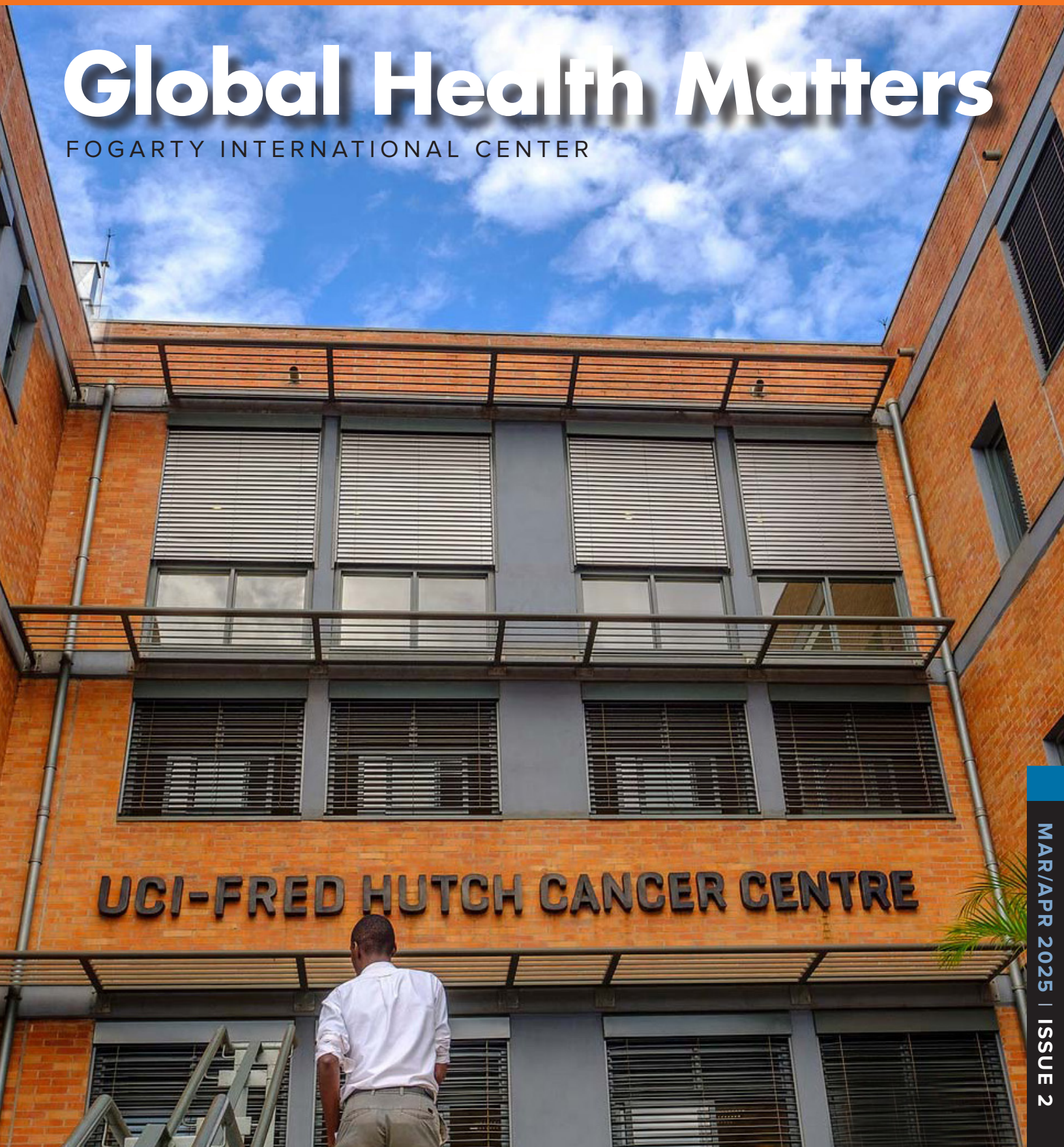
NATIONAL INSTITUTES OF HEALTH • DEPARTMENT OF HEALTH AND HUMAN SERVICES

Global Health Matters

FOGARTY INTERNATIONAL CENTER



MAR/APR 2025 | ISSUE 2

Fogarty newsletter's fresh look makes the Center's work shine

WELCOME TO A REFRESHED AND RENEWED GLOBAL HEALTH MATTERS!

Our goal remains unchanged. We want to offer you a news magazine that resonates with your interests and needs, while communicating any changes at Fogarty and NIH you may want to know about.

Recent Cover, 2025

IN DECEMBER 2024, WE UNDERTOOK A REDESIGN OF OUR Center's flagship newsletter, which had 262,000 subscribers last year. We decided to modernize GHM's look to offer a more engrossing, accessible, and visually captivating experience. The new design introduces a more sophisticated layout and energetic colors and typography to make each issue "pop" while also being easier to navigate.

On the cover, we now feature a large focal image and a table of contents. We have increased the font size and image-to-text ratio throughout the printed newsletter for easier viewing.

We have also started a new department, *Community News,* which will focus on the events relevant to Fogarty staff, and have allocated more space to our director's column.

Many traditional features of GHM, though reformatted, remain unchanged. For example, we continue to present profiles of outstanding Fogarty fellows and Q&A's with international research experts. Each issue will include the usual Focus section featuring an in-depth series of articles on a specific topic. To make these improvements possible, we have adjusted the number of print copies and the balance between print and online-only content, incurring no extra production costs.

