

Sent: Wed, 7 Mar 2018 20:32:45 -0800
Subject: Re: Note of meeting on testing animal samples
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Andrew Clements <aclements@usaid.gov>

I'll take care of it,
J

On Wed, Mar 7, 2018 at 3:18 AM, Andrew Clements <aclements@usaid.gov> wrote:

Is Marc talking about the invoice reimbursement option?

*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](tel:1-571-345-4253)
Email: aclements@usaid.gov*

Begin forwarded message:

From: Htoo Aung Cho <hacho@usaid.gov>
Date: March 7, 2018 at 11:13:21 AM GMT+1
To: Andrew Clements <AClements@usaid.gov>
Cc: Karen Cavanaugh <kcavanaugh@usaid.gov>, Nu Nu Khin <nnkhin@usaid.gov>, "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, Daniel Schar <dschar@usaid.gov>
Subject: **Re: Note of meeting on testing animal samples**

Dear Andrew,
We would like to set up a conference call and discuss with you for PREDICT on coming Friday, March 9, 2018 from 3 to 4 PM (Myanmar Time) if you are OK.
Please send us the call in information.

Thanks,

Dr. Htoo Aung Cho
Project Management Specialist (Health)
Office of Public Health
USAID/Burma
Tel: (95-1) 536 509 Ext 4878
Cell: **REDACTED**

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On Wed, Mar 7, 2018 at 1:22 PM, Htoo Aung Cho <hacho@usaid.gov> wrote:

Dear Marc,
Thanks for your email. We, country office fine with that option if AOR, AO, prime and PREDICT is agreed

upon that.

Andrew, any comment?

Dr. Htoo Aung Cho
Project Management Specialist (Health)
Office of Public Health
USAID/Burma
Tel: [\(95-1\) 536 509 Ext 4878](tel:(95-1)5365094878)
Cell: **REDACTED**

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On Wed, Feb 28, 2018 at 6:13 PM, Valitutto, Marc <ValituttoM@si.edu> wrote:

Dear Karen,

Thank you for summarizing and sharing these meeting minutes. I wanted to offer a bit more clarification beyond Dr. Ohnmar's helpful statements.

For wildlife, a total of about 4850 PCR tests will need to be analyzed/tested by MARCH 2019, whereas all physical sample collection in the field will need to be completed no later than SEPT2018. As Dr. Ohnmar has mentioned, LBVD has committed to run about 2400 to 3600 PCR tests based on their current staff (originally a contracted individual) and equipment capacity. We have outlined a work-plan with LBVD input for how they may achieve this goal with our original intent to get started with analysis/testing no later than MARCH 2018.

We are highly encouraged by your consideration for exploring a method of payment directly to LBVD and appreciate your acknowledgement of both our contracting restrictions and tight deadlines. Should there be a way for the Smithsonian to directly contract with LBVD as a supplier, in a sense, that would be our best option for moving forward. Of course, all contracting and payment methods will be evaluated first with our counterparts at PREDICT Global/ UC Davis.

Regards,

Marc Valitutto

From: Ohnmar Aung <**REDACTED**>

Date: Wednesday, February 28, 2018 at 1:26 PM

To: Karen Cavanaugh <kcavanaugh@usaid.gov>

Cc: Nu Nu Khin <nkhein@usaid.gov>, Htoo Aung Cho <hacho@usaid.gov>, David Hadrill <**REDACTED**>, "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, "jsouthfield@usaid.gov" <jsouthfield@usaid.gov>, Andrew Clements <AClements@usaid.gov>, "Valitutto, Marc" <ValituttoM@si.edu>

Subject: Re: Note of meeting on testing animal samples

Dear Karen,

Thank you so much for your support and summary for this. I want to clarify that LBVD is estimated to absorb 2,400 tests - 3,600 test as maximum target based on their competency and familiarity of PREDICT lab protocol. After 2-3 months of starting lab analysis from now, they may speed up to 400 test per month targeting to achieve 3,600 tests.

As I already mentioned in the meeting, Dr Min Thein Maw agreed the unit price and payment mechanism of using sample receipt.

We will inform PREDICT global about our discussion and seek recommendations.

Thank you again to all for your help.

Ohnmar

Dr Ohnmar Aung

Project Coordinator | PREDICT | Myanmar | [Global Health Program](#)

REDACTED

Smithsonian Conservation Biology Institute

National Zoological Park | [3001 Connecticut Avenue NW](#) | [Washington DC 20008](#)

On Wed, Feb 28, 2018 at 1:40 PM, Karen Cavanaugh <kcavanaugh@usaid.gov> wrote:

Hi All,

Thank you for participating in our meeting today to discuss how to have PREDICT Smithsonian wildlife samples (and eventually FAO livestock samples) tested by September 2018.

Background

Smithsonian has drawn about 2400 Wildlife samples, turned them over to LVBD and provided LVBD with reagents, training and TA. LVBD has agreed to test the samples in its Yangon lab. LVBD and Smithsonian agree That the project should support LVBD's additional workload and costs in some way. They have agreed on a unit price that global and regional One Health experts have agreed is reasonable.

Smithsonian understands that they are prohibited from paying LVBD because of Burma special provisions.

USAID Burma will explore whether any impediment prevents this.

Meanwhile Smithsonian will agree with LVBD on a sample bill/receipt and seek agreement from UC Davis, the PREDICT prime.

If by March 15, after fully pursuing this option it is deemed not possible, FAO in Burma has offered to pursue negotiation of a Letter of Agreement with LVBD that would allow FAO to pay LVBD such a service charge.

Participants agree that time is of the essence as all samples must be tested by September 2018, 6 months from now.

Please reply with any clarifications on our discussion or next steps.

Thank you,
Karen

From: David J Wolking <djwolving@ucdavis.edu>
To: Alisa Pereira Emerging Threats Division <apereira@usaid.gov>; Amalhin Shek <ashek@usaid.gov>; Ava Sullivan <sullivan@ecohealthalliance.org>; Cara J. Chrisman <cchrisman@usaid.gov>; Christine Kreuder Johnson <ckjohnson@ucdavis.edu>; Clements, Andrew (GH/HIDN) <AClements@usaid.gov>; Peter Daszak <daszak@ecohealthalliance.org>; Prof. Jonna Mazet <jkmazet@ucdavis.edu>; William B. Karesh <karesh@ecohealthalliance.org>; Tracey Goldstein <tgoldstein@ucdavis.edu>; Prof. Woutrina Smith <wasmith@ucdavis.edu>; Elizabeth Leasure <ealeasure@ucdavis.edu>; Karen Saylors <ksaylors@labyrinthgh.com>
CC: predict@ucdavis.edu <predict@ucdavis.edu>; Catherine Machalaba <Machalaba@ecohealthalliance.org>; PREDICTMGT <predictmgt@usaid.gov>; Evelyn Luciano <luciano@ecohealthalliance.org>; Alison Andre <andre@ecohealthalliance.org>
Sent: 12/9/2019 10:52:24 AM
Subject: PREDICT Management Team Call - Tuesday December 10 @ 8:30AM Pacific

Hi there,

Below is the agenda and Zoom info for our call this week (Tuesday December 10 @ 8:30AM Pacific).

Talk soon,

David

PREDICT Management Team Meeting Agenda

Tuesday, December 10, 2019

8:30-9:30AM PST/11:30-12:30pm EST

Zoom link

Additional Zoom info below agenda

USAID Updates

1. Administrative items

- *Extension period funding and financial status updates*
- *Key personnel change*
- *Written confirmation for five-year report satisfying 2019 annual report obligation*
- *March 25-27, 2020 meeting updates (save the date, plans and preparation, etc.)*
- *GAO GHSA audit news?*

2. On close-out - standing item

- Review/discussion of USAID close-out tracker & Predict tracking tools
- Feedback on Open Science Framework <https://osf.io/> for data storage

3. Final report updates

4. Mission, partner communications & country roundup essentials

5. Publication, media, and conference updates

- 19th International Congress on Infectious Diseases, Kuala Lumpur (February 20-23, 2020)
- PMAC, Bangkok, Thailand (January 28-31, 2020)

6. AOB

Zoom Call-in info

Zoom link:

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Or iPhone one-tap :

US: +1

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US:

REDACTED

Meeting ID:

REDACTED

From: Cara Chrisman <cchrisman@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>
CC: Alisa Pereira Emerging Threats Division <apereira@usaid.gov>; Amalhin Shek <ashek@usaid.gov>; Christine Kreuder Johnson <ckjohnson@ucdavis.edu>; Clements, Andrew (GH/HIDN) <AClements@usaid.gov>; Prof. Jonna Mazet <jkmazet@ucdavis.edu>; predict@ucdavis.edu <predict@ucdavis.edu>; PREDICTMGT <predictmgt@usaid.gov>
Sent: 1/10/2020 4:09:43 PM
Subject: Re: PREDICT Management Team Call - Tuesday December 10 @ 8:30AM Pacific

Hi David,

I just wanted to follow up on the informed consent part of this request. This is what Jason said:

“Yes, I was referring to informed consent templates. Just so potential users of the data understand how the data was collected and is intended to be used.”

Please let us know if additional questions come up after your internal meetings and happy to follow up further on any of those.

Best,
Cara

Sent from my iPhone

On Jan 3, 2020, at 1:34 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Great, thanks Cara!

On Fri, Jan 3, 2020, 9:27 AM Cara Chrisman <cchrisman@usaid.gov> wrote:
Hi David,

Happy new year! I thought I had written to him after our call, but couldn't find that message, so I sent him another/a message to check on the answers. Didn't get an out of office reply, so hope to have something before our Tuesday meeting.

Best,
Cara

Cara J. Chrisman, PhD
Deputy Division Chief
Emerging Threats Division
Office of Infectious Disease, Bureau for Global Health
U.S. Agency for International Development (USAID)
Desk: (202) 916-2065
Cell: (202) 674-3231
E-mail: cchrisman@usaid.gov

On Tue, Dec 17, 2019 at 1:49 PM David J Wolking <djwolking@ucdavis.edu> wrote:
Hey Cara,

Any feedback from Jason and the DDL team on the plan to publish in a data publication and perhaps also upload the data into DDL in a more flexible way?

Thanks!

David

On Tue, Dec 10, 2019 at 6:44 AM Cara Chrisman <cchrisman@usaid.gov> wrote:
Hi David,

For the OSF/data storage question, we posed it to our data colleague who reached out to the rest of the data folks. The response we got is below. Wanted to share for discussion, if you would like, on today's call. We can go back to them with follow up questions or feedback (we have not yet responded). On first pass, it looks like they would like us to use the DDL and have concerns about this site, but we can certainly continue to follow up and provide more information depending on what you, Andrew, and the rest of the team prefer to do.

Oh, and please note that I'm not sure if you can access the linked attachment. Let me know if you would like me to pull out the relevant sections and send.

Best,
Cara

Hi Jason,

While it has not yet been finalized, we do have some draft guidelines for selecting a third party repository for USAID data. The last section, Criteria, lists some important things to look for in a repository. My first concern, when applying the criteria to what I see at OSF.io, is the lack of preservation assurances at the site. My recommendation would be not to approve this site, but to ask the AOR/COR to submit the data to the DDL. Please also consider the questions in the section "When is a Third Party Data Repository Appropriate?" and the statement that

1. Partners should consider ONLY publicly available data for curation in third party repositories:
 - a. The Data Services Team cannot validate privacy and security in these cases. We cannot control access for any restricted data.

Access control is another big concern when selecting a repository. Please let me know if you have any questions.

Best,

Cara J. Chrisman, PhD
Deputy Division Chief
Emerging Threats Division
Office of Infectious Disease, Bureau for Global Health
U.S. Agency for International Development (USAID)
Desk: (202) 916-2065
Cell: (202) 674-3231
E-mail: cchrisman@usaid.gov

On Mon, Dec 9, 2019 at 1:54 PM David J Wolking <djwolking@ucdavis.edu> wrote:
Hi there,

Below is the agenda and Zoom info for our call this week (Tuesday December 10 @ 8:30AM Pacific).

Talk soon,

David

PREDICT Management Team Meeting Agenda

Tuesday, December 10, 2019

8:30-9:30AM PST/11:30-12:30pm EST

Zoom link:

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Additional Zoom info below agenda

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- 19th International Congress on Infectious Diseases, Kuala Lumpur (February 20-23, 2020)
- PMAC, Bangkok, Thailand (January 28-31, 2020)

6. AOB

Zoom Call-in info

Zoom link:

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Sent: Mon, 9 Jan 2017 13:36:17 -0800
Subject: Re: EPT2 Partner Collaboration
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Robert Salerno <[REDACTED]>
Cc: "William B. Karesh" <karesh@ecohealthalliance.org>, David Wolking <djwolking@ucdavis.edu>, Katie Taratus <[REDACTED]>, Catherine Machalaba <machalaba@ecohealthalliance.org>, Susan Scribner <[REDACTED]>

Wonderful! Appreciate being in the loop, with Billy being in the lead.
Hope to hear more soon,
Jonna

On Fri, Jan 6, 2017 at 1:21 PM, Robert Salerno <[REDACTED]> wrote:

Hi Billy:

First - we love collaborating w/ PREDICT and I'm so pleased to hear that P&R collaborations are featured in your weekly meetings! Our plan is to share this concept in more detail w/ USAID but only after we get a better sense of specific needs and a tentative agenda.

Let's all chat when you're back from the meetings in San Francisco!

Best wishes,
Rob

Robert H. Salerno, MSc
Technical Integration Manager
Preparedness and Response Project
USAID Emerging Pandemic Threats 2 Program (EPT 2)

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DAI Shaping a more livable world.

From: "William B. Karesh" <karesh@ecohealthalliance.org>
To: Robert Salerno <[REDACTED]>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, Catherine Machalaba <machalaba@ecohealthalliance.org>, David Wolking <djwolking@ucdavis.edu>, Susan Scribner <[REDACTED]>, Katie Taratus <[REDACTED]>
Date: 01/06/2017 04:06 PM
Subject: Re: EPT2 Partner Collaboration

Hi Rob,

This all sounds good to me. Right now I would still be your point of contact to PREDICT-2 and will ehlp in plugging in more people as the different discussions and work products are identified.

Will you be running this by USAID? We are happy to be supportive and as you know, we routinely include our collaborative work with P&R in our annual work plans for USAID approval.

We will all be in San Francisco area next week for a PREDICT meeting, so I'm guessing the following week might be better for a phone call.

All the Best,

Billy

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

REDACTED

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 Jan 6, 2017, at 3:41 PM, Robert Salerno <**REDACTED**> wrote:

Dear Billy and Jonna:

Nice seeing you in Australia last month - if only for a short time! As you know, over the course of the last 18 months, from Jamborees to EPT2 M&E Task Force Meetings in Rome, a number of ideas for program collaboration have surfaced. In some cases, these ideas have turned into actual one health collaborations among EPT2 partners - including sharing and integrating technical knowledge, leveraging resources, and supporting information exchange. While good collaboration is happening at the country-level, facilitated by the USG CIP development process and strong working relationships among our field teams, there is still no mechanism for regular EPT2 wide communication and collaboration at the global level.

In 2017, P&R would like to strengthen our EPT2 partnerships and better leverage the entire USG EPT investment. This an opportunity to shape a global EPT learning agenda, identify priority areas for thought leadership, and work together on specific areas of focus that may include research/evidence to policy initiative, global communications and advocacy, and supporting the development and roll out of EPT tools, etc.

We're still tossing around ideas here at P&R HQ about the appropriate rhythm and content of the coordination calls, some of the logistics, and how to make these useful to EPT project partners. In the interim, I would like to chat with you briefly in the coming couple of weeks to hear more about your ideas, discuss potential agenda items, and schedule the first of our EPT2 Partner Calls.

Are you available to chat briefly next week?

Thanks so much!

Best,
Rob

Robert H. Salerno, MSc
Technical Integration Manager
Preparedness and Response Project
USAID Emerging Pandemic Threats 2 Program (EPT 2)

o: **REDACTED**

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The DAI email disclaimer can be found at <http://www.dai.com/disclaimer>.

From: Andrew Clements <aclements@usaid.gov>
Sent: Thu, 19 Jan 2017 12:04:57 +0100
Subject: Fwd: NYT: Donors and Drug Makers Offer \$500 Million to Control Global Epidemics
To: "Subhash (FAORAP) Morzaria" <[REDACTED]>, "Juan (AGAH) ([REDACTED]) Lubroth" <[REDACTED]>, Sylvie Briand <[REDACTED]>, Jonna Mazet <jkmazet@ucdavis.edu>, William Karesh <Karesh@ecohealthalliance.org>

*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: Daniel Schar <dschar@usaid.gov>
Date: January 19, 2017 at 6:53:19 AM GMT+1
To: GHSD Global <ghsdglobal@usaid.gov>
Subject: NYT: Donors and Drug Makers Offer \$500 Million to Control Global Epidemics

FYI

<https://www.nytimes.com/2017/01/18/health/partnership-epidemic-preparedness.html>

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https://groups.google.com/a/usaid.gov/d/msgid/ghsdglobal/CADsSF5NyL4%3DegtxWgPvjg0_p6er21hkFfM8GO_YyifqTGMkjYQ%40mail.gmail.com.

Bcc: Matt Blake <mblake@ucdavis.edu>
Sent: Thu, 26 Jan 2017 06:23:20 -0800
Subject: Re: GVP, Beijing
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Carlos Morel [REDACTED]
Cc: Dennis Carroll <dcarroll@usaid.gov>, Peter Daszak <daszak@ecohealthalliance.org>, George GAO [REDACTED]
Renata Curi Hauegen [REDACTED] Katherine Leasure <kaleasure@ucdavis.edu>, Carlos M Morel
<morel@cdts.fiocruz.br>

Dear Carlos,

Unfortunately, your assumption is absolutely not correct. We have tried through every mechanism possible to provide you the business class ticket you merit. In fact offered you another more optimal itinerary after your last cancellation (email from Matt Blake yesterday). We deeply apologize for the ineffectual communications and the US travel rules that are completely outside of our control, but please know that I and my staff have spent more than the cost of a business class ticket in personnel hours just to try to make this work for you -- having meetings with the Chancellor's office, finding work arounds, etc. None of that is your fault, but to do all of this work and find that you think we weren't trying is incredibly demoralizing to me and my team. We still have a viable option -- more than one that we've offered, but understand if it is all just to much.

I would be happy, as offered, to discuss by phone, but some of this grey area is inappropriate for email communication to the extent that some employees who have been trying diligently to help you are concerned about their future at the university for trying to stretch the rules as far as we have.

Very sorry for this result, and especially your feelings about it. We value you and your expertise and guidance immensely and hope to continue to work together.

Best,
Jonna

On Thu, Jan 26, 2017 at 2:02 AM, Carlos Morel [REDACTED] wrote:

Dear Dennis,

I am really sorry I will not attend the GVP Beijing meeting. I believe I owe you, Jonna, Peter and others an explanation in relation to my decision:

- I found incomprehensible that I could travel business to Italy, to attend the Bellagio meeting, and under exactly the same travel policy guidelines from UC Davis, the travel to Beijing was treated in a totally different way;
- I thank you for trying to find alternatives that would circumvent the 'problems' that surfaced in relation to the travel to China (which were not a problem when traveling to Bellagio): reimbursing as an 'honorarium', or profiting from the PMAC invitation; a pity these options did not work;
- After I agreed to arrive at the same day the Beijing meeting would start - a condition to receive a business ticket, according to the UC Davis travel policy - I was surprised to receive another demand: that I needed to show I had a business back in Brazil the same day I would arrive - otherwise I would have to fly back from China in economy! This was a bit too much to accept and therefore I concluded that the real issue was that there was already a decision from the managers at UC Davis that I would not get a business travel, no matter how much I would ask for.

I imagine the real problem, this time, was not the travel policy, but a matter of economics and budget at the disposition of GVP. Otherwise, how to explain I could travel business to Italy - a much shorter flight - and could not receive a business travel to China, a 20plus hour travel, both ways.

This episode does not alter my conviction that GVP is an excellent initiative that merits all our efforts to make it come true.

I hope this issue could be sorted out in the near future, either adopting the travel policy in good faith (if I could fly business to Italy, the same ought to be also true to China) or by raising new funds that would free GVP of such odd, US-government rules that should not be used internationally.

Renata Curi will represent not only myself in Beijing but also our institution, Fiocruz, which I believe will be a critical international partner to make the GVP come true.

Hoping the Beijing meeting will be a success,

Carlos

--

From: Elizabeth Leasure <ealeasure@ucdavis.edu>
To: David John Wolking <djwolking@UCDAVIS.EDU>, "Alisa Pereira Emerging Threats Division" <apereira@usaid.gov>, Cassandra Louis Duthil <clouisduthil@usaid.gov>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>, "Clements, Andrew (GH/HIDN)" <AClements@usaid.gov>, Eddy Rubin <erubin@metabiota.com>, Lindsay Parish <lparish@usaid.gov>, Peter Daszak <daszak@ecohealthalliance.org>, Jonna Mazet <jkmazet@UCDAVIS.EDU>, "Shana Gillette" <sgillette@usaid.gov>, William Karesh <karesh@ecohealthalliance.org>, PREDICTMGT <predictmgt@usaid.gov>, "Cara J. Chrisman" <cchrisman@usaid.gov>
Cc: Ava Sullivan <sullivan@ecohealthalliance.org>, Alison Andre <andre@ecohealthalliance.org>, Amanda Fuchs <fuchs@ecohealthalliance.org>, Catherine Machalaba <Machalaba@ecohealthalliance.org>, Evelyn Luciano <luciano@ecohealthalliance.org>, Molly Turner <turner@ecohealthalliance.org>, Taylor Elnicki <telnicki@metabiota.com>
Subject: Need to reschedule PREDICT Management Team calls on 2/6 and 2/20
Sent: Thu, 2 Feb 2017 20:25:19 +0000

Hi everyone. Since most of you will be in Beijing for the GVP meeting next Monday (2/6) and 2/20 is a holiday (President's Day), can we combine the two calls into one and schedule it for **February 13th at the regular time (10 am PST/1 pm EST)?**

Thanks,
Liz

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

From: Elizabeth Leasure <ealeasure@ucdavis.edu>
To: David John Wolking <djwolking@ucdavis.edu>, "Alisa Pereira Emerging Threats Division" <apereira@usaid.gov>, Cassandra Louis Duthil <clouisduthil@usaid.gov>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, "Clements, Andrew (GH/HIDN)" <AClements@usaid.gov>, Eddy Rubin <erubin@metabiota.com>, Lindsay Parish <lparish@usaid.gov>, Peter Daszak <daszak@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>, "Shana Gillette" <sgillette@usaid.gov>, William Karesh <karesh@ecohealthalliance.org>, PREDICTMGT <predictmgt@usaid.gov>, "Cara J. Chrisman" <cchrisman@usaid.gov>
Cc: Ava Sullivan <sullivan@ecohealthalliance.org>, Alison Andre <andre@ecohealthalliance.org>, Amanda Fuchs <fuchs@ecohealthalliance.org>, Catherine Machalaba <Machalaba@ecohealthalliance.org>, Evelyn Luciano <luciano@ecohealthalliance.org>, Molly Turner <turner@ecohealthalliance.org>, Taylor Elnicki <telnicki@metabiota.com>
Subject: No PREDICT Management Team call on 2/6 (will be rescheduled)
Sent: Fri, 3 Feb 2017 22:52:55 +0000

Hi all. To clarify, there will be no SMT call on Monday, 2/6. We are still confirming availability for 2/13, so please stay tuned. If you have not responded to my previous email with your availability, please do so as soon as possible.

For all of you on your way to Beijing, safe travels!

Thanks!
Liz

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

From: Elizabeth Leasure
Sent: Thursday, February 02, 2017 12:25 PM
To: David John Wolking; Alisa Pereira Emerging Threats Division; Cassandra Louis Duthil; Christine Kreuder Johnson; Clements, Andrew (GH/HIDN); Eddy Rubin; Lindsay Parish; Peter Daszak; Jonna Mazet; Shana Gillette; William Karesh; PREDICTMGT; Cara J. Chrisman
Cc: Ava Sullivan; Alison Andre; Amanda Fuchs; Catherine Machalaba; Evelyn Luciano; Molly Turner; Taylor Elnicki
Subject: Need to reschedule PREDICT Management Team calls on 2/6 and 2/20

Hi everyone. Since most of you will be in Beijing for the GVP meeting next Monday (2/6) and 2/20 is a holiday (President's Day), can we combine the two calls into one and schedule it for **February 13th at the regular time (10 am PST/1 pm EST)**?

Thanks,
Liz

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

From: "William B. Karesh" <karesh@ecohealthalliance.org>
To: Elizabeth Leasure <ealeasure@ucdavis.edu>
Cc: David John Wolking <djwolking@ucdavis.edu>, "Alisa Pereira Emerging Threats Division" <apereira@usaid.gov>, Cassandra Louis Duthil <clouisduthil@usaid.gov>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, "Clements, Andrew (GH/HIDN)" <AClements@usaid.gov>, Eddy Rubin <erubin@metabiota.com>, Lindsay Parish <lparish@usaid.gov>, Peter Daszak <daszak@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>, "Shana Gillette" <sgillette@usaid.gov>, PREDICTMGT <predictmgt@usaid.gov>, "Cara J. Chrisman" <cchrisman@usaid.gov>, Ava Sullivan <sullivan@ecohealthalliance.org>, Alison Andre <andre@ecohealthalliance.org>, Amanda Fuchs <fuchs@ecohealthalliance.org>, Catherine Machalaba <machalaba@ecohealthalliance.org>, Evelyn Luciano <luciano@ecohealthalliance.org>, Molly Turner <turner@ecohealthalliance.org>, Taylor Elnicki <telnicki@metabiota.com>
Subject: Re: No PREDICT Management Team call on 2/6 (will be rescheduled)
Sent: Fri, 3 Feb 2017 23:54:40 +0000

Thanks Liz,

I'm traveling for the entire month, but will be able to call in.

If we do move to the 13th, will we reset the biweekly schedule?

BK

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](#)

[+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 Liaison - USAID Emerging Pandemic Threats - PREDICT 2 program

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On Feb 3, 2017, at 5:53 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi all. To clarify, there will be no SMT call on Monday, 2/6. We are still confirming availability for 2/13, so please stay tuned. If you have not responded to my previous email with your availability, please do so as soon as possible.

For all of you on your way to Beijing, safe travels!

Thanks!

