From: Cara Chrisman <cchrisman@usaid.gov>

**Sent:** Thu, 6 Jul 2017 11:49:10 -0400

Subject: Re: GVP country budget
To:

Cc: Dennis Carroll <dcarroll@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, Brooke Watson

<watson@ecohealthalliance.org>, Peter Daszak <daszak@ecohealthalliance.org>



Thanks, I hope you did as well!

That sounds good, Dennis and Brooke had a chance to touch base this morning about costs and viral estimates, so may make sense to check in with her and ensure that you're still working from the same perspective. Look forward to seeing the numbers when they are available!

Best, Cara

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
Emerging Threats Division
Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)

Desk: (202) 712-1161
Cell: **REDACTED**E-mail: cchrisman@usaid.gov

On Thu, Jul 6, 2017 at 11:27 AM, **X 2 D A C 3 3 3 b** wrote:

Hi Cara,

I hope you had a great holiday weekend. Regarding the GVP country budget calculation, we are currently consulting with our PREDICT lab expert, who is coming back from vacation today. We will have this to you as soon as it becomes available.





University of California, Davis

One Health Institute

School of Veterinary Medicine

From: "William B. Karesh" <karesh@ecohealthalliance.org>

To: Brian Bird <bhbird@ucdavis.edu>

Jonna Mazet REDACTED, David Wolking <djwolking@ucdavis.edu>, Leilani Francisco Cc:

<francisco@ecohealthalliance.org>, Peter Daszak <daszak@ecohealthalliance.org>, Chris Johnson <ckjohnson@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>, "Emily Hagan" <hagan@ecohealthalliance.org>, Brooke Genovese

<bgenovese@ucdavis.edu>

Subject: Re: Initial feedback from Breakthrough Action team on our SL comms materials

Fri, 6 Oct 2017 17:03:22 +0000

#### Excellent Brian!!

Almost all the comments and suggestion do appear to be areas of epertise that would fall right into BTA's wheelhouse, though it sounds like they are not ready to take it on.

BK

Sent:

#### William B. Karesh, D.V.M

Executive Vice President for Health and Policy

EcoHealth Alliance 460 West 34th Street - 17th Floor New York, NY 10001 USA

+1.212.380.4463 (direct)

+1.212.380.4465 (fax)

www.ecohealthalliance.org

President, OIE Working Group on Wildlife

Co-chair, IUCN Species Survival Commission - Wildlife Health Specialist Group

EPT Partners Liaison, USAID Emerging Pandemic Threats - PREDICT-2 Program

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

On Oct 6, 2017, at 12:42 PM, Brian Bird <a href="mailto:bhbird@ucdavis.edu">bhbird@ucdavis.edu</a> wrote:

Hey guys,

I've spend the past week or so with the BTA folks. They really pitched in and changed their work schedule around so that they could work closely with our two-behavior staff (Marilyn and Sylvester) that we have in SL, and with the communications booklet. I think they preferred to be with us actually working rather than sitting in meetings all week.

In short, they managed to spend about a whole day talking through the slides and getting feedback from the team about what might work best, which slides made sense, how to optimize them etc.

Then the next day, we set up a community meeting with a few key individuals (elders, youths, paramount chief etc) in the village near University of Makeni and they did some pre- and post-testing of the slide booklet with our behavior team and ministry community liaisons. They got lots of great feedback from the community members.

Today, we met back up at the Embassy and had an out-brief with them. They supplied the attached written summary of their impressions and questions to think about on the way forward. We had a great discussion, but I stressed to them that this is really their wheel-house, we aren't the communications folks, and that they should really be leading

how to refine these communications materials, with us providing the technical info, and using our behavior team folks as the preliminary test case messengers.

Interestingly, they and the Mission reps agreed that we should just abandon for now the "Bat-proofing" slides and just focus on the overall benefits of bats and to broaden the hygiene messages out to include other animals etc. We could add in the "bat mitigation" stuff later in a separate module. That surprised me a bit as I really thought that was a central point to the whole activity... but hey, what do I know...

They have a lot of comments on the attached sheet. We talked through them all and I have lots of notes. It might be good to have a call to discuss this and my impression of them, and how we might proceed together in rolling out these and refining them over the coming year. The BTA team is very helpful, but it will be probably 8 months to a year before they are actively engaged in actually delivering any of these messages or other stuff that they are interested in doing. So, as we thought, it will be up to us to utilize the communications tools we are developing.

The attached flip book slides are the ones identified by the team and the community as the most important ones that they saw in the slide deck. There are some hand-written comments on them as well.

-b

<Breakthrough Action feedback on visit with PREDICT[1].pdf><Managing Bats Booklet\_Comments-slides.
pdf.pdf>

From: Andrew Clements <aclements@usaid.gov>
To: William B. Karesh <a href="karesh@ecohealthalliance.org">karesh@ecohealthalliance.org</a>
CC: David J Wolking <a href="mailto:diwolking@ucdavis.edu">diwolking@ucdavis.edu</a>;Jonna Mazet

<ikmazet@ucdavis.edu>:PREDICTMGT predictmgt@usaid.gov>:Anne Laudisoit

<laudisoit@ecohealthalliance.org>

**Sent:** 6/4/2018 12:35:06 PM **Subject:** Re: PPE in the ROC?

#### Thanks!

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
Mobile phone: 1-571-345-4253

On Jun 4, 2018, at 9:14 PM, William B. Karesh <a href="karesh@ecohealthalliance.org">karesh@ecohealthalliance.org</a> wrote:

Hello again,

Email: aclements@usaid.gov

We are not completely sure of how much of the following has not been used, but it was purchased and delivered last year and should be at the National Public Health Laboratory. They have been very good about labeling boxes for PREDICT and storing them separately from their other supplies:

2 cases (25 units each) of large/ xlarge tyvek coveralls (not hooded)
100 disposable aprons
100 face shields
12 goggles and 20 safety glasses
160 N95 respirator masks
and of course, dozens of boxes of latex and nitrile gloves in small, medium, and large

BK

#### William B. Karesh, D.V.M

Executive Vice President for Health and Policy

EcoHealth Alliance 460 West 34th Street - 17th Floor New York, NY 10001 USA

+1.212.380.4463 (direct) +1.212.380.4465 (fax) www.ecohealthalliance.org

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On Jun 4, 2018, at 12:16 PM, Andrew Clements < AClements@usaid.gov > wrote:

Hi Billy,

Does the PREDICT office in Brazzaville have PPE on hand? If so, how much?

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
Mobile phone: 1-571-345-4253

Subject: Re: Scheduling our first GVP Board meeting
To: Samantha Maher <maher@ecohealthalliance.org>

Samantha, I've updated my availability. Thanks for pushing this forward. Have a great weekend

d

On Fri, Dec 6, 2019 at 10:24 AM Samantha Maher <maher@ecohealthalliance.org> wrote:

Dear All,

Thank you to everyone who filled out the doodle poll! We are getting close- just a few more responses are needed for us to get the date and location set in stone.

If you haven't yet given us your availability, please do so here: https://doodle.com/poll/pu4en32guzhmfdcp/

Happy Friday!

Sam

On Tue, Dec 3, 2019 at 3:51 PM Samantha Maher < maher@ecohealthalliance.org > wrote:

Dear All,

For those of you don't know me, my name is Sam Maher and I am a Research Scientist based at EcoHealth Alliance working on the Global Virome Project. Now that the Global Virome Project has officially been incorporated, the first Board of Directors meeting is fast approaching. We would greatly appreciate if you would fill out this doodle poll (<a href="https://doodle.com/poll/pu4en32guzhmfdcp">https://doodle.com/poll/pu4en32guzhmfdcp</a>) by this Friday, Dec 6th so that we can nail down the exact dates for that meeting.

As Peter mentioned in his initial email (copied here), the meeting will be held either in New York City or Washington, DC, and we will be sending out an agenda and background reading for that soon. Please don't hesitate to reach out to myself or Peter with any questions or concerns.

Best wishes.

#### Samantha M. Maher, MESc

Research Scientist. Conservation and Health

EcoHealth Alliance

460 West 34th Street – 17th floor

New York, NY 10001

1.212.380.4464 (direct)

### REDACTED (mobile)

1.212.380.4465 (fax)

www.ecohealthalliance.org

EcoHealth Alliance leads cutting-edge scientific research into the critical connections between human and wildlife health and delicate ecosystems. With this science, we develop solutions that prevent pandemics and promote conservation.

On Thu, Oct 24, 2019 at 8:46 AM Peter Daszak <a href="mailto:daszak@ecohealthalliance.org">daszak@ecohealthalliance.org</a> wrote:

Dear All,

I'm emailing to let you know that we've now incorporated "The Global Virome Project, Inc." and we are officially its first Board of Directors. The next step in the process is that we'll be filing for Tax Exemption as a 501 (c) 3 organization in the State of New York. This will take 2-3 months depending on the State's backlog and there will be a form for you to sign that I'll have fedexed sequentially among us all. In the meantime, we'd like to schedule our first official Board meeting. We're aiming to hold this for 1 day in New York or Washington DC early in the New Year on the dates listed in this Doodle

poll: <a href="https://doodle.com/poll/pu4en32guzhmfdcp">https://doodle.com/poll/pu4en32guzhmfdcp</a> – please fill in your availability and we'll try to find the most suitable time. Please note that at this time we do not have a budget to fund your airfare or hotel costs, and we hope that you'll be able to cover this from your own pocket. We will offer you bonhomie, intellectual and stimulating debate, and the opportunity to be part of what we believe will be a significant advance in public health for the planet. If there is absolutely no possibility of you attending, we will be able to arrange for telephone or video-conferencing so you can take part in decisions, but attending in person will be far more productive we believe.

In the next few weeks, we'll be sending you an agenda for this meeting, background reading material and analyses, and some questions for you to get ready to answer when we gather in the Northeast and launch our organization together.

Thank you again for your willingness to serve,

Yours sincerely,

Peter Daszak (fellow Board member)

#### **Peter Daszak**

President

EcoHealth Alliance 460 West 34<sup>th</sup> Street – 17<sup>th</sup> Floor New York, NY 10001

Tel. +1 212-380-4474

Website: www.ecohealthalliance.org

Twitter: @PeterDaszak

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---

## Samantha M. Maher, MESc

Research Scientist, Conservation and Health

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--

#### Samantha M. Maher, MESc

Research Scientist, Conservation and Health

#### **EcoHealth Alliance**

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EcoHealth Alliance leads cutting-edge scientific research into the critical connections between human and wildlife health and delicate ecosystems. With this science, we develop solutions that prevent pandemics and promote conservation.

-

Dr Dennis Carroll

Global Virome Project, Core Team

Senior Fellow, Scowcroft Institute of International Affairs at the Bush School of Government and Public Service, Texas A&M University

Counselor and Advisor to the Faculty of Tropical Medicine at Mahidol University



To: Jonna Mazet (jkmazet@ucdavis.edu) <jkmazet@ucdavis.edu>;Johnson Christine Kreuder (ckjohnson@ucdavis.edu) <ckjohnson@ucdavis.edu>;Damien Joly <djoly@metabiota.com> CC: Kevin Olival, PhD <olival@ecohealthalliance.org> Sent: 1/10/2017 10:57:54 AM FW: DEEP FOREST backronym Subject: More great work from the modeling team – a 'backronym' for "DEEP FOREST" Cheers, Peter Peter Daszak President EcoHealth Alliance 460 West 34th Street - 17th Floor New York, NY 10001 +1.212.380.4473 (direct) +1.212.380.4465 (fax) www.ecohealthalliance.org EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics. From: Peter Daszak Sent: Wednesday, September 7, 2016 4:05 PM To: Staff; sja2127@cumc.columbia.edu; Thomas Hughes; Elizabeth Loh Subject: FW: DEEP FOREST backronym Important information from Kevin below – the official "backronym" for the DEEP FOREST project..... No prizes will be awarded for this excellent work....! Cheers, Peter Peter Daszak President

Peter Daszak <a href="mailto:center-based-knowledge-based-know

From:

EcoHealth Alliance 460 West 34th Street - 17th Floor New York, NY 10001

+1.212.380.4473 (direct) +1.212.380.4465 (fax)

#### www.ecohealthalliance.org

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

From: Kevin Olival, PhD

Sent: Wednesday, September 7, 2016 3:12 PM

To: Elizabeth H Loh Cc: Peter Daszak

Subject: DEEP FOREST backronym

A reminder.

DEEP FOREST = Degraded Environments and Emerging Pathogens: Forecasting Origins, Risk, and Ecological Susceptibility to Transmission

#### Kevin J. Olival, PhD

Associate Vice President for Research

EcoHealth Alliance 460 West 34th Street – 17th floor New York, NY 10001

1.212.380.4478 (direct) 1.917.856.3900 (mobile) 1.212.380.4465 (fax) www.ecohealthalliance.org

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

From: Andrew Clements <aclements@usaid.gov>

**Sent:** Mon, 30 Jan 2017 12:18:43 +0700

Subject: Re: Change to approved ITA: Ashley Lucas travel to CDI cancelled

To: Elizabeth Leasure <ealeasure@ucdavis.edu>

Cc: PREDICTMGT redictmgt@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking

<djwolking@ucdavis.edu>, Katherine Leasure <kaleasure@ucdavis.edu>

Noted. Thanks, Liz.

Cassandra: please let Zandra know. Thanks.

Andrew P. Clements, Ph.D. Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Jan 30, 2017, at 6:33 AM, Elizabeth Leasure <<u>ealeasure@ucdavis.edu</u>> wrote:

Hi Andrew. Ashley Lucas's to travel to CDI (previously approved ITA below for reference) has been cancelled. Thanks!

Metabiota would like to request travel approval for <u>Ashley Lucas</u>, <u>Clinical Specialist</u>, to travel from <u>Cape Town, South Africa</u> to <u>Abidjan, Cote d'Ivoire</u> from <u>February 12-24, 2017</u> to <u>conduct human surveillance training and laboratory training</u>.

<u>Trip purpose</u>: On December 12, 2016, the in-country team received approval of the human surveillance protocol. They have also begun animal surveillance efforts in conjunction with the national laboratory. In order to begin human surveillance and laboratory testing, Ashley Lucas, Frantz Jean-Louis, and Amethyst Gillis will work with the hospital team on implementing human training with selected staff and spend time in the site enrolling the first participants. They will also conduct training on PREDICT laboratory procedures with identified staff.

Elizabeth Leasure
One Health Institute
University of California, Davis
530-754-9034 (office)
REDACTED (cell)

.\_\_

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 $\frac{https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/BL2PR08MB116519EC51AFB19C0653C0AA248}{0\%40BL2PR08MB116.namprd08.prod.outlook.com}.$ 

From: Elizabeth S Chase <eschase@ucdavis.edu>

Jonna Mazet <jkmazet@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>, "William B. Karesh" To:

<karesh@ecohealthalliance.org>, "rbaric@email.unc.edu" <rbaric@email.unc.edu>, "sja2127@cumc.columbia.edu" <sja2127@cumc.columbia.edu>, "antoinette\_baric@med.unc.edu" <antoinette\_baric@med.unc.edu>, "andre@ecohealthalliance.org" <andre@ecohealthalliance.org>, "fuchs@ecohealthalliance.org" <fuchs@ecohealthalliance.org>, "ejk2162@cumc.columbia.edu"

<ejk2162@cumc.columbia.edu>

Subject: Collaborative coronavirus discussion invitation

Tue, 7 Feb 2017 00:15:34 +0000 Sent:

Call in information for Collaborative coronavirus discussion invitation

USA/Canada Toll-Free:

Access Code REDACTED **REDACTED** 

#### Liz Chase

Executive Assistant to Dr. Jonna Mazet One Health Institute University of California, Davis

530-752-3630 eschase@ucdavis.edu From: Andrew Clements <aclements@usaid.gov>

To: Lisa Kramer (Nairobi/EA/RHH) < lkramer@usaid.gov>; Alisa Pereira

<apereira@usaid.gov>;Dennis Carroll <dcarroll@usaid.gov>;Andrea Long-Wagar <alongwagar@usaid.gov>;Sarah Paige <spaige@usaid.gov>;lparish@usaid.gov <|parish@usaid.gov>;Jonna Mazet <ikmazet@ucdavis.edu>;djwolking@ucdavis.edu

<diwolking@ucdavis.edu>;Ashna Kibria <akibria@usaid.gov>

**Sent:** 4/15/2017 11:55:21 PM

Subject: Fwd: PRO/EDR> Undiagnosed disease - Congo DR: (NK) fatal, RFI

#### FYI only

Andrew P. Clements, Ph.D. Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

Begin forwarded message:

From: promed-edr@promedmail.org

Date: April 15, 2017 at 11:13:00 PM GMT+2

To: promed-post@promedmail.org, promed-edr-post@promedmail.org Subject: PRO/EDR> Undiagnosed disease - Congo DR: (NK) fatal, RFI

Reply-To: promedNOREPLY@promedmail.org

UNDIAGNOSED DISEASE - DEMOCRATIC REPUBLIC OF CONGO: (NORTH KIVU) FATAL, REQUEST FOR INFORMATION

\*

A ProMED-mail post

<a href="http://www.promedmail.org">http://www.promedmail.org</a>
ProMED-mail is a program of the
International Society for Infectious Diseases
<a href="http://www.isid.org">http://www.isid.org</a>

Date: Fri 14 Apr 2017 10:58

Source: Radio Okapi [machine transl, edited]

<a href="http://www.radiookapi.net/2017/04/14/actualite/sante/nord-kivu-une-maladie-inconnue-fait-15-morts">http://www.radiookapi.net/2017/04/14/actualite/sante/nord-kivu-une-maladie-inconnue-fait-15-morts</a>

The provincial health minister, Marcel Kambumbu, [has] confirmed the presence of an unknown illness, which has already killed 15 people and more than 100 people ill within the past 2 weeks in the territory of in the village of Iremera, Bulengya group of Lubero (North Kivu). He said, however, that it was not yet possible to speak of an epidemic.

The area chief doctor of Iremera has announced an epidemic in this area, advancing the same record of 15 deaths and 100 registered patients.

"I myself have received this information [from the sick]. But I can say that there are still rumors, because at the level of the Department of Health, we have what is called an epidemiological surveillance system and every week we have reports of diseases in the province," said minister Marcel Kambumbu. He insisted that only the

provincial governor could declare an epidemic in a health zone.

"The one who declares the epidemic or something urgent is the provincial governor. So at the present stage, we cannot make any statement outside the epidemiological surveillance data, "continued Marcel Kambumbu. He further stated that sampling had been done for analysis at the level of the epidemiological surveillance system, with a view to identifying the disease.

communicated by:
ProMED-mail

promed@promedmail.org>

[There is no information here to define an etiology of these illnesses and deaths. Useful information to help in the differential diagnosis would be signs and symptoms of the illness and the illness progression, and an epidemiological curve showing cases over time would be helpful. - Mod.LL

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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List-Unsubscribe: http://ww4.isid.org/promedmail/subscribe.php

From: Andrew Clements <aclements@usaid.gov>
To: Jonna Mazet <ikmazet@ucdavis.edu>

CC: David J Wolking < djwolking@ucdavis.edu>; Alisa Pereira

<apereira@usaid.gov>;PREDICTMGT cpredictmgt@usaid.gov>;predict@ucdavis.edu

cpredict@ucdavis.edu>

**Sent:** 4/21/2017 1:16:40 PM

Subject: Re: [predict] Re: PREDICT International Travel Request

Hi David,

Do you have the money for this travel?

Andrew

Andrew P. Clements, Ph.D.
Senior Scientific Adviser
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov

On Apr 21, 2017, at 9:33 PM, Jonna Mazet < jkmazet@ucdavis.edu> wrote:

In addition, teams need to prepare for community engagement around the recent finding and get the now-emergency shipment of the remaining samples prepared.

J.

On Fri, Apr 21, 2017 at 12:26 PM, David J Wolking < <u>djwolking@ucdavis.edu</u>> wrote: Hi Alisa,

Following up very soon with the requested write-up on Sierra Leone (with Jonna for review). As increasing focus is placed on viral testing and interpretation of results, timely quality control on data in-country has become critical.

On Fri, Apr 21, 2017 at 12:21 PM, Alisa Pereira <a href="mailto:apereira@usaid.gov">apereira@usaid.gov</a> wrote: David,
If the field operations are suspended in SL, then why is there travel?

if the field operations are suspended in 52, then thing is there that

Thanks

Sent from my iPhone

On Apr 21, 2017, at 3:18 PM, David J Wolking < djwolking@ucdavis.edu > wrote:

Please find below an urgent international travel request for your review and approval. Please let me know if you have any questions. Thanks!

1. Jean-Louis (Sierra Leone): \$2219 airfare/\$319 (Freetown) max daily per diem

Travel Request:

1. <u>Metabiota</u> would like to request travel approval for <u>Dr. Frantz Jean-Louis</u> to travel from <u>Nanaimo</u>, <u>British Columbia</u>, <u>Canada</u> to <u>Freetown</u>, <u>Sierra Leone</u> for the period <u>May 5-27, 2017</u> to assist the Research and Implementation Manager and guide the Sierra Leone team in quality control and cleaning of animal sampling data.

predictmgt+unsubscribe@usaid.gov

predictmgt@usaid.gov

https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CA%

2BZH 9bOw7%3Dn71i1MbuuJgZAKniepOb924pcGueQ6MK72108JA%40mail.gmail.com

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To post to this group, send email to predictmgt@usaid.gov.

To view this discussion on the web visit <a href="https://groups.google.com/a/usaid.gov/d/msgid/predictmgt">https://groups.google.com/a/usaid.gov/d/msgid/predictmgt</a> /CAO5tDrGWTSh7-os6XV2zm%3DQ6DgXQi8bOT6ApdRHBMs0JQh%2BykA%40mail.gmail.com.

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>

CC: Jonna Mazet <i kmazet@ucdavis.edu>;Alisa Pereira <apereira@usaid.gov>;PREDICTMGT

continuous aid.gov>;predict@ucdavis.edu continuous

**Sent:** 4/21/2017 11:33:46 PM

Subject: Re: [predict] Re: PREDICT International Travel Request

Saw that, thanks.

Andrew P. Clements, Ph.D. Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Apr 22, 2017, at 12:35 AM, David J Wolking < djwolking@ucdavis.edu> wrote:

Hi Andrew,

Jonna provided clarification on this aspect in the other thread on Sierra Leone.

David

On Fri, Apr 21, 2017 at 1:16 PM, Andrew Clements <a clements@usaid.gov> wrote: Hi David,

Do you have the money for this travel?

Andrew

Andrew P. Clements, Ph.D.

Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
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On Fri, Apr 21, 2017 at 12:21 PM, Alisa Pereira <a href="mailto:apereira@usaid.gov">apereira@usaid.gov</a>> wrote: David,

If the field operations are suspended in SL, then why is there travel?

Thanks

Sent from my iPhone

On Apr 21, 2017, at 3:18 PM, David J Wolking < djwolking@ucdavis.edu> wrote:

Please find below an urgent international travel request for your review and approval. Please let me know if you have any questions. Thanks!

1. Jean-Louis (Sierra Leone): \$2219 airfare/\$319 (Freetown) max daily per diem

Travel Request:

1. <u>Metabiota</u> would like to request travel approval for <u>Dr. Frantz Jean-Louis</u> to travel from <u>Nanaimo</u>, <u>British Columbia</u>, <u>Canada</u> to <u>Freetown</u>, <u>Sierra Leone</u> for the period <u>May 5-27, 2017</u> to assist the Research and Implementation Manager and guide the Sierra Leone team in quality control and cleaning of animal sampling data.

predictmgt+unsubscribe@usaid.gov

predictmgt@usaid.gov

https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CA%

2BZH 9bOw7%3Dn71i1MbuuJgZAKniepOb924pcGueQ6MK72108JA%40mail.gmail.com

\_\_

You received this message because you are subscribed to the Google Groups "PREDICTMGT" group. To unsubscribe from this group and stop receiving emails from it, send an email to <a href="mailto:predictmgt+unsubscribe@usaid.gov">predictmgt+unsubscribe@usaid.gov</a>.

To post to this group, send email to predictmgt@usaid.gov.

To view this discussion on the web visit <a href="https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/">https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/</a> CAO5tDrGWTSh7-os6XV2zm%3DQ6DgXQi8bOT6ApdRHBMs0JQh%2BykA%40mail.gmail.com.

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>

CC: Jonna Mazet <i kmazet@ucdavis.edu>;Alisa Pereira <apereira@usaid.gov>;PREDICTMGT

continuous continu

**Sent:** 4/24/2017 6:13:17 AM

Subject: Re: [predict] Re: PREDICT International Travel Request

Thanks.

Travel approved subject to mission concurrence.

Andrew

Andrew P. Clements, Ph.D.

Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development

Mobile phone: 1-571-345-4253

Email: aclements@usaid.gov

On Apr 22, 2017, at 12:35 AM, David J Wolking < djwolking@ucdavis.edu> wrote:

Hi Andrew,

Jonna provided clarification on this aspect in the other thread on Sierra Leone.

David

On Fri, Apr 21, 2017 at 1:16 PM, Andrew Clements <a href="mailto:aclements@usaid.gov">aclements@usaid.gov</a> wrote: Hi David,

Do you have the money for this travel?

Andrew

Andrew P. Clements, Ph.D.

Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development

Mobile phone: 1-571-345-4253

Email: aclements@usaid.gov

On Apr 21, 2017, at 9:33 PM, Jonna Mazet < jkmazet@ucdavis.edu> wrote:

In addition, teams need to prepare for community engagement around the recent finding and get the now-emergency shipment of the remaining samples prepared.

J

On Fri, Apr 21, 2017 at 12:26 PM, David J Wolking < <u>djwolking@ucdavis.edu</u>> wrote: Hi Alisa.

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https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CA%

2BZH 9bOw7%3Dn71i1MbuuJgZAKniepOb924pcGueQ6MK72108JA%40mail.gmail.com

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**Sent:** Fri, 12 May 2017 13:42:05 -0700

Subject: Fwd: [predict]

From: Jonna Mazet <jkmazet@ucdavis.edu>

To: "AOTR/Grant Manager Andrew Clements" <AClements@usaid.gov>, Alisa Pereira <apereira@usaid.gov>, Angela Wang

<awang@usaid.gov>

Minute from the USAID IPs meeting 12May2017.docx

UPDATED USAID Partners Meeting Agenda for 12 May 2017.doc

Here's info from the Mission meeting today, not MOH meeting -- not much at asll about outbreak, interestingly, Jonna

----- Forwarded message -----

From: Prime Mulembakani <

Date: Fri, May 12, 2017 at 1:23 PM

Subject: [predict]

To: predict@ucdavis.edu

Cc: Karen Saylors < ksaylors@metabiota.com>

Dear all,

Please find here attached my notes from today meeting we had at the mission. I have also attached the meeting agenda that we received with the inviting email from the mission director.

Thank you, Prime

\_\_\_\_\_

Prime M. Mulembakani Office: +243 81 013 8305

Cell: + REDACTED



#### **USAID/DRC PARTNERS MEETING**

9:00 – 11:00 a.m. Friday, 12 May 2017 Venue: USAID/DRC Mission

Please plan on arriving at 8:30 a.m. to facilitate entry.

Mission Director Opening Remarks

Welcome to new partners and USAID staff

Security in the Kasais

Plans for Strategic Collaboration Workshops in the Field

Integrated Governance Activity Introduction

Solutions for Peace and Recovery Introduction

Political Updates

Any other business

#### Minutes from the USAID IPs Meeting held on 12th May, 2017

- 1. Introduction by the mission Director, who informed of the confirmation of an Ebola Outbreak and the presence of Polio in DRC.
- 2. Welcomes new USAID staff, among them Mr. Mike the new controller of finances and Mrs. Bethany, the new deputy director of health office who replaces Karen KoPrince;
- 3. President Trump has nominated a new Administrator of USAID in Washington: a person with experience with implementing partners, good reputation, who worked in Tanzania;
- 4. USAID budget for 2017 finally passed at the Congress with a 4 billion increase compared to 2016; budget for 2018 not public yet;
- 5. USAID to revise and update the 5-year strategic plan for DRC; most interventions currently concentrated in Eastern DRC;
- 6. DRC has a new Government, USAID is politically neutral regarding its legitimacy; most of key ministries have not changed (Health, Education etc.) but Ministry of Environment has changed; The Government mission is to 1) stabilize the economy and 2) organize the elections by December 2017;
- 7. Security situation in the Kasai: about 1 million displaced, 2.6 million affected since August 2016, about 600 deaths; USAID to support emergency response on Agriculture & Food; Health (58 health zones affected); Protection of civilians with in coordination with the UN Mission (MONUSCO); Water & Sanitation; Non-food Items. The UN needs 64.5 million US\$ for emergency assistance targeting about 731,000 people for 6 months; US Ambassador to respond in mobilizing funds;
- 8. Presentation of new projects:
  - a. Plans for strategic collaboration workshops in the field: each implementing partner (IP) will fill in a form with data about where they work, with which institutional partner and what are the challenges and constrains to attend their objectives. Workshops will then be organized at provincial levels to discuss coordination between USAID IPs: 12<sup>th</sup> June in Lubumbashi, 19<sup>th</sup> June in Bukavu, July (TBD) in Mbuji-Mayi...
  - b. Integrated Governance Activity: a platform for coordination between USAID projects and programs, promoting principles of good governance (transparency, good management of resources and impact evaluation; working with public institutions (national assembly, key ministries with different sectorial thematic groups). Expected outcomes: enhanced fiscal revenue of public entities, better participation and control from the civilian society, budget more participative and surveillance of public expenses, public clarification about legal local taxes.
  - c. Solutions for Peace and Recovery: a 3-year project in Eastern DRC to enhance better social cohesion by the inclusion of women and marginalized communities. Expected outcomes: identify conflicts, implement participative solutions, fair allocation of resources of development. Approaches: capacity building, award subventions to local actors and flexible funds for early warning to prevent conflicts.
- 9. Other political updates from the Democracy, Human Rights and Governance:

- a. Revision of the election list still ongoing but calendar, budget and law on distribution of seats per election entity not promulgated yet;
- b. In the Kasai, due to security issue, only 3 provinces out of 5 could enroll the electors;
- c. DRC Government and bilateral partners discuss process for funding the elections; USG has already contributed for 32 million US\$ and has helped to negotiate the extension of the term of the MONUSCO (UN Mission) in DRC, which presence will substantially reduce logistic needs for the elections).

From: Andrew Clements <aclements@usaid.gov>

**Sent:** Fri, 12 May 2017 22:51:40 +0200

Subject: Re: [predict]

To: Jonna Mazet <jkmazet@ucdavis.edu>

Cc: Alisa Pereira <apereira@usaid.gov>, Angela Wang <awang@usaid.gov>

thanks. and so begins the onslaught of outbreak-related meetings....

On Fri, May 12, 2017 at 10:42 PM, Jonna Mazet < <u>ikmazet@ucdavis.edu</u>> wrote:

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----- Forwarded message -----

Date: Fri, May 12, 2017 at 1:23 PM

Subject: [predict]

To: predict@ucdavis.edu

Cc: Karen Saylors < ksaylors@metabiota.com>

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-----

Prime M. Mulembakani Office: +243 81 013 8305

Cell: + Home: +

Andrew Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253

E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: <a href="http://www.usaid.gov/ept2">http://www.usaid.gov/ept2</a>

From: Andrew Clements <aclements@usaid.gov>

**Sent:** Fri, 12 May 2017 22:52:44 +0200

Subject: Re: [predict]

To: Jonna Mazet <jkmazet@ucdavis.edu>

Cc: Alisa Pereira <apereira@usaid.gov>, Angela Wang <awang@usaid.gov>, "Carroll, Dennis(GH/HIDN)"

<DCarroll@usaid.gov>

i'll be watching email this weekend in case anything further comes up.

On Fri, May 12, 2017 at 10:42 PM, Jonna Mazet < <u>ikmazet@ucdavis.edu</u>> wrote:

Here's info from the Mission meeting today, not MOH meeting -- not much at asll about outbreak, interestingly, Jonna

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Subject: [predict]

To: predict@ucdavis.edu

Cc: Karen Saylors <a href="mailto:ksaylors@metabiota.com">ksaylors@metabiota.com</a>>

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-----

Prime M. Mulembakani Office: +243 81 013 8305

Cell: + Home: +

Andrew Clements, Ph.D. Senior Scientific Advisor

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: http://www.usaid.gov/ept2

From: Cara Chrisman <cchrisman@usaid.gov>
Sent: Thu, 18 May 2017 10:53:58 -0400

Subject: Re: GVP data facilitates the identification of viruses of unnatural origin

To: Eddy Rubin <erubin@metabiota.com>

Cc: Dennis Carroll <dcarroll@usaid.gov>, Jonna Mazet <

<daszak@ecohealthalliance.org>

#### Hi Eddy,

This is a really great point! I was wondering if you happen to have the originals or the links for the images, particularly the second one? We're working on updating the slide deck and would like to see how these fit in, but the quality of the images is appearing a little off.

Thanks, Cara

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
Emerging Threats Division
Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)

Desk: (202) 712-1161
Cell: REDACTED

E-mail: cchrisman@usaid.gov

On Wed, May 17, 2017 at 6:17 PM, Eddy Rubin < erubin@metabiota.com > wrote:

Hi Dennis

The concept suggested the other day by Peter that DOD is terrified of CRISPR Cas engineered malicious microbes, and that GVP data will enable them to identify what is "natural" is an interesting one. I don't think any of these are the right image but I think it is worth considering discussing how GVP will enable the identification of viral outliers.

Eddy

From: Jonas Waldenström

To: Jonna Mazet <jkmazet@ucdavis.edu>
Cc:

Subject: Re: FINAL CALL - Invitation to Participate in Virus Risk-Ranking Assessment

**Sent:** Tue, 23 May 2017 06:22:15 +0000

Dear Jonna and REDACTED

Apologies for not responding sooner. May is a busy time for me, with teaching, fieldwork and everything – and your emails were swamped in the inbox with other emails. I will try to look at this next week, but cannot promise 100% that I will do it.

Best wishes,

**Jonas** 

-----

Jonas Waldenström, PhD Professor, Zoonotic Ecology and Epidemiology Faculty of Health and Life Sciences Linnaeus University

## REDACTED

Office: Mobile:

REDACTED

Email:

Web: <a href="http://lnu.se/research-groups/zee-zoonotic-ecology-and-epidemiology?l=en">http://lnu.se/research-groups/zee-zoonotic-ecology-and-epidemiology?l=en</a>

Lab blog:

http://zoonoticecology.wordpress.com/

SF blog: <a href="https://enlitenbloggomrymden.wordpress.com/">https://enlitenbloggomrymden.wordpress.com/</a>

My research group is a part of the Linnaeus University centre for Ecology and Evolution in Microbial model Systems

(EEMiS): http://lnu.se/lnuc/eemis

\_\_\_\_\_

Date: Monday 22 May 2017 at 23:57

To: Jonas Waldenström

Cc: KEDACTED

Subject: FINAL CALL - Invitation to Participate in Virus Risk-Ranking Assessment

Dear Prof. Jonas Waldenstrom,

We hope that you previously received our email soliciting your expert opinion and requesting your participation in a short multidisciplinary process to assess spillover risk from newly detected viruses. The deadline for participation has now passed, and we have begun analyzing responses. However, as an expert in the field of infectious diseases, your contribution to this exercise would be highly valued and appreciated. Therefore, we would like to make a **final call** for your participation in this exercise. If possible, please take a moment of your time to review the information below, and complete the attached worksheet. We anticipate the time allocation to this exercise will be **10** to **20 minutes**. If desirable on your part and your permission is given, you will be acknowledged for time and effort in future associated publications.

As you may have heard, the USAID-supported PREDICT project (<a href="www.predict.global">www.predict.global</a>) has identified short sequences from nearly 1000 unique viral taxonomic units (by consensus PCR followed by Sanger sequencing) from viral families known to have members that cause zoonotic diseases. These viruses have been detected in samples collected from animals in more than 20 countries in tropical regions considered to be hotspots for emerging zoonotic disease risk.

As a globally renowned scientist in the field of infectious diseases, we would like to incorporate your expert opinion into an evaluation of the relative impact that select host, environmental, and viral factors contribute to the risk of a new human viral spillover or epidemic event that might originate from novel or known viruses of animal origin. At this point, we are

primarily interested in how much each parameter contributes to the overall risk of such an event occurring. The levels of severity within each of the parameters will be evaluated through a different process.

The expert opinion you provide will be combined with that of other top experts in the field and is intended to contribute to a risk ranking module that will be distributed to and evaluated by the scientific community both through the peer-reviewed publication process and via an interactive web application. All contributions to this exercise are voluntary, and identifying information will not be published or be otherwise made available unless you let us know that it is acceptable/desirable to acknowledge you. We are only soliciting opinions from a select group of professionals with relevant expertise; therefore, we ask that the attached worksheet remain confidential and not to be shared with others.

#### **Instructions:**

- 1. Please open and save the worksheet with your initials or AN for anonymous in the title (i.e. RiskRankingPartipantWorksheet ZG.xlsx)
- 2. Complete the 'Demographic Information' at the top of the spreadsheet
- 3. Answer all categories for 'CONTRIBUTION TO THE RISK OF A NEW HUMAN VIRAL SPILLOVER OR EPIDEMIC EVENT OF ANIMAL-ORIGIN' and 'LEVEL OF EXPERTISE' using provided **dropdown** options
- 4. Please return your completed worksheet ASAP to **REDACTED**

We sincerely hope that we can count on your important involvement in the process and that you will accept our gratitude for your time and contribution to scientific collaboration.

Sincerely,

Prof. Jonna Mazet

Global Director, PREDICT USAID
Professor of Disease Ecology and Epidemiology
One Health Institute
School of Veterinary Medicine
University of California Davis
1089 Veterinary Medicine Drive
Davis, CA 95616, USA
jkmazet@ucdavis.edu

REDACTED

REDACTED

One Health Institute School of Veterinary Medicine University of California Davis 1089 Veterinary Medicine Drive Davis, CA 95616, USA

REDACTED

From: Peter Daszak <a href="mailto:center-based-knowledge-based-know

To: Jonna Mazet (jkmazet@ucdavis.edu) <jkmazet@ucdavis.edu>;William B. Karesh

<karesh@ecohealthalliance.org>

5/31/2017 9:51:49 AM Sent:

Agenda for the Harvard/NAM meeting in April Subject:

I talked about the hotspots work as a way to assess risk of pandemic emergence. Others gave similar academic talks. The working groups and discussions where very big picture and not focused on how we could re-create a JEE-type strategy...

Cheers,

Peter

#### **Peter Daszak**

President

EcoHealth Alliance 460 West 34th Street - 17th Floor New York, NY 10001

+1.212.380.4473 (direct) +1.212.380.4465 (fax)

www.ecohealthalliance.org

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

#### **Developing Metrics to Monitor Global Health Security and Pandemic Preparedness**

National Academy of Medicine (NAM)
2101 Constitution Ave N.W., Washington, D.C. 20418
April 18th, 2017 ■ 8am – 4:30pm

#### **DRAFT AGENDA**

**Background:** The recent outbreaks of Ebola and Zika led to careful analyses with broad consensus of what must be done to make the world better prepared for the next pandemic. Yet, despite this consensus, too little action has taken place. To address the need for increased global action, the Harvard Global Health Institute (HGHI) is working with academic partners across the globe to launch an independent monitoring and reporting initiative that will track efforts at the national, international, and regional levels. Specifically, the initiative will monitor global efforts to reduce pandemic threats, recognize progress, and identify gaps, with the aim of spurring further action by governments, international agencies, and the private sector. This workshop is a major first step in the review and validation of a Monitoring Framework based on quantifiable metrics to track progress.

The **Monitoring Framework** is divided into 4 key domains:

- 1) Strengthening Public Health as a Foundation and Building IHR Core Capacities;
- 2) Improving Science, Technology and Access;
- 3) Assessing and Analyzing Risk; and
- 4) Global Community and Partnership Building.

Working sessions during the meeting will be organized around each of these domains. The ultimate goal of the workshop is to review and validate the proposed metrics within this Framework and discuss strategies to operationalize the Framework and disseminate results to strengthen global health security.

#### **Workshop Objectives**

- 1. Review and validate specific metrics in each of the 4 Framework domains to better measure and report on progress toward global health security.
- 2. Develop strategies on how best to collect and disseminate data using the abovementioned Monitoring Framework to spur global action and increase security.

**Workshop Outputs:** The workshop will result in a published report by the National Academy of Medicine (NAM), a policy brief, and peer-reviewed publication. Aspects of the Monitoring Framework will be presented at the World Health Assembly in May 2017, and the Monitoring Framework will serve as a platform for HGHI, NAM, and other partners to monitor global progress toward pandemic preparedness and global health security on an ongoing basis.

# SESSION 1 (working breakfast) Overview of the Meeting

Chairs: Ashish K. Jha, Peter Sands and Victor Dzau

8:00 – 8:15am Welcome from the Hosts and Introductions

Victor J. Dzau (NAM) and Ashish K. Jha (HGHI)

8:15 – 8:25am Briefing on the Graduate Institute of Geneva and Chatham House

Meeting

8:25 – 8:40am Rationale for a Common Monitoring Framework and the Need to Spur

Action

Peter Sands (HGHI)

#### SESSION 2

# Monitoring Progress in Public Health as a Foundation and IHR Core Capacity Building

Chairs: Helene Gayle (McKinsey Social Initiative) and Rebecca Katz (HGHI)

8:40 – 9:05am Overview of the Monitoring Framework for IHR Core Capacity Building

and Brief Presentations on Public Health as a Foundation and IHR Core

**Capacity Building** 

Mika Salminen (JEE Alliance, Director, Department of Health Security, National Institute for Health and Welfare, Finland), Alain Dehove (Director of Finance, OIE), Oyewale Tomori (President, Nigerian Academy of Science)

9:05 – 9:45am Moderated Discussion on Key Metrics for this Area

Task: Review the Monitoring Framework for Content Area 1. Discuss: What are we missing? Are the proposed indicators measurable? Do they capture what needs to be captured? Any challenges anticipated with data

collection? Other concerns?

9:45 – 10:00 am Coffee Break

#### **SESSION 3**

#### Monitoring Progress in Science, Technology and Access (STA)

Chairs: Gavin Yamey (Duke Global Health Institute) and Olga Jonas (HGHI)

#### 10:00 - 10:15am

Overview of the Monitoring Framework for STA and Brief Presentations on Progress in Science, Technology and Access

Richard Hatchett (CEO, CEPI) and Christian Happi (Professor of Biological Sciences, Redeemer's University, Nigeria)

#### 10:15 - 11:15am

Moderated Discussion on the Framework for Monitoring Progress in Science, Technology and Access (Research and Development)

*Task*: Review the Monitoring Framework for Content Area 2. Discuss: What are we missing? Are the proposed indicators measurable? Do they capture what needs to be captured? Any challenges anticipated with data collection? Other concerns?

#### SESSION 4

#### **Monitoring Risk Analysis and Assessment**

Chairs: Lawrence Kerr (HHS) and Peter Sands (HGHI)

#### 11:15 - 11:30am

Overview of Monitoring Framework for Risk Analysis and Assessment and Presentations on Risk Analysis and Assessment

Tom Inglesby (CEO and Director, Center for Health Security, Johns Hopkins University), Peter Daszak (President, EcoHealth Alliance), Anas El Turabi (Health Policy Doctoral Candidate, Harvard University)

11:30am – 12:30pm Moderated Discussion on the Framework for Monitoring Risk Analysis and Assessment

> Task: Review the Monitoring Framework for Content Area 3. Discuss: What are we missing? Are the proposed indicators measurable? Do they capture what needs to be captured? Any challenges anticipated with data collection? Other concerns?

#### 12:30 – 1:30pm Lunch

#### **SESSION 5**

## Monitoring Progress on the Global Community and Public-Private Partnerships

Chairs: Stephen Morrison (CSIS) and Ashish K. Jha (HGHI)

1:30 – 1:45pm Presentation: Overview of the Monitoring Framework for Global Community and Public-Private Partnerships

Ciro Ugarte (Director, Health Emergencies, PAHO) and Feng Cheng (Professor, Tsinghua University Research Center for Public Health)

1:45 – 2:45pm Moderated Discussion on Monitoring the Global Community and Public-

**Private Partnerships** 

Task: Review the Monitoring Framework for Content Area 4. Discuss: What are we missing? Are the proposed indicators measurable? Do they capture what needs to be captured? Any challenges anticipated with data collection? Other concerns?

2:45 – 3:00pm Coffee Break

#### **SESSION 6**

### **Collecting and Disseminating Data to Spur Action**

Chairs: Ashish K. Jha (HGHI), Victor Dzau (NAM), and Peter Sands (HGHI)

3:00 – 4:15pm Group Discussion on Operationalizing the Framework: Collecting and

**Disseminating Data to Spur Action** 

4:15 – 4:30pm Wrap-up and Next Steps

4:30 - 6:00pm Reception

6:00 - 8:00pm Dinner

From: Andrew Clements <aclements@usaid.gov>

To: Brian Bird <br/>bhbird@ucdavis.edu>

CC: David J Wolking <a href="mailto:djwolking@ucdavis.edu">djwolking@ucdavis.edu</a>; Jonna Mazet <a href="mailto:kimazet@ucdavis.edu">jkmazet@ucdavis.edu</a>; Alisa

Pereira <apereira@usaid.gov>;Shana Gillette <sgillette@usaid.gov>

**Sent:** 6/9/2017 7:40:27 AM

Subject: Re: Requested: Updated 1-Pagers for Predict in SL

#### Thanks!

Andrew P. Clements, Ph.D. Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Jun 9, 2017, at 4:36 PM, Brian Bird < bhbird@ucdavis.edu> wrote:

Thanks Andrew, we'll work on it and get it back to you.

-b

From: Andrew Clements < aclements@usaid.gov >

**Date:** Friday, June 9, 2017 at 2:59 AM

To: David J Wolking <a href="mailto:djwolking@ucdavis.edu">djwolking@ucdavis.edu</a>, Jonna Mazet <a href="mailto:jkmazet@ucdavis.edu">jkmazet@ucdavis.edu</a>, Brian Bird

<bhbird@ucdavis.edu>

Cc: Alisa Pereira <apereira@usaid.gov>, Shana Gillette <sgillette@usaid.gov>

Subject: Requested: Updated 1-Pagers for Predict in SL

See request below. Just need to update the attached summary. Thanks!

Andrew P. Clements, Ph.D.

Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 Email: <u>aclements@usaid.gov</u>

Begin forwarded message:

From: Kendra Chittenden < kchittenden@usaid.gov>

**Date:** June 8, 2017 at 9:23:26 PM GMT+2

**To:** Ricardo Echalar <<u>rechalar@usaid.gov</u>>, Andrew Clements <<u>aclements@usaid.gov</u>>, Alisa Pereira <<u>apereira@usaid.gov</u>>, Shana Gillette <<u>sgillette@usaid.gov</u>>, Lindsay Parish <<u>lparish@usaid.gov</u>> **Cc:** Amanda Paust <apaust@usaid.gov>, MacKenzie <mklein@usaid.gov>, Saad <shassan@usaid.gov>

Subject: Fwd: Updated 1-Pagers

All

For the upcoming TDY of GH and AFR bureau leadership to SL the Mission would like to give the USG delegation fact sheets with project updates.

Please review and update the attached Fact Sheet -- ideally by COB tomorrow or early next week.

Thanks for you help!
Kendra
Forwarded message From: Mackenzie Klein < mklein@usaid.gov> Date: Thu, Jun 8, 2017 at 3:12 PM Subject: Updated 1-Pagers To: Kendra Chittenden < kchittenden@usaid.gov>, Amanda Paust < apaust@usaid.gov>, "Hassan, Saad El-Din (SUDAN/DFO) [USAID]" < shassan@usaid.gov>
Hi Kendra and Mandy,
Saad has requested partners update these-pagers ahead of Irene's trip. Would you guys mind contacting the

COPs to get them updated and back by COB Monday? Can you also cc me so I can keep track?

Thank you! Mackie

Mackenzie E. Klein | Program Analyst | Global Health Ebola Team (GHET) USAID | Bureau for Global Health | Office of Health, Infectious Diseases & Nutrition USAID | Bureau for Global Health | Office 2100 Crystal Drive, Arlington, VA 22202 Cube: 10020A |
Phone: 571-551-7385 | Cell: 571-699-6764 |

mklein@usaid.gov

Kendra Chittenden, Ph.D. | Senior Infectious Disease Advisor| USAID | mobile (703-209-5424) | KChittenden@usaid.gov

From: Andrew Clements <aclements@usaid.gov>
To: Tracey Goldstein <tgoldstein@ucdavis.edu>

CC: Corina Grigorescu Monagin <cgmonagin@ucdavis.edu>;Jonna Mazet

<jkmazet@ucdavis.edu>;Brooke Genovese <bgenovese@ucdavis.edu>;Alisa Pereira
<apereira@usaid.gov>;Kendra Chittenden <kchittenden@usaid.gov>;Shana Gillette

<sgillette@usaid.gov>

**Sent:** 6/9/2017 10:16:24 AM

Subject: Re: Phone call between Predict/HQ and Guinea Mission

Great! Thanks.

Have a good weekend.

Andrew P. Clements, Ph.D. Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 Email: <u>aclements@usaid.gov</u>

On Jun 9, 2017, at 6:34 PM, Tracey Goldstein < tgoldstein@ucdavis.edu > wrote:

Hi Andrew,

Corina and I are available.

Thank you, Tracey

On Fri, Jun 9, 2017 at 7:22 AM, Andrew Clements <a href="mailto:aclements@usaid.gov">aclements@usaid.gov</a> wrote: The follow up call between Predict and the Guinea Mission is proposed for Tuesday at 16:30 Guinea time which will be 9:30 am Pacific Time.

Does that work for most/all of you?

Thanks!

Andrew P. Clements, Ph.D.
Senior Scientific Adviser
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development

Mobile phone: <u>1-571-345-4253</u> Email: <u>aclements@usaid.gov</u>

--

(530) 752-0412 (530) 752-3318 tgoldstein@ucdavis.edu From: Brian Bird <bhbird@ucdavis.edu>

To: Andrew Clements <aclements@usaid.gov>

CC: Alisa Pereira <apereira@usaid.gov>;Shana Gillette@usaid.gov>;Jonna Mazet

<jkmazet@ucdavis.edu>;David J Wolking <djwolking@ucdavis.edu>

**Sent:** 6/12/2017 9:05:08 AM

Subject: Re: Requested: Updated 1-Pagers for Predict in SL

Hi everyone,

Please find attached and update to the 1-page document that you attached previously. We also received a separate email from Kendra asking for other documents we might want to share, so I've also attached the SL specific part of our semi-annual report (updated to reflect UCD as the implementing partner), and the more detailed (4-pager) that describes EHP across the three-country region if needed/helpful.

Happy Monday!

-Brian

From: Andrew Clements

Date: Friday, June 9, 2017 at 3:59 AM

To: David J Wolking, Jonna Mazet, Brian Bird

Cc: Alisa Pereira, Shana Gillette

Subject: Requested: Updated 1-Pagers for Predict in SL

See request below. Just need to update the attached summary. Thanks!

Andrew P. Clements, Ph.D. Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 Email: <u>aclements@usaid.gov</u>

Begin forwarded message:

From: Kendra Chittenden < kchittenden@usaid.gov>

Date: June 8, 2017 at 9:23:26 PM GMT+2

**To:** Ricardo Echalar <<u>rechalar@usaid.gov</u>>, Andrew Clements <<u>aclements@usaid.gov</u>>, Alisa Pereira <<u>apereira@usaid.gov</u>>, Shana Gillette <<u>sgillette@usaid.gov</u>>, Lindsay Parish <<u>lparish@usaid.gov</u>> **Cc:** Amanda Paust <<u>apaust@usaid.gov</u>>, MacKenzie <<u>mklein@usaid.gov</u>>, Saad <<u>shassan@usaid.gov</u>>

Subject: Fwd: Updated 1-Pagers

All

For the upcoming TDY of GH and AFR bureau leadership to SL the Mission would like to give the USG delegation fact sheets with project updates.