Our goal remains unchanged. We want to offer you a news magazine that resonates with your interests and needs, while communicating any changes at Fogarty and NIH you may want to know about. GHM also highlights the many accomplishments of Fogarty and its grantees across the globe. Its

> **“ITS STORIES ATTEST TO THE VALUE OF THE CENTER’S WORK—BOTH INTERNATIONALLY AND DOMESTICALLY IN THE U.S.”**

stories attest to the value of the Center’s work—both internationally and domestically in the U.S.

We are excited about what’s ahead and can’t wait for you to explore the new GHM. We’ll continue to post its stories and articles on our website, so there’s no need to worry about access, but, going forward, we plan to reserve some exclusive content for the in-print magazine. Already, we are finding that it is increasingly popular around the NIH campus and at Fogarty events.

Naturally, we need to thank our team, especially Carla Conway, whose creativity and hard work have brought this reboot to life. We also wish to thank each of you, our dedicated readers, for your ongoing support: your feedback is instrumental in shaping our new direction. Please share with us your thoughts about these changes so that we can continue to improve.

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GLOBAL HEALTH MATTERS

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An early issue. 2008

GLOBAL HEALTH MATTERS

Fogarty at 50

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On 50th anniversary, Fogarty reviews progress

Fogarty at 50, 2018

GLOBAL HEALTH MATTERS

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Celebrate with us: Fellows & Scholars at 20

Celebrating 20 years of our Global Health Fellow and Scholars program, 2023

Global Health Matters

FOGARTY INTERNATIONAL CENTER

Fogarty International Center
National Institutes of Health
Department of Health and Human Services

Mar/Apr 2025
Volume 25, Issue 2
ISSN: 1938-5935

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CONNECT WITH US

The Fogarty International Center is dedicated to advancing the mission of the National Institutes of Health by supporting and facilitating global health research conducted by U.S. and international investigators, building partnerships between health research institutions in the United States and abroad, and training the next generation of scientists to address global health needs.

fic.nih.gov

profile

Dr. Mark Huffman talks with his mentor Dr. Dorairaj Prabhakaran.

Photo courtesy of Mark Huffman

Mark D. Huffman
MD, MPH

Fogarty Fellow
2009-10

U.S. Institution
Northwestern University

Foreign institutions
All India, Institute of Medical Sciences, New Delhi

Research topic
Collecting data for a new web-based registry to determine the extent of cardiovascular disease among Indians, who are having heart attacks in their 30s and 40s

Current affiliation
Washington University in St. Louis

GETTING TO THE 'HEART' OF MENTORSHIP IN GLOBAL CARDIOVASCULAR HEALTH

During his time in Fogarty's Launching Future Leaders in Global Health Research Training Program (LAUNCH), Dr. Mark D. Huffman

was given the opportunity to analyze data on the presentation, management, and outcomes from more than 25,000 patients with acute coronary syndrome (heart attack) at 125 hospitals in Kerala, a south Indian state. India has a high burden of heart disease so optimizing the quality of heart care is critical for improving patients' outcomes.

Before he was given access to the data, Huffman needed to build trust in the Keralan cardiology community. With support from Drs. Padhinhare P. Mohanan and Mangalath N. Krishnan, leaders among Kerala cardiologists, Huffman traveled around the state, visiting hospitals, meeting with fellow cardiologists, and getting to know his new colleagues. They co-developed a plan that ensured appropriate attribution for the work being done and subsequently planned and executed a trial, funded by National Heart, Lung, and Blood Institute (NHLBI), that improved the quality of heart attack care in Kerala.

"The Fogarty Fellowship was instrumental not only for developing my skills but also for building relationships that could be sustained," says Huffman. One of Fogarty's first cardiology fellows in 2009, he credits his U.S. mentors, Drs. Donald Lloyd-Jones and Robert Bonow, and his international mentor, Dr. Dorairaj Prabhakaran, based at the Center for Chronic Disease Control in Delhi, for helping him formulate high-impact scientific questions and develop skills, networks, and experiences.

Huffman is now the William Bowen

Dr. Mark Huffman poses with colleagues outside the Centre for Chronic Disease Control offices in India.

Photos courtesy of Mark Huffman

Endowed Professor of Medicine and Co-Director of the Global Health Center at Washington University in St. Louis, with a secondary appointment at The George Institute for Global Health at the University of New South Wales. He considers his Fogarty fellowship as fundamental to his success and has gone on to mentor scores of trainees at Washington University, Northwestern University, and around the world.

One of Huffman's mentees, Dr. Anubha Agarwal, a former Fogarty Fellow and currently an assistant professor at Washington University, recently received funding from the NHLBI to develop a heart failure polypill in Sri Lanka. Because it addresses a major global treatment gap, it is equally relevant in the U.S. and in Southeast Asia. Another of Huffman's mentees, Dr. Nilay Shah, an assistant professor at Northwestern, is now leading the MASALA 2G (second generation) study, a follow-up to the parent MASALA study, which stands for Mediators of Atherosclerosis Among South Asians Living in America. The study is analyzing the intergenerational transmission of cardiovascular health in South Asians, a population with a higher prevalence of atherosclerotic cardiovascular disease ("hardening of the arteries" caused by plaque buildup in arterial walls).

Huffman says, "This study is a great example of why we need to do work internationally because there are discoveries that can be made and brought back to the United States to help us understand, but also prevent, treat, and control cardiovascular disease, one of the leading causes of death in our country and around the world."