Liz

Elizabeth Leasure

One Health Institute

University of California, Davis

530-754-9034 (office)

REDACTED (cell)

From: Elizabeth Leasure

Sent: Thursday, February 02, 2017 12:25 PM

To: David John Wolking; Alisa Pereira Emerging Threats Division; Cassandra Louis Duthil; Christine Kreuder Johnson; Clements, Andrew (GH/HIDN); Eddy Rubin; Lindsay Parish; Peter Daszak; Jonna Mazet; Shana Gillette; William Karesh; PREDICTMGT; Cara J. Chrisman

Cc: Ava Sullivan; Alison Andre; Amanda Fuchs; Catherine Machalaba; Evelyn Luciano; Molly Turner; Taylor Elnicki

Subject: Need to reschedule PREDICT Management Team calls on 2/6 and 2/20

Hi everyone. Since most of you will be in Beijing for the GVP meeting next Monday (2/6) and 2/20 is a holiday (President's Day), can we combine the two calls into one and schedule it for **February 13th at the regular time (10 am PST/1 pm EST)**?

Thanks,
Liz

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

Sent: Mon, 13 Feb 2017 17:00:34 -0800
Subject: Re: GVP Working Group Introductions
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Cara Chrisman <cchrisman@usaid.gov>
Cc: "Capua, Ilaria" <icapua@ufl.edu>, Jaime Sepulveda <Jaime.Sepulveda@ucsf.edu>, Amalhin Shek <ashek@usaid.gov>, Ryan Essman <ressman@usaid.gov>, "Morzaria, Subhash (FAORAP)" <[REDACTED]>, Dennis Carroll <dcarroll@usaid.gov>

Thanks, Cara -- we're trying to schedule our next call, so we'll update the team after that.
For Ryan, I did a phone interview with Bryan Walsh of Time Magazine today. It went fine. He had pretty general questions about preparedness and what is being done now and could be done better in the future. While he had asked for the interview re GVP, he didn't ask about the initiative, so I worked it into answers to his questions as appropriate.
Not sure how info might be used or his timeline, but I will keep you in the loop as he provides us with updates.
Have a nice evening,
Jonna

On Mon, Feb 13, 2017 at 2:29 PM, Cara Chrisman <cchrisman@usaid.gov> wrote:

Dear Ilaria, Jaime, Amalhin, and Ryan,
As a follow up to our GVP meeting in Beijing, and given your roles related to the GVP in terms of communications and outreach, I wanted to connect the four of you so that you can all be made aware of efforts around the GVP going forward.

Ilaria and Jaime are the GVP Working Group Co-chairs for the Communications & Outreach Working Group (this group falls within the Implementation Thematic Area, which is led by Jonna Mazet and Subhash Morzaria, cc'ed). Jaime was unable to attend the Beijing meeting, however Ilaria was in attendance and has composed the attached document to begin to map out the comms strategy and next steps.

Amalhin & Ryan are both at USAID and work in communications. Amalhin is on the Emerging Threats team with Dennis and myself and is in charge of the GVP newsletter. Ryan is our key focal point within the Bureau for Global Health in regards to any press activities.

We would appreciate if Ilaria & Jaime loop Ryan in whenever press will be engaged (for example for the AP article). That will enable us to keep track and be aware of these opportunities and any potential impacts on USAID. We also hope to have an open channel of communication where Ryan can alert Ilaria and Jaime to potential opportunities to feature the GVP moving forward.

Additionally, since we would like to ensure that the rest of the working group and steering committee members are kept aware, it would be appreciated if Ilaria & Jaime could also ensure that Amalhin is kept in the loop (both for Press and Outreach). That will ensure that the larger group can also keep track of our activities through the regular newsletter. In turn, she will likely be reaching out on a regular basis to check in and gather information for the newsletter.

I look forward to working with everyone going forward and appreciate all the work in this area! Please let me know if I can further clarify anything.

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](tel:(202)712-1161)

Cell: **REDACTED**
E-mail: cchrisman@usaid.gov

From: Andrew Clements <aclements@usaid.gov>
Sent: Mon, 27 Feb 2017 12:20:02 +0100
Subject: Re: Follow up on NPR Coverage of Predict in Sabah
To: "William B. Karesh" <karesh@ecohealthalliance.org>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, Elizabeth Leasure <ealeasure@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>, "Kevin Olival, PhD" <olival@ecohealthalliance.org>, Anthony Ramos <ramos@ecohealthalliance.org>, Alisa Pereira <apereira@usaid.gov>, Amalhin Shek <ashek@usaid.gov>, Shana Gillette <sgillette@usaid.gov>, David Wolking <djwolking@ucdavis.edu>

Thanks, Billy.

*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 Feb 25, 2017, at 5:06 AM, William B. Karesh <karesh@ecohealthalliance.org> wrote:

I was also called by the same Discovery Channel folks after they called the OFFLU secretariat to seek contacts. They are doing 3 one-hour shows under the theme of viruses, one on polio, one on influenza, and one on filoviruses. I also referred them to Ian since the production company is based in NY and they could shoot in his lab.

I would guess that we all get calls individually a few times a month, sometimes they are just in the early planning stages, sometimes they want a quick quote to finish up a story on deadline. At EHA, Anthony gets even more and we all let him field the ones that come into us directly. He might be good to get on the call with us for a bit of a reality check since he deals with the press if not daily, quite a bit on a weekly basis.

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)
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On Feb 24, 2017, at 4:38 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Thanks Andrew, all good points. We've made efforts recently to do just that with Jonna screening the Discovery Channel's interest in PREDICT/Ghana by you all on a recent management team call. Also, today I was contacted by CBS 60 Minutes who is exploring possibilities for a story after the NPR/pandemics media piqued their interest. This was our first call with them about PREDICT (they aired a story on our GorillaDoctors program recently) and I shared your contact (along with Alisa and Dennis Carroll's contact info) as they were interested in reaching out to USAID to learn more about EPT.

I'll add this item to our next call agenda as well.

Enjoy the weekend,

David

On Fri, Feb 24, 2017 at 11:42 AM, Andrew Clements <aclements@usaid.gov> wrote:

Hi all,

To avoid this happening in the future, I'd like to suggest that the Predict management team at USAID (and mission POC if the story has to do with a particular country) be notified each time there is a request for interviews on any USAID-funded work. This will allow us to get a sense of how the USAID work will be reflected and a rough idea of what you plan to say about the project before the interview takes place. Also, we can discuss if there are opportunities for USAID to field questions and be quoted (with clearance, of course).

To avoid the interviewer dropping the link between Predict and USAID, it might be better to refer to the project as "USAID Predict" which is implemented by..... This will help maintain our visibility which is key to our continuing to get funding for our EPT program.

Thanks!

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](tel:1-571-345-4253)
Email: aclements@usaid.gov*

On Feb 23, 2017, at 5:31 PM, Kevin Olival, PhD <olival@ecohealthalliance.org> wrote:

Hi Andrew,
Agree. Unfortunately, I did talk about PREDICT a LOT with them while in the field, but we didn't have editorial input as to what they put together in the end.

I've discussed with our Communications Director, Anthony, and he's going to reach out to NPR and ask if they can edit this second story and add a link to USAID PREDICT, as with the first story.

Cheers,
Kevin

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](tel:1.212.380.4478) (direct)
REDACTED (mobile)
[1.212.380.4465](tel:1.212.380.4465) (fax)
@nycbat (twitter)
www.ecohealthalliance.org

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On Feb 23, 2017, at 11:19 AM, Andrew Clements
<AClements@usaid.gov> wrote:

Thanks.

Unfortunately, any reader who missed the first story would not get that information.

*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](tel:1-571-345-4253)
Email: aclements@usaid.gov*

On Feb 23, 2017, at 4:23 PM, William B. Karesh <karesh@ecohealthalliance.org> wrote:

Here's a note from Kevin:
Unfortunately we didn't get the text to review before they put this out. We've been making corrections on a few things already, to make Sabah Wildlife Dept happy. Maybe they thought they had it covered because it was mentioned in the first story??: "It's part of a \$200 million project called **PREDICT**, sponsored by the U.S. government and led by University of California, Davis, School of Veterinary Medicine. The goal is to figure out the viruses that are lurking inside animals around the world. So we are ready when a new and potentially harmful virus jumps from animals into people and causes an outbreak. In other words, Olival wants to find the next pandemic virus before it finds us."
<http://www.npr.org/sections/goatsandsoda/2017/02/14/511227050/why-killer-viruses-are-on-the-rise>

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](tel:+12123804463) (direct)
[+1.212.380.4465](tel:+12123804465) (fax)
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On Feb 23, 2017, at 8:56 AM, Andrew
Clements <AClements@usaid.gov> wrote:

Any particular reason USAID support was not mentioned in this story?

<http://www.npr.org/sections/goatsandsoda/2017/02/21/508060742/the-next-pandemic-could-be-dripping-on-your-head>

From: "William B. Karesh" <karesh@ecohealthalliance.org>
To: "Claes, Filip (FAORAP)" <[REDACTED]>
Cc: Dibesh Karmacharya <[REDACTED]>, Wantanee Kalpravidh <[REDACTED]>, Peter Black <[REDACTED]>, "Parajuli, Baikuntha (FAONP)" <[REDACTED]>, Jonna Mazet <jkmazet@UCDAVIS.EDU>, Chris Johnson <ckjohnson@UCDAVIS.EDU>, "Tracey Goldstein" <tgoldstein@UCDAVIS.EDU>, Dan Schar <dschar@usaid.gov>
Subject: Re: message of appreciation to the Center of Molecular Dynamics Nepal (CMDN)
Sent: Tue, 21 Mar 2017 14:45:28 +0000

That's great to hear !!

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)
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On Mar 21, 2017, at 2:43 AM, Claes, Filip (FAORAP) <[REDACTED]> wrote:

Dear Dibesh,

I would like to thank you for the assistance that CMDN provided to the Central Veterinary Laboratory in Nepal. Thanks to the kind provision of N8 primers and protocols, CVL was able to confirm the first outbreak of H5N8 within a week and report this to the OIE. This shows how important the collaboration is within the EPT program and how PREDICT and FAO are working closer together.

Looking forward to work even closer together on the joint PREDICT-FAO/Government of Nepal surveillance at the wildlife-animal interface

Best wishes,
Filip

Filip Claes, PhD
Regional Laboratory Coordinator
Emergency Centre for Transboundary Animal Diseases (ECTAD)
Food and Agriculture Organization of the United Nations (FAO)
Regional Office for Asia and the Pacific
39 Phra Atit Road, Bangkok 10200
Thailand

Tel: (+662) 697-4104
Email: REDACTED

<image001.jpg>

Sent: Wed, 29 Mar 2017 14:33:36 -0700
Subject: Re: GVP targeting abstract for PMAC
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Cara Chrisman <cchrisman@usaid.gov>
Cc: "Kevin Olival, PhD" <olival@ecohealthalliance.org>, Peter Daszak <daszak@ecohealthalliance.org>, Brooke Watson <watson@ecohealthalliance.org>, Yasha Feferholtz <feferholtz@ecohealthalliance.org>, "George F Gao" **REDACTED** **REDACTED** Eddy Rubin <erubin@metabiota.com>, Nathan Wolfe <nwolfe@metabiota.com>, "Dennis Carroll (DCarroll@usaid.gov)" <DCarroll@usaid.gov>, Alison Andre <andre@ecohealthalliance.org>

Hi Peter,
Thanks for including -- happy to be a co-author.
My main comment is consistent with Cara's. I'm concerned with using these prices and numbers as they are quite escalated compared to those we have prepared for publication and have been discussing with donors. While they may be true, and we need to evaluate that further, I don't think we, as a group, have come to a consensus on that, and I would hate to be contradicting ourselves so much with what we are putting out in other (especially peer-reviewed) venues.
Maybe a softer approach to avoid a last minute or rushed discussion over this topic would be to avoid the specific numbers and use orders of magnitude, such as "billions" and "less than the cost of response to one major incident or epidemic" or "less than a tenth of the cost of a high-consequence pandemic".
Have a nice evening,
Jonna

On Wed, Mar 29, 2017 at 2:19 PM, Cara Chrisman <cchrisman@usaid.gov> wrote:

Hi Peter,
Thanks for pulling this together and sharing. Dennis and I are happy to be included as authors and our names & affiliations look good (although, if easy enough, could you add my middle initial? Cara J. Chrisman).

In the process of reviewing, we had two items of feedback for your consideration before submitting:

- 1) Given when this will be presented (2018), we thought it might be helpful to, instead of including the current numbers, discuss the strategies which you are currently undertaking related to modeling all of this and state that the updated numbers will be shared at the meeting during the presentation. As it stands, these numbers may be out-of-date to some extent and don't indicate the whole story.
- 2) It would be helpful if documents such as this include not only the impact on human health, but the destructive impact on livestock/animal health. Especially considering the intent to include the food security angle in PMAC, and our outreach to those folks related to the GVP overall, including that would be much appreciated.

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 Wed, Mar 29, 2017 at 3:38 PM, Kevin Olival, PhD <olival@ecohealthalliance.org> wrote:

Looks great Peter, no edits and happy to be coauthor.

Cheers,
Kevin

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](tel:1.212.380.4478) (direct)
REDACTED (mobile)
[1.212.380.4465](tel:1.212.380.4465) (fax)
[@nycbat](https://twitter.com/nycbat) (twitter)
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On Mar 29, 2017, at 3:27 PM, Peter Daszak <daszak@ecohealthalliance.org> wrote:

Hi everyone – Abstracts for PMAC are due tomorrow by mid-afternoon US Eastern time. I've drafted one on the Modeling and Analytics WG's efforts to target the GVP program to get maximum impact.

Please have a quick look at it and let me know if it's ok to include you as authors. I'm not looking for major edits, but if there are typos, or address problems, please let me know that as well. The max. word count is 300 and this is 290.

Cheers,

Peter

Peter Daszak
President

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

[+1.212.380.4473](tel:+1.212.380.4473) (direct)
[+1.212.380.4465](tel:+1.212.380.4465) (fax)
www.ecohealthalliance.org

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<PMAC GVP targeting.docx>

From: Andrew Clements <aclements@usaid.gov>
Sent: Tue, 4 Apr 2017 15:25:08 +0200
Subject: Re: PREDICT Financial management issues impeding implementation
To: Alisa Pereira <apereira@usaid.gov>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, Shana Gillette <sgillette@usaid.gov>

Yes. This has been dragging on for a while.

*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 4, 2017, at 2:27 PM, Alisa Pereira <apereira@usaid.gov> wrote:

Let's add this to things we discuss today

Thanks

Sent from my iPhone

Begin forwarded message:

From: Zandra Andre <zandre@usaid.gov>
Date: April 4, 2017 at 8:18:01 AM EDT
To: Karen Saylors <ksaylors@metabiota.com>, Frantz Jean Louis <fjeanlouis@metabiota.com>
Cc: REGINA BLANDINE N'GUESSAN KOKO <nkoko@usaid.gov>, "predict@ucdavis.edu" <predict@ucdavis.edu>, Kalpy Julien COULIBALY <kcalpy@usaid.gov>, PREDICT HQ Mgmt <PREDICTmgmt@usaid.gov>, Alisa Pereira <apereira@usaid.gov>, Andrea Long-Wagar <alongwagar@usaid.gov>, Marie Ahmed <mahmed@usaid.gov>
Subject: PREDICT Financial management issues impeding implementation

Hi Karen and Frantz,
The trip to Bouaflé didn't go as planned on the 27th because of unresolved issues with finances for the PREDICT project here in Côte d'Ivoire. Now it has been postponed indefinitely until the issue is resolved. This will have a significant negative impact on the implementation of your activities here.

I understand that PREDICT felt it was in the best interests financially to close the Metabiota office here and work directly with IPCI to implement the program but this seems to have not been the most prudent decision. Since the project closed the Metabiota office and changed its business model in December 2016, outside of your field visit while here, PREDICT has not been able to get out to the field to implement activities.

Please resolve whatever this internal issue is immediately since an important component of your work is in the field and without these visits, there will be a cascading effect on all of subsequent laboratory activities. This also affects the launch of your project that has been rescheduled numerous times since November 2016.

CDC through PEPFAR has established a good system of financial management with Professor Dosso and Wilfred Assemien as signatories as the PI and accountant, respectively by outlining the specifications for managing funds on their projects. Apparently, PREDICT still needs to do so.

This is still not clear here on the ground and precludes us from moving forward.

Please contact Dr. Kalpy asap to understand what PREDICT needs to do at this point to free up your funds.

Thanks,
Zandra

Dr. Zandra Hollaway ANDRE

DVM, MPH, ACVPM

Senior One Health Team Lead

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

US Embassy - Abidjan, Côte d'Ivoire

T: [+225 22 49 43 35](tel:+22522494335) M: **REDACTED**

From the US: [\(301\) 985-8627 x 4335](tel:+13019858627x4335)

[USAID.gov](https://www.usaid.gov) | ZAndre@usaid.gov | @USAIDWestAfrica

On Wed, Mar 22, 2017 at 4:42 PM, Karen Saylors <ksaylors@metabiota.com> wrote:

Hi Zandra.

I wanted to give you an update after our meetings this week with both Dr. Kalpy and Prof Dosso on Tuesday, regarding your concerns about the flow of finances in Cote d'Ivoire. Although we have sent on necessary funds to both IPCI and LANADA and those have been successfully received, there has been internal discussion between the IPCI Director of Administration and Finance and the team, as that role interfaces closely with the Ministry of Finance, so there have been requests for clarifications that have indeed slowed down the process. Yesterday Frantz and I discussed at length with Prof Dosso and she is going to do a thorough overview presentation to the DAF team to resolve any outstanding confusions. She is planning to facilitate that meeting early next week, so we expect resolution shortly.

No team member will (nor should) be out of pocket for project expenses, so please rest assured that will not happen.

Regarding the team trip to Bouafle, the delay has really been about the distribution of field sampling materials that were released from customs last Friday, so that transfer to LANANDA is expected to be completed by the end of this week, so Dr. Kalpy's team plans to travel to Bouafle on Monday, March 27th for conversations with the hospital director.

We will update you further with adjustments to the calendar and with any other important information as it emerges.

Thanks very much and safe travels to Ghana.

Best,

Karen

Karen Saylors, Ph.D.

Vice President, Field Research | Metabiota

Director, Scientific Operations &

Deputy Director, PREDICT Behavioral Surveillance

425 California Street, San Francisco, CA 94104

Email: ksaylors@metabiota.com

Mobile: [\(+1\) 310 994 5770](tel:+13109945770)

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UCDUSR0010971

From: Zandra Andre <zandre@usaid.gov>

Date: Saturday, March 18, 2017 at 12:00 AM

To: Karen Saylor <ksaylors@metabiota.com>

Cc: REGINA BLANDINE N'GUESSAN KOKO <nkoko@usaid.gov>, Frantz Jean Louis <fjeanlouis@metabiota.com>, "predict@ucdavis.edu" <predict@ucdavis.edu>, Kalpy Julien COULIBALY <REDACTED>, PREDICT HQ Mgmt <PREDICTmgmt@usaid.gov>

Subject: Re: Upcoming events?

Hi Karen,

Thanks for the good news! And the activity calendar. Regina and I will plan to accompany the project on some of these field missions/site visits. We'll keep you posted.

We are glad to hear that things are moving along with this project and you're getting out to the field. However, we've been made aware of an major obstacle to this forward motion: the flow of finances.

Your team in-country is not able to access funds to support the events and progress you've outlined. Please work with IPCI to remedy this situation immediately or I'm afraid you'll need to push back your calendar causing a domino effect of delays.

Your in-country team here is very committed and even willing to support travel out of their own pockets but that is not a reasonable expectation of your local staff or sustainable as more and more implementation gets under way.

You can please let us know your plan to address this as soon as possible? I understand that this could involve a plan for reimbursement in the immediate short-term in addition to a more permanent solution in the long term but we'd like the plan reassurance that this is being addressed.

If we can't deal with this before Dr. Kalpy's scheduled departure to Bouafle, the I'll have to ask that we postpone your calendar of events until a reasonable way forward is carved out.

Regards,

Zandra
Sent from my iPhone

On Mar 17, 2017, at 23:35, Karen Saylor <ksaylors@metabiota.com> wrote:

Good afternoon Zandra and Regina.

I hope you are both doing well.

Good news! Here is the much anticipated calendar of upcoming PREDICT activities for the next few months.

A few highlights:

—The local team finally got PREDICT material released today, after a long customs clearance process, so lab installation can begin next week.

—The animal sampling team from LANADA is scheduled to travel to Bouafle for two weeks starting this Sunday. Our behavioral team lead, Mme Bamba, will accompany them to continue community behavioral work in the region, concurrent with animal sampling.

— Dr. Kalpy will travel to Bouafle next Wednesday to meet with the Hospital Director at Bonon Hospital where we intend to do human syndromic surveillance work. He will travel with drafts of the hospital contract and hospital budget, developed by our PREDICT HQ and IPCI team, for finalizing and validation by the Hospital Director, so that those documents can be submitted to Davis and USAID-Washington upon Dr. Kalpy's return for approval.

We are very pleased to be starting field work in Cote d'Ivoire next week and will continue to keep you updated on

progress.

Thanks very much for your support and have a great weekend.

Best,
Karen, Frantz, and Kalpy

Karen Saylor, Ph.D.
Director, Scientific Operations, Metabiota-PREDICT
Deputy Director, PREDICT Behavioral Surveillance
425 California Street, San Francisco, CA 94104
Email: ksaylor@metabiota.com
Mobile: [\(+1\) 310 994 5770](tel:+13109945770)

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From: Karen Saylor <ksaylor@metabiota.com>
Date: Thursday, March 16, 2017 at 9:20 AM
To: Zandra Andre <zandre@usaid.gov>
Cc: REGINA BLANDINE N'GUESSAN KOKO <nkoko@usaid.gov>, Frantz Jean Louis <fjeanlouis@metabiota.com>, "predict@ucdavis.edu" <predict@ucdavis.edu>
Subject: Re: Upcoming events?

Hi Zandra.
So are we, believe me! :) Frantz and I had a call with Dr. Kalpy yesterday and the team is in the process of finalizing the calendar internally with their DAF and working with LANADA to assure that upcoming travel to Bouafle (planned for next Monday but still awaiting validation: that is what they are trying to firm up before sending) will be a concurrent trip between the animal sampling and human behavioral team. More very soon!

Also, just to follow up on one of your original questions regarding the Cote d'Ivoire work plan: we have made no changes to the USAID Washington-approved work plan, so no changes to our scope of work or targets at all.

Thanks for your patience.
Best wishes,
Karen

From: Zandra Andre <zandre@usaid.gov>
Date: Thursday, March 16, 2017 at 4:44 AM
To: Karen Saylor <ksaylor@metabiota.com>
Cc: REGINA BLANDINE N'GUESSAN KOKO <nkoko@usaid.gov>, Frantz Jean Louis <fjeanlouis@metabiota.com>, "predict@ucdavis.edu" <predict@ucdavis.edu>
Subject: Re: Upcoming events?

Hi Karen,
Thanks! Looking forward to receiving those documents soon.

Warm regards,
Zandra

Dr. Zandra Hollaway ANDRE

DVM, MPH, ACVPM
Senior One Health Team Lead
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
US Embassy - Abidjan, Côte d'Ivoire
T: [+225 22 49 43 35](tel:+22522494335) M: **REDACTED**
From the US: [\(301\) 985-8627 x 4335](tel:+13019858627)

[USAID.gov](https://www.usaid.gov) | ZAndre@usaid.gov | @USAIDWestAfrica

On Fri, Mar 10, 2017 at 5:10 PM, Karen Saylors <ksaylors@metabiota.com> wrote:

Good morning Zandra and Regina.

I hope you are both doing well.

Absolutely, we will share a list of upcoming events with you asap, including meetings, field visits to Bouafle, and planned trainings, so that you can add them to your calendar. We spoke with Dr. Kalpy earlier this week in our regular call, so I will update you with further details on implementation plans and send the adjusted workplan along once we get it all compiled. I'm awaiting some details on LANADA plans that I hope to receive soon, and will then be back in touch.

Best wishes to you both and happy Friday,
Karen

Karen Saylors, Ph.D.
Vice President, Field Research | Metabiota
Director, Scientific Operations, Metabiota-PREDICT
Deputy Director, PREDICT Behavioral Surveillance
425 California Street, San Francisco, CA 94104
Email: ksaylors@metabiota.com
Mobile: [\(+1\) 310 994 5770](tel:+13109945770)

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From: Zandra Andre <zandre@usaid.gov>
Date: Thursday, March 9, 2017 at 6:00 AM
To: Frantz Jean Louis <fjeanlouis@metabiota.com>, Karen Saylors <ksaylors@metabiota.com>
Cc: REGINA BLANDINE N'GUESSAN KOKO <nkoko@usaid.gov>
Subject: Upcoming events?

Hi Frantz and Karen,
I hope that your day is going well.

We've been asked to complete a calendar that details partner events through September. Do you have a listing of your upcoming workshops and other events. Are you hoping to have Embassy participation for any of these events?

Which reminds me, could you please send me that latest version of the workplan? I don't know if I have the latest after your visit here, if there were any revisions...

Thanks,
Zandra

Dr. Zandra Hollaway ANDRE

DVM, MPH, ACVPM
Senior One Health Team Lead
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
US Embassy - Abidjan, Côte d'Ivoire
T: [+225 22 49 43 35](tel:+22522494335) M: **REDACTED**
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<PREDICT Calendar CIV 17 march 2017.xlsx>

From: Andrew Clements <aclements@usaid.gov>
Sent: Wed, 12 Apr 2017 15:20:58 +0200
Subject: Re: [predict] Re: Plans and deadline for PREDICT semi-annual report
To: David J Wolking <djwolking@ucdavis.edu>
Cc: Alisa Pereira <apereira@usaid.gov>, Shana Gillette <sgillette@usaid.gov>, "Prof. Jonna Mazet" <jkmazet@ucdavis.edu>, "predict@ucdavis.edu" <predict@ucdavis.edu>

Hi David,

The format looks good to me as well. I'm okay with the proposed timing.

2 small questions:

-- where will GVP fit into the report?

-- would it be better to expand "OH partners" to "OH partners, analyses, and advocacy" since there are a variety of activities under One Health?

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 12, 2017, at 2:30 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Thanks Shana and Alisa!

Andrew, looking forward to your thoughts.

David

On Wed, Apr 12, 2017 at 04:37 Alisa Pereira <apereira@usaid.gov> wrote:

I also like the outline for the report structure. Andrew will be the final word as AOR.

Sent from my iPhone

On Apr 11, 2017, at 2:26 PM, Shana Gillette <sgillette@usaid.gov> wrote:

Hi David,
This outline looks good to me. Andrew and Alisa will need to weigh in on the timeline.
Best,

Shana

On Mon, Apr 10, 2017 at 2:35 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew, Alisa, and Shana,
We've been planning to discuss the evolving PREDICT semi-annual report plans and timelines with you all on our MT calls but with recent cancellations and recent guidance about incorporating M&E indicators we thought it best to put plans in motion now with follow-up

discussions as needed on next Monday's management team call (April 16 at 10AM PDT/1PM EDT).