Please review and update the attached Fact Sheet -- ideally by COB tomorrow or early next week.

Thanks for you help!

Kendra

----- Forwarded message -----

From: Mackenzie Klein < mklein@usaid.gov >

Date: Thu, Jun 8, 2017 at 3:12 PM

Subject: Updated 1-Pagers

To: Kendra Chittenden < kchittenden@usaid.gov >, Amanda Paust < apaust@usaid.gov >, "Hassan, Saad El-Din (SUDAN/DFO) [USAID]" < shassan@usaid.gov >

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mklein@usaid.gov

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Mackenzie E. Klein | Program Analyst | Global Health Ebola Team (GHET)
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Cube: 10020A
Phone: 571-551-7385
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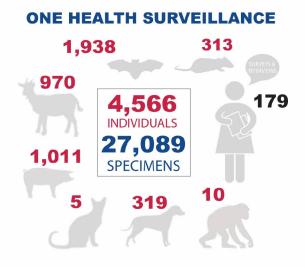
# SIERRA LEONE

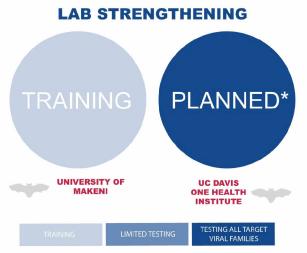




# WORKFORCE DEVELOPMENT 28 6 14 CONTROL OF THE STAFF GOVERNMENT OTHER 36 MALE 12 FEMALE







\*As part of the Ebola Host Project, samples will be tested at UC Davis to accelerate release of viral findings for use for decision-making and risk mitigation efforts.

## **IMPACT**

4,566 individuals sampled (wildlife and domestic animals)
179 individuals interviewed in behavioral risk investigations
Training initiated for viral testing

www.predict.global

48 trained in One Health skills



Pigs rooting in garbage, Salone, Sierra Leone, where PREDICT is collecting samples as part of the Ebola Host Project. Photo: Corina Monagin/PREDICT Sierra Leone.

### PREDICT/Sierra Leone

\*Sierra Leone is implementing the Ebola Host Project along with PREDICT teams in Guinea and Liberia.

### **Success Stories**

# Strengthening One Health platforms from the district to national level

PREDICT, alongside USAID's Preparedness & Response (P&R) project, has taken direct action to promote the One Health platform in Sierra Leone. In support of a multi-sectorial approach to zoonotic disease surveillance, prevention and response, PREDICT organized seven district-level One Health platform initiation meetings in Kono (November 15), Koinadugu (November 21), Kambia (November 28), Bombali (February 13), the Western Area urban area (February 21), Kono (March 13), and Koinadugu (March 20). Meetings were well attended by local, district, and national-level government, including representatives from the Ministry of Health and Sanitation and the Ministry of Agriculture, Forestry, and Food Security, as well as officials from USAID, World Health Organization, and the Food and Agriculture Organization. These meetings facilitated awareness, discussions, and consequent widespread support of the One Health approach in-country and worked towards defining key next steps to form coordination mechanisms for zoonotic disease surveillance and strengthen the platform at the district level. PREDICT's initiatives and involvement in promoting the One Health platform in seven districts, as well as participating in the national technical committee, are contributing to the operationalization of key next steps to establish the One Health strategy in Sierra Leone.



USAID Country Coordinator Khadijat Mojidi speaks during a PREDICT community stakeholders meeting, alongside GHSA Advisor Dorothy Peprah and PREDICT staff, in Masuba, Bombali District. Photo: James Bangura, PREDICT Sierra Leone

# **Exemplifying One Health through community engagement**

From March 27-29<sup>th</sup>, PREDICT hosted the USAID GHSA Advisor in Freetown, the Guinea/SL Country Program Coordinator, and a representative from USAID/Washington for field visits to the Bombali (Masuba and Robuya) sites. The team observed one of PREDICT's community meetings, met with District Officials (DAO, Veterinary Officer, Livestock Officer), and observed bat capture and sampling activities. In addition, the team gained a better understanding of PREDICT's behavioral risk investigation work through observation of a focus group discussion and ethnographic interviews. According to participants: "this trip was very"

successful. PREDICT continues to exemplify some of the best examples of USAID's work in Sierra Leone by effectively engaging communities to deliver EHP [the Ebola Host Project]. James and Dr. Gbakima [PREDICT/Sierra Leone leads] continue to demonstrate highest level of expertise in understanding, implementing, and conveying the project." The USAID team also provided guidance on improving communications with communities and the wider public. As a result, the PREDICT team began working with ministry partners to develop effective outreach strategies including development of printed posters with pictorial explanations of animal handling and sampling activities, as well as more frequent inclusion of ministry partners in community visits to educate people on safe animal handling practices.

### **Laboratory systems**

PREDICT/Sierra Leone is exploring partnership with the University of Makeni to assess potential plans for strengthening laboratory capacity. As part of the Ebola Host Project, samples are being tested at UC Davis to accelerate release of viral findings for use for decision-making and risk mitigation efforts.

### Implementing partners

University of California, Davis and University of Makeni

### Contacts

Country Coordinator: Professor Aiah Gbakima

(gbakimaaa2009@gmail.com)

Global Point of Contact: Brian Bird

(bhbird@ucdavis.edu)

### **Dashboard legend**

Workforce Development. Numbers represented are from the life of project (September 2014 to March 31, 2017).

One Health Surveillance. Individuals refers to the number of unique animals or humans from which samples were collected. Specimens indicates the total number of samples collected from all individuals. All numbers shown are from the life of project (September 2014 to March 31, 2017).

Lab Strengthening. Training refers to labs that are receiving materials and mentorship but have not yet initiated viral family testing. Limited testing refers to labs that are actively testing animal or human samples but that are not yet conducting tests for all target viral families. Testing all target viral families refers to labs that are performing tests in completion of workplan objectives. Number of tests refers to the total number of PCR tests conducted by each lab across all viral families.



Name of Agency, Project: USAID EPT-2 PREDICT 2, Implementing partner the University of California, Davis

**Background:** PREDICT-2 is a component of the United States Agency for International Development (USAID) Emerging Pandemic Threats-2 (EPT-2) program, which aims to strengthen the capacity of targeted countries in the early detection of emerging infectious pathogens with pandemic potential, using a One Health approach. Led by the University of California, Davis (UCD), this project focuses on surveillance in areas with high-risk of zoonotic disease transmission at the human-animal interface. Due to the devastating impacts of Ebola during 2013-2016 in Sierra Leone, Guinea, and Liberia, PREDICT is focusing efforts to better address the threat of Ebola by understanding the virus's animal origins, while strengthening capacity to build and reinforce emerging disease surveillance and detection systems in the region.

Start and End Dates: January 2016 - September 2019

**Objectives:** This comprehensive, multi-country effort is designed to sample a range of possible animal hosts for all filoviruses, the taxonomic viral family that includes Ebola and Marburg viruses, which are known to cause serious high consequence human infections. PREDICT is specifically working to improve our understanding of the wildlife reservoir, spillover hosts, and origins of Ebola virus and other filoviruses; ascertain the potential of virus-spillover during the recent West African Ebola outbreak into other non-typical hosts such as livestock or companion animals; gain a greater understanding of high-risk human behavioral activities, and improve disease surveillance and laboratory capacities through workforce development in line with Global Health Security Agenda (GHSA) priorities. PREDICT is conducting biological sampling of animals in Sierra Leone, Guinea, and Liberia and is focused on three broad wildlife taxa (rodents, non-human primates, and bats) and four domestic species (dogs, cats, domestic pigs, goats) with the goal of sampling approximately 54,000 animals over the study period in the three countries, a scale that is unprecedented. Because human contact with these types of animals is very common, identifying which of them may act as reservoir and transmission hosts for Ebola virus is critical to developing and implementing targeted prevention measures to reduce the risk of further Ebola virus spillover events into the human population.

Coverage: The project's field and laboratory operations are based in the centrally located Bombali district in close coordination with the University of Makeni (UNIMAK). The project targets both rural, semi-urban, and urban field sampling sites in four (4) additional districts across the country including Western Area, Port Loko, Kambia, and Kono. Additional sites across the country for implementation of field animal sampling activities will continue to be evaluated. Working closely with the Ministry of Health and Sanitation (MOHS) and the Ministry of Agriculture, Forestry, and Food Security (MAFFS), PREDICT has developed a skilled cadre of 10 field staff to conduct animal sampling for the Ebola Host Project. PREDICT will implement training for in-country laboratory staff and to include in-country partners in the coming months.

### Key Achievements to date:

- PREDICT/Sierra Leone has engaged with over 400 key district-level and national stakeholders from the MOHS, MAFFS, and Ebola Host Project community sites in multiple districts.
- PREDICT/Sierra Leone successfully conducted a capacity development workshop on PREDICT-EHP protocols and field sampling techniques in Makeni, Bombali district. Thirty-nine individuals, including project staff, members of MOHS district teams, veterinarians from TEKO (The Ministry of Agriculture's central veterinary laboratory), and study site community representatives participated in the training.
- PREDICT/Sierra Leone, as of 01 June 2017, has sampled 4,566 animals, including 313 rodents, 1,938 bats, 970 sheep and goats, 319 dogs, five cats and 1,011 domestic pigs. A shipment including samples from over 600 animals including 248 bats was received at the UCD for rapid laboratory analysis while in-country laboratory capacity is being developed.













### PREDICT in Ebola-affected West African countries (Sierra Leone, Guinea, and Liberia)

PREDICT, a project of USAID's Emerging Pandemic Threats (EPT) program, was initiated in 2009 and is working to strengthen global capacity for detection and discovery of zoonotic viruses with epidemic and pandemic potential, including viruses related to the Ebola, influenza, and Zika viruses that have been recent causes of devastating disease and necessary impetuses of dramatic and resource-intensive responses. The project is actively and diligently implementing Global Health Security Agenda (GHSA) activities in target countries aimed at developing and operationalizing strategies to improve disease surveillance and detection in the short term and reduce zoonotic pathogen spillover, amplification, and spread in the long term, through improved public health policies and risk mitigation efforts. In every country of engagement, we work hand-in-hand with governmental and non-governmental stakeholders to develop and implement activities that are designed to strengthen surveillance and laboratory capabilities and ensure lasting positive effects from our engagements.

Nowhere are the overarching goals of PREDICT and GHSA more relevant than in Sierra Leone, Guinea, and Liberia. The devastation left by an unprecedented Ebola virus outbreak between 2013 and 2016 revealed the urgent need for increased animal and public health sector capacity strengthening at all levels. Put into historical context, this single outbreak where over 28,000 cases and 11,323 deaths occurred was more than 60 times larger than any previous Ebola outbreak, had cases spread to 7 additional countries for the first time, and stretched in-country and international emergency response efforts to the utmost limits of capacity.

Due to the impact on these three countries, PREDICT is engaged in a focused effort to better address the needs posed by the threat of Ebola by understanding the virus's animal origins, while strengthening capacity to build and reinforce emerging disease surveillance and detection systems. PREDICT is specifically working to improve our understanding of the wildlife reservoir, spillover hosts, and origins of Ebola virus; ascertain the potential of virus-spillover during the outbreak into other non-typical hosts such as livestock or companion animals; gain a greater understanding of high-risk human behavioral activities, and improve disease surveillance and laboratory capacities through workforce development in line with GHSA priorities.

Although 2016 saw the halt of human-to-human transmission of Ebola virus, the virus may have become endemic, and potentially may be circulating among animal hosts. Without determining which animals may serve as reservoirs of infection, prevention programs to reduce transmission from animals to people will have limited impact, and it is likely that future spillover of ebolaviruses from animals into humans will continue to occur. As we have seen over the years in Central and Eastern Africa where filovirus outbreaks have repeatedly occurred, effective control of these rare "spillover" events is possible and, when the right technical capacities are in place, can even be limited to a small number of human cases. The challenge in controlling future Ebola virus outbreaks in West Africa, is dependent on how widely distributed the virus may be across the region and which animal populations are now involved as hosts.

In Central Africa, a number of different bat species have been proposed as reservoir hosts for the virus. Similarly, in West Africa, the current epidemic is thought to have been triggered by a spillover event from an infected bat. In addition, given the wide exposure other animal populations, both wild and domestic, may have had across West Africa, largely through direct or indirect contact with Ebola-infected humans, there is the risk that the host range of the virus has expanded to now include domestic animals, such as dogs and cats, goats, and pigs, as well as other wildlife.















Despite several high-quality studies in specific geographic areas over the last 2 decades, a comprehensive, long-term, simultaneous, multi-country coordinated investigation into the origins of Ebola, including a wide taxonomic range of potential virus hosts, has never been conducted. The purpose of PREDICT activities in this area is to determine how widely distributed the virus may be among animal populations, and how this host distribution will affect the risks of future outbreaks. This comprehensive, multi-year effort in Liberia, Sierra Leone, and Guinea is designed to identify a range of possible animal hosts for all filoviruses and other priority pathogens that could serve as a source of human infections, as well as the behaviors and conditions associated with increased likelihood of another outbreak information that is key to reducing the risk of future outbreaks.

### PREDICT'S FOCUSED APPROACH IN THE EBOLA OUTBREAK AFFECTED COUNTRIES

### **ZOONOTIC DISEASE SURVEILLANCE AND PREPAREDNESS:**

PREDICT will be conducting biological sampling of animals in Sierra Leone, Guinea, and Liberia. Unlike other PREDICT engagement countries, no collection of biological specimens from humans will be conducted. The project has been focusing on four domestic species (dogs, cats, domestic pigs, goats) and three broad wildlife taxa (rodents, non-human primates, and bats) in the region and with the goal of sampling approximately 54,000 animals over an approximately two-year period once sample collection has been initiated, a scale that is unprecedented. Analyses of available data on all ebolaviruses and sampling and testing conducted by PREDICT-2 throughout the world are being used to optimize sampling design, including targeting of species, geographic focus, and temporal range. In each country, PREDICT Consortium members in collaboration with local in country partners have established and trained multiple field-investigation teams to conduct animal sampling following established PREDICT protocols and standard operating procedures including: biosafety, animal sampling, specimen transport and cold chain, and basic laboratory practices.

To identify behavioral risks and mitigation and intervention points, PREDICT uses a multidisciplinary approach to identify groups of populations at highest risk of exposure to emerging pathogens. Our teams assess community perceptions of animal exposure and disease risk and evaluate widely held assumptions of community practices (e.g. high risks from bushmeat hunting). In the three most Ebola-affected countries, PREDICT will use behavioral surveys and/or detailed interviews with persons in the region to identify potential contact with wildlife or other animal sources of the virus and document individual history of Ebola infection in people owning animals targeted for sampling. These methods will lead to a more comprehensive understanding of behaviors that could lead to Ebola virus spillover and potential for transmission to animals, essential to the design and evaluation of mitigation interventions, and to inform policy decisions by identifying barriers to change and acceptable alternatives.

Using data generated in this project, PREDICT will be able to use state-of-the-art modeling and analytic approaches to help further guide Ebola virus surveillance and help these three countries develop disease control and prevention strategies. Using these tools, PREDICT will evaluate epidemiologic patterns in ebolavirus distribution and produce fine-scale hotspot maps of potential Ebola virus spill-over, combining in-country data on land use, socioeconomic, and agricultural changes with data from our human behavioral risk assessment teams to further refine and identify where Ebola virus spill-over might be most likely to occur, where it might amplify, and who is at most risk.

<sup>&</sup>lt;sup>1</sup>As concluded at the Ebola Risk Mapping Symposium hosted by USAID on May 11, 2015, that included representatives from the U.S. Centers for Disease Control and Prevention, the Center for International Forestry Research, EcoHealth Alliance, the Global Environment Facility, the University of California-Davis, the U.S. Agency for International Development, the U.S. Department of Defense, the U.S. Fish and Wildlife Service, and the US Forest Service.















Our surveillance activities are designed to focus on three critical factors that have potential influence on ebolavirus transmission dynamics in the region.

- 1. Geographic distribution. The unprecedented geographic spread of the virus among human populations across multiple countries in West Africa raises the prospect that the Ebola virus could have "spilled back" from people into previously unaffected animal populations — wildlife, companion animals, and livestock resulting in a broader geographic distribution of the virus. As a result, PREDICT efforts to monitor Ebola virus risk will be more expansive and cover the entire three country region to more fully understand the extent of the potential risk.
- 2. <u>Distribution among host species</u>. In other parts of the world, some filoviruses are known to naturally infect wildlife (bats, non-human primates) and domestic pigs (specifically, Reston ebolavirus). In order to more fully understand the range of animals possibly infected by ebolaviruses in West Africa, it will be necessary to collect samples from a variety of wildlife and domestic animal populations across the region during the project. Importantly, the scale of the most recent epidemic has potentially led to higher rates of exposure to the virus by novel animal species as a result of poor sanitary conditions and open defecation or vomiting by infected individuals. In theory, this widespread exposure could have resulted in new host/reservoir dynamics which may have a substantial impact on future outbreaks and risk mitigation strategies. In light of this risk, PREDICT is actively engaged in each of the three countries to conduct biological surveillance among potential wildlife reservoirs and domesticated animals such as pigs, goats, dogs and cats.
- 3. Seasonality. Increasing evidence shows that many zoonotic viruses, such as avian influenza, Marburg virus, and MERS coronavirus appear to have increased transmission during specific times of the year when there is heightened shedding in animal hosts, optimal environmental conditions, and/or human behaviors facilitating contact. As a result, the viruses cannot always be detected continuously throughout the year. To date, "one-off" efforts to detect active shedding of Ebola virus in animals have not been successful, suggesting that this virus may also have a seasonal pattern. To address this gap in key knowledge, PREDICT is engaged in longitudinal surveillance activities over multiple years to collect samples from all targeted animals repeatedly at sites. During the first year of surveillance, efforts are focused on detecting virus shedding and sampling in subsequent years will serve to validate seasonal patterns and identify risk factors associated with animal-human contact at these particular times of year. Obtaining this information quickly is critical for targeting surveillance for the following year and developing more specific prevention and control measures needed to prevent the future spillover of the virus from animals. This prevention approach has helped to successfully mitigate some avian influenza viruses and other emerging diseases.

### LABORATORY SYSTEMS STRENGTHENING:

In the region, PREDICT will provide the materials (including optimized assays), SOPs, and protocols for training in laboratory safety and best practices for sample handling and transport and will continue to conduct basic and follow-up trainings for lab staff in methods for viral detection (where feasible, focusing on Ebola and other filoviruses), management of data, tracking of laboratory sample and results data, interpretation of data, and analysis of results. PREDICT's testing success in other countries relies on the use of broadly reactive consensus (genus/family level) RT-PCR supplemented with high throughput sequencing. These powerful tools produce specific, high resolution data allowing for the rapid detection of known and new potential pathogens. In the three most Ebola-affected countries a similar approach will be conducted with a specific focus on filovirus and other priority pathogen detection. Thus, specimens will be collected from the approximately 54,000 animals for testing by both conventional PCR to detect all filoviruses and other priority pathogens, as well as highly specific real-time (qRT-PCR) to detect Zaire ebolavirus, to provide evidence of active infections by PCR-based testing and prior infections by serological tests under development.















### **BIOSAFETY AND BIOSECURITY:**

Biosafety is paramount to successful implementation of One Health disease surveillance activities especially in this 3-country region. Core to PREDICT's approach to zoonotic disease surveillance is an emphasis on strengthening local capacity for safe sample collection, handling, transport, and storage of potentially hazardous and infectious materials across the full-spectrum of surveillance activities. PREDICT has developed protocols and training materials emphasizing biosafety. In addition to providing these training materials to PREDICT in-country staff, partners, and ministry and university stakeholders for use, all individuals participating in sampling or lab activities, irrespective of employer, are required to meet our training and preventive vaccine standards, including district-level medical, veterinary, and wildlife professionals.

### REPORTING AND INFORMATION MANAGEMENT:

Central to the effective operationalization of a One Health Platform is the sharing of information and coordination of reporting across sectors via multi-sectoral technical working groups. PREDICT is working with ministry partners in the region to enhance information and reporting flows across human and animal health sectors and encourage dialogue concerning potential zoonotic disease threats. Given the heightened sensitivities of Ebola-related data in the 3-country region, PREDICT will work closely with host governments and partners to interpret and share information through systems designed to protect and ensure data quality and accuracy. Test results are interpreted in light of all available scientific literature by PREDICT virologists. After interpretation, results are provided to host governments for examination, to inform policy, and for approval for public release through the PREDICT data site powered by HealthMap. This open access platform allows users to visualize PREDICT data along with disease events worldwide (http://data.predict.global). It is important to note that no data will be publically released by PREDICT before receiving host government approval.

### **WORKFORCE DEVELOPMENT AND CAPACITY STRENGTHENING:**

Preparing for emerging disease threats, like Ebola, requires investments in infrastructure, institutions, and human resources across a broad array of health and social systems to operationalize One Health approaches and platforms. In collaboration with country governments and EPT partners, PREDICT is committed to assist with developing the core skills and capabilities required by tomorrow's One Health workforce. In each country, core teams with local partners are being established and obtaining training in biosafety, field surveillance, basic laboratory safety, the social sciences, and behavioral risk investigations. To date over fifty (50) in-country personnel have been trained and are actively working on PREDICT activities in the three-country region.

PREDICT, at its core, is built upon One Health partnerships. Cross-disciplinary collaborations are critical for gaining a fuller understanding of the integral links among human, animal, and environmental health that can provide opportunities for prevention or early detection and control of disease threats. Using existing partnerships with experts in disease surveillance, modeling, and management of livestock and wildlife populations, the project partners will implement activities to attempt to identify the animal host(s) of ebolaviruses and risk factors associated with viral spillover from these animals to people by tapping into existing mechanisms and relationships that have been the backbone of USAID's Emerging Pandemic Threats (EPT) portfolio. NIH, NAMRU, CDC Viral Special Pathogens Branch, and DTRA have signaled interest in aligning key parts of their resources to work with this effort. Further, discussions will be held on an ongoing basis with international organizations, such as WHO, donor organizations, host-governments, and non-governmental organizations to ensure complementarity with other on-going efforts and avoid duplication. By working across sectors and including a diverse range of stakeholders and expertise, PREDICT helps operationalize efforts that promote public health, effective natural resource management, and development.











From: Andrew Clements <aclements@usaid.gov>

To: Brian Bird <br/>bhbird@ucdavis.edu>

CC: Alisa Pereira <apereira@usaid.gov>;Shana Gillette <sgillette@usaid.gov>;Jonna Mazet

<jkmazet@ucdavis.edu>;David J Wolking <djwolking@ucdavis.edu>

**Sent:** 6/12/2017 9:36:49 AM

Subject: Re: Requested: Updated 1-Pagers for Predict in SL

Thanks, Brian!

Andrew P. Clements, Ph.D. Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Jun 12, 2017, at 6:07 PM, Brian Bird <a href="mailto:bhbird@ucdavis.edu">bhbird@ucdavis.edu</a> wrote:

Hi everyone,

Please find attached and update to the 1-page document that you attached previously. We also received a separate email from Kendra asking for other documents we might want to share, so I've also attached the SL specific part of our semi-annual report (updated to reflect UCD as the implementing partner), and the more detailed (4-pager) that describes EHP across the three-country region if needed/helpful.

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Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Email: aclements@usaid.gov Begin forwarded message: From: Kendra Chittenden <a href="mailto:kchittenden@usaid.gov">kchittenden@usaid.gov</a>> Date: June 8, 2017 at 9:23:26 PM GMT+2 To: Ricardo Echalar < rechalar@usaid.gov>, Andrew Clements < aclements@usaid.gov>, Alisa Pereira <apereira@usaid.gov>, Shana Gillette <sgillette@usaid.gov>, Lindsay Parish <lparish@usaid.gov> Cc: Amanda Paust <apaust@usaid.gov>, MacKenzie <mklein@usaid.gov>, Saad <shassan@usaid.gov> Subject: Fwd: Updated 1-Pagers All For the upcoming TDY of GH and AFR bureau leadership to SL the Mission would like to give the USG delegation fact sheets with project updates. Please review and update the attached Fact Sheet -- ideally by COB tomorrow or early next week. Thanks for you help! Kendra ----- Forwarded message ------From: Mackenzie Klein <mklein@usaid.gov> Date: Thu, Jun 8, 2017 at 3:12 PM Subject: Updated 1-Pagers To: Kendra Chittenden <a href="kchittenden@usaid.gov">, Amanda Paust <a href="mailto:apaust@usaid.gov">, "Hassan, Saad">, "Ha El-Din (SUDAN/DFO) [USAID]" < shassan@usaid.gov> Hi Kendra and Mandy, Saad has requested partners update these-pagers ahead of Irene's trip. Would you guys mind contacting the COPs to get them updated and back by COB Monday? Can you also cc me so I can keep track? Thank you! Mackie

Mobile phone: 1-571-345-4253

\_-

Mackenzie E. Klein | Program Analyst | Global Health Ebola Team (GHET)

USAID | Bureau for Global Health | Office of Health, Infectious Diseases & Nutrition

2100 Crystal Drive, Arlington, VA 22202

Cube: 10020A

Phone: 571-551-7385

Cell: 571-699-6764

mklein@usaid.gov

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Kendra Chittenden, Ph.D. | Senior Infectious Disease Advisor| USAID | mobile (703-209-5424) | KChittenden@usaid.gov

From: Dennis Carroll <dcarroll@usaid.gov>
Sent: Thu, 29 Jun 2017 18:12:16 -0400
Subject: Re: GVP call minutes June 29
To:

Cc: Cara Chrisman <cchrisman@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, Eddy Rubin <erubin@metabiota.com>,

Nathan Wolfe <nwolfe@metabiota.com>, Brooke Watson <watson@ecohealthalliance.org>, Peter Daszak

<daszak@ecohealthalliance.org>

Thanks Eri

d

Dr Dennis Carroll

Director, Emerging Threats Program

U.S. Agency for International Development

Office: (202) 712-5009 Mobile: **REDACTED** 

On Jun 29, 2017, at 5:39 PM, **REDACTED** wrote:

Hi GVP team,

Here are the meeting notes from our phone call this morning.

### GVP call 6/29/2017, 10am/1pm

### Agenda

**Publications** 

- Science Paper Update (Peter) Received comments. New reviewer needed? Peter will revise.
- WHO Bulletin Due tomorrow morning, Peter will revise.

### Outreach

- BioHub
  - Christina Tato visited USAID yesterday with high level of enthusiasm.
  - No funding available but other support suggested (help recalibrating EIDITH with Eddie, analysis/ sequencing of samples, laboratory facilities).
  - Plan Mission Bay visit in near future.
  - o Chan-Zuckerberg are looking for big projects, potential opportunity.

### DC Outreach

- o Bill Steiger at USAID-Dennis will give him one-on-one briefing next week.
- NSC Tim Ziemer Briefing next week.
- NIH NIH-wide briefing soon

### London Trip

- o Lancet, Richard Horton Ron Waldman reached out. Richard is enthusiastic.
- Wellcome, Jeremy Farra next Monday 2pm (talked positively about GVP)
- Sanger Have not heard back
- o Global Health network could provide country support?
- o CEPI, Richard Hatchett Dennis has not yet talked to him
- o LSHTM Dennis on panel Wed 1-5pm

### Additional Outreach plans

- Johnson & Johnson want a big health project for brand building. Work with CEPI target?
   Peter will follow up for a meeting.
- o Costa Rica Ambassador asked to meet July 11<sup>th</sup>, but will not work. Dan Jansen prefers to meet in person in PA, DC or Costa Rica instead of call. Will be arranged.

- Skoll Jonna pushing Mike to commit to a country. Interested in South East Asia and South Asia.
- ELSI Update
  - Ana Ayala has left ELSI and working group will be led by Gian Luca.
  - o Funding/project has not been forgotten. Jonna will receive something in the coming weeks.
- Pitch Deck & Presentation
  - o Issue Upon consulting with the PREDICT implementation team, the cost will likely go up.
  - o Compromise alter the proportion of zoonosis that will be covered by changing number of samples per species (currently 2000 samples/ species). This could be done based on IUCN status.
  - o Way forward within the next two weeks, update numbers. Aim below 1 billion.
  - o Note distinguish the value of entire project vs. what we need from funders
- AOB

Pitch deck – recent version will be taken to London

### **Action items**

Peter- WHO Bulletin before tomorrow morning + Science comments Jonna – send Cara, Eddie, Brooke Dennis Zoe's CV and email Brooke –calculate new country budget

Enjoy the rest of your week!

Best,



From: Andrew Clements <aclements@usaid.gov>
To: Jonna Mazet <jkmazet@ucdavis.edu>

**Sent:** 6/30/2017 2:21:44 AM

Subject: Re: Follow-up on Ituri H5N8 outbreak and FAO meeting on 28 June 2017

### Thanks

Andrew P. Clements, Ph.D. Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Jun 30, 2017, at 3:13 AM, Jonna Mazet < jkmazet@ucdavis.edu> wrote:

FYI -- informational only and not official. Hopefully matches up with other info you're receiving on the flu outbreak.

Have a nice day,

Jonna

----- Forwarded message -----

From: Karen Saylors < ksaylors@metabiota.com>

Date: Thu, Jun 29, 2017 at 7:34 AM

Subject: Follow-up on Ituri H5N8 outbreak and FAO meeting on 28 June 2017

To: Jonna Mazet < jkmazet@ucdavis.edu>, "outbreak-predict@ucdavis.edu" < outbreak-

predict@ucdavis.edu>, Brian Bird <bhbird@ucdavis.edu>

Cc: James Ayukekbong < jayukekbong@metabiota.com>, Eddy Rubin < erubin@metabiota.com>, Prime

Mulembakani pmulembakani@metabiota.com>

### Good morning.

Here is some follow-up on the bird die off in Ituri. Yesterday Dr. Placide attended an all day FAO meeting, whose objective was to validate the national contingency plan and the provincial response plan for the current avian influenza epidemic in the ITURI Province.

In total, FAO estimates that over 45,000 poultry died, including 64% ducks, 34% chickens and 2% pigeons in 25 villages in three territories (Djugu, Irumu and Mahagi). After analysis, clade influenza virus H5N8 2.3.4.4. was identified. It is a strain from Russia and has also been isolated from affected poultry in Uganda.

Placide asked about what has already been done in the affected area since the epidemic began on April 28, 2017. Apparently the only measure put in place is the restriction of poultry movements within affected villages, and from affected villages to non-affected villages by erecting barriers at the entry points of different villages (reply of the Provincial Minister of Agriculture of Ituri).

The budget for the response is estimated at about USD 1 million (according to FAO). We made several remarks in relation to this budget, among other things, to restructure the budget according to the priority activities to be carried out in the immediate future and also to refer to the organization of the Ebola epidemic response so as to organize itself into different committees (Surveillance, laboratory, communication, care, etc.) so that each commission considers priority activities to stop the epidemic. FAO and all the experts who prepared these documents promised to take our remarks into account in the final version.

I'm still waiting on feed-back from Placide on the Ebola ecology study and will be in touch as soon as he gets back to me on that.

Have a good day.

Karen

From: Placide Mbala pmbala@metabiota.com>

Cc: Karen Saylors <ksaylors@metabiota.com>, James Ayukekbong@jayukekbong@metabiota.com> Subject: Bref Rapport de la reunion de FAO du 28 Juin 2017 Bonjour Dr Prime, La réunion organisée par la FAO avait pour objectif la validation du plan national de contingence et le plan provincial de riposte de l'épidémie de grippe aviaire qui sévit actuellement dans la Province de l'ITURI. Au total, la FAO estime à plus de 45000 volailles décédés dont 64% de canards, 34% de poules et 2% de pigeons dans 25 villages répartis dans 3 territoires (Djugu, Irumu et Mahagi). Apres analyse, le virus Influenza H5N8 de clade 2.3.4.4. a été identifié. C'est une souche provenant de la Russie et qui a été également isolée chez les volailles affectées en Ouganda. J'ai posé la question pour savoir ce qui a déjà été fait concrètement dans la région affectée depuis le début de l'épidémie le 28 Avril 2017. Et apparemment, la seule mesure mise en place est la restriction des mouvements des volailles d'un village à un autre, ou encore des villages affectés vers les villages non-affectés en érigeant des barrières aux points d'entrée de différents villages (réponse du Ministre Provincial de l'Agriculture de l'Ituri). Le budget pour la riposte est estimé à environ 1 million USD (D'après la FAO). Nous avons émis plusieurs remarques par rapport à ce budget entre autre restructurer le budget en fonction des activités prioritaires à conduire dans l'immédiat et aussi se référer à l'organisation de la riposte des épidémies Ebola de manière à s'organiser en différentes commissions (surveillance, laboratoire, communication, prise en charge, etc.) pour que chaque commission se penche sur les activités prioritaires à mener pour stopper cette épidémie. La FAO ainsi que tous les experts qui ont élaboré ces documents ont promis de tenir compte de nos remarques dans la version finale. La réunion a débuté à 1000AM et a pris fin vers 0345PM. Merci, Placide. You received this message because you are subscribed to the Google Groups "PREDICTMGT" group. To unsubscribe from this group and stop receiving emails from it, send an email to predictmgt+unsubscribe@usaid.gov. To post to this group, send email to predictmgt@usaid.gov.

Date: Thursday, June 29, 2017 at 2:21 AM

To view this discussion on the web visit <a href="https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/cao5tDrEnPohDcTKGGsiqciOUk">https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/cao5tDrEnPohDcTKGGsiqciOUk</a> sN-7m LauGeuMC3wJOJB%2BeLQ%40mail.gmail.com.

From: Elizabeth Leasure <ealeasure@ucdavis.edu>

To: Andrew Clements <aclements@usaid.gov>;Jonna Mazet <ikmazet@ucdavis.edu>;David John

Wolking <djwolking@ucdavis.edu>;Brian Bird <bhbird@ucdavis.edu>

CC: Alisa Pereira <apereira@usaid.gov>;Shana Gillette <sgillette@usaid.gov>

**Sent:** 7/6/2017 7:39:44 AM **Subject:** Re: Follow up on SL

Hi Andrew. Yes, the budget for the ceiling increase will include a subaward to UNIMAK as the primary implementing partner in Sierra Leone.

### Get Outlook for iOS

From: Andrew Clements

Sent: Thursday, July 6, 2017 6:22:16 AM

To: Jonna Mazet; Elizabeth Leasure; David John Wolking; Brian Bird

Cc: Alisa Pereira; Shana Gillette

Subject: Follow up on SL

Just talked with Dorothy at the Mission in Sierra Leone. She said Predict will be starting/changing funding to the UNIMAK lab. Are you planning on building that into the overall package you will be submitting to OAA as part of the ceiling increase so that it gets approved along with everything else? Or will that come as a separate subaward at a later time?

Sharing office space with P&R. Sounds like the plan is that Brian and Susan Scribner will discuss what makes the most sense.

We also discussed the possibility that similar findings might be produced by Liberia and/or Guinea before SL releases its results. In that case, we should probably check to see if there is any interest in coordinating a joint release across the countries. Might be less scary to report if others are getting the same results.

Andrew P. Clements, Ph.D. Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov From: Andrew Clements <aclements@usaid.gov>

**Sent:** Tue, 11 Jul 2017 21:46:07 +0200 **Subject:** Fwd: AGA :: e-newsletter 164

To: ghsdunitmaillistusaid@usaid.gov, "Lisa Kramer (Nairobi/EA/RHH)" <lkramer@usaid.gov>, Jonna Mazet

<jkmazet@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, William Karesh <Karesh@ecohealthalliance.org>

### FYI

Andrew P. Clements, Ph.D. Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 Email: <u>aclements@usaid.gov</u>

Begin forwarded message:

Date: July 11, 2017 at 3:08:14 PM GMT+2

Cc: "Ruiz, Magalie (TCED)" < KEDACTED >, "Dhingra, Madhur (TCED)" < KEDACTED >,

"Raizman, Eran (AGAH)" **TELLIA (STELLIA)**, "Morzaria, Subhash (TCE)"

< REDACTED >, "Lubroth, Juan (AGAH)" < REDACTED >, "Pinto, Julio (AGAH)" < REDACTED |, "Tadesse, Zelalem (FAOTZ)" < REDACTED >, "Makonnen, Yilma

(FAOKE)" TEDACTED, "Okuthe, Sam (FAOKE)" < REDACTED,

"MtuiMalamsha, Niwael (FAOTZ)" < TO DA CONTROLL SAllu, Raphael (FAOTZ)"

< REDACTED "Kafeero, Fred (FAOTZ)" < REDACTED

Subject: FW: AGA :: e-newsletter 164

Dear colleagues,

I am pleased to share with you below newsletter (apologies for any double-posting), in particular the news on our first piloting mission of the newly developed Surveillance Evaluation Tool (SET) in Tanzania [read more].

More to come as we are rolling out the tool in African Global Health Security Agenda (GHSA) Phase 1 countries.

### Happy reading,

### Sophie

Sophie von Dobschuetz, DVM, PhD, MSc Veterinary Epidemiologist Animal Health Service – FAO

REDACTED

EMPRES-i: http://empres-i.fao.org/

From: FAO-AGA-Info Sent: 11 July 2017 14:38

Subject: AGA :: e-newsletter 164

Can't view this? Click the URL or paste it into your browser: http://www.fao.org/ag/againfo/resources/newsletter/2017\_newsletter\_164.html

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**Newsletter Archive** 

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July 11, 2017



### New field manual on lumpy skin disease

FAO has published a new field manual on Lumpy skin disease which is aimed to those in the first line of defence, who are most likely to encounter this vector-borne, viral disease that afflicts cattle. The manual provides veterinary professionals and paraprofessionals (in the field and in slaughterhouses) and laboratory diagnosticians with the information they need to promptly diagnose and respond to an outbreak of lumpy skin disease (LSD). Cattle farmers will also benefit from reading it [...]

### Gender equality in South Asia Livestock Sector

Helping countries to achieve SDG 5 - Achieve gender equality and empower all women and girls- was one of the driving forces behind the gender and livestock training workshop

### recently held in Colombo\_[read more] Piloting mission in Tanzania to evaluate surveillance capacity and performance

A standardized evaluation tool (SET) for animal health surveillance capacity and performance has been developed by FAO and is currently being piloted in Africa\_[read more]

### The CMC-AH supports preparedness and response to Rift Valley Fever emergencies

The CMC-AH deployed an emergency preparedness and assessment mission to Bamako. Mali was determined to be a high risk country for Rift Valley Fever (RVF)\_[read more1

### **PUBLICATIONS**

### IN ACTION



1/7/17. Raising the

### **UPCOMING EVENTS**

### **19-20 July > Naples**, Italy

14th meeting of the Joint Permanent Committee (JPC) of the Mediterranean Animal Health Network (REMESA)

### 19-21 July > Tblisi, Georgia

Workshop on Disease Surveillance and Interoperability EIDSS/EMPRES-i

### 24-25 July > Bangkok, **Thailand**

Consultation Workshop on Communication and Advocacy on Antimicrobial Resistance and Antimicrobial Use

### 7-10 August > CATIE, Turrialba, Costa Rica

LEAP Partnership: 2nd faceto-face meeting the Soil Carbon Stock Changes Technical Advisory Group

### FROM DECENTRALIZED **OFFICES**

FAO China ECTAD Highlights Vol. 100

FAO ECTAD Viet Nam Newsletter (October 2016 -April 2017)

### E-LEARNING

### **Animal Production and** Health

Learn about enhancing animal productivity and health while conserving the environment, natural

Article:\_Movement and contact patterns of long-distance free-grazing ducks and avian influenza persistence in Vietnam

profile of traditional Georgian dairy products

7/7/17.\_Government and FAO ECTAD Indonesia

17/6/17.\_Planning

15/6/17. Mobile vets

next actions to keep Viet Nam

safer from zoonotic threats

help restore livelihoods in Haiti after the storm

Launch FETPV in Indonesia

resources and biodiversity...
[EN] [ES] [FR] [RU]

### ANNOUNCEMENT

New vacancy: Animal Production Health Officer

### FOLLOW US

FAO Animal Feeding

**FAO Animal Health** 

FAO Animal Welfare

The European Commission for the control of Foot-and-Mouth disease (EuFMD)



Animal disease and livestock emergencies: prevention, response and

livestock emergencies: prevention, response and resilience

Policy Guidance

Series: Strengthening sector policies for better food security and nutrition results – Livestock

# VIDEOS

Utilization of fruit and vegetable wastes as animal feed



Partners,

policies and pastoralism: Bringing pastoral voices to the global stage



FAO's mobile veterinary clinics in Haiti

Strengthening Africa's Regional Capacity for Diagnosis of Emerging and Re-emerging Zoonotic Diseases, including Ebola Virus Disease, and Establishing Early Warning Systems\_[read more]

[Video 1]\_[Video 2]

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www.fao.org/ag/aga.html

line. For any other information, do not hesitate to contact us.

From: Elizabeth Leasure <ealeasure@ucdavis.edu>
To: Andrew Clements <aclements@usaid.gov>

Subject: RE: PREDICT Year 3 Equipment Purchase Request #6

Sent: Mon, 17 Jul 2017 16:25:31 +0000

Thanks!

Elizabeth Leasure One Health Institute University of California, Davis 530-754-9034 (office)

# REDACTED

**From:** Andrew Clements [mailto:aclements@usaid.gov]

**Sent:** Monday, July 17, 2017 7:57 AM

To: Elizabeth Leasure

Cc: Alisa Pereira; Jonna Mazet; David John Wolking; predict@ucdavis.edu; Shana Gillette

Subject: Re: PREDICT Year 3 Equipment Purchase Reguest #6

Hi Liz,

Equipment purchases for Jordan and Ethiopia approved.

Andrew

On Fri, Jul 14, 2017 at 6:59 PM, Elizabeth Leasure < <u>ealeasure@ucdavis.edu</u>> wrote:

Hi Andrew. Please find attached a request for authorization to purchase equipment to enable in-country work for PREDICT in Jordan and Ethiopia. These items were not originally included in the proposal budget and now require approval. Please let me know if you have any questions or require any additional information to proceed.

Thanks!

Liz

Elizabeth Leasure
One Health Institute
University of California, Davis
530-754-9034 (office)

REDACTED

Andrew Clements, Ph.D. Senior Scientific Advisor

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 E-mail: <u>aclements@usaid.gov</u>

For more information on USAID's Emerging Pandemic Threats program, see: http://www.usaid.gov/ept2

From: Andrew Clements <aclements@usaid.gov>

**To:** <undisclosed-recipients:> **Sent:** 7/31/2017 3:32:40 AM

Subject: July 30, 2017 Emerging Pandemic Threats update

### **Summary:**

41 poultry outbreaks, 6 wild bird outbreaks, and 38 human infections with 6 pathogens (various avian and variant swine influenza viruses, MERS-CoV) were reported by 12 countries between June 3 and July 30, 2017. These outbreaks/infections occurred between April and July 2017.

Activity levels have continued to decrease over the past 6 months following surges of H5N8, H7N9, and MERS-CoV. The relatively low level of activity for the June-July time frame is typical for avian influenza and MERS-CoV, although variant swine influenza infections in humans tend to occur more frequently in the USA during summer agricultural fairs.

### Specific pathogens and countries affected:

### H3N2v Swine Influenza – 11 human cases (USA)

A total of 386 human infections (0.3% average case fatality rate) have been reported by 3 countries between 2009 and 2017.

**H5N1/Asia** Highly-Pathogenic Avian Influenza (HPAI) – 3 poultry outbreaks (Burma/Myanmar, Indonesia, Togo, Vietnam) A total of 23,582 bird outbreaks (more than 250 million birds affected) and 879 human infections (52% average case fatality rate) have been reported by 67 countries between 1997 and 2017.

### H5N2 HPAI – 17 poultry outbreaks (China)

A total of 1,039 bird outbreaks (more than 72.0 million birds affected) have been reported by 4 countries between 2012 and 2017; no human infections reported to date.

**H5N8** HPAI – 21 poultry outbreaks and 6 wild bird outbreaks (Belgium, China, DR Congo, France, Italy, South Africa) A total of 2,972 bird outbreaks (more than 25.5 million birds affected) have been reported by 50 countries between 2013 and 2017; no human infections reported to date.

### H7N9/Asia LPAI and HPAI – 21 human infections (China)

A total of 23 bird outbreaks (1.0 million birds affected) and 1,554 human infections (38% average case fatality rate) have been reported by 3 countries between 2013 and 2017.

### MERS-CoV – 6 human infections (Lebanon, Saudi Arabia)

A total of 29 camel outbreaks and 2,045 human infections (35% average case fatality rate) have been reported by 27 countries between 2012 and 2017.

### Data sources:

http://www.who.int/csr/don/en/

http://www.who.int/influenza/human\_animal\_interface/en/

http://www.afro.who.int/en/clusters-a-programmes/whe/outbreaks-and-other-emergencies-updates.html

http://www.oie.int/wahis 2/public/wahid.php/Diseaseinformation/WI

http://empres-i.fao.org/eipws3g/

https://www.cdc.gov/flu/weekly/index.htm

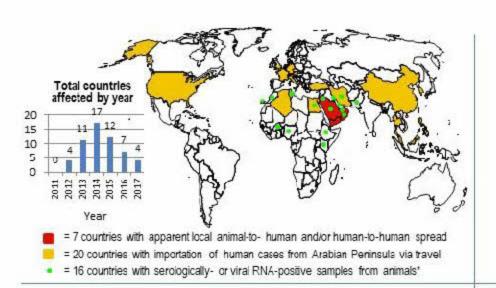
http://www.moh.gov.sa/en/CCC/pressreleases/pages/default.aspx

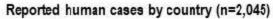
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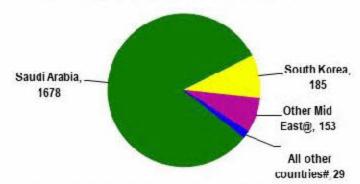
Andrew Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
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Mobile phone: 1-571-345-4253
E-mail: aclements@usaid.gov

 $\textit{For more information on USAID's Emerging Pandemic Threats program, see: } \underline{\text{http://www.usaid.gov/ept2}}$ 

# MERS - Coronavirus, 2012-2017

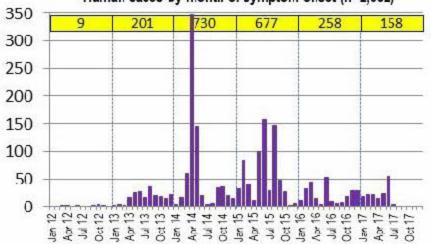






#Algeria (2), Austria (2) Chira (1) France (2), Germany (3), Greece (1), Italy (1), Malaysia (1), Netherlands (2) Philippines (2), Thalland (3), Tunisia (3), Turkey (1), UK (3), US (2); @ Bahrain (1), Egypt (1), Iran (6), Jordan (27), Kuwait (4), Lebanon (2), Oman (9), Qatar (20), UAF (82), Yemen (1); \*Qatar case detected in UK

### Human cases by month of symptom onset (n=2,032)



# Summary of human cases:

At least 2,045 cases (and 713 deaths):

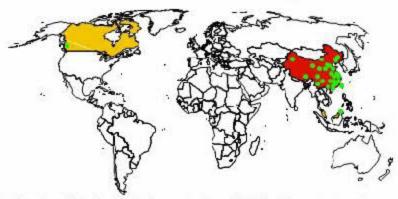
- 27 countries affected in 4 regions
- Age range 1-109 years (median 53)
- 67% of cases male
- Apparent case fatality rate = 35%
- At least 42% with pre-existing medical conditions
- At least 10% had contact with camels^
- At least 38% of cases in clusters of 2 or more
- At least 14% cases in health care workers

Sources = WHO, FAO, OIE, ProMed, Flutrackers, and scientific publications through 7/30/17. \* Includes direct and indirect contact with camels; at least 15% of cases had camel contact since September 2014 when Saudi Arabia started routinely reporting contact with animals. \* Camels illegally imported from Pakistan tested positive at a quarantine station in Iran.

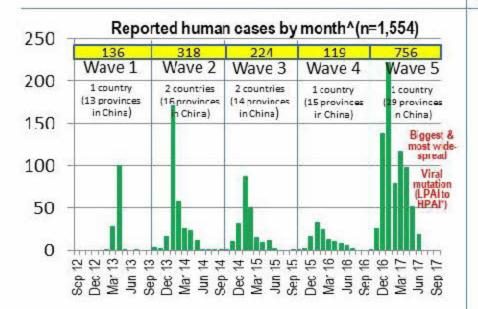


# H7N9/Asia Avian Influenza, 2013-2017

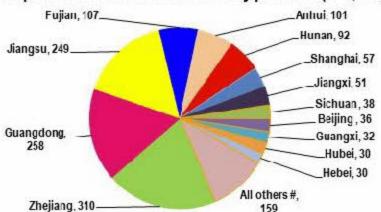
### 3 affected countries in 2 regions



- = 1 country with local animal-to-human (and possible limited human-to-human) spread
- = 2 countries\*\* with importation of human cases from China via travel
- = location (provincial level) of human cases



### Reported human cases in China by province (n=1,551)



#Chongqing (9), Gansu (5), Guizhou (20), Hebei (29), Henar (28), Hong Kong (21), Inrer Mongolia (1), Jilin (3), Liaoning (4), Macao (2), Shaanxi (7), Shandong (27), Shanxi (3), Taiwan (5), Tianjin (5), Tihet (3), Xinjiang (10), Yurnan (6)

# Summary of human cases:

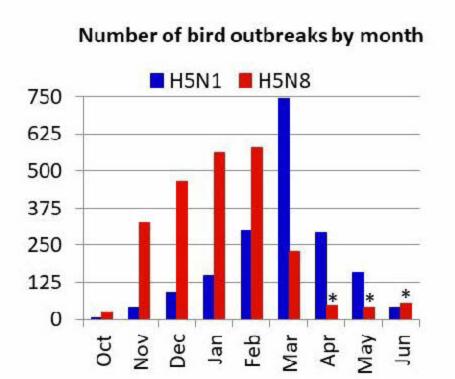
At least 1,554 cases (and 596 deaths):

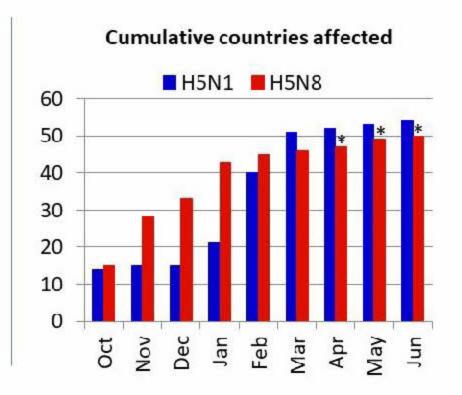
- Both LPAI and HPAI viruses can infect humans
- Age range 0-91 years (median 58)
- 70% of cases male
- Apparent case fatality rate = 38%
- 1% with pre-existing medical conditions
- 4% of cases in clusters of 2 or more
- 0.1% cases in health care workers
- At least 67% had contact with poultry

Source = WHO reports through 7/19/17. \* IPAI = Low Pathogenicity (in chickens) Avian Influenza; HPAI = Highly Pathogenic (in chickens) Avian Influenza. ^ Waves are October to September.