Currently, Huffman is a co-principal investigator of the Cardiovascular Research Training in Nigeria (CeRTIN) program together with Dr. Lisa Hirshhorn of Northwestern University and Dr. Dike Ojji at the University of Abuja. CeRTIN provides short-, medium-, and long-term training for individuals pursuing PhD and master's degrees. It aims to strengthen the base of investigators capable of pursuing patient-centered research on cardiovascular disease prevention and control in Nigeria, the most populous country in Africa, which also has a high burden of cardiovascular disease. Huffman, Ojji, and their teams co-lead several studies in Nigeria that integrate hypertension into routine primary care, evaluate dietary sodium policy implementation and effectiveness, and adapt a U.S.-based home visiting program to improve maternal cardiovascular health. The last study is modeled after the NIH-funded Early Intervention to Promote Cardiovascular Health of Mothers and Children (ENRICH) collaborative.

For Huffman, the most rewarding aspect of his work—aside from growing researchers and creating opportunities through mentorship while working to reduce the burden of heart disease—is seeing the long-term benefit to Americans come to fruition.

"When I went to my Fogarty orientation more than 15 years ago, they made sure that we all knew we work for the American taxpayer, so when people ask what I do, I say, 'I work for you.'"

Dr. Mark Huffman at the Cardiological Society of India meeting with Drs. Kyle Yoo and Anubha Agarwal.

"IT'S REWARDING TO SEE THE LONG-TERM BENEFIT TO AMERICANS COME TO FRUITION.

Professor Huffman is a practicing cardiologist, researcher, and educator.

FOGARTY'S CONTRIBUTION TO

NONCOMMUNICABLE DISEASE RESEARCH

AT NIH

CHRONIC NONCOMMUNICABLE DISEASES, OR NCDS, ARE NON-CONTAGIOUS ILLNESSES WITH LONG DURATIONS AND SLOW PROGRESS.

This broad category includes heart disease, diabetes, cancer, stroke, kidney disease, Alzheimer's disease, and mental illness. These chronic conditions often have multiple risk factors, long latency periods, and no cures.

GLOBALLY, NCDS ARE THE LEADING CAUSES OF DEATH AND DISABILITY. In the United States, NCDs are responsible for about seven out of every 10 deaths (70%). Chronic diseases are of great concern in America, and so the National Institutes of Health (NIH) focuses a substantial portion of its attention and budget on these illnesses.

How does Fogarty support the NIH in this aspect of its overall mission?

Of Fogarty's 446 total grants, 194 or 43% are NCD-related. Fogarty spent 31% of its total budget of $65.5M on chronic disease programs and grants, and 60% of that $20M goes to training grants for NCD researchers, 22% to research and 15% to career development for NCD researchers. If co-funding from other NIH institutes and centers is included, Fogarty's investment tops out at $56M on NCD programs and grants.

Though impressive, these numbers tell only part of the story.

The Fogarty International Center provides a foundation on which other Institutes and Centers at NIH can support NCD projects abroad that can improve health in the United States. Institutes and Centers at NIH often look to Fogarty for leadership on NIH-wide global initiatives and for introductions to institutions in various countries where collaborating programs with U.S. investigators and universities already exist. These networks, painstakingly developed by Fogarty over decades, help American researchers of chronic diseases work efficiently and rapidly across the globe. Fogarty's Director Dr. Kathy Neuzil represents the NIH at the Global Alliance for Chronic Diseases (GACD), which brings together 12 major international research funding agencies to address the increasing burden of chronic diseases in low- and middle-income countries.

Research training and capacity strengthening is a unique contribution that distinguishes Fogarty from all other Institutes and Centers at NIH. Fogarty's investments in, specifically, NCD research training and capacity building across the globe complement the efforts of other NIH Institutes and Centers. When researchers can piggy-back off existing infrastructure, they are able to investigate hypotheses and conduct new studies with the greatest ease possible. Finally, Fogarty works at the intersection of chronic and infectious diseases, an area of research that is difficult to study within U.S. borders.

Two researchers, Dr. Sean Duffy, University of Wisconsin-Madison, and Dr. Manoj Menon, University of Washington School of Medicine, are examples of Fogarty researchers working to support the NCD research and training agenda of NIH.

THIS TASK-SHARING HYPERTENSION PROJECT IN GUATEMALA COULD PROVIDE BENEFITS FOR THE US

AN EMERGING MOBILE APP MIGHT HELP PROVIDE ACCESS TO HYPERTENSION DIAGNOSIS AND MANAGEMENT FOR PATIENTS IN GUATEMALA. What's more, this Fogarty-funded project might translate to benefits for patients residing farther north. "There's definitely a potential for the use of this type of clinical decision support to enable task-sharing and to expand access to chronic disease care in the U.S., particularly in rural areas where it can be difficult to see a physician or a physician's assistant," said Sean Duffy, MD, MPH, University of Wisconsin-Madison (UW).

Addressing high blood pressure

Hypertension or high blood pressure means the heart has to work harder to pump blood; untreated, this condition can lead to heart attacks, strokes or other serious health problems.

In Guatemala, hypertension is a growing problem. People are living longer—the biggest risk factor for hypertension is age, and they're

Photo courtesy of Sean Duffy

Community health worker uses mHealth solution developed by a U.S.-Guatemala research collaboration.

Photos courtesy of Sean Duffy

A Guatemalan community health worker discusses diagnosis with patient.

also becoming more sedentary while consuming more highly processed foods that are high in salt and contribute to obesity. Managing hypertension is challenging, particularly in rural areas of Guatemala, because it's difficult for people to access a healthcare worker. Often the condition goes undiagnosed, untreated or erratically treated with patients going on and off medications.