A brief outline of the planned report is below. We have a call with Tiffany this week to learn more about recent feedback from Dennis and others about how best to "capture PREDICT's story" from the M&E indicators and other reports and I believe Tiffany's intent is to streamline that data extraction process so information is more readily available from products like our semiannual and annual reports for portfolio reviews and other needs. That section is TBD as you'll notice.

We are planning to lean heavily on EIDITH for this report and will complement the story our data and numbers tell (training, surveillance/sampling, lab testing, analytical products, etc.) with success stories and other highlights. To accomplish this we are proposing a Friday May 26th deadline.

Please let us know if this plan and timeline will work and we look forward to discussion on Monday.

Best,

David

2017 SAR report outline

Section 1: Intro/Preface

- PREDICT-2 project description, geographic scope, and abbreviated "in support of GHSA" section.

Section 2: Global Overview - major highlights, successes, progress, or products (Oct – March 31, 2017)

- Surveillance
- Viral Detection and Lab Implementation
- Behavioral Risk
- Modeling and Analytics
- Information Management
- Capacity Strengthening (with Training Summary)
- One Health Partnerships
- Operations

Section 3: Country reports (GHSA and non-GHSA)

GHSA countries (Phase 1 and 2)

- GHSA report table (Phase 1 countries only)
- Country dashboard
- Success stories: max 3-4
- Outbreak response (if any)

Non-GHSA countries

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Section 4: Publications

- Overview and bibliography

Section 5: M&E

- Format TBD...

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Shana Gillette, PhD
Senior Risk Mitigation Adviser

Emerging Threats Division

Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)
Office Phone: 202-712-1456
Work Mobile: **REDACTED**
Email: sgillette@usaid.gov

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Sent from Gmail Mobile

From: Andrew Clements <aclements@usaid.gov>
Sent: Thu, 13 Apr 2017 11:09:05 +0200
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To: David J Wolking <djwolking@ucdavis.edu>
Cc: Alisa Pereira <apereira@usaid.gov>, Shana Gillette <sgillette@usaid.gov>, "Prof. Jonna Mazet" <jkmazet@ucdavis.edu>, "predict@ucdavis.edu" <predict@ucdavis.edu>

Thanks. Up to you all as to where the put GVP. Just wanted to flag it.

*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 12, 2017, at 7:23 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Thanks Andrew, great comments and contributions. We'll update the One Health section header and I'll plan to incorporate GVP, likely in Section 2 under it's own standalone header (pending Jonna's thoughts and approval of course).
David

On Wed, Apr 12, 2017 at 6:20 AM, Andrew Clements <aclements@usaid.gov> wrote:

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2 small questions:

-- where will GVP fit into the report?

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- Format TBD...

--

Shana Gillette, PhD
Senior Risk Mitigation Adviser

Emerging Threats Division

Office of Infectious Disease

Bureau for Global Health

U.S. Agency for International Development (USAID)

Office Phone: [202-712-1456](tel:202-712-1456)

Work Mobile: **REDACTED**

Email: sgillette@usaid.gov

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Sent from Gmail Mobile

From: Peter Daszak <daszak@ecohealthalliance.org>
To: Jonna Mazet (jkmazet@ucdavis.edu) <jkmazet@ucdavis.edu>; William B. Karesh <karesh@ecohealthalliance.org>
Sent: 5/31/2017 9:55:31 AM
Subject: FW: Please review: Monitoring Framework for Global Health Security - 4/18, Washington DC

This doc (the monitoring framework) explains exactly what they're trying to do – an independent framework for assessment of risk and capacity.

Let's talk some more if you think we should get involved, but I think it's likely to be more of a fundraising/academic assessment exercise...

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: Ogawa, V. Ayano [mailto:VOgawa@nas.edu]
Sent: Wednesday, April 12, 2017 4:58 PM
Cc: 'shana_yansen@harvard.edu'; Mundaca-Shah, Ceci; Tran, Thu Anh
Subject: Please review: Monitoring Framework for Global Health Security - 4/18, Washington DC
Importance: High

Dear all,

Thank you for your participation in the upcoming meeting, "Developing Metrics to Monitor Global Health Security and Pandemic Preparedness," co-hosted by the National Academy of Medicine (NAM) and Harvard Global Health Institute (HGI). We are thrilled that you will join us next Tuesday in Washington, DC for this important meeting.

To ensure that the day is as productive as possible, we request that prior to the meeting you review the attached document, "Draft Monitoring Framework," which includes specific indicators to monitor progress in global health security. To provide further context for our meeting, we also request that you review the list of resources attached. Each of these papers and reports served as important precursors to both our meeting and the Draft Monitoring Framework.

This Framework serves as the backbone to our meeting and is the primary document that we will review and discuss on April 18th. By no means is this document final; rather, it is best considered as a launching point for our discussion and technical review. Once all of our collective comments and revisions are incorporated, we will

revise this document into a comprehensive roadmap to track progress in pandemic preparedness and global health security. This final roadmap will be shared with all participants and also published in a final NAM report after the meeting.

As you review the Draft Monitoring Framework, we encourage you to consider the following guiding questions:

- a) What are we missing?
- b) How useful are the listed metrics? To what extent are they capturing what should be captured?
- c) What are the significant barriers to collecting any of the mentioned data?
- d) To what extent are the solutions to the issues posed already identified or efforts underway? How might these efforts inform the metrics at hand?
- e) How do these areas align, or not, with our ability to assess and communicate risk?

We invite you at this time to provide any comments or suggested changes to the Draft Monitoring Framework prior to the meeting. Please feel free to populate with your suggestions any fields that remain empty, such as the Data Source/Feasibility column. Your comments can be shared in an email or in track changes in the document itself. We will not make any revisions to the document prior to the meeting, but we will review them carefully and will begin coalescing all of your comments in preparation for our revised document. Please send me all comments and questions at VOgawa@nas.edu.

Thank you and we look forward to your participation in this important endeavor!

Best regards,
Ayano

V. Ayano Ogawa, S.M.

Associate Program Officer, Forum on Microbial Threats
Board on Global Health | Health and Medicine Division
The National Academies of Sciences, Engineering, and Medicine
500 Fifth Street, NW
Washington, DC 20001
Phone: 202.334.1349
<http://www.nationalacademies.org/hmd/>

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HARVARD

Global Health Institute

Monitoring Pandemic Preparedness and Global Health Security Metrics for Consideration

1. Context

Recent work confirms that pandemic risk is significant. The annual cost has been estimated to be between \$60 billion and as much as \$570 billion globally for an influenza pandemic.¹ Investments and other measures that reduce these expected annual costs will bring high corresponding societal benefit for all countries. Moreover, the capacities required to reduce pandemic risk generate wide-reaching health co-benefits, including the control of AMR and non-pandemic disease. This workshop aims to contribute to the swift and full realization of these benefits through the development of a global Monitoring Framework that can be used to track progress in pandemic preparedness and health security worldwide.

The National Academy of Medicine (NAM) and Harvard Global Health Institute (HGHI) are co-hosting a meeting on April 18th, 2017, on the heels of three major reports and papers that carefully examined the Ebola crises and its aftermath. Each of these reports and papers are aimed at understanding what went wrong in the Ebola crises and how the world must better prepare itself for the next major outbreak. The first report is from the Commission on a Global Health Risk Framework for the Future convened by NAM entitled, “[Neglected Dimension of Global Security: A Framework to Counter Infectious Diseases Crises](#)”; the second is the independent panel paper published in The Lancet by HGHI and the London School of Hygiene and Tropical Medicine entitled, “[Will Ebola change the game? Ten essential reforms before the next pandemic](#)”; and, the third is the article published in BMJ entitled, “[Post-Ebola reforms: ample analysis, too little action](#).”

All three of these cross-disciplinary studies revealed expert reviews on the various failures of our current system to effectively respond to disease outbreaks. They also put forth specific recommendations to strengthen our health systems, institutions and multi-lateral organizations to improve our collective response to future outbreaks. Importantly too, these reports assert the essential need for multi-sectoral responses and preparations outside of the health sector.

This workshop is the first step in an effort to provide independent monitoring, reporting, and analysis on the implementation of key recommendations set forth post-Ebola. Using the above-mentioned reports as a backdrop, the HGHI developed a draft Monitoring Framework organized around four key content areas (listed below). The monitoring framework is designed to examine: a) where change is taking place, b) where action is still needed, and c) what interventions and approaches are most effective. Once an overall Monitoring Framework is agreed upon (a key goal of this meeting), academic and other institutions can proceed to gather, analyse, and report on progress. The aim is to create an evidence-based body of knowledge for decision makers that will be shared across sectors: human and animal health, finance, business, government, academia, the media, and the general public to name a few and to spur action among all of these sectors. This initiative is also designed to complement and build on the work of the UN Secretary General’s Global Health Crises Taskforce, providing an independent perspective and on-going monitoring that is both participatory and sustained over the long-term. Engaging countries to monitor progress achieved in these key content areas is needed to overcome the widespread indifference that generally characterizes periods of non-crisis. Greater attention must be sustained toward the most vulnerable regions of the world, including countries and regions characterized by poor or non-existent public health systems and where undetected disease outbreaks may be more frequent. This project will seek to complement other monitoring initiatives that may arise, and spur progress as a global community.

2. Proposed Indicator Categories

In order to meaningfully report on the implementation of recommendations, we need clear, measurable indicators. HGHI has compiled a “strawman” set of indicators that is meant to be a rough jumping off point for meaningful elaboration, critique, and dialogue. The indicators fall under the following categories:

- **Area 1: Strengthening public health as foundation**
 - 1.1 Building national core capacities to detect, prevent and respond to outbreaks
 - 1.2 Independent or external assessment of national core capacities
 - 1.3 Incentives for early reporting of outbreaks by countries
 - 1.4 Efforts to ensure access to quality healthcare
- **Area 2: Improving Science, technology & Access**
 - 2.1 Rapid sharing of epidemiological, clinical and genomic data
 - 2.2 National engagement in research and access to patient samples

¹ The \$60 billion annual estimate is from Commission on a Global Health Risk Framework for the Future. *The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises*. Washington, DC: The National Academies Press, 2016; <http://nam.edu/GHFRreport>. The \$570 billion annual estimate is based on subjective valuation of health and is from Victoria Y. Fan, Dean Jamison, and Lawrence Summers: *The Inclusive Cost of Pandemic Influenza Risk*. NBER Working Paper 22137. National Bureau of Economic Research. March 2016.



- 2.3 Innovation and equitable access to drugs, vaccines, diagnostics and other technologies
- **Area 3: Assessing & Analyzing Risk**
 - 3.1 Analysis and assessment from a global perspective
 - 3.2 Analysis and assessment at the national level
- **Area 4: Functionality of the Global Community & Partnerships**
 - 4.1 WHO operational and institutional reform
 - 4.2 UN system action on and tracking of disaster risk reduction, climate change, and relevant SDGs
 - 4.3 Public-Private Partnerships

3. *Qualitative Assessment*

To complement the above measures and provide depth in the assessment, we will also conduct detailed qualitative inquiries in areas of interest, highlighting both successes and failures. For example, case studies may be drafted on countries that have completed a JEE assessment. Similarly, this process may be undertaken to highlight areas of technical innovation in the private sector and their relevance for pandemic preparedness and global health security. As many of the topics covered are difficult to quantify, this process should also shed light on how best to move forward with the collection and interpretation of indicators.

4. *Workshop Task*

Critical review of the recommendations, as summarized above, and how to transition them to meaningful indicators is needed to inform next steps for regional and global action. In particular, workshop participants will reflect upon the trade-offs made to select the indicators in the three content areas, keeping in mind that fewer indicators are far more effective for communications and policy-level advocacy than more comprehensive sets. In selecting the proposed indications, we sought that they be, as much as possible, SMART: specific, measurable, achievable and attributable, relevant and time-bound. Participants will also review any drawbacks that come with the choices made.

Please keep the following questions in mind as you review this document. This document will serve as the foundation for the upcoming workshop:

- What are we missing?
- How useful are the listed metrics? To what extent are they capturing what should be captured?
- What are the significant barriers to collecting any of the mentioned data?
- To what extent are the solutions to the issues posed already identified or efforts underway? How might these efforts inform the metrics at hand?
- How do these areas align, or not, with our ability to assess and communicate risk?

You will notice that some of the fields remain empty, such as Data Source/Feasibility column. Please feel free to populate this field with any suggestions you may have prior to the meeting. Please send any feedback or comments that you have to **Ayano Ogawa**:

VOgawa@nas.edu. You can edit the document directly or send a summary of high-level feedback in the text of your email. Thank you!

Indicator Area 1: Strengthening Public Health as Foundation (Veterinary and Human)

a. Building national core capacities to detect, prevent and respond to outbreaks

The importance of building national core capacities to detect, prevent and respond to outbreaks in all countries has been universally recognized. Half of all countries could have core public-health capacities by 2030; subsequently all countries could have such capacities by 2050. The efforts to reach these goals are feasible and low-cost. They include adequate external resourcing of technical expertise for periodic JEE and PVS missions and follow-up. Many low- and middle income countries will further require technical and financial resources to prepare investment plans based on these assessments. The plans would cover training of personnel, building, and maintaining these capacities. Implementation of the plans will require financing and further technical assistance. Proposals include a Global Strategic Plan for building core capacities, increased bilateral and multilateral donor financing for core capacities, and increased attention to IHR core capacities as a pre-requisite for achieving universal health coverage efficiently. Domestic and donor financing will be required for reducing the vulnerability of health systems by reducing their exposure to disease outbreak shocks, and improving infection prevention and control; these approaches serve to promote health-system strengthening at the least cost.

b. Independent or external assessment of national core capacities

A robust system is clearly needed for assessing country-level core capacities because the performance of core public-health systems in one country affects other countries in the region and globally. The previous system relied on self-reporting, which was neither effective nor appropriate. The current hybrid approach includes a peer assessment (as was piloted by the Global Health Security Agenda tool) as well as an external expert assessment, or “joint” external evaluation using the WHO’s Joint External Evaluation Tool, the JEE. The JEE is carried out by the country and an external evaluation team. The report of the JEE is publicly disclosed soon after the JEE, to inform preparation of investment plans and other measures to improve core capacities.

c. Incentives for early reporting of outbreaks by countries

The case has been made repeatedly that governments need incentives to promptly and fully report infectious disease outbreaks with cross-boundary potential to OIE (for zoonoses and other animal diseases) and to WHO (for public-health events specified in the IHR). Truthful and complete communications to the public is critical. Currently, governments may face significant disincentives for early reporting due to the risk of social, economic and political upheaval. This risk is, however, aggravated by untruthful official statements and poor preparedness of the government, especially for crisis communications. Incentives could be political or economic. A fully-funded and operational WHO Contingency Fund would signal to countries the availability of rapid technical and/or financial support. Measures to speed the availability of emergency financing, from the World Bank and others, could serve as incentives for early reporting if they are well communicated to all countries in advance. The IHR also provide that trade and travel restrictions enacted against countries directly affected by outbreaks should be limited, and based on science and public health principles. Similar provisions guide trade-restriction responses to animal disease outbreaks. Trade and travel restrictions can isolate and economically punish countries, and may also further discourage reporting of outbreaks.

	Name	Definition	Indicator Type	Data Source / Feasibility
A & B. Core Capacities & External Assessment				
	1. External Assessment Through JEE	NUMERATOR: Countries ² that have successfully undergone a JEE assessment and publicly disclosed the findings of that assessment DENOMINATOR: All UN member countries	Routine monitoring	JEE Alliance, Country-level websites & Norwegian secretariat
	2. Evaluation of the	NUMERATOR: All countries that have successfully undergone a	Routine monitoring	OIE, Country-level

² “Country” refers to UN-member states. The requirement of IHR compliance applies to all WHO member countries. In practice, the differences between lists of members of the UN, WHO, and OIE are not material to the monitoring. The most comprehensive list is relevant since weak core public health capacity anywhere, regardless of formal status, will reduce health and economic security for the rest of the world.

Sample Pandemic Preparedness Metrics for consideration at the NAM Workshop

Draft: Liana Woskie 4/06, content from Shana Yansen, Olga Jonas, Rebecca Katz & Peter Sands

Performance of Veterinary Services (PVS)	PVS assessment and publicly disclosed the findings of that assessment DENOMINATOR: All UN-member countries	<i>Note: This is currently done by OIE</i>	websites, etc.
3A. National “Action Plan” resulting from JEE	NUMERATOR: Number of countries with national plan (which includes all defined attributes) completed & owned by government within two years of JEE report DENOMINATOR: All states that have successfully undergone a JEE assessment and disclosed the findings of that assessment	Routine monitoring (can also monitor months elapsed between report & plan) <i>Note: Country plan process now owned by WHO. Need definition of “national plan” with key attributes (e.g. costing tool, funding needs, sustainability, etc.). Need definition of ownership (e.g. being substantially incorporated in country’s plan & budget)</i>	Country-level websites, ministry of health contacts, funders, etc.
3B. Measures from PVS incorporated in Action Plan	NUMERATOR: Number of countries with substantial measures in the national plan (which includes all defined attributes) DENOMINATOR: All countries that have successfully undergone a PVS assessment and disclosed the findings of that assessment		
4A. Domestic financing for “JEE-based action plan” is committed in approved national budget	NUMERATOR: All countries that have successfully undergone a JEE assessment & have domestic financing in approved budget for some JEE-identified gaps DENOMINATOR: All LMIC that have successfully undergone a JEE assessment and disclosed the findings	Routine monitoring <i>Note: Need ability to assess if funding is specifically meant to address gaps exposed by JEE (e.g. will this include broadly categorized “systems strengthening” funding, or only funding targeted specifically at JEE indicators). Also track delay between plan completed with all attributes and time when financing is mostly in hand (i.e. external commitments and internal approved budget) so implementation can start.</i>	
4B. Domestic financing for “PVS-based action plan” is committed in approved national budget	NUMERATOR: All countries that have successfully undergone a PVS assessment & have domestic financing in approved budget for some PVS-identified gaps DENOMINATOR: All LMIC that have successfully undergone a JEE assessment and disclosed the findings		
5A. External financing committed for “Action Plan” from JEE	NUMERATOR: All countries that have successfully undergone a JEE assessment & have obtained financing to address key gaps in performance DENOMINATOR: All UN-recognized countries that have successfully undergone a JEE assessment and published the findings of that assessment & are also categorized as LMIC by the World Bank	Routine monitoring <i>Note: intentionally not limited to aid also want to include domestic \$ Obtain external financing from donors (with help of the JEE Alliance?)</i>	<i>Difficult to find this info</i>
5B. Annual financing (JEE & PVS)	In process: Commitments and disbursements, annual, \$ separate of grants, loans, domestic	Routine monitoring	

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			<i>Note: Need categorization of financing Could engage OECD to improve their collection of external financing (DAC) by having a separate category for core public health functions or IHR capacities</i>	
	6. Burden sharing	NUMERATOR: financing from top 10 bilateral and private donors DENOMINATOR: financing from all external sources	Routine monitoring	
C. Outbreak Reporting				
	1. Financial Incentives Allocated	NUMERATOR: All countries with confirmed PHEIC that have obtained financial and other resources to promptly and adequately respond to outbreaks (including disease control measures and mitigation of impacts) DENOMINATOR: All countries announcing PHEIC to WHO	Routine monitoring <i>Note: Rare. Worth tracking routinely?</i>	
	2. Financial Incentives System	In process: Shortfall in the WHO contingency fund, relative to the \$100m target amount.	Binary <i>Note: e.g. existence and operational readiness of the emergency health workers (in WHO, in regions). Need clarification of World Bank modalities to finance emergency responses to outbreaks</i>	
	3. WHO/ UN Accountability	WHO & UN to release statement against the imposition of unjustified restrictions in the case of a PHEIC	Binary	WHO
	4. Industry Standards	World Trade Organization, Civil Aviation etc. development of standards & enforcement mechanisms for trade & travel restrictions	Binary	WTO, Civil Aviation Site, etc.

SUGGESTION: Above indicators would benefit from country-level case studies, specifically for items such as the “national plan” and “financing type” in which categorization is not yet fully defined.

Additional Items not Covered Above

- NAM Report Suggestion:
 - IHR included as a health SDG indicator (this has been done, but as “a target,” just as UHC is “a target”)
- Community Engagement:
 - Trust, cooperation and mobilization of local communities was recognized across reports as critical for outbreak response. Weak community engagement impeded efforts to control Ebola, while strong community engagement could slow or break chains of transmission. Suggestions to ensure improved community engagement in future outbreak responses include: recognition of community engagement as a central strategy for outbreak control, investing in anthropological and other social science research, establishing channels for sharing knowledge on effective engagement strategies within and between countries.

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Indicator Area 2: Knowledge, Data-sharing & Health Technology R&D

a. Rapid sharing of epidemiological, clinical and genomic sequencing data

Rapid sharing of epidemiological, clinical, genomic sequencing, and other scientific data within and between countries is key to understanding, tracking, and controlling disease outbreaks. However, arrangements for sharing such data were weak or non-existent during the Ebola outbreak. Suggestions to address this issue include: creation of dedicated online information platforms for epidemiological data within and between countries, requirements in research grants to share data, changing publication policies of journals to encourage early sharing of research, and changing norms among scientists to encourage early sharing of research. WHO has convened several multistakeholder gatherings on these issues, and the International Committee of Medical Journal Editors has changed its policies so that early publication of research findings will not prevent journal publication.

b. National engagement in research and access to patient samples

It has been recognized that the national scientific community and government authorities in directly-affected countries must be involved in carrying out research on outbreaks. One area where this was problematic during Ebola was the collection, management and sharing of patient samples, which was sometimes done without the knowledge or permission of patients or governments of countries in which they were collected. Access to samples is important for understanding the pathogen causing an outbreak and for developing effective diagnostics, drugs or vaccines. Suggestions to address these issues include: investing in local research capacity and national biobanks, measures to engage local researchers and communities in research during outbreaks, national policies to manage the collection and sharing of biomedical samples, broadening the WHO Pandemic Influenza Preparedness Framework to include other pathogens in its sample/benefit-sharing system, or expansions based on Nagoya Protocol of the CBD. WHO and MSF have been working to create a virtual biobank for existing Ebola samples, which are being held by various labs worldwide.

c. Innovation and equitable access to drugs, vaccines, diagnostics and other technologies

The challenge of ensuring adequate R&D for drugs, vaccines and diagnostics for pathogens of epidemic potential has now been widely recognized. Deciding who should receive priority access to health technologies in short supply, such as experimental therapies during the Ebola outbreak, is a difficult question that has not been resolved. The reports broadly agreed that public R&D funding was necessary to invest in pathogens with pandemic potential. WHO presented an R&D Blueprint at the 2016 World Health Assembly to guide the international community in doing so, and efforts are underway to create an international R&D fund for this purpose. However, there is no global agreement on which countries, populations or individuals should get priority access to drugs, vaccines or diagnostics during outbreaks.

	Name	Definition	Indicator Type	Data / Feasibility
A. Data Sharing				
	1. Global Standards	<p>NUMERATOR: All diseases IDed as high risk on the WHO Blueprint and ProMed that have PIP-like sharing standards</p> <p>DENOMINATOR: All diseases IDed as high risk on the WHO Blueprint and ProMed</p>	<p>Routine monitoring</p> <p><i>Note: An alternative is a cross-disease re-working of the PIP framework</i></p>	
	2. Open Data Platform	<p>NUMERATOR: All diseases IDed as high risk on the WHO Blueprint and ProMed that have an open data platform</p> <p>DENOMINATOR: All diseases IDed as high risk on the WHO Blueprint and ProMed</p>	Routine monitoring	
	3. Framework	Creation of a framework for the management and sharing of samples in the case of pandemic emergency (Y/N)	<p>Binary</p> <p><i>Note: This would be a global, non-disease specific, framework</i></p>	

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4. Technologies	New platforms?		
B. National Engagement & Access			
1. Permission	In process: System to request and provide permission of patients or governments of countries impacted by pandemic disease		
2. JEE Research Capacity	<p>NUMERATOR: All countries with score of 4 or 5 on the workforce development sub-section of the JEE</p> <p>DENOMONATOR: All countries that have successfully undergone a JEE assessment and disclosed the findings</p>	<i>Note: could make more specific, to focus on WHO Blueprint conditions</i>	
3. Research Training	<p>NUMERATOR: Existence of training pathway for pandemic disease readiness</p> <p>DENOMONATOR: All countries IDed as high risk through JEE (scores of lower than 4 or 5)</p>	<i>Note: need to outline attributes of core training for pandemic disease with JEE as well as pathway types (in-country, external training, etc.)</i>	
C. Innovation & Access to Drugs, Tech			
1. Expedite Phase I Trials	<p>NUMERATOR: Number of trials that proceed to phase I</p> <p>DENOMINATOR: Trials initiated for diseases IDed as high risk on the WHO Blueprint and ProMed</p>	<i>Note: can separate out by disease</i>	
2. Public Domain	Data and other information related to R&D made available in a public domain (?)		
3. Stockpile	<p>NUMERATOR:</p> <p>DENOMINATOR: All diseases IDed as high risk on the WHO Blueprint and ProMed</p>		
4. Pipeline			

Additional Items not Covered Above

- NAM Report Suggestion:
 - Pandemic Product Development Committee (PPDC) to mobilize, prioritize, allocate, and oversee R&D resources; answering to Technical Governing Board of WHO Centre
 - Data and other information related to R&D should be made available in a public domain to avoid duplicative costs and wasted effort
- WHO Interim Report Suggestion:
 - Affected communities and populations should have access to new medical products as soon as they become available
- UNSG Report Suggestion:
 - Establish & manage 1b R&D fund
 - WHO to help build manufacturing capacity in LMICs

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Area 3: Assessing & Analyzing Risk

A number of risk indexes have been developed both before and in the wake of the Ebola pandemic. This body of work will be an overarching category, focused on monitoring risk indexes that already exist, assessing new areas and communicating/reporting on risk. The focus of activities may include: 1.) How broader economic/social risk can increase vulnerability to disease (e.g. utilizing non-disease specific factors such as those identified in the Rand Corporation's Disease Vulnerability Index), 2.) How disease risk is, in turn, translated into broader economic/social risks (e.g. IMF Art IV), 3.) Identification of "hot spots" of concern, 3.) Communication of global, regional or local, risk across sectors, including to the public, policymakers, aid sectors and research communities. Ultimately, tracking and reporting of the other content areas will both inform and be informed by this crosscutting work. Existing projects, with whom we hope to work, include: the Disease Vulnerability Index (Rand Corporation), Spark Risk (Metabiota), the Global Biome, the Eco-health Alliance, the IMF, the Johns Hopkins' Center on Health Security and the Center for Global Health Science and Security at Georgetown University, among others.

