Number of needs assessments completed for faculty positions and sites
  - Criteria established for optimal site placement
- 2) **Recruitment:**
  - Number and type of Volunteer recruiting events/activities conducted in person, via teleconference or other electronic means, via written communication, or in other ways
- 3) **Screening:**
  - Screening process established in coordination with Peace Corps
  - Number of Peace Corps-referred applications screened for professional and academic proficiency
- 4) **Orientation:** Developed core orientation materials including curriculum for tropical medicine and practice of medicine and nursing in resource poor settings
- 5) **Partnerships and Team Support:**
  - Developed communication and administrative structure among the partner sites, the Peace Corps and GSHC for optimal support and supervision of the volunteers
  - Number and type of GHSP country team support activities conducted in person, via teleconference or other electronic means, via written communication, or in other ways



6) Volunteer Support and Retention:

- Number of currently serving GHSP Volunteers provided with *individual* support in person, via teleconference or other electronic means, via written communication, or in other ways
- Number of currently serving GHSP Volunteers provided with *group* support in person, via teleconference or other electronic means, via written communication, or in other ways
- Retention rate of volunteers - How many volunteers completed their first years, and stayed on for further years?
  - By site
  - By profession
  - Time retained

7) Volunteer Satisfaction and Outcomes:

- Satisfaction of the volunteer with the program
- Satisfaction of the sites with performance of volunteers
- Project Outcomes
  - o Volume and quality of site-based curricula developed
  - o Site and service accomplishments
- Long Term Assessment
  - Impact of program on clinical practice on return
  - Career paths after the program

In addition to the data requested for above, the Recipient shall provide a narrative quarterly report not to exceed three pages summarizing significant accomplishments and challenges recorded in the most recent quarter.

Project Year II and III Reporting:

1) Site selection and criteria:

- Completed evaluation of new sites and expansions in additional countries with consideration of areas of highest burden of disease, Peace Corps priorities and U.S. partner programs
- Number of new country sites and expansions within existing pilot GHSP countries

2) Recruitment:

- Number and type of Volunteer recruiting events/activities conducted in person, via teleconference or other electronic means, via written communication, or in other ways
- Number of top quality applicants including more senior level health professionals that meet country requirements

- 3) Screening:
  - Number of Peace Corps-referred applications screened for professional and academic proficiency
  - A minimum of 4-5 applicants per position
- 4) Orientation: Revised core orientation materials to ensure appropriate to targeted countries and settings and is up to date with current medical, nursing and other health professional knowledge
- 5) Partnerships and Team Support:
  - Number and type of GHSP country team support activities conducted in person, via teleconference or other electronic means, via written communication, or in other ways (e.g. semi-annual conferences with volunteers and site development activities)
- 6) Volunteer Support and Retention:
  - Number of currently serving GHSP Volunteers provided with *individual* support in person, via teleconference or other electronic means, via written communication, or in other ways
  - Number of currently serving GHSP Volunteers provided with *group* support in person, via teleconference or other electronic means, via written communication, or in other ways
  - Retention rate of volunteers - How many volunteers completed their first years, and stayed on for further years?
    - By site
    - By profession
    - Time retained
- 7) Volunteer Satisfaction and Outcomes:
  - Satisfaction of the volunteers with the program
  - Satisfaction of the sites with performance of volunteers
  - Project Outcomes
    - o Volume and quality of site-based curricula developed
    - o Site and service accomplishments
  - Long Term Assessment
    - Impact of program on clinical practice on return
    - Career paths after the program

The Recipient shall provide a narrative quarterly report not to exceed three pages summarizing significant accomplishments and challenges recorded in the most recent quarter.

- C. Final Report - The Recipient shall submit a final report on project accomplishments and challenges not to exceed 10 (ten) pages not later than **October 30 after the end of each project year**. The final report shall include a summary of all quantitative

program results as well as efforts undertaken and results achieved in assuring long-term sustainability of the partnership.