Duffy's project aims to fully develop and test a new mHealth solution that provides clinical decision support so that community health workers can counsel patients, monitor their hypertension and manage their medications. The cell phone app delivers easy-to-follow patient protocols to non-physician health workers delivering care in rural regions of Guatemala where doctors are few. The app allows remote supervision and review, enabling a physician to verify treatment plans following patient visits.

Effectively, the app means community health workers are not operating in isolation.

A task-sharing tool

While developing his app, Duffy and his team consulted with a UW endocrinologist who'd tried, unsuccessfully, to develop nurse-driven protocols for diabetes meds. The problem was the number of different factors that had to be taken into account; for instance, patients taking more than one medication require alternate treatment protocols. With many different available drugs resulting in many possible treatment permutations, the protocol flow chart became long and unwieldy. "It was difficult to follow, so the nurses ended up asking the doctor what to do—it defeated the whole purpose," said Duffy.

To avoid this pitfall, his team took advantage of "the powerful computers we all carry in our pockets"—smartphones—and programmed the many possible treatment variations into an app capable of providing granular recommendations for individual patients. "This makes it much easier for non-physicians to follow standard protocols," said Duffy.

In the hands of a physician, the tool might also serve as a "check against therapeutic inertia," added Duffy. "Often, we, as clinicians, continue the same medications for a patient even if they're not reaching their goals. We come up with excuses like, Oh, their numbers were just a little bit off... they weren't taking their meds as much as they should have this month." Not only could the app prompt a clinician to consider increasing the dosage or adding another drug to a patient's drug regimen, it might also warn against a contraindicated medication—one not recommended due to the possibility of harmful side effects—based on a patient's known comorbidities. "There's a lot of potential there," said Duffy.

Community health workers versus physicians

Since beginning the project in 2021, Duffy and his team have completed two studies. "In our first, which compared hypertension diagnosis by the community health workers and physicians, we found that the community health workers were very accurate, agreeing with physician assessment about 93% of the time." Next, the team conducted a feasibility study. Community health workers using the app made reliable treatment decisions, according to physicians who reviewed their work; their treatment decisions aligned with those of physicians more than 95% of the time. Feedback indicated the app was both easy to use and enhanced the confidence of the community health workers when treating hypertensive patients.

Dr. Sean Duffy teaches blood pressure measurement to community health workers in Guatemala.

Based on health workers' recommendations, Duffy's team refined the app before beginning a randomized clinical trial, which is currently underway. Diabetes management protocols have been integrated into the trial, which assesses the efficacy of community health worker-led

hypertension management (aided by the app) versus physician-provided care. "Hypertension and diabetes go together like two peas in a pod—about 40% of our patients with hypertension also have diabetes," said Duffy.

"We've trained over 50 community health workers in hypertension diagnosis and management and basic pharmacology of hypertension medications and diabetes medications," said Duffy. A smaller number of community health workers have been trained in phlebotomy to enable blood sample collections in rural communities. Coordinators—those who manage the community health workers— received training on productivity software, including Excel, so they can generate reports on patients across different communities. "We also provided continuing medical education on current standards of hypertension and diabetes care for all the physicians involved in this study," said Duffy. His team believes all of this guidance and instruction will benefit health workers and physicians well beyond the study, enabling them all to better serve their communities.

"Designing these applications and interventions is a highly iterative process that requires strong long-term relationships," said Duffy. "Any successes we've had with this project are due to the generous collaboration of the Guatemalan community health workers and physicians and their willingness to provide their expertise."

US-UGANDA COLLABORATION EXAMINES HOW INFECTION AFFECTS BREAST CANCER

A collaboration between Fred Hutch Cancer Center in Seattle, Washington, and the Uganda Cancer Institute in Kampala aims to understand how HIV and related immune system effects influence breast cancer tumors in women living with HIV. The Fogarty-supported project will likely help patients in both countries, says Manoj Menon, MD, MPH. "We will obtain important information regarding the pathogenesis of breast cancer among women living with HIV that will hopefully not just improve our understanding for patients in Uganda, but globally," says Menon, principal investigator and associate professor, Fred Hutch and University of Washington School of Medicine.

Does HIV foster tumor growth?

Menon, an oncologist and hematologist, worked on an earlier project in Uganda that studied breast cancer, the most common type of malignancy in sub-Saharan Africa. "Although breast cancer is not considered an HIV-associated malignancy, we noticed that, in Uganda, 20% of the women who had breast cancer were living with HIV." Menon's team turned their attention to studying

> Effectively, the app means community health workers are not operating in isolation.

The team at Uganda Cancer Institute

Photo courtesy of Manoj Menon

Menon, an oncologist and hematologist, worked on an earlier project in Uganda that studied breast cancer, the most common type of malignancy in sub-Saharan Africa.

Manoj P. Menon, MD, MPH

Photo courtesy of Manoj Menon

the interaction of these two diseases. "One of our hypotheses is: Could there be something about the immune system among women living with HIV that is allowing for the development and progression of breast cancer?"

Specifically, Menon's current project aims to define the effects of HIV on breast cancer tumors and their drivers. To do this, the team will perform immune profiling and genomic studies that define the biological actions by which HIV, plus associated immune abnormalities, shape the tumor microenvironment—the combination of cancer cells, connective tissue and extracellular matrix (the network of proteins and other molecules supporting cells and tissues surrounding a tumor). The investigation may reveal how changes spurred by HIV prevent a patient's immune system from "seeing" tumors and then controlling them.