Indicators for this category of work are currently in development and maybe categorized along the following:

- Analysis and assessment of risk from a global perspective
- Analysis and assessment of risk from the national level

Name	Definition	Indicator Type	Data / Feasibility
A. Global Risk			
Intrinsic risk: maps & indices	In process: Existence and quality of risk maps/indices (how many exist? How comprehensive/robust are they?)		
Intrinsic risk: dissemination & use	In process: dissemination and usage of risk maps/indices (usage in official sector (eg incorporation into Sendai), private sector, etc)		
Preparedness mapping: maps & indices	In process: existence and quality of preparedness maps/indices (how many exist? How comprehensive/robust are they?)		
Preparedness mapping: dissemination & use	In process: Dissemination and usage of preparedness maps/indices (usage in official sector, private sector, etc)		
Econ vulnerability: assessment tools	In process: Availability of economic assessment tools (what exists? How robust?)		
Econ vulnerability: tool deployment	In process: Incorporation/deployment of tools in official sector macroeconomic assessments (eg in IMF Art IV, WBG SSD)		
Econ vulnerability: tool deployment, private	In process: Incorporation/deployment of tools in private sector macroeconomic assessments (eg EIU, other economic reports)		
Econ vulnerability: market indicia	In process: Incorporation of economic vulnerability into market indicia (from market commentary)		
B. National Risk			
Intrinsic risk: risk assessment	In process: Existence and quality of national risk assessment by region/pathogen (P.1?)		
Intrinsic risk: preparedness assessment	In process: Existence and quality of national preparedness assessment (overall JEE result?)		
Intrinsic risk: preparedness assessment, national plan	In process: Integration of risk and preparedness assessment into national disaster response plans (R.1?)		
Econ vulnerability: assessment	In process: Existence and quality of economic vulnerability assessment (does one exist? How robust)		

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Econ vulnerability: assessment incorporation	In process: Incorporation/deployment of economic vulnerability assessment into official macroeconomic assessments and planning (evidence on inclusion/consideration?)		
Econ vulnerability: private sector	Engagement with private sector on economic vulnerability (e.g. through PSRT?)		

DRAFT

Indicator Area 4: Global Community WHO, UN & Private Sector

a. WHO operational & institutional reform

All reports emphasized strengthening WHO, with recommendations divided roughly into two categories: operational and institutional reform. Recommendations for *operational* reform focused on WHO's readiness to respond rapidly to outbreaks, including running operations on the ground, issuing technical and normative guidance, and convening and coordinating other actors. The reviews noted the need for WHO to bolster its operational capacity, develop an emergency culture and improve its ability to work with non-state actors such as humanitarian aid NGOs and private industry. WHO has created a new Emergency Programme intended to strengthen its overall operational capacity in health emergencies. Proposals for *institutional* reform addressed the organization in its entirety, looking beyond outbreak-related work. Recommendations included calls for a tighter focus on performing core functions; enhanced human resources at headquarters, regional and country offices; the creation of accountability mechanisms; more appropriate financing; and for strong leadership. A number of the reviews also strongly emphasized the importance of maintaining WHO's independence from the particular interests of any single Member State or other powerful interest.

b. UN system reform: operational & political

It has now been recognized that outbreaks can extend beyond the health sector to become humanitarian emergencies, requiring coordination between health and humanitarian aid organizations. Several of the reports suggested that existing entities for emergency coordination, namely the UN Inter-Agency Standing Committee (IASC) and the Office for the Coordination of Humanitarian Affairs (OCHA), should continue to perform these function (with WHO coordinating the health cluster). In some cases, outbreaks may expand beyond health or humanitarian crises, and become economic and political emergencies threatening the security of all countries. Many reports recommended systematic reforms to ensure greater high-level political attention to the threat of outbreaks in the UN system. Suggestions included: the creation of a high-level Global Health Council at the UN General Assembly, a Global Health Summit to be held in 2018, the creation of a special global health committee on the UN Security Council, an Accountability Commission on Outbreak preparedness and response, and the creation of a UN-wide Task Force. The UN Secretary-General has endorsed the creation of a one-year global health crisis Task Force with multistakeholder involvement, but has not endorsed creation of any other new body. The Secretary-General is also to be formally informed of the response to any "Grade 2 or 3" outbreak, and to emerging outbreaks by WHO.

c. Public Private Partnerships

	Name	Definition	Indicator Type	Data / Feasibility
A. WHO Operational & Institutional				
	1. WHO Flex Financing General	NUMERATOR: non-earmarked funds provided to WHO by member countries & non-members DENOMINATOR: total contributions to WHO	Routine monitoring	
	2. WHO Emergency Funds	NUMERATOR: \$ provided for emergency use DENOMINATOR: requested for emergency use (e.g. \$1.24b requested for ongoing emergencies)	Routine monitoring <i>Note: as of BMJ publication, this was at 41%</i>	
	3. Human Resources	Placeholder	Routine monitoring	
	4. Emergency Centre	Creation of an emergency centre to enhance WHO's operational capacity & ability to issue technical/ normative guidance & coordinate	Binary <i>Note: how to transition this to a routine indicator?</i>	
	5. Freedom of Information	Increase transparency & accountability through a freedom of information policy	Binary variable	

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6. Inspector General	Create an inspector general role; marshal more effective leadership	Binary	
B. UN Operational & Political			
1. Annual Report	Annual report on global health security to the secretary general of the UN or the GA	Binary (tracked annually)	
2. Accountability Commission		Binary	
C. Public Private Partnerships			
1. PSRT Membership	In process: Countries Who have joined the PSRT		
2. PSRT Output Tracking	In process: Outcome of PSRT working groups		
3. Company contribution to JEE	In process: Companies contributing to needs as identified through JEE & corresponding country reports		
4. CSR Leveraged for Pandemic Prep	In process		

Additional Items not Covered Above

- UNSG Report Suggestion:
 - Any ERF Grade 2 or 3 health crisis automatically triggers an interagency multi-sectorial assessment

**Meeting on Developing Metrics to Monitor
Global Health Security and Pandemic Preparedness
List of Resources**

1. *The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises*
Author: Commission on a Global Health Risk Framework for the Future (convened by NAM)
<https://nam.edu/wp-content/uploads/2016/01/Neglected-Dimension-of-Global-Security.pdf>
2. *Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola*
Author: Harvard-LSHTM Independent Panel on Ebola (Lancet Article)
http://globalhealth.harvard.edu/files/hghi/files/will_ebola_change_the_game_ten_essential_reforms_before_the_next_pandemic.pdf?m=1461703757
3. *Post-Ebola reforms: ample analysis, inadequate actions*
Author: Moon et al. (BMJ article)
<http://www.bmj.com/content/356/bmj.j280>

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>
CC: Alisa Pereira <apereira@usaid.gov>; Amalhin Shek <ashek@usaid.gov>; PREDICTMGT <predictmgt@usaid.gov>; Shana Gillette <sgillette@usaid.gov>; Tiffany D'mello <tdmello@usaid.gov>; predict@ucdavis.edu <predict@ucdavis.edu>
Sent: 6/7/2017 10:41:44 AM
Subject: [predict] Re: PREDICT 2017 semi-annual report

Hi David,

I haven't had a chance to look at it yet. Can I have an extension until tomorrow?

Thanks!

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 Jun 7, 2017, at 4:42 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew,

As discussed during last week's management team call we plan to post this report publicly today unless there are any objections.

Best,

David

On Tue, May 30, 2017 at 12:56 Andrew Clements <aclements@usaid.gov> wrote:
Perfect for entertaining party guests!

*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 May 30, 2017, at 9:39 PM, Alisa Pereira <apereira@usaid.gov> wrote:

Ha ha last time I had 50+ boxes at my house. Very glad Amalhin found an alternative this year. ;)

Sent from my iPhone

On May 30, 2017, at 3:23 PM, Andrew Clements <aclements@usaid.gov> wrote:

In the past, we've had things sent to a non-USAID address e.g. GHFP or Alisa's house.

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 May 30, 2017, at 7:08 PM, Shana Gillette <sgillette@usaid.gov> wrote:

Hi David,
I am looping in Amalhin. Usually it is problematic for us to receive packages because they need to be scanned, etc.
Best,
Shana

On Fri, May 26, 2017 at 5:53 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi again,

We are planning to have 10 copies of the report printed and will send them out to Washington. Just let me know your preferred address and we will get those in the mail ASAP.

Best,

David

On Fri, May 26, 2017 at 14:24 David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew, Alisa, and Shana,

Thanks again for the generous extension for our semi-annual report submission. With the extra time we were able to work with our teams at the global and country levels to redesign the report in a style we hope addresses the needs of our multiple audiences and stakeholders. This new report includes a graphic presentation of our M&E indicators and dashboards for all countries. Considerable effort went into this product thanks to the efforts and talent of all those working with the PREDICT consortium.

You can access the report at the link below (or by clicking the cover image). Thanks to the visuals, the file is too large to attach as a single PDF but I can send it in sections if preferred.

PREDICT 2017 Semiannual Report: www.2017sar.predict.global

We included an M&E section in the report (Section 2) along with an appendix of related M&E products (Section 6), but I am also attaching the M&E Excel file as requested by Tiffany for consolidation with data from our EPT-2 partners.

Please let us know if you have any questions or concerns.

Enjoy the holiday weekend,

David

<<http://www.2017sar.predict.global/>>

[image: Inline image 1] <<http://www.2017sar.predict.global/>>

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Sent from Gmail Mobile

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Shana Gillette, PhD

Senior Risk Mitigation Adviser

Emerging Threats Division

Office of Infectious Disease

Bureau for Global Health

U.S. Agency for International Development (USAID)

Office Phone: 202-712-1456

Work Mobile: 571-243-3424

Email: *sgillette@usaid.gov <sgillette@usaid.gov>*

--

Sent from Gmail Mobile

From: Andrew Clements <aclements@usaid.gov>
To: Tracey Goldstein <tgoldstein@ucdavis.edu>
CC: Alisa Pereira <apereira@usaid.gov>; Dennis Carroll <DCarroll@usaid.gov>; Jonna Mazet <jkmazet@ucdavis.edu>; Anthony, Simon J. <sja2127@cumc.columbia.edu>; PREDICT@ucdavis.edu <PREDICT@ucdavis.edu>
Sent: 6/12/2017 12:04:19 PM
Subject: Re: Global corona paper published in Virus Evolution

Thanks, Tracey. Congrats to all authors.

*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 8:30 PM, Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:

Dear Andrew, Alisa and Dennis,

Please see attached, good news our paper "Global patterns in coronavirus diversity" was published in Virus Evolution today.

Enjoy, Tracey

--

(530) 752-0412
(530) 752-3318
tgoldstein@ucdavis.edu

From: David J Wolking <djwolking@ucdavis.edu>
To: Amalhin Shek <ashek@usaid.gov>
CC: Andrew Clements <aclements@usaid.gov>; Shana Gillette <sgillette@usaid.gov>; David J Wolking <djwolking@ucdavis.edu>; Alisa Pereira Emerging Threats Division <apereira@usaid.gov>; PREDICTMGT <predictmgt@usaid.gov>; Tiffany D'mello <tdmello@usaid.gov>; predict@ucdavis.edu <predict@ucdavis.edu>
Sent: 6/26/2017 11:40:58 AM
Subject: [predict] Re: PREDICT 2017 semi-annual report

Hey Amalhin,

We shipped you some hard copies of the report today via FedEx. Here's the tracking number if you need it.

Tracking number: 8037 3392 7941

Best,

David

On Tue, May 30, 2017 at 12:35 PM, Amalhin Shek <ashek@usaid.gov> wrote:
Hi Folks, you can use the following--

MAIL DELIVERIES: Please ship all boxes via UPS, FedEx, DHL, or Airborne Express to the following address:

Amalhin Shek GH/ID/ETD, 3.06-056
1300 Pennsylvania Avenue, NW
Washington, DC 20004

Amalhin Shek | Budget & Communications
Emerging Threats Division, Office of Infectious Disease
USAID/Washington, Bureau for Global Health
Phone: 202-216-3541(o) 571-236-0989(c) | RRB-3.6.056
[Subscribe to our Newsletter!](#)

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Shana

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David

<<http://www.2017sar.predict.global/>>

[image: Inline image 1] <<http://www.2017sar.predict.global/>>

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Sent from Gmail Mobile

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Shana Gillette, PhD
Senior Risk Mitigation Adviser

Emerging Threats Division

Office of Infectious Disease
Bureau for Global Health

U.S. Agency for International Development (USAID)

Office Phone: 202-712-1456

Work Mobile: 571-243-3424

Email: *sgillette@usaid.gov <sgillette@usaid.gov>*

From: [REDACTED]
To: "William B. Karesh" <karesh@ecohealthalliance.org>
Cc: Predict inbox <predict@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>
Subject: RE: [predict] Project from South of Brazil
Sent: Wed, 5 Jul 2017 20:46:50 +0000

Hi Billy,

Thank you very much for sharing this.

Best,

[REDACTED]

[REDACTED]

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

From: William B. Karesh [mailto:karesh@ecohealthalliance.org]
Sent: Wednesday, July 05, 2017 1:12 PM
To: [REDACTED]
Subject: Fwd: [predict] Project from South of Brazil

Just to let you know they responded.

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.

Begin forwarded message:

From: "Aline Campos" [REDACTED]
Subject: Re: Re: [predict] Project from South of Brazil
Date: July 5, 2017 at 3:34:31 PM EDT
To: "William B. Karesh" <karesh@ecohealthalliance.org>

Reply-To: "Aline Campos"

REDACTED

Dear Dr. Karesh,

Thank you for taking the time to answer my email

I'm a big fan of your work at Predict. The results at Virus detection and discovery are really amazing

I deeply apologize for not writing clear. As a employee of a public department - State Secretary of Health, I'm not allowed to ask for funding.

Sorry if gave you this impression.

My intent, when I said a partnership, was only to share our data and maybe a colaborative work with the same kind of data and samples. In the way that comparative analysis could be a feasible.

I only reported our difficulties in a lack of funding because our results, sometimes, takes a extra time to be ready.

We are facing a deep crisis in Brazil, and our funding for research are very rare, but we are always aware for new opportunities and trying new sources trough the reseachers from LabVir - Laboratory of Virology from University of Rio Grande do Sul , where I'm also a colaborator. We hope to maintain our research, despite all the difficulties.

The Rabies is not our focus. The Rabies Control Program is the instrument that shares the precious samples of wild life animals that we use to analyse their virome.

Your message was very informative. We will analyse your database standard as a model and a comparative to our database

Thank you very much for introduced me the Global Virome Project. A great project to be a part of it! For sure I will be in contact with Dr Morel looking foward a possibility to colaborar with the project.

Sorry again for my misunderstood

Best Regards

Aline Campos

CRMV 1/5459

Programa Estadual de Controle e Profilaxia da Raiva

Divisão Vigilância Ambiental em Saúde - CEVS/RS

REDACTED

Em 26/06/2017 às 15:47 horas, karesh@ecohealthalliance.org escreveu:

Dear Dr. Campos,

Thank you for your email and interest. Your work sounds extremely interesting and valuable. Please allow me to respond in two parts:

1) Currently, the funding support for the PREDICT project from USAID limits the geographic scope of activities to countries in Asia and Africa. Therefore, we are not able to engage in collaborations under the PREDICT program in other countries. The project is also focused on novel pathogens and we have been asked by USAID not to work on endemic diseases such as rabies. But, it does appear that your efforts would allow for a broader range of studies since you are collecting a range of samples and collecting data that could be useful for additional pathogens. We are happy to share sampling and testing protocols that we have developed for a broader array of viral testing. Some of this information can be found on the PREDICT website that you have already seen, and additional information on the types of standardized data collection may be found at: <https://EIDITH.org> under the "Resources" tab. The laboratory testing protocols are not available on the website, but we can send them to you if you are interested.

2) As a small part of the PREDICT project, we are helping with a larger initiative to identify new viruses of wildlife that may have zoonotic or pandemic potential. This effort is called the Global Virome Project. the effort is still in early stages of development, but Brazil is taking a leadership role in the process. I am copying Dr. Carlos Morel from FIOCRUZ here, as he is on the leadership team for this program. This is something that you may wish to consider becoming involved with in the future.

Also, I am copying Dr. Marcela Uhart from Argentina here. Marcela has collaborated on many wildlife projects in Brazil and also works with the PREDICT project. I thought it might be good to introduce you in case there may opportunities for collaboration in other areas.

Thank you again for your interest in the work of the PREDICT project.

Billy

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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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.

From: predict-request@ucdavis.edu [<mailto:predict-request@ucdavis.edu>] **On Behalf Of** Aline Campos

Sent: Wednesday, June 14, 2017 6:29 AM

To: predict@ucdavis.edu

Subject: [predict] Project from South of Brazil

Dear Sir

We are a multidisciplinary group composed of academic and government professionals with different backgrounds (veterinarians, biologists, bioprocess engineer) and area of expertise (virology, epidemiology, animal behavior), aimed at monitoring and better understanding the eco-epidemiology of viral diseases of public health interest. These actions are regularly carried out in the *Program for the Rabies Control and Prevention of the State of Rio Grande do Sul*, South of Brazil.

The Program for the Rabies Control and Prevention of the State of Rio Grande do

Sul (PRCPRS) focuses on activities that, in addition to the monitoring itself, produces samples that may contribute to prevention, elucidation and control of other diseases and microorganisms of interest.

Because of the high complexity of the actions taken for the development of this program (Rabies Control), considering the need of vehicles over long distances - sometimes in places of difficult access, trained professionals, IPE and other materials – we think it would be worth to optimize these actions and share the obtained samples with other research groups. Thus, the research frontiers have been widened based on the routine search for rabies virus in wild animals in the South of Brazil. These new frontiers include the *Bats Monitoring Project*, the *Wildlife Road Killed Project* and the *Wild Primate Monitoring Project*. In addition to these projects, we receive wild animal samples which are part of the natural demand of samples brought by the local population.

In the *Bats Monitoring Project*, we travel through the whole State of Rio Grande do Sul performing the identification of different species of insectivorous, vampire, frugivorous and other bats (through washers) and collect samples (blood, feces, urine, oral swabs), in established colonies of bats (urban and wild). Dead or fallen animals found in these colonies are sent for rabies diagnosis (by immunofluorescence-IF) and other samples are used to perform the identification of their virome by Next Generation Sequencing.

In the *Wildlife Road Killed Project*, we collect tissue samples of different species of wild animals that are road killed in rural areas (carnivores, primates, herbivores), to perform rabies surveillance by IF. In addition, we started to collect and are try to get resources to perform the sequencing by NGS for the identification of other viruses of interest and to help elucidate the possible reservoirs involved in maintenance cycles of emerging diseases.

In the *Wild Primate Monitoring Project*, carried out with the support of the Brazilian environmental control agency - IBAMA, we collect blood samples from free living primates and from Wild Animals Collection Centers to perform serology for rabies. In addition, we also collect other biological samples (urine, feces and oral and anal swabs) in order to try to identify their virome by NGS (depending on resources) and other microorganisms that may be of public health interest.

The natural demand contemplates bat specimens found dead and other animals species involved in aggression to humans, or any other type of interaction that may represent risk, brought by the local population.

The inclusion of samples obtained through the active search, not only limiting the samples involved in aggression and brought by the population, means a considerable improvement in the monitoring and enables to obtain samples from healthy animals, which may play a main role in the maintenance cycle various diseases, as reservoirs. Such active search for reservoirs has been insufficiently executed because of the lack of financial resources

Our initiative is a collaborative action between the Rio Grande do Sul State Secretary of Health and the Federal University of Rio Grande do Sul - UFRGS, and involves actions covering several areas such as virology, molecular biology, microbiology, bioinformatics, modelling and eco-epidemiology of diseases. The main objective of this project is to improve projects and training in public health through the surveillance of infectious agents, sharing data and expertise between health professionals, students and scientists.

Given the research interests in PREDICT we would like to know more about your methods of research and, if it is in your interest, start a conversation about the possibility of a partnership.

We appreciate your time and consideration and look forward to hearing from you

Best Regards

Aline Campos

CRMV 1/5459

Programa Estadual de Controle e Profilaxia da Raiva

Divisão Vigilância Ambiental em Saúde - CEVS/RS

REDACTED

From: Elizabeth Leasure <ealeasure@ucdavis.edu>
To: Andrew Clements <aclements@usaid.gov>, David John Wolking <djwolking@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>
Cc: Amalhin Shek <ashek@usaid.gov>, "Pereira, Alisa (GH/HIDN)" <apereira@usaid.gov>, Shana Gillette <sgillette@usaid.gov>
Subject: RE: Urgent: additional information request on AID-OAA-A-14-00102 revision
Sent: Tue, 1 Aug 2017 14:34:20 +0000

Hi Andrew. The figure you're looking at includes cost share. If you look at L16 for the "USAID total," you will see the \$139,116,000 figure you're looking for.

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

From: Andrew Clements [mailto:aclements@usaid.gov]
Sent: Tuesday, August 01, 2017 7:22 AM
To: Elizabeth Leasure; David John Wolking; Jonna Mazet
Cc: Amalhin Shek; Pereira, Alisa (GH/HIDN); Shana Gillette
Subject: Urgent: additional information request on AID-OAA-A-14-00102 revision

Hi,

Was just looking through the revised budget and your total is 142,813,810 in the spreadsheet (first tab) which doesn't match the 139,116,000 in the letter from Patricia Bradley. The Ebola total appears correct, so it must be the core budget that's wonky.

We have a meeting at 12:00 EDT today to discuss the JRE and country caps. Any chance you can send me a quick response before then?

Thanks!

Andrew

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

From: Elizabeth Leasure <ealeasure@ucdavis.edu>
Date: Fri, Jul 28, 2017 at 11:46 PM
Subject: RE: AID-OAA-A-14-00102
To: Ryland Marbray <rmarbray@usaid.gov>
Cc: Patricia Bradley <pbradley@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, "predict@ucdavis.edu" <predict@ucdavis.edu>, Andrew Clements <aclements@usaid.gov>, Alisa Pereira <apereira@usaid.gov>

Hi Ryland. As discussed earlier today, please find attached a corrected version of the spreadsheet. There were a couple errors on the summary pages that have now been corrected, but none of the detailed budget information has changed from the version sent 7/24. Please let me know if you have any questions.

I'll follow up with you on Tuesday morning next week to touch base about my question regarding subaward and subcontract approvals through this process.

Thanks! Have a great weekend!
Liz

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

From: Elizabeth Leasure
Sent: Monday, July 24, 2017 1:08 PM
To: 'Ryland Marbray'
Cc: Patricia Bradley; Jonna Mazet; predict@ucdavis.edu; 'Andrew Clements'; 'Alisa Pereira'
Subject: RE: AID-OAA-A-14-00102

Hi Ryland. Please find attached the requested budget and accompanying narrative for the ceiling increase for the PREDICT-2 cooperative agreement. My apologies for the tardy submission. In an effort to make your review as simple as possible, please find below an explanation of how the budget workbook is setup. Please also note that the indirect cost rate documents you requested are included in the narrative document at the very end. As you work through these materials, please feel free to call or email any time if you need assistance or clarification. Thank you!

In the Excel workbook, you will find the following tabs (or worksheets):

1. Overall P2 CoAg Summary: This worksheet includes a comprehensive, detailed cost breakdown by fund type (Ebola/non-Ebola) and cost element, including actual costs for the period October 2014 through April 2017 and budgeted costs for May 2017 through September 2019.
2. Expenditures Oct 2014-Apr 2017: This worksheet includes a detailed cost breakdown by fund type (Ebola/non-Ebola) and cost element for actual costs only.
3. Ebola funds by Country: This worksheet includes a breakdown of actual (Oct '14 - Apr '17) and budgeted (May '17 - Sept '19) costs for Ebola funds broken down by country.
4. Y3 Summary, Y4 Summary, Y5 Summary: Each fiscal year has a summary worksheet in our standard format, which breaks costs out by fund type (Ebola, non-Ebola) and cost element and lists each of UC Davis's partner subawards. Y3 covers the period May – September 2017 only.
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Each budget worksheet includes a UC Davis section at the top. Partner subaward totals are reflected in the contractual section of the UC Davis budget, and the detailed breakdown of these costs can be found below the UC Davis budget on the country worksheet itself and on the Global tab (for the distributed Global costs). The detailed budget for the organization acting as "Global Lead" for a given country will include a line item just under indirect costs where the Global costs for that organization are distributed to the country budget (see the screen shot below).

83			
84	Total Supplies		
85	Total Direct Costs		
86	Indirect Costs		35.4
87	Indirect Costs on Contracts & Subagreements		35.4
88	EHA Global - see tab for details		
89	Total Costs		

Elizabeth Leasure
One Health Institute
University of California, Davis

REDACTED

From: Ryland Marbray [<mailto:rmarbray@usaid.gov>]
Sent: Thursday, May 18, 2017 2:10 PM
To: jmarzet@ucdavis.edu
Cc: Elizabeth Leasure; Patricia Bradley
Subject: AID-OAA-A-14-00102

Good Evening,

Attached below is a request letter proposing an increase in ceiling for the above subject line. Please review and provide the appropriate information by May 31, 2017.

Best Regards,

--

Ryland Marbray
Agreements/Contracting Officer

USAID Office of Acquisition & Assistance
M/OAA/E3
1300 Pennsylvania Ave., NW,
Rm. 567-B, SA-44
Washington, DC 20523

Email rmarbray@usaid.gov

--

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: Andrew Clements <aclements@usaid.gov>
Sent: Tue, 1 Aug 2017 16:35:52 +0200
Subject: Re: Urgent: additional information request on AID-OAA-A-14-00102 revision
To: Elizabeth Leasure <ealeasure@ucdavis.edu>
Cc: David John Wolking <djwolking@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, Amalhin Shek <ashek@usaid.gov>, "Pereira, Alisa (GH/HIDN)" <apereira@usaid.gov>, Shana Gillette <sgillette@usaid.gov>

Thanks. Just figured that out. Sorry for bugging you!

Have a good trip to Ghana.

On Tue, Aug 1, 2017 at 4:34 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Andrew. The figure you're looking at includes cost share. If you look at L16 for the "USAID total," you will see the \$139,116,000 figure you're looking for.

Elizabeth Leasure

One Health Institute

University of California, Davis

[530-754-9034](tel:530-754-9034) (office)

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Sent: Tuesday, August 01, 2017 7:22 AM
To: Elizabeth Leasure; David John Wolking; Jonna Mazet
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Thanks!