# Comparison of the Spread of H5N1 HPAI (Oct 2005-Jun 2006) and H5N8 HPAI (Oct 2016-Jun 2017)





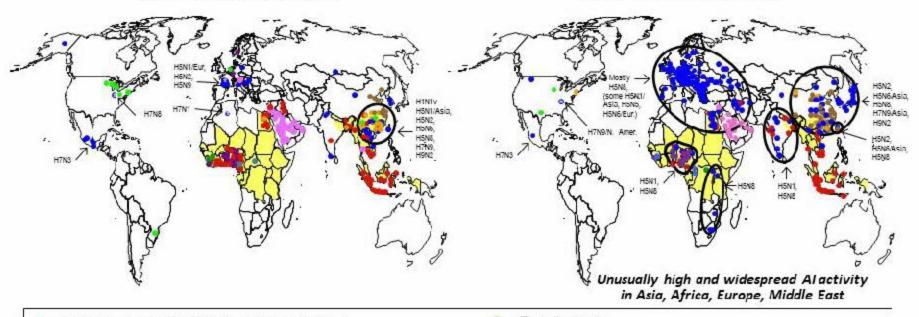
- → Based on number of monthly bird outbreaks and cumulative countries affected, H5N8 has spread faster and caused more outbreaks than H5N1 during a comparable time period in 2005 2006
- → Number of H5N8 outbreaks appears to be declining starting in March 2017; same pattern seen for H5N1 after first quarter of 2006



# Detection of Specific Zoonotic Viruses that have Potential to Directly Spread within Human Populations<sup>^</sup>

### Nov 2015-Oct 2016

### Nov 2016-Oct 2017



- = H5N1/Asian lineage HPAl#(poultry, wild birds, humans)
- = H7N9LPA ## (poultry, wild b rds, or humans)
- = other HPAI or LPAI (humans)
- = other HPAI including H5N1/Eur. lineage, H5N1/NA lineage (poultry, wild birds)
- H1N1v, H1N2v and H3N2v swine influenza (humans)

- Ebola (humans)
- = Marburg (humans)
- = Lassa (humans)
- = Nipah (humans)
- Middle East Respiratory Syndrome-Coronavirus (humans or an mals)
- = monkexpox (primates, humars)

Sources = OIE, WHO, CDC, Ministry of Agriculture/FAD (Egypt, Indonesia), and IEDCR (Bangladesh; reports between 11/1/15 and //30/17. \*While these reports reflect known infections with these viruses, there may be additional viral circulation in these and other countries that is not detected due to limitations in surveillance and/or detection. All of these viruses are from viral families with at least one member that is capable of infecting people and spreading directly from person to person without using food water or insects as vectors. "Highly-pathogenic avian influenza. "Low-pathogenicity avian influenza. Including eastern/southeastern China, northeastern India, and most of Indonesia) using USAID avian influenza, Ebola, or other emerging pandemic threats funding between FY2015 and FY2017 for prevention, detection, and response. \*= location where a new virus first detected.



From: Peter Daszak <daszak@ecohealthalliance.org>
To: "Jonna Mazet (jkmazet@ucdavis.edu)" <jkmazet@ucdavis.edu>
Cc: Brooke Watson <watson@ecohealthalliance.org>,

Subject: lab testing platform for GVP Sent: Mon, 31 Jul 2017 22:39:05 +0000

Hi Jonna,

Brooke emailed me into the loop, but I didn't want to share the emails with the larger Core Group. Agree we have a costing/expectations issue and will aim to sort this out this summer. The process is important because we need the lab platform group to compromise.

I just emailed all asking to postpone discussion for a couple of weeks. I'll be back for the meeting on the 17<sup>th</sup> and we could all discuss then. This'll give me and Brooke an opportunity to schedule a lab platform WG meeting to sort it out at the end of August.

All – it would be good to circulate a cleaned up version of the email chain you send round so that the rest of the GVP Core Group can understand the costing issues.

Look forward to fixing this over the summer and running a cost-effective GVP start-up....

Cheers,

Peter

### Peter Daszak

President

EcoHealth Alliance 460 West 34<sup>th</sup> Street – 17<sup>th</sup> Floor New York, NY 10001

Tel. +1 212-380-4473

www.ecohealthalliance.org

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that prevent pandemics and promote conservation.

From: Andrew Clements <aclements@usaid.gov>
To: Katherine Leasure <kaleasure@ucdavis.edu>

CC: PREDICTMGT <predictmgt@usaid.gov>;predict@ucdavis.edu <predict@ucdavis.edu>

**Sent:** 8/11/2017 2:35:35 PM

Subject: [predict] Re: Change to Approved ITA - A. Latinne to Indonesia/Thailand

Thanks. Will let the Mission know.

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Aug 11, 2017, at 5:19 PM, Katherine Leasure <a href="mailto:kaleasure@ucdavis.edu">kaleasure@ucdavis.edu</a> wrote:

Hi Andrew. EcoHealth Alliance has submitted an amendment to the previously approved ITA for Alice Latinne, to include travel to Thailand. I've highlighted those portions of the ITA that have been updated. Please let me know if you have any questions. Thanks!

EcoHealth Alliance would like to request travel approval for <u>Dr. Alice Latinne</u> to travel from <u>New York, NY, USA</u> to <u>North Sulawesi, Indonesia</u> from <u>August 19, 2017 to September 2, 2017 for field work with in-country partners. From <u>Jakarta, Indonesia</u>, she will travel to <u>Bangkok, Thailand</u> from <u>September 2-7, 2017</u> for <u>meetings</u> with in-country partners.</u>

<u>Trip purpose:</u> <u>Indonesia</u> – In North Sulawesi, Dr. Alice Latinne will assist the PREDICT Indonesia team in field sampling (rodents and bats), and ensure correct implementation of new rodent sampling protocols. <u>Thailand</u> – In Bangkok, Dr. Alice Latinne will meet with PREDICT-2 in-Country Coordinator Dr. Supaporn Wacharapluesadee and her team for meetings about data analysis and project updates. [\*\$2450 airfare/\$146 (North Sulawesi), \$246 (Bangkok) max daily per diems].

### Katherine Leasure

HR/Payroll/Financial Assistant One Health Institute University of California, Davis 530-752-7526 530-752-3318 FAX kaleasure@ucdavis.edu

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You received this message because you are subscribed to the Google Groups "PREDICTMGT" group. To unsubscribe from this group and stop receiving emails from it, send an email to predictmgt+unsubscribe@usaid.gov.

To post to this group, send email to predictmgt@usaid.gov.

To view this discussion on the web visit <a href="https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/02b901d312e7%246663d3c0%24332b7b40%24%40ucdavis.edu">https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/02b901d312e7%246663d3c0%24332b7b40%24%40ucdavis.edu</a>.

From: David J Wolking <djwolking@ucdavis.edu>

**Sent:** Tue, 5 Sep 2017 16:45:23 -0700

Subject: Reminder: PREDICT EB call cancelled tomorrow (Sept 6, 2017)

Goldstein <tgoldstein@ucdavis.edu>, William Karesh <karesh@ecohealthalliance.org>

To: Alison Andre <andre@ecohealthalliance.org>, Amanda Fine < REDACTED Amanda Fuchs

Suzan" <MurrayS@si.edu>, Peter Daszak <daszak@ecohealthalliance.org>, "Prof. Jonna Mazet" <jkmazet@ucdavis.edu>, "Prof. Woutrina Smith" <wasmith@ucdavis.edu>, Sarah Olson <solson@wcs.org>, Simon Anthony <sia2127@columbia.edu>, Tracey

Hi there,

Just a reminder that we cancelled tomorrow's EB call (9.6.17).

See you all next week in New York,

David

Sent: Thu, 12 Oct 2017 12:14:18 +0000 (UTC)
From: Ngona Idi Abdallah REDACTED

To: jnumbi@usaid.gov, mcrane@usaid.gov, pmulembakani@metabiota.com, bhaberer@usaid.gov, lparish@usaid.gov, prince.kimpanga@unikin.ac.cd, pmbala@metabiota.com, **REDACTED** predict@ucdavis.edu, isimmons@usaid.gov, aclements@usaid.gov, diafuka.saila\_ngita@tufts.edu, **REDACTED** lkramer@usaid.gov, jpettit@usaid.gov,

nkabir@usaid.gov, Sarah Paige <spaige@usaid.gov>

Subject: [predict] Re: REMINDER: DRC IP Monthly Coordination Calls

Dear Sarah

Prof Ngona Idi Abdallah

I am sorry, the call number is not working.

Service de Reproduction, Obstétrique et Insémination Artificielle
Faculté de Médecine Vétérinaire
Université de Lubumbashi,
R.D. Congo
Tél. +243 9970 30916+243 9970 30916 Skype: ngona.idi
Call
Send SMS
Call from mobile
Add to Skype
You'll need Skype CreditFree via Skype

Le mercredi 11 octobre 2017 à 12:30:23 UTC+2, Sarah Paige <spaige@usaid.gov> a écrit :

Hi All

I haven't had a chance to check in with you all in a while, so I would like to be remind us all that we are scheduled to speak via conference call tomorrow (thurs 12 October).

Please be prepared to spend about 10 minutes discussing recent activities and accomplishments as well as plans for the remainder of 2017.

Thank you

Sarah.

**REMINDER: DRC IP Monthly Coordination Calls** 

Scheduled: Thursday, Oct 12, 2017 from 3:00 PM to 4:00 PM

Location: (U.S. and Canada): REDACTED International dial-in number: REDACTED Conference code: REDACTED

Sent from my iPhone

From: Innocent Rwego <irwego@umn.edu>
Subject: Re: Ethiopia GHSA biweekly update
Sent: Thu, 19 Oct 2017 07:07:52 +0300

Cc: Lisa Kramer < Ikramer@usaid.gov>, Woutrina A Smith < wasmith@ucdavis.edu>, "Hellen M. Amuguni" < Janetrix.Amuguni@tufts.edu>, Diafuka Saila-Ngita < diafuka.saila\_ngita@tufts.edu>, Serge Nzietchueng

Alisa Parish < Iparish @usaid.gov>, "Long-Wagar, Andrea (AFR/SD)"
<alongwagar@usaid.gov>, Alisa Pereira <apereira@usaid.gov>, Ashna Kibria <akibria@usaid.gov>, Andrew Clements <aclements@usaid.gov>, Shana Gillette <sgillette@usaid.gov>, Jonna Mazet 
<jkmazet@ucdavis.edu>, Margaret Morehouse <mmorehouse@trg-inc.com>, Saul Tzipori <a href="mailto:saul.tzipori@tufts.edu">saul.tzipori@tufts.edu</a>, Samuel Muriuki <a href="mailto:saul.tzipori@tufts.edu">saul.tzipori@tufts.edu</a>, Samuel Muriuki <a href="mailto:saul.tzipori@tufts.edu">saul.tzipori@tufts.edu</a>, Samuel Muriuki <a href="mailto:saul.tzipori@tufts.edu">saul.tzipori@tufts.edu</a>, Marilyn Crane <a href="mailto:saul.tzipori@tufts.edu">saul.tzipori@tufts.edu</a>, Marilyn Crane <a href="mailto:saul.tzipori@tufts.edu">saul.tzipori@tufts.edu</a>, Andrew Kitua <a href="mailto:saul.tzipori@tufts.edu">saul.tzipori@tufts.edu</a>, Marilyn Crane <a href="mailto:saul.tzipori@tufts.edu">saul.tzipori@tufts.edu</a>, Andrew Kitua <a href="mailto:saul.tzipori@tufts.edu">saul.tzipori@tufts.edu</a>, Marilyn Crane <a href="mailto:saul.tzipori@tufts.edu">saul.tzipori@tufts.edu</a>, Andrew Kitua <a href="mailto:saul.tzipori@tufts.edu">saul.tzipori@tufts.edu</a>,

**To:** Yung-Ting Bonnenfant <ybonnenfant@usaid.gov> 18102017 EPT2-GHSA Ethiopia BiWeekly Updates OHW.docx

Dear Yung-Ting,

Please find attached the bi-weekly report submitted on behalf of OHCEA.

Kind regards, Innocent

> On 16 Oct 2017, at 08:36, Yung-Ting Bonnenfant <ybonnenfant@usaid.gov> wrote:

> Dear Ethiopia GHSA Colleagues,

REDAGLED

>

> It's time for the biweekly update on GHSA activities in Ethiopia. This update should cover all activities from October 9-20. Please use the attached Word document for your updates, and please send in all updates by Wednesday, October 18 COB. Thanks,

> Best wishes,

> Yung-Ting

(

>

- > Yung-Ting Bonnenfant, PhD, MPH
- > Global Health Security Technical Advisor
- > U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
- > Entoto Street, P.O. Box 1014
- > Addis Ababa, Ethiopia
- > +251.941.22.70.01/+251.111.30.67.63
- > www.usaid.gov/ethiopia <a href="http://www.usaid.gov/ethiopia">http://www.usaid.gov/ethiopia</a> | ybonnenfant@usaid.gov
- <mailto:ybonnenfant@usaid.gov> | @USAIDEthiopia
- > <GHSA\_Ethiopia\_BiWeekly\_Updates Template.docx>

UCDUSR0010746

Dear Yung-Ting, Please find attached the bi-weekly report submitted on behalf of OHCEA.

Kind regards, Innocent

# NigatuEthiopia GHSA Implementation Bi-Weekly Updates USAID Implementing Partners

Date Submitted	18 October 2017
Project	USAID One Health Workforce

- I. <u>Highlighted Updates</u>: Please list (maximum five) major updates on activity implementation in Ethiopia. *FORMAT: Insert 1 sentence summary of update (bold). Insert 1-3 sentences of additional information.* 
  - 1. OHCEA Ethiopia hosted the EPT -2 partners workshop on 10<sup>th</sup> October 2017. This meeting was held at Aklilu-Lemma Institute of Pathobiology (ALIPB), Addis Ababa, by 16 representatives from FAO-ECTAD, PREDICT-2, University of Ohio-Global One Health Initiative, CDC, Comitato Collaborazione Medica (CCM), OHCEA (Jimma, Mekelle and ALIPB), OHW and P&R. The different participants provided project updates. Opportunities for collaboration were discussed and will be followed up by respective projects.
  - 2. The OHW Strategy and Partnerships Project Lead for Africa, Dr. Innocent Rwego, met with Dr. Yung-Ting Bonnenfant on 10<sup>th</sup> October 2017 to discuss and clarify on OHCEA's Year 4 work plan. Meanwhile, OHCEA has received comments from USAID and they are addressing them before final approval from USAID.
  - 3. OHCEA's consultant continues to engage with different sectors to synthesize workforce/training needs for different sectors and partners that contribute and participate in One health. A report is expected by the end of this month. This report will inform future trainings to conducted by OHCEA.

audination. Diago describe any activities in Ethionis that may honofit from accudination with athor

11.	GHSA implementing partners or USG agencies (e.g. CDC, USDA, DTRA, etc.) and how.	
		_

III. <u>Challenges</u>: Please describe any significant challenges related to planning or implementation of GHSA activities in Ethiopia.

OHCEA is waiting for final approval of Year 4 work plan before they embark on new activities for Year 4

IV. <u>Upcoming GHSA related TDYs</u>: Please provide the information requested below on all GHSA-related TDYs to Ethiopia for the next six weeks. Insert additional rows as necessary.

Traveler(s)	Location (areas to be visited)	Dates	Trip Objectives	Trip Impact (including deliverables) This should also specify if/how this TDY will build host nation capacity and contributes to overarching GHS objectives

# V. <u>Upcoming major GHSA related meetings/trainings/events</u> for the next six weeks (if information is not captured in TDY table above)

Meeting/Training/ Event Topic	Location	Dates	Objectives	Number and type of participants

From: "Woldtsadique, Feleseta (FAOET)" <Feleseta.Woldtsadique@fao.org>
To: Yung-Ting Bonnenfant <ybonnenfant@usaid.gov>, Lisa Kramer <lkramer@usaid.gov>, Woutrina A Smith <wasmith@ucdavis.edu>, hellen Amuguni <Janetrix.Amuguni@tufts.edu>, Innocent Rwego < REDACTED>, "Diafuka Saila-Ngita" <diafuka.saila\_ngita@tufts.edu>, Serge Nzietchueng < REDACTED>, "Diafuka Saila-Ngita" <diafuka.saila\_ngita@tufts.edu>, Serge Nzietchueng < REDACTED>, "Diafuka Saila-Ngita" <diafuka.saila\_ngita@tufts.edu>, Serge Nzietchueng < REDACTED>, Lindsay Pelican <pelicank@umn.edu>, Nigatu kebede < REDACTED > , Lindsay Parish <|parish@usaid.gov>, Andrea Long-Wagar <alongwagar@usaid.gov>, Alisa Pereira <apereira@usaid.gov>, Ashna Kibria <akibria@usaid.gov>, Andrew Clements <aclements@usaid.gov>, Shana Gillette <sgillette@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, Margaret Morehouse <mmorehouse@trg-inc.com>, "Tzipori, Saul" <saul.tzipori@tufts.edu>, "Samuel Muriuki" <a pure Muriuki@dai.com>, "Marilyn Crane" <mcrane@usaid.gov>, Innocent Rwego <irwego@umn.edu>, "Abebe Wolde (P&R)" <a pure Muriuki@dai.com>, Thierry Nyatanyi <nthierry@umn.edu>, Ricardo Echalar <rechalar@usaid.gov>, Jeff Bender <br/>
\*\*Diafuka Saila-Ngita Samuel Muriuki Samuel Samuel Muriuki Samuel Samuel Samuel Muriuki Samuel Samuel

<■XIIID/A\U\_IIIID/Amanda Paust <apaust@usaid.gov>, Jack Mortenson <jmortenson@usaid.gov>, Yirgalem

FAO ECTAD EPT2-GHSA Ethiopia BiWeekly Update 20 October 2017.docx

Dear Yung Ting,

Please find attached the FAO ECTAD update covering from 9 – 20 October 2017 for your consideration.

Regards, Feleseta

From: Yung-Ting Bonnenfant [mailto:ybonnenfant@usaid.gov]

Sent: Monday, October 16, 2017 8:36 AM

Subject: Ethiopia GHSA biweekly update

Dear Ethiopia GHSA Colleagues,

It's time for the biweekly update on GHSA activities in Ethiopia. This update should cover all activities from October 9-20. Please use the attached Word document for your updates, and please send in all updates by Wednesday, October 18 COB. Thanks,

Best wishes, Yung-Ting

Yung-Ting Bonnenfant, PhD, MPH

Global Health Security Technical Advisor
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# Ethiopia GHSA Implementation Bi-Weekly Updates USAID Implementing Partners

Date Submitted	18 October 2017
Project	FAO ECTAD

- I. <u>Highlighted Updates</u>: Please list (maximum five) major updates on activity implementation in Ethiopia.
  - FORMAT: Insert 1 sentence summary of update (bold). Insert 1-3 sentences of additional information.
- 1. FAO ECTAD attended the National One Health Steering Committee (NOHSC) meeting that took place on 4 October 2017 at EPHI. The committee discussed among others, on its draft MoU, National OH Day celebration and the National One Health Communication Network (OHCN). As was tasked in the committee's previous meeting, FAO presented a plan for moving forward with the OHCN. Afterwards, the committee agreed on the recommendations and tasked the same group of colleagues, who developed a plan for moving forward for the network, to prepare a concept note for the establishment of the National OHCN. Accordingly, the concept note is drafted and being circulated for comments.
- 2. **Two technical consultations were held with the management of NAHDIC on 6 & 13 October 2017.** The objectives of the consultation were:-
  - To initiate planning for the upcoming longitudinal MERS CoV surveillance study;
  - Preparation to send MERS-CoV samples from the previous cross-sectional surveillance study to an international laboratory for confirmatory testing;
  - Identification of two NAHDIC staff who will be trained on advanced serological and molecular diagnostic techniques at an international laboratory through the support of FAO ECTAD; and
  - Delivery of procured laboratory equipment and materials to the NAHDIC.
- 3. FAO ECTAD participated in the monthly EPT 2 partners technical meeting held at Aklilu-Lemma Institute of Pathobiology, Addis Ababa, on 10 October 2017. The specific objectives of the meeting were to update on activity implementation, identify areas of collaboration, strengthen ongoing coordination and harmonize work plans and implementation. During the meeting FAO ECTAD presented activity updates while highlighting areas of future collaboration with other partners. The meeting resulted in the following follow up action points:-
  - OHCEA's Workforce assessment consultants to reach out to FAO-ECTAD concerning IHR core capacities assessment being conducted at MoLF;
  - All EPT 2 partners need to participate in the National OH Strategic Plan development from 30 October to 3 November 2017;
  - Facilitate the inclusion of the Ministry of Education in the NOHSC membership; and
  - Engage FAO-ECTAD on how to provide mentors with veterinary background for their veterinary students in the FETP-V program.
- 4. Preparations underway for the updating and revision of the Strategy for the Prevention and Containment of Antimicrobials Resistance for Ethiopia 2015-2020 to address livestock production, aquaculture & fisheries, food, agriculture and the environment. The event is scheduled from 19 20 October 2017 at FAO Ethiopia meeting hall and a total of 40 people involving all pertinent stakeholder are expected to attend.
- 5. Had a meeting with MoH, MoLF, CDC-Ethiopia to roll out FETPv training for veterinary track embedded in the existing FETP program supported by CDC-Ethiopia.- Dr. Wondowosen

- II. <u>Coordination</u>: Please describe any activities in Ethiopia that may benefit from coordination with other GHSA implementing partners or USG agencies (e.g. CDC, USDA, DTRA, etc.) and how.
- FAO ECTAD continued attending coordination meetings with NOHSC member organizations to jointly and observe the National One Health Day on 3 November 2017.
- A coordination meeting was also held on 12 October 2017 with a wildlife expert from the Ethiopian Wildlife Conservation Authority (EWCA) on proper planning for a successful implementation of the Wildlife Investigation in Livestock Diseases (WILD) Introductory One Health course in late November.
- On 11 October 2017, FAO ECTAD organized a brief coordination meeting with CDC-Ethiopia on areas of collaboration and synergy on AMR prevention and containment and possibility of having integrated AMR surveillance.
  - III. <u>Challenges</u>: Please describe any significant challenges related to planning or implementation of GHSA activities in Ethiopia.

# IV. <u>Upcoming GHSA related TDYs</u>: Please provide the information requested below on all GHSA-related TDYs to Ethiopia for the next six weeks. Insert additional rows as necessary.

Traveler(s)	Location (areas to be visited)	Dates	Trip Objectives	Trip Impact (including deliverables) This should also specify if/how this TDY will build host nation capacity and contributes to overarching GHS objectives
Tadele Mirkena	Ouagadogou, Burkina Faso	23- 27 October 2017	ASL2050 Regional Meeting which is intended to:- 1) Discuss and comment the results of the implementation of the Expert Elicitation Protocol to gather data to assess the impact of zoonotic diseases on public health; & 2) Discuss and agree upon methodologies to articulate long-term livestock scenarios at country and continental level, including a work plan.	Capacity to project livestock production systems scenarios and their impacts on public health, environment and livelihoods.
Tenaw Andualem	Geneva, Switzerland	6-7 November 2017	To participate at the World Health Organization technical consultation meeting on AMR behavior change.	The meeting will facilitate the tripartite agreement of FAO-WHO-OIE in the combat against AMR at global and national levels.

# V. <u>Upcoming major GHSA related meetings/trainings/events</u> for the next six weeks (if information is not captured in TDY table above)

Meeting/Training/ Event Topic	Location	Dates	Objectives	Number and type of participants
One Health Day	Addis	3 November 2017	Promoting efforts in	150 people from various
Celebration	Ababa	100 (Uniches) of Stoll Andrian (Sect. 2) 4643 (Sect.)	Ethiopia to bring together	stakeholder groups
			One Health (Human,	
			livestock, wildlife and the	
			ecosystem) professionals on	
			the occasion of International	
			One Health Day	

From: Andrew Clements <aclements@usaid.gov>
To: Jonna Mazet <jkmazet@ucdavis.edu>

**Sent:** 10/21/2017 5:40:09 AM

Subject: Re: Dr. Brima Kargbo- CMO Sierra Leone

#### **Thanks**

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
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov

On Oct 20, 2017, at 11:59 PM, Jonna Mazet < jkmazet@ucdavis.edu> wrote:

Info for your reference -- more coming under separate cover. Have a nice weekend,
J

------Forwarded message -------From: **Brian Bird** < <u>bhbird@ucdavis.edu</u> > Date: Fri, Oct 20, 2017 at 1:51 PM

Subject: Dr. Brima Kargbo- CMO Sierra Leone

To: Jonna Mazet < jkmazet@ucdavis.edu>, Tracey Goldstein < tgoldstein@ucdavis.edu>

Dr. Kargbo, is the "Chief Medical Officer" for Sierra Leone which is the senior most career-track position in the Ministry of Health and Sanitation. I have met with him on several occasions. He is the direct supervisor of Dr. Amara Jambai (Deputy Chief Medical Officer). In addition to his daily management of MoHS activities, he also monitors and approves all shipments of biological materials from Sierra Leone.

During our conversations on June 23<sup>rd</sup> and more recently Sept 27<sup>th</sup> the issues of the finding and the publication drafts were discussed. During each of these meetings, he was informed about ongoing PREDICT activities, further work being conducted to better characterize the newly discovered virus, and updated that a manuscript existed and was under review.

During the June 23<sup>rd</sup> meeting, he stated that it was fine to "keep this among the scientists" while the data regarding the virus finding were under review at the journal. He did state clearly that the matter should not be discussed publically until after the end of this election cycle, but he did not object to the existence of a manuscript or that it was under review.

During the September 27<sup>th</sup> meeting he also had no specific objections to PREDICT continuing in its scientific work or with the publication draft's existence. But he again cautioned that this should not be publically revealed until after the elections. He also expressed no objections to sending the live-specimens that are part of the virus finding forward from Sierra Leone on to laboratories in the United States for further analyses.

From: Andrew Clements <aclements@usaid.gov>

To: Brian Bird <bhbird@ucdavis.edu>

**CC:** PREDICTMGT predictmgt@usaid.gov>;PREDICT-outbreak ct-

outbreak@ucdavis.edu>

**Sent:** 12/27/2017 9:55:37 AM

**Subject**: [predict-outbreak] Re: PREDICT Bangladesh Crow die-off update 27 Dec 2017

Thanks. Saw the OIE report yesterday.

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Dec 27, 2017, at 5:53 PM, Brian Bird < bhbird@ucdavis.edu> wrote:

Hi all,

We heard from the team overnight that the GoB testing results were finally released to OIE. The crow die-off was confirmed as H5N1 avian influenza by the GoB.

Detailed update of PREDICT activities, and the OIE WAHIS report are attached.

I hope everyone is having a wonderful holiday season.

-Brian

Brian H. Bird DVM, MSPH, PhD Global Lead Sierra Leone and Multi-Country Ebola operations PREDICT-USAID

One Health Institute 1089 Veterinary Medicine Dr. School of Veterinary Medicine University of California, Davis Email: <a href="mailto:bhbird@ucdavis.edu">bhbird@ucdavis.edu</a>

Skype: brianhbird1

http://www.vetmed.ucdavis.edu/ohi/predict/index.cfm

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To post to this group, send email to predictmgt@usaid.gov.

To view this discussion on the web visit  $\underline{\text{https://groups.google.com/a/usaid.gov/d/msgid/predictmgt}}/6B0DF10A-61C3-41DF-9132-1D312BC58D17%40ucdavis.edu.}$ 

From: Andrew Clements <aclements@usaid.gov>

Tue, 23 Jan 2018 08:23:31 +0100 Sent: Subject: Re: U.S. Government shutdown

Jonna Mazet <jkmazet@ucdavis.edu>, David J Wolking <djwolking@ucdavis.edu>, William Karesh <Karesh@ecohealthalliance.org>, Subhash Morzaria

"MORRIS-YATES, Susan" REDACTED, Christopher Maddock "AZE, Jean-Christophe" REDACTED

Drama is over. Open for business again. :)

Andrew

On Mon, Jan 22, 2018 at 11:52 AM, Andrew Clements <a href="mailto:aclements@usaid.gov">aclements@usaid.gov</a>> wrote:

Also note: USAID-funded partners can continue to conduct activities using previously-obligated funds.

On Mon, Jan 22, 2018 at 11:44 AM, Andrew Clements <a href="mailto:aclements@usaid.gov">aclements@usaid.gov</a> wrote:

Hello all,

As you may know, the U.S.Government has shut down for an unknown amount of time. Until it re-opens, I will not be available for any USAID business.

I will notify you when the shutdown has ended.

Andrew

Andrew Clements, Ph.D. Senior Scientific Advisor Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health U.S. Agency for International Development Mobile phone: 1-571-345-4253

E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: http://www.usaid.gov/ept2

Andrew Clements, Ph.D. Senior Scientific Advisor

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development Mobile phone: 1-571-345-4253

E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: http://www.usaid.gov/ept2

Andrew Clements, Ph.D. Senior Scientific Advisor

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: http://www.usaid.gov/ept2

From: KEDACIED

To: "Sacchetti.Ben@bcg.com" <Sacchetti.Ben@bcg.com>, "Harris, Samuel" <Harris.Samuel@bcg.com>,

"erubin@metabiota.com" <erubin@metabiota.com>, Brooke Watson <watson@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>, "dcarroll@usaid.gov" <dcarroll@usaid.gov>, "daszak@ecohealthalliance.org"

<daszak@ecohealthalliance.org>

Subject: Latest open session slides

**Sent:** Sun, 28 Jan 2018 09:22:39 +0000

Hi team,

Here are the latest open session slides (Jonna may have modifications). https://docs.google.com/presentation/d/1lxfrKEaykKYfrchrWt Or02CAPmqSBMsFZmaD578rIU/edit?usp=sharing

Thanks,



## REDACTED

One Health Institute School of Veterinary Medicine University of California, Davis From: Tom Hughes <tom.hughes@ecohealthalliance.org>

Daniel Schar <dschar@usaid.gov>, Sudarat <sdamrongwatanapokin@usaid.gov> To:

"aclements@usaid.gov" <aclements@usaid.gov>, "apereira@usaid.gov" <apereira@usaid.gov>, "predict@ucdavis.edu" Cc:

<predict@ucdavis.edu>, "Jon Epstein" <epstein@ecohealthalliance.org>, Allison White <white@ecohealthalliance.org>

Wed, 31 Jan 2018 06:40:04 +0000 Sent: Subject: [predict] Re: Malaysia Y4 Work plan.

MALAYSIA Y4 Workplan Approved.docx

Hi Dan and Sudarat,

Attached is the approved year 4 work plan for Malaysia.

Please let me know if you have any questions or need any more details.

Thanks.

Tom

#### **Tom Hughes**

Senior Scientist Project Coordinator - Malaysia

**EcoHealth Alliance** 460 West 34th Street - 17th floor New York, NY 10001

## REDACTED

0060 (0)3 6157 6035 (Telephone) 0060 (0)3 6157 6035 (fax) www.ecohealthalliance.org

EcoHealth Alliance integrates innovative science-based solutions and partnerships that increase capacity to achieve two interrelated goals: protecting global health by preventing the outbreak of emerging diseases and safeguarding ecosystems by promoting conservation.

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#### **MALAYSIA**

Year 4 (October 2017-September 2018)

Implementing Partners: EcoHealth Alliance (EHA) and Conservation Medicine,

Ltd.

Country Coordinator: Tom Hughes, Conservation Medicine, Ltd.

Global Point of Contact: Dr. Jon Epstein, EHA

#### **Partners**

Danau Girang Field Center

- Department of Veterinary Services (Ministry of Agriculture) (DVS)
- Department of Wildlife and National Parks (PERHILITAN/DWNP)
- District Health Office Gua Musang
- District Health Office Kuala Kangsar
- District Health Office Kuala Lipis
- Ministry of Health (MoH)
- National Public Health Laboratory (NPHL)
- National Public Health Laboratory, Sabah
- Queen Elizabeth Hospital, Sabah (QEH)
- Sabah State Health Department, Sabah (SSHD)
- Sabah Wildlife Department (SWD)
- \*Universiti Malaysia Sabah
- Universiti Putra Malaysia Faculty of Veterinary Medicine (UPM)

\*Partnership in development

#### **Prevent and Detect Zoonotic Disease**

PREDICT builds the workforce, strengthens systems, and conducts surveillance for priority zoonotic diseases and other emerging threats. In Malaysia, PREDICT puts One Health in action through zoonotic disease surveillance, sampling wildlife and people and conducting behavioral risk investigations at high-risk human-animal transmission interfaces. This work directly supports the national surveillance system and provides opportunities to strengthen mechanisms for responding to priority zoonotic diseases and emerging threats. In addition, PREDICT supports the development of Malaysia's One Health workforce through field and lab-based training and engagement of national staff, university and NGO partners, and students in surveillance and disease detection activities. This year, PREDICT/Malaysia will conduct zoonotic disease surveillance activities targeting animals and humans in indigenous communities in Peninsular Malaysia with a high level of contact with wildlife, livestock, and domestic animals and to evaluate opportunities for expansion of activities for in-depth targeted and longitudinal surveillance. In addition, we plan to continue Deep Forest project surveillance in Sabah, sampling wildlife along a deforestation gradient and comparing viral diversity in bats, rodents, and nonhuman primates from each zone in Kinabatangan and Beluran Districts. Sampling at our Deep Forest sites is

conducted concurrently with syndromic hospital surveillance at the main referral hospital for Sabah.

#### Where we work

Sabah, located on the island of Borneo, is a highly biodiverse area. It is also under extensive pressure from land-use changes, with drastic changes occurring over the past several years. Kinabatangan and Beluran Districts in Sabah are highly biodiverse areas under extensive pressure from land-use change, while also containing pristine reserves. In addition, there are several high-risk, human-animal interfaces including hunting, wildlife trade and consumption, and ecotourism. PREDICT is specifically investigating Gomontong caves in the Kinabatangan area with large numbers of bats, as well as government regulated bird nest harvesting, which attracts ecotourism visitors who are directly exposed to bat guano while viewing the bird nest harvests. These caves are located in the Gomantong Forest Reserve, a virgin forest reserve, also home to several species of non-human primates. Queen Elizabeth Hospital (QEH) in Kota Kinabalu, Sabah is the main referral hospital for patients from across Sabah with undiagnosed illnesses. Syndromic surveillance at QEH will allow for concurrent hospital sampling across Deep Forest, as well as sampling throughout Sabah.

Peninsular Malaysia: Gua Musang, Kuala Kangsar, and Kuala Lipis Districts are in Peninsular Malaysia and contain communities of the indigenous Orang Asli. The Orang Asli have high levels of exposure to wildlife (e.g., as hunters, wildlife market vendors, and consumers). We have identified sites in Peninsular Malaysia with Orang Asli communities where individuals come into direct or indirect contact with wildlife through hunting, wildlife trade, residential contact, and other potential exposures. These communities are remote and have little access to regular health services, resulting in undiagnosed illnesses.

#### **Zoonotic Disease Surveillance Sites**

- Gua Musang, Kuala Kangsar, and Kuala Lipis Districts on Peninsular Malaysia: All three communities are concurrent sites for humans, domestic animals, and wildlife. Depending on wildlife capture results, we may select two of the communities for more intensive animal sampling
  - Sampling targets: Humans, bats, rodents, small mammals, non-human primates, hunting dogs, poultry, and other livestock kept by these communities (e.g., the animals these communities share their homes with, rear and hunt with, and consume)
- Sabah (including Kinabatangan and Beluran Districts Deep Forest sites)
  - Sampling targets:

- Wildlife: bats, rodents, small mammals, and non-human primates across land-use disturbance gradients in areas suspected to be at increased risk for human-animal contact
- Behavioral risk investigations at Gomantong caves, a site of ecotourism and swiftlet nest harvesting, leading to regular human presence at this interface
- Syndromic surveillance of patients with diseases of unknown origin (especially with severe acute respiratory infections, acute encephalitis, and influenza-like illnesses that have tested negative for influenza)
- **Independent sites:** Conflict wildlife: limited opportunistic sampling of wildlife involved in trade, conflict with humans, or other risk interfaces
  - Sampling targets:
    - · Bats, rodents, small mammals, non-human primates
- Sabah (collaborative UMS sample testing): This activity will involve screening wildlife samples collected under a separate but aligned study at UMS. Samples were collected using PREDICT methodology as part of a data sharing agreement and will be tested for our five priority viral families.
  - Sampling targets: bats roosting at high-risk interfaces for human and animal contact, including caves near settlements

#### **Strengthening Laboratory Systems**

PREDICT directly supports the development of a One Health national laboratory system in Malaysia by engaging the National Public Health Laboratory Peninsular Malaysia, at the new PERHILITAN National Wildlife Forensic Laboratory, the Sabah Wildlife Department Wildlife Health, Genetic and Forensic Laboratory, and the UPM Faculty of Veterinary Medicine for livestock and domestic animal screening. Staff at all labs receive training in techniques required for detection of priority zoonotic diseases and emerging threats and are in communication with our global One Health laboratory network for technical assistance as needed. In collaboration with EPT and government partners, PREDICT also fosters communication and coordination between these animal and human labs and ministries; provides joint training exercises and routine information exchanges among lab managers, technicians, and ministry focal points; communicates data and findings to inform surveillance; and works to transfer knowledge and disease detection capacity to other labs in the national system. In addition, PREDICT will share protocols with Public Health Lab Kota Kinabalu Sabah for syndromic surveillance and Universiti Malaysia Sabah for wildlife screening.

#### **Animal labs:**

PERHILITAN National Wildlife Forensic Laboratory

 Continued wildlife testing targeting: flavi, corona, influenza, filo, and paramyxo viruses

#### **UPM Faculty of Veterinary Medicine**

• Continued livestock and domestic animal testing targeting: flavi, corona, influenza, filo, and paramyxo viruses

#### SWD Wildlife Health, Genetic and Forensic Laboratory

 Continued wildlife testing targeting: flavi, corona, influenza, filo, and paramyxo viruses

#### Universiti of Malaysia Sabah (UMS) Laboratory

- Continued wildlife testing targeting: flavi, corona, influenza, filo, and paramyxo viruses
- Testing of bat and other priority samples collected using PREDICT protocols at high-risk interfaces.

#### **Human labs:**

#### National Public Health Laboratory Peninsular Malaysia

Continued human testing targeting: corona, influenza, filo, and paramyxo viruses

#### Public Health Laboratory Kota Kinabalu Sabah

 Continued human testing targeting: flavi, corona, influenza, filo, and paramyxo viruses

#### Workforce Development and Improving Real-time Surveillance

PREDICT provides critical hands-on and on-the-job training to strengthen One Health workforce capacity in Malaysia for government staff, students, research institutes, and local communities. By providing opportunities to put One Health in action across the full spectrum of skills required for safe and effective zoonotic disease surveillance, PREDICT strengthens Malaysia's capacity to sample animals and people, investigate behaviors associated with zoonotic disease transmission, detect priority zoonotic diseases and emerging threats, and perform data analyses to understand zoonotic disease risks. National One Health focal points and local government staff have been, and will continue to be, involved in field surveillance activities, and we will continue to engage with them to ensure the operationalization of the One Health approach. In addition, PREDICT engages in regular discussions and strategy meetings regarding wildlife, human and livestock surveillance, biosafety, lab management, risk assessments, and sample collection and testing with MoH, DWNP, DVS, SWD, and SSHD. Data sharing and communication processes were established with the government through Zoonosis Technical Working Committee during

PREDICT-1. These processes will also be expanded to other government partners as appropriate to strengthen data platforms and improve the ease of dissemination of relevant animal, human, epidemiological, and ecological data. Finally, when requested by the government (and approved by PREDICT management team), PREDICT provides outbreak preparedness and response support.

From: Dennis Carroll <dcarroll@usaid.gov> To:

Cassandra Louis Duthil <clouisduthil@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, "Thomas, Chris(GH/HIDN)" Cc:

<ChThomas@usaid.gov>

Subject: RE: [Urgent request] Science Press release quote

Wed, 21 Feb 2018 20:04:03 +0000

Hi Dennis,

Sent:

Thank you very much for connecting me with Chris.

Chris, it is a pleasure to be in touch with you. I am a fellow at UC Davis working on everything related to GVP, including the press release. For your awareness, we would like to include a quote by Dennis in our UC Davis press release for the GVP Science paper (Dennis has just shared quotes as I am writing this email).

Many thanks,



#### REDACTED

One Health Institute School of Veterinary Medicine University of California, Davis

From: Dennis Carroll [mailto:dcarroll@usaid.gov] Sent: Wednesday, February 21, 2018 11:42 AM

Cc: Cassandra Louis Duthil <clouisduthil@usaid.gov>; Jonna Mazet <jkmazet@ucdavis.edu>; Thomas, Chris(GH/HIDN)

<ChThomas@usaid.gov>

Subject: Re: [Urgent request] Science Press release quote

I am connecting you to Chris Thomas from our public affairs office who can coordinate any press outreach with you. I have separately linked him up with Brooke, as well. I will shoot you a quote shortly. Chris, is with the UC Davis team

d

On Wed, Feb 21, 2018 at 2:26 PM, **XEDAC WED** wrote: Hi Cassandra and Dennis,

Have you given a quote for the Science press release already? If so, would you be able to share it with us? If not, can we get a quote from you for the UC Davis press release? Just a sentence or two about how GVP will transform science would be great.

Our deadline is unfortunately at **5pm ET today**.

Apologies for the last minute request. We'd really appreciate your help.

<u>T</u>hank you,

#### REDACTED

Fellow One Health Institute School of Veterinary Medicine University of California, Davis

Dr. Dennis Carroll
Director, Emerging Threats Program
Bureau for Global Health
U.S. Agency for International Development

Office: 202-712-5009 Mobile: **REDACTED**  From: KIDACIIID

To: David John Wolking <a href="mailto:djwolking@ucdavis.edu">djwolking@ucdavis.edu</a>, Jonna Mazet <jkmazet@ucdavis.edu</a>, Eunah Regina Cho

<eecho@ucdavis.edu>, Matthew Blake <mblake@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>, "Katherine E Kerlin" <kekerlin@ucdavis.edu>, Brooke Watson <watson@ecohealthalliance.org>, Anthony Ramos <ramos@ecohealthalliance.org>, Robert Kessler <kessler@ecohealthalliance.org>, Brooke Genovese <bgenovese@ucdavis.edu>

Subject: California Aggie on PREDICT/GVP

Sent: Tue, 20 Mar 2018 17:30:19 +0000

Hi everyone,

The PREDICT/GVP article was just published on The California Aggie (quotes from Peter, David and me).

"Is the end of the pandemic era approaching?"

https://theaggie.org/2018/03/19/is-the-end-of-the-pandemic-era-approaching/

Best,

REDACTED

**Sent:** Wed, 28 Mar 2018 11:03:20 -0700

Subject: IOHC registration update

From: Jonna Mazet <jkmazet@ucdavis.edu>

To: Karen Saylors <a href="mailto:ksaylors@metabiota.com">ksaylors@metabiota.com</a>, Peter Daszak <a href="mailto:ksaylors@metabiota.com">ksaylors@metabiota.com</a>, Peter Daszak <a href="mailto:ksaylors@cohealthalliance.org">ksaylors@ksaylors@cohealthalliance.org</a>, Suzan Murray <a href="mailto:ksaylors@cohealthalliance.org">ksaylors@cohealthalliance.org</a>, Amanda Fine <a href="mailto:ksaylors@cohealthalliance.org">ksaylors@cohealthalliance.org</a>, Melinda Rostal <a href="mailto:ksaylors@cohealthalliance.org">ksaylors@cohealthalliance.org</a>, "Zimmerman, Dawn" <a href="mailto:ksaylors@cohealthalliance.org">ksaylors@cohealthalliance.org</a>, "

Cc: Aleksei Chmura <chmura@ecohealthalliance.org>, Alison Andre <andre@ecohealthalliance.org>, Pranav Pandit cpspandit@ucdavis.edu>, Amanda Fuchs <fuchs@ecohealthalliance.org>, Katie Leasure <kaleasure@ucdavis.edu>, Catherine Machalaba Machalaba <a href="mailto:mailto

For anyone registering for IOHC, **today is the last day for early registration**. Please register anyone who is going today! I have been working to get reduced LMIC registration for people we are supporting. The IOHC is coming back with a more complicated procedure for that reduction, that isn't going to work for us. So there are bugs that need to be worked out that aren't going to be taken care of today.

Therefore, David De Pooter from the IOHC has asked that you go ahead and register today and add in the comment box "Group registration UCD".

I realize that it isn't a UCD registration, but it is after hours in Belgium now, and this is the mechanism he suggested. Any and all people you're sending may be eligible for a registration reduction at this point, so I suggest that you add this note to the comment box for all people you are sending somewhat agnostic to funding source (unless completely separate from Predict/EID stuff).

Then please tell me for whom you have made this note.

Thanks, J From: MARTINI Michela < MMARTINI@iom.int>

To: Lisa Kramer < lkramer@usaid.gov >, Jeffrey GILBERT < Jeffrey.GILBERT@ifrc.org >, "Lukassowitz, Irene GIZ TZ" < irene.lukassowitz@giz.de >, "Wesonga, Timothy" < timothy.wesonga@epos.de >, "Brooks, Lance R CIV DTRA J3-7 (US)" < lance.r.brooks6.civ@mail.mil >, WILLIAM Andrew < REDACTED >, "larry.kerr@hhs.gov" < larry.kerr@hhs.gov >, Irene Naigaga

"Makonnen, Yilma (FAORNE)" Telalem Tadesse (FAOTZ)" Telalem Tadesse (FA

Cc: Andrew Thaiyah <athaiyah@usaid.gov>, Ricardo Echalar <rechalar@usaid.gov>, Ronald Waldman <a href="mailto:</a> <rechalar@usaid.gov>, Ronald Waldman <a href="mailto:</a> <a h

REDACTED Susan Scribner REDACTED

Subject: RE: Making Connections
Sent: Fri, 6 Apr 2018 12:03:11 +0000

INFO SHEET National Mobility and Health Vulnerability Mapping in DRC Feb2017.pdf

Population Mobility Mapping Intro.pdf

National Mobility Mapping InfoSheet Sample (3).pdf

DG statment IHR WHO EB 138 2016.docx

#### Dear Lisa

Thank you so much for this comprehensive introduction and connection. I have copied my colleagues Dr. William based in Tanzania which is our IOM office with liaison role to the EAC.

Dear colleagues,

Nice to e-meet you.

IOM has been engaged in developing and piloting a mobility tracking framework for public health purposes. Health Border Mobility Management framework and the specific tool of Participatory Mobility Mapping PMM. Recently applied in DRC. Through the PMM we score the points of entrance (including the unofficial ones) which are more relevant and as second step we explore on site aggregation points, social dinamics etc...Attached the leaflet of the DRC and Ghana application.

Furthermore in relation to preparedness and response and Global health security agenda IOM is advocating to revise the IHR concept of PoE in favor of the mobility continuum, attached the IOM DG statement at the WHO Executive Board, 138th Session Geneva, 25-30 January 2016.

- In relation to the simulation exercise at Kenya and Tanzania border, we would be very interested in join your team to tailor the tool in this region.
- In relation to the FAO "one health project" we are available to better discuss with particular focus on Djibouti
- Community Pandemic Preparedness Program through IFRC. This is an area where IOM is willing to work together integrating the issue of human mobility and migration.

Please let me know any further opportunity to meet personally and discuss the aforementioned points

With my best regards and looking forward to meeting you

Michela

**From:** Lisa Kramer [mailto:lkramer@usaid.gov]

Sent: Thursday, April 5, 2018 12:37 PM

To: Jeffrey GILBERT < Jeffrey.GILBERT@ifrc.org>; Lukassowitz, Irene GIZ TZ < irene.lukassowitz@giz.de>; MARTINI Michela

David Mutonga <david.mutonga@thepalladiumgroup.com>; Makonnen, Yilma (FAORNE)

THE DAY REDAY REDAY REDAY REPORTED Fasina Folorunso REDAY REDEZEILEM

Cc: Andrew Thaiyah <athaiyah@usaid.gov>; Ricardo Echalar <rechalar@usaid.gov>; Ronald Waldman <a href="mailto:</a> <rechalar@usaid.gov>; Shannon Young <shyoung@usaid.gov>; Laurel Fain <a href="mailto:</a> <a href="mailto:</a> (Tanzania/SO10) <pswai@usaid.gov>; Sarah Paige <spaige@usaid.gov>; Ashna Kibria <a href="mailto:</a> <a href="mailto:</

**Subject:** Making Connections

Dear Colleagues,

I'm writing to make a number of connections among partners and colleagues working to strengthen Global Health Security and pandemic preparedness in the East Africa region and particularly in Kenya and Tanzania.

Some of you know about the GIZ pandemic preparedness work with the East Africa Community (EAC) to strengthen the EAC's pandemic preparedness, including updating their pandemic preparedness plan, conducting simulation exercises (a table top followed by a field simulation), and developing a pandemic preparedness curriculum. Irene Lukassowitz is the GIZ project director. For the simulation exercises that will be taking place later this year and in the first half of 2019, the EAC has chosen Namanga, between the Kenya and Tanzania border for their simulation location. This simulation presents an opportunity for partners supporting the governments of and civil society in Kenya and Tanzania to potentially participate in, learn from, and support the simulations.

Michela Martini is the IOM Regional Migration Health Specialist for East, Horn and Southern Africa. Some of you are already aware that IOM has developed a framework and tool for mapping population mobility which can complement and strengthen activities to prevent, detect, and respond to infectious disease threats and outbreaks. You can find information about the Health Border & Mobility Management framework and the participatory mapping of mobility tool at the following link <a href="https://www.iom.int/outbreak-preparedness-and-response">https://www.iom.int/outbreak-preparedness-and-response</a>.

Colleagues at the US Defense Threat Reduction Agency, Cooperative Biological Engagement Program, Lance Brooks, Andrew Hollands, and Emily Onyancha (based in Kenya) support Global Health Security Agenda related work in Kenya, Tanzania, and other African countries, including experience conducting and supporting table top simulation exercises. Dr. Larry Kerr is the Director of the Pandemics and Emerging Threats Office at the US Department of Health and Human Services.

USAID partners that are supporting GHSA and pandemic preparedness related activities in Kenya and/or Tanzania include the Community Pandemic Preparedness Program through IFRC and National Red Cross Societies, the One Health Workforce project through One Health Central and Eastern Africa (OHCEA), the Preparedness and Response project, the PREDICT2 project, FAO, WHO, Emergency Supply Chain, and others.

I encourage each of you to get in touch with each other as is most appropriate and related to your work in East Africa.

Best regards, Lisa

#### Lisa Kramer

Regional Emerging Pandemic Threats Advisor USAID/Kenya and East Africa +254-20-862-2107 (Office)





IOM International Organization for Migration OIM Organisation Internationale pour les Migrations OIM Organización Internacional para las Migraciones

#### WHO Executive Board, 138<sup>th</sup> Session Geneva, 25-30 January 2016

#### **IOM Statement**

Provisional agenda item 8.1 Implementation of the International Health Regulations (2005)

Report of the First meeting of the Review Committee on the Role of the IHR in the Ebola Outbreak and Response EB 138/20

## Honourable Chair, Director General, members of the Executive Board and Distinguished Colleagues,

IOM would like to echo the observation in the Review Committee Report to "ensure effective implementation of the International Health Regulations (2005) at all points of entry, underscoring the importance of migration across borders and linkages with disease spread". As we know, cross-border mobility links the domains of global health security and primary health care and was a critical element in the

regional spread of the Ebola Virus Disease crisis in West Africa.

IOM commends the acknowledgement of the Review Committee on the importance of looking at border spaces and cross-border mobility in their broadest context and complexities, and in line with primary health care strengthening, in order to mitigate health risks derived from human mobility within endeavours to better prevent, detect and respond to communicable diseases and other health threats.