Menon and his co-researchers are conducting experiments on samples from patients enrolled in the study plus specimens from previous projects. Menon says, "We're still analyzing our data, but we've found a very different sort of molecular profile in the breast cancer seen in Uganda compared to what's documented in other regions. Almost 50% of the samples had a somatic (acquired) mutation in either BRCA1 or BRCA2." In Uganda, the unexpectedly high percentage of somatic BRCA1 or BRCA2 mutations is the focus of continued investigation that would not have been possible in the U.S., says Menon.

Uganda Cancer Institute (UCI)

UCI, the sole national comprehensive cancer center in Uganda, boasts a long history of research. "UCI is the site where what we now refer to as Burkitt lymphoma was first described by Sir Denis Burkitt in the late 1950's," says Menon. Shortly thereafter, the National Cancer Institute began a collaboration with UCI testing the effectiveness of combination chemotherapy for patients with these aggressive lymphomas. The exchange between the two cancer institutes has continued since.

Fred Hutch's relationship with UCI began in the early 2000s based on a shared interest in infection-associated cancers, especially HIV-associated malignancies like Kaposi sarcoma. In sub-Saharan Africa, access to antiretroviral medications that target HIV is limited, so the number of patients with Kaposi sarcoma is much higher than in the U.S. There's also an endemic form of Kaposi sarcoma that can affect patients who are HIV negative in Uganda. The same virus—Human herpes virus 8 (HHV8) also called Kaposi Sarcoma Herpes virus (KSHV)—is responsible for both the endemic form and the form associated with HIV. Conducting research with UCI, then, allows for a wider range of studies related to these malignancies than in the U.S.

UCI's human resource infrastructure contributes to his project's success, says Menon. "Fred Hutch has trained over a dozen Ugandan medical officers who've come to Seattle to receive additional training in oncology and clinical research. Our trainees have returned to work in Uganda—all of them."

Though based in Uganda, his project has implications for patients in the U.S., where the pairing of HIV and breast cancer may not be common but is definitely present, says Menon. "There's obviously a lot that we can study in the U.S., but, sometimes, by working outside the U.S., we can advance our knowledge more broadly."

"LONG-TERM RESULTS COULD INCLUDE NEW, IMMUNOTHERAPY-BASED APPROACHES FOR THE PREVENTION AND TREATMENT OF BREAST CANCERS AMONG WOMEN LIVING WITH HIV."

Q&A

Seeing and becoming

Dr. Gbenga Ogedegbe is the Adolf and Margaret Berger professor of medicine at New York University Grossman School of Medicine and director of NYU Langone Health Institute for Excellence in Health Equity. A principal investigator on numerous NIH projects, he focuses on implementation of evidence-based interventions for cardiovascular risk reduction in the U.S. and strengthening research capacity and reducing cardiovascular disease burden in Africa. He has authored or co-authored more than 500 publications; is a member of the National Academy of Medicine; and has served on scientific panels for the CDC, WHO, and the European Union Research Council and on Fogarty's advisory board.

Why did you want to become a doctor?

I grew up in Nigeria and, when I was about 8 years old, I fell on a broken bottle. I had a huge gash on the sole of my right foot, so mom took me to the teaching hospital in Lagos. I was sitting in the general waiting room in pain, petrified, and my mom was upset, too. Then this guy walks in and calls my name. He wore glasses and a white coat—he looked really sharp—and I was just...in awe! My mom had to say, "Let's go."

I wanted to be a doctor from then on. There's an old saying that goes, "you can't be what you don't see." That was my moment of seeing.

What is the value of international collaboration?

It's very important to bring different perspectives of care together. In most international collaborations within the global health space, information flows pretty much one-way: from the global north to the global south. Such collaboration is not sustainable because context matters and it's not always possible to translate evidence generated in a high-resource setting like the U.S. to a low-resource setting like Nigeria. When we collaborate on the continent, we often bring what we do here over there... and often it doesn't work!

For example, about 50% of the Nigerian economy is an informal economy and most of that is driven by transactions in urban markets, which are a major staple of African life. Market vendors spend 11-14 hours a day in the market. So when you tell people to go to a primary health center for an asymptomatic disease like hypertension that means they have to leave the market and go to a health center, where they'll wait three hours, maybe spend the whole day before they're seen by the doctor. Given this rather high opportunity cost, folks would rather just wait till they're really sick before seeing a doctor, at which time it may be too late.

We need to reimagine primary care in Africa. And, to do that, we have to reimagine collaboration with our colleagues on the continent and adopt innovative strategies not used here in the U.S.

How do researchers bring lessons learned in Africa back to the U.S.?

In a successful reverse innovation, Dr. Antoinette Schoenthaler, one of my colleagues here at NYU Langone Health Institute for Excellence in Health Equity, adopted a task-shifting strategy, where nurses partnered with community health workers to improve medication adherence among Hispanic patients with uncontrolled hypertension in community health centers. That first study, which was funded by NHLBI, was published in 2021 and now she's implementing the task-shifting intervention across 10 primary health centers. That's classic reverse innovation—something we took from work done in Ghana and incorporated into team-based care here in the U.S.

Do you have advice for other global health researchers?

If a research question is not relevant to the population you're studying, then why ask that question? We can do all these complex basic science studies—and Africa has been the site for quite a good number of those—they're fascinating scientifically, but if it's not pragmatic and it's not simple enough, then who benefits from them? If it doesn't improve the health of people, then, frankly, what's the purpose?