Andrew

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From: **Elizabeth Leasure** <ealeasure@ucdavis.edu>

Date: Fri, Jul 28, 2017 at 11:46 PM

Subject: RE: AID-OAA-A-14-00102

To: Ryland Marbray <rmarbray@usaid.gov>

Cc: Patricia Bradley <pbradley@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, "predict@ucdavis.edu" <predict@ucdavis.edu>, Andrew Clements <aclements@usaid.gov>, Alisa Pereira <apereira@usaid.gov>

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Liz

Elizabeth Leasure

One Health Institute

University of California, Davis

[530-754-9034](tel:530-754-9034) (office)

REDACTED (cell)

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Sent: Monday, July 24, 2017 1:08 PM

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Cc: Elizabeth Leasure; Patricia Bradley
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Good Evening,

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Best Regards,

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Ryland Marbray
Agreements/Contracting Officer

USAID Office of Acquisition & Assistance
M/OAA/E3
1300 Pennsylvania Ave., NW,
Rm. 567-B, SA-44
Washington, DC 20523

Email rmarbray@usaid.gov

--

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](tel: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>

--

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Senior Scientific Advisor

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E-mail: aclements@usaid.gov

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

From: Andrew Clements <aclements@usaid.gov>
To: Jonna Mazet <jkmazet@ucdavis.edu>; David J Wolking <djwolking@ucdavis.edu>
CC: Alisa Pereira <apereira@usaid.gov>; Shana Gillette <sgillette@usaid.gov>; Cara Chrisman <cchrisman@usaid.gov>; Amalhin Shek <ashek@usaid.gov>
Sent: 9/5/2017 4:18:30 AM
Subject: Additional thoughts for Sep 12 meeting

Hi Jonna and David,

Looking forward to seeing you next week. A few things to weave into discussions on the 12th.

Last week, I was with several of our EPT staff from Missions in Asia and heard that not all of them have been involved in work planning discussions and most were not aware of any lab results produced and presented to host governments. Sounds like there's a disconnect somewhere so let's talk about how to fix these. Would it be possible to use the data in EDITH to look at the number of results that have been presented to and approved by host governments for release?

In addition, I was told that the (I)deal work plan from Predict has not been shared with the Mission. Don't know if that is true or not, but, if so, we need to remedy that as well.

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*

From: Andrew Clements <aclements@usaid.gov>
Sent: Wed, 6 Sep 2017 09:00:01 +0200
To: David J Wolking <djwolking@ucdavis.edu>
Cc: Shana Gillette <sgillette@usaid.gov>, "Cara J. Chrisman" <cchrisman@usaid.gov>, "Chittenden, Kendra (Jakarta/Health)" <kchittenden@usaid.gov>, "Tiffany D'mello" <tdmello@usaid.gov>, Alisa Pereira Emerging Threats Division <apereira@usaid.gov>, "predict@ucdavis.edu" <predict@ucdavis.edu>
Subject: [predict] Re: Agenda for PREDICT semi-annual meeting in NYC (Sept. 12 2017)

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 Sep 5, 2017, at 10:35 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi there,
Please find attached an agenda for next week's meeting.

Best,

David

<PREDICT NYC Semi-annual meeting agenda (Sept 12 2017).pdf>

From: Andrew Clements <aclements@usaid.gov>
Sent: Mon, 18 Sep 2017 14:55:26 +0200
Subject: Fwd: INRB Tests Negative for Ebola
To: David J Wolking <djwolking@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>
Cc: predictmgt@usaid.gov

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
Email: aclements@usaid.gov*

Begin forwarded message:

From: Sarah Paige <spaige@usaid.gov>
Date: September 18, 2017 at 2:47:38 PM GMT+2
To: "GHSD Unit Mail List (USAID)" <ghsdunitmaillistusaid@usaid.gov>, "AFR SD Health Team Mail List (USAID)" <AFRSDHT@usaid.gov>
Subject: Fwd: INRB Tests Negative for Ebola

Dear Teams

I wanted to be sure you had this info regarding the suspected Ebola case in Bas-Uelele, DRC. Her rapid test was positive, but the National Ref Lab (INRB) ran diagnostics on 3 samples from the case and the results came back negative.

Best
Sarah

Sarah Paige, PhD, MPH
Senior Infectious Disease Advisor
USAID Africa Bureau/Health Division
Desk: +1-202-712-1814
Mobile: **REDACTED**
E-mail: spaige@usaid.gov

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

From: Bethany Haberer <bhaberer@usaid.gov>
Date: Mon, Sep 18, 2017 at 3:06 AM
Subject: INRB Tests Negative for Ebola
To: Christophe Tocco <ctocco@usaid.gov>
Cc: Izetta Simmons <isimmons@usaid.gov>, Jean-Felly Numbi <jnumbi@usaid.gov>, Kendra Schoenholz <kschoenholz@usaid.gov>, Shocklander <Shocklander@usaid.gov>, Carla Komich <ckomich@usaid.gov>, Agnieszka Sykes <asykes@usaid.gov>, KINSHASA AID HEALTH <kinshasahealth@usaid.gov>, Julie Wood <juliewood@usaid.gov>, "Ewetola, Raimi" <hcx6@cdc.gov>, "Ndjakani, Yassa Daniel (CDC/CGH/DGHP)" <xzt7@cdc.gov>, Lisa Kramer <lkramer@usaid.gov>, Sarah Paige <spaige@usaid.gov>

Good morning Christophe,
I believe you heard over the weekend, but I wanted to confirm that the Health Office received a report from the

INRB that the sample they tested for Ebola had negative results. The INRB performed three tests and all came back negative. We are now following up with partners for more information.

Thanks,
Bethany

Bethany Haberer
Health Office Deputy Director
USAID/Democratic Republic of Congo

REDACTED

On Thu, Sep 14, 2017 at 8:44 PM, Bethany Haberer <bhaberer@usaid.gov> wrote:

Hi Agnieszka, Carla, and Julie,

We received reports that a young girl with symptoms of a hemorrhagic fever tested positive for Ebola by rapid test in Likati, Bas-Uele province. This is the same area as the outbreak earlier this year.

According to the reports we've received and the attached Ebola notification form, the girl was seen at Azande health center on September 9, 2017. She was treated as an outpatient and released. She returned to the health facility on Monday, September 11, 2017 with blood in her urine and black stools (which indicates bleeding in the GI tract). She was immediately transferred to the Likati General Hospital (three km from the health center). We don't have details on how she transferred or whether an effort was made to prevent transmission during transport.

Upon the patient's arrival at the hospital, the attending physician (Dr. Grégoire Mumbere, who is also the Chief Doctor in the health zone) employed universal precautions and isolated the patient, then performed a rapid diagnostic test for Ebola, which was positive. A blood sample is now en route to INRB for confirmatory testing.

The patient died in the afternoon of September 13, 2017. Local Red Cross members are managing the secure burial.

Dr. Mumbere and his team are working to investigate the case and to identify the patient's contacts.

The information in this summary was shared with us by Boniface Mutombo Wa Mutombo (Chief of Party, MCSP) who spoke directly with Dr. Grégoire Mumbere and Dr. Musa Kiyele, Chief of the Bas-Uele DPS.

We will continue to provide updates as the situation evolves.

Thanks,
Bethany

Bethany Haberer
Health Office Deputy Director
USAID/Democratic Republic of Congo

REDACTED

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

From: **Lina Piripiri** <lpiripiri@usaid.gov>

Date: Thu, Sep 14, 2017 at 10:55 AM

Subject: Fwd: SUSPICION DE LA MVE ZS LIKATI

To: Bethany Haberer <bhaberer@usaid.gov>, Jean-Felly Numbi <jnumbi@usaid.gov>
Cc: Izetta Simmons <isimmons@usaid.gov>, Jessica Pettit <jpettit@usaid.gov>, KINSHASA AID HEALTH
<KINSHASAHEALTH@usaid.gov>

Hi

This is an update as of Thursday Sept 14, 2017, 10:45, based on a phone call conversation between Dr Boniface, MCSP COP and Dr Mumbere, the Likati MCZ

- the 10 year-girl passed away yesterday afternoon
- the burial is happening now with all security precautions
- investigations around all contacts will start soon after the burial
- attached 3 different notifications fiches (on the same case, not 3 cases)

Please note that last time the cases were notified in a very isolated area while now this is happening in the LIKATI city /town.

More to come

Lina

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

From: **Boniface Mutombo wa Mutombo** <**REDACTED**>
Date: 2017-09-14 9:56 GMT+01:00
Subject: Fwd: SUSPICION DE LA MVE ZS LIKATI
To: "Piripiri, Lina (KINSHASA/HEALTH)" <lpiripiri@usaid.gov>
Cc: Léon Katambayi <**REDACTED**>, Jocelyne Pemba Kibungu <**REDACTED**>, Bonny Kapongo Kaniane <**REDACTED**>

Bonjour Dr Lina

Je vous transfère sous ce pli le message du Dr Musa Kiyele, le médecin chef de division de la DPS du Bas-Uele relatif au cas suspect d'Ebola.

La fillette de 10 ans est décédée hier matin vers 14 heures. L'enterrement sécurisé a été prévu pour ce matin.

Nous continuons de chercher activement les informations autour de ce cas.

Boniface Mutombo Wa Mutombo, MD, MPH
Chief of Party, DRC

Maternal and Child Survival Program
USAID Grantee.

REDACTED

www.mcsprogram.org

[Facebook](#) | [Twitter](#) | [YouTube](#) | [Flickr](#)

From the American People

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

From: **Musa Kiyele** <**REDACTED**>
Date: 2017-09-14 9:32 GMT+01:00

Subject: Fwd: SUSPISCION DE LA MVE ZS LIKATI

To: **REDACTED** Boniface Mutombo wa Mutombo <**REDACTED**>

Cc: **REDACTED**

----- Message transféré -----

De : "Musa Kiyele" <**REDACTED**>

Date : 13 sept. 2017 09:41

Objet : SUSPISCION DE LA MVE ZS LIKATI

À : <**REDACTED**>

Cc : <**REDACTED**>

Bonjour Excellence

La ZS de Likati vient de notifier un cas suspect de la MVE. Le cas est positif au TDR.

L'échantillon a été prélevé et est en ce moment en route pour Kisangani.

En attache la Fiche d'investigation.

Dr Musa Kiyele

--

Bethany Haberer
Health Office Deputy Director
USAID/Democratic Republic of Congo

REDACTED

From: "William B. Karesh" <karesh@ecohealthalliance.org>
To: [REDACTED], Andrew Clements <AClements@usaid.gov>, "predict@ucdavis.edu" <predict@ucdavis.edu>, "Patrick Dawson" <dawson@ecohealthalliance.org>, "Emma (AGAH) Gardner" <[REDACTED]>, Ghazi Kayali <[REDACTED]>
Sent: Thu, 21 Sep 2017 09:45:34 +0000
Subject: [predict] Fwd: Travel Inquiry -- October

FYI.

Maria, I'm not sure if Dr Ghazi Kayali from Egypt is coming, but he could give the Predict presentation. Or either I or Patrick can do it.

Billy

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](#)

[+1.212.380.4463](#) (direct)
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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.

Begin forwarded message:

From: mohamed ali <[REDACTED]>
Date: September 21, 2017 at 10:47:46 AM GMT+2
To: "William B. Karesh" <karesh@ecohealthalliance.org>
Cc: Patrick Dawson <dawson@ecohealthalliance.org>, Ava Sullivan <sullivan@ecohealthalliance.org>, Molly Turner <turner@ecohealthalliance.org>, Ghazi Kayali <[REDACTED]>
Subject: Re: Travel Inquiry -- October
Reply-To: mohamed ali <[REDACTED]>

Dear Billy

I'm sorry I couldn't get the visa for Switzerland till now and tomorrow is a holiday in Egypt and also in the Embassy. They didn't accept the invitation of FAO and Predict so I sent to Rola Egloff at the WHO to send me an invitation and she did. This consumed the time and I have to cancel my flight and Hotel booking.
Sorry again and Best wishes.

Mohamed Ali

Prof. Dr. Mohamed Ahmed Ahmed Ali

National Research Centre

Director of Center of Scientific Excellence for Influenza Viruses



On Monday, September 11, 2017, 2:34:28 PM GMT+2, William B. Karesh <karesh@ecohealthalliance.org> wrote:

Yes, we can cover travel for Mohamed and will reimburse you.

BK

Sent from my iPhone

William B. Karesh, D.V.M

Executive Vice President for Health and Policy

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460 West 34th Street - 17th Floor

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On Sep 11, 2017, at 7:13 AM, Ghazi Kayali <**REDACTED**> wrote:

Hi Patrick,

In reference to the MERS meeting in Geneva, Mohamed received an invitation through the FAO indicating that if he attends, travel cost can be paid through PREDICT. Mohamed is interested in attending and I will be there as well (as a WHO consultant). Please advise whether Mohamed's travel can be charged to our PREDICT contract and what's the process for that, especially that we do not have international travel as a budget line.

Thanks

From: mohamed ali <**REDACTED**>

Sent: Monday, September 11, 2017 11:53 AM

To: Ghazi Kayali <**REDACTED**>

UCDUSR0011024

Subject: Fw: Re: Travel Inquiry -- October

Mohamed Ali

Prof. Dr. Mohamed Ahmed Ahmed Ali

National Research Centre

Director of Center of Scientific Excellence for Influenza Viruses

REDACTED

REDACTED

----- Forwarded Message -----

From: Patrick Dawson <dawson@ecohealthalliance.org>

To: mohamed ali <REDACTED>

Sent: Thursday, September 7, 2017, 4:58:57 AM GMT+2

Subject: Re: Travel Inquiry -- October

Thank you so much! On an unrelated note, did you receive your invitation to the FAO-OIE-WHO MERS-CoV meeting in Geneva as PREDICT? If you received your invitation to attend representing PREDICT, please let me know if you would like us to provide you with a letter for the visa or anything else.

Many thanks,

Patrick

On Sep 6, 2017, at 5:49 PM, mohamed ali <REDACTED> wrote:

Dear Patrick

The selected time is suitable for us and of course you will be welcome.

Regards

Mohamed Ali

Prof. Dr. Mohamed Ahmed Ahmed Ali

National Research Centre

Director of Center of Scientific Excellence for Influenza Viruses

REDACTED

REDACTED

On Wednesday, September 6, 2017, 8:23:49 PM GMT+2, Patrick Dawson
<dawson@ecohealthalliance.org> wrote:

Dear Mohamed and Ghazi,

Simon Anthony and I would like to visit you sometime in October if it is agreeable with your schedule. Simon would like to check-in about the PREDICT laboratory protocols and assess if any updates/additions to procedures are needed.

Would you have any availability for ~2 days between October 15th and October 26th?

Thank you so much!

Best regards,

Patrick

--

Patrick Dawson, MPH
Research Scientist and PREDICT Country Liaison

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

1.646.868.4712 (direct)
REDACTED (mobile)

UCDUSR0011026

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.

From: "William B. Karesh" <karesh@ecohealthalliance.org>
To: "Dr VAN KERKHOVE, Maria" <[REDACTED]>
Cc: Andrew Clements <AClements@usaid.gov>, "predict@ucdavis.edu" <predict@ucdavis.edu>, Patrick Dawson <dawson@ecohealthalliance.org>, "Ghazi Kayali" <[REDACTED]>, Sophie Von dobschuetz <[REDACTED]>, Ehab Abu-Basha <[REDACTED]>, mohamed ali <[REDACTED]>
Sent: Thu, 21 Sep 2017 10:01:24 +0000
Subject: [predict] Re: Travel Inquiry -- October

I'm in transit right now, but could you list Dr. Ehab Abu-Basha, myself and Patrick Dawson as the speakers. We will work together in the presentation and decide by Monday who will actually present it.

Thanks,

Billy

Sent from my iPhone
William B. Karesh, D.V.M
Executive Vice President for Health and Policy

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[460 West 34th Street - 17th Floor](#)
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On Sep 21, 2017, at 11:49 AM, Dr VAN KERKHOVE, Maria <[REDACTED]> wrote:

Dear Billy,

Dr Ghazi was invited but let us know yesterday that he was not able to obtain a visa in time to join the meeting. This is very unfortunate for us.

As you wish for the presentation,
Maria

From: William B. Karesh [<mailto:karesh@ecohealthalliance.org>]
Sent: 21 September 2017 11:46
To: Dr VAN KERKHOVE, Maria; Andrew Clements; predict@ucdavis.edu; Patrick Dawson; Emma (AGAH) Gardner; Ghazi Kayali
Subject: Fwd: Travel Inquiry -- October

FYI.

Maria, I'm not sure if Dr Ghazi Kayali from Egypt is coming, but he could give the Predict presentation. Or either I or Patrick can do it.

Billy

Sent from my iPhone

William B. Karesh, D.V.M

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Begin forwarded message:

From: mohamed ali <**REDACTED**>

Date: September 21, 2017 at 10:47:46 AM GMT+2

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

Cc: Patrick Dawson <dawson@ecohealthalliance.org>, Ava Sullivan <sullivan@ecohealthalliance.org>, Molly Turner <turner@ecohealthalliance.org>, Ghazi Kayali <**REDACTED**>

Subject: Re: Travel Inquiry -- October

Reply-To: mohamed ali <**REDACTED**>

Dear Billy

I'm sorry I couldn't get the visa for Switzerland till now and tomorrow is a holiday in Egypt and also in the Embassy. They didn't accept the invitation of FAO and Predict so I sent to Rola Egloff at the WHO to send me an invitation and she did. This consumed the time and I have to cancel my flight and Hotel booking.

Sorry again and Best wishes.

Mohamed Ali

Prof. Dr. Mohamed Ahmed Ahmed Ali

National Research Centre

Director of Center of Scientific Excellence for Influenza Viruses

REDACTED

UCDUSR0011029

REDACTED

On Monday, September 11, 2017, 2:34:28 PM GMT+2, William B. Karesh
<karesh@ecohealthalliance.org> wrote:

Yes, we can cover travel for Mohamed and will reimburse you.

BK

Sent from my iPhone

William B. Karesh, D.V.M
Executive Vice President for Health and Policy

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On Sep 11, 2017, at 7:13 AM, Ghazi Kayali <ghazi@human-link.org> wrote:

Hi Patrick,

In reference to the MERS meeting in Geneva, Mohamed received an invitation through the FAO indicating that if he attends, travel cost can be paid through PREDICT. Mohamed is interested in attending and I will be there as well (as a WHO consultant). Please advise whether Mohamed's travel can be charged to our PREDICT contract and what's the process for that, especially that we do not have international travel as a budget line.

Thanks

From: mohamed ali <**REDACTED**>

Sent: Monday, September 11, 2017 11:53 AM

To: Ghazi Kayali <**REDACTED**>

Subject: Fw: Re: Travel Inquiry -- October

Mohamed Ali

Prof. Dr. Mohamed Ahmed Ahmed Ali

National Research Centre

Director of Center of Scientific Excellence for Influenza Viruses

REDACTED

REDACTED

----- Forwarded Message -----

From: Patrick Dawson <dawson@ecohealthalliance.org>

To: mohamed ali <[REDACTED]>

Sent: Thursday, September 7, 2017, 4:58:57 AM GMT+2

Subject: Re: Travel Inquiry -- October

Thank you so much! On an unrelated note, did you receive your invitation to the FAO-OIE-WHO MERS-CoV meeting in Geneva as PREDICT? If you received your invitation to attend representing PREDICT, please let me know if you would like us to provide you with a letter for the visa or anything else.

Many thanks,

Patrick

On Sep 6, 2017, at 5:49 PM, mohamed ali <[REDACTED]> wrote:

Dear Patrick

The selected time is suitable for us and of course you will be welcome.

Regards

Mohamed Ali

Prof. Dr. Mohamed Ahmed Ahmed Ali

UCDUSR0011031

National Research Centre

Director of Center of Scientific Excellence for Influenza Viruses

REDACTED

REDACTED

On Wednesday, September 6, 2017, 8:23:49 PM GMT+2, Patrick Dawson
<dawson@ecohealthalliance.org> wrote:

Dear Mohamed and Ghazi,

Simon Anthony and I would like to visit you sometime in October if it is agreeable with your schedule. Simon would like to check-in about the PREDICT laboratory protocols and assess if any updates/additions to procedures are needed.

Would you have any availability for ~2 days between October 15th and October 26th?

Thank you so much!

Best regards,

Patrick

--

Patrick Dawson, MPH

Research Scientist and PREDICT Country Liaison

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1.646.868.4712 (direct)

REDACTED mobile)

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UCDUSR0011032

From: "William B. Karesh" <karesh@ecohealthalliance.org>
To: Mario Freddy Mondele <mmondele@usaid.gov>, "GeeEA@state.gov" <GeeEA@state.gov>
Cc: Amanda Andre <amanda.andre@ecohealthalliance.org>, Alice Latinne <latinne@ecohealthalliance.org>, Ava Sullivan <sullivan@ecohealthalliance.org>, Andrew Clements <AClements@usaid.gov>, Predict inbox <predict@ucdavis.edu>, **REDACTED**
REDACTED
Sent: Sat, 23 Sep 2017 17:00:20 +0000
Subject: [predict] Introducing future EHA staff member

Dear Mario and Beth,
I hope this finds you both doing well.

EcoHealth Alliance is hiring Dr. Anne Laudisoit, beginning November 30th, to serve in the role of Country Liaison for the PREDICT project for the Republic of Congo. She will be based in New York and traveling to RoC frequently.

Dr. Laudisoit has been living and working in DRC over the last ten years and teaches at the University of Kisingani as well as doing field research on infectious diseases (ebola, monekypox, etc.).

Dr. Laudisoit informed me that she will be visiting colleagues in Brazzaville on Monday, Sept 25th and I asked her to try to stop by the National Public Health Laboratory if she has time to meet some of the PREDICT team there. This is not a PREDICT project trip and we are not paying for Dr. Laudisoit's visit to RoC with USAID funds. But, I did want to take the opportunity of her travel to meet some of our colleagues in RoC.

We will arrange for a project visit as early as possible after her official start date and in the mean time, Dr. Laudisoit has kindly offered to be available for phone calls.

If you would like, we could set up a phone call with you for the week of October 2nd. Please let me know if there is a day of that week that might be best for you.

All the Best,

Billy

William B. Karesh, D.V.M
Executive Vice President for Health and Policy

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From: "William B. Karesh" <karesh@ecohealthalliance.org>
To: Jonna Mazet <jkmazet@ucdavis.edu>
Cc: Patrick Dawson <dawson@ecohealthalliance.org>
Subject: Fwd: USAID MERS investments
Sent: Thu, 28 Sep 2017 15:43:34 +0000

Dennis wants to pivot again. His takeaway from the meeting was that bats are not important for MERS human cases right now.

I tried to explain that we just have the work really up and running this year and given the short time remaining it might be best to demonstrate success rather than starting something new, as well as strengthen One Health approaches in the countries.
BK

Begin forwarded message:

From: Andrew Clements <aclements@usaid.gov>
Subject: USAID MERS investments
Date: September 28, 2017 at 10:30:52 AM EDT
To: "Dr Maria Van Kerkhove," <[REDACTED]>, William Karesh <Karesh@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>, "David J Wolking" <djwolking@ucdavis.edu>, "Subhash Morzaria (FAORAP)" <[REDACTED]>, Sophie VonDobschuetz <[REDACTED]>, "Ahmed Elldrissi (AGAH)" <[REDACTED]>
Cc: Lindsay Parish <lparish@usaid.gov>, Cara Chrisman <cchrisman@usaid.gov>, Dennis Carroll <dcarroll@usaid.gov>, Alisa Pereira <apereira@usaid.gov>, "Lisa Kramer (Nairobi/EA/RHH)" <lkramer@usaid.gov>, "Mirela (TCE) Hasibra" <[REDACTED]>

Hi all,

Following the MERS meeting in Geneva this week, it's clear that there is a lot more information available now than there was when we started our investments to address MERS back in 2014.

As a result, we like to have a small technical huddle of FAO, Predict, and WHO in the near future to see if there are any adjustments that are needed in our overall MERS strategy to better focus activities. The timing of this discussion would allow the new work plans (Oct 17-Sep 18) of the 3 partners to be tweaked if necessary.

We'll be in touch soon to set up a phone discussion.

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*

From: Andrew Clements <aclements@usaid.gov>
Sent: Wed, 4 Oct 2017 10:50:55 +0200
Subject: Re: USAID MERS investments
To: "Morzaria, Subhash (TCE)" <[REDACTED]>
Cc: "Dr VAN KERKHOVE, Maria" <[REDACTED]>, William Karesh <Karesh@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>, David J Wolking <djwolking@ucdavis.edu>, "VonDobschuetz, Sophie (AGAH)" <[REDACTED]>, "Elldrissi, Ahmed (SP5)" <[REDACTED]>, Lindsay Parish <lparish@usaid.gov>, Cara Chrisman <cchrisman@usaid.gov>, Dennis Carroll <dcarroll@usaid.gov>, Alisa Pereira <apereira@usaid.gov>, "Lisa Kramer (Nairobi/EA/RHH)" <lkramer@usaid.gov>, "Hasibra, Mirela (TCE)" <[REDACTED]>

Thanks, Subhash.

Can we tentatively plan for sometime between Oct 16 and 19? Does that work for Predict?

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 4, 2017, at 10:29 AM, Morzaria, Subhash (TCE) <[REDACTED]> wrote:

Dear Andrew/Maria,

Thanks for following up on this. I am available most of the time in the coming weeks except next week as I will be travelling to Liberia.

Best regards,

Subhash

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

Sent: Tuesday, October 03, 2017 9:00 PM

To: Dr VAN KERKHOVE, Maria <[REDACTED]>

Cc: William Karesh <Karesh@ecohealthalliance.org>; Jonna Mazet <jkmazet@ucdavis.edu>; David J Wolking <djwolking@ucdavis.edu>; Morzaria, Subhash (TCE) <[REDACTED]>; VonDobschuetz, Sophie (AGAH) <[REDACTED]>; Elldrissi, Ahmed (SP5) <[REDACTED]>; Lindsay Parish <lparish@usaid.gov>; Cara Chrisman <cchrisman@usaid.gov>; Dennis Carroll <dcarroll@usaid.gov>; Alisa Pereira <apereira@usaid.gov>; Lisa Kramer (Nairobi/EA/RHH) <lkramer@usaid.gov>; Hasibra, Mirela (TCE) <[REDACTED]>

Subject: Re: USAID MERS investments

Not yet. Please let me know if there is a time that is particularly good (or to be avoided) during the next few weeks.

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 3, 2017, at 6:53 PM, Dr VAN KERKHOVE, Maria <[REDACTED]> wrote:

Hi everyone – has this been scheduled?

Thanks,

Maria

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

Sent: 28 September 2017 16:31

To: Dr VAN KERKHOVE, Maria; William Karesh; Jonna Mazet; David J Wolking; Subhash Morzaria (FAORAP); Sophie VonDobschuetz; Ahmed ElIdrissi (AGAH)

Cc: Lindsay Parish; Cara Chrisman; Dennis Carroll; Alisa Pereira; Lisa Kramer (Nairobi/EA/RHH); Mirela (TCE) Hasibra

Subject: USAID MERS investments

Hi all,

Following the MERS meeting in Geneva this week, it's clear that there is a lot more information available now than there was when we started our investments to address MERS back in 2014.