**X. Retention and Access Requirement for Records**

The Peace Corps, the Inspector general, the Comptroller General of the United States, and any of their duly authorized representatives, shall have the right of timely and unrestricted access to any documents, papers or other record of the GHSC that are pertinent to the Agreement in order to make audits, examinations, excerpts, transcripts and copies of such documents. This right also includes timely and reasonable access to GHSC's personnel for the purpose of interview and discussion related to such documents. The rights of access in this paragraph are further defined in OMB Circular A-110.

**XI. Use of Peace Corps' Name and Logo**

Except as otherwise authorized by the Peace Corps, GHSC may only use the Peace Corps name and logo on materials to be developed under this Agreement. Prior review and written approval by Peace Corps of such use is required.

**XII. Closeout Procedures**

GHSC shall submit, within 30 calendars days after the date of completion of the award, all financial, performance, and other reports as required by the terms and conditions of this Agreement. The Agreement Officer must approve extensions when requested. Any funds paid in excess of the amount to which is finally determined to be entitled under the terms and conditions of the award constitute a debt to the Federal Government.

**ATTACHMENT B**  
**Program Description**

**Background:**

The Global Health Service Corps (GHSC) is a federally registered 501(c)(3) whose goal is to help provide a sustainable solution to addressing the vast shortages of health professionals in many resource poor settings. Such shortages limit the ability of developing countries to deliver even basic health care let alone respond to new, unforeseen epidemics. These shortages are a clear bottleneck to health system strengthening and are perpetuated by the scarcity of teachers in medical, nursing and other health science schools in many countries. To help address this need, the GHSC will partner with the Peace Corps to create a public-private partnership focused on investment in local capacity and human capital.

GHSC (formally known as Foundation for Global Health Service) was incorporated as a non-profit organization in the Commonwealth of Massachusetts on August 22, 2011. Headquartered in Boston, GHSC's mission is to support health professionals to serve in medical and public health education in resource-poor settings. The greater goal of GHSC is, in collaboration with partners, to create sustainable solutions to strengthen health systems and address the vast shortages of health professionals in many parts of the world. The GHSC is also committed to helping recruit the best-qualified candidates, including those who may have financial constraints to service, by raising and disbursing loan repayment and other appropriate stipends of support to individuals chosen for assignments abroad.

**Global Health Service Partnership:**

GHSC will join the Peace Corps to launch the Global Health Service Partnership (GHSP). The program's goal is to build stronger health sectors in developing countries by capitalizing on the multiplier effect of medical and nursing educators deployed as Peace Corps Response Volunteers (GHSP PCVs) who can contribute quickly to increase partner countries' clinical care capacity.

The GHSP PCVs will serve terms of at least one year as medical or nursing faculty in medical and/or nursing schools that serve the priority areas. The GHSP PCVs will provide some clinical care as it is necessary to fulfill their clinical education position. GHSP PCVs are expected to be integrated with and to serve as faculty at their receiving educational institution (REI). Volunteers will be supported in their clinical work by the GHSC.

In the launch year 2012-2013, the GHSP will pilot the program by placing 8-10 doctors and nurses in training institutions in each of three partner countries. The initial cohort will include board eligible or board certified doctors in core specialties. Core specialties will include internal medicine, pediatrics, general surgery, psychiatry, obstetrics and gynecology, family medicine and anesthesia. Nurse participants will have completed training and have a minimum of three years of both clinical and teaching experience. After careful review of multiple factors, including the capacity of individual Peace Corps overseas posts to support a new program, presence of complementary U.S. government and President's Emergency Program For AIDS Relief (PEPFAR)

investments in human resources for health and other considerations, the program will start in Tanzania, Malawi and Uganda. The intention is to scale-up the program over successive years, expanding the number of volunteers, countries and health professionals involved. The application process is anticipated to begin in late-Summer 2012 with deployment of the first class in Summer 2013.