In her own words: Jody Olsen

On Tuesday, March 4, Judy Olsen, former director of the Peace Corps, visited the National Institutes of Health to discuss her memoir, "A Million Miles." Olsen, who holds a master's degree in social work and a PhD in gerontology, held various positions at Peace Corps before becoming its Director. She's also led various NGOs and served as a Visiting Professor at the University of Maryland-Baltimore School of Social Work.

On finding and following her North Star:

When I was 11 years old growing up in Salt Lake City, Utah, my aunt took me to work with her—this was before "Take Your Daughters to Work Day" was invented. She was the head of Lutheran Social Services and, at 11 years old, I watched her at work and right there and then I decided I wanted to be of service to others. I also realized that I had a lot of curiosity about people. I was fascinated—and I liked to ask questions!

Dr. Jody Olsen signs her memoir for an attendee at her book event.

I became a Peace Corps volunteer in Tunisia and stayed with a Muslim family, very different than a conservative Mormon family in Salt Lake City. During my two years in Tunisia, I had to strip away who I thought I was. I was a lovely lady, I'm sure, but the experience challenged everything I knew, believed or thought. That two years has been the best thing that happened to me in terms of how I reach out, how I serve, how I understand others, how I listen, how I watch. Since then, my lifelong goal has been to give that opportunity to as many people as possible.

On becoming Peace Corps Director:

I was deputy director when Gaddi Vasquez left, and they interviewed me and said, "We want someone who's a returned volunteer, we want someone who shares our values, we want..." and I thought, *Check, check, check... and I've already been cleared by the Senate, here goes!* But then they announced somebody else: Ron Tschetter. I just... sank! That was one of those moments when I had to think about my purpose. I decided: It's about Peace Corps.

Despite how low I felt, I sent Ron a note about five minutes later (I didn't even know who he was).

Dear Ron – You know I wanted this job, so I wanted to email you immediately and say, I'm here for you. I believe in you. I'm going to be here for you.

He and I became very close friends and served very well together. It was a pure accident eight years later that I got a call from the White House asking me to be Peace Corps director. I had no idea that this could happen under the first Trump administration. Amazing!

Dr. Peter Kilmarx, Dr. Jody Olsen and Dr. Kathy Neuzil

Photos courtesy of Amanda Stearns

On the COVID-19 pandemic:

On March 15, 2020, the associate director of Peace Corps said the regional directors and country directors are suggesting we pull all our 7,061 volunteers. We'd been getting the word for a few weeks informally, but it was then that I knew I had to make a decision. So I made the decision. As you remember, borders were closing within 12 hours and international flights were being canceled. We got all the volunteers home in nine days. Nobody got hurt, nobody got lost, nobody got sick. The State Department called me a few days later: "Jody, how did you know?" Well, I didn't want to say that it was because the folks in-country had called us—instead of the ambassadors—because of the trust, respect and partnership that Peace Corps had sustained for over 60 years in these countries.

"MOST IN-COUNTRY FAMILIES, COUNTERPARTS, SCHOOL HEADS, TAXI DRIVERS, AND COOKS WERE THERE FOR OUR VOLUNTEERS. THEY ORGANIZED INSTANT FAREWELL PARTIES IN THREE HOURS. WHEN THERE'S A CRISIS, PEOPLE GIVE BACK."

Dr. King Holmes, former Fogarty board member, dies at 87

Dr. King Holmes, pioneer in STD research

Photo courtesy of UW

Dr. King Kennard Holmes, an infectious disease specialist, died in Seattle on March 9, 2025, at the age of 87 after a long illness. Holmes, who was Distinguished Professor Emeritus of Global Health and Professor Emeritus of Medicine at the University of Washington (UW), served as a Fogarty Advisory Board member from 2013 through 2019.

"King was an exceptional scientist, an inspiring mentor and a truly wonderful person. His willingness to share his time and wisdom with us and so many others has left an enduring impact on Fogarty and the world. We will miss him," said Fogarty Director Dr. Kathy Neuzil.

Father of STI research

Holmes' research career began in the late 1960s, while he was serving in the U.S. Navy at Pearl Harbor, Hawaii. An epidemic of penicillin-resistant gonorrhea was then spreading among sailors stationed in the western Pacific. Holmes devised and tested a preventive measure against gonorrhea in the form of prescribing a single dose of antibiotic following a sexual encounter. This use of doxycycline as post-exposure prophylaxis (doxy-PEP) is endorsed today by both the U.S. Centers for Disease Control and Prevention and the World Health Organization.

In the early 1970's, Holmes joined UW, where he began to study various STIs, which had risen steeply during the sexual revolution of that era. In addition to gonorrhea and syphilis, Holmes and his students investigated, prevented and developed treatments for various infections and conditions, including chlamydia, human papillomaviruses (linked to several cancers), genital herpes, Mycoplasma genitalium, hepatitis B, bacterial vaginosis, and trichomoniasis.

Holmes also helped expand clinical and prevention services of Seattle-King County Department of Public Health by founding the Sexually Transmitted Disease (STD) Clinic at Harborview Medical Center. With colleagues, he established the UW Center for AIDS and STDs and the UW Center for AIDS Research, both of which received funding from the National Institutes of Health (NIH). Over time, Holmes became internationally recognized as the "father of STI research."

"It seems like nearly everything we know about treating and especially preventing sexually transmitted diseases and HIV was discovered by King or by someone who was trained by him," said Fogarty Deputy Director Dr. Peter Kilmarx.