As a result, we like to have a small technical huddle of FAO, Predict, and WHO in the near future to see if there are any adjustments that are needed in our overall MERS strategy to better focus activities. The timing of this discussion would allow the new work plans (Oct 17-Sep 18) of the 3 partners to be tweaked if necessary.

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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

From: Peter Daszak <daszak@ecohealthalliance.org>
To: "Dennis Carroll (DCarroll@usaid.gov)" <DCarroll@usaid.gov>
Cc: "Jonna Mazet (jkmazet@ucdavis.edu)" <jkmazet@ucdavis.edu>, Brooke Watson <watson@ecohealthalliance.org>
Subject: FW: Two attendees who need invites to the GVP meeting
Sent: Thu, 4 Jan 2018 19:03:08 +0000

Email with details below. Thanks for doing this and really pleased George delivered...

Cheers,

Peter

Peter Daszak
President

EcoHealth Alliance
460 West 34th Street – 17th 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: Peter Daszak
Sent: Wednesday, January 3, 2018 4:46 PM
To: jkmazet@ucdavis.edu
Cc: **REDACTED** kaleasure@ucdavis.edu; Brooke Watson; Hongying Li; George F Gao **REDACTED**
Subject: Two attendees who need invites to the GVP meeting
Importance: High

Happy New Year Jonna and **REDACTED**

The good news is that George Gao will be going to the PMAC meeting. I'm going to book his flight directly because I'm flying through Beijing and Hongying will be trying to get us on the same plane from Beijing to Bangkok so we can start our conversations.

However, apologies that I didn't email earlier, but the previous co-chair of the GVP Metadata Platform WG, Di (Dylan) Liu is moving to another institute and will be unable to continue in that capacity. George Gao recommended another scientist, Dr. Juncai Ma, to replace Dylan's position at the Metadata Platform WG, and attend the GVP side meeting at PMAC. He's the director of the World Data Center for Microorganisms (WDCM) at the Chinese Academy of Sciences. Dennis and I met him in Beijing in September where he presented their current work on the Global Catalogue of Microorganisms (GCM) and Global Sequencing for Type Strains, as well as some tentative ideas for the GVP data platform. He would be a perfect replacement.

In addition, George would like to bring the director of laboratory management from China CDC (Dr. Qiang Wei) to the meeting to help the project operations later, so I wanted to make sure an invitation can be extended to them for their travel approval and visa application as soon as possible. (Please copy Hongying Li li@ecohealthalliance.org, so she can help coordinate.)

There addresses are below. I know space is limited, but I do think it's really important to have a good turnout from China:

Dr. Juncai MA
Director, World Data Center for Microorganisms(WDCM)
Institute of Microbiology, Chinese Academy of Sciences

REDACTED

Dr. Wei Qiang
Professor/Director
Office of Laboratory Management

REDACTED

Let me know if you have any questions and thanks very much!

Cheers,

Peter

Peter Daszak
President

EcoHealth Alliance
460 West 34th Street – 17th 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.

To: "karesh@ecohealthalliance.org" <karesh@ecohealthalliance.org>, Catherine Machalaba <Machalaba@ecohealthalliance.org>, David J Wolking <djwolking@ucdavis.edu>
From: Amanda Fine <[REDACTED]>
Cc: "predict@ucdavis.edu" <PREDICT@ucdavis.edu>, Thuy Hoang <[REDACTED]> Churchill, Carolina" <[REDACTED]>
Sent: Fri, 19 Jan 2018 16:13:56 +0700
Subject: [predict] Fwd: Re: Further Advice on Collaboration for SEAOHUN Fellowship 2018
[Listinal](#)

Hello Billy, Catherine, and David,

As you will see from the e-mail chain below we have been contacted by SEAOHUN to put a fellowship with WCS/PREDICT Vietnam on the list for SEAOHUN's 2018 fellowship opportunities. In our earlier discussions with the SEAOHUN team the whole process was never absolutely clear but as I understand it now we will provide a couple paragraphs describing the PREDICT project in Vietnam and what the placement would involve and we would host up to one (we need to make that clear) fellow who applies and is awarded a fellowship at our WCS office in Hanoi. Our WCS country director, Ms. Thuy, and the PREDICT team here are all in favor of this. I just wanted to check in with you to make sure we do not need to do anything additional to get PREDICT permission to advertise this placement with SEAOHUN and then eventually host a fellow. I took a look at the links to PREDICT Indonesia's placement in the attached 2017 announcement and we would provide similar information though would replace the language about being TB free (that must be because the placement is at the Primate Institute) with information about being willing to go through PREDICT training and pass quizzes and provide documentation of rabies vaccination and/or titer.

SEAOHUN also asks about using the PREDICT and WCS logos, I assume they would be placed beside the description of the fellowship opportunity. Any additional permission we need for that beyond following the PREDICT branding guidelines for the placement of the logos associated with the description of the WCS/PREDICT Vietnam fellowship?

Thanks for any feedback on this.

Cheers,

Amanda

----- Forwarded Message -----

Subject: Re: Further Advice on Collaboration for SEAOHUN Fellowship 2018

Date: Fri, 19 Jan 2018 14:54:12 +0700

From: Jutamart Jattuchai <jutamart@seaohun.org>

To: Amanda Fine <[REDACTED]>

CC: Thuy Hoang <[REDACTED]>, Nguyen Nga <[REDACTED]>, Long Nguyen <[REDACTED]>, Vipat Kuruchittham <vipat@seaohun.org>, Ratsuda Poolsuk <ratsuda@seaohun.org>

Dear Amanda,

Thank you for your email. We have the separate document for host organization list with their brief working scope and fellowship requirements. Kindly send us the brief explanation of WCS/PREDICT's working scope, website link, and list of fellowship requirements, so that we can include it in the main list for you. If the list of requirement is lengthy, we will put it in separate sheet and insert as the accessible link under WCS/PREDICT. Otherwise, it can be incorporated in the content of WCS/PREDICT's working scope itself as you see appropriate. Attached is the example of last year list (only CIRAD and PREDICT Indonesia that have the links of fact sheet/ fellowship preference/ requirements inserted in the content). Please let us know if you have any questions or suggestions for this.

One more point, may we ask for your kind advice if it is possible to include WCS/PREDICT logos into our

announcement poster? If it is doable, could you please also provide us the good resolution logos (jpeg or png) and kindly advise on the branding requirement that you may have?

Thank you and best regards,
May

Jutamart Jattuchai (May), DVM
Project Officer
Southeast Asia One Health University Network
jutamart@seahun.org
Office: +6653 948105
Mobile: **REDACTED**
Skype: jjutamart

On Fri, Jan 19, 2018 at 1:45 PM, Amanda Fine <**REDACTED**> wrote:

Hello May,

Thank you very much for getting in touch. We look forward to being on the list of host organizations for the 2018 SEAOHUN fellowships. Would our list of preferences or requirements for the fellowship recruitment be published as part of the 2018 Fellowship overview? Would it be possible for you to send us your current draft text of the fellowship announcement so that we can add any requirements for the WCS/PREDICT Vietnam position? Your current text may cover everything adequately but it would be good if we can review how the fellowship opportunity at WCS in Vietnam will be presented before we receive the document in its final version.

Thank you,

Amanda

On 1/16/18 4:24 PM, Jutamart Jattuchai wrote:

Dear Amanda and team,
Happy New Year 2018 - wish you all a happy, successful, and healthy year!

We would like to once again thank you very much for your warm welcome on our collaboration for fellowship. In the preparation for the fellowship 2018, may we seek further for your kind advice on WCS/PREDICT Vietnam's kind support and collaboration in accommodating and mentoring one SEAOHUN fellow at the organization this year, particularly the list of preference or requirements that you may have for fellowship recruitment? For your kind information, main concept of SEAOHUN fellowship 2018 remains the same as 2017 (except for the host organizations) as shared in our previous conversation and summarized below:

- 1) Eligible applicants:** Master's Degree/ PhD students/ lecturers/ faculty members under age 40 from the fields of Public Health, medicine, nursing, veterinary medicine, epidemiology, laboratory sciences, environmental health and other related fields. Applicants must be citizens of SEAOHUN member and expansion countries; Thailand, Indonesia, Vietnam, Malaysia, Cambodia, Lao PDR, Myanmar, and Bangladesh. Applicants must have professional competency in spoken and written English. Priority will be given to transdisciplinary fellowships (i.e. a veterinarian wishing to fellowship with a human health organization).
- 2) Fellowship period:** at least 3 months and not longer than 5 months
- 3) Sponsorship support:** SEAOHUN will cover for the fellows's travel expense (including One return, economy class international air ticket, travel insurance and VISA fees if required) and monthly stipend

4) Other Host Organizations: Apart from WCS/ PREDICT Vietnam, there are other 7 host organizations in 2018, including FAO (RAP), OIE (SRR-SEA), CIRAD, ILRI, PREDICT Indonesia, Thai Coordinating Unit at Ministry of Public Health, and CU VET AMR (at faculty of veterinary science, Chulalongkorn University, Thailand)

We will send you the final version of Fellowship Overview once it is finalized. During this mean time, please feel free to let us know if you have any questions or recommendations/ requirements for the fellow at the WCS/ PREDICT Vietnam, so that we can take note and include it in the announcement when the application opens.

Thank you and best regards,

May

Jutamart Jattuchai (May), DVM

Project Officer

Southeast Asia One Health University Network

jutamart@seaohun.org

Office: +6653 948105

Mobile: **REDACTED**

Skype: jjutamart

On Fri, Oct 13, 2017 at 2:17 PM, Amanda Fine **REDACTED** wrote:

Dear SEAOHUN team,

I am sorry that I was away from Hanoi on the day of your meeting with WCS/PREDICT in Viet Nam, but I am very happy to hear that the meeting went well. Thank you for leaving behind the project materials and the gift too! I was able to browse through the materials today and will also hear more from Long, Nga, and Thuy shortly about the follow-up discussed.

All the best,

Amanda

On 10/12/17 12:21 AM, Jutamart Jattuchai wrote:

Dear Thuy, Nha, and Long,

Thank you so much for your warm hospitality and the information sharing with us. It was a refreshing and fruitful meeting which helped us gain the better understanding of WCS's and PREDICT's works, and explored on the possibility of the future collaboration, particularly on the fellowship program. We hope that we will be able to meet you all again and of course also with Amanda (hopefully one day!).

I have attached herewith the overview of SEAOHUN Fellowship Program and the host organizations in 2017 for your kind information and consideration. Kindly note that the budget, number of fellows, and timeline might be slightly different for the next year's program, but the overall concept will pretty much remain the same as this year's. We will keep you posted for any updates regarding the program. Please feel free to let us know if you have any questions or further suggestions during this mean time.

Once again, thank you very much and look forward to collaborating with you more in the near future.

Best regards,
SEAOHUN team

--

Jutamart Jattuchai (May), DVM

Project Officer

Southeast Asia One Health University Network

jutamart@seahun.org
Office: +6653 948105
Mobile: **REDACTED**
Skype: jjutamart

Click [here](#) to report this email as spam.

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Amanda E. Fine, VMD, PhD

REDACTED

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Amanda E. Fine, VMD, PhD

REDACTED

List of Host Organization for SEAOHUN Fellowship Placement 2017

1.) World Organization for Animal Health (OIE) Sub-Regional Representation for South-East Asia, Bangkok, Thailand:

OIE is the intergovernmental organization responsible for improving animal health worldwide. The main objectives of organization are to ensure transparency in the global animal disease situation; to collect, analyse and disseminate veterinary scientific information; to encourage international solidarity in the control of animal diseases; to safeguard world trade by publishing health standards for international trade in animals and animal products; to improve the legal framework and resources of national Veterinary Services; and to provide a better guarantee of food of animal origin and to promote animal welfare through a science-based approach.

Website: <http://www.oie.int/>

2.) International Livestock Research Institute (ILRI) East and Southeast Asia region, Hanoi, Vietnam:

The International Livestock Research Institute (ILRI) is one of 15 CGIAR research centres and is the only centre dedicated entirely to animal agriculture research for the developing world. The institute works through extensive partnership arrangements with research and development institutions in both the developed and developing parts of the world. ILRI's research and development agenda covers a range of areas from laboratory based biosciences to field based research. Topics include animal productivity (health, genetics and feeds), food safety and zoonoses, livestock systems and the environment, gender and livelihoods, and policy and markets. Capacity development is an important part of the institute's mandate and cuts across all its research and development areas. In East and Southeast Asia region, ILRI has a regional office in Hanoi and focuses its research on food safety and zoonosis, animal genetic diversity conservation and utilization, environmental impact of livestock, and livestock value chain, market and policy, One Health and Ecohealth.

Website: <https://www.ilri.org/>

3.) Agricultural Research for Development (CIRAD), Bangkok, Thailand:

CIRAD is the French agricultural research and international cooperation organization working for the sustainable development of tropical and Mediterranean regions. Its activities concern the life sciences, social sciences and engineering sciences, applied to agriculture, the environment and territorial management. Its work centres on six main topics: food security, climate change, natural resource management, reduction of inequalities and poverty alleviation. The fellowship will be organized under the GREASE platform hosted by Kasetsart University, Thailand.

GREASE is a regional platform in partnership (DP) that supports research activities for a better Management of Emerging Epidemic Risks in Southeast Asia. It responds to the challenge of emerging transboundary animal infections and zoonotic diseases by producing a theoretical and operational framework, in line with the "One Health" (OH) approach. Please check [Preference of qualification](#) for SEAOHUN Fellowship Opportunity with CIRAD.

Websites: <http://www.cirad.fr/en>
<http://www.grease-network.org/>

4.) PREDICT-2 Indonesia, Bogor and Jakarta, Indonesia:

PREDICT-2, a project of USAID's Emerging Pandemic Threats (EPT-2) program, focuses on detection and discovery of zoonotic diseases at the wildlife-human interface. Specific activities include: strengthening surveillance and laboratory capacities in order to monitor wildlife and people in contact with wildlife for novel pathogens that may pose a significant public health threat; characterizing human and ecological drivers of disease spillover from animals to people; strengthening and optimizing models for predicting disease emergence and using this information to improve surveillance; and supporting outbreak response when requested. In Indonesia, two institutions are involved as implementing partners: the Primate Research Center at Bogor Agricultural University (PRC-IPB) in Bogor, and the Eijkman Institute of Molecular Biology (EIMB), in Jakarta. Please click to check more detail on [PREDICT factsheet](#) and [Preference of qualification](#) for SEAOHUN Fellowship Opportunity with PROJECT.

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

5.) Food and Agriculture Organization of the United Nations Regional Office for Asia and the Pacific (FAORAP), Bangkok, Thailand:

FAO is an intergovernmental organization with 194 member nations, two associate members and one member organization, the European Union. FAORAP's vision is a food-secure Asia and the Pacific region. The Region perspectives and priorities cover the works related to food and nutrition security, agricultural productivity and sustainable natural resource management, resilience of livelihoods to threats and crises and governance. Its mission is to help member countries halve the number of undernourished people in the region by raising agricultural productivity and alleviating poverty while protecting the region's natural resources base. Through the field program, FAORAP provides technical assistance to countries in Asia and the Pacific in their fight against hunger by supporting the implementation of projects in food and nutrition security, promotion of family farming, guidance on animal and plant health and food safety, among others.

Website: <http://www.fao.org/asiapacific/en/>

6.) Thai Coordinating Unit for One Health (Thai CUOH), Department of Disease Control, Ministry of Public Health, Nonthaburi, Thailand:

Thai One Health Network is a nationally focused network dedicated to promoting improved health of people, livestock animals, wildlife, and environment. The mission of Thai One Health Network is the establishment of trust-based and sustainable collaborations through cross-sectoral and multidisciplinary training, education, research and public service. Thai Coordinating Unit for One Health (Thai CUOH) aims to encourage all related parties including government sector, private sector and state enterprises involving in emerging infectious diseases the collaborate and develop their surveillance system, prevention, treatment and controlling measures of the emerging infectious diseases.

During the fellowship placement with Thai CUOH, the fellow will also have the opportunity to work with Preparedness and Response (P&R) Project (one component of the U.S. Agency for International Development's [Emerging Pandemic Threats \(EPT 2\)](#) program), which has a dual mandate to help countries design and implement national preparedness and response plans for public health events of unknown etiology and to establish and strengthen National One Health Platforms. P&R's goal is to help address the practical issues confronting national governments as they strive to cope with the human, financial, and logistical constraints associated pandemic threats. The P&R project provides technical assistance and training services to build national and regional capacity in a sustainable manner.

Thai CUOH website: <http://thaionehealth.org/en/objective/>

P&R Website: <https://www.dai.com/our-work/projects/worldwide-preparedness-and-response-pr>

From: Andrew Clements <aclements@usaid.gov>
Sent: Tue, 30 Jan 2018 10:52:39 +0100
Subject: Ebola serology question
To: Tracey Goldstein <tgoldstein@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>

Hi Jonna and Tracey,

Is your serological assay able to pick up the new filovirus or do you need to adapt the assay to be able to detect it? If it is detectable, is it distinguishable from other commonly circulating filoviruses?

I'm curious whether anyone in affected countries would be interested in screening previously-collected sera for the new filovirus after March 2018.

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: Peter Daszak <daszak@ecohealthalliance.org>
To: Andrew Clements <aclements@usaid.gov>; Jonna Mazet <jkmazet@ucdavis.edu>; William B. Karesh <karesh@ecohealthalliance.org>; Dennis Carroll <dcarroll@usaid.gov>; Alisa Pereira <apereira@usaid.gov>; djwolking@ucdavis.edu <djwolking@ucdavis.edu>
Sent: 1/30/2018 2:46:05 AM
Subject: RE: Can Virus Hunters Stop The Next Pandemic Before it Happens?

I think part of the problem is that journalists fish for people with counter-opinions to create a dialog in a piece. It's a pretty good piece other than the couple of quotes near the end. We definitely talk about sampling on interfaces in our communications, but I guess we can be more focused on that. I do think some folks have a pre-set view of programs they aren't involved in and just don't tune into the message.

Cheers,

Peter

Peter Daszak
President

EcoHealth Alliance
460 West 34th Street – 17th 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 [mailto:aclements@usaid.gov]
Sent: Tuesday, January 30, 2018 4:35 AM
To: Jonna Mazet; William B. Karesh; Dennis Carroll; Peter Daszak; Alisa Pereira; djwolking@ucdavis.edu
Subject: Can Virus Hunters Stop The Next Pandemic Before it Happens?

Unfortunately, it appears that Tesh and Rosenberg think that Predict is randomly sampling animals for viruses as a way to find zoonoses.

Guess we need to do a better job communicating that the Predict animal surveillance is targeted where there is human contact and that human surveillance is also being conducted at the same sites to look for zoonoses.

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

<https://www.smithsonianmag.com/science-nature/how-to-stop-next-animal-borne-pandemic-180967908/>

From: Andrew Clements <aclements@usaid.gov>
Sent: Mon, 5 Feb 2018 23:33:29 -0800
Subject: Re: PREDICT International Travel Requests
To: Katherine Leasure <kaleasure@ucdavis.edu>
Cc: PREDICTMGT <predictmgt@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, Predict inbox <predict@ucdavis.edu>

Epstein, Francisco, Hagen travel approved.
Montecino travel approved subject to Mission concurrence.

*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 Feb 6, 2018, at 2:13 AM, Katherine Leasure <kaleasure@ucdavis.edu> wrote:

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

1. Epstein (United Kingdom): \$3,000 airfare/\$188 (London) max daily M&IE per diem
2. Francisco, Hagan (Canada): \$1050 airfare each/\$316 (Vancouver), \$239 (Other) max daily per diems
3. Montecino (Tanzania): \$2,100 airfare/\$309 (Dar es Salaam), \$197 (Morogoro) max daily per diems

Travel Requests –

1. EcoHealth Alliance would like to request travel approval for Jon Epstein to travel from New York, NY, USA to London, England, UK from February 28 to March 2, 2018 to consult with the World Health Organization for PREDICT.

Trip purpose: Dr. Epstein will travel to London, England, to meet with colleagues from the World Health Organization (WHO) to consult on a Nipah Virus Research and Development blueprint. **The World Health Organization (WHO) will cover Dr. Epstein's hotel accommodation.*

2. EcoHealth Alliance would like to request travel approval for Dr. Leilani Francisco and Emily Hagan to travel from New York, New York, to Nanaimo, Canada, from February 25-28, 2018, to work with Tammie O'Rourke and the EIDITH Information Management team to incorporate behavioral data into EIDITH.

Trip Purpose: In their roles as Global Director of Behavioral Risk Surveillance for PREDICT-2 and Behavioral Risk Research Coordinator, Dr. Francisco and Ms. Hagan will be working closely with Tammie O'Rourke and the EIDITH Information Management team to plan out and set-up behavioral data reporting structures in EIDITH so that country teams can have the tools to generate user-friendly visualizations and reports of their human behavioral data.

3. UC Davis would like to request travel approval for Dr. Diego Montecino to travel from Sacramento, CA, USA to Dar es Salaam, Tanzania from March 9-30, 2018 to continue to train the in-country team and assess quality of the ongoing bat census and guano collection, as well as bring supplies from the United States and organize for use over the next 5 months.

Trip purpose: Travel from March 23-30 will facilitate the year-round monthly guano sampling at the urban *Eidolon helvum* colony in Morogoro to assess longitudinal shedding of viruses in this trafficked urban environment. Supplies will be left ready for its use for the in-country team over the remaining 5 months. Moreover, Dr. Montecino will join and trouble-shoot the activities of March: guano collection with the team for 2-3 nights and the monthly census of the colony. About 200 specimens will be collected during the trip, while supplies transported and prepared will allow collection of 800 more between April 2018 and July 2018. **Dr. Montecino will travel to Tanzania from March 9-22 for personal travel. Transportation costs will not exceed that of roundtrip ticket for project activities.*

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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<https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/04c501d39ee7%24abccb530%2403661f90%24%40ucdavis.edu>.

From: "Valitutto, Marc" <ValituttoM@si.edu>
To: Ohnmar Aung <[REDACTED]>, Karen Cavanaugh <kcavanaugh@usaid.gov>
Cc: Nu Nu Khin <nnkhin@usaid.gov>, Htoo Aung Cho <hacho@usaid.gov>, "David Hadrill" <[REDACTED]>, "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, "jsouthfield@usaid.gov" <jsouthfield@usaid.gov>, Andrew Clements <AClements@usaid.gov>, "predict@ucdavis.edu" <predict@ucdavis.edu>, "Murray, Suzan" <MurrayS@si.edu>
Sent: Wed, 28 Feb 2018 11:43:26 +0000
Subject: [predict] Re: Note of meeting on testing animal samples

Dear Karen,

Thank you for summarizing and sharing these meeting minutes. I wanted to offer a bit more clarification beyond Dr. Ohnmar's helpful statements.

For wildlife, a total of about 4850 PCR tests will need to be analyzed/tested by MARCH 2019, whereas all physical sample collection in the field will need to be completed no later than SEPT2018. As Dr. Ohnmar has mentioned, LBVD has committed to run about 2400 to 3600 PCR tests based on their current staff (originally a contracted individual) and equipment capacity. We have outlined a work-plan with LBVD input for how they may achieve this goal with our original intent to get started with analysis/testing no later than MARCH 2018.

We are highly encouraged by your consideration for exploring a method of payment directly to LBVD and appreciate your acknowledgement of both our contracting restrictions and tight deadlines. Should there be a way for the Smithsonian to directly contract with LBVD as a supplier, in a sense, that would be our best option for moving forward. Of course, all contracting and payment methods will be evaluated first with our counterparts at PREDICT Global/ UC Davis.

Regards,
Marc Valitutto

From: Ohnmar Aung <[REDACTED]>
Date: Wednesday, February 28, 2018 at 1:26 PM
To: Karen Cavanaugh <kcavanaugh@usaid.gov>
Cc: Nu Nu Khin <nnkhin@usaid.gov>, Htoo Aung Cho <hacho@usaid.gov>, David Hadrill <[REDACTED]>, "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, "jsouthfield@usaid.gov" <jsouthfield@usaid.gov>, Andrew Clements <AClements@usaid.gov>, "Valitutto, Marc" <ValituttoM@si.edu>
Subject: Re: Note of meeting on testing animal samples

Dear Karen,

Thank you so much for your support and summary for this. I want to clarify that LBVD is estimated to absorb 2,400 tests - 3,600 test as maximum target based on their competency and familiarity of PREDICT lab protocol. After 2-3 months of starting lab analysis from now, they may speed up to 400 test per month targeting to achieve 3,600 tests.

As I already mentioned in the meeting, Dr Min Thein Maw agreed the unit price and payment mechanism of using sample receipt. We will inform PREDICT global about our discussion and seek recommendations.

Thank you again to all for your help.

Ohnmar

Dr Ohnmar Aung

Project Coordinator | PREDICT | Myanmar | [Global Health Program](#)

REDACTED

Smithsonian Conservation Biology Institute

National Zoological Park | 3001 Connecticut Avenue NW | Washington DC 20008

UCDUSR0011049

On Wed, Feb 28, 2018 at 1:40 PM, Karen Cavanaugh <kcavanaugh@usaid.gov> wrote:
Hi All,

Thank you for participating in our meeting today to discuss how to have PREDICT Smithsonian wildlife samples (and eventually FAO livestock samples) tested by September 2018.

Background

Smithsonian has drawn about 2400 Wildlife samples, turned them over to LVBD and provided LVBD with reagents, training and TA. LVBD has agreed to test the samples in its Yangon lab. LVBD and Smithsonian agree That the project should support LVBD's additional workload and costs in some way. They have agreed on a unit price that global and regional One Health experts have agreed is reasonable.

Smithsonian understands that they are prohibited from paying LVBD because of Burma special provisions.

USAID Burma will explore whether any impediment prevents this.

Meanwhile Smithsonian will agree with LVBD on a sample bill/receipt and seek agreement from UC Davis, the PREDICT prime.

If by March 15, after fully pursuing this option it is deemed not possible, FAO in Burma has offered to pursue negotiation of a Letter of Agreement with LVBD that would allow FAO to pay LVBD such a service charge.

Participants agree that time is of the essence as all samples must be tested by September 2018, 6 months from now.

Please reply with any clarifications on our discussion or next steps.