**Global Health Service Corps' Value Contribution and Peace Corps' Mission:**

The GHSP, and the GHSC commitment to the program's success, are well aligned with the Peace Corps mission. The Peace Corps mission describes helping interested countries meet their training needs, and promoting better bilateral understanding between the U.S. culture and population and those being served. More recently the Peace Corps has committed to strategic partnerships that support targeted interventions. The GHSP helps harness the growing interest among U.S. health professionals in contributing to improved global health by investing in medical and nursing education that will strengthen human resources for health in partner countries. By placing the volunteers in one year posts, working directly with in-country faculty colleagues, the program promotes knowledge, cultural and educational exchange. Additionally, the GHSP contributes to the PEPFAR target of training 140,000 health professionals through the "multiplier effect" of health professional education, responds to expressed country demand, and provides a 21st century Volunteer opportunity for Americans. The Global Health Service Corps intends to be an active and committed partner to the success of the GHSP and the exchange it fosters.

The GHSP proposes a new scope of activities for the Peace Corps. The Peace Corps has a rich, 51 year history of deploying Americans in service as volunteers, and while 23% currently work in the healthcare sector, none currently formally practice medicine or deliver clinical care. The GHSC proposes to partner with the Peace Corps to provide the needed medical and nursing technical expertise to help support the program. Drawing on its familiarity with medical and nursing education (and eventually other health professions) as well as knowledge of clinical education in developing countries, the Global Health Service Corps (GHSC) will support the Peace Corps and the joint GHSP in activities such as site selection, applicant recruitment and screening, orientation and training, field support, and monitoring and evaluation.

The GHSC mission – as is the GHSP mission- is a commitment to education and training to build capacity. To support this mission, GHSC has hired a staff of physicians and nurses with strong backgrounds in education and capacity building. The staff are sitting faculty at medical and nursing schools in the United States, published in the field, and experienced working in international and resource poor settings.

To further support the GHSP's mission with greatest efficiency and to harness the experience of premier academic medical centers already working in capacity building in global health, GHSC will partner with academic medical centers to help carry out components of the programmatic work for medical, nursing and other health professional education. GHSC has selected as an

inaugural academic partner the Massachusetts General Hospital Center for Global Health (MGH CGH). MGH CGH's mission is to leverage Mass General's 200 year legacy of innovation in medical care and education to improve health among the most vulnerable people in our global community. The hospital's dynamic leadership in health and now global health will be an asset in fulfilling the GHSC's academic mission in medicine and nursing.

Finally, GHSC has assembled a Scientific Advisory Council (SAC) of the country's top medical educators in global health who will play an active advising role to GHSC and its activities. The SAC will help advise on recruitment strategies, site development, and curricula for example. In general, it will be comprised of nursing, physician and public health leaders in global health delivery. We will invite professionals from the range of specialties we are deploying as part of GHSP. GHSC has received important insight and advice from a number of such individuals to date and we anticipate many of them will be invited to serve on the SAC. The list of early advisors includes:

Dr. Michael Merson, Director, Global Health Institute, Duke University

Dr. Michele Barry, Senior Associate Dean for Global Health at the School of Medicine, Stanford University

Dr. King Holmes, Chair of Global Health, University of Washington

Dr. David Bangsberg, Director of the Center for Global Health, Massachusetts General Hospital

Dr. Meg Ferris, Administrative Director, Texas Children's Center for Global Health, Baylor University

#### **Activities and Support:**

GHSC will provide the needed medical and nursing technical expertise to help support the Peace Corps and this new partnership. With the exception of promoting application, recruitment and screening, and loan repayment, almost all activities will bridge both headquarters and the field.

#### *Site Selection*

The GHSC will assist the Peace Corps in the site selection for deployment. In the pilot year, the GHSP aims to launch in three countries. The initial countries selected are Tanzania, Malawi and Uganda. Each of these countries has a number of candidate institutions in need. While much of the decision as to where the first group of doctors and nurses will deploy will be determined by our partner countries, GHSC will participate with Peace Corps in site determining optimal selection of individual institutions. Building on knowledge already acquired by our staff, key personnel such as our Chief Nursing and Medical Officers will visit candidate sites to help determine optimal partner institutions. The GHSC possesses the experience and knowledge to help identify core components of a site that will allow the GHSP PCVs to be able to carry out their jobs effectively and to meet local expectations. Further, consistent with the Peace Corps

Response program, specific jobs will need to be identified and posted. GHSC will help with the technical specifics of these postings and positions.