NIH grantee

Holmes received a BA degree from Harvard College in 1959 and an MD degree from Cornell University in 1963. After an internship at Vanderbilt University, he joined the Medical Corps of the U.S. Navy as an epidemiologist. During this period, he acquired a PhD in microbiology from the University of Hawaii. Following active duty in the Navy, Holmes completed his residency in medicine at UW, where he later served as chief resident, and then joined the UW School of Medicine faculty. He subsequently held an appointment in epidemiology at UW School of Public Health and the position of chief of medicine at Harborview Medical Center. He developed and co-led UW International Training and Education Center on Health, a network designed to build scientific capacity.

Throughout his career, Holmes received many NIH grants. His projects garnered funds from the National Institute of Allergy and Infectious Diseases, among other institutes. Notably, Holmes received support from Fogarty, the National Institute of Dental and Craniofacial Research, and NCI through the AIDS International Training and Research Program (AITRP). As an AITRP principal investigator, Holmes provided training for scientists at institutions in low- and middle-income countries with the aim of building research capacity for the prevention, care, and treatment of HIV/AIDS and HIV-related conditions.

Holmes was born in Minnesota in 1937. He is survived by his wife, Dr. Virginia Gonzales, two brothers, his daughter Heather and son King Jr. (and spouses), and three grandchildren.

"King Holmes was truly a giant in the fields of sexually transmitted diseases and HIV research," said Kilmarx.

Community

Robert F. Kennedy, Jr. appointed Secretary of HHS
Robert F. Kennedy, Jr. was sworn in as the 26th Secretary of the U.S. Department of Health and Human Services in February. Prior to his appointment, Kennedy focused on environmental causes, clean water, and childhood chronic disease and toxic exposures. Kennedy received his law degree from the University of Virginia Law School and his master's degree in environmental law from Pace University.

Jay Bhattacharya confirmed as NIH Director
Jayanta Bhattacharya, MD, PhD, began his term as 18th director of the the National Institutes of Health on April 1. Prior to his appointment, Bhattacharya served as a professor of health policy at Stanford University, where he also earned his MD and PhD in economics. An NIH grantee, he examined the economics of healthcare around the world with an emphasis on the health of vulnerable populations.

Musau WaKabongo receives 2025 William A Hinton award
The American Society for Microbiology has awarded Musau WaKabongo, PhD, the 2025 William A. Hinton award in recognition of her outstanding contributions toward fostering research training in microbiology. WaKabongo is the president, founder, and CEO of Dr. Musau WaKabongo Science Education, Inc. in the Democratic Republic of the Congo. She's also co-founder of the African Initiative Group.

Sandra Diaz and Eduardo Brondizio selected for 2025 Tyler Prize
The 2025 Tyler Prize has been awarded to Argentine ecologist Sandra Díaz and Brazilian-American anthropologist Eduardo Brondízio. The prize recognizes their "commitment to understanding and addressing biodiversity loss and its impact on human societies."

Diaz is a professor of ecology at the National University of Córdoba, Argentina, where she's been "instrumental in shaping the global conversation about the biodiversity crisis."

Brondizo is a professor of anthropology at Indiana University-Bloomington, where his work has highlighted the "contribution of Indigenous and local knowledge to biodiversity conservation and environmental governance."

Paul Brown receives 2025 Moselio Schaechter Award
The American Society for Microbiology has awarded Paul Brown, PhD, the 2025 Moselio Schaechter Award. Brown, is a professor of molecular biology at University of the West Indies. The award recognizes "a scientist who has shown exemplary leadership and commitment toward the substantial furthering of the profession of microbiology in research, education or technology in the developing world."

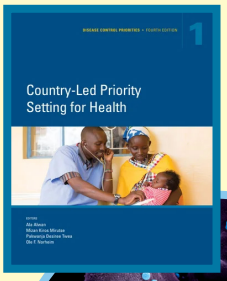
Global HEALTH Briefs

Publisher introduces FAIR² Data Management

In a world of AI, the principles of findability, accessibility, interoperability, and reusability (FAIR) must be reimagined. From March 1 through March 7, *Open Data Day 2025* celebrated shared data with both in-person and online events across the globe. During the week, *Frontiers* launched its FAIR² Data Management Pilot, a first-of-its-kind "data steward" that helps scientists get credited and cited for their research. It works by leveraging AI-assisted curation to structure research data for publication, and so makes data easier to find, reuse, and analyze—both by humans and machines.

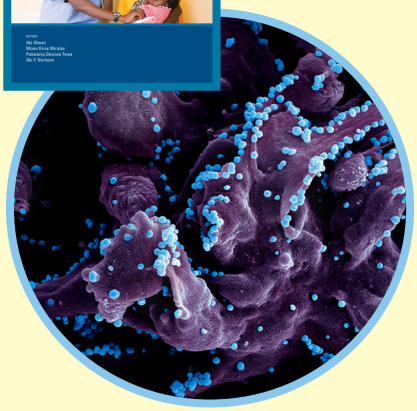
World Bank launches 4th edition of Disease Control Priorities

The World Bank launched the first volume of its fourth edition of *Disease Control Priorities (DCP4*) on March 6. The publication, which builds on the economic evidence of the first three editions, provides the most up-to-date evidence on intervention efficacy and program proficiency for leading causes of disease across the globe. DCP4 uses a collaborative, country-specific approach to summarize, produce, and help translate economic evidence into better priority setting and capacity strengthening for universal health coverage, public health functions, and pandemic preparedness and response.