The West Africa experience has shown us how the concept of Points of Entry under the IHR 2005 need to be expanded. International borders should not be seen only as a line separating two countries, let alone a specific point where people are thought to cross through. In reality, borders are porous and stretch over thousands of kilometers. This concept of "border spaces" is equally applicable to coastal lines, where international fishing trade takes place without health measures put in place.

Core capacities, as stipulated in the IHR 2005, should be integrated within the Primary Health Care system at decentralized level, notably within border communities, to ensure human mobility awareness and capability of detecting and reporting cases among mobile people.

The Ebola crisis interim assessment report noted that risk assessment was complicated due to factors such as limited early awareness in population mobility. Indeed, significant investment is needed to better understand how people move, whether cross-border or internally, their characteristics, their destinations and travel intentions, in order to map spaces with heightened health risks along the mobility continuum, such as the market places and other locations where people congregate and risk of disease transmission is more pronounced.

Finally, it is only by building multi-sectoral partnerships and by inter-country cooperation that meaningful efforts to address risks stemming from human mobility and cross-border movement on spread of outbreaks could be mitigated, whilst minimizing the negative impact on cross border movement, trade and economic activities. IOM remains committed to this endeavor and to effective partnership.

## CARTOGRAPHIE NATIONALE DE LA MOBILITÉ POUR LA SANTE PUBLIQUE

KINSHASA • 15 FÉVRIER 2017

#### **DISTRICTS PRIORITAIRES**

Les résultats de la matrice (ci-dessous) et l'identification des menaces pour la santé publique dans l'exercice de cartographie au niveau national ont identifié les districts prioritaires où un exercice de cartographie local supplémentaire sera mené pour développer des mesures spécifiques d'intervention pour réduire la vulnérabilité des populations aux menaces pour la santé publique.

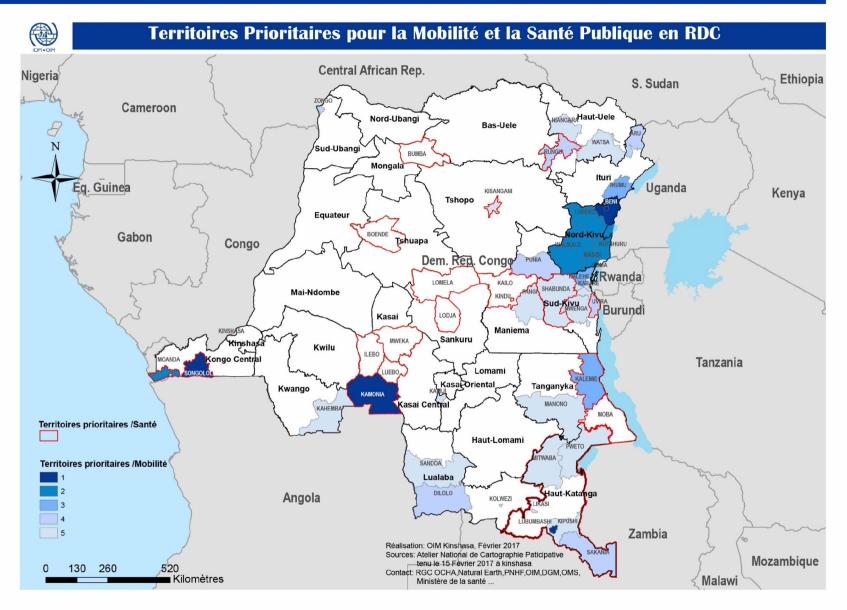
- Priorité 1: Districts de la mobilité classée de classe 1 où les fils de santé publique identifiés (Goma, Kinshasa, Beni, Songololo, Lubumbashi et Kamonia)
- Priorité 2: Tous les autres districts de mobilité de classe 1 (Beni), classe 2, où les segments de santé publique identifiés (Moanda, Kalemie); Et la mobilité de classe 3 où les threads de santé publique identifiés (Rungu, Uvira, Sakania)
- Priorité 3: Tous les autres districts étaient des menaces pour la santé publique et une mobilité élevée était identifiée.

	Ponderation	>	750	250	375	625	500	300	300	300	100	1600	400	1200	300	1500	2000
Affic	her les localités			Points	d'entrée				E maritimes o	ı fluviany		Marché		Aéroport		IDPs	Sites
Ame	iller les localites			Folitis	u entre				L mantimes o	u Iluvidux		IVIAICIIE		Aeroport	.3	refugies	miniers
Localité	Priority Score 1	Priority	Classement importance pour les mouvements de personnes	Points utilisés par des voyageurs de longue distance (1/2)	Communautés transfrontalières (1/2)	Points situés proche de grands rassemblements (1/2)	Système de santé (1/2/3)	Classement importance pour les mouvements de personnes	Ports avec le plus grand nombre de bateaux ou passagers internationaux	Ports avec le plus grand nombre de bateaux ou passagers nationaux	Système de santé (0/2/3)	Classement importance pour les mouvements de personnes	Système de santé (1/2/3)	Classement importance pour les mouvements de personnes	Système de santé (1/2/3)	Classement importance pour les mouvements de personnes	Classement importance pour les mouvements de personnes
Goma	35900		7500	500	750	1250	500	300	300	2700	300	11200	400	9600	600	0	0
Kinshasa	35000		0	0	0	0	0	3000	1800	600	200	16000	800	12000	600	0	0
Beni	27900		6000	500	750	1250	1000	0	0	0	0	8000	400	0	0	6000	4000
Songololo	25550		6750	500	750	1250	1500	0	0	0	0	14400	400	0	0	0	0
Lubumbashi	25400		0	0	0	0	0	0	0	0	0	9600	400	10800	600	0	4000
Kamonia	20550		3750	500	750	1250	1500	0	0	0	0	6400	400	0	0	0	6000
Lubero	19000		0	0	0	0	0	0	0	0	0	0	0	0	0	15000	4000
Moanda	18550		2250	500	750	1250	1500	300	2700	300	300	0	0	8400	300	0	0
Masisi	18000		0	0	0	0	0	0	0	0	0	0	0	0	0	12000	6000
Butembo	17200		0	0	0	0	0	0	0	0	0	12800	400	0	0	0	4000
Walikale	16500		0	0	0	0	0	0	0	0	0	0	0	0	0	10500	6000
Rutshuru	15500		0	0	0	0	0	0	0	0	0	0	0	0	0	13500	2000
Kalehe	13000		0	0	0	0	0	0	0	0	0	0	0	0	0	9000	4000
Bukavu	12850		5250	500	750	1250	1500	300	300	2700	300	0	0	0	0	0	0
Kalemie	11400		0	0	0	0	0	2400	2400	1800	300	0	0	0	0	4500	0

La carte (à droite) est une sortie d'un exercice national de cartographie de la mobilité participative et de la santé publique organisé par l'OIM en corroborant le ministère de la Santé publique de la RDC, dans le cadre de son «Programme mondial de sécurité sanitaire».

20 informateurs clés sont un groupe de discussion composé de membres du personnel technique du Gouvernement, des agences des Nations Unies ayant des connaissances pertinentes sur les populations migrantes et leurs modèles de mobilité, ainsi que sur les questions relatives à la santé publique.

L'exercice identifié les emplacements prioritaires les plus vulnérables à la propagation de maladies et d'autres menaces pour la santé publique, en raison de la mobilité humaine, où les ressources de santé publique doivent être investies pour la prévention, la préparation et la réponse à ces événements.



## LES FACTEURS ENVIROMENTAUX



#### LES FACTEURS ENVIRONNEMENTAUX

L'environnement naturel influence considérablement la communication et le mouvement des personnes en RDC. La présence de vastes forêts tropicales humides couvrant des régions entières de la RDC et le lien fort existant entre l'infrastructure, le système de communication, les économies locales et la forêt font émerger et éveiller le virus dans le pays et un facteur formidable d'accès aux services de santé.

Vu sa taille, le Congo-Kinshasa est peu peuplé, la population se concentre sur les plateaux, dans la savane près des fleuves et des lacs; le nord et le centre du pays, domaine de la jungle sont quasiment vides. L'exode rural à gonflé les villes et surtout Kinshasa. Les grandes agglomérations sont Kinshasa (8 millions d'habitants), Lubumbashi, Kisangani , Mbuji-Mayi , Kananga , Mbandaka , Bukavu , etc..

L'immigration est considérée comme de nature très diverse, avec des réfugiés et des personnes déplacées internes qui sont des produits des conflits dans la région et dans le pays. En outre, les principales activités minières du pays attirent les travailleurs migrants internes et les investisseurs étrangers.



Don du peuple japonais

La cartographie de la mobilité de la population en RDC est généreusement apportée par le gouvernement du Japon



## PROCESSUS DE CARTOGRAPHIE PARTICIPATIVE

1

#### **COLLECTE DES DONNEES**

Entrevue informelle individuelle: tenue d'entrevues individuelles pour recueillir les données de base et les informations et les perceptions avant et après l'exercice de discussion et de cartographie de groupe.

Présentation: pour avoir une compréhensior commune du point de discussion, l'Organisatior mondiale de la santé a partagé un aperçu de la situation de la santé publique en RDC en matière de mobilité humaine.

Carte: Identifier et Localiser les Sites Vulnérables en RDC par les participants. Cela comprend les passages à niveau / postes frontaliers, les ports de la mer et de la rivière et les aéroports, les lignes de chemin de fer, les routes principales, les itinéraires de ferry, les établissements peuplés (villes et villes), les marchés, les établissements de santé, les limites des unités internes et administratives. En outre, la carte étend les frontières nationales et comprend 50 km dans les pays voisins.

**Grille du Rapporteur**: Pour chaque type de Site, Identifier et localiser à partir de 10 premières unité administrative sélectionnées pour cette analyse.



#### 2

#### SAISIE DES DONNEES

**Grille du Rapporteur**: 1).Entrer les données du support papier du rapporteur dans la matrice sous le format Excel

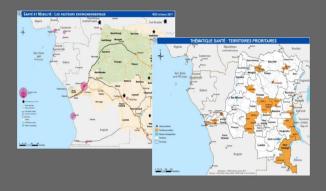
Matrix: 2). Entrer les données du rapporteur de la grille Excel dans la matrice. 3). le Calcul de taux automatique de l'unité administrative en terme de nombre des site identifiés

Indicateurs de vulnérabilité et schéma de poids: pour calculer l'indice de vulnérabilité et le risque potentiel pour la santé publique dans les lieux frontaliers, plusieurs zones d'indicateurs combinées et pondérées, selon des facteurs considérés comme augmentant ou diminuant la vulnérabilité (tableau de Synthese). Le questionnaire de cartographie participative est divisé en 6 groupes et 15 indicateurs et poids sont attribués à chaque groupe et indicateur, selon le potentiel relatif du groupe pour l'exposition aux épidémies et l'importation de pathogènes nés à l'étranger. Par exemple, le marché qui attire le nombre de personnes des pays voisins reçoit des poids élevés, car il manque souvent d'hygiène publique et d'assainissement et de soins de santé et beaucoup souvent ceux qui traversent la frontière à des fins commerciales quotidiennes ne sont pas tenus de présenter une carte de vaccination.

#### 3

#### **ANALYSE**

**Cartes**: Cartographie de **environnement**, **mobilité** et territoires prioritaires pour la **santé** 



#### 6 matrices de groupe avec 20 indicateurs

Description	Territoire	Classe- ment im- portance pour les mouve- ments de personnes	Points utilisés par des yoya- geurs de longue distance (1/2)	Communau- tés trans- frontalières (1/2)	Points situés proche de grands ras- semblements (1/2)	Système de santé (1/2/3) au niveau du point	Scare
Lufu	Songololo	9	2	2	2	3	18
Goma	Goma	10	2	2	2	1	17
Kasindi	Beni	8	2	2	2	2	16
Bukavu	Bukavu	7	2	2	2	3	16
Kamako	Kamonia	5	2	2	2	3	100
Aru	Aru	6	2	2	2	2	14
Yema	Moanda	3	2	2	2	3	12
Kasumbalesa	Sakania	4	2	2	2	1	
Kahemba	Kahemba	2	2	2	2	3	
Kipushi	Kipushi	1	2	2	2	3	
Dilolo	Dilolo	1	2	2	2	2	
Pweto	Pweto	1 1	1 1	2	1	. I	

#### Synthese:

	Ponderation-	>	750	250	375	625	500	300	300	300	100	1600	400	1200	300		
Affi	cher les localité		Points d'entrée								Marché				IDPs refugies	Sites miniers	
	Priority Score		Classement importance pour les mouvements de personnes	Points utilisés par des voyageurs de longue distance (1/2)	Communautés transfrontalières (1/2)	Points situés proche de grands rassemblements (1/2)		Classement importance pour les mouvements de personnes	Ports avec le plus grand nombre de bateaux ou passagers internationaux	Ports avec le plus grand nombre de bateaux ou passagers nationaux		Classoment importance pour les mouvements de personnes		Classement importance pour les mouvements de personnes		Classement importance pour les mouvements de personnes	Classement importance pour les mouvements de personnes
Goma	35900		7500	500	750	1250	500	300	300	2700	300	11200	400	9600	600	0	0
Kinshasa	35000		0	0	0	0	0	3000	1800	600	200	16000	800	12000	600		
Beni	27900		6000	500	750	1250	1000	0	0	0	0	8000	400	0	0	6000	4000
Songolclo	25550		6750	500	750	1250	1500	0	0	0	0	14400	400	0	.0	0	0
Lubumbashi	25400		0	0	0	0	0	0	0	0	0	9600	400	10800	600	0	4000
Kamonia	20550		3750	500	750	1250	1500	0	0	0	0	6400	400	0	0	0	6000
Lubero	19000		0	0	0	0	0	0	0	0	0	0	0	0	0	15000	4000
Moanda	18550		2250	500	750	1250	1500	300	2700	300	300	0	0	8400	300	0	0
Masisi	18000		0	0	0	0	0	0	0	0	0	0	0	0	0	12000	6000
Butembo	17200		0	0	0	0	0	0	0	0	0	12800	400	0	.0	0	4000
Walikale	16500		0	0	0	0	0	0	0	0	0	0	0	0	0	10500	6000
Rutshuru	15500		0	0	0	0	0	0	0	0	0	0	0	0	. 0	13500	2000
Kalehe	13000		0	0	0	0	0	0	0	0	0	0	0	0	0	9000	4000
Bukavu	12850		5250	500	750	1250	1500	300	300	2700	300	0	0	0	0	0	0
Kalemie	11400		0	0	0	0	0	2400	2400	1800	300	0	0	0	0	4500	0

#### **MOBILITE**

La porosité des frontières de 9,165 km contribue à un modèle de mobilité interne et transfrontalière de plus en plus complexe dans le pays et la région. Les déplacements transfrontaliers à courte distance vers les pays voisins sont très fréquents; Plus de 70,000 personnes traversent les 242 frontières officielles par jour. La plupart sont des voyageurs quotidiens pour les entreprises et les travaux quotidiens. Les déplacements transfrontaliers à distance entre les grandes villes commerciales comme les corridors terrestres de Luanda-Kinshasa et Lusaka et Lubumbashi impliquent de nombreux voyageurs transfrontaliers à des fins commerciales. En outre, l'afflux continu de réfugiés des pays voisins et l'augmentation des populations déplacées internes créent également des mouvements de population complexes et contribuent à la vulnérabilité aux problèmes de santé publique en raison de leurs conditions de vie.

Cette carte décrit les principaux flux et infrastructures de transport du pays. Les sites vulnérables présentés sont ceux qui ont été identifiés et classés en fonction de leur importance vis-à-vis de la mobilité humaine.

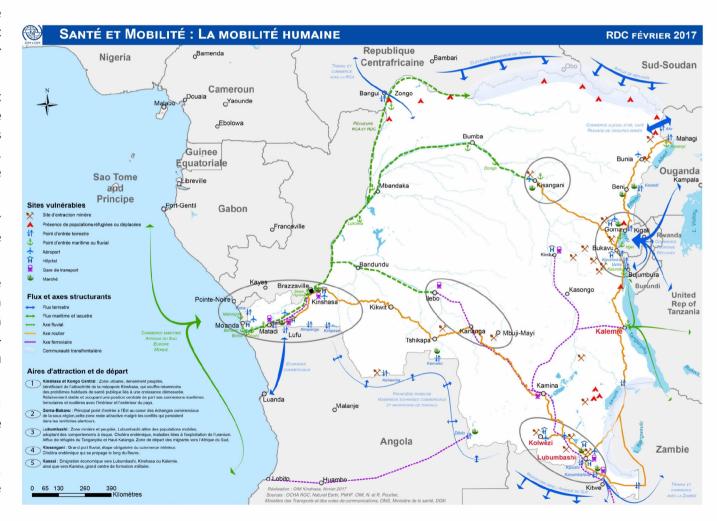
Kinshasa et Kongo Central: Zone urbaine, densément peuplée, bénéficiant de l'attractivité de la mépapole Kinshasa, qui souffre néanmoins des problèmes habituels de santé publique liés à une croissance démesurée. Rélativement stable et occupant une position centrale de part

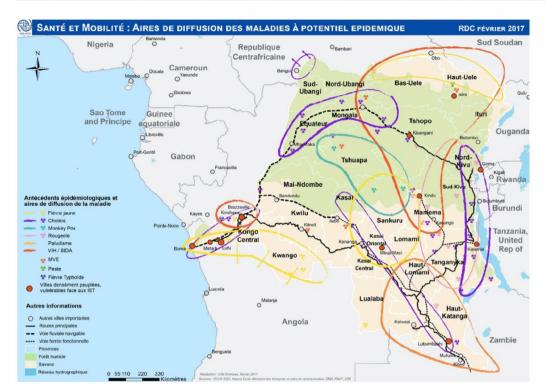
**Goma-Bukavu**: Principal point d'entrée à l'Est au coeur des échanges commerciaux de la sous-région,cette zone reste

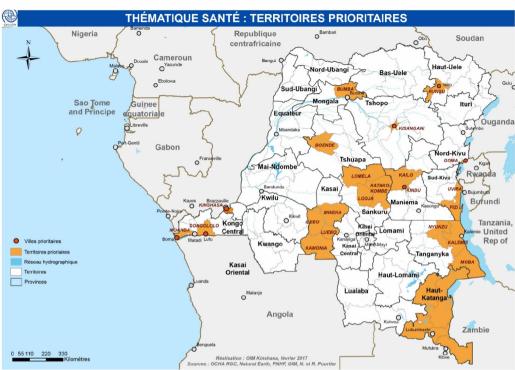
Lubumbashi: Zone minière et peuplée, Lubumbashi attire des populations mobiles, adoptant des comportements à risque. Choléra endémique, maladies liées à l'exploitation de l'uranium. Afflux de réfugiés du Tanganyika et Haut-Katanga. Zone de départ des migrants vers l'Afrique du Sud.

**Kissangani**: Grand port fluvial, étape obligatoire du commerce intérieur. Choléra endémique qui se propage le long du fleuve.

**Kassai**: Emigration économique vers Lubumbashi, Kinshasa ou Kalemie, ainsi que vers Kamina, grand centre







### DIFFUSION DES MALADIES À POTENTIEL EPIDÉMIQUE ET TERRITOIRES PRIORITAIRES POUR LA SANTÉ PUBLIQUE

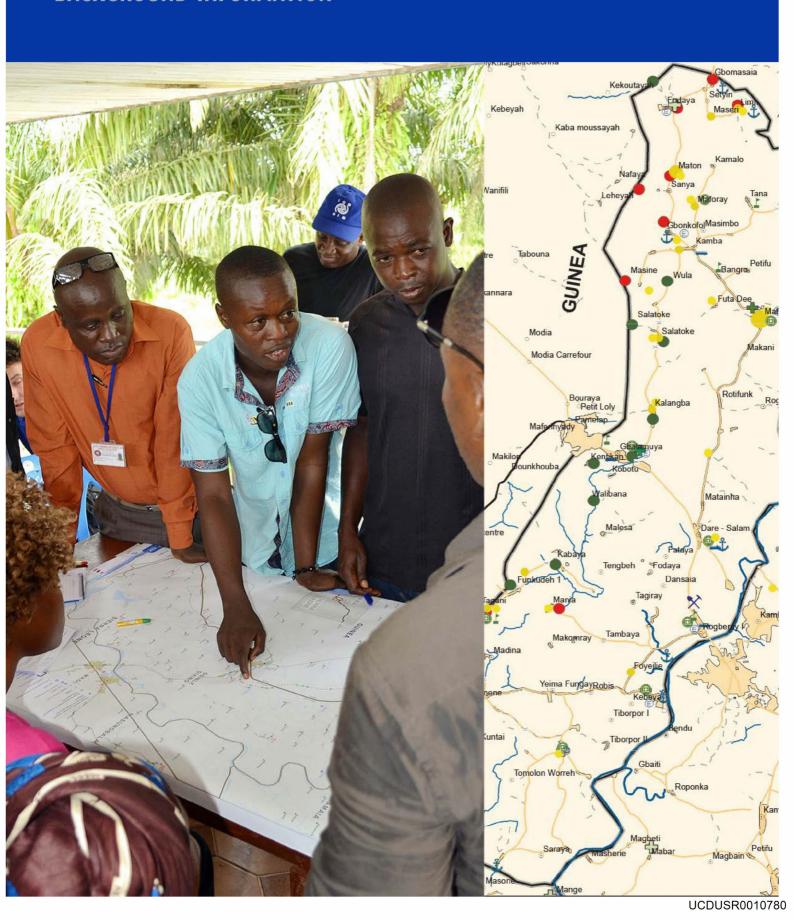
Les zones diffuses du **choléra** sont clairement visibles le long des couloirs de la mobilité: le long du fleuve Congo dans les provinces d'Ecuateur et de Mongala et le long de l'Ubangi entre le Congo Rdc et la République centrafricaine et le long de la ligne de chemin de fer du Haut Katanga au Kassai et le long du territoire national Route N1 entre Kinshasa et Matadi. La présence de choléra autour des lacs s'explique par la proximité de l'environnement lacustre, particulièrement favorable au développement de la bactérie Vibrio cholerae. Les épidémies de **fièvre jaune**, **de paludisme** et de **monkey pox** s'expliquer par les caractéristiques environnementales dans lesquelles elles se propagent: une forêt dense et humide pour que **monkey pox** soit transmis par contact avec des animaux vivant dans cet écosystème; Et pour la fièvre jaune à transmettre par contact avec le paludisme infecté. Les épidémies de **rougeole** se produisent souvent dans les régions orientales en raison du grand mouvement de population à but

commercial et causé par le nombre de conflits, et l'insécurité a causé une inaccessibilité qui crée de nombreuses possibilités de vaccination manquantes pour les enfants. Les zones vulnérables au VIH/sida sont le long du mouvement ouvrier, en particulier dans les territoires et régions tels que les sites miniers et les villes urbaines, attirent un grand nombre de travailleurs migrants comme Maniema (4% de prévalence du VIH) et Kinshasa (1.6%).

Les territoires et les villes vulnérables sont indiqués dans le tableau (à droite). Pour chaque territoire identifié, les participants ont eu à détailler les facteurs de risque, y compris des facteurs liés à la qualité du système de santé, la présence des populations vulnérables, la présence de comportements à risques.

# ASSESSING POPULATION MOBILITY DYNAMICS AND PATTERNS FOR PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

**BACKGROUND INFORMATION** 



#### HEALTH, BORDERS AND HUMAN MOBILITY

Local, regional and far-flung international human mobility is a complex and dynamic phenomenon, which has shown capable to amplify the spread of communicable diseases and the impact of public health events. The Ebola Virus Disease (EVD) outbreak in West Africa is a reminder of this fact.

While the International Health Regulations (IHR 2005) put a lot of emphasis on public health measures at Points of Entries (POEs), at airports, seaports and ground crossings, the reality of human mobility goes far beyond official border crossing. In fact, borders should be seen as spaces, not only as a line dividing countries, nor as points of crossing. In many parts of the world, communities living around international border lines share familial and social ties across the border; for them, these administrative lines do not exist, and international movement is a common part of daily lives. The concept of border spaces is inclusive of these communities, as well we their health and social systems, all of which may play a role in either curbing, or perpetuating the international spread of diseases and other health threats.<sup>2</sup>

IOM's Health, Border & Mobility Management (HBMM) framework<sup>3</sup> endeavours to build human mobility competent health systems, notably at the community and primary health care level. Such systems are responsive to the dynamics of human mobility and are inclusive, ensuring Universal Health Coverage (UHC). HBMM is both a conceptual and operational framework with the ultimate goal of improving prevention, detection and response to the spread of diseases and other health threats along the mobility continuum, with particular focus on border spaces. HBMM unifies border management, human and health security that ultimately supports the implementation of the International Health Regulations (IHR 2005). The scope of HBMM activities ranges from collection and analysis of information on human mobility dynamics, to disease surveillance and response mechanisms along mobility corridors.

Human mobility dynamics include the "who", the "why", the "where" and the "how" of travellers<sup>4</sup>. They comprise the profiles of travellers, the routes and patterns of movement, and the Spaces of Vulnerability (SOV). SOVs are locations where travellers interact with other travellers, as well as with stationary, local communities. They represent an environment that is conducive to increased health risks, in a community where people live, work, interact, pass through or originate from. SOVs can include migration routes, transport corridors and waterways, transit hubs, POEs and other border crossings, ports and ferry landings, urban settings, temporary places of residence, informal settlements, marketplaces, health facilities, alternative/traditional medical facilities, schools, places of worship, and worksites that attract migrant workers in such industries as extractive (mining), logging, construction, commercial agriculture, fisheries, and others.<sup>5</sup>

The knowledge on population mobility dynamics is important for epidemiology and public health decisions aiming to prevent, detect and respond to public health events. It therefore supports the realization of the Global Health Security Agenda (GHSA).

<sup>&</sup>lt;sup>1</sup> Lancet reference, IHR reference

<sup>&</sup>lt;sup>2</sup> IOM Statement – IHR Review

<sup>&</sup>lt;sup>3</sup> IOM HBMM

<sup>&</sup>lt;sup>4</sup> Travelers include all individuals engaged in all forms of mobility, regardless of intention and duration; in humanitarian crises, the term "travelers" shall also include displaced populations, stranded migrants, etc.

<sup>&</sup>lt;sup>5</sup> IOM definition of SOV, multiple resources

# EXPERTISE IN MOBILITY TRACKING IN THE CONTEXT OF HUMANITARIAN AND PUBLIC HEALTH EMERGENCIES

The International Organization for Migration (IOM) has a long standing experience in implementing data collection on population mobility during humanitarian crises. The IOM Displacement Tracking Matrix (DTM) is a system that is made of a variety of processes and tools that regularly track and monitor forced mobility, including displacement, during crises. It is a structured approach to manage mobility information, to inform humanitarian actors on the evolving needs of a population on the move, on site or en route. The DTM has been utilized in multiple crises following its inception in Iraq, in 2004. To date more than 40 IOM country operations has benefited from the system.

IOM's added value is in its field presence, and therefore its familiarity with mobility dynamics on the ground, notably at strategic SOVs and across international borders. Through its direct interaction with the thousands of travellers and their host communities, IOM is able to obtain primary data from target populations.

Within its EVD outbreak response efforts in West Africa IOM utilized the DTM model to monitor cross-border mobility flows. Flow monitoring data collection was integrated in all IOM health screening processes implemented during the outbreak, in and between, Liberia, Guinea, Sierra Leone and Mali. The information collected on cross-border travellers' profiles, places of origin and destination was mapped and cross-referenced against locations of reported EVD cases. This experience led to the development of more methodologies and tools for mapping mobility patterns, combining qualitative and quantitative methods, for the purpose of informing public health interventions, regardless of the typology of the health threat.

# POPULATION MOBILITY MAPPING FOR PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

Understanding population mobility dynamics facilitates the identification of priority communities and locations that are at higher risk of potential spread of diseases and other health threats, as a direct result of human mobility. It is therefore an essential component of evidence-based public health programming, which combines and correlates the more familiar information on burden of diseases, and health system capacities, with the different levels of health risks associated with population mobility within a particular geographical area of interest.

Assessing population mobility dynamics and patterns has the ultimate goal to inform public health actions. IOM's Population Mobility Mapping (PMM) approach complements traditional public health risk assessments and big data analysis on mobility, enabling more accurate prioritization of vulnerable locations and public health interventions.

The objectives of IOM's PMM are:

- 1. To identify the profiles of travellers and patterns of mobility within a specific country or locality;
- 2. To identity SOVs locations where travellers interact with other travellers and stationary, local communities, which are at higher risk of spread of diseases and other health threats, as a result of human mobility;

<sup>&</sup>lt;sup>6</sup> DTM reference document.

<sup>&</sup>lt;sup>7</sup> DTM map.

- 3. To anticipate the potential spread of diseases and other health threats, based on prevailing human mobility patterns;
- 4. To identify priority SOVs with low capacities for public health emergency preparedness and response; and
- 5. To identify priority public health actions and resource allocations, and develop action plans aimed at strengthening public health emergency preparedness and response capacities.

#### IOM's PMM exercises answer the following questions:

- Who are the travellers, and how many are they?
- Why are they travelling?
- Where do they come from and where are they going?
- How frequently do they travel?
- How are their travel patterns influenced by external factors?
- What mode of transportation do they use and what routes do they take?
- Where do they transit and interact with local communities? How long do they stay?
- What are the local preparedness and response capacities for a public health event?

PMM data, when cross-analysed with other public health risks assessments, results in the identification of more accurate, mobility-affected priority locations, as well as their priority public health interventions. The will enable public health actions and three different levels:

- 1. Community based interventions, such as Community event Based surveillance (CEBS), risk communication and community mobilization;
- 2. Technical, material and managerial capacity building for disease surveillance and response, including health screening procedures, diagnostics capacity, emergency operations, supply chain management, etc.; and
- 3. Multi-sectoral and cross-border coordination.

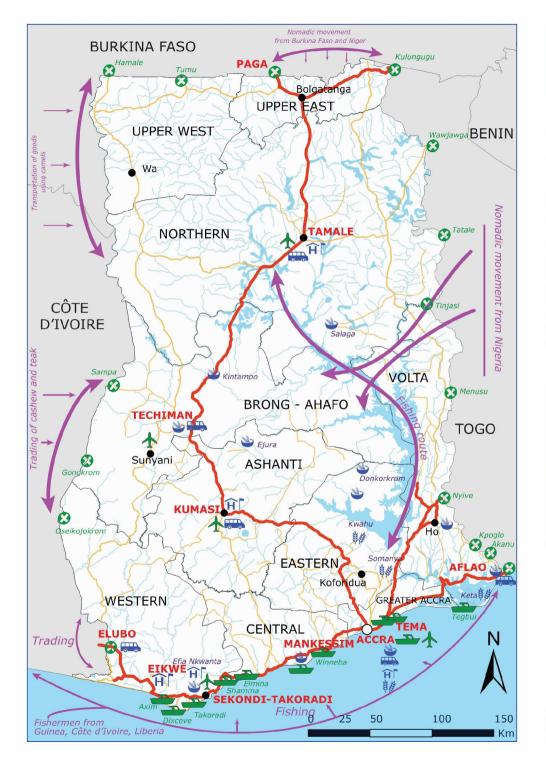
#### PMM for Public Health Emergency Management

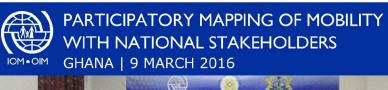
**PMM** for Prevention: PMM is used to inform priority locations for public health emergency prevention measures, such as health promotion, risk communication and vaccination.

**PMM** for Detection: PMM is used to inform priority locations for strengthened disease surveillance, including CEBS – these locations may include SOVs, such as cross-border markets, bus stations, migrant worker sites and entertainment centres.

**PMM** for Preparedness: PMM is used to inform priority locations for capacity building, infrastructure improvement and stockpiling.

**PMM** for Control: PMM is utilized to identify locations where control measures need to be put in place, including health screening whenever relevant, community mobilization, infection prevention and control.







The table below shows the 10 priority locations, ranked according to their exposure to international mobility and potential public health threats.

Locality	Priority Score	Priority
ACCRA	200	
KUMASI	144	
SEKONDI-TAKORADI	98	
AFLAO	79	
TECHIMAN	40	
ELUBO	38	
TAMALE	38	
PAGA	21	
MANKESSIM	20	
EIKWE	15	
TEMA	15	
	-1-	

#### **Identified Priority Sites** Points of entry Vulnerable sites Airport Hospital Land crossing point Market Sea landing site Transport station Festival **Busiest roads** Mobility pattern Other information Major Routes Country capital Regional capital

Created by: IOM, March 2016 Sources: Ghanaian national state

Sources: Ghanaian national stakeholders, IOM, DivaGIS, NGA, DCW, GAUL, OCHAROWCA This map (left) is an output of a national, participatory mobility mapping exercise, organized by IOM, as part of its "Global Health Security Program". The purpose of this mapping activity was to identify priority locations most vulnerable to the spread of communicable diseases and other health threats, as a result of human mobility, where public health resources need to be invested for prevention, preparedness and response to such public health events. Participatory mobility mapping is a tool that can also be used to forecast the potential spread of epidemic-prone diseases, based on the human mobility patterns identified.

Information on this map reflects the results of a key informant group interview, which included representatives of Government agencies (Ghana Health Service, Ghana Immigration Service, Ghana Revenue Authority, Ministry of Fisheries and Ghana Statistical Service); Development partners (CDC, WHO, ILO); the private sector (Ghana Cooperative Transport); and the School of Public Health.

### PARTICIPATORY MAPPING OF MOBILITY WITH NATIONAL STAKEHOLDERS

ASSESSING HUMAN MOBILITY PATTERNS AND PROFILES IN THE CONTEXT OF A PUBLIC HEALTH EVENT

#### Overview

Human mobility is a complex and dynamic phenomenon and may amplify the spread of communicable disease and the impact of a public health event. The recent Ebola Virus Disease outbreak in West Africa has highlighted the importance and need for reliable information to assess the vulnerability of points of entry and their surrounding communities to the potential spread of epidemic-prone diseases.

Participatory mobility mapping is a tool, developed by IOM, to empower governments and communities to understand the dynamics of human mobility and identify the most vulnerable, priority locations within their borders to achieve the following goals:

- 1. Support the design and implementation of a national strategy for preparedness, intervention, and response efforts;
- 2. Inform resource allocation aimed at preventing, detecting and limiting the negative influence of health threats; and
- 3. Forecast the potential spread of epidemic-prone diseases and other health threats, based on prevailing human mobility patterns.

### **Objectives**

The overall objective of national participatory mapping is to rapidly collect information through group discussion on human mobility profiles and patterns within a country, in order to inform effective, more targeted resource allocation at a time of public health risk. The specific objectives are to:

- 1. Identify and prioritize locations with human mobility patterns that may increase the impact of a public health risk of national, as well as international and community, concern with specific focus on the following criteria:
  - a. Sites with high-volume, human mobility, including official and unofficial Points of Entry, commercial and passenger boat landings, airports, and transportation hubs
  - b. Human settlements with high population density (e.g. cities and towns) along main routes within corridors of high volume mobility
  - c. Public gathering places that attract large numbers of people, such as markets, entertainment venues, religious events, and cultural festivals
  - d. Health facilities that attract populations with high risk of exposure to epidemic-prone disease
- Assess the volume and characteristics of human mobility into, from and between identified priority locations, including traveller profiles, modes of transportation, and the places of heightened vulnerability in which mobile populations gather, including nomadic movements;
- 3. Analyse mobility patterns in the context of a public health event to guide resource and

- response needs; and
- 4. Determine the ideal administrative unit at which to conduct further participatory mapping, assess prioritized sites vulnerable to the spread of communicable diseases, and collect mobility data at the peripheral, community level.

## Scope of the participatory mapping exercise

The geographical unit of assessment for this participatory mapping exercise is the entire nation, therefore a map of the nation must prepared showing:

- Land Crossings/Border Posts (official and high-volume unofficial)
- Ports/Wharfs/Landing Sites (official and high-volume unofficial commercial, fishing, and passenger)
- Airports (international and domestic)
- Railway Lines
- Primary Roads (major routes that many people use to move throughout the country)
- Ferry Routes
- Highly-populated Settlements (e.g. cities and towns)
- Markets (largest international and domestic)
- Healthcare Facilities (largest government and private)
- Internal, administrative unit borders (e.g. districts, prefectures, counties, etc.)
- Map should extend beyond national borders to include 50km within neighbouring countries

# **Participants**

To expedite data collection and encourage open, in-depth dialogue, Key Informants are gathered into a discussion group, composed of technical staff from Governments, agencies, organizations, and the private sector with relevant, first-hand knowledge about migrant populations and their mobility patterns. In particular, group members should include those working in border regions or in areas with high-volume population movement, especially health professionals designing and/or implementing health strategies to prevent and control communicable disease transmission.

# Output

Synthesize, report, and present to stakeholders, through maps and summary documents, the mobility profiles and patterns throughout the country, including a matrix showing the priority locations, ranked according to their exposure to international mobility and potential public health threats, as identified through the national participatory mapping exercise.

# **Priority Locations Matrix**

To calculate the overall index of vulnerability and potential risk to public health in border locations, several indicators are combined and weighted, according to factors considered as increasing or decreasing the vulnerability (see Table 1: Matrix of Vulnerability Indicators and Weight Schema below). For Ghana, the analysis is based on the response capacity and the level of preparedness of the Districts in which the location is sited.



The participatory mapping questionnaire is divided into 12 groups of indicators, and weights are allocated to each group, according to the group's relative potential for exposure to distant

Table I: Matrix of Vulnerability Indicators and Weight Schema

indicator Group		Group Weight	Indicator Weight	indicator		
	Ground Crossing Points	10	3	The top 5 border crossing points with the largest number of people crossing throughout the year (ranked from 5 to 1, where 5 is the largest)		
1.			2	The top 5 border crossing points most easily accessible by car, lorry, truck or minivan (ranked from 5 to 1, where 5 is the largest)		
			2	Border crossing points most likely used by travellers to travel long distance internationally (Yes=1/No=0)		
			1	Towns or villages along the border that share a common language or currency with villages across the border (Yes=1/No=0)		
			2	Towns or villages close to regular or periodic large gatherings of people (Yes=1/No=0)		
2.	Water Landing Sites	10	3	The top 5 wharfs with largest number of boats and passengers coming from and going to other countries (ranked from 5 to 1, where 5 is the largest)		
			1	The top 5 wharfs with largest number of boats and passengers and coming from and going to other ports in the country (ranked from 5 to 1, where 5 is the largest)		
			1	Wharfs with largest number of boats landing throughout a year (ranked from 5 to 1, where 5 is the largest)		
			5	Wharfs with largest number of passengers landing throughout a year (ranked from 5 to 1, where 5 is the largest)		
3.	Main Roads, Junctions and Rivers	0	0	N/A: there are no indicators associated with main routes, junctions and rivers.		
4.	Markets	10	10	Markets that attract the largest number of people from other countries (ranked from 5 to 1, where 5 is the largest)		
5.	Migrant Worksites	10	10	Worksites that have the most number of foreign workers (ranked from 5 to 1, where 5 is the largest)		
6.	Traditional Healers	20	20	Traditional healers that attract the largest number of people from other countries (ranked from 5 to 1, where 5 is the largest)		
7.	Health Facilities	15	15	Health facilities that attract the largest number of people from other countries (ranked from 5 to 1, where 5 is the largest)		
8.	Transport Stations	10	10	Transport stations that attract the largest number of people from other countries (ranked from 5 to 1, where 5 is the largest)		
9.	Schools	5	5	Schools and colleges that attract the largest number of people from other countries (ranked from 5 to 1, where 5 is the largest)		
10.	Places of Worship	10	10	Places of worship that attract the largest number of people from other countries (ranked from 5 to 1, where 5 is the largest)		
11.	Places of Entertainment	2	2	Places of entertainment attracting the largest number of people from other countries (ranked from 5 to 1, where 5 is the largest)		
12.	Other Places	2	2	Other places attracting the largest number of people from other countries		

disease outbreaks and importation of foreign-borne pathogens. For example, traditional healers that attract large numbers of people from other countries are given the highest weight, as they are often the preferred provider over formal health facilities, attract people who are ill or infected, and the healers tend to have no protective equipment, supplies or practices.

Other indicator groups include ground border crossing points with the largest volume of travellers; ports, harbours and landing sites with large numbers of boats and passengers coming from and going to other countries; markets attracting large numbers of people from other countries; migrant worksites; transport stations attracting large numbers of foreign travellers; and health facilities, schools, places of worship and places of entertainment that attract large numbers of people from other countries.

## **Next Steps**

 Conduct participatory mapping exercises at the local level in the nationally-identified priority areas with 1) local leadership and 2) relevant stakeholders (e.g. village and religious leaders, transport providers, market vendors, harbour masters, and health care workers) to determine specific priority locations within these target communities at risk of potential public health threats, due to high population mobility.

Locations to identify include the following:

- a. Sites of high-volume human mobility, including official and unofficial Points of Entry (border crossings and checkpoints), commercial and passenger boat landings, airports, and transportation hubs
- b. Human settlements (e.g. cities, towns and villages) along main and alternative routes within corridors of high volume mobility
- c. Public gathering places that attract large numbers of people, such as markets, worksites (e.g. mines, commercial farms, and logging sites), places of worship, government and municipal buildings, entertainment venues, religious events, and cultural festivals
- d. Locations that attract populations with high risk of exposure to epidemic-prone disease, e.g. traditional healers, health facilities, and burial service providers

Population mobility patterns and profiles to identify include the following characteristics:

- a. Volume of human mobility
- b. Cyclical or seasonal changes in volume of human mobility
- c. Travel intention
- d. Travel origin and destination patterns
- 2. Visit locally-identified, priority sites for field observation to verify the information collected through the key informant and group participatory mapping exercises, as well as to determine the adequate methodology for quantitative data collection.
- 3. Quantify and characterize population mobility at locally-identified, priority sites by conducting quantitative data collection on the volume of human mobility and essential demographics of mobile populations.



From: IOHC 2018 Organizers <IOHC2018@conftool.com>

To: eskew@ecohealthalliance.org <eskew@ecohealthalliance.org>

CC: dmontecino@ucdavis.edu <dmontecino@ucdavis.edu>;nrandhawa@ucdavis.edu

<nrandhawa@ucdavis.edu>;olival@ecohealthalliance.org
<olival@ecohealthalliance.org>;daszak@ecohealthalliance.org
<daszak@ecohealthalliance.org>;jkmazet@ucdavis.edu

<jkmazet@ucdavis.edu>;predict@ucdavis.edu <predict@ucdavis.edu>

**Sent:** 4/12/2018 5:45:11 AM

Subject: IOHC 2018

Dear Evan Ashton Eskew

# CONTRIBUTION DETAILS

ID: 392

Title: Pregnancy and Other Drivers of Viral Detection in Bat Hosts

It is my utmost pleasure to inform you that the instructions for your poster presentation are now available online. Please go to our website to read the quidelines:

https://onehealthplatform.com/iohc/presentation-guidelines/poster-presentations

Please note that we have programmed a dedicated poster presentation session on Saturday evening 23 June from 18:00 until 19:30. This will be your opportunity to interact with other congress delegates while enjoying some wine and cheese offered by the organizers.

Looking forward to seeing you in Canada!

Kind regards

IOHC18 management

\_\_

The 5th International One Health Congress 2018 Organizers https://www.conftool.com/onehealthplatform2018/http://onehealthplatform.com/international-one-health-conferences/home/

From: Andrew Clements <aclements@usaid.gov>

**Sent:** Fri, 20 Apr 2018 08:41:19 +0200

Subject: Re: Request for estimated core pipeline and monthly expenditure rates for Predict through Sep 30, 2018

To: Elizabeth Leasure <ealeasure@ucdavis.edu>

Hi Liz,

A small addition to this request. While we are focused on pipeline at the end of Sep 2018, it would be also helpful to know if you expect the core (and Ebola) monthly expenditure rate to continue to change after that date as field activities wind down and attention shifts more to testing which may increase spending. So if Oct 18-Mar 19 is going to be testing-intensive, what is the projected monthly expenditure rate for that time period? Any guess as to what the monthly expenditure rate might be for Apr 19-Sep19 when the focus is on analysis, reporting, wrap-up? Looking back on spending during the final 6 months of Predict-1 might be informative.

Thanks!

Andrew

On Thu, Apr 19, 2018 at 8:30 PM, Elizabeth Leasure < <u>ealeasure@ucdavis.edu</u>> wrote:

Hi Amalhin. I'm sorry, but with Jonna on vacation and me out tomorrow though Tuesday on vacation, we're not going to be able to get this to you by noon tomorrow. The earliest we can get this to you is Wednesday. I hope that's okay.

Thanks,

Liz

Elizabeth Leasure

Financial Operations Manager

One Health Institute

REDACTED (cell)

530-754-9034 (office)

Skype: ealeasure

From: Amalhin Shek [mailto:ashek@usaid.gov]

**Sent:** Thursday, April 19, 2018 11:25 AM

To: Andrew Clements

Cc: David John Wolking; Jonna Mazet; Elizabeth Leasure; PREDICTMGT; predict@ucdavis.edu

Subject: Re: Request for estimated core pipeline and monthly expenditure rates for Predict through Sep 30, 2018

If possible it'd be great to have this before Noon EST tomorrow!

Thanks in advance,

#### Amalhin Shek | Budget & Communications

Emerging Threats Division, Office of Infectious Disease USAID/Washington, Bureau for Global Health

Phone: 571-551-7102(o) REDACTED (c) l CP3 8092

Subscribe to our Newsletter!

USAID-HECFAA, VP of Community Engagement

On Tue, Apr 17, 2018 at 2:17 AM, Andrew Clements <aclements@usaid.gov> wrote: Ok. Thanks 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 Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov On Apr 16, 2018, at 10:27 PM, David J Wolking <a href="mailto:djwolking@ucdavis.edu">djwolking@ucdavis.edu</a> wrote: Hi Andrew, Jonna is on vacation so let us circle the wagons first before we get back to you on this one. Cheers, David On Mon, Apr 16, 2018 at 12:44 PM, Andrew Clements <a href="mailto:aclements@usaid.gov">aclements@usaid.gov</a> wrote: Hi Jonna, Liz, and David, We are having Office and Bureau reviews of the ETD portfolio in a few weeks and project pipelines are always a topic of discussion. In this case, the focus will be on our core budget.

As you did/are doing with the Ebola budget, can you provide an estimate of your planned cumulative core expenditures through September 2018 along with the estimated monthly expenditure rate you are using for the period between now and then as well as the estimated pipeline remaining as of September 30, 2018. If there has been any significant change in the monthly expenditure rate from April 2018 to September 2018 compared to the previous six months (or year), please describe the reason for that change so that we can

make sure our managers fully understand the numbers we provide.
Would it be possible to provide this information by the end of the week (or sooner if it's not too complicated)?
Please let me know if you have any questions.
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
Mobile phone: 1-571-345-4253
Email: <u>aclements@usaid.gov</u>
You received this message because you are subscribed to the Google Groups "PREDICTMGT" group. To unsubscribe from this group and stop receiving emails from it, send an email to <a href="mailto:predictmgt+unsubscribe@usaid.gov">predictmgt+unsubscribe@usaid.gov</a> . To post to this group, send email to <a href="mailto:predictmgt@usaid.gov">predictmgt@usaid.gov</a> . To view this discussion on the web visit <a href="https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CAJT_2LGr%2BvqCWs29qB1QOZXgG6YjyoBRwOPwrf2">https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CAJT_2LGr%2BvqCWs29qB1QOZXgG6YjyoBRwOPwrf2</a> .  CfcmNvnjQ%40mail.gmail.com.
<b></b>
Andrew Clements, Ph.D. Senior Scientific Advisor

Andrew Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: http://www.usaid.gov/ept2

From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Murray, Suzan <MurrayS@si.edu>

CC: William Karesh <karesh@ecohealthalliance.org>

**Sent:** 5/7/2018 7:44:49 PM

**Subject:** Re: Advancing Emergency Preparedness Through One Health Act of 2018, S.2615

Yeah -- philosophically great, but no USAID or DoI (USGS) or any other environmental agencies mentioned specifically. Language very consistent with GHSA.

On Sun, May 6, 2018 at 6:30 PM, Murray, Suzan < MurrayS@si.edu> wrote:

New bill introduced - I'm sure you are aware but if not here is the title. We are not included by name but folks at SI are looking into it

From: William B. Karesh <a href="mailto:karesh@ecohealthalliance.org">karesh@ecohealthalliance.org</a>

To: Karen Saylors <ksaylors@metabiota.com>

CC: Tracey Goldstein <tgoldstein@ucdavis.edu>;Brian Bird <bhbird@ucdavis.edu>;Predict inbox

color = co

**Sent:** 5/9/2018 7:30:10 PM

Subject: Re: Slide deck for EBO-SURSY

Yes, Sophie leads the overall project. They are also testing for some additional diseases in addition to Ebola since project partners are really using the funds to support their ongoing work - so the country project projects and partners are not really coordinated like PREDICT-2 is across countries. I'll attach their pathogen list below that I helped them with and you'll see that it's not purely a collection of Ebola projects.

Nor, do they have any standardized data collection methods.

There is a long story behind all of it, but in the end, OIE was approached as a neutral organizing party that the EU was comfortable working with to oversee the group of partners that all wanted to keep doing their individual work in francophone countries and there was Ebola money at the time to support them. Similar to our Ebola-funded country work in Africa beyond the EHP.

I tried to get individual country-level work plans from them to share with our folks but they don't have them.

Also, two versions of the economics slides in the powerpoint attached.

BK

# Dear colleagues,

After several discussions, the diseases of focus for the EBO-SURSY Project have been narrowed down to the list below. This will be used as a framework by the four partners engaged in this project to achieve its objective: to strengthen national and regional early detection systems in wildlife in West and Central Africa using a One Health multi-sectoral approach to better detect, differentiate and prevent future EVD outbreaks or outbreaks of other emerging zoonotic pathogens.

I will communicate this list to our three partners shortly.