GHSC has a growth plan in cooperation with the Peace Corps detailed in the table below. Specialties within medicine will be defined by the needs of the countries where volunteers are sited. The specifics of the growth plan will be subject to discussion with partner countries and identified needs in each country. GHSC will aim to fulfill these needs but only if able to fully support and train the appropriate specialties.

Year	Inputs			Outputs
	Number of GHSP PCVs	Number of Countries	Health Professions	
1	30	3	MD, RN/midwives	<b>GHSC aims to impact metrics of health improvement, in cooperation with numerous other in-country global health innovators and initiatives</b>  - Increased ratios of health providers to population - Increased Births attended by skilled health personnel - Decreased infant mortality rate - Decreased under five mortality rate -Decreased maternal mortality rate -Decreased cause specific mortality from HIV/AIDS, Malaria and Tuberculosis
2	40	5	MD, RN/midwives	
3	48	6 – 8	MD, RN/midwives, Pharmacy	
4	90	10 – 14	MD, RN/midwives, Pharmacy, Physical Therapy	
5	180	15 - 18	MD, RN/midwives, Pharmacy, Physical Therapy, etc	

**Recruitment and Screening**

GHSC will assist the Peace Corps in the recruitment and screening of volunteers. As noted, GHSC will help draft the job postings for specific applications. GHSC will identify and facilitate contact with American professional organizations in medicine and nursing to help publicize the program. Additionally, because the GHSP will be recruiting for a new program within the Peace Corps, supplemental questions will be needed to help screen and gather information from applicants. GHSC has staff both from and familiar with the medical and nursing fields and who can help develop the appropriate questions for the Peace Corps GHSP application. GHSC will contribute to initial screening of application through triaging of all applications, verifying applicants' credentials, references, and skills to narrow the field of applicants to the best possible candidates for the positions. The GHSP PCVs will be screened for their clinical competency and potential to be a successful volunteer. Screening will ensure they meet clinical criteria for education and medical and nursing care delivery and will evaluate potential volunteers' prior experience in developing countries. All volunteers will be fully trained doctors and nurses. Final selection of short-listed candidates will be made by Peace Corps, followed by medical and security clearances.



### *Orientation and Training*

Once selected, the GHSP PCVs will deploy for a minimum of one year. To prepare these individuals for their year of service, a detailed orientation protocol will be developed with extensive input from GHSC. GHSC will specifically help develop training on medical and nursing healthcare delivery in resource-limited settings, and will familiarize volunteers on local burdens of disease that may be quite different from those in the US. Volunteers will also be instructed in pedagogical methods used for education in partner countries and adaptive teaching skills. GHSC anticipates an intensive orientation in partnership with the Peace Corps.

Orientation will take place both in the U.S and in the designated country of service. We expect orientation to be three weeks with the first week in the United States to provide all the GHSP volunteers with needed, intensive background in tropical medicine and an introduction to medical and nursing service in resource poor countries. There will be a second component of in-country orientation which will be Peace Corps led, similar to current Peace Corps Response in-country orientation. The final component of orientation will be an introduction to the sites of service and which will be more fully designed once the sites are selected.

### *Field Technical Support*

Field support for the GHSP PCVs will be provided by both the receiving educational institution (REI) as well as by GHSC. The GHSP PCVs will need support, mentorship and supervision to help meet their ongoing clinical education expectations and obligations. The GHSC will help support in-country clinical mentorship and provide resources to support these individuals in the field. Resources will include electronic access to journals, up-to-date data and other clinical resources. Additionally, GHSC will provide volunteers with access to an experienced panel of clinicians and educators to assist with issues/challenges in the field; our SAC will be a part of this support. GHSC will visit sites during the year to assess the wellbeing of the GHSP PCVs, to solicit mid-program feedback, concerns and needs, and to help foster exchange between the program and the REI. Additionally, GHSC aims to hold semi-annual conferences in the country and/or region where the GHSP PCVs are located.