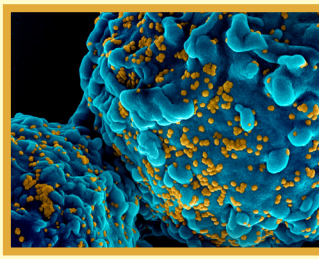
Lassa fever vaccine enters phase 1 clinical trial

Currently, there are no approved vaccines to protect against the Lassa virus, which causes a hemorrhagic disease that is endemic in parts of West Africa. Thomas Jefferson University has initiated a phase 1 clinical trial for a Lassa virus vaccine developed in collaboration with the Center of Vaccine Development and Global Health at University of Maryland, Baltimore. The study is supported by the National Institute of Allergy and Infectious Diseases.



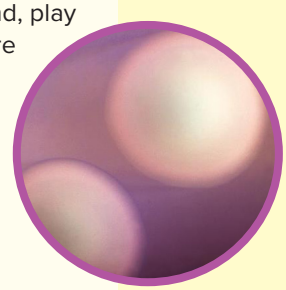
Dementia risk doubles for people living with HIV in Malawi

A recent study published in *Alzheimer's & Dementia* finds that adults living with HIV in Malawi are more than twice as likely to have dementia as those without HIV. Led by Dr. Haeok Lee of New York University's Rory Meyers College of Nursing, the researchers found that 22% of people with HIV had dementia, compared with 10% of those without HIV. Prevalence increased with age in both groups, yet, for those with HIV, incidence rose more rapidly and diagnosis tended to be at a younger age. The team included researchers at Kamuzu University of Health Sciences and Daeyang University, both in Malawi, and the country's Ministry of Health. Case Western Reserve University School of Medicine, Harvard Medical School, Boston University and Rutgers Medical School also contributed.



Researchers identify microbial family in Amazonian rainforest

Researchers from Arizona State University and the National University of the Peruvian Amazon have described a previously unknown family of microbes in Peru's northwestern Amazonian rainforest. Their study, published in *Microbiology Spectrum*, suggests these complex organisms are uniquely adapted to the wet, low-oxygen conditions of tropical peatlands. These microbes, which are thousands of times smaller than a grain of sand, play a dual role in the carbon cycle, providing carbon dioxide stabilization (helping to store or sequester carbon dioxide in vegetation) and carbon monoxide detoxification.



Meningococcal vaccine is safe for infants in sub-Saharan Africa

The African meningitis belt is a region of 26 countries in sub-Saharan Africa where meningitis rates are very high. In March, *The Lancet* published research showing that a vaccine protective against five strains of meningitis is safe and effective when co-administered with other routine immunizations in children at ages 9 months and 15 months. The National Institute of Allergy and Infectious Diseases supported the research, which was conducted in Mali by researchers from University of Maryland School of Medicine.

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FUNDINGNEWS

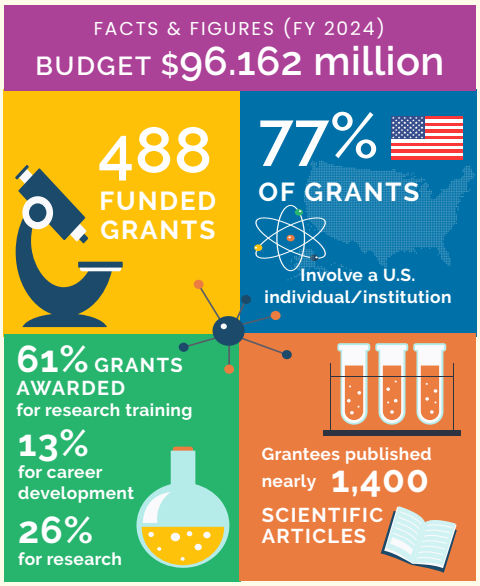
On behalf of the Fogarty International Center at the U.S. National Institutes of Health (NIH), the following funding opportunities, notices and announcements may be of interest to those working in the field of global health research.

Funding Announcement	Deadline	Details
Global Infectious Diseases (GID) D43 Clinical Trial Optional	August 6, 2025	https://www.fic.nih.gov/Programs/Pages/infectious-disease.aspx
HIV-associated Noncommunicable Diseases Research at LMIC Institutions R21 Clinical Trial Optional	December 8, 2025	https://www.fic.nih.gov/Programs/Pages/hiv-noncommunicable-diseases-ncds-lmics.aspx
Stigma HIV/AIDS R01 Clinical Trial Optional	December 22, 2025	https://www.fic.nih.gov/Programs/Pages/stigma-hiv-aids.aspx

Fogarty Programs Benefit the US and the World

In an increasingly interconnected world, the health of Americans is impacted by scientific advances that take place in every region of the globe. Fogarty invests in strengthening global health scientific expertise in the U.S. and abroad and facilitates mutually beneficial research partnerships between international and U.S. investigators. At NIH, this role and mission are unique to Fogarty.

Benefits from these investments include advancing our understanding of both communicable and non-communicable universal health threats, such as Alzheimer's disease, heart disease, and cancer; detecting, containing, and minimizing outbreaks at their point of origin; studying diseases in populations where they are prevalent; and applying rigorous



scientific methods to learn from prevention strategies or treatments used in other countries.

Fogarty supports U.S. investigators across the nation, funding 440 grantees from 122 US institutions during FY24 alone. These grants increase the reach and competitiveness of the U.S. and its universities by offering training opportunities for American scientists abroad and fostering global collaborations. These collaborations result in long-term relationships that provide scientific opportunities for U.S. and international partners, help American scientists remain at the forefront of scientific discovery, and strengthen the research capacity of international partners. In addition, early-career U.S. and international scientists who started their academic career through Fogarty-funded training often go on to receive research support from other NIH Institutes and Centers and train the next generation of global health scientists and innovators.

NIH Fogarty

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