Virus principaux	Famille	Genre	Prélèvements et tests
Ebola Virus Zaïre	Filoviridae	Ebolavirus	Χ
Ebolavirus Reston	Filoviridae	Ebolavirus	X
Ebolavirus Taï Forest	Filoviridae	Ebolavirus	X
Ebolavirus Soudan	Filoviridae	Ebolavirus	Χ
Ebolavirus Bundibugyo	Filoviridae	Ebolavirus	Χ
Ebola Virus Marburg	Filoviridae	Marburgvirus	Χ
Virus de la Fièvre de Lassa	Arenaviridae	Arenavirus	Χ
Virus de la Fièvre de la vallée du Rift	Bunyaviridae	Phlebovirus	Χ
Virus de la Fièvre Hémorragique de Crimée- Congo	Bunyaviridae	Nairovirus	X
Virus secondaires ayant un mode de transmiss	sion ou un réservoir	similaire	
Virus Nipah	Paramyxovirida e	Henipavirus	Non - modèle de transmission à utiliser à titre comparatif
			Dans le cas où les autorisations pour Ebola ne seraient pas fournis par les gouvernements concernés, les prélèvements de terrain
Virus Foamy	Retroviridae	Spumavirus	commenceraien t tout de même afin de tester le virus Foamy, dans le but d'élaborer un modèle de transmission potentiellement transférable au virus Ebola
			Dans le cas où les autorisations pour Ebola ne seraient pas

Virus STLV/HTLV Retroviridae

fournis par les gouvernements concernés, les prélèvements de terrain commenceraien t tout de même afin de tester le virus STLV/HTLV, dans le but d'élaborer un modèle de transmission potentiellement transférable au virus Ebola

Deltaretroviru

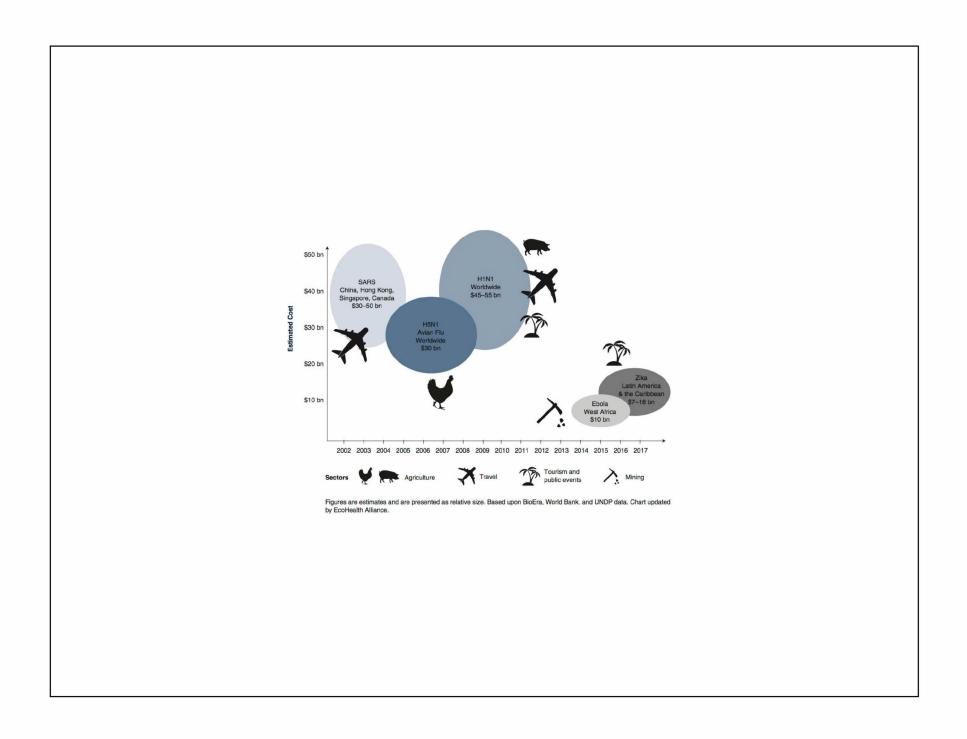
Thank you again for your feedback.

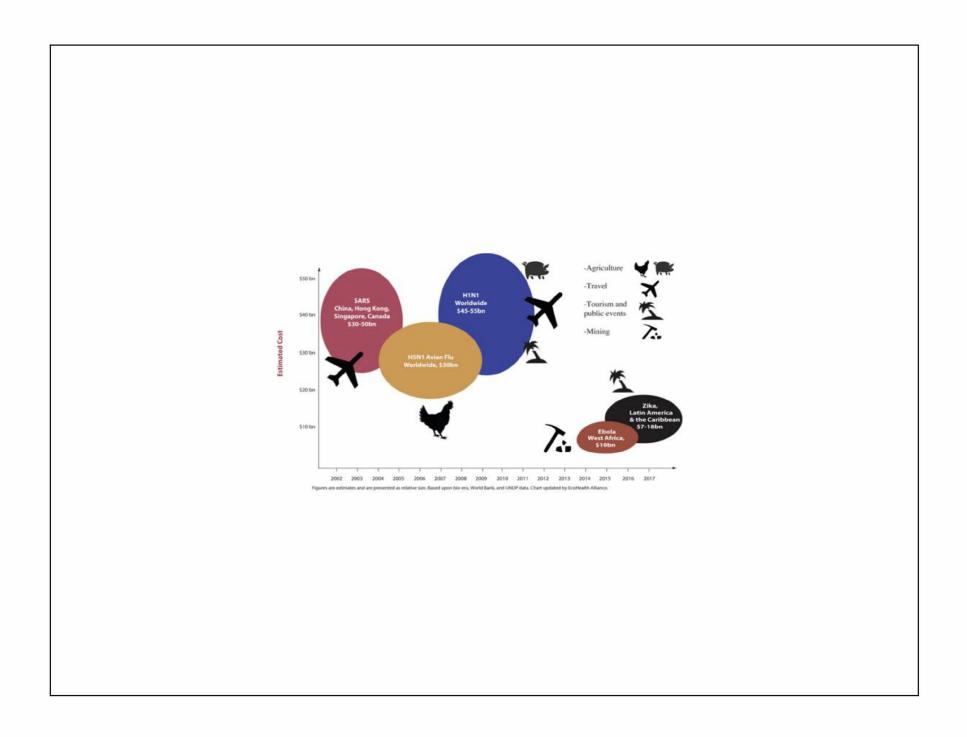
Best regards,

Sophie

# **Sophie Muset**

EBO-SURSY Project Lead Programme and Technical Coordinator





From: Andrew Clements <aclements@usaid.gov>
To: Jonna Mazet <jkmazet@ucdavis.edu>

**CC:** PREDICTMGT predictmgt@usaid.gov>;Predict inbox predict@ucdavis.edu>

**Sent:** 5/14/2018 7:40:42 AM

Subject: Re: Richard says there is no cap for DRC so that should not be an issue

#### **Thanks**

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
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov

On May 14, 2018, at 4:29 PM, Jonna Mazet < jkmazet@ucdavis.edu> wrote:

Thanks. That's good news. I believe I'll need a written response to the email stating that Ghana & DRC are capped in order to activate any changes. I'll forward that to you for ease of locating that chain. Have a good day,

Jonna

On Mon, May 14, 2018 at 1:50 PM Andrew Clements <a clements@usaid.gov> wrote:

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
Mobile phone: 1-571-345-4253

From: William B. Karesh (ecohealthalliance.org>
To: Andrew Clements (AClements@usaid.gov>

CC: David Wolking <djwolking@ucdavis.edu>;Jonna Mazet

<jkmazet@ucdavis.edu>;PREDICTMGT cpredictmgt@usaid.gov>;Anne Laudisoit

<laudisoit@ecohealthalliance.org>

**Sent:** 6/4/2018 9:31:00 AM **Subject:** Re: PPE in the ROC?

Will find out now.

I have a detailed inventory of laboratory equipment, supplies and reagents. But since we were not thinking of more field sampling right away, we did not compile PPE inventory.

BK

#### William B. Karesh, D.V.M

Executive Vice President for Health and Policy

EcoHealth Alliance 460 West 34th Street - 17th Floor New York, NY 10001 USA

+1.212.380.4463 (direct) +1.212.380.4465 (fax) www.ecohealthalliance.org

President, OIE Working Group on Wildlife

Co-chair, IUCN Species Survival Commission - Wildlife Health Specialist Group

EPT Partners Liaison, USAID Emerging Pandemic Threats - PREDICT-2 Program

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

On Jun 4, 2018, at 12:16 PM, Andrew Clements < AClements@usaid.gov > wrote:

Hi Billy,

Does the PREDICT office in Brazzaville have PPE on hand? If so, how much?

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

Mobile phone: 1-571-345-4253 Email: <u>aclements@usaid.gov</u> From: Andrew Clements <aclements@usaid.gov>

To: William B. Karesh <a href="karesh@ecohealthalliance.org">karesh@ecohealthalliance.org</a>
CC: David Wolking <a href="mailto:djwolking@ucdavis.edu">djwolking@ucdavis.edu</a>; Jonna Mazet

<jkmazet@ucdavis.edu>;PREDICTMGT cfunctionpredictmgt@usaid.gov>;Anne Laudisoit

<laudisoit@ecohealthalliance.org>

**Sent:** 6/5/2018 8:42:35 AM **Subject:** Re: PPE in the ROC?

Someone asked specifically about the quantity remaining so I'm trying to be responsive.

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Jun 5, 2018, at 4:59 PM, William B. Karesh <a href="karesh@ecohealthalliance.org">karesh@ecohealthalliance.org</a> wrote:

I can do that. I thought that it was safe to assume that it is all still there, and the numbers of each item are pretty small so that it would not be a huge contribution if a big effort became necessary.

BK

## William B. Karesh, D.V.M

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On Jun 5, 2018, at 9:58 AM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Billy,

Will you be getting an accounting of how much of this is still available?

Andrew

Andrew Clements, Ph.D. Senior Scientific Advisor

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 E-maîl: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: http://www.usaid.gov/ept2

On Mon, Jun 4, 2018 at 9:14 PM, William B. Karesh < <u>karesh@ecohealthalliance.org</u>> wrote: Hello again,

We are not completely sure of how much of the following has not been used, but it was purchased and delivered last year and should be at the National Public Health Laboratory. They have been very good about labeling boxes for PREDICT and storing them separately from their other supplies:

2 cases (25 units each) of large/ xlarge tyvek coveralls (not hooded)
100 disposable aprons
100 face shields
12 goggles and 20 safety glasses
160 N95 respirator masks
and of course, dozens of boxes of latex and nitrile gloves in small, medium, and large

BK

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<jkmazet@ucdavis.edu>;PREDICTMGT predictmgt@usaid.gov>;Anne Laudisoit

<laudisoit@ecohealthalliance.org>

**Sent:** 6/5/2018 8:49:20 AM **Subject:** Re: PPE in the ROC?

Will do.

#### William B. Karesh, D.V.M

Executive Vice President for Health and Policy

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Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

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Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253

Email: aclements@usaid.gov

From: Nathan Wolfe <nwolfe@metabiota.com>
Sent: Thu, 7 Jun 2018 10:44:06 -0700
Subject: Re: Agenda for today's GVP call

To: Dennis Carroll <dcarroll@usaid.gov>

<watson@ecohealthalliance.org>, Peter Daszak <daszak@ecohealthalliance.org>, Eddy Rubin <erubin@metabiota.com>, Jonna
Mazet <ikmazet@ucdavis.edu>

Yes - he obviously doesn't understand what we're doing. Also, I found it odd that he mentioned <u>virological.org</u> as the right kind of 'alternative', which seemed to be an independent entity, but when you look at is in fact Rambaut and Holmes. Odd that wasn't flagged in review of the piece.

On Thu, Jun 7, 2018 at 10:36 AM, Dennis Carroll <a href="mailto:dcarroll@usaid.gov">dcarroll@usaid.gov</a> wrote:

we just hung up. Eddy was on. No earth shattering news but the Eddy Holmes blast at GVP.

d

Dr. Dennis Carroll
Director, Emerging Threats Program
Bureau for Global Health
U.S. Agency for International Development

Office: 571-551-7109 Mobile: **REDACTED** 

On Thu, Jun 7, 2018 at 1:35 PM, Nathan Wolfe <<u>nwolfe@metabiota.com</u>> wrote:

Hi folks

I just tried calling in but didn't hear anybody. Are you all still on the call?

Thanks Nathan

On Thu, Jun 7, 2018 at 9:24 AM, Dennis Carroll <a href="mailto:dcarroll@usaid.gov">dcarroll@usaid.gov</a> wrote:

- 1. Next weeks SC
- 2. NAM meeting: Dean Jamison
- 3. Japan outreach
- 4. other outreach
- 5. media updates (or not)

Dr. Dennis Carroll
Director, Emerging Threats Program
Bureau for Global Health
U.S. Agency for International Development

Office: 571-551-7109 Mobile: REDACTED From: Cara Chrisman <cchrisman@usaid.gov>
Sent: Thu, 2 Aug 2018 13:11:55 -0400

Subject: Thailand - Re: Today's GVP Call

To: Peter Daszak <daszak@ecohealthalliance.org>

Cc: Nathan Wolfe <nwolfe@metabiota.com>, Eddy Rubin <erubin@metabiota.com>, Dennis Carroll <dcarroll@usaid.gov>,

## Hi All,

It sounds as though the conference line was booked for another call (we're still using the vestigial one Brooke set up). Given that, and the various conflicts, let's reconvene next week.

In the interim, we have been requested to confirm our availability for Thailand. This is what I have for our team's availability the week of Oct. 22-26:

Peter: Available Oct. 22-24
Dennis: Available Oct. 22- 26
Eddy: Available Oct. 22-26

• Jonna: Available Oct. 24 and will make self available as needed

• Kevin O.: Available Oct. 22-26

Given the above, we will let them know that the GVP team is flexible and will be able to provide coverage during any two day period that week which works for the Thai government. If that is incorrect, or if you have anything to add, please let me know by COB Today.

Thanks! Cara

Cara J. Chrisman, PhD

Senior Infectious Diseases Technical Advisor

U.S. Agency for International Development (USAID) Contractor

Bureau for Global Health, Office of Infectious Disease, Emerging Threats Division

2100 Crystal Drive, CP3-8091A, Arlington, VA 22202

Desk: (571) 551-7413

Cell: REDACTED
E-mail: cchrisman@usaid.gov

GHSI-III - Social Solutions International, Inc. prime contractor

On Thu, Aug 2, 2018 at 1:02 PM, Peter Daszak <a href="daszak@ecohealthalliance.org">daszak@ecohealthalliance.org</a> wrote:

Hi All,

Apologies but I won't be able to call in today.

Cheers,

Peter

#### **Peter Daszak**

President

EcoHealth Alliance <u>460 West 34</u><sup>th</sup> Street – 17<sup>th</sup> Floor New York, NY 10001

Tel. +1 212-380-4474 www.ecohealthalliance.org @PeterDaszak @EcoHealthNYC

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that prevent pandemics and promote conservation.

From: Cara Chrisman < <a href="mailto:cchrisman@usaid.gov">cchrisman@usaid.gov</a>>

**Sent:** Thursday, August 2, 2018 10:31 AM **To:** Peter Daszak; Nathan Wolfe; Eddy Rubin

Cc: Dennis Carroll; Jonna Mazet; REDACTED; Andrew Clements

**Subject:** Today's GVP Call

Hi Team,

My understanding is that Peter, Eddy, & Nathan are available today and that Dennis, and Johna are not available.

Please let me know if that is incorrect.

In that case, let's plan to speak for about 5-10 minutes or so to discuss the Thailand planning and anything else pressing and then will reconvene next week for a longer discussion.

Best, Cara

Cara J. Chrisman, PhD

Senior Infectious Diseases Technical Advisor

U.S. Agency for International Development (USAID) Contractor

Bureau for Global Health, Office of Infectious Disease, Emerging Threats Division

2100 Crystal Drive, CP3-8091A, Arlington, VA 22202

Desk: (571) 551-7413

Cell: REDACTED

E-mail: cchrisman@usaid.gov

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From: Megan M Doyle <mmdoyle@UCDAVIS.EDU>

"predict-surveillance@ucdavis.edu" <predict-surveillance@ucdavis.edu> To:

Catherine Machalaba <a href="machalaba@ecohealthalliance.org">machalaba@ecohealthalliance.org</a>, "William B. Karesh" <a href="machalaba@ecohealthalliance.org">karesh@ecohealthalliance.org</a>, Jonna Cc:

Mazet <jkmazet@ucdavis.edu>

Subject: Surveillance call tomorrow, Aug 9th Wed, 8 Aug 2018 16:16:41 +0000 Sent: 7.26.2018 surveillance call notes.docx

Hi PREDICT Surveillance Team,

Our next call is tomorrow, Thurs, August 9th @ 10am PT/1pm ET. Agenda & call info are below – as always let us know if you have other agenda items to add. Also notes from our last call are attached.

## Agenda

- Sample disposition form due Thurs any questions?
- Serology update
- Africa country updates
- Others?

#### Action Items and Reminders:

- . Sample disposition form feedback is due to PREDICT's global team (predict@ucdavis.edu) by August 9, 2018.
  - Please review the Test Progress Indicator reports for minimum progress linked in the notes and come prepared to give a country update on the next joint call (Aug 23<sup>rd</sup>).

Join from PC, Mac, Linux, iOS or Android: Or iPhone one-tap:

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

Meeting ID: REDACTED

International numbers available: ht

Talk to you soon, Megan

## July 26th, 2018 Surveillance Team Call

#### Action Items and Reminders for next call:

- 1. Sample disposition form feedback is due to PREDICT's global team (<a href="mailto:predict@ucdavis.edu">predict@ucdavis.edu</a>) by August 9, 2018.
- 2. Please review the Test Progress Indicator reports for minimum progress linked in the notes and come prepared to give a country update on the next joint call (Aug 23<sup>rd</sup>).

Participants: Ava Sullivan, Mindy Rostal, Leti Gutierrez, Leilani Francisco, Stephanie Martinez, Emily Hagan, Emma Lane, Tammie O'Rourke, Christian Lange, Dan O'Rourke, Dave McIver, Kevin Gonzalez, Kirsten Gilardi, Matthew LeBreton, Karen Saylors, Carolina Churchill, Sarah Olson, Dawn Zimmerman, Corina Monagin, David Wolking, Megan Doyle, Chris K Johnson

#### Pathogen Detection team

#### Country laboratory progress

- There is a new testing progress/indicator report in EIDITH under Reports>Test Progress Indicator.
   To track the minimum progress, an individual is counted in this report if a minimum of 1 specimen per individual animal or human is tested (remember the actual goal is 2 specimens per individual) for 4 viral families.
- Viral family tests include corona (Quan and Watanabe), influenza, paramyxo (PAR, previously Tong et al. in P1 as we have had 2 paramyxo assays in P2), and filoviruses.
- Flaviviruses are not included as a few countries are not doing flavivirus testing, but there is a checkbox in EIDITH to include flaviviruses in the reports if your country is testing for them.
- Note that logic is built in for special cases, e.g. Mongolia's report only tracks influenza, EHP
  countries only tracks filoviruses, and domestic animals are only displayed for Cambodia, Viet
  Nam, and Bangladesh.
- \*\* Remember, our goal is to test 2 samples per individual for the five viral families. Please review
  the reports for countries you lead ahead of our next call and come prepared to give a country
  update, and follow up if anything in the report does not seem to make sense\*\*

### Interpretations/government reports

• The latest round of interpretations are complete and an email has been sent out to country teams to let them know what was interpreted. Denise is preparing government reports for these, so please respond to emails and review reports as draft and final report are prepared.

## Behavior team (Leilani)

#### Interim Data Review (IDR) report

- IDR reports are now available for country teams/leads in EIDITH. These reports contain graphs and charts for some of the behavioral risk questions in the PREDICT main questionnaire. The data presented in the IDR are preliminary and should not be interpreted as a final analysis. The IDR is intended to be presented for the purposes of QA/QC and data exploration as it relates to intervention development.
  - https://project.eidith.org/Reports/PREDICT-2QuestionnaireInterimDataReview(IDR)Report.aspx

#### Behavioral Risk analysis planning

• The Behavioral Risk questionnaire analysis plan is a draft framework for standardized behavioral risk characterization based on the PREDICT-2 questionnaires. It was discussed in conjunction with country team interests that we want to prioritize and protect. It is available to review on the BR Dropbox, everyone on surveillance team should have access but let Leilani/Stephanie know if not. Behavior team is developing a prototype analysis that will be shared with EB soon.

#### Bat book updates

- There are 3 primary modes of roll out:
  - o Roll out with no evaluation
  - Roll out with process evaluation (assessment of ways to improve the process of implementation and bat book content)
  - o Roll out with outcome evaluation (assessment of whether the bat book improves knowledge/beliefs, attitudes, skills, and behaviors; this requires IRB approval)

#### Surveillance team

#### Risk reports – new versions available in EIDITH

- IM team has released a new version of the risk characterization reports that were shared in Brussels. New tables and figures incorporates the season data country teams provided and some of the figures most teams found useful were moved up in the top of the report.
- Following completion of sampling and data entry in September, we would like to start to review reports together on calls and share analytical ideas for helping teams make sense of their data.

#### Sample disposition form discussion and next steps

- All country teams should work with their global leads to address the items in the sample
  disposition form. Feedback is due to PREDICT's global team (<u>predict@ucdavis.edu</u>) by August 9,
  2018. Country teams should review their in-country permissions for animals and humans to fill
  out the form.
- With regard to data, the IM team is working on a strategy and plan for data dissemination and access beyond close of the project.
- We should also be thinking about long-term, electronic storage of permissions. In some
  countries, certificate of origin documents are needed in order to export samples and often
  require copies of consent forms and regulatory permits under which samples were collected.
  Also, any future study with samples collected in P2 might require its own IRB to ensure consent
  was used for the original collection.

#### Serology update

• We have additional budget from USAID to test 1,000 human community samples for exposure to zoonotic viruses using Columbia's serochip technology. We are also working with USAMRIID to plan testing of 2,000 human syndromic samples using their Magpix technology based on IgG, IgM,

and antigen detection. We would like to identify sample sets from syndromic surveillance given potential to test in triplicate to detect IgM, IgG and antigen. We will follow up with direct communication to assess ability to ship samples to US-based labs.

From: Andrew Clements <aclements@usaid.gov>
Sent: Wed, 29 Aug 2018 12:28:14 -0700

Subject: Re: Semi-annual meeting dates? (PREDICT)
To: Elizabeth Leasure <ealeasure@ucdavis.edu>

Cc: Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>, "predictmgt@usaid.gov"

dict@ucdavis.edu" dict@ucdavis.edu>

I can do Nov 29-30 or anytime the week of Dec 3-7. If that doesn't work for most people then I suggest sticking with the current dates.

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Aug 29, 2018, at 8:53 PM, Elizabeth Leasure < <u>ealeasure@ucdavis.edu</u>> wrote:

Hi Andrew. Can you confirm whether or not you were able to arrange your schedule to attend the Nov 6-7, 2018 Semi-Annual meeting in New York or identify alternate dates on which you would be able to attend? We are nearing our deadline for a decision on this so we can update room blocks and other logistical arrangements, and an update would be most appreciated.

Thanks, Liz

Elizabeth Leasure Financial Operations Manager One Health Institute

## REDACTED

530-754-9034 (office) Skype: ealeasure

You received this message because you are subscribed to the Google Groups "PREDICTMGT" group.

To unsubscribe from this group and stop receiving emails from it, send an email to predictmgt+unsubscribe@usaid.gov.

To post to this group, send email to predictmgt@usaid.gov.

To view this discussion on the web visit

https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/MWHPR08MB332643AF58AC674DB7AC5A3DA2090%40MWHPR08MB3326.namprd08.prod.outlook.com.

From: Andrew Clements <aclements@usaid.gov>

**Sent:** Fri, 31 Aug 2018 13:23:34 -0400

Subject: Re: Semi-annual meeting dates? (PREDICT)

To: Elizabeth Leasure <ealeasure@ucdavis.edu>

Cc: Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>, "predictmgt@usaid.gov"

dict@ucdavis.edu" dict@ucdavis.edu>

Hi Liz,

By COB today, the ETD team is supposed to identify all travel between now and Feb 2019. The catch is, if we put down a trip but don't end up going, we lose the money.

I know this is a short turnaround, but do you have any sense of whether the semi-annual meeting will stay on Nov 6-7?

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

Mobile phone: 1-571-345-4253 Email: <u>aclements@usaid.gov</u>

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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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

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Thanks, Liz

Elizabeth Leasure Financial Operations Manager One Health Institute

# REDACTED

530-754-9034 (office) Skype: ealeasure --

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To view this discussion on the web visit

 $\frac{https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/MWHPR08MB332643AF58AC674D}{B7AC5A3DA2090\%40MWHPR08MB3326.namprd08.prod.outlook.com}.$ 

From: Eddy Rubin <erubin@metabiota.com>
Sent: Tue, 18 Sep 2018 21:39:59 -0700

Subject: Re: ATCC Visit

To: REDACTED

Cc: Cara Chrisman <cchrisman@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, Peter Daszak

<daszak@ecohealthalliance.org>, Nathan Wolfe <nwolfe@metabiota.com>, Sam Halabi <sfh9@georgetown.edu>, Dennis Carroll
<dcarroll@usaid.gov>

The ATCC visit works for me. As I mentioned I need to be at Dulles by 6:00PM November 26th.

Eddy

ps Unfortunately I will probably not make this Thursday as I will be in transit

On Tue, Sep 18, 2018 at 3:00 PM, **XEDACE SEP** wrote:

Hi Cara,

Thank you for sharing the details. Unfortunately Johna and I will both be traveling to DC during that time. We look forward to hearing updates.

Thanks,



One Health Institute

School of Veterinary Medicine

University of California, Davis

From: Cara Chrisman [mailto:cchrisman@usaid.gov]

Sent: Tuesday, September 18, 2018 1:20 PM

To: Jonna Mazet < jkmazet@ucdavis.edu >; Peter Daszak < daszak@ecohealthalliance.org >; Eddy Rubin < erubin@metabiota.com >;

Nathan Wolfe <<u>nwolfe@metabiota.com</u>>; Sam Halabi <<u>sfh9@georgetown.edu</u>>;

Cc: Dennis Carroll < dcarroll@usaid.gov >

Subject: ATCC Visit

Hi All,

We've solidified dates with the team at ATCC and the plan is to visit them on Nov. 26th at their facilities in Manassas, VA. They are planning to have us start around 10am, have lunch brought in, and finish up early afternoon.

If anyone else is interested in participating in the visit, please let me know and I'll add you to the list and provide any additional logistical details!

Best,

Cara

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
U.S. Agency for International Development (USAID) Contractor
Bureau for Global Health, Office of Infectious Disease, Emerging Threats Division
2100 Crystal Drive, CP3-8091A, Arlington, VA 22202

Desk: (571) 551-7413 Cell: **REDACTED** 

E-mail: cchrisman@usaid.gov

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From: KEDACIED

To: Nathan Wolfe <nwolfe@metabiota.com>, "dcarroll@usaid.gov" <dcarroll@usaid.gov>

Cc: Jonna Mazet <jkmazet@ucdavis.edu>
Subject: RE: Dennis in SF (October 9-11th)
Sent: Wed, 26 Sep 2018 17:33:13 +0000

#### Hi Nathan and Dennis,

We are coordinating travel for Thanat's upcoming training at CII, and it looks like he will be visiting us in Davis before he heads out to NYC. Would it be worthwhile for him to meet with you in SF? If so, he will be available on the evening of Oct 9<sup>th</sup>. If not, we will host him in Davis on the 9th. We need to book his tickets soon, so please let me know your thoughts.

## Thanks,

REDACTED

From: On Behalf Of Jonna Mazet

**Sent:** Tuesday, September 25, 2018 5:00 PM **To:** Nathan Wolfe <nwolfe@metabiota.com>

maher@ecohealthalliance.org; Kevin Olival <olival@ecohealthalliance.org>

Subject: Re: Dennis in SF (October 9-11th)

Hi there,

Heading back from Mongolia (Predict) and Denmark (WHO/UNICEF) now. I'm available for meetings on the 10th until just before 3 pm. I think we were planning on having lunch with Dean (it's his birthday) after the meeting. I have that meeting we talked about with Joe deRisi at Biohub at 3 pm. That one was set up a long time ago, and think I better keep it. Since Dennis is now going to be in town that day, I was thinking about broadening it. However, maybe we shouldn't expand it at this point because I'm afraid others at BioHub might then see the change as going around them in the hierarchy. What do you guys think?

I have another personal commitment that evening in the City and then Thanat from Thailand for the GVP collaboration in Davis on Thursday.

Looking forward to seeing you all on the 10th,

Jonna

On Thursday, September 20, 2018, Nathan Wolfe < <u>nwolfe@metabiota.com</u>> wrote:

Hi all

Following up on today's GVP call.

Dennis will be in SF from Oct 9th at 11am until October 11th at noon. During that time he has a meeting with Dean Jamison on Oct 10th from 9-12pm but otherwise appears to be available for other meetings.

We discussed a few possibilities (below). I'm sure Eddy and Jonna and others have others or comments on these:

- 1) More detailed discussions on Bangkok event
- 2) Offer to chat with Biohub folks (Jim? Joe?)
- 3) Meeting with Steve Quake (to discuss his work on predict samples etc)
- 4) A dinner, perhaps with Steve, Joe, others?

Happy to help facilitate however I can.

**Thanks** 

Nathan

From: Cara Chrisman <a href="cchrisman@usaid.gov">cchrisman@usaid.gov</a> Sent: Wed, 3 Oct 2018 09:51:31 -0400

Subject: Re: Action Requested - GVP Selection Committee Membership

Cc: Dennis Carroll <a href="mailto:dcarroll@usaid.gov">dcarroll@usaid.gov</a>, A land Wolfe <nwolfe@metabiota.com</a>, Nathan Wolfe <nwolfe@metabiota.com</a>,

maher@ecohealthalliance.org

# Dear Colleagues,

Just a quick reminder of the action requested below. Please let me know by COB Friday if you would like to participate in the GVP Selection Committee and/or if you have any suggested nominees to participate. If you aren't interested, no need to respond!

Best, Cara

Cara J. Chrisman, PhD

Senior Infectious Diseases Technical Advisor

U.S. Agency for International Development (USAID) Contractor

Bureau for Global Health, Office of Infectious Disease, Emerging Threats Division

2100 Crystal Drive, CP3-8091A, Arlington, VA 22202

Desk: (571) 551-7413

Cell: REDACTED

E-mail: cchrisman@usaid.gov

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On Fri, Sep 28, 2018 at 10:35 AM Cara Chrisman < cchrisman@usaid.gov > wrote:

Dear GVP Steering Committee Members, We hope that you are all doing well!

We wanted to follow up on the next steps for GVP governance discussed during the last GVP Steering Committee meeting in DC. One of the proposed next steps was to identify a Selection Committee who will be tasked with selecting the Board of Directors (BoD) for the GVP.

The decision was that the current Steering Committee members would be asked A) if they would like to participate in the Selection Committee, and B) if there are others whom they would recommend to participate. The goal is to ensure that we have a diverse set of perspectives in order to ensure a high quality BoD.

Action Requested (Please respond by close of business on Friday, October 5th):

- Please respond to this email (ideally, please do not "reply all") with your interest in participating in the GVP Selection Committee. If you do not respond, we will assume you are not interested in participating.
- If you have others who you would recommend for the Selection Committee, please respond with those names and any contact information you have (email, institution, etc.). If you have already confirmed the individual's interest, please include that in your message.

Once we have received all the nominations and compiled them, we'll reach back out regarding next steps.

Have a wonderful weekend, Cara

Cara J. Chrisman, PhD

Senior Infectious Diseases Technical Advisor U.S. Agency for International Development (USAID) Contractor Bureau for Global Health, Office of Infectious Disease, Emerging Threats Division 2100 Crystal Drive, CP3-8091A, Arlington, VA 22202

Desk: (571) 551-7413

Cell: (REDACTED E-mail: cchrisman@usaid.gov

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From: Dennis Carroll <a href="mailto:carroll@usaid.gov">dcarroll@usaid.gov</a> Thu, 17 Jan 2019 13:38:04 -0800 Quick favor Sent:

Subject:

Jonna Mazet <jkmazet@ucdavis.edu>, **REDACTED** To:

Do you have Suzan Murray's home contact info (she like me is presumably furloughed)? Thanks

d

Dr Dennis Carroll Director Emerging Threats Global Health **USAID** 301-646-6235

From: Dennis Carroll <dcarroll@usaid.gov>
Sent: Thu, 17 Jan 2019 14:24:54 -0800

Subject: Re: Quick favor

To: Jonna Mazet <jkmazet@ucdavis.edu>

#### **Thanks**

Dr Dennis Carroll Director Emerging Threats Global Health USAID 301-646-6235

- > On Jan 17, 2019, at 5:17 PM,
- >
- > Hi Dennis,
- > I can ask Jonna!
- >
- >
- > -----Original Message-----
- > From: Dennis Carroll [mailto:dcarroll@usaid.gov]
- > Sent: Thursday, January 17, 2019 1:38 PM
- > To: Jonna Mazet <jkmazet@ucdavis.edu>;
- > Subject: Quick favor
- >
- > Do you have Suzan Murray's home contact info (she like me is
- > presumably furloughed)? Thanks
- > d
- D-1
- > Dr Dennis Carroll
- > Director
- > Emerging Threats
- > Global Health
- > USAID
- > 301-646-6235

**Sent:** Thu, 17 Jan 2019 17:19:04 -0800

Subject: Re: Quick favor

From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Dennis Carroll <dcarroll@usaid.gov>
Cc:

I texted the contact info I have. One is her personal cell, and she's responding.

Also sending her an email now, including her si and home email.

Great! Jonna

On Thu, Jan 17, 2019 at 1:38 PM Dennis Carroll <a href="mailto:dcarroll@usaid.gov">dcarroll@usaid.gov</a>> wrote:

Do you have Suzan Murray's home contact info (she like me is presumably furloughed)? Thanks

d

Dr Dennis Carroll Director Emerging Threats Global Health USAID 301-646-6235 From: Karen Saylors <a href="mailto:ksaylors@metabiota.com">ksaylors@metabiota.com</a>

Sent: Wed, 23 Jan 2019 09:45:43 -0800
Subject: Re: PREDICT EB agenda Jan 23
To:

To:

Cc: Elizabeth Leasure <ealeasure@ucdavis.edu>, "Valitutto, Marc" <valituttom@si.edu>, David John Wolking <djwolking@ucdavis.edu>, Amanda Fine REDACTED Brian H Bird <bhbird@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, "Churchill, Carolina" REDACTED Corina Grigorescu Monagin <cgmonagin@ucdavis.edu>, Dawn Zimmerman <zimmermand@si.edu>, Eddy Rubin <erubin@metabiota.com>, Evelyn Luciano <luciano@ecohealthalliance.org>, John Epstein <epstein@ecohealthalliance.org>, Leilani Franciso <francisco@ecohealthalliance.org>, "Murray, Suzan" <murrays@si.edu>, Peter Daszak <daszak@ecohealthalliance.org>, Johna Mazet <jkmazet@ucdavis.edu>, Woutrina A Smith <wasmith@ucdavis.edu>, Sarah Olson REDACTED Simon Anthony <sja2127@columbia.edu>, "Tammie O'Rourke" <torourke@metabiota.com>, Tracey Goldstein <tgoldstein@ucdavis.edu>, William Karesh <karesh@ecohealthalliance.org>, Kevin Olival <olival@ecohealthalliance.org>, Alison Andre <andre@ecohealthalliance.org>, Amanda Andre <amanda.andre@ecohealthalliance.org>, Megan M Doyle <mmdoyle@ucdavis.edu>, Ava Sullivan <sullivan@ecohealthalliance.org>, Molly Turner <turner@ecohealthalliance.org>, Emma Lane <lane@ecohealthalliance.org>, Brooke Genovese <br/>
<br/>
Spgenovese@ucdavis.edu>, predict Sympa List predict@ucdavis.edu>

Hi all

As Tammie is on holidays, I'm sending along our Indicator Report.

Thanks,

Karen & Dan

Indicator

# countries with data	
# countries with tests approved by government	
# animals sampled	
# humans sampled	
# human questionnaires	
# specimens	
# tests	
# animals tested	
# humans tested	
# animal specimens tested	
# human specimens tested	
# tests approved by government	
# tests active testing ongoing	
# sequences interpreted	
# sequences waiting interpretation	
# individuals barcoded	
average days between event and data submission	
average days between event and data submission for data submitted in last 2 weeks	
number of events/test batches waiting for country input	
number of events waiting for IM review	
number of test batches waiting for IM review	

On Tue, Jan 22, 2019 at 2:16 PM Eri Togami < etogami@ucdavis.edu > wrote:

HI PREDICT EB,

Here are your agenda and call-in details for tomorrow.

Best,

# **PREDICT Executive Board Meeting**

Wednesday, January 23, 2019

9:00-11:00am PST/12:00-2:00pm EST



Additional Zoom info below agenda

- 1. Management Team updates none due to furlough
- 2. Administrative items
  - AOR alternate designation
  - To brownbag or not to brownbag... strategy for ongoing promotion and elevated visibility
  - Location and plans for April West Coast semi-annual meeting
  - Location and plans for All-country meeting in Indonesia
  - EIDITH permissions moving towards close-out
- 3. NYC meeting slides and follow-up (Link to slides)
- 4. Mission communications & country roundup essentials
  - Liberia progress
  - Others (if any)
- 5. Outbreak updates
- 6. Timely Objective Team or Country Updates
- 7. Publication, media, and conference updates
  - P&R One Health Policy Manual webinar (Jan 22, 2019)
  - Annual ISDS One Health Symposium at the International Society for Disease Surveillance, San Diego (Jan 29, 2019)

- USAID P&R Meeting (Improving Global Health Security through One Health Platforms February 7, 2019)
- Global Health Security 2019, Sydney (June 18-20, 2019)
- 6<sup>th</sup> International Symposium on One Health Research in Mongolia (Sep 18-19, 2019)
- 19th International Congress on Infectious Diseases (Feb 20-23, 2020)

8. **AOB** 

## **Zoom Call-in info**

Zoom link: The DIA Control of the Co

Or iPhone one-tap:

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: + KEDACIED

Meeting ID: REDACTED

International numbers available: PREDACTED

From: Tracey Goldstein <tgoldstein@ucdavis.edu>
To: Andrew Clements <aclements@usaid.gov>

CC: Jonna Mazet <jkmazet@ucdavis.edu>;David Wolking <djwolking@ucdavis.edu>;Cara

Chrisman <cchrisman@usaid.gov>;Alisa Pereira <apereira@usaid.gov>

**Sent:** 3/9/2019 9:52:44 AM

**Subject:** Re: Do you have a handy ballpark estimate of the cost of testing a sample for 1 viral family?

Hi Andrew,

In our lab here at UCD the cost of supplies from extraction to PCR for one viral family is \$25 per sample. This does not account for personnel time to do the testing or the costs to sequence if a sample is positive.

The costs vary per country also depending on supplies costs (usually at least \$35-\$40 per sample), personnel costs and sequencing costs.

**Best Tracey** 

On Sat, Mar 9, 2019 at 6:16 AM Andrew Clements < aclements@usaid.gov > wrote: No problem. Just wanted something I could compare to conventional diagnostic testing.

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
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov

On Mar 8, 2019, at 11:09 PM, Tracey Goldstein < tgoldstein@ucdavis.edu > wrote:

Hi Andrew,

Sorry for following up with more questions but can you give us a bit of context so we provide the correct information?

Thanks Tracey

On Fri, Mar 8, 2019 at 11:52 AM Andrew Clements <a clements@usaid.gov> wrote: Thanks!

Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

U.S. Agency for International Development

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(530) 752-0412 (530) 752-3318 tgoldstein@ucdavis.edu (530) 752-0412 (530) 752-3318 tgoldstein@ucdavis.edu From: Tom Hughes <tom.hughes@ecohealthalliance.org>

To: Daniel Schar <dschar@usaid.gov>, Sudarat <sdamrongwatanapokin@usaid.gov>

Cc: Andrew Clements <aclements@usaid.gov>, "Alisa Pereira " <apereira@usaid.gov>, "PREDICT@ucdavis.edu"

<PREDICT@ucdavis.edu>, "Ava Sullivan" <sullivan@ecohealthalliance.org>

**Sent:** Fri, 29 Mar 2019 03:28:44 +0000

Subject: [predict] Re: Malaysia PREDICT Partner Update Y4Q4&Y5Q1

Y4Q4 Y5Q1 Partner Mission Update.pdf

Dear Dan and Sudarat,

I hope this email finds you both well.

Attached is our partner update for Year 4 Quarter 4 and Year 5 Quarter 1 - July 2018 to December 2018.

Please let me know if you have any questions or require any additional details.

Thank you for your continued help and support.

Best regards.

Tom

## **Tom Hughes**

Senior Scientist Project Coordinator - Malaysia

EcoHealth Alliance

460 West 34th Street - 17th floor

New York, NY 10001

# REDACTED (Mobile)

0060 (0)3 6157 6035 (Telephone) 0060 (0)3 6157 6035 (fax)

www.ecohealthalliance.org

www.econcutriumanee.org

EcoHealth Alliance integrates innovative science-based solutions and partnerships that increase capacity to achieve two interrelated goals: protecting global health by preventing the outbreak of emerging diseases and safeguarding ecosystems by promoting conservation.

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1 January 2019

Dear Partner,

The PREDICT project, part of USAID's Emerging Pandemic Threats program, is developing a global early warning system to detect, track, and predict the emergence of new zoonotic pathogens from wildlife that could pose a threat to human health. In Malaysia, PREDICT is implemented by EcoHealth Alliance in partnership with Department of Veterinary Services(DVS) (Ministry of Agriculture), Ministry of Health (MOH) and the National Public Health Laboratory (NPHL), Department of Wildlife and National Parks (PERHILITAN), Sabah State Health Department, Queen Elizabeth Hospital (QEH) and the Kota Kinabalu Public Health Laboratory (KKPHL), Sabah Wildlife Department (SWD), Danau Girang Field Center (DGFC), Faculty of Veterinary Medicine Universiti Putra Malaysia (FVM UPM) and in cooperation with local stakeholders and communities.

Below is the summary of PREDICT achievements and progress during the last 3 months of year 4 and first 3 months for Year Five from July 2018 to December 2018. The report includes an overview of PREDICT at the global level, followed by the summary of activities and progress in Malaysia.

PREDICT thanks all our partners for their continuing support, without which this work would not be possible.

Please direct all correspondence to the PREDICT Malaysia Country Coordinator:

Tom Hughes

PREDICT Malaysia Country Coordinator Email: tom.hughes@ecohealthalliance.org

Phone: +60 3 6157 6035, Mobile: +60 193928307

Address: 13H, Villamas Condo, Villamas, Jalan Villamas, 47000, Sungai Buloh,

Selangor, Malaysia.













## PREDICT Global Plans (2015-2019)

- PREDICT will improve understanding of the dynamics of zoonotic virus spillover, evolution, amplification, and spread to inform prevention and control measures, and will facilitate and optimize policies and practices that reduce disease transmission risk through sound, science-based interventions.
- Using an epizonal approach, PREDICT is targeting surveillance activities at three major pandemic risk pathways that drive viral emergence: land conversion for commercialization, intensification of animal production systems, and animal value chains.
- PREDICT will characterize risk and conduct human and animal surveillance at high-risk interfaces along disease emergence pathways. Primary activities will include:
  - o Conducting standardized, longitudinal surveillance of human and animal populations to identify biological and ecological drivers and host-pathogen dynamics at high-risk interfaces within the three critical pathways of disease emergence and spread;
  - Conducting human behavioural research so as to understand behavioural mechanisms of human-animal contact within high-risk pathways for disease emergence and spread AND identify potential control points, strategies, and interventions for pilot testing and policy promotion;
  - Developing an evidence base to promote policies in support of crosssectoral collaborations and actively engaging partners through data sharing, capacity building, surveillance, and outbreak response activities to demonstrate the value of the One Health approach; and
  - o Enhancing global capacity for disease surveillance and viral diagnostics; and improving global data collection, synthesis, storage, and sharing platforms to strengthen disease surveillance and outbreak response systems.

## **PREDICT-2 Malaysia: Continuing Plans**

Prioritize epizones and pathways in Malaysia for disease emergence, evolution, amplification, and spread along an urban-rural gradient, along transboundary animal value chains, and along animal production pathways to identify opportunities for targeted monitoring of zoonotic viruses in wildlife and human populations.















- Conduct concurrent sampling of wildlife, livestock, and at-risk human populations with high levels of contact with animals at Orang Asli villages on Peninsular Malaysia.
- Continue to conduct systematic and intensive wildlife sampling along a deforestation gradient and compare viral diversity in bats, rodents and nonhuman primates from each zone in Sabah.
- Initiate training of MOH District Health Office field teams for behavioural and biological human surveillance activities, and investigate human behaviours that may influence zoonotic disease risk.
- Strengthen laboratory capacity and conduct diagnostic testing on collected biological samples according to established PREDICT protocols.
- Continue to develop laboratory and surveillance capacity for human, wildlife and livestock surveillance.
- Coordinate with EPT partners in capacity strengthening and operationalizing the One Health approach at the country and regional levels.
- Identify and monitor behaviours, attitudes, practices, and socio-cultural norms that create risk for disease emergence.

# **PREDICT Malaysia Summary of Activities & Progress** 1st July 2018 to 31st December 2018

## Surveillance and Field Activities

# **Highlights and Success Stories**

- June December 2018: PREDICT, District Health Teams and PERHILITAN conducted 6 concurrent sampling trips in 3 districts. Total of 381 wildlife, 383 domestic animals and wildlife pets and 1013 humans were sampled.
- June December 2018: Held 6 community meetings in Orang Asli villages with over 1000 Orang Asli villagers from high risk communities. The PREDICT project also provided a meal to over 1200 Orang Asli villagers.
- July December 2018: Deep Forest Sampling at 11 sites. Total of 102 animals (56 bats, 44 rodents and 1 carnivore and 1 non-human primate) were sampled and 857 samples were collected.
- July December 2018: Total of 752 wildlife samples (376 animals: 316 bats, 59 rodents, 1 pangolin) screened for 5 priority viral families.
- July December 2018: Total of 2162 samples (1081 human) screened for 5 priority viral family.
- 19 July 2018: the Wildlife Health, Genetic and Forensic Laboratory were certified for the fifth year as a BSL- 2 laboratory.
- 27 28 August 2018: PREDICT Lab Lead conducted second year of training at NPHL on "Discovery and Diagnostics of viruses with zoonotic potential".















- 29 30 August 2018: PREDICT Lab Lead conducted training at KKPHL on "Discovery and Diagnostics of viruses with zoonotic potential".
- 9 November 2018: Shipped 56 wildlife samples from WHGFL that had confirmed sequences to Centre for Infection and Immunity, Columbia University for full genome sequencing to better understand their pandemic potential.
- 15 November 2018: PREDICT Country Coordinator Keynote Speaker at the 2nd International Conference on Medical Science Technology (ICMST 2018).
- 29 November 2018: Representatives from the US Embassy visited WHGFL to discuss lab renovations and landslide rectification.
- December 12<sup>th</sup> 2018: PREDICT Country Coordinator Competed in the Mahidol Oxford Tropical Medicine Research Unit (MORU) and the Oxford University Clinical Research Unit (OUCRU) in Vietnam Three Minutes Thesis (3MT) competition. The 3MT project is funded by Wellcome through a MORU Network Public Engagement Bursaries award. 9 doctoral candidates from MORU and OUCRU competed against the clock to present their thesis. PREDICT Country Coordinator won one of two People's Choice awards.
- 24 30 December 2018: PREDICT Veterinarian attended training course at Singapore Zoo Veterinary Hospital.

# Summary of Surveillance and Field Activities for the Period 1st July 2018 to 31st December 2018:

# Peninsular Malaysia -

- June December 2018: PREDICT, District Health Teams and PERHILITAN conducted 6 concurrent sampling trips in 3 districts Gua Musang (Pos Hau and Pos Tohoi), Kuala Lipis (Pos Sinderut and Pos Betau) and Kuala Kangsar (Pos Yum and Pos Legap). Total of 381 wildlife (319 bats, 61 rodents and 1 moon rat) were sampled and collected 3474 specimens. Total of 383 domestic animals and wildlife pets (263 dogs, 62 chickens, 12 ducks, 7 rabbits, 24 goats, 7 wild boars, 2 bamboo rat, 1 civet, 4 pig-tailed macaques, and 1 squirrel) were sampled and collected 3723 specimens. Total of 1013 humans consented, enrolled, surveyed, sampled and collected 7084 specimens.
- June December 2018: Held 6 community meetings in Orang Asli villages sharing detail about zoonosis, the risks posed by contact with wildlife and how to minimize these risks with over 1000 Orang Asli villagers from high risk communities. The PREDICT project also provided a meal to over 1200 Orang Asli villagers, many who are under nourished, who attended community meetings or were enrolled in the study.
- 20 July 2018: PREDICT Field Manager and Veterinarian trained 5 PREDICT rangers and 1 PERHILITAN's veterinarian in the use of the gas anaesthesia machine.
- 29 September 2018: PREDICT and PERHILITAN sampled one rescued wild pangolin and collected 10 specimens.













- 24 26 September 2018: PREDICT identified 3 cattle farms in 2 districts (Kuala Lipis and Kuala Kangsar) 1 free-ranging, 1 integrated and 1 semi-integrated farms for farm surveillance work.
- 21 22 November 2018: PREDICT identified 7 cattle farms in 3 districts (Kuala Lipis, Kuala Kangsar and Gua Musang) 2 free-ranging, 4 integrated and 2 semi-integrated farms for farm surveillance work.

#### Sabah -

- July December 2018: Deep Forest Sampling done at 11 sites (Telupid: Pristine 1, 2 3, Semi Disturbed 1, 2, 3, Disturbed 1, 2 and 3 and Semi Disturbed 3 and Disturbed 1 once again). Total of 102 animals (56 bats, 44 rodents and 1 carnivore and 1 non-human primate) sampled and 857 samples collected.
- 3 7 July 2018: 1 student from University of Queensland, Australia has been trained to set up traps and nets for bats and rodents at Deep Forest sampling site according to PREDICT sampling protocols.
- 7 11 July 2018: 1 student from University California- Davis has been trained to set up traps and nets for bats and rodents at Deep Forest sampling site according to PREDICT sampling protocols.
- 31 July 2018: Sampled 1 wild rescued pangolin at Sepilok Orangutan Rehabilitation Centre and collected 10 specimens.
- 26 July 3 August 2018: Field training for 1 University Malaysia Sabah's PhD student and 2 University Putra Malaysia veterinary students according to PREDICT sampling protocols.
- 5 10 August 2018: Field training for one veterinarian student from University Putra Malaysia to set up traps and nets for bats and rodents at Deep Forest sampling site according to PREDICT sampling protocols as well as introduction to gas anaesthesia machine.
- 10 30 August 2018: Enrolled, sampled and administered questionnaire to 3 patients for syndromic surveillance study at Queen Elizabeth Hospital and collected 38 specimens.
- 13 September 2018: 1 Bornean gibbon was sampled at Sabah Wildlife Rescue Centre and 10 specimens were collected.
- 22 September 2018: 4 long-tailed macaques were sampled at Sabah Wildlife Rescue Centre and 10 specimens were collected.
- 18 26 October 2018: Enrolled, sampled and administered questionnaire to 3 patients for syndromic surveillance study at Queen Elizabeth Hospital and collected 36 specimens.
- 19 October 2018: Sampled 34 bats with PhD student from University Sabah Malaysia (UMS) at Madai Cave, 251 specimens were collected.
- 1 − 22 November 2018: Enrolled, sampled and administered questionnaire to 4 patients for syndromic surveillance study at Queen Elizabeth Hospital and collected 42 specimens.
- 26 November 2018: Trained 3 veterinarians (one from SWD, one from DGFC and one from Bornean Rhino Alliance) for PREDICT sampling protocols and PPE use.













- 26 30 November 2018: Health screening was conducted for 44 sun bears at Bornean Sun Bear Rehabilitation Centre with 4 veterinarians from PREDICT, SWD, DGFC and Bornean Rhino Alliance, 440 specimens were collected.
- 4 5 December 2018: Sampled 66 bats with PhD student from UMS at Madai Cave and 568 specimens were collected.
- 5 December 2018: PREDICT Field Manager conducted hands on training with 2 veterinarians and 5 rangers from Wildlife Rescue Units (WRU) on post-mortem sampling of 1 illegally poached Bornean elephant at Brumas Plantation, Tawau, Sabah and collected 23 specimens.