### *Loan Repayment*

There is domestic precedent for loan repayment to foster health service in underserved areas. Building on this domestic legacy, and recognizing the growing interest in global health among health professionals, GHSC aims to provide loan repayment to eligible individuals. The goal of this support is to encourage service by the best-qualified individuals, including those who may have financial constraints to service. The GHSC will provide \$30,000 stipends to individuals with documented educational loans to assist with loan repayment. As the private partner to the GHSP, GHSC is able to provide this support without requiring legislation or other federal mandates. The loan repayment stipends will be sourced through private philanthropy and development.

## **PERFORMANCE MEASURES:**

The GHSP will be a novel program for capacity building in medical education. The program will need to be evaluated rigorously in the short and long term. Performance measures will be established in three categories and are likely to be refined based on program experience: 1) Administrative metrics; 2) partner sites metrics, and; 3) GHSP PCV metrics.

## **ADMINISTRATIVE METRICS**

### **Specific Year I Milestones:**

1. Site selection criteria and assessment
  - a. Needs assessment of faculty positions – 8-10 faculty per country
  - b. Needs assessment of sites – 3 countries, 2-4 sites per country
  - c. Establishment of criteria for optimal site placement
2. Recruitment:
  - a. Presence at key influential annual conferences for global health and professional societies  
(See Appendix)
  - b. Reach out to build support and visibility among the major medical and professional associations in the United States (See Appendix)
  - c. In coordination with the Peace Corps, conduct regional, targeted events at key academic medical centers to build support and visibility (See Appendix)
3. Screening:
  - a. Establish screening process in coordination with Peace Corps to be scaled over coming years
  - b. Screen 100-200 anticipated applications for Volunteer positions and advance recommendations of the top applicants to the Peace Corps
4. Orientation:
  - a. Develop core orientation materials including curriculum for tropical medicine and practice of medicine and nursing in resource poor settings
5. Partnerships
  - a. Develop communication and administrative structure among the partner sites, the Peace Corps and GSHC for optimal support and supervision of the volunteers
  - b. Ensure optimal support for Volunteers is available on the ground such as translators or access to clinical support material
6. Loan Repayment
  - a. Fundraise for \$30,000 loan repayment stipends for at minimum 20 applicants
  - b. Assess applications for and disburse loan repayment stipends to eligible applicants who have been accepted to the Global Health Service Partnership

**Multi-year Performance Measures:**

1. Site selection and criteria:
  - a. Continued evaluation of new sites and expansion within pilot GHSP countries
  - b. Evaluation of new sites and expansion in additional countries with consideration of areas of highest burden of disease, Peace Corps priorities and U.S. partner programs
2. Recruitment:
  - a. Continued outreach to professional organizations via direct contact, conferences and existing outreach structures
  - b. Continued recruitment events in alignment with the Peace Corps efforts
  - c. Target top quality applicants including more senior level health professionals to ensure applicants are the best possible fit in meeting country requirements
  - d. Expand targeted recruitment to meet the expansion of health professions
3. Screening
  - a. Screen applications for Volunteer positions and advance recommendations of the best-qualified applicants to the Peace Corps. As the program grows, GHSC expects the number of applications to grow with a goal of at minimum 4-5 applicants per position posted
4. Orientation:
  - a. Revise core orientation materials to ensure appropriate to targeted countries and settings and is up to date with current medical, nursing and other health professional knowledge
5. Partnership
  - a. Review optimal support for Volunteers on the ground such as translators or access to clinical support material
  - b. Facilitate site development to improve teaching tools available for all faculty at the site
6. Support
  - a. Semi-annual conferences with volunteers
  - b. Assessment of additional support modalities
7. Financials
  - a. Ensure program is as cost effective as possible to achieve desired results
8. Fundraising and sustained support
  - a. Continue fundraising to maintain \$30,000 stipends for eligible Volunteers
  - b. Consider expansion of stipends as possible pending partnership and discussion with the Peace Corps

