

From: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
To: Andrew Clements <aclements@usaid.gov>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, Amalhin Shek <ashek@usaid.gov>, "predict@ucdavis.edu" <predict@ucdavis.edu>, PREDICTMGT <predictmgt@usaid.gov>, David John Wolking <djwolking@ucdavis.edu>, Cara Chrisman <cchrisman@usaid.gov>, Hannah R Chale <hrchale@UCDAVIS.EDU>, Alisa Pereira <apereira@usaid.gov>
Subject: Re: Re-Allocating GHSA Country Levels
Sent: Thu, 2 Aug 2018 15:47:18 +0000

Hi Andrew. I'm certainly available for a call, but I'll need to check in with Jonna and David about their availability and get back to you.

Thanks,
Liz

Elizabeth Leasure
Financial Operations Manager
One Health Institute
University of California, Davis
Cell: **REDACTED**

From: Andrew Clements <aclements@usaid.gov>
Sent: Thursday, August 2, 2018 8:40 AM
To: Elizabeth Leasure
Cc: Jonna Mazet; Amalhin Shek; predict@ucdavis.edu; PREDICTMGT; David John Wolking; Cara Chrisman; Hannah R Chale; Alisa Pereira
Subject: Re: Re-Allocating GHSA Country Levels

Hi Liz
Can we walk through this later today (before 4:00 EDT) to make sure we are all on the same page?

Thanks

Andrew

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
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On Aug 1, 2018, at 4:55 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Andrew. I spoke with Jonna, and we are supportive of the arguments you presented for the obligation of the last \$3M. With our proposed reallocations, all Ebola-funded countries are on track to spend out by Sept 2019, and no single country has a pipeline that exceeds the number of months remaining in the PREDICT-2 performance period. These changes were determined through an extensive and carefully thought out exercise using actual and projected Y4 costs and requested Y5 budgets, and substantial amounts of funds were moved from several non-EHP countries, including Cameroon, Ethiopia, Tanzania, and Uganda. As it is, we have had to go back to partners and ask them to cut their budgets for Y5 in order to stay within the \$56.3M overall cap on Ebola funds.

As of the LOP expenditure report through June 2018, we have already spent the full \$12M obligated for EHP to date, as well as approximately half of the last \$3M that is pending obligation. Furthermore, our projections indicate that the full \$15M for EHP (which includes funds obligated to date plus the pending \$3M) will be spent out by the end of September 2018.

To clarify, are you are proposing to move \$2M from non-EHP to EHP countries instead of the \$4.149M we proposed as an interim measure while you work on the obligation of the last \$3M or in place of our requested reallocations? Given that the EHP cap is a minimum spending cap, I don't see any major issues with your proposal as long as this course of action won't result in new country-specific caps, meaning we will have some flexibility with regard to shifts among the Ebola-funded countries as previously specified.

As always, thank you for your continued support and efforts to get the funding we need to complete the project. If there is anything I can do or further information I can provide to assist with this, please let me know.

Thanks,

Liz

From: Andrew Clements <aclements@usaid.gov>

Sent: Tuesday, July 31, 2018 10:10:17 AM

To: Jonna Mazet

Cc: Elizabeth Leasure; Amalhin Shek; predict@ucdavis.edu; PREDICTMGT; David John Wolking; Cara Chrisman; Hannah R Chale; Alisa Pereira

Subject: Re: Re-Allocating GHSA Country Levels

Thanks, Jonna. I appreciate the additional input.
Our strongest argument for getting the additional 3M is:

1) if all of the countries have 17 months of pipeline or less (which means they are on track to spend all funds by 9/30/18).

AND

2) the 3 EHP countries currently have 12 months of pipeline or less (so that adding the 3M won't cause any of them to exceed 17 months of pipeline).

I believe #2 is no problem, but Ethiopia and Uganda both have pipelines of 20 or more months which looks like they will not be able to spend down completely. (If this is incorrect, please let us know.). I'm not sure we can avoid "moving" funds from these countries to others while still trying to make an argument for the new 3M.

To me, the least disruptive fix (in terms of number of countries with budget/agreements to be adjusted) is to move 500,000 from Ethiopia and 1,500,000 from Uganda (which would effectively reduce both of their pipelines to 15 months) and combine it with the new 3,000,000 for distribution to the 3 EHP countries as follows: country totals for Guinea and Liberia each increase by 1,500,000 and Sierra Leone increases by 2,000,000.

Overall, all countries would now have pipelines less than 17 months (less than 11 months for the 3 EHP countries) and budgets/agreements would only have to be adjusted for 5 countries. I would be happy to grant an extension for submitting work plans for those 5 countries.

Let me know how this sounds.

Andrew

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On Jul 31, 2018, at 9:28 AM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Hi Andrew,

You can, of course, do that, but it will potentially rock our whole workplanning effort and schedule, since we have been aligning country workplans with these levels, as instructed when we started the workplanning process. Additionally, we were given explicit instructions that those country caps are no longer in play, except for the Ghana & DRC combined maximum.

If you think it best for you to try the exercise and see what we can do with your projections, fine, but I don't want to go back to the drawing board on the workplans and with Missions unless absolutely necessary. The numbers we provided to you represent bare bones budgets for actual plans in all of the other Ebola-funded countries.

As discussed previously, if those funds, that allow us to achieve our intended scope, are not forthcoming, we will need time to do layoffs according to specific country rules, etc. And as you promised, we will expect that USAID will assume the responsibility of informing the Missions and partners that we will end early and will take responsibility and deal with the fall-out.

From my perspective, the EHP countries and that part of the project were the ones that were told that P-2 may not be able to continue, because the yet-to-be received funds were targeted for them. In addition, despite funding level ambiguity, we have been trying to accommodate shifting goals for these three countries as USAID plans change and in response to GHSA targets.

Therefore, while devastating for progress there, the three most Ebola affected countries are the ones that should either be funded or not this year in my opinion, which is informed by our instructions and planning and incremental funding distribution for EHP.

Appreciate your allowing me to provide my input to inform your discussion.

We, of course, defer to your collective wisdom on the way forward,

Jonna

On Mon, Jul 30, 2018 at 2:00 PM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Liz,

We were discussing this among the management team and thought it would be confusing to the GHSA team to include the additional 3M.

So I propose that Alisa, Amalhin, and I sit down tomorrow and come up with some suggested country totals by shifting from countries that have expended a lower percentage of their funds to those that have expended a higher percentage. We'll share that with you to either get your blessing or for you to tweak if there are reasons our suggestions are not good. To minimize confusion, we're going to use the format that the GHSA team uses to track funding by country so that it's in their "language".

Andrew