# Summary of Laboratory Development/Testing for the Period 1st July 2018 to 31st December 2018:

# Peninsular Malaysia -

- July December 2018: Total of 752 wildlife samples (376 animals: 316 bats, 59 rodents, 1 pangolin) screened for 5 priority viral families.
- July December 2018: Total of 2162 samples (1081 human) screened for 5 priority viral family.
- 3 6 July 2018: Extracted total nucleic acid from 260 human swab samples collected in Pos Hau at NWFL.
- 4 July 2018: One PREDICT lab technician attended biosafety training and lab induction at NPHL.
- 9 July 2018: Performed PCR CO1 barcoding for 16 samples from PREDICT2. Sequencing results pending.
- 11 12 July 2018: PREDICT Lab Coordinator trained one NPHL staff on cDNA synthesis.
- 13 and 16 July 2018: Extracted 109 wildlife swab samples from Pos Hau at
- 12 July 3 August 2018: Tested 376 human swab samples collected in 2017 for PREDICT priority protocols at NPHL.
- 13 July 2018: PREDICT Lab Coordinator trained 8 NPHL lab staff on PREDICT biosafety and PPE, lab safety, using TRIzol, maintaining cold chain and packing and shipping.
- 16 July 2018: PREDICT Lab Technician trained one NPHL staff on PREDICT priority PCRs.
- 2 August 2018: PREDICT Lab Coordinator trained 8 NPHL lab staff on PREDICT biosafety and PPE, lab safety, using TRIzol, maintaining cold chain and packing and shipping.
- 27 28 August 2018: PREDICT Lab Lead conducted for second year in a row training at NPHL for 2 EHA staff and 16 NPHL staff on "Discovery and Diagnostics of Viruses with Zoonotic Potential"
- 25 September 2018: PREDICT Lab Coordinator trained 6 DHO Kuala Lipis staff on Orang Asli study methods, biosafety & PPE and lab safety.
- 26 28 November 2018: PREDICT Lab Technician trained one NPHL staff on cloning and plasmid DNA extraction.















- 3 5 December 2018: Extracted total nucleic acid for 311 human swab samples at National Wildlife Forensic Laboratory (NWFL).
- 5 19 December 2018: Extracted total nucleic acid for 766 livestock samples.
- 3 − 28 December 2018: Tested 376 wildlife swab samples for PREDICT priority testing at NWFL.
- 12 − 27 December 2018: Tested 376 human swab samples for PREDICT priority testing.
- 13 December 2018: Training on an automated gel imaging system (QIAxcel) by QIAGEN for 4 PREDICT lab staff, 2 PERHILITAN staff, 2 Research Assistants and 1 internship student at NWFL.
- 27 31 December 2018: Tested 278 human swab samples for PREDICT priority testing. PCR results pending.

## Sabah -

- July December 2018: Total of 228 wildlife samples (114 animals: 72 bats, 36 rodents, 1 civet and 5 non-human primates) screened for 5 priority viral families.
- 19 July 2018: PREDICT Lab Coordinator trained 4 CRC, QEH staff on syndromic surveillance sample processing (introduction to using pipette, aliquoting urine and whole blood samples into cryovials and separating blood to obtain serum) and sample storage.
- 19 20 July 2018: WHGFL annual lab assessment and certification by Biosafety Consultant. Risk assessment and biosafety training for 3 EHA staff and 4 DGFC staff
- 31 July 3 August 2018: PREDICT testing training for the two Universiti Malaysia Sarawak students. Lab practical: DNA extraction from FTA cards using Qiagen Blood and Tissue Kit, preparation of PCR master mixes, CytB PCR for DNA extracted from FTA cards and gel electrophoresis for PCR products. Theory: PREDICT project and testing strategy, PCR, DNA extraction, function and how to operate machines such as biological safety cabinet, electrophoresis tank, centrifuge and thermal cycler.
- 29 30 August 2018: PREDICT Lab Lead trained 1 EHA staff, 8 KKPHL staff and 6 UMS staff at KKPHL on "Discovery and Diagnostics of Viruses with Zoonotic Potential".
- 20 21 September 2018: PREDICT Lab Coordinator trained 2 new CRC staff on syndromic surveillance methods, biosafety & PPE, mask fit test, lab safety, maintaining cold chain and packing & shipping. Also trained on serum separation, whole blood and urine sample processing methods.
- 1-2 October 2018: Extracted DNA from 74 PREDICT 1 whole blood samples.
- 3 October 2018: Installed temperature monitoring system at KKPHL for 3 freezers that will be used to store human syndromic surveillance samples.
- 8 9 October 2018: PREDICT WHGFL Manager attended training in Bioinformatics Analysis of Whole Genome Sequencing Workshop (Mycobacterium tuberculosis) at Biotechnology Research Institute, University Malaysia Sabah (UMS).













- 9 November 2018: Shipped 56 wildlife samples from WHGFL that had confirmed sequences to Centre for Infection and Immunity, Columbia University for full genome sequencing to better understand their pandemic potential.
- 15 17 November 2018: Ran CytB PCR for 60 Deep Forest samples. Sequencing results pending.
- 15 − 17 November 2018: Ran CO1 PCR for 50 PREDICT 1 samples. Sequencing results pending.
- 19 20 November 2018: Extracted total nucleic acid from 68 samples (34 bats).
- 21 26 November 2018: Tested 68 samples (34 bats) with PREDICT priority PCRs. PCR results pending.
- 26 –27 November 2018: Extracted total nucleic acid from 30 Deep Forest samples (15 animals: 3 rodents, 12 bats).
- 30 November 2018: WHGFL renovations to address damage caused by landslide commenced.

# Summary of Stakeholder Engagement and Partner Coordination for the Period 1st July 2018 to 31st December 2018:

# Peninsular Malaysia –

- Regular meetings with PERHILTAN covering lab maintenance and development, training and ongoing PREDICT activities.
- Regular meetings with NPHL and MoH covering lab development, training and ongoing PREDICT activities.
- July 3rd: PREDICT Country Coordinator and PREDICT Laboratory Coordinator met with US Ambassador to discuss landslide at WHGFL.
- July 30: PREDICT Country Coordinator met John C. Schaefer III, International Project Manager, Emerson Tuttle, Regional Science Manager and Aaron Doyle, Major, USAF, Deputy Chief, Regional Cooperative Engagement Office--Indo Pacific, DTRA BTRP to discuss all EHA work in Malaysia and possibility of DTRA assisting with rectifying the landslide at the WHGFL.
- October 10: PREDICT Country Coordinator and PREDICT Laboratory
  Coordinator met with US Ambassador, Environment, Science, and Technology
  Officer and Deputy Economic Counsellor U.S. Embassy, Kuala Lumpur to
  discuss all EHA work in Malaysia, the landslide at WHGFL, and plans for
  continuing activities after PREDICT.
- 15 November 2018: PREDICT Country Coordinator Keynote Speaker at the 2nd International Conference on Medical Science Technology (ICMST 2018). Gave a 1 hour talk "Studying the impact of zoonotic disease surveillance in the Orang Asli communities of Peninsular Malaysia on reducing the risk of zoonotic disease emergence."













#### Sabah -

- Regular meetings with SWD Deputy Director covering WHGFL maintenance and development, landslide rectification, training and ongoing PREDICT activities.
- Regular meetings with SSHD and QEH covering Syndromic Surveillance, lab development and training.
- August 21: PREDICT Country Coordinator, EHA President and EHA Science & Policy Advisor met with Director of SWD to discuss ongoing collaborations including PREDICT and plans for the future.
- 18 19 September 2018: PREDICT Laboratory Coordinator attended and presented PREDICT, DTRA and IDEEAL work in Malaysia at Danau Girang Field Centre's 10th Anniversary Science Seminar in Kota Kinabalu.
- 19 October 2018: PREDICT Country Coordinator met with new Director of Kota Kinabalu Public Health Lab and BioSafety Officer to discuss plans for lab assessment and training.
- 14 November 2018: Obtained renewal approval from Medical Research & Ethics Committee for the human-animal contact study until 14 November 2019.
- 22 November 2018: PREDICT Country Coordinator met with Director of Sabah State Health Department to update on project progress, shipment of samples for further characterisation, discuss Herpes B SOP, lab development and training.
- 22 November 2018: PREDICT Country Coordinator and WHGFL Manager visited Borneo Medical and Health Research Centre (BMHRC), UMS with Biosecurity Expert to evaluate the facility's biosafety capacity and make recommendations for laboratory development.
- 23 November 2018: PREDICT Country Coordinator and WHGFL Manager visited KKPHL with Biosecurity Expert to evaluate the facility's biosafety capacity as an initial step for a comprehensive laboratory biosafety audit and assessment in early 2019.
- 28 November 2018: Representatives from the US Embassy visited WHGFL to discuss lab renovations and landslide rectification.
- 29 November 2018: Representatives from the US Embassy visited BMHRC, UMS to discuss preliminary results of the 22 November lab assessment.
- 29 November 2018: PREDICT Country Coordinator discussed training plans for Universiti Malaysia Sarawak (UNIMAS) next year with the Head of Centre for Tropical and Emerging Disease, UNIMAS.











From: Andrew Clements <aclements@usaid.gov>

**Sent:** Mon, 8 Apr 2019 12:00:00 -0700

Subject: Re: SM call next week

To: Jonna Mazet <jkmazet@ucdavis.edu>

Cc: PREDICTMGT Predictmgt@usaid.gov>

# Good plan.

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

Mobile phone: 1-571-345-4253 Email: <u>aclements@usaid.gov</u>

On Apr 8, 2019, at 7:10 PM, Jonna Mazet < ikmazet@ucdavis.edu> wrote:

Hi,

I think we can cancel, as we'll all be together at the end of the month. Feel free to text or call if any emergencies come up in the meantime.

If you have a substantive issue, let us know & we'll schedule something quickly.

Have a great break,

Jonna

On Mon, Apr 8, 2019 at 9:28 AM Andrew Clements <a href="mailto:aclements@usaid.gov">aclements@usaid.gov</a>> wrote:

Hi all,

I'm going to be on leave next week and Alisa as well, I think.

Should we postpone or cancel?

#### 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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov From: Andrew Clements <aclements@usaid.gov>

**Sent:** Wed, 24 Apr 2019 15:33:54 +0200

Subject: Re: PREDICT Year 5 Equipment Purchase Request #6

To: Elizabeth Leasure <ealeasure@ucdavis.edu>

Cc: "predictmgt@usaid.gov" predictmgt@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking

<djwolking@ucdavis.edu>, predict Sympa List predict@ucdavis.edu>, Kevin N Gonzalez <kngonzalez@ucdavis.edu>, Hannah R

Chale <a href="mailto:chale@ucdavis.edu">hrchale@ucdavis.edu</a>

## Hi Liz,

Since this request is coming with less than 6 months of the main project remaining, could you please provide additional information on how this request links to the close out plan and is supporting the ability of the government to use the training provided by Predict to do additional work in the future thus contributing to sustainability?

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Apr 23, 2019, at 11:23 PM, Elizabeth Leasure < <u>ealeasure@ucdavis.edu</u>> wrote:

Hi Andrew. Please find attached a request for authorization to purchase an ultra-low freezer for Kenya. Please let me know if you have any questions or require any additional information to proceed.

Thanks!

Liz

Elizabeth Leasure One Health Institute University of California, Davis 530-754-9034 (office)

REDACTED (cell)

<PREDICT-Equipment Request Year 5 No.6 4.23.19.pdf>

From: Andrew Clements <aclements@usaid.gov>
To: Jonna Mazet <jkmazet@ucdavis.edu>

CC: Alisa Pereira <apereira@usaid.gov>;Predict inbox predict@ucdavis.edu>

**Sent:** 6/19/2019 7:40:20 PM

Subject: Re: PREDICT Preparing to Stop Work

Received. Thanks, Jonna.

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

Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov

On Jun 19, 2019, at 6:28 PM, Jonna Mazet < jkmazet@ucdavis.edu> wrote:

Dear Andrew,

We regret to inform you that due to delays in receiving our approved FY18 core funding, and despite significant attempts over the past eight months to slow activities, re-budget, and reorient our teams and program in anticipation of eventual of receipt of necessary funds, we have now reached the end of the line and our ability to continue work on PREDICT activities and deliverables.

On or before June 30, 2019, we will have officially exhausted all remaining resources. Tomorrow, we will need to take steps to stop work in all PREDICT countries (both Ebola and Core-funded countries) and halt progress towards major project deliverables. We are outlining the implications of this stop work situation below for your awareness. Tomorrow, we will redraft into a formal notice to you and OAA.

# **PREDICT Stop Work Implications**

- Immediate notice of stop work to all project subawards (Consortium partners and in-country project partners)
- Immediate layoff notices for all global and country-level staff exclusively funded on PREDICT activities
- Immediate notification to all USAID missions and field offices of early project termination due to lack of mobilization of funds from USAID/Washington
- Inability to provide assurance or oversee sample disposition plans jeopardizing collected biological specimen archives, including some samples that present biosecurity and health security risks if left unsecured
- Inability to provide assurance for securing and protecting data and for close-out of human subjects research activities in compliance with federal and host country ethics committee regulations
- Immediate cessation of all remaining viral testing, including ongoing testing to confirm and verify high-profile findings of global health security relevance
- Immediate cessation of ongoing serological testing, shedding light on human exposure to priority zoonoses and pandemic threats
- Termination of all risk characterization work and development of policy recommendations/intervention strategies designed to showcase the value and USAID's return on investment over the past 10 years
- Cancellation of all planned country-level risk communication and community outreach events intended to share USAID project findings, communicate risk, and work towards behavior change
- Cancellation of all remaining in-country events and activities planned with Missions
- Cancellation of the July 9th Congressional briefing
- Cancellation of the September 15-18, 2019 PREDICT All-country meeting
- Cancellation of the planned "10 years of PREDICT" symposium
- Jeopardization of all global and country-level partnerships and relationships nurtured over 10 years of

# Consortium engagement

We sincerely hope we do not have to take these steps and that the FY18 funds are forthcoming before this tragic milestone.

Please let us know if you need additional information or clarification.

Best, Jonna From: William B. Karesh <a href="mailto:karesh@ecohealthalliance.org">karesh@ecohealthalliance.org</a>

To: Jonna Mazet <jkmazet@ucdavis.edu>

CC: David J Wolking < djwolking@ucdavis.edu>; Elizabeth Leasure

<ealeasure@ucdavis.edu>;Peter Daszak <daszak@ecohealthalliance.org>

**Sent:** 6/19/2019 7:57:00 PM

Subject: Re: PREDICT Preparing to Stop Work

Yes, I'm in 3.6 for Ellen's talk then free after this.

Sent from my iPhone

## William B. Karesh, D.V.M

Executive Vice President for Health and Policy

EcoHealth Alliance 460 West 34th Street - 17th Floor New York, NY 10001 USA

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President, OIE Working Group on Wildlife

Co-chair, IUCN Species Survival Commission - Wildlife Health Specialist Group

EPT Partners Liaison, USAID Emerging Pandemic Threats - PREDICT-2 Program

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

On Jun 20, 2019, at 11:18 AM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Great — thank you!
Will catch you this afternoon if you're available.

J

On Thu, Jun 20, 2019 at 11:16 AM William B. Karesh < <u>karesh@ecohealthalliance.org</u>> wrote: This is powerful, and great strategy to share "draft" with them.

2-3 additional high impact cancellations to consider adding:

No final project synthesis report of findings, results, and recommendations.

No ability to contribute to USAID program Monitoring and Evaluation activities.

No project close-out meetings with USAID Missions and country government partners.

BK

## William B. Karesh, D.V.M

Executive Vice President for Health and Policy

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+1.212.380.4463 (direct) +1.212.380.4465 (fax) www.ecohealthalliance.org

President, OIE Working Group on Wildlife

Co-chair, IUCN Species Survival Commission - Wildlife Health Specialist Group

EPT Partners Liaison, USAID Emerging Pandemic Threats - PREDICT-2 Program

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

On Jun 20, 2019, at 9:46 AM, Jonna Mazet < jkmazet@ucdavis.edu> wrote:

----- Forwarded message -----

From: Jonna Mazet < jkmazet@ucdavis.edu>

Date: Wed, Jun 19, 2019 at 3:28 PM

Subject: PREDICT Preparing to Stop Work

To: AOTR/Grant Manager Andrew Clements < AClements@usaid.gov>

Cc: Alisa Pereira <a href="mailto:apereira@usaid.gov">apereira@usaid.gov">apereira@usaid.gov</a>>, Predict inbox <a href="mailto:apereira@ucdavis.edu">predict@ucdavis.edu</a>>

Dear Andrew,

We regret to inform you that due to delays in receiving our approved FY18 core funding, and despite significant attempts over the past eight months to slow activities, re-budget, and reorient our teams and program in anticipation of eventual of receipt of necessary funds, we have now reached the end of the line and our ability to continue work on PREDICT activities and deliverables.

On or before June 30, 2019, we will have officially exhausted all remaining resources. Tomorrow, we will need to take steps to stop work in all PREDICT countries (both Ebola and Core-funded countries) and halt progress towards major project deliverables. We are outlining the implications of this stop work situation below for your awareness. Tomorrow, we will redraft into a formal notice to you and OAA.

## PREDICT Stop Work Implications

- Immediate notice of stop work to all project subawards (Consortium partners and in-country project partners)
- Immediate layoff notices for all global and country-level staff exclusively funded on PREDICT activities
- Immediate notification to all USAID missions and field offices of early project termination due to lack of mobilization of funds from USAID/Washington
- Inability to provide assurance or oversee sample disposition plans jeopardizing collected biological specimen archives, including some samples that present biosecurity and health security risks if left unsecured
- Inability to provide assurance for securing and protecting data and for close-out of human subjects research activities in compliance with federal and host country ethics committee regulations
- Immediate cessation of all remaining viral testing, including ongoing testing to confirm and verify high-profile findings of global health security relevance

- Immediate cessation of ongoing serological testing, shedding light on human exposure to priority zoonoses and pandemic threats
- Termination of all risk characterization work and development of policy recommendations/intervention strategies designed to showcase the value and USAID's return on investment over the past 10 years
- Cancellation of all planned country-level risk communication and community outreach events intended to share USAID project findings, communicate risk, and work towards behavior change
- Cancellation of all remaining in-country events and activities planned with Missions
- Cancellation of the July 9th Congressional briefing
- Cancellation of the September 15-18, 2019 PREDICT All-country meeting
- Cancellation of the planned "10 years of PREDICT" symposium
- Jeopardization of all global and country-level partnerships and relationships nurtured over 10 years of Consortium engagement

We sincerely hope we do not have to take these steps and that the FY18 funds are forthcoming before this tragic milestone.

Please let us know if you need additional information or clarification.

Best, Jonna From: Andrew Clements <aclements@usaid.gov>

To: William Karesh < Karesh@ecohealthalliance.org>; Jonna Mazet < jkmazet@ucdavis.edu>

**Sent:** 6/24/2019 1:46:14 PM

**Subject**: Fwd: Qu Dongyu of China elected FAO Director-General

## **FYI**

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
Mobile phone: 1-571-345-4253

Mobile phone: 1-5/1-345-4253
Email: aclements@usaid.gov

# Begin forwarded message:

From: Lindsay Parish < lparish@usaid.gov> Date: June 24, 2019 at 8:07:25 PM GMT+2

To: "GHSD Unit Mail List (USAID)" < ghsdunitmaillistusaid@usaid.gov>

**Cc:** Richard Greene < rgreene@usaid.gov >

Subject: Qu Dongyu of China elected FAO Director-General

http://www.fao.org/news/story/en/item/1199116/icode/

--

Lindsay Parish, PhD Infectious Disease and Vaccine Advisor

## **Dual Appointment:**

Emerging Threats Division, Office of Infectious Disease USAID/Washington, Bureau for Global Health Research Division, Office of Agriculture Research & Policy USAID/Washington, Bureau for Food Security

Office: (202) 712-4838

From: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
To: Molly Turner <turner@ecohealthalliance.org>

Cc: Evelyn Luciano «luciano@ecohealthalliance.org», Peter Daszak «daszak@ecohealthalliance.org», predict Sympa List

<predict@ucdavis.edu>, Hannah R Chale <hrchale@UCDAVIS.EDU>, Jonna Mazet <jkmazet@ucdavis.edu>

Subject: RE: PREDICT amendments forthcoming Sent: Wed, 26 Jun 2019 20:05:38 +0000

Hi Molly. You definitely have another obligation coming your way, but we can't obligate the full amount you're due unless/until we get the remaining funds from USAID. Thanks for letting us know that these funds will only cover costs through June. We'll prioritize getting you another obligation soon, which will unfortunately require that we figure out how to distribute the reductions made to the obligation from USAID. I'll start working on this next week (too much happening now), but maybe we'll get lucky and hear more about the Bangladesh money by then. Fingers-crossed!

Thanks,

Liz

Elizabeth Leasure Financial Operations Manager One Health Institute

## REDACTED

530-754-9034 (office) Skype: ealeasure

From: Molly Turner < turner@ecohealthalliance.org>

Sent: Wednesday, June 26, 2019 1:00 PM

To: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>

Cc: Evelyn Luciano < luciano@ecohealthalliance.org>; Peter Daszak < daszak@ecohealthalliance.org>; predict Sympa List

dict@ucdavis.edu>; Hannah R Chale <hrchale@UCDAVIS.EDU>

Subject: Re: PREDICT amendments forthcoming

Hi Liz,

This looks like a little more than enough funding to get us through June. Do you know at this point whether we can expect the remaining \$2.6 million from our approved Year 5 budget?

Thanks, Molly

On Tue, Jun 25, 2019 at 3:49 PM Molly Turner < turner@ecohealthalliance.org > wrote: Thanks Liz!

On Tue, Jun 25, 2019 at 3:35 PM Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Molly and Evelyn. We've got a couple amendments coming your way for your PREDICT subawards. They are not for the full amount remaining to be obligated for Y5, as we did not receive the full amount we were expecting from USAID (more about this on EB tomorrow). These amendments do not include any funds for China or India and only minimal funds for RoC and Bangladesh (given the small amounts obligated in FY18 funds for these countries). The full Y5 USAID/Jordan budget of \$200K is included (split between the two subawards). We're still working on getting the remaining funds from USAID, so we're doing a partial obligation at this time to get you funding as quickly as possible while we figure out the details for the next funding obligation. If you have any questions, please let me know.

Please note that payment of your April invoice will be on hold until these obligations are executed, as there isn't currently enough left on the cost reimbursement subaward to pay the invoice. If you can sign and return the amendments ASAP, that will help speed up the payment. You should receive the amendments for signature soon.

Thanks, Liz Elizabeth Leasure Financial Operations Manager One Health Institute

**REDACTED**530-754-9034 (office)
Skype: ealeasure

\_\_

**Molly Turner** 

PREDICT Operations Manager for EHA EcoHealth Alliance Operations

EcoHealth Alliance 460 West 34th Street, Suite 1701 New York, NY 10001

1.212.380.4461 (office)



www.ecohealthalliance.org

EcoHealth Alliance leads cutting-edge scientific research into the critical connections between human and wildlife health and delicate ecosystems. With this science, we develop solutions that prevent pandemics and promote conservation.

--

Molly Turner

PREDICT Operations Manager for EHA EcoHealth Alliance Operations

pandemics and promote conservation.

EcoHealth Alliance 460 West 34th Street, Suite 1701 New York, NY 10001

1.212.380.4461 (office)

REDACTED

www.ecohealthalliance.org

EcoHealth Alliance leads cutting-edge scientific research into the critical connections between human and wildlife health and delicate ecosystems. With this science, we develop solutions that prevent

From: Andrew Clements <aclements@usaid.gov>
To: Katherine Leasure <kaleasure@ucdavis.edu>

CC: PREDICTMGT predictmgt@usaid.gov>;Predict inbox predict@ucdavis.edu>;Jonna Mazet

<Jkmazet@ucdavis.edu>

**Sent:** 6/28/2019 12:28:57 AM

Subject: Re: Change to Approved ITA - T. Goldstein (Cambodia)

Thanks, Katie.

Andrew Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: http://www.usaid.gov/ept2

On Thu, Jun 27, 2019 at 11:29 PM Katherine Leasure <a href="mailto:kaleasure@ucdavis.edu">kaleasure@ucdavis.edu</a> wrote:

Hi Andrew. Just a small change to the ITA for Tracey Goldstein to Cambodia. She will be departing from New York, as she will have PREDICT meetings there prior to her travel to Cambodia. A copy of the previously approved ITA is below for reference. Please let me know if you have any questions. Thanks!

UC Davis would like to request approval for <u>Dr. Tracey Goldstein</u> to travel from <u>Davis, CA, USA New York, NY, USA</u> to <u>Phnom Penh, Cambodia</u> from <u>July 12-19, 2019</u> to <u>participate in final meetings with PREDICT-2</u> community stakeholders, and to assist with data analyses, and plans for the close-out of the PREDICT project in <u>Cambodia</u>. \*Dr. Goldstein will be in New York for PREDICT meetings prior to her departure; she will return from Phnom Penh, Cambodia to Davis, California.

<u>Trip Purpose:</u> Dr. Goldstein will travel to Cambodia with Dr. Lucy Keatts to assist in the coordination of meetings with the communities and hospital teams in Kandal and Kampong Cham that have participated in wildlife, domestic-animal and human surveillance as part of the USAID PREDICT-2 project. Community-level results of the surveillance will be presented at the meetings with an opportunity for discussion and questioning from the participants. They will also meet with the USAID mission and local counterparts to discuss the close out of the project, which will end on September 30, 2019. They will coordinate with local PREDICT team members on data analysis towards publication of findings.

--

## **Katherine Leasure**

HR/Payroll/Financial Assistant One Health Institute 530-752-7526

--

You received this message because you are subscribed to the Google Groups "PREDICTMGT" group. To unsubscribe from this group and stop receiving emails from it, send an email to predictmgt+unsubscribe@usaid.gov.

To view this discussion on the web visit <a href="https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CAD6-xMJ66kR8cDXhqFf-o8\_Pw-1qGqvQtSKEqid%3DEKGof-07hg%40mail.gmail.com">https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CAD6-xMJ66kR8cDXhqFf-o8\_Pw-1qGqvQtSKEqid%3DEKGof-07hg%40mail.gmail.com</a>.

From: Andrew Clements <aclements@usaid.gov>
To: Katherine Leasure <kaleasure@ucdavis.edu>

CC: PREDICTMGT predictmgt@usaid.gov>;Predict inbox predict@ucdavis.edu>;Jonna Mazet

<Jkmazet@ucdavis.edu>;mdea@usaid.gov <mdea@usaid.gov>

**Sent:** 7/10/2019 12:42:31 AM

Subject: Re: Change to Approved ITA - B. Smith (SL) Cancelled

Thanks, Katie.

Monica: see change below

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

Mobile phone: 1-571-345-4253 Email: <u>aclements@usaid.gov</u>

On Jul 9, 2019, at 11:46 PM, Katherine Leasure < kaleasure@ucdavis.edu > wrote:

Hi Andrew. The previously approved travel for Bridgette Smith to Sierra Leone has been postponed, to be rescheduled sometime in August. A new ITA will be submitted once dates have been identified. Brian Bird will still be traveling to Sierra Leone this month, although his travel dates changed slightly due to flight availability. A copy of the previously approved ITA is below with changes highlighted in yellow. Please let me know if you have any questions. Thanks!

<u>UC Davis</u> would like to request travel approval for <u>Dr. Brian Bird-and Ms. Bridgette Smith</u> to travel from <u>Sacramento</u>, <u>California</u>, <u>USA</u> to <u>Freetown</u>, <u>Sierra Leone</u> from <u>July 7-17 5-14, 2019</u> for <u>meetings with in-country PREDICT team members</u>, other GHSA partners, GoSL Ministry and District-level to prepare to wrap up the project in the upcoming <u>months</u>.

<u>Trip purpose</u>: In Freetown, Dr. Bird and Ms. Smith will meet and work with the Mission and GoSL Ministry and District-level officials, to discuss wrap up of PREDICT-related activities for Year 5. He <del>They</del> will also work on Sierra Leone operations with team members for PREDICT-related tasks and activities, including preparation for the District-level One Health trainings and official final meeting.

--

**Katherine Leasure** HR/Payroll/Financial Assistant One Health Institute 530-752-7526

--

You received this message because you are subscribed to the Google Groups "PREDICTMGT" group. To unsubscribe from this group and stop receiving emails from it, send an email to predictmgt+unsubscribe@usaid.gov.

To view this discussion on the web visit  $\frac{https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CAD6-xMKZR2SkqapT59AW00MxMSG2fW6KBKpgiYbC%3DRzzpTt1iw%40mail.gmail.com.$ 

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>

CC: Amalhin Shek <ashek@usaid.gov>;Alisa Pereira Emerging Threats Division

<apereira@usaid.gov>;Cara J. Chrisman <cchrisman@usaid.gov>;predict@ucdavis.edu

cpredict@ucdavis.edu>

**Sent:** 8/27/2019 12:37:34 PM

Subject: [predict] Re: Ghana stakeholder meeting details and materials to share at those events

Thanks, David.

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

Mobile phone: 1-571-345-4253 Email: <u>aclements@usaid.gov</u>

On Aug 27, 2019, at 8:54 PM, David J Wolking <a href="mailto:djwolking@ucdavis.edu">djwolking@ucdavis.edu</a> wrote:

Hi Andrew,

Just sharing that our PREDICT/Ghana team is holding their National Stakeholders meeting next week (Sept 4 and 6th). Attached is a brief overview of the meetings along with a few materials the team plans to share (a One Health case study and one of the "longform" versions of the country final reports showcasing findings available to date). No media will be involved at these events and the USAID mission is informed about both events.

As discussed earlier today I'll still post these final report examples to the Team Drive so you can see the difference between a longform country report and one of our "light" versions.

Let us know if you have any questions.

David

------Forwarded message -------From: Terra Kelly < trkelly@ucdavis.edu > Date: Tue, Aug 27, 2019 at 11:46 AM

Subject: Ghana stakeholder meeting details and materials to share at those

events

To: Wolking David <djwolking@ucdavis.edu>

Hi David.

Here are the details on our upcoming stakeholder meetings/events for Sept 4th and 6th in Ghana along with the report and One Health case study that we will share at those meetings.

Our country coordinator has reached out for a request for a meeting on Friday with our Mission contacts to discuss updates and plans for closeout. Let me know if there is anything I can clarify.

Thanks for all of your help on the prep!

Best, Terra From: Peter Daszak <a href="mailto:cong-">daszak@ecohealthalliance.org</a>

To: Woutrina A Smith <a href="mailto:wasmith@ucdavis.edu">wasmith@ucdavis.edu</a>, Jonna Mazet <jkmazet@ucdavis.edu</a>, David J Wolking

<djwolking@ucdavis.edu>

Cc: Alison Andre <andre@ecohealthalliance.org>, Evelyn Luciano <luciano@ecohealthalliance.org>, Aleksei Chmura

<chmura@ecohealthalliance.org>, "William B. Karesh" <karesh@ecohealthalliance.org>

**Subject:** RE: OHW-NG EB call times **Sent:** Fri, 4 Oct 2019 16:13:00 +0000

Wout – I can work with either Wed or Thurs, but would prefer Wed because 1) it's straight after the management call, so you'll be able to directly download (and vent) to EB!!; and 2) (more important I think) – Wednesdays are less likely to be 'in a plane' days in the great scheme of things, so I'll be on more often....

Good call right now and I look forward to OHW-NG kicking butt over the next few years...

Cheers,

Peter

## **Peter Daszak**

President

EcoHealth Alliance 460 West 34<sup>th</sup> Street – 17<sup>th</sup> Floor New York, NY 10001

Tel. +1 212-380-4474

Website: www.ecohealthalliance.org

Twitter: @PeterDaszak

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that prevent pandemics and promote conservation.

**From:** Woutrina A Smith [mailto:wasmith@ucdavis.edu]

Sent: Thursday, October 3, 2019 7:39 PM

To: Oladele Ogunseitan; Hunt, Christine T.; Parish, Sarah A.; Costa, Cristiane; William B. Karesh; Evelyn Luciano; Peter Daszak; Matthew Blake; Brian H Bird; Christine Kreuder Johnson; Molly Turner; REDACTED; Kevin Olival; alexandra zuber; Tracey Goldstein; Emily Hagan; Bridgette Phebean Smith; Amaya, Idalia M.; Omar Romero-hernandez; mr84@columbia.edu; ElByers@salud.unm.edu; McNeil, Carrie S.; Alison Andre; REDACTED; Elizabeth Leasure; Catherine Machalaba; Jutta Lehmer; Bruce Baird Struminger; Jennifer K Lane; Terra Kelly; Wafaa M. El-Sadr; Amy Armistad; Hannah R Chale; Michael S Wilkes; Martin H. Smith; David John Wolking; Jaber Amine Belkhiria; Kirsten Gilardi; Corina Grigorescu Monagin; Federico Castillo; Ndola PRATA; Sam Halabi; Nistara Randhawa; Jonna Mazet

Subject: OHW-NG proposal update - optional call this Friday

Hi OHW-NG team,

Agenda and call info below for Friday, Oct 4, optional 8:30-9:30am PST / 11:30am-12:30pm EST, notes to be circulated afterwards with updates. Working draft of management structure reps attached for further updating.

Best wishes, Woutrina



# Meeting ID: REDACTED

Woutrina Smith, DVM, MPVM, PhD
Professor of Infectious Disease Epidemiology
Associate Director, UCD One Health Institute
Technical Director, USAID One Health Workforce - Next Gen
Co-Director, UCGHI Planetary Health Center of Expertise
School of Veterinary Medicine, UC Davis
1089 Veterinary Medicine Dr
Davis, CA 95616 USA
<a href="mailto:wasmith@ucdavis.edu">wasmith@ucdavis.edu</a>
+1 530 219-1369

Sent: Fri, 18 Oct 2019 16:29:53 -0700
Subject: Re: Dinner at MVS Liberty Oct 20
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Dennis Carroll

Nathan Wolfe <nwolfe@metabiota.com>, Peter Daszak <daszak@ecohealthalliance.org>, Samtha Maher

<maher@ecohealthalliance.org>

Fantastic!

On Fri, Oct 18, 2019 at 4:11 PM Dennis Carroll **REDACTED** wrote:

Wine and charm should do it. Had a great meeting with Tim Rieser today. Definitely a fan boy of GVP who want to make sure we have \$\$. . Is going to TRY and join us on Sunday

d

On Fri, Oct 18, 2019 at 6:04 PM Jonna Mazet < <u>ikmazet@ucdavis.edu</u>> wrote:

Wonderful -- besides wine & our smiles, can we bring anything? Have a great weekend, Jonna

On Fri, Oct 18, 2019 at 8:37 AM Dennis Carroll < **REDACTED** > wrote:

Looking forward to seeing you all Sunday.

Time: 6:00

Where: REDACTED

Directions:

By Uber/taxi - Just tell them **REDACTED** you will see a small parking lot leading to the docks. The dock is secure so call me when you arrive and I will come up and meet you

By Metro - take the You will come out of the metro at REDACTED. Cross I REDACTED turn rights for go to the next corner - and right to REDACTED. Call when you arrive

my number is +12029996144

Dr Dennis Carroll

Senior Fellow, Scowcroft Institute of International Affairs at the Bush School of Government and Public Service, Texas A&M University

Counselor and Advisor to the Faculty of Tropical Medicine at Mahidol University

mobile: 202-999-6144

email: REDACTED

Dr Dennis Carroll

Senior Fellow, Scowcroft Institute of International Affairs at the Bush School of Government and Public Service, Texas A&M University

Counselor and Advisor to the Faculty of Tropical Medicine at Mahidol University

mobile: 202-999-6144 email: **REDACTED** 

**Sent:** Tue, 3 Dec 2019 14:47:47 -0800

Subject: Re: GVP call

Cc: "cchrisman@usaid.gov" <cchrisman@usaid.gov>, "chmura@ecohealthalliance.org" <chmura@ecohealthalliance.org>,

"erubin@metabiota.com" <erubin@metabiota.com>, "daszak@ecohealthalliance.org" <maher@ecohealthalliance.org>, "nwolfe@metabiota.com" <nwolfe@metabiota.com> (nwolfe@metabiota.com) <nwolfe@metabiota.com (

I'm sure Jonna won't mind. I filled out the board meeting Doodle poll for her. Mary

On Tue, Dec 3, 2019 at 1:08 PM Dennis Carroll REDACTED wrote:

Given that you, Peter, gonna and I will likely ALL be in the aRMY meeting resetting for next Thimight be appropriate d

On Monday, December 2, 2019, <<u>cchrisman@usaid.gov</u>> wrote:

Hi Team,

Hope you all had a wonderful Thanksgiving!

I wanted to check in and see if we were still planning to speak this Thursday at our regular time? The NASEM Forum on Microbial Threats innovation workshop conflicts with our meeting and it looks like there is a session during that time. I was planning to attend, but happy to step out for this call if the rest of the team was still planning to join our GVP call.

Best,

Cara

**GVP** call When Thu Dec 5, 2019 1pm - 2pm Eastern Time - New York call in line REDACTED passcode REDACTED (map) Where Who REDACTED maher@ecohealthalliance.org cchrisman@usaid.gov Aleksei Chmura REDACTED erubin@metabiota.com Peter Daszak nwolfe@metabiota.com REDACTED passcode REDACTED call in line REDACTED

Dr Dennis Carroll Sr>Global Virome Project, Core TeamSr>Senior Fellow, Scowcroft Institute of International Affairs at

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>

Cara J. Chrisman <a href="cchrisman@usaid.gov">cchrisman@usaid.gov</a>; Amalhin Shek <a href="carable.gov">ashek@usaid.gov</a>; Alisa Pereira

Emerging Threats Division <apereira@usaid.gov>;Cassandra Louis Duthil

<cl>douisduthil@usaid.gov>;Christine Kreuder Johnson

<ckjohnson@ucdavis.edu>;predict@ucdavis.edu <predict@ucdavis.edu>

**Sent:** 3/18/2020 4:26:52 AM

**Subject**: [predict] Re: Slides for Day 1 of USAID Data Discussion

Thanks, David

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Mar 18, 2020, at 2:18 AM, David J Wolking <a href="mailto:djwolking@ucdavis.edu">djwolking@ucdavis.edu</a> wrote:

Hi Andrew and team,

<u>Here's is the download link</u> for the PREDICT team's slides for tomorrow's meeting. This is a large file so be patient.

For tomorrow's main session, we landed on the order below, which hopefully works though is a little different than what is in the set agenda. We'll plan to share screen on Zoom just like we did today.

Best,

David

#### March $18^{\mbox{th}} - 19^{\mbox{th}}$ Emerging Viral Zoonoses Data Discussion

March 18<sup>th</sup> (7a-11a PST, 10-1 EST)

SESSION 1: Review of data related to spillover, amplification and spread of emerging zoonotic viruses

Intro by Andrew

10 min; Modeling & analytics insights (PD)

10 min; Surveillance (CKJ)

5 min; virus discoveries (SA/TG)

5 min; Virus detection tools (TG/SA)

5 min; LISN (Amanda)

5 min; behavior and community engagement (KS)

10 min; capacity and pandemic preparedness (JM)

5 min; outbreak response (BB)

10 min; policy, partnerships and health security (BK)

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>

Cara J. Chrisman <a href="cchrisman@usaid.gov">cchrisman@usaid.gov</a>; Amalhin Shek <a href="carable-qusaid.gov">ashek@usaid.gov</a>; Alisa Pereira

Emerging Threats Division <apereira@usaid.gov>;Cassandra Louis Duthil

<clouisduthil@usaid.gov>;Christine Kreuder Johnson

<ckjohnson@ucdavis.edu>;predict@ucdavis.edu <predict@ucdavis.edu>

**Sent:** 3/18/2020 5:57:44 AM

**Subject**: [predict] Re: Slides for Day 1 of USAID Data Discussion

#### Thanks

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Mar 18, 2020, at 1:37 PM, David J Wolking <a href="mailto:djwolking@ucdavis.edu">djwolking@ucdavis.edu</a> wrote:

Hi there,

Amanda caught a few errors in her LISN deck so please download the most recent version from the same link below.

Thank you!

David

Thank you!

David

On Wed, Mar 18, 2020 at 4:26 AM Andrew Clements <a clements@usaid.gov> wrote: Thanks, David

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Mar 18, 2020, at 2:18 AM, David J Wolking <a href="mailto:djwolking@ucdavis.edu">djwolking@ucdavis.edu</a> wrote:

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For tomorrow's main session, we landed on the order below, which hopefully works though is a little different than what is in the set agenda. We'll plan to share screen on Zoom just like we did today.

Best,

David

## March 18<sup>th</sup> – 19<sup>th</sup> Emerging Viral Zoonoses Data Discussion March 18<sup>th</sup> (7a-11a PST, 10-1 EST) SESSION 1: Review of data related to spillover, amplification and spread of emerging zoonotic viruses

Intro by Andrew

10 min; Modeling & analytics insights (PD)

10 min; Surveillance (CKJ)

5 min; virus discoveries (SA/TG) 5 min; Virus detection tools (TG/SA)

5 min; LISN (Amanda)

5 min; behavior and community engagement (KS)

10 min; capacity and pandemic preparedness (JM)

5 min; outbreak response (BB)

10 min; policy, partnerships and health security (BK)

From: Andrew Clements <aclements@usaid.gov>

**Sent:** Fri, 1 May 2020 01:18:48 -0700

Subject: Re: USAID #AID-OAA-A-14-00102 / UC Davis #32541

To: Elizabeth Leasure <ealeasure@ucdavis.edu>

Cc: Alisa Pereira <apereira@usaid.gov>, Amalhin Shek <ashek@usaid.gov>, Cara Chrisman <cchrisman@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, predict Sympa List cpredict@ucdavis.edu>

#### Thanks!

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Apr 30, 2020, at 11:33 PM, Elizabeth Leasure < <u>ealeasure@ucdavis.edu</u>> wrote:

Hi Andrew and Amalhin. The SF-425 and expenditure by country report for January-March 2020 are attached, as well as the updated LOP report through March 2020. Let me know if you have any questions.

Thanks,

Liz

Elizabeth Leasure

Financial Operations Manager

One Health Institute

FREDACTED (cell)

530-754-9034 (office) Skype: ealeasure

From: Nikki Clark < ndclark@ucdavis.edu>

Sent: Tuesday, April 28, 2020 1:11 PM

To: Patricia Bradley <pbr/>pbradley@usaid.gov>; Jose Nunez Grullon <jnunezgrullon@usaid.gov>

Cc: Elizabeth Leasure < ealeasure@UCDAVIS.EDU >; predict Sympa List < predict@ucdavis.edu >; Jonna Mazet

<jkmazet@ucdavis.edu>

Subject: USAID #AID-OAA-A-14-00102 / UC Davis #32541

Attached is our quarterly financial and by-country report for the award referenced above for our PI, Jonna Mazet. If you have any questions or need anything further, please let me know.

Thank you,

Nikki

~\*~\*~\*~\*~\*~\*~\*~\*~\*

Nikki Clark, CRA

Research Administration Analyst

Hours: 7:30 am - 4:30 pm

(530) 757-8526

ndclark@ucdavis.edu

<image001.png>

<image002.png>

<32541-425 2020-03 Remit.pdf>

< Y1-Y6 LOP Expenditures by Country 4.30.2020 final.xlsx>

From: Chris Vanlangendonck <c.vanlangendonck@onehealthplatform.com>

**Sent:** Wed, 24 Jun 2020 18:38:59 +0200

Subject: 6th World One Health Congress, 30 Oct - 3 Nov / announcement VIRTUAL EDITION - One

Health Platform & the University of Edinburgh

**Cc:** Ab Osterhaus <Albert.Osterhaus@tiho-hannover.de>, John Mackenzie Home <j.mackenzie@curtin.edu.au>, BODEN Lisa <Lisa.Boden@ed.ac.uk>, Annick Mannaerts <a.mannaerts@onehealthplatform.com>

To: Alistair.Leanord@ggc.scot.nhs.uk, anna.meredith@unimelb.edu.au, appolinaire.djikeng@ctlgh.org, barbara.e.murray@uth.tmc.edu, "RAMIREZ, Bernadette"

TEDACTEDE, Britta Lassmann <bri>britta.lassmann@isid.org>, Casey Barton Behravesh <dlx9@cdc.gov>, c.j.m.bruschke@minez.nl, Clare.Chandler@lshtm.ac.uk, david.graham@newcastle.ac.uk, David Heymann <david.heymann@lshtm.ac.uk>, Debora MacKenzie

■K⊒DACTI⊒DI Kamran.Khan@unityhealth.to, Katinka DeBalogh ← K⊒DIACTI⊒DI Keith Hamilton <k.hamilton@oie.int>, k.healey@vmd.gov.uk, Larry Madoff Ikahn@princeton.edu, Wang Linfa linfa.wang@duke-nus.edu.sg>, sanchezm@paho.org, Marc Mendelson <Marc.mendelson@uct.ac.za>, Marietjie Venter <marietjie.venter@up.ac.za>, mark.bronsvoort@roslin.ed.ac.uk, MARK RWEYEMAMU <mark.rweyemamu@btinternet.com>, Mark.Schipp@agriculture.gov.au, WOOLHOUSE Mark <Mark.Woolhouse@ed.ac.uk>, Martyn Jeggo REDACTED, nancy@fve.org, Osman.Dar@phe.gov.uk, cosivio@paho.org, Patrick Drury <druryp@who.int>, p.green@vmd.gov.uk, Penina Munyua <ikg2@cdc.gov>, Pierre Van Damme <pierre.vandamme@uantwerpen.be>. pip.beard@pirbright.ac.uk, rk952@georgetown.edu, Richard Kock <rkock@rvc.ac.uk>, Robert Clarke <nero1449@rogers.com>, RSK@ssi.dk, smcewen@uoquelph.ca, Shahida.Syed@dhsc.gov.uk, SGirling@rzss.org.uk, Stephen.Hinchliffe@exeter.ac.uk, Tamika Sims <sims@ific.org>, "TREES, Lord" <treesa@parliament.uk>, Toby Leslie <toby.leslie@mottmac.com>, tmcnamara@westernu.edu, trevor.smith@international.gc.ca, "William B. Karesh" <karesh@ecohealthalliance.org>, "Nolan, Shannon" <Shannon.Nolan@defra.gov.uk>, Lone Simonsen <lone@gwu.edu>, Rita Colwell <rcolwell@umiacs.umd.edu>, George F Gao <gaof@im.ac.cn>, januszp@nicd.ac.za, Misheck Mulumba <mulumbam@arc.agric.za>, Rebecca Katz <Rebecca.Katz@georgetown.edu>, tinglesby@jhu.edu, "R.

Sheila.Voas@gov.scot, CMO@gov.scot

#WOHC2020.pdf

Dear Programme Committee members of the #WOHC2020 Dear chairs and co-chairs

On behalf of the Organizing Committee, it is my pleasure to announce our Virtual Edition of the 6th World One Health Congress to you.

Fouchier" <r.fouchier@erasmusmc.nl>, wil2001@columbia.edu, gls37@cam.ac.uk,

COVID-19 has clearly shown why One Health, the core of which is the recognition of the existential interconnectedness of humans, animals and their shared environment, is key to ensuring the healthy and sustainable future of the planet.

We all know that there has been, and continues to be, a significant increase in the emergence of infectious agents and in the potential risk of new pandemics, as exemplified by the emergence and spread of SARS-CoV-2 and COVID-19. SARS-CoV-2 has also clearly demonstrated that a previously unknown pathogen can emerge from a wildlife source at any time in any place and without warning, threatening the health, well-being and economies of all societies. There is therefore a clear need for countries to have the capability and capacity to maintain an effective alert and response system to detect and quickly react to outbreaks of international concern, and to share information about such outbreaks

rapidly and transparently.

Responding to pandemic threats requires global cooperation and global participation. Combined with the growing globalization of health risks and the importance of the human-animal interface in the evolution and emergence of pathogens, the only solution is a One Health approach.

In addition, this pandemic has transformed the way scientists and clinicians communicate and share information during a fast moving health crisis. This raises questions on how to deal with "infodemics" or with "bad information"; how to "evaluate" rumours; and how to ensure the benefits of rapid information sharing can outweigh the disadvantages of secrecy.

We all feel that it has never been more important to connect and come together with the One Health Community!

We had hoped to reschedule the 6th World One Health Congress later at the end of October-early November, but it appears that even then large gatherings may still be prohibited and existing travel bans for some countries may still be in place, and additionally we want to prioritize the health and safety of our faculty and attendees.

We have therefore decided to go 'virtual', and to make the 6th World One Health Congress a virtual congress. We are really excited about it and about its potential to allow an even greater number of One Health scientists from around the world to join us. We have made a mock up of our virtual edition, enclosed with this mail, and we hope that after you have seen it, you will share our enthusiasm!

We will be reaching out to all presenters in the course of this week and will get back to the session chairs with the results. It is possible that some presenters might be unable to join us, in which case we need to select replacements from among the abstracts to find replacements. We will keep you posted!

Session chairs will receive a separate mail with time slot of their session and practical information about recordings in a few days.

We are informing all stakeholders close to us first. We will be ready to announce the virtual edition to the external world (with updated website) in mid July.

We are very much looking forward to making our "#WOHC2020 VIRTUAL EDITION" a huge success together with your support and involvement!

Very best regards - also on behalf of John and Ab, Chris

Chris Vanlangendonck
cofounder / management
REDACTED
c.vanlangendonck@onehealthplatform.org
www.onehealthplatform.org

ONE HEALTH PLATFORM



Dear Programme Committee members of the #WOHC2020 Dear chairs and co-chairs

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Very best regards - also on behalf of John and Ab,











virtual edition 2020

A JOINT INITIATIVE OF











**Southern African Centre for Infectious Disease Surveillance** 



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## Timeline





## ONE WEEK ONLINE EVENT EXPERIENCE

Platform stays online till end 2020

NOVEMBER 2020 DECEMBER 2020

## Six benefits of our #WOHC2020 virtual edition



# 1. Increased reach

Extension of your own personal reach to audiences globally. The virtual platform stays on line till end 2020. The organisers will promote the virtual Platform and content by sending out monthly e-newsletters – highlighting specific research and / or topics.

# Z.More interaction

Research shows that a virtual congress will generate far more interaction with an online audience than in a traditional setting. Visitors will be able to participate during sessions with posts or chats and connect 1-to-1 with speakers before, during and after the session or event.

# 3.Knowledge transfer

More time and extended availability of research data increases knowledge transfer.
Online events on a specific topic are a very compact and clear source of information, driving your scientific work to the next level.

## 4. Limited travel

On average congress visitors will spend 1 to 3 days traveling from and to event locations. We save some time by making our Congress available on line.

# 5. Flexibility

You can join from wherever in the world at your own pace, with access whenever you want. You develop your own congress experience.

# 6. Sustainable

It is almost a no brainer.
The reduction of the entire carbon footprint when staff and visitors do not have to travel to a venue is huge!





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# JOIN & BE PRESENT

Experience the thrill of **LIVE SESSIONS** on groundbreaking topics and follow over 50 scientific sessions **ON DEMAND**.