**PARTNER SITES: UNDERSTANDING THE IMPACT AND EFFECTIVENESS OF THE VOLUNTEERS AND THEIR ALIGNMENT WITH PARTNER SITES**

1. Retention:
  - a. How many volunteers complete their first years, and stay on for further years
2. Concordance of performance of Volunteers with expectations and goals of sites
3. Efficacy of the field support
  - a. For the volunteers
  - b. For the partner faculty
4. Efficacy of the volunteers
  - a. How well trained were they on arrival at site
  - b. Volume and quality of site-based curricula developed (if any)
  - c. Summary of the accomplishments of the volunteer by the site
  - d. Summary of problems if any

**GHSP PCV METRICS: EVALUATING THE EXPERIENCE AND OUTCOMES OF THE VOLUNTEERS**

1. Satisfaction of the volunteer with the program
2. Retention rate of volunteers
  - a. By site
  - b. By profession
  - c. Time retained
3. Loan Repayment
  - a. Amount of stipend
  - b. Applicability of stipend
4. Long Term Assessment
  - a. Impact of program on clinical practice on return
  - b. Career paths after the program

**MONITORING AND EVALUATION:**

Lessons learned will inform successive future iterations of the GHSP and the ways the GHSC can improve its contribution and role. Monitoring and evaluation (M&E) will occur throughout the deployment cycle and on an annual basis. M&E will look at the efficacy of the GHSC, the GHSP, the PCVs and assess the outcomes at the sites and the contributions of the volunteers long term. Surveys will be conducted at baseline and at least annually and qualitative feedback will be obtained in annual (or semi-annual) conferences. The M&E areas will include:

**Sites:**

1. Impact:
2. Satisfaction of the site with the program
3. Need of the sites in addition to current program
4. Expansion:
  - a. Additional sites within a country
  - b. Additional countries which would benefit

- c. Additional professions needed
- d. Saturation point of sites of the number of volunteers
- 5. Needs of individual sites for site development
- 6. Degree of integration of PCV as faculty in institution

**Program Impact:**

- 1. Number of trainees trained
  - a. In total
  - b. By site
  - c. By profession
- 2. Types/ level of trainees trained or trainings conducted
  - a. Academic medical or nursing graduate medical trainees
  - b. Medical students
  - c. Skilled attendants or clinical officers
  - d. Community Health workers
  - e. Didactic courses vs. clinical education wit patient interaction
- 3. Number of patients seen
- 4. Retention of in-country faculty
- 5. Retention of trainees after training
- 6. Ability of MOH/ MOE to absorb increased trainees
- 7. Challenges that may have mitigated effect of program

**Partnership:**

- 1. Characteristics of effective partnerships across all sites
- 2. Evaluation of specific partnerships
  - a. With public sector including Ministry of Health and Ministry of Higher Education
  - b. With individual institutions
  - c. With in-country faculty
  - d. With academic medical centers in the United States

**Clinical Monitoring and Evaluation:**

- 1. Number of patients seen
- 2. Principle diseases treated
- 3. Challenges to clinical education and care delivery

Peace Corps Volunteers: Peace Corps Volunteers will be evaluated during the year informally as well as on an annual basis. Evaluations will assess:

- 1. Self assessment:
  - a. Number of in-country trainees impacted
  - b. Educational initiatives launched
  - c. Personal Successes and Challenges
- 2. Resources for positions
  - a. Peace Corps M&E

b. Medical or Nursing resources needed

3. Support:

a. Administrative support

- i. From partner institution
- ii. From in-country colleagues
- iii. From PCV colleagues
- iv. From GSHC

b. Clinical support

c. Personal support

4. Efficacy

- a. Characteristics of effective volunteers
- b. Specific impact of each clinical specialty
- c. Evaluation of site development needs impacting efficacy
- d. Site assessment of Volunteer efficacy

5. Career development and direction of Volunteers after service

6. Recruitment

- a. Diversity of applicants and Volunteers selected
- b. Numbers and training level of applicants

Costs:

- 1. Cost per Volunteer
- 2. Cost per site
- 3. Cost per specialty and health profession

Loan Repayment:

- 1. Total debt of PCV on program initiation
- 2. Additional Financial constraints challenged by participation in the program
- 3. Opportunities for stipend expansion