Thank you,
Karen

From: Htoo Aung Cho <hacho@usaid.gov>
Sent: Wed, 7 Mar 2018 13:22:13 +0630
To: "Valitutto, Marc" <ValituttoM@si.edu>, Andrew Clements <AClements@usaid.gov>
Cc: Ohnmar Aung <[REDACTED]>, Karen Cavanaugh <kcavanaugh@usaid.gov>, Nu Nu Khin <nnkhin@usaid.gov>, David Hadrill <[REDACTED]>, "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, "jsouthfield@usaid.gov" <jsouthfield@usaid.gov>, "predict@ucdavis.edu" <predict@ucdavis.edu>, "Murray, Suzan" <MurrayS@si.edu>
Subject: [predict] Re: Note of meeting on testing animal samples

Dear Marc,

Thanks for your email. We, country office fine with that option if AOR, AO, prime and PREDICT is agreed upon that.

Andrew, any comment?

Dr. Htoo Aung Cho
Project Management Specialist (Health)
Office of Public Health
USAID/Burma
Tel: (95-1) 536 509 Ext 4878
Cell: [REDACTED]

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On Wed, Feb 28, 2018 at 6:13 PM, Valitutto, Marc <ValituttoM@si.edu> wrote:

Dear Karen,

Thank you for summarizing and sharing these meeting minutes. I wanted to offer a bit more clarification beyond Dr. Ohnmar's helpful statements.

For wildlife, a total of about 4850 PCR tests will need to be analyzed/tested by MARCH 2019, whereas all physical sample collection in the field will need to be completed no later than SEPT2018. As Dr. Ohnmar has mentioned, LBVD has committed to run about 2400 to 3600 PCR tests based on their current staff (originally a contracted individual) and equipment capacity. We have outlined a work-plan with LBVD input for how they may achieve this goal with our original intent to get started with analysis/testing no later than MARCH 2018.

We are highly encouraged by your consideration for exploring a method of payment directly to LBVD and appreciate your acknowledgement of both our contracting restrictions and tight deadlines. Should there be a way for the Smithsonian to directly contract with LBVD as a supplier, in a sense, that would be our best option for moving forward. Of course, all contracting and payment methods will be evaluated first with our counterparts at PREDICT Global/ UC Davis.

Regards,

Marc Valitutto

From: Ohnmar Aung <[REDACTED]>
Date: Wednesday, February 28, 2018 at 1:26 PM
To: Karen Cavanaugh <kcavanaugh@usaid.gov>
Cc: Nu Nu Khin <nnkhin@usaid.gov>, Htoo Aung Cho <hacho@usaid.gov>, David Hadrill <[REDACTED]>, "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, "jsouthfield@usaid.gov" <jsouthfield@usaid.gov>, Andrew Clements <AClements@usaid.gov>, "Valitutto, Marc" <ValituttoM@si.edu>
Subject: Re: Note of meeting on testing animal samples

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As I already mentioned in the meeting, Dr Min Thein Maw agreed the unit price and payment mechanism of using sample receipt.

We will inform PREDICT global about our discussion and seek recommendations.

Thank you again to all for your help.

Ohnmar

Dr Ohnmar Aung

Project Coordinator | PREDICT | Myanmar | [Global Health Program](#)

REDACTED

Smithsonian Conservation Biology Institute

National Zoological Park | [3001 Connecticut Avenue NW](#) | Washington DC 20008

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Subject: Re: Note of meeting on testing animal samples
Sent: Wed, 7 Mar 2018 11:24:53 +0000

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To: "Valitutto, Marc" <ValituttoM@si.edu>, Andrew Clements <AClements@usaid.gov>
Cc: Ohnmar Aung [REDACTED] Karen Cavanaugh <kcavanaugh@usaid.gov>, Nu Nu Khin <nnkhin@usaid.gov>, David Hadrill [REDACTED] "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, "jsouthfield@usaid.gov" <jsouthfield@usaid.gov>, "predict@ucdavis.edu" <predict@ucdavis.edu>, "Murray, Suzan" <MurrayS@si.edu>
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UCDUSR0011055

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To: Htoo Aung Cho <hacho@usaid.gov>, Karen Cavanaugh <kcavanaugh@usaid.gov>
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[LBVD Technician contract assurance.pdf](#)

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School of Veterinary Medicine
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onehealthinstitute.net

For scheduling and logistical issues, please contact:

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Thank you,
Karen



17 January, 2018

CONTRACTING AGREEMENT

PREDICT Myanmar
Shin Saw Pu Rd, Ahlone Township
Yangon, Myanmar

The following outlines that which regards contract services for Dr. Wai Zin Thein to conduct sample analysis for the PREDICT Myanmar project from 1 March 2018 to 30 Sep 2018.

1. **CONTRACTEE:** A contract will be prepared directly between the Smithsonian Institution (SI) and Dr. Wai Zin Thein. Dr. Wai Zin Thein, a current Livestock Breeding and Veterinary Department (LBVD), Ministry of Agriculture, Livestock and Irrigation, senior scientist, has been formally trained in PREDICT laboratory protocols, including conventional PCR efficiency techniques, biosafety, PPE, and reporting. Dr. Wai will cease employment with LBVD for the duration of her contract with the Smithsonian.
2. **SALARY SOURCE:** Dr. Wai's salary will come directly from the SI and will not receive any payment from LBVD for the period she is contracted with SI.
3. **SALARY AMOUNT:** The salary of \$1400/month is consistent with other laboratory scientists at Dr. Wai's level and for work being performed. Dr. Wai will not be paid at a level higher than other laboratory scientists conducting similar work at LBVD.

Dr. Min Thein Maw
Deputy Director
Veterinary Assay Laboratory
Livestock Breeding and Veterinary Department
Yangon, Myanmar

Dr. Ohnmar Aung
Country Coordinator
PREDICT Myanmar
Yangon, Myanmar

Marc Valitutto, VMD
Country Liaison, PREDICT Myanmar
Wildlife Veterinary Medical Officer
Smithsonian's Global Health Program
Washington, DC, USA

Sent: Thu, 8 Mar 2018 22:34:51 -0800
Subject: Re: Note of meeting on testing animal samples
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Andrew Clements <aclements@usaid.gov>
Cc: Predict inbox <predict@ucdavis.edu>

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Let us know,

Jonna

On Thu, Mar 8, 2018 at 2:17 PM, Andrew Clements <aclements@usaid.gov> wrote:

I'm confused. Are you and Mark proposing the same thing? I didn't think so based on the SM call on Tuesday.

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](tel:1-571-345-4253)

Email: aclements@usaid.gov

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UCDUSR0011062

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To: Andrew Clements <aclements@usaid.gov>
Cc: Predict inbox <predict@ucdavis.edu>

Absolutely, what's good for you? I can call my Monday morning?

J

On Fri, Mar 9, 2018 at 11:01 AM, Andrew Clements <aclements@usaid.gov> wrote:

I'm still not getting the distinction between what you originally planned to do (and if it's still what you'd prefer to do) and what the mission is proposing.

Can we talk by phone next week sometime?

Thanks

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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](tel:1-571-345-4253)
Email: aclements@usaid.gov

On Mar 8, 2018, at 5:51 AM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Dear Htoo & Karen,

Thank you very much for your efforts.

I, too, am interested in your answer to Marc's question to evaluate our way forward. If you have more information, we would appreciate it.

We here at PREDICT HQ (UCD as Prime) have conferred with Andrew, our AOR, and believe that operating without a contract and paying LBVD without a legal agreement puts us at audit risk and potentially subverts the intention of language in our cooperative agreement which restricts us from entering into certain types of agreements without explicit approvals and consent from our AOR and AO. The process for said review and approvals of agreements is triggered by actually drafting and entering into a subcontract or subaward. Depending on scope and content, those reviews and approvals have been taking many months. Without review and approval of one of those (we understand approval would likely not to be given, considering restrictions on contracting with the Myanmar government), we believe that all risk will likely sit with us as the prime, as we could be perceived as trying to work around required reviews and approvals.

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Looking forward to your reply,

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[Jonna AK Mazet, DVM, MPVM, PhD](#)

Professor of Epidemiology & Disease Ecology
Executive Director, One Health Institute
Global Director, PREDICT Project of USAID Emerging Pandemic Threats Program

School of Veterinary Medicine
University of California
1089 Veterinary Medicine Drive
[Davis, CA 95616, USA](#)
[+1-530-752-3630](#)
[onehealthinstitute.net](#)

For scheduling and logistical issues, please contact:
Ms. Brooke Genovese
bgenovese@ucdavis.edu
[+1-530-752-3630](#)

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Thank you,

Marc

From: Htoo Aung Cho <hacho@usaid.gov>

Date: Wednesday, March 7, 2018 at 12:39 PM

To: "Valitutto, Marc" <ValituttoM@si.edu>, Andrew Clements <AClements@usaid.gov>

Cc: Ohnmar Aung <[REDACTED]>, Karen Cavanaugh <kcavanaugh@usaid.gov>, Nu Nu Khin <nnkhin@usaid.gov>, David Hadrill <[REDACTED]>, "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, "jsouthfield@usaid.gov" <jsouthfield@usaid.gov>, "predict@ucdavis.edu" <predict@ucdavis.edu>, "Murray, Suzan" <MurrayS@si.edu>

Subject: Re: Note of meeting on testing animal samples

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Andrew, any comment?

Dr. Htoo Aung Cho

Project Management Specialist (Health)

Office of Public Health

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Tel: (95-1) 536 509 Ext 4878

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Regards,

Marc Valitutto

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Date: Wednesday, February 28, 2018 at 1:26 PM

To: Karen Cavanaugh <kcavanaugh@usaid.gov>

Cc: Nu Nu Khin <nkhin@usaid.gov>, Htoo Aung Cho <hacho@usaid.gov>, David Hadrill

<[REDACTED]>, "Damrongwatanapokin, Sudarat"

<sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>,

"jsouthfield@usaid.gov" <jsouthfield@usaid.gov>, Andrew Clements

<AClements@usaid.gov>, "Valitutto, Marc" <ValituttoM@si.edu>

Subject: Re: Note of meeting on testing animal samples

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Thank you again to all for your help.

Ohnmar

Dr Ohnmar Aung

Project Coordinator | PREDICT | Myanmar | [Global Health Program](#)

UCDUSR0011070

REDACTED

Smithsonian Conservation Biology Institute

National Zoological Park | [3001 Connecticut Avenue NW](#) | [Washington DC 20008](#)

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Participants agree that time is of the essence as all samples must be tested by September 2018, 6 months from now.

Please reply with any clarifications on our discussion or next steps.

Thank you,
Karen

<LBVD Technician contract assurance.pdf>

Sent: Fri, 9 Mar 2018 17:03:08 -0800
Subject: Re: Note of meeting on testing animal samples
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Andrew Clements <aclements@usaid.gov>

Sounds good -- have a nice rest of your birthday & weekend,
Jonna

On Fri, Mar 9, 2018 at 12:18 PM, Andrew Clements <aclements@usaid.gov> wrote:

How about 10:00 AM your time? I think the US goes to DST this weekend so that should be 6:00 PM CET.

Andrew P. Clements, Ph.D.
Senior Scientific Advisor
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Email: aclements@usaid.gov

On Mar 9, 2018, at 9:11 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Absolutely, what's good for you? I can call my Monday morning?
J

On Fri, Mar 9, 2018 at 11:01 AM, Andrew Clements <aclements@usaid.gov> wrote:

I'm still not getting the distinction between what you originally planned to do (and if it's still what you'd prefer to do) and what the mission is proposing.
Can we talk by phone next week sometime?

Thanks

Andrew P. Clements, Ph.D.
Senior Scientific Advisor
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U.S. Agency for International Development
Mobile phone: [1-571-345-4253](tel:1-571-345-4253)
Email: aclements@usaid.gov

On Mar 9, 2018, at 7:34 AM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Hi Andrew,
Marc isn't proposing anything. His preference is our previous discussed mechanism. The letter signed by LBVD addresses the specific concerns about how the technician is paid and confirms that there are no top-ups and that the salary of that technician is consistent with the other technicians in the lab -- all issues that the Mission raised as concerns about our proposed mechanism (fix) for the situation.
The Mission is proposing that instead we pay the LBVD (government of Myanmar) without any agreement. Marc is asking if there has been legal review and approval by AOR and AO for doing that (what the Mission is recommending) -- paying invoices without an agreement. UCD believes that those payments would put us at audit and compliance risk unless you in DC say that we can use such an unconventional mechanism. Not sure why we wouldn't be able to contract with LBVD, but we could just pay invoices without an agreement? If you and Ryland say that's okay and take on the compliance and audit risk, I guess we could do that.
Let us know,

Jonna

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UCDUSR0011073

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Project Coordinator | PREDICT | Myanmar | [Global Health Program](#)

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Thank you,
Karen

<LBVD Technician contract assurance.pdf>

From: Andrew Clements <aclements@usaid.gov>
To: Jonna Mazet <jkmazet@ucdavis.edu>
Sent: 3/13/2018 2:10:19 AM
Subject: Fwd: Note of meeting on testing animal samples

FYI

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

From: **Andrew Clements** <aclements@usaid.gov>
Date: Tue, Mar 13, 2018 at 10:09 AM
Subject: Re: Note of meeting on testing animal samples
To: Julie Southfield <jsouthfield@usaid.gov>
Cc: Karen Cavanaugh <kcavanaugh@usaid.gov>, Htoo Aung Cho <hacho@usaid.gov>, Nu Nu Khin <nnkhin@usaid.gov>, "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, Daniel Schar <dschar@usaid.gov>

Hi Julie,

I talked to the PREDICT/HQ COP (Jonna Mazet) yesterday. We discussed the five options (see below) that have been discussed since the beginning of the PREDICT engagement in Burma and the pros and cons of each.

1. testing costs for animal samples covered by FAO through its agreement with LBVD. **FAO has indicated this is not possible.**
2. testing animal samples in the human health lab that PREDICT is working with. **I was told that people in-country (I assume GoB) did not agree with this option.**
3. LBVD tests animal samples and later submits invoices to PREDICT without a agreement. **PREDICT is concerned it would be at risk since it could have costs later disallowed by USAID/W if there is no AO-approved agreement in place.**
4. PREDICT could use its existing sub-contract for a LBVD individual (the "secondment" arrangement you mentioned below) to test the animal samples. According to the letter previously shared (and re-attached here), PREDICT has verified that the salary proposed does not exceed that of other LBVD staff and (because this person's normal salary will be suspended during the contract) sharing of salary with other lab staff is unlikely. **This option can be rapidly executed if the Mission provides concurrence.**
5. PREDICT could enter into a new agreement with LBVD for testing the animal samples. As part of the recent ceiling increase for the PREDICT award, specific government institutions in PREDICT countries (including LBVD in Burma) were pre-approved for sub-awards by the AO, so PREDICT would not need to seek OAA approval (thus avoiding a lengthy review time). **However, PREDICT would need a clear signal from the Mission that a direct agreement with LBVD is legal/permissible.**

Please discuss these options with your colleagues at the Mission and let me know how you want to proceed. I'm available this week for a phone call to discuss further if that would be useful. As mentioned previously, there is some urgency associated with identifying a solution so that testing of the animal samples is not delayed.

Thanks!

Andrew

On Fri, Mar 9, 2018 at 8:06 PM, Andrew Clements <aclements@usaid.gov> wrote:
Thanks, Julie.

I'm going to have a phone call with Predict HQ next week to make sure I'm 100% clear on the situation.

Regarding sub-awards, I don't believe there's an issue getting one approved. The problem is the time it takes to get one approved. For other Predict countries it has been taking 2-3 months which adds a significant delay.

I'll write back next week after talking with Predict HQ.

Andrew

Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
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On Mar 9, 2018, at 9:39 AM, Julie Southfield <jsouthfield@usaid.gov> wrote:

Hello All:

Another point to add here is that we do not believe that the Burma Special Requirements in and of themselves prevent a sub-contracting relationship between Smithsonian and the Government of Burma. The Requirement says that the AO has to give approval. From a policy point of view, the Embassy's Assistance Working Group has already concurred on the sub-contracting approach. We do not currently provide any direct assistance to the Government as described in ADS 220 (we have not had the assessments conducted to allow us to do that), but ADS 302 sets out a way to perform sub-contracting in a way that isn't considered direct assistance.

That having been said, we remain concerned about how the relationship between the Government and Smithsonian would be arranged. The secondment arrangement that has been proposed (and continues to be an option) suggests paying a GOB employee on leave in excess of what we understand to be normal wages in LVBD to do sample tests. As we conveyed to PREDICT leadership in Bangkok in January, we heard informally from Smithsonian that the person being seconded would "share" her salary with all the other employees who are actually doing the tests. There is in fact some indication that sample testing has already started.

Thanks,
Julie

Julie A. Southfield
USAID/Burma
Resident Legal Officer
Office: (95-1) 536-509 ext. 4996
Mobile: **REDACTED**
Email: jsouthfield@usaid.gov

On Fri, Mar 9, 2018 at 8:42 AM, Karen Cavanaugh <kcavanaugh@usaid.gov> wrote:

Hi Andrew,

The mission realizes that finding an arrangement that meets the terms of PREDICT and the prime's agreement with its sub is in the hands of the AOR and AO so we defer to you for the solution. One idea that emerged here was to have the project purchase equipment for LVBD that would help them automate procedures they now must do manually if paying labor costs or service fees is not workable. I pass this on for your consideration in case it is helpful. We stand ready to help in any way you request as we are all committed to seeing this work succeed.

Best,
Karen

On Wed, Mar 7, 2018 at 5:31 PM, Andrew Clements <aclements@usaid.gov> wrote:
Hi Htoo,

I'm in Rome now and have an all-day meeting with FAO tomorrow and Friday. Next week is good for me.

I heard from Predict HQ yesterday that there was a proposed approach with LBVD in which receipts for testing costs would be reimbursed by Predict without an agreement between the two organizations. If that is what is being proposed below, I advised Predict not to put itself at risk for potentially having costs disallowed later on. All agreements with foreign government organizations have to be approved by the AO. (Note: I believe there is already an AO approved agreement with a lab in Burma.)

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 Mar 7, 2018, at 11:13 AM, Htoo Aung Cho <hacho@usaid.gov> wrote:

Dear Andrew,

We would like to set up a conference call and discuss with you for PREDICT on coming Friday, March 9, 2018 from 3 to 4 PM (Myanmar Time) if you are OK.
Please send us the call in information.

Thanks,

Dr. Htoo Aung Cho
Project Management Specialist (Health)
Office of Public Health
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Karen

1-571-345-4253
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>



17 January, 2018

CONTRACTING AGREEMENT

PREDICT Myanmar
Shin Saw Pu Rd, Ahlone Township
Yangon, Myanmar

The following outlines that which regards contract services for Dr. Wai Zin Thein to conduct sample analysis for the PREDICT Myanmar project from 1 March 2018 to 30 Sep 2018.

1. **CONTRACTEE:** A contract will be prepared directly between the Smithsonian Institution (SI) and Dr. Wai Zin Thein. Dr. Wai Zin Thein, a current Livestock Breeding and Veterinary Department (LBVD), Ministry of Agriculture, Livestock and Irrigation, senior scientist, has been formally trained in PREDICT laboratory protocols, including conventional PCR efficiency techniques, biosafety, PPE, and reporting. Dr. Wai will cease employment with LBVD for the duration of her contract with the Smithsonian.
2. **SALARY SOURCE:** Dr. Wai's salary will come directly from the SI and will not receive any payment from LBVD for the period she is contracted with SI.
3. **SALARY AMOUNT:** The salary of \$1400/month is consistent with other laboratory scientists at Dr. Wai's level and for work being performed. Dr. Wai will not be paid at a level higher than other laboratory scientists conducting similar work at LBVD.

Dr. Min Thein Maw
Deputy Director
Veterinary Assay Laboratory
Livestock Breeding and Veterinary Department
Yangon, Myanmar

Dr. Ohnmar Aung
Country Coordinator
PREDICT Myanmar
Yangon, Myanmar

Marc Valitutto, VMD
Country Liaison, PREDICT Myanmar
Wildlife Veterinary Medical Officer
Smithsonian's Global Health Program
Washington, DC, USA

From: Andrew Clements <aclements@usaid.gov>
Sent: Wed, 14 Mar 2018 18:28:00 +0100
Subject: Re: Note of meeting on testing animal samples
To: Jonna Mazet <jkmazet@ucdavis.edu>

thanks. i will go ahead and submit an amended version since i was sloppy with my language. don't want anyone to complain about it later.

On Wed, Mar 14, 2018 at 5:48 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Hi Andrew,

Liz gave me quick feedback on your email. I think there may have been some flipping of the confusing subaward vs. subcontract language.

Here are her comments for clarification, up to you if you feel that these details are substantive enough to be forwarded for the purpose of the requested input:

- For #4, we would utilize UCD's existing subaward (not subcontract) to Smithsonian, and SI would then establish the proposed independent contract with the LBVD lab tech. I believe this was your intention to describe the independent contract from SI.
- For #5, LBVD was budgeted in the ceiling increase as a subcontract to procure services, not a subaward, so we would be approved for a subcontract. A subaward would require additional AO approval and lengthy review time, but we do not believe that will be necessary for this mechanism for services.

Thanks again for your work on this touchy subject,
Jonna

On Tue, Mar 13, 2018 at 7:36 AM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Thanks,
Jonna

On Tue, Mar 13, 2018 at 2:10 AM, Andrew Clements <aclements@usaid.gov> wrote:

FYI

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

From: **Andrew Clements** <aclements@usaid.gov>

Date: Tue, Mar 13, 2018 at 10:09 AM

Subject: Re: Note of meeting on testing animal samples

To: Julie Southfield <jsouthfield@usaid.gov>

Cc: Karen Cavanaugh <kcavanaugh@usaid.gov>, Htoo Aung Cho <hacho@usaid.gov>, Nu Nu Khin <nnkhin@usaid.gov>, "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, Daniel Schar <dschar@usaid.gov>

Hi Julie,

I talked to the PREDICT/HQ COP (Jonna Mazet) yesterday. We discussed the five options (see below) that have been discussed since the beginning of the PREDICT engagement in Burma and the pros and cons of each.

1. testing costs for animal samples covered by FAO through its agreement with LBVD. **FAO has indicated this is not possible.**
2. testing animal samples in the human health lab that PREDICT is working with. **I was told that people in-country (I assume GoB) did not agree with this option.**
3. LBVD tests animal samples and later submits invoices to PREDICT without a agreement. **PREDICT is concerned it would be at risk since it could have costs later disallowed by USAID/W if there is no AO-approved agreement in place.**
4. PREDICT could use its existing sub-contract for a LBVD individual (the "secondment" arrangement you mentioned below) to test the animal samples. According to the letter previously shared (and re-attached here), PREDICT has verified that the salary proposed does not exceed that of other LBVD

staff and (because this person's normal salary will be suspended during the contract) sharing of salary with other lab staff is unlikely. **This option can be rapidly executed if the Mission provides concurrence.**

5. PREDICT could enter into a new agreement with LBVD for testing the animal samples. As part of the recent ceiling increase for the PREDICT award, specific government institutions in PREDICT countries (including LBVD in Burma) were pre-approved for sub-awards by the AO, so PREDICT would not need to seek OAA approval (thus avoiding a lengthy review time). **However, PREDICT would need a clear signal from the Mission that a direct agreement with LBVD is legal/permissible.**

Please discuss these options with your colleagues at the Mission and let me know how you want to proceed. I'm available this week for a phone call to discuss further if that would be useful. As mentioned previously, there is some urgency associated with identifying a solution so that testing of the animal samples is not delayed.

Thanks!

Andrew

On Fri, Mar 9, 2018 at 8:06 PM, Andrew Clements <aclements@usaid.gov> wrote:

Thanks, Julie.

I'm going to have a phone call with Predict HQ next week to make sure I'm 100% clear on the situation.

Regarding sub-awards, I don't believe there's an issue getting one approved. The problem is the time it takes to get one approved. For other Predict countries it has been taking 2-3 months which adds a significant delay.

I'll write back next week after talking with Predict HQ.

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](tel:1-571-345-4253)

Email: aclements@usaid.gov

On Mar 9, 2018, at 9:39 AM, Julie Southfield <jsouthfield@usaid.gov> wrote:

Hello All:

Another point to add here is that we do not believe that the Burma Special Requirements in and of themselves prevent a sub-contracting relationship between Smithsonian and the Government of Burma. The Requirement says that the AO has to give approval. From a policy point of view, the Embassy's Assistance Working Group has already concurred on the sub-contracting approach. We do not currently provide any direct assistance to the Government as described in ADS 220 (we have not had the assessments conducted to allow us to do that), but ADS 302 sets out a way to perform sub-contracting in a way that isn't considered direct assistance.

That having been said, we remain concerned about how the relationship between the Government and Smithsonian would be arranged. The secondment arrangement that has been proposed (and continues to be an option) suggests paying a GOB employee on leave in excess of what we understand to be normal wages in LVBD to do sample tests. As we conveyed to PREDICT leadership in Bangkok in January, we heard informally from Smithsonian that the person being seconded would "share" her salary with all the other employees who are actually doing the tests. There is in fact some indication that sample testing has already started.

Thanks,
Julie

Julie A. Southfield

USAID/Burma

Resident Legal Officer

Office: (95-1) 536-509 ext. 4996

Mobile: **REDACTED**

Email: jsouthfield@usaid.gov

On Fri, Mar 9, 2018 at 8:42 AM, Karen Cavanaugh <kcavanaugh@usaid.gov> wrote:

Hi Andrew,

The mission realizes that finding an arrangement that meets the terms of PREDICT and the prime's agreement with its sub is in the hands of the AOR and AO so we defer to you for the solution. One idea that emerged here was to have the project purchase equipment for LVBD that would help them automate procedures they now must do manually if paying labor costs or service fees is not workable. I pass this on for your consideration in case it is helpful. We stand ready to help in any way you request as we are all committed to seeing this work succeed.

Best,
Karen

On Wed, Mar 7, 2018 at 5:31 PM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Htoo,
I'm in Rome now and have an all-day meeting with FAO tomorrow and Friday. Next week is good for me.

I heard from Predict HQ yesterday that there was a proposed approach with LBVD in which receipts for testing costs would be reimbursed by Predict without an agreement between the two organizations. If that is what is being proposed below, I advised Predict not to put itself at risk for potentially having costs disallowed later on. All agreements with foreign government organizations have to be approved by the AO. (Note: I believe there is already an AO approved agreement with a lab in Burma.)

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](tel:1-571-345-4253)
Email: aclements@usaid.gov*

On Mar 7, 2018, at 11:13 AM, Htoo Aung Cho <hacho@usaid.gov> wrote:

Dear Andrew,
We would like to set up a conference call and discuss with you for PREDICT on coming Friday, March 9, 2018 from 3 to 4 PM (Myanmar Time) if you are OK.
Please send us the call in information.