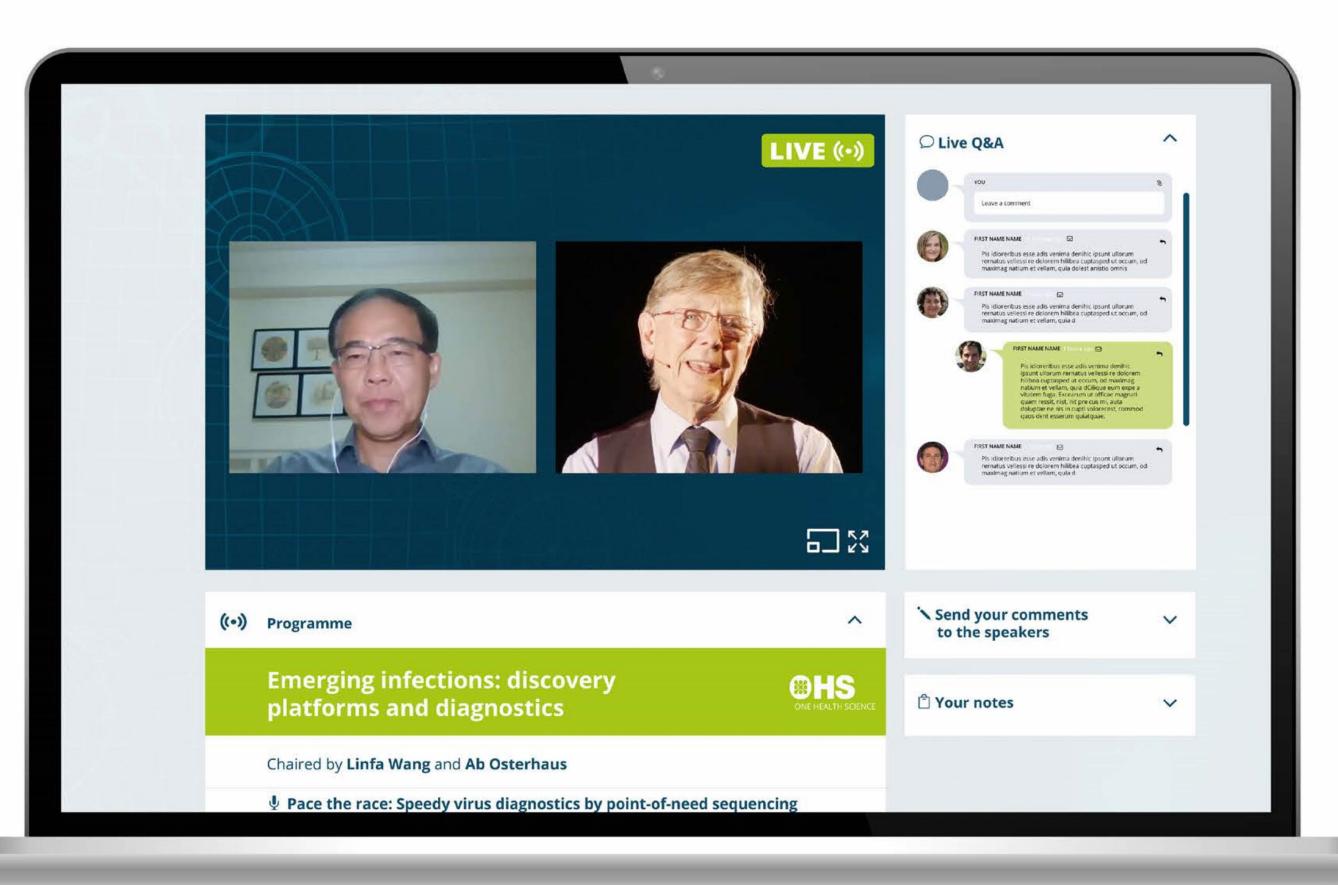


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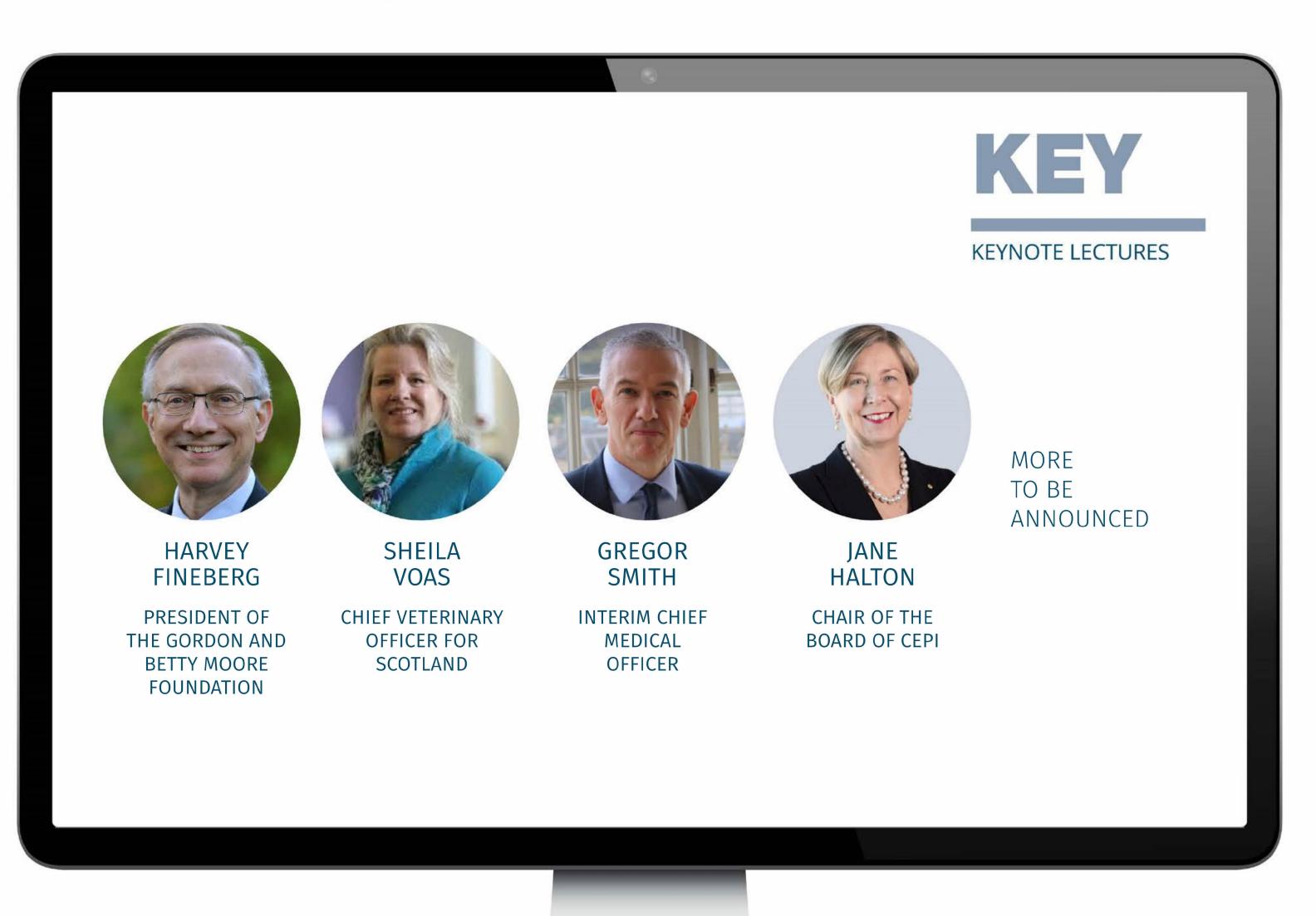


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**EXCITING KEYNOTE LECTURES** given by the most important scientists and policy makers in the One Health arena.





# An **EASY TO USE INTERFACE** gives you the feeling of experiencing the conference in real life





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**FOLLOW** the congress on any device, or combine different devices to optimize your experience.





An **ONLINE HELPDESK** will assist you if needed.





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**8HS** AMR

ONE HEALTH SCIENCE

**ANTIMICROBIAL** RESISTANCE





**SCIENCE POLICY INTERFACE** 

SARS-COV-2 COVID 19





SPECIAL PARTNER **SESSIONS** 

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More than 250 lectures will be released at a specific time in the programme to have maximum attention of the attendees. All sessions will be available on the platform till the end of the year.





A scientific session has 5 lectures with a **PERSONAL INTRODUCTION** given by the chair.





**LECTURE 1** 

**LECTURE 2** 



**LECTURE 3** 



**LECTURE 4** 



LECTURE 5



Check the programme at a glance



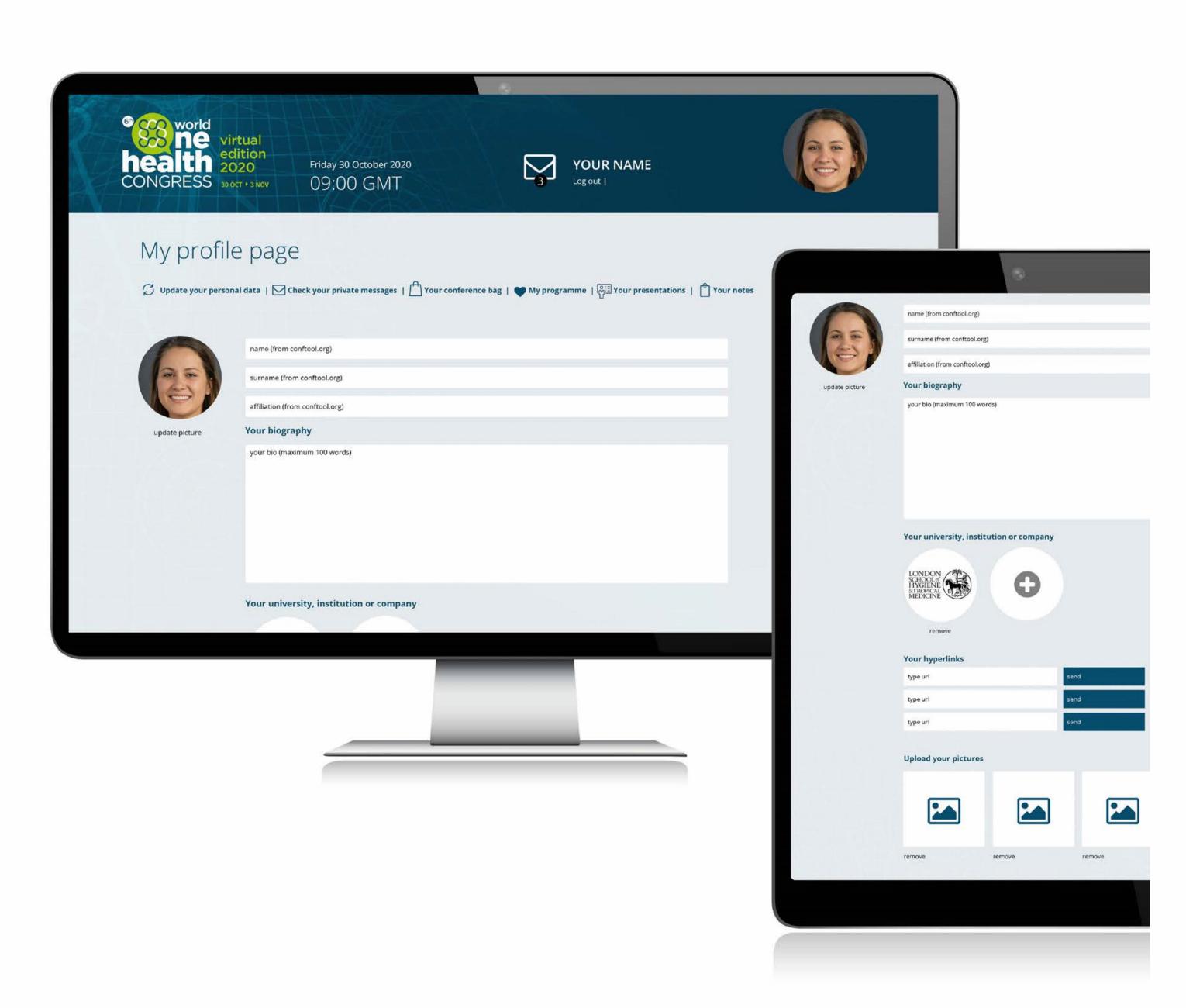
NOVEMBER **NOVEMBER NOVEMBER** LIVE (+)

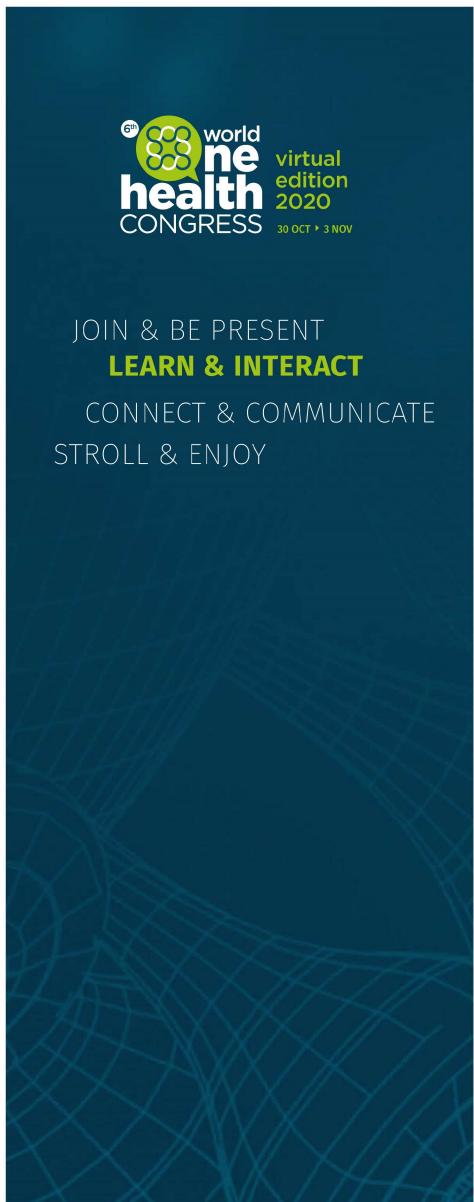
**THURSDAY** 



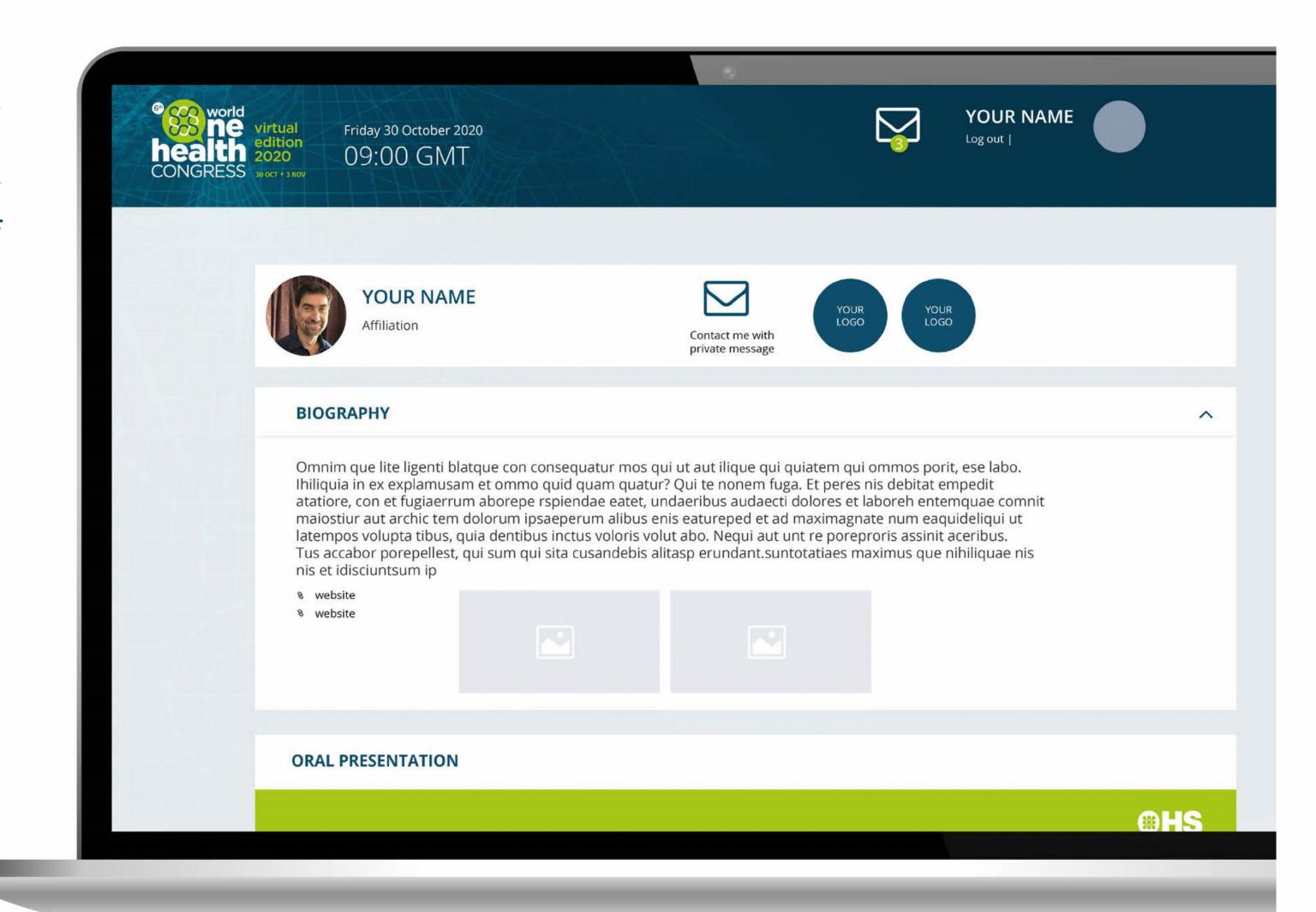
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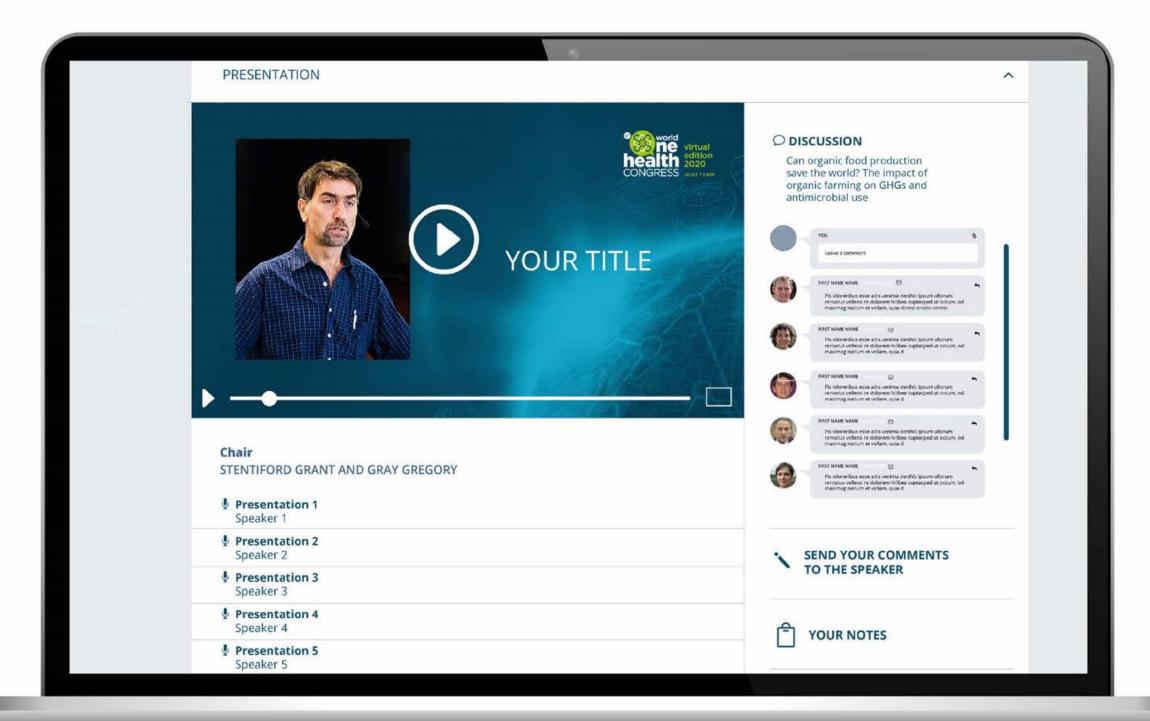




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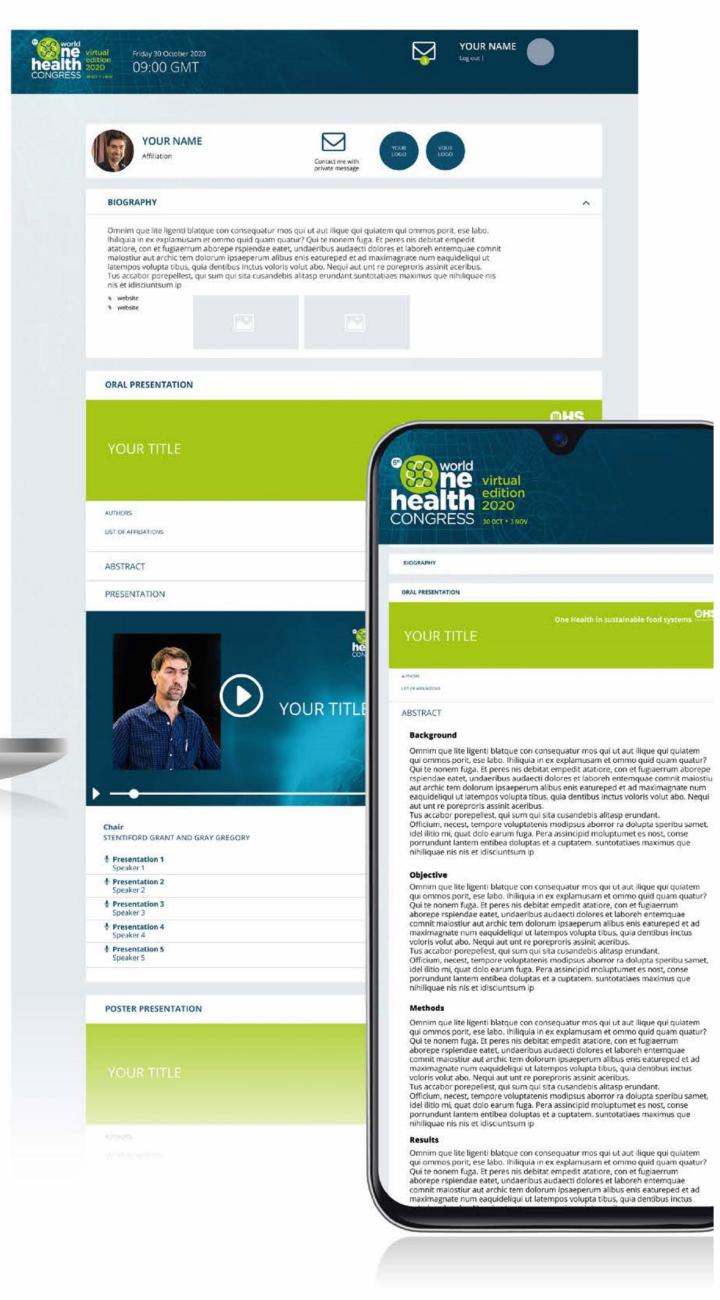






Your biography, your abstract, your presentation, your chat wall all on one page.

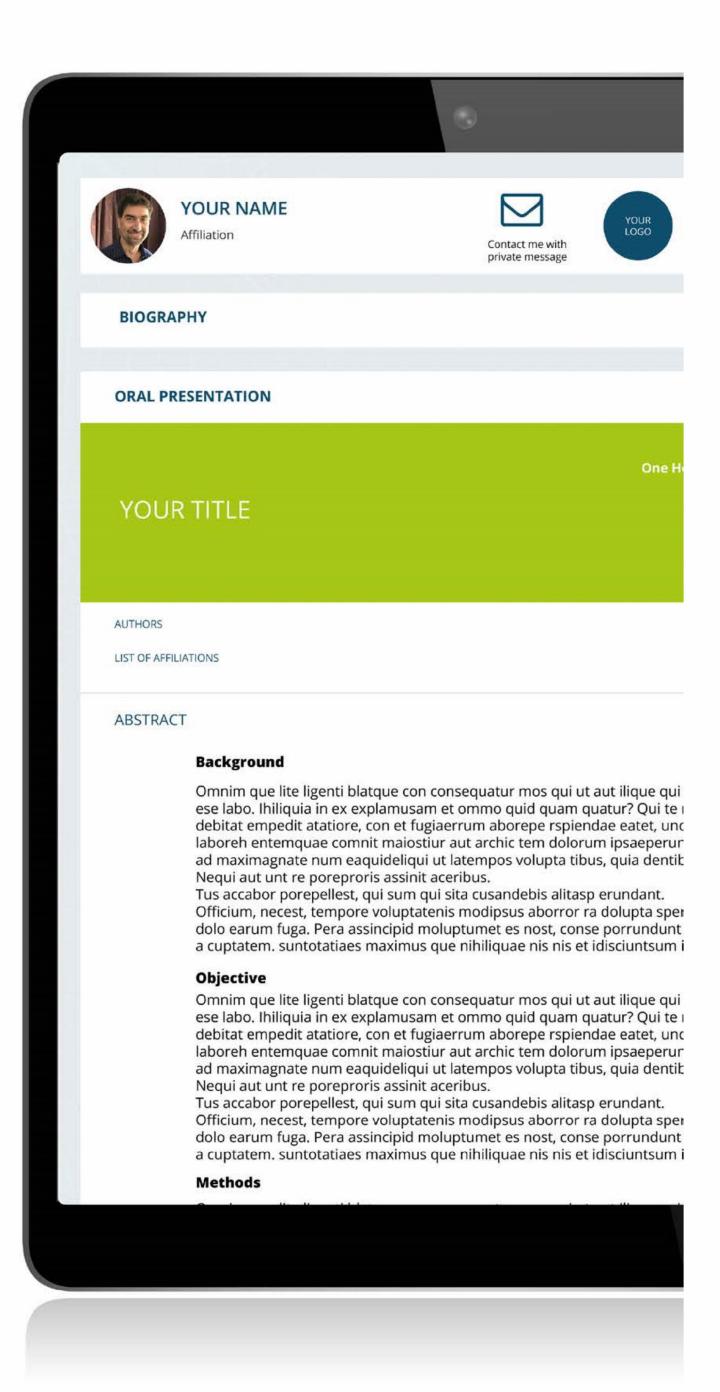






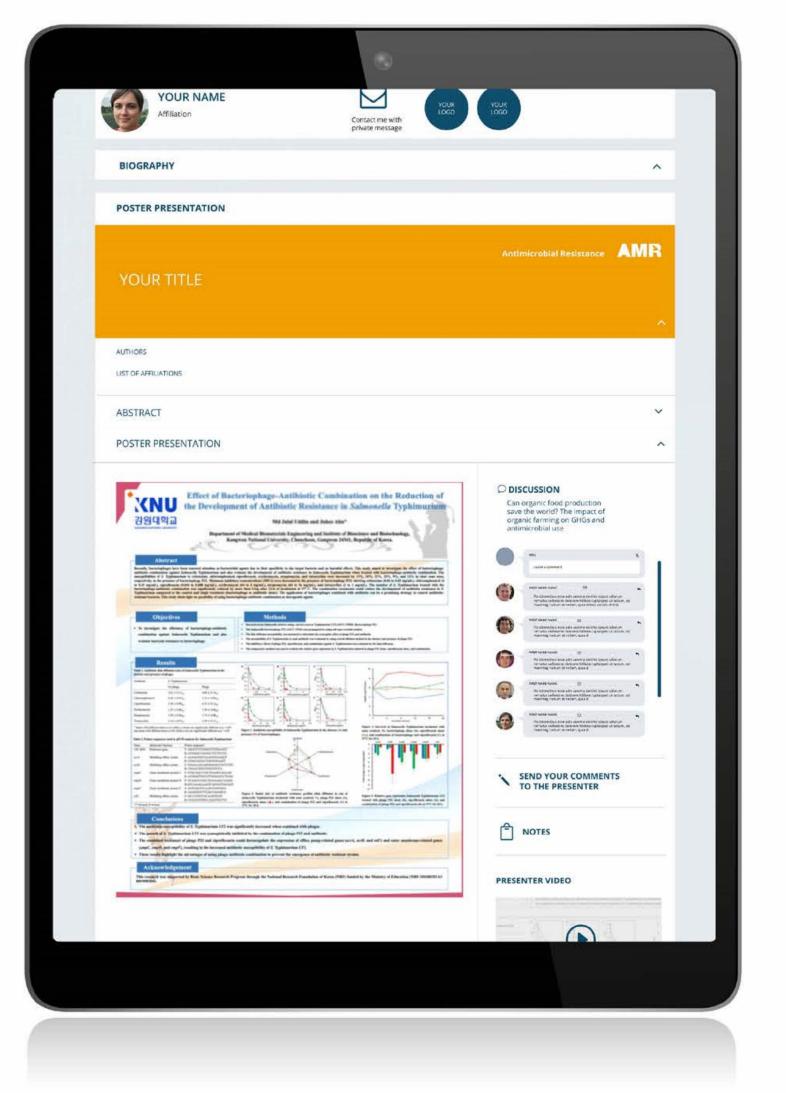
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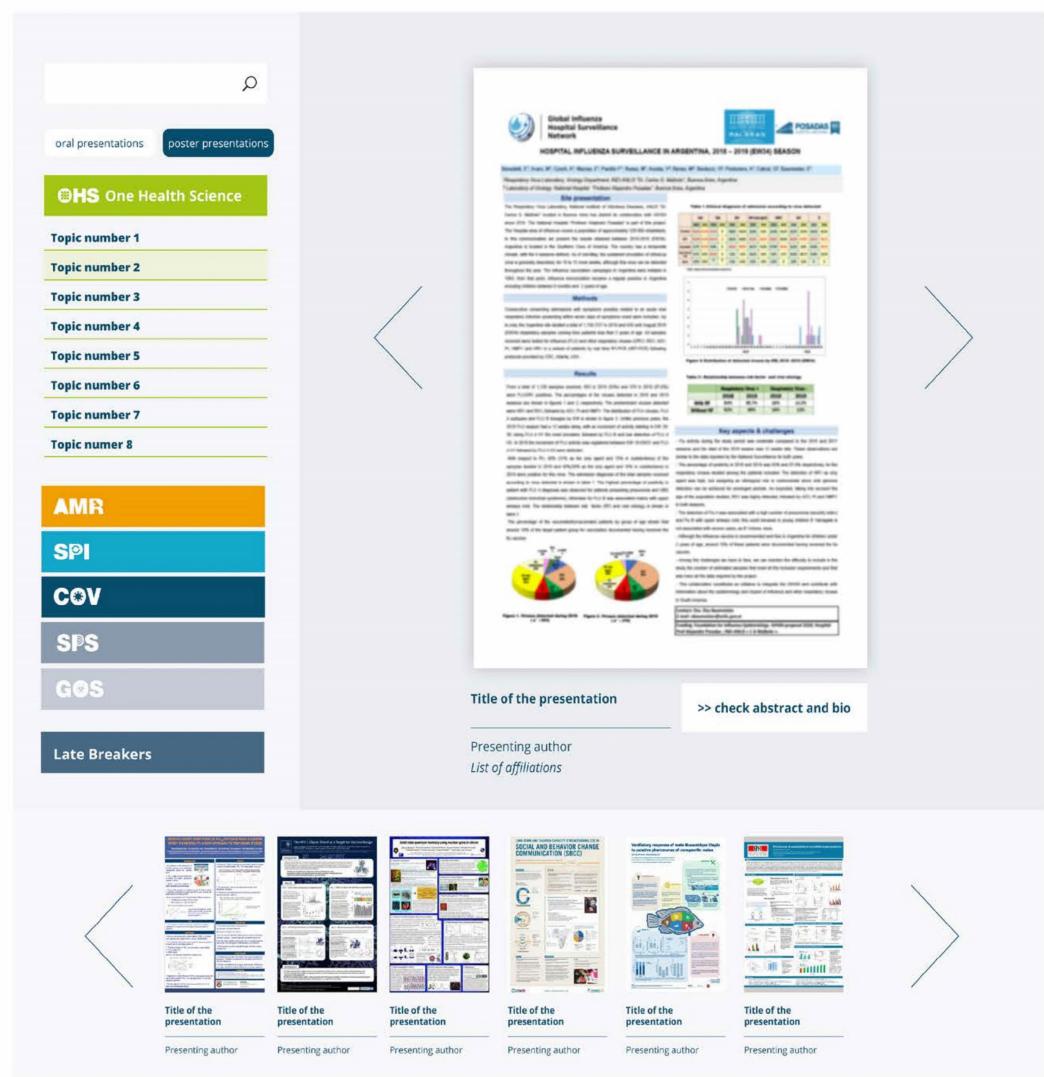


## **POSTER AREA**





Home | Programme | Connect to the community | Presentations | Our partners | Acknowledgements

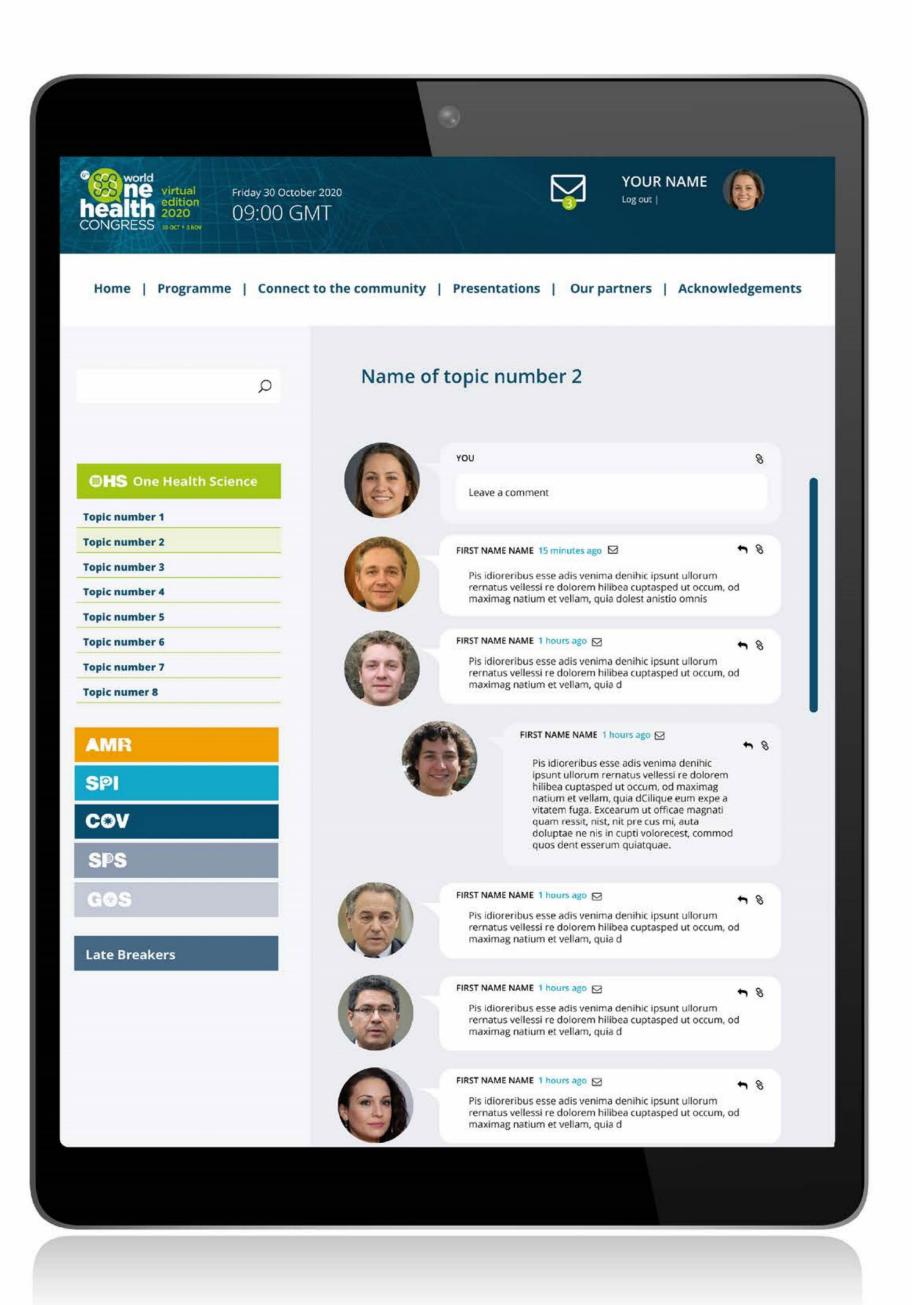




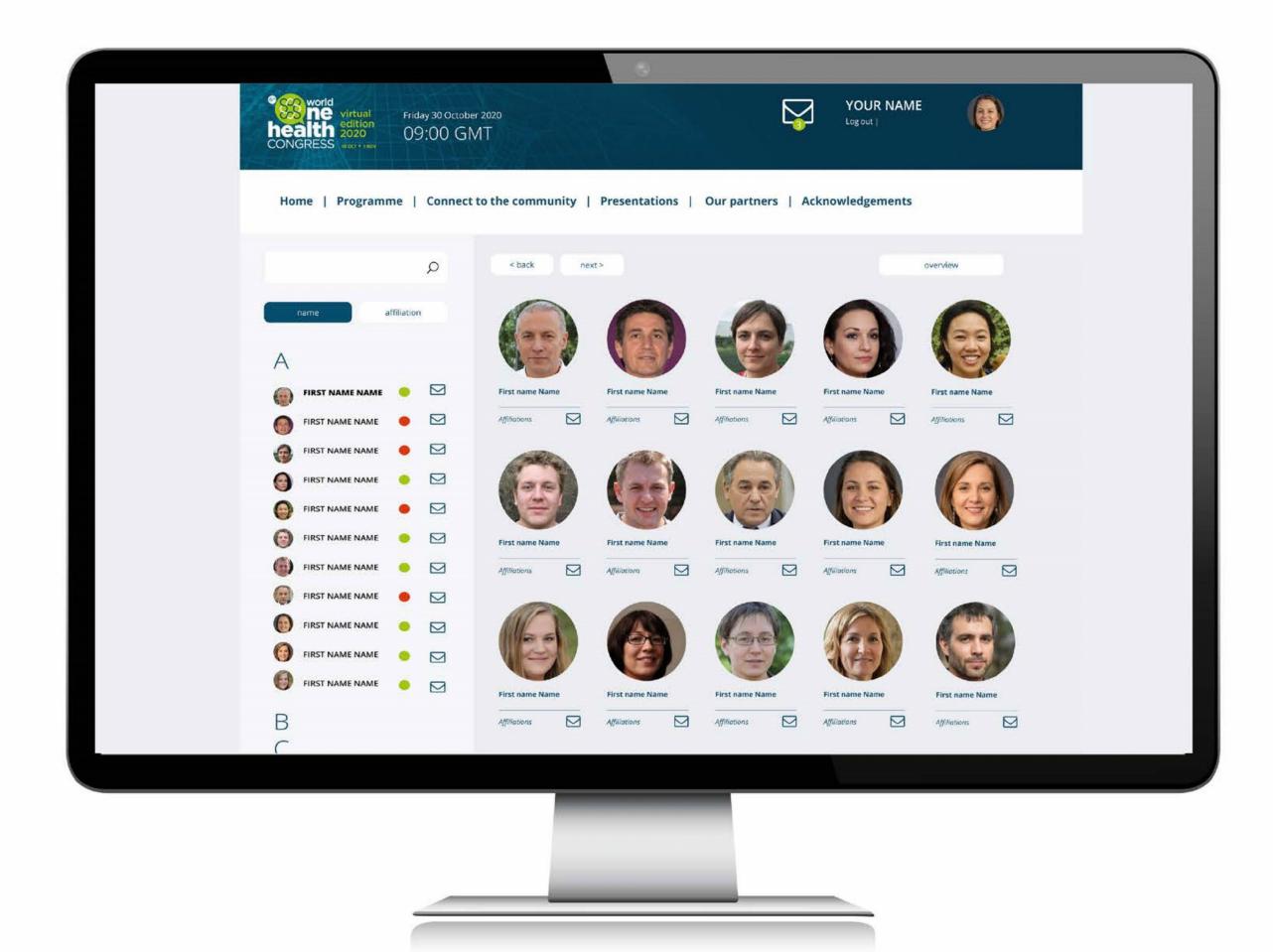
# CONNECT & COMMUNICATE

**ENGAGING WITH STAKEHOLDERS** and peers has never been easier.

Share your insights with your peers in the One Health arena.







Research shows that by hosting the congress online we will increase attendance by up to 145% - we are aiming at having **2.000 ATTENDEES**.



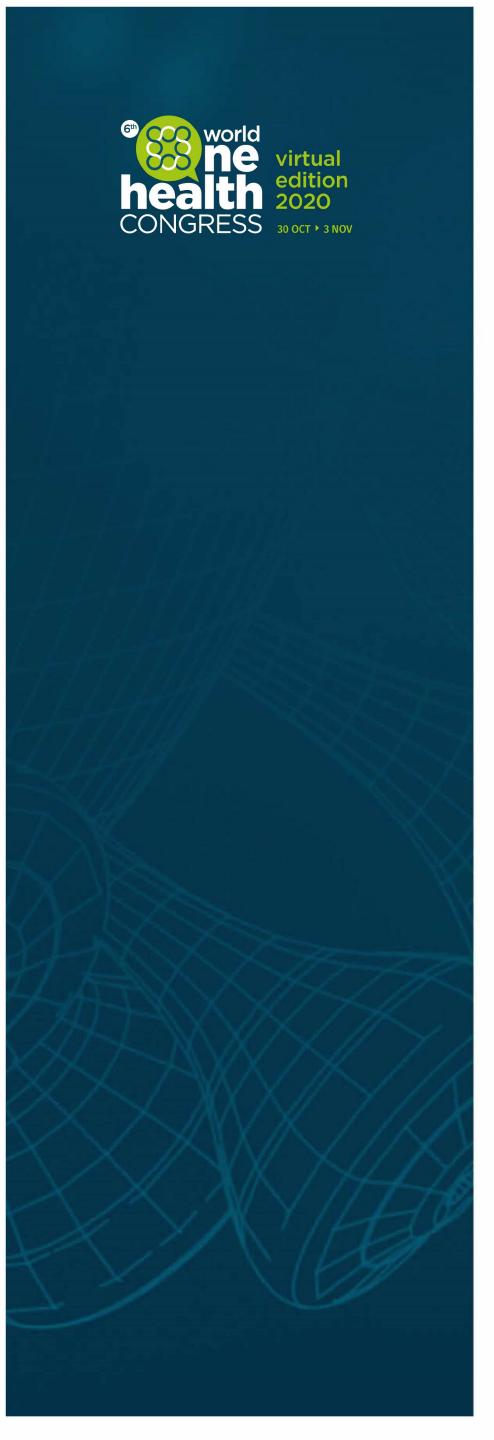
# STROLL & ENJOY

Incorporating designated networking breaks in our lounge allows attendees to take a breather between longer sessions to chat, take polls, and **NETWORK** with other attendees.

You can also pop in at the University of Edinburgh.







## **ACCESS KEY**

**30 OCT - 3 NOV ONLINE EVENT EXPERIENCE**Valid till 31 December 2020

395 euro295 euro (students, up to masters degree)





Evirtual

ADVANCING SCIENCE TO IMPROVE HEALTH AND SECURITY

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>

CC: Cara J. Chrisman <a href="mailto:cchrisman@usaid.gov">cchrisman@usaid.gov</a>;Alisa Pereira Emerging Threats Division

<apereira@usaid.gov>:Prof. Jonna Mazet <ikmazet@ucdavis.edu>:Christine Kreuder

Johnson <ckjohnson@ucdavis.edu>

**Sent:** 9/18/2020 2:57:56 AM

Subject: Re: P2 CoAg Report - Volume 2 Country Reports

Thanks.

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

Mobile phone: 1-571-345-4253

Email: aclements@usaid.gov

On Sep 17, 2020, at 7:02 PM, David J Wolking <a href="mailto:djwolking@ucdavis.edu">djwolking@ucdavis.edu</a> wrote:

Hi Andrew,

Quick update, we spotted a few minor things needing correction (never ending proof review :-), I'll upload a new version by the end of the week.

David

On Thu, Sep 17, 2020 at 1:54 AM Andrew Clements <a href="mailto:aclements@usaid.gov">aclements@usaid.gov</a>> wrote: Thanks, David.

On Wed, Sep 16, 2020 at 7:51 PM David J Wolking <<u>djwolking@ucdavis.edu</u>> wrote: Hi Andrew,

Just FYI - I created a new folder in your Team Drive (5 Year CoAg Report - Final Docs). We wrapped up Volume 2 of the report today and I sent it to the printers. It is now uploaded to this new folder so take a look when you get a chance, it turned out really well.

I'll get you the Volume 1 piece as soon as I can. We are still wrapping up the M&E report based on our discussion a few weeks ago, so we can simply deliver a "final" CoAg report that is comprehensive instead of piecemeal versions.

Let me know if you have any questions,

David

--

David J. Wolking
Senior Manager, Global Programs, <u>One Health Institute</u>
Global Operations Officer, <u>PREDICT Project</u> of USAID Emerging Threats Division
Senior Manager, <u>PREEMPT Project</u>
School of Veterinary Medicine
University of California, Davis

--

David J. Wolking
Senior Manager, Global Programs, <u>One Health Institute</u>
Global Operations Officer, <u>PREDICT Project</u> of USAID Emerging Threats Division
Senior Manager, <u>PREEMPT Project</u>
School of Veterinary Medicine
University of California, Davis

From: Elizabeth Leasure <ealeasure@ucdavis.edu>

To: Alisa Pereira <apereira@usaid.gov>, Andrew Clements <AClements@usaid.gov>

Cc: Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>, Amalhin Shek

<ashek@usaid.gov>, Shana Gillette <sgillette@usaid.gov> Subject: PREDICT-2 January 2017 Ebola Financial Report

**Sent:** Wed, 1 Mar 2017 21:50:29 +0000

PREDICT Ebola Financial Report Jan2017 final.pdf

Hi Andrew and Alisa. Please find attached the January 2017 Ebola Financial Report for PREDICT. As you will see, the attached report is approximately \$240K less than the December 2016 report. The primary reason for this is that Metabiota is transitioning to a new financial system, and they were unable to load all of their January transactions into the new system by today's deadline. The balance of January expenses that Metabiota was <u>not</u> able to load into their system in time for this report will be included in the February report. In addition, the subawards for implementing partners in Ghana and Senegal were only recently approved and/or executed, so the reporting of in-country expenses for these countries is a bit delayed. Wiring funds and bringing the in-country staff up to speed with regard to our reporting procedures and requirements takes a bit of time once the subawards are executed, but we fully expect to bring these figures up to date with the February report.

Please let me know if you have any questions.

Thanks, Liz

Elizabeth Leasure One Health Institute University of California, Davis 530-754-9034 (office)

REDACTED (cell)

Cost Category	<b>US</b> Central	Cameroon	Cote d'Ivoire	DRC	Ethiopia	Ghana	Guinea	Kenya	Liberia
Salaries	10,336	20,802	9,383	43,655	8,232	15,022	14,087	7,532	14,087
Fringe	8,809	7,928	7,163	21,439	7,574	10,876	12,070	4,368	12,070
Equipment	0	0	0	0	0	0	0	0	C
Domestic Travel	13,065	3,776	87	2,177	4,563	87	8,555	43	87
Foreign Travel	0	101	101	101	1,022	8,865	1,724	51	1,724
Services	0	11,161	2,401	5,902	1,201	2,401	8,401	10,730	3,137
Supplies	963	5	5	1,006	2	1,380	25,012	2	584
Other	2,820	6,694	12,175	4,484	1,470	14,272	31,993	188	665
Indirects	17,375	19,370	14,434	32,206	8,842	25,507	48,901	6,364	15,896
Total Costs	\$53,369	\$69,837	\$45,748	\$110,970	\$32,906	\$78,408	\$150,744	\$29,278	\$48,25
Cost Category	Senegal	Sierra Leone	Tanzania	Uganda					
Salaries	10,108	14,087	22,263	16,128					
Fringe	11,356	12,070	13,400	21,645					
Equipment	0	0	0	0					
Domestic Travel	87	87	4,460	3,427					
Foreign Travel	101	1,724	101	101					
Services	2,401	2,401	2,401	2,789					
Supplies	5	28,046	6,425	3,627					
Other	375	4,214	2,180	6,597					
Indirects	11,686	30,471	17,190	14,670					
	\$36,119	\$93,101	\$68,419	\$68,983					

Subject: Re: Mongolia \_2017 CIP

Cc: Jonna Mazet <jkmazet@ucdavis.edu>, Daniel Schar <dSchar@usaid.gov>, "Clements, Andrew(ANE/TS)"

<a><AClements@usaid.gov>, "predict@ucdavis.edu" <PREDICT@ucdavis.edu></a>

From: Amanda Fine **REDACTED**Sent: Wed, 8 Mar 2017 12:01:31 +0700

Dear Sudarat,

Message received. Enkee and I will be together next week for a training and can make sure to review and complete this and send it back to you by the deadline.

Cheers,

Amanda

On 3/7/17 3:00 PM, Sudarat Damrongwatanapokin wrote:

Dear Enkee and Amanda,

Attachment is the draft 2017 CIP for Mongoli. Please fill in information

regarding 2017 planned activities/sub-activities including detailed information required by the new template format. The due date for submission is Monday March 20 COB.

Please do not hesitate to contact us if you have any questions or concerns. Thank you.

Sudarat Damrongwatanapokin, D.V.M., Ph.D.

Regional Animal Health Advisor

USAID Regional Development Mission Asia

Bangkok, 10330

E-mail: <a href="mailto:sdamrongwatanapokin@usaid.gov">sdamrongwatanapokin@usaid.gov</a> Tel: +662-257-3243, Fax:+662 -2573099

Click here to report this email as spam.

Amanda E. Fine, VMD, PhD
Wildlife Health Program Associate Director - Asia
Wildlife Conservation Society (WCS)



To: "predict@ucdavis.edu" <PREDICT@ucdavis.edu>

Cc: "Churchill, Carolina" REDACTED. Sarah Olson REDACTED.

From: Amanda Fine REDACTED.

From: Amanda Fine REDACTED

Sent: Wed, 8 Mar 2017 12:03:05 +0700

Subject: [predict] Fwd: Mongolia \_2017 CIP

Y3 Drft CIP Mongolia.xlsx

Hello David,

I copied you on my response to Sudarat but wanted you to have the e-mail with attachment. I confirmed receipt and said that Enkee and I would review and respond by the deadline but if there is other guidance let me know.

Cheers,

Amanda

----- Forwarded Message ------**Subject:**Mongolia 2017 CIP

Date: Tue, 7 Mar 2017 15:00:43 +0700

From: Sudarat Damrongwatanapokin <sdamrongwatanapokin@usaid.gov>

To: REDAG IED

CC: Jonna Mazet <u>sikmazet@ucdavis.edu</u>, Daniel Schar <u>sdSchar@usaid.gov</u>, Clements, Andrew(ANE/TS) <u>AClements@usaid.gov</u>

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Sudarat Damrongwatanapokin, D.V.M., Ph.D.

Regional Animal Health Advisor

USAID Regional Development Mission Asia

Bangkok, 10330

E-mail: <u>sdamrongwatanapokin@usaid.gov</u> Tel: +662-257-3243, Fax:+662 -2573099

Click here to report this email as spam.

Produced in Native Format

From: "William B. Karesh" < karesh@ecohealthalliance.org>

To: David Wolking <djwolking@ucdavis.edu>

Cc: Chris Johnson <ckjohnson@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, Tracey Goldstein

<tgoldstein@ucdavis.edu>

Subject: Re: FAO-TZ stakeholder consultation meeting on re-orientation of activities

**Sent:** Thu, 9 Mar 2017 20:33:57 +0000

thx!!

#### William B. Karesh, D.V.M

Executive Vice President for Health and Policy

EcoHealth Alliance 460 West 34th Street - 17th Floor New York, NY 10001 USA

+1.212.380.4463 (direct) +1.212.380.4465 (fax)

www.ecohealthalliance.org

President, OIE Working Group on Wildlife

Co-chair, IUCN Species Survival Commission - Wildlife Health Specialist Group

EPT Partners Liaison, USAID Emerging Pandemic Threats - PREDICT-2 Program

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

On Mar 9, 2017, at 3:21 PM, David J Wolking < djwolking@ucdavis.edu > wrote:

Billy, Chris, and Tracey,

Just sharing this news from TZ that FAO is holding their country-level meeting tomorrow to introduce the change in their EPT-2 workplan.