## Appendix 1: Recruitment Organizations, Conferences and Targets

### Major Medical and Nursing Organizations for Recruitment:

1. American Association of Medical Colleges (AAMC)
2. American Medical Association (AMA)
3. College of Surgeons (FACS)
4. American Association of Pediatrics (AAP)
5. American Congress of Obstetricians and Gynecologists (ACOG)
6. American Society of Anesthesiologists
7. American Psychiatric Association
8. American Academy of Family Physicians
9. American Nurses Associations
10. Association of Nurses in AIDS Care and other specific associations of nursing specialties

### Major Conferences:

1. American Medical Association June 16-20, 2012 (Chicago)
2. International AIDS Conference (Washington D.C)
3. American Congress of Obstetricians and Gynecologists – May 5-9, 2012 (San Diego)
4. American College of Surgeons – Sept 30–Oct 4, 2012 (Chicago)

### Core regions and cities with preeminent academic medical and nursing institutions:

1. Northeast: Boston, New York
2. Middle Atlantic: Baltimore, Washington D.C.
3. Southeast: Atlanta, Chapel Hill, Raleigh/Durham
4. Central US: Chicago, Houston
5. West Coast: Los Angeles, San Francisco, Seattle

**ATTACHMENT C**  
**Mandatory Standard Provisions**  
**(2 CFR 215)**



All contracts, awarded by the Recipient including small purchases, shall contain the following provisions as applicable:

1. Equal Employment Opportunity--All contracts shall contain a provision requiring compliance with E.O. 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR, 1964-1965 Comp., p. 339), as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

2. Copeland "Anti-Kickback" Act (18 U.S.C. 874 and 40 U.S.C. 276c)--All contracts and subgrants in excess of \$2000 for construction or repair awarded by recipients and subrecipients shall include a provision for compliance with the Copeland "Anti-Kickback" Act (18 U.S.C. 874), as supplemented by Department of Labor regulations (29 CFR part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The Act provides that each contractor or subrecipient shall be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he is otherwise entitled. The recipient shall report all suspected or reported violations to the Federal awarding agency.

3. Davis-Bacon Act, as amended (40 U.S.C. 276a to a-7)--When required by Federal program legislation, all construction contracts awarded by the recipients and subrecipients of more than \$2000 shall include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 276a to a-7) and as supplemented by Department of Labor regulations (29 CFR part 5, "Labor Standards Provisions Applicable to Contracts Governing Federally Financed and Assisted Construction"). Under this Act, contractors shall be required to pay wages to laborers and mechanics at a rate not less than the minimum wages specified in a wage determination made by the Secretary of Labor. In addition, contractors shall be required to pay wages not less than once a week. The recipient shall place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation and the award of a contract shall be conditioned upon the acceptance of the wage determination. The recipient shall report all suspected or reported violations to the Federal awarding agency.

4. Contract Work Hours and Safety Standards Act (40 U.S.C. 327- 333)--Where applicable, all contracts awarded by recipients in excess of \$2000 for construction contracts and in excess of \$2500 for other contracts that involve the employment of mechanics or laborers shall include a provision for compliance with sections 102 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), as supplemented by Department of Labor regulations (29 CFR part 5). Under section 102 of the Act, each contractor shall be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than 1 1/2 times the basic rate of pay for all hours worked in excess of 40

hours in the work week. Section 107 of the Act is applicable to construction work and provides that no laborer or mechanic shall be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

5. Rights to Inventions Made Under a Contract or Agreement--Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

6. Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act (33 U.S.C. 1251 et seq.), as amended--Contracts and subgrants of amounts in excess of \$100,000 shall contain a provision that requires the recipient to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.). Violations shall be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

7. Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)--Contractors who apply or bid for an award of \$100,000 or more shall file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient.

8. Debarment and Suspension (E.O.s 12549 and 12689)--No contract shall be made to parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension." This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory or regulatory authority other than E.O. 12549. Contractors with awards that exceed the small purchase threshold shall provide the required certification regarding its exclusion status and that of its principal employees.