David

----- Forwarded message -----

From: **Abel Ekiri** <a href="mailto:abekiri@ucdavis.edu">abekiri@ucdavis.edu</a>>
Date: Thu, Mar 9, 2017 at 8:32 AM

Subject: FAO-TZ stakeholder consultation meeting on re-orientation of activities

To: David John Wolking < djwolking@ucdavis.edu>

Cc: Jonna Mazet < <u>ikmazet@ucdavis.edu</u>>, Woutrina A Smith < <u>wasmith@ucdavis.edu</u>>

Hi David,

FYI - heading to Dar this evening to attend a 1-day meeting organised by FAO tomorrow Friday: *National Stakeholders Consultation Meeting on Re-orientation of the Endemic Pandemic Threat phase 2 Work Plan to GHSA Priorities.* Will be representing Prof, invited as one of the key in-country OH stakeholders. Meeting details in agenda and invitation attached.

Sent: Thu, 13 Apr 2017 08:01:40 -0700
 Subject: Re: Follow up on your talk with MB
 From: Jonna Mazet <jkmazet@ucdavis.edu>
 To: Andrew Clements <aclements@usaid.gov>
 Cc: Alisa Pereira <apereira@usaid.gov>

Sounds good,

On Thu, Apr 13, 2017 at 7:57 AM, Andrew Clements <a href="mailto:aclements@usaid.gov">aclements@usaid.gov</a> wrote:

Hi Jonna

I'm on vacation. Let's try next week.

Andrew

Andrew P. Clements, Ph.D. Senior Scientific Adviser
Emerging Throats Division

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: <u>1-571-345-4253</u> Email: <u>aclements@usaid.gov</u>

On Apr 13, 2017, at 7:02 AM, Jonna Mazet < <u>ikmazet@ucdavis.edu</u>> wrote:

Phone might be best.

Want me to call you in my morning, your evening -- maybe 5:30 pm your time Thursday?

Just let me know,

J

On Tue, Apr 11, 2017 at 3:44 AM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Jonna,

Can you provide us with an update (email or phone) on how the talk with MB went last week regarding their future arrangements in PREDICT countries through the end of EPT2?

I got a specific request regarding the status of Predict in ROC so that is the part that is most urgent, but I'd be interested in hearing about the overall plan as well.

Andrew

Andrew P. Clements, Ph.D. Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: <u>1-571-345-4253</u> Email: <u>aclements@usaid.gov</u> From: Elizabeth S Chase <eschase@ucdavis.edu>

To: daszak (daszak @ecohealthalliance.org) < daszak @ecohealthalliance.org>; William B. Karesh

(karesh@ecohealthalliance.org)" <karesh@ecohealthalliance.org>;(erubin@metabiota.com)"

<erubin@metabiota.com>

CC: (andre@ecohealthalliance.org) <andre@ecohealthalliance.org>;Amanda Fuchs

(fuchs@ecohealthalliance.org) < fuchs@ecohealthalliance.org>; Elnicki Taylor

(telnicki@metabiota.com) <telnicki@metabiota.com>;Jonna Mazet <ikmazet@ucdavis.edu>

**Sent:** 4/18/2017 11:54:30 AM

Subject: Call with Peter/Billy/Eddy and Jonna

#### Greeting everyone,

Jonna will be traveling in New Zealand during the next scheduled Pre-EB call. As it is 3:30 am in New Zealand, we are planning to cancel the call. She will be available by email or text, and if anything urgent arises she should have cell phone service most of the time she is traveling.

The next Pre-EB is scheduled for May 17.

With Warmest Regards, Liz

#### Liz Chase

Executive Assistant to Dr. Jonna Mazet One Health Institute, University of California, Davis 530-752-3630 From: Andrew Clements <aclements@usaid.gov>

**Sent:** Wed, 19 Apr 2017 10:44:31 +0200

To: predict@ucdavis.edu
Cc: predictmgt@usaid.gov
Subject: [predict] Fwd: Success stories

FYI

Andrew P. Clements, Ph.D. Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 Email: <u>aclements@usaid.gov</u>

Begin forwarded message:

From: Kendra Chittenden < kchittenden@usaid.gov >

**Date:** April 18, 2017 at 7:44:50 PM GMT+2

To: Alisa Pereira <a href="mailto:apereira@usaid.gov">apereira@usaid.gov">apereira@usaid.gov</a>, Andrew Clements <a href="mailto:aclements@usaid.gov">aclements@usaid.gov</a>, Ricardo Echalar

<rechalar@usaid.gov>, Lindsay Parish <lparish@usaid.gov>

Cc: Latoya Armstrong < laarmstrong@usaid.gov >, Amanda Paust < apaust@usaid.gov >

**Subject: Fwd: Success stories** 

I wanted to let you know that Monica Dea asked for <u>success stories</u> from PREDICT, FAO, and P&R to highlight in the GHSA report in the success stories.

The updates per action package/capacity has already been shared with Monica and team.

I have not seen any of the partners push back but wanted to share this information.

Kendra

----- Forwarded message ------

From: < REDACTED >

Date: Mon, Apr 17, 2017 at 3:49 AM

Subject: Re: Success stories

To: Monica Dea < mdea@usaid.gov >

Cc: desmond@ecohealthalliance.org, James Desmond TREDACTED, REDACTED,

mphoward@usaid.gov, tmilani@usaid.gov, kchittenden@usaid.gov

Thanks Monica. Acknowledge receipt of your email and will proceed accordingly.

John B. Dogba National One Health Technical Advisor

USAID Preparedness

& Response (P&R) Project

Emerging Pandemic Threats/Global Health Security Agenda

18th Street Sinkor, Beach Side beforoe PPAL, Monrovia, Liberia

Mobile:

Websites: http://www.dai.com/www.preparednessandresponse.org; www.dai.com

From: Monica Dea < mdea@usaid.gov>

desmond@ecohealthalliance.org, James Desmond REDACTED >, John Dogba <

mphoward@usaid.gov, tmilani@usaid.gov, kchittenden@usaid.gov

Date: 04/15/2017 11:57 PM Subject: Success stories

Dear Colleagues, I hope you have a great weekend. I am working on the GHSA quarterly report due before the end of April and I need at least one success story from each of you with photos to capture the great work you are all doing on behalf of USAID. Looking forward to receiving your narrative and photos before April 21st. Thank you. Regards

--

Kendra Chittenden, Ph.D. | Senior Infectious Disease Advisor | USAID | mobile (703-209-5424) | KChittenden@usaid.gov

From: To: CC:	David J Wolking < djwolking@ucdavis.edu> Peter Daszak < daszak@ecohealthalliance.org> David J Wolking < djwolking@ucdavis.edu>; Jonna Mazet (jkmazet@ucdavis.edu) < jkmazet@ucdavis.edu>; Johnson Christine Kreuder (ckjohnson@ucdavis.edu) < ckjohnson@ucdavis.edu>; Kevin Olival, PhD < olival@ecohealthalliance.org>; predict@ucdavis.edu < predict@ucdavis.edu>; An Willoughby < willoughby@ecohealthalliance.org>						
Sent: Subject:	5/11/2017 9:58:12 AM [predict] Re: Modeling & Analytics semi-annual						
oubject.	[predict] Fee. Modeling & Arialytics Seriii dilindal						
Thanks Peter received							
David							
On Wed, May 10, 2017	at 6:10 PM, Peter Daszak < daszak@ecohealthalliance.org > wrote:						
Hi David,							
De-scientificated our M&A semi-annual following Jonna's suggestions, and added a couple of pictureshope it's ok							
M&E stuff will come to you on Friday							
Cheers,							
Peter							
Peter Daszak							
President							
1 i CSIMCIN							
EcoHealth Alliance							
460 West 34 <sup>th</sup> Street –	17 <sup>th</sup> Floor						

+1.212.380.4473 (direct)

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www.ecohealthalliance.org

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

From: Andrew Clements <aclements@usaid.gov>

**Sent:** Mon, 5 Jun 2017 18:51:12 +0200

**Subject:** Re: SL mission meeting confirmation and call-in info **To:** Brooke Genovese <br/>
Segnovese@ucdavis.edu>

Cc: Jonna Mazet <jkmazet@ucdavis.edu>, Brian Bird <bhbird@ucdavis.edu>, "predict@ucdavis.edu"

Corina Grigorescu Monagin <cgmonagin@ucdavis.edu>

#### **Thanks**

Andrew P. Clements, Ph.D. Senior Scientific Adviser

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253 Email: <u>aclements@usaid.gov</u>

On Jun 5, 2017, at 6:49 PM, Brooke Genovese <a href="mailto:sequence-bgenovese@ucdavis.edu">bgenovese@ucdavis.edu</a> wrote:

Hi everyone,

A call regarding the SL mission has been scheduled for **Wednesday**, **June 7** at 8:00AM PDT / 5:00 PM CEST / 6:00 PM EAT. Jonna will be returning from the field around the call start time and may a couple minutes late—she's requested you start without her and she'll join as soon as possible.

# Meeting ID: REDACTED

Call-in information below:

Topic: SL Mission Call

Time: Jun 7, 2017 8:00 AM Pacific Time (US and Canada)

Join from PC, Mac, Linux, iOS or Android: LEDAC IED

Or iPhone one-tap (US Toll): +:

Or Telephone:

International numbers available:

Thank you!

**Brooke Genovese** 

Project Manager
Executive Analyst
One Health Institute
School of Veterinary Medicine

Tel: 530-752-6459

bgenovese@ucdavis.edu

From: Andrew Clements <aclements@usaid.gov>
To: Katherine Leasure <kaleasure@ucdavis.edu>

CC: PREDICTMGT predictmgt@usaid.gov>;Predict inbox predict@ucdavis.edu>;Jonna Mazet

<jkmazet@ucdavis.edu>;Lisa Kramer (Nairobi/EA/RHH) <lkramer@usaid.gov>

**Sent:** 6/29/2017 3:10:46 AM

Subject: Re: PREDICT International Travel Request - D. Wolking to Uganda/Tanzania July 9-16, 2017

Approved subject to mission concurrence. Please move forward with making plans in anticipation that concurrence will be granted soon.

Lisa: can you forward to the 2 Mission POCs ASAP? Thanks!

On Wed, Jun 28, 2017 at 11:54 PM, Katherine Leasure <kaleasure@ucdavis.edu> wrote:

Hi Andrew. Please find below an international travel request for David Wolking. Our apologies for the late submission of this request. We had been awaiting the agenda for the EPT-2 evaluation in order to confirm staffing needs, and coordinate surrounding activities; submitting now based on the information we have received to date. Please let me know if you have any questions. Thank you!

1. Wolking (Uganda, Tanzania): \$2,200 airfare/\$340 (Kapala), \$309 (Dar es Salaam) max daily per diems

Travel Request -

1. <u>UC Davis</u> would like to request approval for <u>David Wolking</u> to travel from <u>San Francisco</u>, <u>California</u>, <u>USA</u> to <u>Kampala</u>, <u>Uganda</u> from <u>July 9-14</u>, <u>2017</u> to <u>support the PREDICT Uganda team with the planned EPT-2 program evaluation</u>. From <u>Kampala</u>, <u>Uganda</u>, he will travel to <u>Dar es Salaam</u>, <u>Tanzania</u> from <u>July 14-16</u>, 2017 to work with the PREDICT Tanzania team on concurrent surveillance plans.

<u>Trip purpose</u>: Mr. Wolking (PREDICT's Global Operations Officer, based at UC Davis) will provide key programmatic support to the PREDICT Uganda team and country coordinator during the planned EPT-2 program evaluation the week of July 3-13, 2017. Following the evaluation, Mr. Wolking will continue to Tanzania to work with PREDICT implementing partners, Ifakara Health Institute and Sokoine University of Agriculture. Mr. Wolking performs the role as global point of contact for PREDICT Tanzania, and will use this opportunity to refine surveillance plans and viral testing timelines.

#### Katherine Leasure

HR/Payroll/Financial Assistant

One Health Institute

University of California, Davis

530-752-7526

530-752-3318 FAX

kaleasure@ucdavis.edu

## predictmgt+unsubscribe@usaid.gov

# predictmgt@usaid.gov https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/

 $\underline{007301d2f059\%242633cbd0\%24729b6370\%24\%40ucdavis.edu}$ 

--

Andrew Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253

E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: http://www.usaid.gov/ept2

To: Jonna Mazet <jkmazet@ucdavis.edu>, "'daszak@ecohealthalliance.org'" <'daszak@ecohealthalliance.org'>,

"'dmrizzo@ucdavis.edu'" <'dmrizzo@ucdavis.edu'>, "'george.poste@asu.edu'" <'george.poste@asu.edu'>,

"'jeff.duchin@kingcounty.gov'" <'jeff.duchin@kingcounty.gov'>, "'mary\_wilson@harvard.edu'" <'mary\_wilson@harvard.edu'>, "'eduardo.gotuzzo@upch.pe'' <'eduardo.gotuzzo@upch.pe''>, "'Jennifer.gardy@bccdc.ca'' <'Jennifer.gardy@bccdc.ca'>, "'Hughes,

James M" <imhughe@emory.edu>, ""William B. Karesh" <karesh@ecohealthalliance.org>, "'Gail Hansen'" <

<kitty.cardwell@okstate.edu>

Cc: "Mundaca-Shah, Ceci" < CMundaca@nas.edu>, "Tran, Thu Anh" < TTran@nas.edu>

Subject: OHWG job posting search

Sent: Mon, 17 Jul 2017 17:45:46 +0000 One Health Job Posting search et July17.docx

Dear One Health Work Group,

I would like to share a summary of the One Health job posting search that we discussed last Friday. As highlighted in the text, we have used seven keywords for the search: "One Health", "EcoHealth", "Planetary", "Zoonosis", "Zoonoses", "Zoonotic disease", "Zoonotic infectious".

Do you have suggestions for other keywords that can be added to the search? I would appreciate any comments or input.

Best wishes,



# REDACTED

One health fellow
University of California, Davis
One Health Institute
School of Veterinary Medicine

One Health Work Group, Forum on Microbial Threats, The National Academies Ver. July 2017, ET

# One Health Job Posting Search

#### Gap

- Documents outlining the workforce placement of One Health professionals is scarce. Few reports that do exist are typically focused on the veterinary medical profession.
- There is a need for an unbiased and objective analysis on the One Health workforce, as we anticipate
  that a growing number of professionals will begin and continue to work in the One Health field in the
  coming years.

#### Research question and objective

- Where are One Health professionals placed in the workforce?
- Our objective is to conduct an online search on One Health related job postings, to elucidate the
  institutions where One Health professional are employed.

#### Methods

A web-based search was conducted to identify One Health related job postings online. The search period was 2011 to present (July 13, 2017). After thorough investigation on different job search engines and platforms available, two online platforms were utilized.

- 1. One Health Commission website [job posting, 2014-present] Available from One health resources, "opportunities, education, grants, jobs, mentor". On this website, four of nine sections were identified as relevant to our search. All entries under "Employment opportunities" and "Post-doctoral positions" were included in the database. Postings under "Additional education opportunities" and "Fellowships" were included if it was a paid, non-educational position that was 1 year or longer in duration. <a href="https://www.onehealthcommission.org/en/one health resources/opportunities education grants-jobs mentor/?categoryID=-1&year=2015&submit=View">https://www.onehealthcommission.org/en/one health resources/opportunities education grants-jobs mentor/?categoryID=-1&year=2015&submit=View</a>
- Emory Rollins School of Public Health Jobs website [job search engine, 2011-present]
   On this search engine, the following seven keywords were used: "One Health", "EcoHealth", "Planetary", "Zoonosis", "Zoonoses", "Zoonotic disease", "Zoonotic infectious" (CDC uses the term, "zoonotic infectious disease/s").
   http://cfusion.sph.emory.edu/phec/index.cfm?CFID=20663679&CFTOKEN=61791541

No geographic restrictions were added to the search criteria. Information on the year of posting, position title, department and name of employer institution was collected and stored in a database on Microsoft Excel. Duplicate postings were integrated into one data entry. Duplicate or very similar job postings were counted as two individual postings if the posting date was more than one year apart. The level of the position was categorized to three levels, namely (1) entry, (2) intermediate and (3) leadership level. These levels were determined by the position title, according to previous core competency categorizations of the One Health workforce.

One Health Work Group, Forum on Microbial Threats, The National Academies Ver. July 2017, ET

#### Results

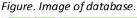
Overall: A **total of 170 job postings** were identified between 2011 to present (July 13, 2017); 78 postings (46%) were identified on the One Health Commission website, and 92 (54%) from the Emory Rollins School of Public Health job search website.

Employer type: More than half of employers were from the **public sector (54%),** followed by academic institutions (32%) and non-governmental or non-profit organizations (12%). Within the public sector, a majority of employers were national level institutions (72%), such as the Center for Disease Control and Prevention, followed by State Health departments (20%) and local health departments (7%).

Geographic distribution: A majority of employers were based in, or affiliated with the **United States** (147, 86%). Other job postings were based in 20 other countries in Africa, Asia, Europe and Latin America.

Year of post: There was an upward trend of the number of postings from 2011 to 2016, and **2016** marked the highest number of **73** postings (43%).

Position levels: When we focus on the level of the position that was advertised, **70% were** intermediate level positions, such as epidemiologists and post-doctoral researchers. A smaller number of entry level and leadership level positions were identified (22% and 6%, respectively).





#### **Implications**

- This is an objective analysis on the One Health workforce that is not focused on veterinarians.
- Findings from the analysis could be used to fill the gap that was highlighted in the US Joint External Evaluation under the Global Health Security Agenda, which was conducted in 2016.

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>

CC: Jonna Mazet <jkmazet@ucdavis.edu>;PREDICTMGT predictmgt@usaid.gov>;Lisa Kramer

(Nairobi/EA/RHH) < lkramer@usaid.gov>

**Sent:** 11/13/2017 8:59:25 AM

Subject: Re: Request for FINAL Approved Workplans

Thanks

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Nov 13, 2017, at 5:51 PM, David J Wolking <a href="mailto:djwolking@ucdavis.edu">djwolking@ucdavis.edu</a> wrote:

Hi Andrew,

I'm polling our teams now for updates and will be in touch ASAP.

Best,

David

On Mon, Nov 13, 2017 at 5:09 AM, Andrew Clements <a href="mailto:aclements@usaid.gov">aclements@usaid.gov</a>> wrote: Hi David.

If there are any changes to the Ethiopia, Kenya, Tanzania, or Uganda year 4 work plans based on Mission comments, can you please forward the final versions to Lisa?

Same applies if there are any comments received in the future for the DRC and Rwanda year 4 work plans.

Thanks!

Andrew

Andrew P. Clements, Ph.D. Senior Scientific Advisor Emerging Threats Division

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: <u>1-571-345-4253</u> Email: <u>aclements@usaid.gov</u>

Begin forwarded message:

From: Lisa Kramer < lkramer@usaid.gov>

Date: November 13, 2017 at 9:48:48 AM GMT+1

**To:** Nadira Kabir < <a href="mailto:nkabir@usaid.gov">nkabir@usaid.gov">nkabir@usaid.gov</a>>, Ricardo Echalar < <a href="mailto:rechalar@usaid.gov">nkabir@usaid.gov</a>>, Andrew Clements <a href="mailto:said.gov">said.gov</a>>, Lindsay Parish < <a href="mailto:lparish@usaid.gov">nkabir@usaid.gov</a>>, Marilyn Crane < <a href="mailto:mcrane@usaid.gov">mcrane@usaid.gov</a>>

Cc: Ashna Kibria <akibria@usaid.gov>, Sarah Paige <spaige@usaid.gov>

**Subject: Request for FINAL Approved Workplans** 

DRC, Ethiopia, Kenya, Rwanda, Tanzania, and Uganda

Sent: Sun, 28 Jan 2018 11:00:18 -0800

Subject: Re: Latest open session slides

From: Jonna Mazet <jkmazet@ucdavis.edu>

To:

Cc: "Sacchetti.Ben@bcg.com" <Sacchetti.Ben@bcg.com>, "Harris, Samuel" <Harris.Samuel@bcg.com>,

"erubin@metabiota.com" <erubin@metabiota.com>, Brooke Watson <watson@ecohealthalliance.org>, "dcarroll@usaid.gov" <dcarroll@usaid.gov>, "daszak@ecohealthalliance.org" <daszak@ecohealthalliance.org>

#### Hi all,

I've cleaned up a bunch of font issues and distorted images (seems to happen when we save in Google docs). There are probably still some clean-up that we'll want to do tomorrow, but in case you're looking for it... Eddy, a few of your slides are there in the file, but don't display when in presentation mode. I don't know what's wrong with them. You may want to see what you can do.

See you bright and early,

Jonna

**GVP.PMAC.Open Session.1.27.18.pptx** 

On Sun, Jan 28, 2018 at 1:22 AM, **AND** wrote:

Hi team,

Here are the latest open session slides (Jonna may have modifications).

https://docs.google.com/presentation/d/1lxfrKEaykKYfrchrWt Or02CAPmgSBMsFZmaD578rlU/edit?usp=sharing

Thanks,



One Health Institute

School of Veterinary Medicine

University of California, Davis

From: KEDAC III

To: Dennis Carroll <dcarroll@usaid.gov>, Brooke Watson <watson@ecohealthalliance.org>, "Thomas, Chris(GH/HIDN)"

<ChThomas@usaid.gov>

Cc: Jonna Mazet <jkmazet@ucdavis.edu>

Subject: RE: Possible quotes

Sent: Wed, 21 Feb 2018 20:11:59 +0000

Hi Dennis,

Amazing, thank you very much for the quick turnaround!

Best,

REDACTED

# REDACTED

One Health Institute School of Veterinary Medicine University of California, Davis

From: Dennis Carroll [mailto:dcarroll@usaid.gov]
Sent: Wednesday, February 21, 2018 12:02 PM

<ChThomas@usaid.gov>
Subject: Possible quotes

you asked for some possible quotes. See below. I am also copying Brooke and Chris Thomas

"The Global Virome Project is designed to document and characterize the vast pool of "unknown" future viral threats. The vision is that if we can do this in wildlife – their natural hosts – we can prepare for viruses before they jump to us."

"GVP will transform our public health culture from one that responds to the latest outbreak, to one that predicts and prevents future pandemic and epidemic threats."

"The volume of new data produced by the GVP will enable disruptive approaches for the development of biomedical and non-medical countermeasures. Imagine how Big Data virology could transform vaccine and drug development. Tens of thousands of new viruses will allow biotechnology to move from single viral therapeutics and vaccines to ones that target a whole family of viruses."

"As GVP builds up a picture of every virus's ecologic profile - which species it infects, where on the planet it's found, which communities and their livestock are exposed to it - we can target our vaccines and drugs to the people on the front line of the next emerging disease."

"The GVP will do for emerging viral threats what the Human Genome Project is just beginning to do for personalized medicine."

"At the core of the GVP is an international alliance that will build the next generation of local scientists, and promote equitable access to data and benefits. With global support for the Global Virome Project, the world will be better prepared to deal with the escalating spillover of deadly viruses."

\_\_\_

Dr. Dennis Carroll
Director, Emerging Threats Program
Bureau for Global Health
U.S. Agency for International Development

Office: 202-712-5009 Mobile: REDACTED From: William B. Karesh <a href="karesh@ecohealthalliance.org">karesh@ecohealthalliance.org</a>
To: predict@ucdavis.edu predict@ucdavis.edu>

**Sent:** 7/5/2018 3:28:05 PM

**Subject:** [predict] Is it really possible to predict the next disease outbreak?

# Is it really possible to predict the next disease outbreak?

(8)

The International Livestock Research Institute estimates that over two billion people each year fall ill with a zoonotic disease. It's a staggering number.

But with the rate of disease emergence and re-emergence across the globe, it means that discovering a cure for every disease is an impossible task. One way we can tackle this challenge is with better surveillance and data gathering that prepares countries for the next potential outbreak.

A project launched by the US Agency for International Development (USAID), called PREDICT, does just that. Working in 28 key geographical "hotspots", the initiative helps to gather ecological insights about local wildlife, livestock and people and the potential zoonotic viruses which they share with local government ministries of agriculture, environment and health.

We spoke to Dr. William Karesh, Executive Vice President for Health and Policy at EcoHealth Alliance which is a partner in the PREDICT project, to find out how they help to prevent the next outbreak.

You promote a One Health movement by working with the local ministries of agriculture, environment and health in each country – how do you collect and share your data?

We work with local partners and train people to safely collect diagnostic samples in remote areas all the way through to the lab. The project is testing humans and running the same tests on the humans for viral diseases that are run on the wildlife and livestock. All results are shared across ministries and approved prior to public release. For example, results from human testing, anonymized of course, is shared with government livestock and wildlife authorities.

How do you use this data to 'predict' the movement of infectious diseases?

What we do is a bit like earthquake or forest fire prediction. What we're saying is that some conditions and activities in some places in the world have a higher probability than other places of the disease emerging.

We've taken an ecological approach. We analysed the underlying factors where emerging diseases have been occurring over the last 50 years and mapped those factors, not the diseases themselves. Then you have a risk profile of where the factors are that lead to disease emergence. We use that to target surveillance in countries and parts of the world which have more of those risk factors coming together.

## Can this data help to eradicate diseases?

You'll never eliminate all outbreaks, you'll never eliminate all epidemics. But we certainly can reduce the number and we can reduce the intensity.

But now we have data for countries to use. It belongs to them, it's not our data it's their data. And probably more important is facilitating a One Health discussion and ways to work together. For example, in Cameroon they had chimpanzees being affected with monkey pox, which is a potential risk for humans. So, the government organizing committee responsible for One Health issues met and planned how the different departments could work together to handle the next outbreak. So when someone did report monkey pox again they saved 10 or 12 days in their response time, because they already had pre-approval for what that response would be and for them to work together. They didn't have to start from scratch.

So what's amazing is when you start to shorten response times, you have a huge impact on the epidemic curve.

# How else has PREDICT helped to spot a potential disease threat?

We've had some great findings. Just this year there were reports of pigs dying in China. I think the first outbreak killed around 29,000 pigs on five farms and the agent was identified as a coronavirus.

When the original SARS Corona Virus broke out in China (in 2004), it took months and months to find out the source of that, and actually years to then find that it originally came from bats.

But in this case, because of the PREDICT project, the Chinese government was able to act quickly because bats had been previously sampled, and all coronaviruses were

catalogued and put into a database. It meant they knew immediately where the source of the outbreak came from and they could focus prevention efforts on improved biosecurity approaches.

# While working with PREDICT what has been the biggest surprise?

It's really been around how seriously so many countries have really embraced One Health and are putting it to use, as that Cameroon example shows. It's great to see Kenya has a special zoonotic disease branch.

I think it's harder in some ways in rich countries, like in North America or in Europe, for One Health to get a foothold because every sector has enough money to do their own thing, so they don't naturally tend to work together. But in low or middle income countries they actually see the efficiencies and cost effectiveness of those approaches. So that's been a very pleasant surprise.

# Do we need to invest more money in this?

One of the benefits of One Health is about thinking more about sharing our resources. I'm not sure it's always about needing more money. But I think it's about discussing where that money is invested to create the best outcome.

There is the example of rabies: the cost of treating rabies in humans is really expensive and that puts a burden on the public health sector. The best prevention is to vaccinate dogs, but there's a different group that has to pay for that and they might not have all those resources. So, you end up having money tied up in human treatment. In Israel, the ministry of health started moving part of their budget to the ministry of agriculture for rabies vaccination in dogs. This could mean that one department could actually save money by giving it to another department! But it's not necessarily requiring more money, it's about a better national allocation of resources.

Dr Karesh has a doctorate in veterinary medicine. He has been President of the Working Group on Wildlife at the World Organization for Animal Health (OIE) for 10 years and at Eco Health Alliance for seven years.

Read on for more information about zoonoses and their impact on the world.

Sent from my iPhone

Executive Vice President for Health and Policy

EcoHealth Alliance
460 West 34th Street - 17th Floor
New York, NY 10001 USA

+1.212.380.4463 (direct) +1.212.380.4465 (fax) www.ecohealthalliance.org

President, OIE Working Group on Wildlife

Co-chair, IUCN Species Survival Commission - Wildlife Health Specialist Group

EPT Partners Liaison, USAID Emerging Pandemic Threats - PREDICT-2 Program

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

**Sent:** Thu, 19 Jul 2018 07:41:47 -0700

Subject: Re: Thank You

From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Dennis Carroll <dcarroll@usaid.gov>

#### Dear Dennis,

My sincere thanks for the safe space to have this frank discussion and your thoughtful response. It will no doubt serve us well in our professional partnership and friendship, both of which I value greatly.

Thank you very much for the talk,

Jonna

On Wed, Jul 18, 2018 at 2:19 PM, Dennis Carroll < dcarroll@usaid.gov > wrote:

Jonna, I greatly appreciated your being so frank and thoughtful in our discussion. not an easy thing to do. I will get better at "walking the walk and talking the talk) - and when i transgress just say what my mother always did when i did something inappropriate - call me **Dennis Thomas** - with emphasis on the *Thom-aaasss'* (my dog house name:)) THAT will shape me up

d

Dr. Dennis Carroll
Director, Emerging Threats Program
Bureau for Global Health
U.S. Agency for International Development

Office: 571-551-7109
REDACTED

From: Jonna Mazet <jkmazet@ucdavis.edu>

To: Dr. Melinda Rostal <rostal@ecohealthalliance.org>

CC: PREDICT-outbreak predict-outbreak@ucdavis.edu>;Anne Laudisoit

<a href="mailto:</a> <a href="

Daszak <a href="mailto:cohealthalliance.org">daszak@ecohealthalliance.org</a>

**Sent:** 1/22/2019 8:30:50 PM

Subject: Re: [predict] [predict-outbreak] ROC Outbreak Notification - No PREDICT request

Thanks very much for the information, Mindy. Sorry to hear. Have a nice night,
Jonna

On Tue, Jan 22, 2019 at 2:20 PM Dr. Melinda Rostal <<u>rostal@ecohealthalliance.org</u>> wrote: Dear outbreak team,

We just wanted to inform you that today we were informed of (though not requested to assist with) an outbreak occurring in ROC. The details that we know thus far are given below. No PREDICT resources have been requested at this time, we will let you know immediately if that changes. Team members from the PREDICT lab are prepared to deploy as part of their normal governmental duties.

Best, Mindy

An outbreak of suspected Chikungunya virus (some cases with confirmed rash) is affecting 200 people in Pointe Noire, Republic of Congo (ROC, Coastal region, near the city's main ports). The outbreak is described as being "a bit inland" but we do not yet have a precise location. Staff from the LNSP will either go to the field to collect samples or otherwise receive them at the laboratory.

#### Melinda Rostal DVM, MPH

Senior Research Scientist

PREDICT 2 Surveillance Coordinator for EcoHealth Alliance

Rift Valley Fever Virus Project Manager

EcoHealth Alliance 460 West 34th Street – 17th floor New York, NY 10001

1.212.380.4489 (direct) 1.212.380.4465 (fax) www.ecohealthalliance.org

Visit our blog: www.ecohealthalliance.org/blog

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

From: Andrew Clements <aclements@usaid.gov>
To: Tracey Goldstein <tgoldstein@ucdavis.edu>

CC: Jonna Mazet <jkmazet@ucdavis.edu>;David Wolking <djwolking@ucdavis.edu>;Cara

Chrisman < cchrisman@usaid.gov>;Alisa Pereira < apereira@usaid.gov>

**Sent:** 3/9/2019 6:15:59 AM

Subject: Re: Do you have a handy ballpark estimate of the cost of testing a sample for 1 viral family?

No problem. Just wanted something I could compare to conventional diagnostic testing.

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Mar 8, 2019, at 11:09 PM, Tracey Goldstein < tgoldstein @ucdavis.edu> wrote:

Hi Andrew,

Sorry for following up with more questions but can you give us a bit of context so we provide the correct information?

Thanks Tracey

On Fri, Mar 8, 2019 at 11:52 AM Andrew Clements < <u>aclements@usaid.gov</u>> wrote: Thanks!

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

\_\_

(530) 752-0412 (530) 752-3318 tgoldstein@ucdavis.edu From: Andrew Clements <aclements@usaid.gov>
To: Tracey Goldstein <tgoldstein@ucdavis.edu>

CC: Jonna Mazet <jkmazet@ucdavis.edu>;David Wolking <djwolking@ucdavis.edu>;Cara

Chrisman <cchrisman@usaid.gov>;Alisa Pereira <apereira@usaid.gov>

**Sent:** 3/11/2019 1:46:51 AM

**Subject:** Re: Do you have a handy ballpark estimate of the cost of testing a sample for 1 viral family?

Thanks, Tracey

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Mar 9, 2019, at 6:52 PM, Tracey Goldstein < tgoldstein@ucdavis.edu> wrote:

Hi Andrew,

In our lab here at UCD the cost of supplies from extraction to PCR for one viral family is \$25 per sample. This does not account for personnel time to do the testing or the costs to sequence if a sample is positive.

The costs vary per country also depending on supplies costs (usually at least \$35-\$40 per sample), personnel costs and sequencing costs.

**Best Tracey** 

On Sat, Mar 9, 2019 at 6:16 AM Andrew Clements < <u>aclements@usaid.gov</u>> wrote: No problem. Just wanted something I could compare to conventional diagnostic testing.

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

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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

Mobile phone: 1-571-345-4253 Email: <u>aclements@usaid.gov</u> (530) 752-0412 (530) 752-3318 tgoldstein@ucdavis.edu

(530) 752-0412 (530) 752-3318 tgoldstein@ucdavis.edu

Andrew Clements <aclements@usaid.gov> From:

Mon, 8 Apr 2019 11:59:33 -0700 Sent:

Re: SM call next week Subject:

To:

Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>, PREDICTMGT Cc:

cpredictmgt@usaid.gov>

Sounds good. Thanks

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

On Apr 8, 2019, at 7:20 PM, **THE DACK ISO** wrote:

Hi Andrew and Jonna.

I can send out a message to inform everyone that MT on April 16 has been canceled.

Best, REDACTED

From: Jonna Mazet [mailto:jkmazet@ucdavis.edu]

Sent: Monday, April 08, 2019 10:11 AM

To: Andrew Clements <a clements@usaid.gov>

K = D A C, L = D >; David John Wolking <djwolking@ucdavis.edu>; PREDICTMGT

cpredictmgt@usaid.gov> Subject: Re: SM call next week

Hi,

I think we can cancel, as we'll all be together at the end of the month. Feel free to text or call if any emergencies come up in the meantime.

If you have a substantive issue, let us know & we'll schedule something quickly.

Have a great break,

Jonna

On Mon, Apr 8, 2019 at 9:28 AM Andrew Clements <aclements@usaid.gov> wrote: Hi all,

I'm going to be on leave next week and Alisa as well, I think.

Should we postpone or cancel?

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

Mobile phone: 1-571-345-4253 Email: aclements@usaid.gov

Samantha Maher <maher@ecohealthalliance.org> From: Thu, 13 Jun 2019 10:34:46 -0400 Sent:

Re: Upcoming GVP calls Subject:

To:

Cara Chrisman <a href="mailto:cchrisman@usaid.gov">cchrisman@usaid.gov</a>, Dennis Carroll <a href="mailto:cdcarroll@usaid.gov">dcarroll@usaid.gov</a>, "nwolfe@metabiota.com" <nwolfe@metabiota.com>, "erubin@metabiota.com" <erubin@metabiota.com>, Peter Daszak <daszak@ecohealthalliance.org>,

Jonna Mazet <ikmazet@ucdavis.edu>, Brooke Genovese <br/> <br/> bgenovese@ucdavis.edu>

Thanks REDUCTED I will be unavailable on June 20th and potentially June 27th, but other than that will be available. Cheers,

Sam

On Thu, Jun 13, 2019 at 10:31 AM Eri Togami < etogami@ucdavis.edu > wrote:

Hi everyone,

Jonna and I wanted to give you a heads up regarding our upcoming GVP calls through the end of July, schedule as of today.

June 20 – Jonna and unavailable

June 27 – Jonna joining, unavailable

July 4 - Independence day!

July 11 – Jonna joining, unavailable

July 18 – Jonna and unavailable

July 25 − Jonna and joining

I will be in Tanzania for a month so there is a slight chance that I will join, if circumstances allow.

Best,



Samantha M.L. Maher, MESc

Research Assistant, Conservation and Health

EcoHealth Alliance

460 West 34th Street - 17th floor

New York, NY 10001

1.212.380.4464 (direct) REDACTED (mobile) 1.212.380.4465 (fax)

www.ecohealthalliance.org

EcoHealth Alliance leads cutting-edge scientific research into the critical connections between human and wildlife health and delicate ecosystems. With this science, we develop solutions that prevent pandemics and promote conservation.

**Sent:** Tue, 5 Nov 2019 08:58:04 -0800

Subject: Re: [predict] Re: Consortium financial status - notice of operational deficit

From: Jonna Mazet <jkmazet@ucdavis.edu>

To: Cara Chrisman <cchrisman@usaid.gov>, "AOTR/Grant Manager Andrew Clements" <AClements@usaid.gov>

Cc: Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, predict Sympa List cpredict@ucdavis.edu>, Elizabeth Leasure

<ealeasure@ucdavis.edu>, Alisa Pereira <apereira@usaid.gov>, Amalhin Shek <ashek@usaid.gov>, Padmaja Shetty

<pshetty@usaid.gov>

Hi Cara and Andrew,

Sorry for the delay, it appears some of your direct emails are going to our SPAM again, as I didn't receive it directly. Thankfully Liz did, and she has all of the accounting information.

Chris & I also conferred and confirmed that there are no unencumbered GVP funds remaining. As you know, we re-directed the majority of this year's available GVP funding to cover Bangladesh salaries that were owed. The only GVP funds remaining are encumbered to cover a small amount of headquarter salaries to finish & report on the project and a very small final meeting. Even if these funds were redirected, they wouldn't cover a month of what we need for EHA.

Hope that clarifies, Jonna & Chris

Sent: Friday, November 1, 2019 7:46 AM

To: Christine Kreuder Johnson < ckjohnson@UCDAVIS.EDU>

Cc: Andrew Clements <a href="mailto:AClements@usaid.gov">AClements@usaid.gov</a>; Alisa Pereira <a href="mailto:Apereira@usaid.gov">apereira@usaid.gov</a>; Amalhin Shek <a href="mailto:Aclements@usaid.gov">ashek@usaid.gov</a>; Jonna

Mazet < jkmazet@ucdavis.edu >; predict Sympa List < predict@ucdavis.edu >; Padmaja Shetty < pshetty@usaid.gov >

Subject: [predict] Re: Consortium financial status - notice of operational deficit

Hi Chris,

As Andrew said, thank you so much for providing this information! Andrew and team have flagged this for the Bureau leadership and they are working on identifying additional means, beyond the early funding request, to fill the funding gap until early FY19 funding comes through.

As part of those conversations, they asked about the GVP and if there were additional GVP funds in the project which could be shifted to cover EHA or other urgent needs. Could you provide us a status to share back with them regarding that question (aka if those funds could be moved or if they are tied up in subawards already, etc.).

Thanks.

Cara

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
U.S. Agency for International Development (USAID) Contractor
Bureau for Global Health, Office of Infectious Disease, Emerging Threats Division
2100 Crystal Drive, CP3-8091A, Arlington, VA 22202

Desk: (571) 551-7413

Cell: REDACTED

E-mail: cchrisman@usaid.gov

GHSI-III - Social Solutions International, Inc. prime contractor

On Wed, Oct 30, 2019 at 8:04 PM Christine Kreuder Johnson < ckjohnson@ucdavis.edu> wrote:

Dear Andrew,

Following our discussion on the PREDICT-2 Senior Management Team call yesterday, we wanted to officially notify you that members of our consortium will need to stop work in the extension period unless we receive the balance of our funding obligation for the approved PREDICT Year 5 (FY19) budget. We are at a critical point for sustainment and completion of our planned project deliverables and final report, and are on a very short timeline.

In brief:

- EcoHealth Alliance has been out of funds since the extension period began. Because EcoHealth Alliance leads the project's Modeling and Analytics, Behavioral Risk, and One Health governance activities, we require extensive input into core deliverables throughout this extension period which unfortunately are not achievable unless remaining FY19 funds are received. Because EcoHealth Alliance is at-risk financially, these key partners have been operating on a minimal basis, significantly slowing our progress, and preventing us from proceeding with analyses and modeling needed for the final report.
- Wildlife Conservation Society has sufficient funds in hand to cover staff time and remaining virus sequencing costs for October but will be officially out of funds at the end of the month.
- Smithsonian has limited funds remaining and is expected to be out of funding by the end of November 2019.
- UC Davis has reserved funds to cover critical personnel required for project and fiscal close-out in compliance with the terms and conditions of our cooperative agreement, but without receiving the \$1.8M still pending obligation from our Year 5 budget, our work is substantially slowed and our ability to complete work for approved workplan deliverables and produce the project final report is severely compromised.

Without receiving the full Year 5 budget that our project was designed around, we cannot assure successful wrap-up of this extraordinary project nor adequate completion of all planned work as a return on USAID's 10-year investment. This issue with ontime receipt of funds has come at an especially unfortunate time because PREDICT data are just now being finalized and large-scale analyses and summaries need to ramp up immediately for reporting. Without funding, consortium partners described above will be forced to stop work and UC Davis will try to deliver on what we can, which is far from the astonishing potential that could have been achieved with on time receipt of remaining funds for this multi-disciplinary consortium.

Thank you for all of your work to ensure timely receipt of remaining funds.	

Kind regards,

Chris

Christine Kreuder Johnson, VMD, PhD

Professor of Epidemiology and Wildlife Health

Director, EpiCenter for Disease Dynamics

Associate Director, One Health Institute

VM: Medicine and Epidemiology

School of Veterinary Medicine

University of California

Rm 1040, VM3B 1089 Veterinary Medicine Drive

Davis, California 95616

+1.530.752.1238

**Sent:** Tue, 24 Dec 2019 10:11:44 -0800

Subject: Re: AID-OAA-A-14-00102 Mod 18 - Incremental Funding

From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Andrew Clements <aclements@usaid.gov>

Have a Merry Christmas & fabulous 202, Andrew!

All my best,

Jonna

On Wed, Dec 18, 2019 at 1:05 PM Andrew Clements <a href="mailto:aclements@usaid.gov">aclements@usaid.gov</a>> wrote:

# Happy holidays to all!

Andrew Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: http://www.usaid.gov/ept2

On Wed, Dec 18, 2019 at 9:44 PM Elizabeth Leasure < <u>ealeasure@ucdavis.edu</u>> wrote:

Received. Thank you, Jose.

Elizabeth Leasure

Financial Operations Manager

One Health Institute



530-754-9034 (office)

Skype: ealeasure

From: Jose Nunez Grullon < jnunezgrullon@usaid.gov>

Sent: Wednesday, December 18, 2019 12:30 PM

To: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>; Andrew Clements <aclements@usaid.gov>; Paula Noble <pnoble@ucdavis.edu>

**Cc:** Padmaja Shetty <<u>pshetty@usaid.gov</u>>; Cara Chrisman <<u>cchrisman@usaid.gov</u>>; Patricia Bradley <<u>pbradley@usaid.gov</u>>; Jonna Mazet <<u>jkmazet@ucdavis.edu</u>>; CFO.CMP Letter of Credit Activity (USAID) <<u>loc@usaid.gov</u>>; OBLDOCCMP (USAID)

<obldoccmp@usaid.gov>

Subject: AID-OAA-A-14-00102 Mod 18 - Incremental Funding

Dear All,

Please find attached modification 18 to subject award (Incremental Funding in the amount of \$1,680,000.00).

Should you have any questions, please do not hesitate to contact this office.

# Sincerely,

JOSE L. NUNEZ
Acquisition and Assistance Specialist, M/OAA/GH
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
New Location

USAID Annex (UA) Room 11.4.2E 500 D St Washington, DC, 20547 T 202 916 2640

(Contractor-Jefferson Solutions, LLC)

From: Andrew Clements <aclements@usaid.gov>

Sent: Mon, 17 Feb 2020 22:17:40 +0100 Subject: confirming emails for data meeting

To: Jonna Mazet <jkmazet@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>

Cc: David J Wolking <a href="mailto:djwolking@ucdavis.edu">djwolking@ucdavis.edu</a>, PREDICTMGT predictmgt@usaid.gov

Hi Chris and Jonna,

For the data meeting, can you confirm the emails below are correct?

christine.jessup@nih.gov

martha.m.stokes.civ@mail.mil

Jean.Richards@dtra.mil

carl.newman@dtra.mil

Jean-Paul Chretien@ostp.eop.gov

Also, do you have emails for the following?

Jeffrey Morgan, DOD

Cecile Viboud, Fogarty

Thanks!

Andrew

Andrew Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: http://www.usaid.gov/ept2

From: "Steven A. Osofsky" <s.osofsky@cornell.edu>

"Vertefeuille, Jan" <Jan.Vertefeuille@WWFUS.ORG>

<ValituttoM@si.edu>, "Steven A. Osofsky" <s.osofsky@corinell.edu>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Maggie Kinnaird <mkinnaird <mkinn

Kinnaird <mkinnaird@wwf.panda.org>, Sue Lieberman <slieberman@wcs.org>, "Fine, Amanda" **TREDACTIED**, Catherine Machalaba <machalaba@ecohealthalliance.org>, Ginette Hemley <ginette.HEMLEY@WWFUS.ORG>, "O Criodain, Colman" <corriodain@wwfint.org>, Aileo Weinmann <WeinmannA@nwf.org>, Martin Gilbert <m.gilbert@cornell.edu>

Subject: Re: FOR REVIEW: Joint call to action on COVID-19

Sent: Thu, 26 Mar 2020 16:10:26 +0000 Open Letter to Global PolicymakersDraftv3.docx

Great to see so many colleagues chipping-in, recognizing we all come from different personal and institutional perspectives.

In the spirit of trying to hone-in on a common messaging denominator, I've tried to simplify the piece even a bit more—recognizing the complexities of the issues we've all been thinking about get sacrificed in the process. But perhaps that's necessary given this exercise's primary objective.

Keep safe everyone,

Steve

To:

## An Open Letter to Global Policymakers

The world is in crisis. The novel coronavirus disease known as COVID-19 is costing the lives of increasing numbers of people and devastating the global economy.

Tragically, this type of pandemic was predicted for years by infectious disease experts. We didn't know where or when it would arrive, but we knew it would occur and that it would likely come from a zoonotic outbreak – whereby a pathogen jumps from animals to humans. We could have and should have been prepared to prevent or halt it before it became extremely damaging.

We know what needs to be done to greatly decrease the likelihood of future pandemics. Wildlife trafficking substantially increases our globally shared risk. Wildlife markets that sell live animals of different species warehoused together in unsanitary conditions, like those that can often be found in Asian urban centers, are mixing vessels for the emergence of dangerous viruses in human populations.

We call on policymakers everywhere to immediately and urgently undertake these steps to reduce the chances of another pandemic:

- Shut down high-risk wildlife markets, with a priority focus on those in high-density urban areas
- Urgently scale up efforts to combat wildlife trafficking
- Strengthen efforts to reduce consumer demand for high-risk wildlife products

In our hyper-connected modern world, the emergence of a new virus anywhere can impact people everywhere. We are now at the moment to join forces across nations, sectors, scientific disciplines and civil society to ensure that never again does high-risk wildlife trade lead to a global pandemic.

From: Andrew Clements <aclements@usaid.gov>

**Sent:** Tue, 7 Apr 2020 11:44:56 +0000

To: David J Wolking <djwolking@ucdavis.edu>

**Cc:** PREDICTMGT credictmgt@usaid.gov>, Amalhin Shek <ashek@usaid.gov>, Alisa Pereira Emerging Threats Division <apereira@usaid.gov>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, Elizabeth

Leasure <ealeasure@ucdavis.edu>, "predict@ucdavis.edu" predict@ucdavis.edu>

Subject: [predict] Re: Extension work plan

Yep, good.

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

Mobile phone: 1-571-345-4253 Email: <u>aclements@usaid.gov</u>

On Apr 6, 2020, at 9:47 PM, 'David J Wolking' via PREDICTMGT < predictmgt@usaid.gov > wrote:

Here's another version if preferable to pull the detail on management and streamline the workplan. Best,

David

On Mon, Apr 6, 2020 at 12:41 PM David J Wolking < djwolking@ucdavis.edu > wrote:

I sure can, is this what you had in mind? David

On Mon, Apr 6, 2020 at 12:33 PM Andrew Clements <a href="mailto:aclements@usaid.gov">aclements@usaid.gov</a> wrote:

Hi David.

Since you have 3 objectives in the narrative, but only 2 in the budget table, would it be possible to remove the mention of objective 3 and add a sentence that states that the costs of those management-like activities are included in the objective 1 and 2 costs?

### Andrew

Andrew Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: http://www.usaid.gov/ept2

On Sun, Apr 5, 2020 at 11:29 PM David J Wolking <a href="mailto:diwolking@ucdavis.edu">diwolking@ucdavis.edu</a> wrote:

Hi Andrew,

Please find attached the updated workplan with budget breakdown.

Let us know if you have any questions or concerns, happy to clarify but hopefully this version is on target.

Best,

David

On Wed, Apr 1, 2020 at 12:43 PM David J Wolking < djwolking@ucdavis.edu > wrote:

Thanks Andrew, working on it this afternoon with the team! David

On Wed, Apr 1, 2020 at 12:21 PM Andrew Clements <a href="mailto:aclements@usaid.gov">aclements@usaid.gov</a>> wrote:

Hi David,

Made a few edits (see attached). If okay with you all, please accept all changes, attach the budget breakout, send me a copy, and consider it AOR approved.

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
Mobile phone: 1-571-345-4253

Email: <u>aclements@usaid.gov</u>

Begin forwarded message:

From: "Andrew P. Clements" < clements.andrewp@gmail.com>

**Date:** April 1, 2020 at 9:15:16 PM GMT+2 **To:** Andrew Clements <a href="mailto:sacklements@usaid.gov">sacklements@usaid.gov</a>>

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<PREDICT COVID-19 Workplan (FINAL) v3.docx>

From: "Goodtree, Hannah" <HGoodtree@nas.edu>

'Amy Pruden' <apruden@vt.edu>, "'andre@ecohealthalliance.org" <andre@ecohealthalliance.org>, "'Barton Behravesh, To: Casey (CDC/OID/NCEZID)" <dlx9@cdc.gov>, "'daszak@ecohealthalliance.org" <daszak@ecohealthalliance.org>, David Rizzo

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"Pavlin, Julie" <JPavlin@nas.edu>, "Minicucci, Charles" <CMinicucci@nas.edu> Cc:

Subject: OHAC and FMT Updates

Sent: Thu, 23 Jul 2020 14:42:58 +0000

Hello OHAC members!

I hope you're all doing well and enjoying your summer. I wanted to thank you all for filling out the doodle poll, our next OHAC call will be on September 3<sup>rd</sup>, 1-2 pm ET. Charlie Minicucci (cc'd here) is taking over as FMT's new Senior Program Assistant while I move to a different project at the National Academies and he will send out the calendar invite shortly. Please let FMT staff know if there's something you'd like to include in the agenda, which will be sent out later in August.

I'm also excited to remind you about the upcoming FMT Virtual Workshop on The Critical Public Health Value of Vaccines – Tackling Issues of Access and Hesitancy, Aug 17 – 20, 2020. Please feel free to share our registration page with friends and colleagues.

#### Hannah Goodtree

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