Thanks,

Dr. Htoo Aung Cho
Project Management Specialist (Health)
Office of Public Health
USAID/Burma
Tel: [\(95-1\) 536 509 Ext 4878](tel:(95-1)5365094878)
Cell: **REDACTED**

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Flickr: <http://www.flickr.com/usaidasia>
YouTube: <http://www.youtube.com/usaidrdma>

On Wed, Mar 7, 2018 at 1:22 PM, Htoo Aung Cho <hacho@usaid.gov> wrote:

Dear Marc,
Thanks for your email. We, country office fine with that option if AOR, AO, prime and PREDICT is agreed upon that.

Andrew, any comment?

Dr. Htoo Aung Cho
Project Management Specialist (Health)
Office of Public Health
USAID/Burma
Tel: [\(95-1\) 536 509 Ext 4878](tel:(95-1)5365094878)
Cell: **REDACTED**

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YouTube: <http://www.youtube.com/usaidrdma>

On Wed, Feb 28, 2018 at 6:13 PM, Valitutto, Marc <ValituttoM@si.edu> wrote:

Dear Karen,

Thank you for summarizing and sharing these meeting minutes. I wanted to offer a bit more clarification beyond Dr. Ohnmar's helpful statements.

For wildlife, a total of about 4850 PCR tests will need to be analyzed/tested by MARCH 2019, whereas all physical sample collection in the field will need to be completed no later than SEPT2018. As Dr. Ohnmar has mentioned, LBVD has committed to run about 2400 to 3600 PCR tests based on their current staff (originally a contracted individual) and equipment capacity. We have outlined a work-plan with LBVD input for how they may achieve this goal with our original intent to get started with analysis/testing no later than MARCH 2018.

We are highly encouraged by your consideration for exploring a method of payment directly to LBVD and appreciate your acknowledgement of both our contracting restrictions and tight deadlines. Should there be a way for the Smithsonian to directly contract with LBVD as a supplier, in a sense, that would be our best option for moving forward. Of course, all contracting and payment methods will be evaluated first with our counterparts at PREDICT Global/ UC Davis.

Regards,

Marc Valitutto

From: Ohnmar Aung <[REDACTED]>

Date: Wednesday, February 28, 2018 at 1:26 PM

To: Karen Cavanaugh <kcavanaugh@usaid.gov>

Cc: Nu Nu Khin <nkhin@usaid.gov>, Htoo Aung Cho <hacho@usaid.gov>, David Hadrill <[REDACTED]>, "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, "jsouthfield@usaid.gov" <jsouthfield@usaid.gov>, Andrew Clements <AClements@usaid.gov>, "Valitutto, Marc" <ValituttoM@si.edu>

Subject: Re: Note of meeting on testing animal samples

Dear Karen,

Thank you so much for your support and summary for this. I want to clarify that LBVD is estimated to absorb 2,400 tests - 3,600 test as maximum target based on their competency and familiarity of PREDICT lab protocol. After 2-3 months of starting lab analysis from now, they may speed up to 400 test per month targeting to achieve 3,600 tests.

As I already mentioned in the meeting, Dr Min Thein Maw agreed the unit price and payment mechanism of using sample receipt.

We will inform PREDICT global about our discussion and seek recommendations.

Thank you again to all for your help.

Ohnmar

Dr Ohnmar Aung

Project Coordinator | PREDICT | Myanmar | [Global Health Program](#)

REDACTED

Smithsonian Conservation Biology Institute

National Zoological Park | [3001 Connecticut Avenue NW](#) | [Washington DC 20008](#)

UCDUSR0011089

On Wed, Feb 28, 2018 at 1:40 PM, Karen Cavanaugh <kcavanaugh@usaid.gov> wrote:

Hi All,

Thank you for participating in our meeting today to discuss how to have PREDICT Smithsonian wildlife samples (and eventually FAO livestock samples) tested by September 2018.

Background

Smithsonian has drawn about 2400 Wildlife samples, turned them over to LVBD and provided LVBD with reagents, training and TA. LVBD has agreed to test the samples in its Yangon lab. LVBD and Smithsonian agree That the project should support LVBD's additional workload and costs in some way. They have agreed on a unit price that global and regional One Health experts have agreed is reasonable.

Smithsonian understands that they are prohibited from paying LVBD because of Burma special provisions.

USAID Burma will explore whether any impediment prevents this.

Meanwhile Smithsonian will agree with LVBD on a sample bill/receipt and seek agreement from UC Davis, the PREDICT prime.

If by March 15, after fully pursuing this option it is deemed not possible, FAO in Burma has offered to pursue negotiation of a Letter of Agreement with LVBD that would allow FAO to pay LVBD such a service charge.

Participants agree that time is of the essence as all samples must be tested by September 2018, 6 months from now.

Please reply with any clarifications on our discussion or next steps.

Thank you,
Karen

--
Karen Cavanaugh
Director
Office of Public Health
U.S. Agency for International Development
Embassy of the United States of America

2018 - The Year of Hope

UCDUSR0011090

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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](tel:1-571-345-4253)
E-mail: aclements@usaid.gov

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--

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](tel:1-571-345-4253)
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Andrew Clements, Ph.D.
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Mobile phone: 1-571-345-4253
E-mail: aclements@usaid.gov

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From: Andrew Clements <aclements@usaid.gov>
Sent: Mon, 19 Mar 2018 12:15:40 +0100
Subject: Re: PREDICT Management Team Call - Tuesday February 6 2018 @ 10AM PST/1PM EST
To: Elizabeth Leasure <ealeasure@ucdavis.edu>
Cc: David John Wolking <djwolking@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, Alisa Pereira <apereira@usaid.gov>, Predict inbox <predict@ucdavis.edu>

No problem. Thanks, Liz.

On Fri, Mar 16, 2018 at 9:20 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Andrew. I'm waiting on some additional information needed to help me respond to your question. Stay tuned.

Thanks! Have a great weekend!

Liz

Elizabeth Leasure

Financial Operations Manager

One Health Institute

[530-304-1403](tel:530-304-1403) (cell)

[530-754-9034](tel:530-754-9034) (office)

Skype: *ealeasure*

From: Andrew Clements [mailto:aclements@usaid.gov]
Sent: Tuesday, March 13, 2018 2:28 AM
To: Elizabeth Leasure
Cc: David John Wolking; Jonna Mazet; Alisa Pereira
Subject: Re: PREDICT Management Team Call - Tuesday February 6 2018 @ 10AM PST/1PM EST

Thanks, Liz.

At the current expenditure rate, when would you expect to expend 100% of the Ebola funds?

Andrew

On Mon, Mar 12, 2018 at 11:26 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Andrew. Based on current projections and anticipated spending increases, I'm estimating that we will have approximately 25% of the Ebola funds obligated to date remaining as of June 2018. Let me know if you have any questions or need any additional information.

Thanks,

Liz

Elizabeth Leasure

Financial Operations Manager

One Health Institute

[530-304-1403](tel:530-304-1403) (cell)

[530-754-9034](tel:530-754-9034) (office)

Skype: ealeasure

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

Sent: Monday, February 05, 2018 1:24 PM

To: David John Wolking; Jonna Mazet; Elizabeth Leasure

Cc: Alisa Pereira

Subject: Re: PREDICT Management Team Call - Tuesday February 6 2018 @ 10AM PST/1PM EST

On a related note, what's the current projection on how long Ebola funds will last with the reassignment among countries?

I want to give as much of a heads up as possible.

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](tel:1-571-345-4253)

Email: aclements@usaid.gov

On Feb 5, 2018, at 6:52 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi there,

Below and attached for quick reference is the agenda for tomorrow's PREDICT Management Team call.

Best,

David

PREDICT Management Call Agenda

Tuesday, February 6, 2017

10:00-11:00AM PDT/1:00-2:00pm EDT

#[800-444-2801](tel:8004442801), Access code 5151894

International Dial-in number: [310-765-4820](tel:3107654820) (toll charges apply)

Standing items

USAID Updates

- 1. Administrative items**
 - a. Core (regular) funding update
 - b. Feedback on P2 additional testing request
- 2. PMAC and GVP update (Jonna et al)**
- 3. Mission communications roundup**
 - a. Myanmar and viral testing plans with LBVD
 - b. Guinea mission visit and updates
 - c. Liberia and data sharing inquiry
- 4. Outbreak updates (Liberia, Cameroon, others)**
- 6. EPT partner collaboration/coordination updates (Billy)**

7. Publication, media, and conference updates

- CUGH Global Health Conference, New York (March 15-18, 2018)
- “Outbreak: Epidemics in a Connected World” exhibit at NMNH (May 2018)
- One Health Congress Saskatoon (June 22-25, 2018)
- International Conference on Emerging Infectious Diseases (ICEID) in Atlanta (August 26–29, 2018)
- International Meeting on Emerging Diseases and Surveillance (IMED) 2018 in Vienna, Austria (November 9-12, 2018)
- Others?

On Fri, Feb 2, 2018 at 8:10 AM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi there,

Just a reminder about next week's Management Team call on Tuesday February 6 2018 @ 10AM PST/1PM EST.

We will follow-up with an agenda early next week.

Enjoy the weekend,

David

<PREDICT MT Call (2.6.18).docx>

--

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](tel:1-571-345-4253)
E-mail: aclements@usaid.gov

UCDUSR0011095

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: Andrew Clements <aclements@usaid.gov>
Sent: Mon, 19 Mar 2018 18:21:07 +0100
Subject: Re: Note of meeting on testing animal samples
To: Jonna Mazet <jkmazet@ucdavis.edu>
Cc: Alisa Pereira <apereira@usaid.gov>, David J Wolking <djwolking@ucdavis.edu>

Thanks, Jonna. I will share this information. Will be interesting to see what the mission thinks of it if it both meets the UN standard and is more that what non-UN funded lab staff are making. Stay tuned....

Andrew

On Sat, Mar 17, 2018 at 12:26 AM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Here's the team's response. We're doing our best, but we've been put in almost an impossible situation for working in Myanmar.

Please advise,
Jonna

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

From: **Valitutto, Marc** <ValituttoM@si.edu>

Date: Fri, Mar 16, 2018 at 8:36 AM

Subject: RE: Note of meeting on testing animal samples

To: Jonna Mazet <jkmazet@ucdavis.edu>, Ohnmar Aung <**REDACTED**>, "Zimmerman, Dawn" <ZimmermanD@si.edu>, "Murray, Suzan" <MurrayS@si.edu>

Cc: Predict inbox <predict@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>

Dear All,

Thank you for this update.

The salary was determined based on negotiations made with the Deputy Director General, Min Thein Maw. We did not receive written confirmation for comparison, but did prepare the contract in order to have a signed statement from him.

We did raise the same question regarding the amount but it was explained to us that lab scientists that are indeed working on other donor funded projects receive a salary using the UN payscale for Myanmar. Given the senior level as a veterinary scientist, LBVD suggests a pay scale of "General Service" employee at a level 4 or 5.

I agree that negotiating a subcontract will be a lengthy process in part due to the GOM and in part due to SI regulations.

Marc

From: **REDACTED** On Behalf Of Jonna Mazet
Sent: Friday, March 16, 2018 9:44 AM

UCDUSR0011097

To: Valitutto, Marc <ValituttoM@si.edu>; Ohnmar Aung <**REDACTED**>; Zimmerman, Dawn <ZimmermanD@si.edu>;
Murray, Suzan <MurrayS@si.edu>
Cc: Predict inbox <predict@ucdavis.edu>; Christine Kreuder Johnson <ckjohnson@ucdavis.edu>; Tracey Goldstein
<tgoldstein@ucdavis.edu>

Subject: Fwd: Note of meeting on testing animal samples

Okay -- legal opinion is in. Can you provide the information requested to justify the salary, so we can go with option 4?

See below,

Jonna

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

From: **Andrew Clements** <aclements@usaid.gov>
Date: Fri, Mar 16, 2018 at 5:34 AM
Subject: Fwd: Note of meeting on testing animal samples
To: Jonna Mazet <jkmazet@ucdavis.edu>
Cc: djwolking@ucdavis.edu, Alisa Pereira <apereira@usaid.gov>

Hi Jonna,

See additional information below from the legal advisor at the Burma mission.

Is there more information about what salaries were compared in order to arrive at the conclusion that the proposed lab person would be paid about the same as the others?

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](tel:1-571-345-4253)

Email: aclements@usaid.gov

Begin forwarded message:

From: Julie Southfield <jsouthfield@usaid.gov>
Date: March 16, 2018 at 12:16:38 PM GMT+1
To: Andrew Clements <aclements@usaid.gov>
Cc: Karen Cavanaugh <kcavanaugh@usaid.gov>, Htoo Aung Cho <hacho@usaid.gov>, Nu Nu Khin <nnkhin@usaid.gov>, "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, Daniel Schar <dschar@usaid.gov>
Subject: Re: Note of meeting on testing animal samples

Hello Andrew:

We have discussed this here at Post and think option 4 could be the most reasonable approach with a few qualifications. Our concern with this arrangement all along was that the contract with the lab technician seemed to be at a rate that was higher than the rate she was usually being paid and that she was "sharing" this higher wage with others. Wages for Myanmar Government officials are very low - based on public disclosure of wages we have learned, for example, that these are typical wages for some positions at this Ministry (current exchange rate is around 1350 MMK to the dollar):

[These are publicly disclosed rates]:

Order No. 44/2017

Date: May 30, 2017

Title: Assistant Professor at Yezin Agricultural University

Salary: MMK 310,000 - 330,000 per month

Order No. 53/2017

Date: May 30, 2017

Title: Assistant Director, Department of Irrigation and Water Management

Salary: MMK 280,000 - 300,000 per month

Order No. 77/2017 - 79/2017

Date: June 26, 2017

Title: Deputy Director General, Department of Irrigation and Water Management

Salary: MMK 380,000 - 400,000 per month

Order No. 102/2017

Date: June 26, 2017

Title: Research Officers, Department of Planning

Salary: MMK 280,000 - 300,000 per month

If a Deputy Director General makes up to 400,000 MMK (~\$300 per month), we don't believe that a laboratory technician makes \$1400 per month. However, we note that the letter submitted by Smithsonian and signed by LBVD doesn't actually say that this person to be hired earns \$1400 as her wage when she is being paid by the Government. The letter says "The salary of \$1400/month is consistent with other laboratory scientists at Dr. Wai's level and for work being performed. Dr. Wai will not be paid at a level higher than other laboratory scientists conducting similar work at LBVD." We speculate that there may be other donor funded projects working with this laboratory and that are paying in excess of government salaries and that she is being paid consistent with wages for those projects. If that is the case, the facts in the letter might not be untrue, but we would be contributing to the same type of situation that makes us concerned about salary supplements in the first place. Are we comfortable doing that?

Option 5 would avoid these issues, but we don't know whether PREDICT can get a sub-contract negotiated with LBVD in a reasonable amount of time. Negotiating anything with the GOM can be a big challenge.

Thanks

Julie

Julie A. Southfield

USAID/Burma

Resident Legal Officer

Office: (95-1) 536-509 ext. 4996

Mobile: **REDACTED**

Email: jsouthfield@usaid.gov

On Thu, Mar 15, 2018 at 12:17 AM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Julie,

Sorry, two technical corrections since I was sloppy with my contracting terminology:

- For #4, PREDICT would utilize UCD's existing subaward (not subcontract) to Smithsonian, and SI would then establish the proposed independent contract with the LBVD lab tech.
- For #5, LBVD was budgeted in the ceiling increase as a subcontract to procure services, not a subaward, so PREDICT would be approved for a subcontract. A subaward would require additional AO approval and lengthy review time, but PREDICT does not believe that will be necessary for this mechanism for services.

Andrew

On Tue, Mar 13, 2018 at 10:09 AM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Julie,

I talked to the PREDICT/HQ COP (Jonna Mazet) yesterday. We discussed the five options (see below) that have been discussed since the beginning of the PREDICT engagement in Burma and the pros and cons of each.

1. testing costs for animal samples covered by FAO through its agreement with LBVD. **FAO has indicated this is not possible.**
2. testing animal samples in the human health lab that PREDICT is working with. **I was told that people in-country (I assume GoB) did not agree with this option.**
3. LBVD tests animal samples and later submits invoices to PREDICT without a agreement. **PREDICT is concerned it would be at risk since it could have costs later disallowed by USAID/W if there is no AO-approved agreement in place.**
4. PREDICT could use its existing sub-contract for a LBVD individual (the "secondment" arrangement you mentioned below) to test the animal samples. According to the letter previously shared (and re-attached here), PREDICT has verified that the salary proposed does not exceed that of other LBVD staff and (because this person's normal salary will be suspended during the contract) sharing of salary with other lab staff is unlikely. **This option can be rapidly executed if the Mission provides concurrence.**
5. PREDICT could enter into a new agreement with LBVD for testing the animal samples. As part of the recent ceiling increase for the PREDICT award, specific government institutions in PREDICT countries (including LBVD in Burma) were pre-approved for sub-awards by the AO, so PREDICT would not need to seek OAA approval (thus avoiding a lengthy review time). **However, PREDICT would need a clear signal from the Mission that a direct agreement with LBVD is legal/permissible.**

Please discuss these options with your colleagues at the Mission and let me know how you want to proceed. I'm available this week for a phone call to discuss further if that would be useful. As mentioned previously, there is some urgency associated with identifying a solution so that testing of the animal samples is not delayed.

Thanks!

Andrew

On Fri, Mar 9, 2018 at 8:06 PM, Andrew Clements <aclements@usaid.gov> wrote:

Thanks, Julie.

I'm going to have a phone call with Predict HQ next week to make sure I'm 100% clear on the situation.

Regarding sub-awards, I don't believe there's an issue getting one approved. The problem is the time it takes to get one approved. For other Predict countries it has been taking 2-3 months which adds a significant delay.

I'll write back next week after talking with Predict HQ.

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](tel:1-571-345-4253)

Email: aclements@usaid.gov

On Mar 9, 2018, at 9:39 AM, Julie Southfield <jsouthfield@usaid.gov> wrote:

Hello All:

Another point to add here is that we do not believe that the Burma Special Requirements in and of themselves prevent a sub-contracting relationship between

Smithsonian and the Government of Burma. The Requirement says that the AO has to give approval. From a policy point of view, the Embassy's Assistance Working Group has already concurred on the sub-contracting approach. We do not currently provide any direct assistance to the Government as described in ADS 220 (we have not had the assessments conducted to allow us to do that), but ADS 302 sets out a way to perform sub-contracting in a way that isn't considered direct assistance.

That having been said, we remain concerned about how the relationship between the Government and Smithsonian would be arranged. The secondment arrangement that has been proposed (and continues to be an option) suggests paying a GOB employee on leave in excess of what we understand to be normal wages in LVBD to do sample tests. As we conveyed to PREDICT leadership in Bangkok in January, we heard informally from Smithsonian that the person being seconded would "share" her salary with all the other employees who are actually doing the tests. There is in fact some indication that sample testing has already started.

Thanks,

Julie

Julie A. Southfield

USAID/Burma
Resident Legal Officer
Office: (95-1) 536-509 ext. 4996
Mobile: **REDACTED**
Email: jsouthfield@usaid.gov

On Fri, Mar 9, 2018 at 8:42 AM, Karen Cavanaugh <kcavanaugh@usaid.gov> wrote:

Hi Andrew,

The mission realizes that finding an arrangement that meets the terms of PREDICT and the prime's agreement with its sub is in the hands of the AOR and AO so we defer to you for the solution. One idea that emerged here was to have the project purchase equipment for LVBD

that would help them automate procedures they now must do manually if paying labor costs or service fees is not workable. I pass this on for your consideration in case it is helpful. We stand ready to help in any way you request as we are all committed to seeing this work succeed.

Best,

Karen

On Wed, Mar 7, 2018 at 5:31 PM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Htoo,

I'm in Rome now and have an all-day meeting with FAO tomorrow and Friday. Next week is good for me.

I heard from Predict HQ yesterday that there was a proposed approach with LBVD in which receipts for testing costs would be reimbursed by Predict without an agreement between the two organizations. If that is what is being proposed below, I advised Predict not to put itself at risk for potentially having costs disallowed later on. All agreements with foreign government organizations have to be approved by the AO. (Note: I believe there is already an AO approved agreement with a lab in Burma.)

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](tel:1-571-345-4253)

Email: aclements@usaid.gov

On Mar 7, 2018, at 11:13 AM, Htoo Aung Cho <hacho@usaid.gov> wrote:

Dear Andrew,

We would like to set up a conference call and discuss with you for PREDICT on coming Friday, March 9, 2018 from 3 to 4 PM (Myanmar Time) if you are OK.

Please send us the call in information.

Thanks,

Dr. Htoo Aung Cho

Project Management Specialist (Health)

Office of Public Health

USAID/Burma

Tel: [\(95-1\) 536 509 Ext 4878](tel:(95-1)5365094878)

Cell: **REDACTED**

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Flickr: <http://www.flickr.com/usaidasia>

YouTube: <http://www.youtube.com/usaidrdma>

On Wed, Mar 7, 2018 at 1:22 PM, Htoo Aung Cho <hacho@usaid.gov> wrote:

Dear Marc,

Thanks for your email. We, country office fine with that option if AOR, AO, prime and PREDICT is agreed upon that.

Andrew, any comment?

Dr. Htoo Aung Cho

Project Management Specialist (Health)

Office of Public Health

USAID/Burma

Tel: [\(95-1\) 536 509 Ext 4878](tel:(95-1)536509)

Cell: **REDACTED**

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Flickr: <http://www.flickr.com/usaiddma>

YouTube: <http://www.youtube.com/usaiddma>

On Wed, Feb 28, 2018 at 6:13 PM, Valitutto, Marc <ValituttoM@si.edu> wrote:

Dear Karen,

Thank you for summarizing and sharing these meeting minutes. I wanted to offer a bit more clarification beyond Dr. Ohnmar's helpful statements.

For wildlife, a total of about 4850 PCR tests will need to be analyzed/tested by MARCH 2019, whereas all physical sample collection in the field will need to be completed no later than SEPT2018. As Dr. Ohnmar has mentioned, LBVD has committed to run about 2400 to 3600 PCR tests based on their current staff (originally a contracted individual) and equipment capacity. We have outlined a work-plan with LBVD input for how they may achieve this goal with our original intent to get started with analysis/testing no later than MARCH 2018.

We are highly encouraged by your consideration for exploring a method of payment directly to LBVD and appreciate your acknowledgement of both our contracting restrictions and tight deadlines. Should there be a way for the Smithsonian to directly contract with LBVD as a supplier, in a sense, that would be our best option for moving forward. Of course, all contracting and payment methods will be evaluated first with our counterparts at PREDICT Global/ UC Davis.

Regards,

Marc Valitutto

From: Ohnmar Aung <hachon@usa.gov>

Date: Wednesday, February 28, 2018 at 1:26 PM

To: Karen Cavanaugh <kcavanaugh@usaid.gov>

Cc: Nu Nu Khin <nnkhin@usaid.gov>, Htoo Aung Cho <hacho@usaid.gov>, David Hadrill

REDACTED, "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, "jsouthfield@usaid.gov" <jsouthfield@usaid.gov>, Andrew Clements <AClements@usaid.gov>, "Valitutto, Marc" <ValituttoM@si.edu>

Subject: Re: Note of meeting on testing animal samples

Dear Karen,

Thank you so much for your support and summary for this. I want to clarify that LBVD is estimated to absorb 2,400 tests - 3,600 test as maximum target based on their competency and familiarity of PREDICT lab protocol. After 2-3 months of starting lab analysis from now, they may speed up to 400 test per month targeting to achieve 3,600 tests.

As I already mentioned in the meeting, Dr Min Thein Maw agreed the unit price and payment mechanism of using sample receipt.

We will inform PREDICT global about our discussion and seek recommendations.

Thank you again to all for your help.

Ohnmar

Dr Ohnmar Aung

Project Coordinator | PREDICT | Myanmar | [Global Health Program](#)

REDACTED

Smithsonian Conservation Biology Institute

National Zoological Park | [3001 Connecticut Avenue NW](#) | [Washington DC 20008](#)

On Wed, Feb 28, 2018 at 1:40 PM, Karen Cavanaugh <kcavanaugh@usaid.gov> wrote:

Hi All,

Thank you for participating in our meeting today to discuss how to have PREDICT Smithsonian wildlife samples (and eventually FAO livestock samples) tested by September 2018.

Background

Smithsonian has drawn about 2400

Wildlife samples, turned them over to LVBD and provided LVBD with reagents, training and TA. LVBD has agreed to test the samples in its Yangon lab. LVBD and Smithsonian agree That the project should support LVBD's additional workload and costs in some way. They have agreed on

a unit price that global and regional One Health experts have agreed is reasonable.

Smithsonian understands that they are prohibited from paying LVBD because of Burma special provisions.

USAID Burma will explore whether any impediment prevents this.

Meanwhile Smithsonian will agree with LVBD on a sample bill/receipt and seek agreement from UC Davis, the PREDICT prime.

If by March 15, after fully pursuing this option it is deemed not possible, FAO in Burma has offered to pursue negotiation of a Letter of Agreement with LVBD that would allow FAO to pay LVBD such a service charge.

Participants agree that time is of the essence as all samples must be tested by September 2018, 6 months from now.

Please reply with any clarifications on our discussion or next steps.

Thank you,
Karen

--

Karen Cavanaugh
Director

Office of Public Health

U.S. Agency for International Development

Embassy of the United States of America

2018 - The Year of Hope

--

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](tel: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](tel:1-571-345-4253)
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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

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

Sent: Thu, 22 Mar 2018 07:45:18 -0700
Subject: Re: Approval for testing animal samples in Burma
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Andrew Clements <aclements@usaid.gov>
Cc: David J Wolking <djwolking@ucdavis.edu>, Elizabeth Leasure <ealeasure@ucdavis.edu>, PREDICTMGT <predictmgt@usaid.gov>

Wonderful -- thank you!
Jonna

On Thu, Mar 22, 2018 at 4:24 AM, Andrew Clements <aclements@usaid.gov> wrote:

Good news!
See approval below (for your records) from Burma mission to move forward with SI establishing an independent contract with the LBVD lab tech.
You have my AOR approval on this as well.

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](tel:1-571-345-4253)
Email: aclements@usaid.gov*

Begin forwarded message:

From: Andrew Clements <aclements@usaid.gov>
Date: March 22, 2018 at 12:17:13 PM GMT+1
To: Julie Southfield <jsouthfield@usaid.gov>
Cc: Karen Cavanaugh <kcavanaugh@usaid.gov>, Htoo Aung Cho <hacho@usaid.gov>, Nu Nu Khin <nnkhin@usaid.gov>, "Damrongwatanapokin, Sudarat" <sdamrongwatanapokin@usaid.gov>, Ben Zinner <bzinner@usaid.gov>, Daniel Schar <dschar@usaid.gov>
Subject: Re: Note of meeting on testing animal samples

Thanks, Julie.
I will instruct Predict to move forward with option #4.

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](tel:1-571-345-4253)
Email: aclements@usaid.gov*

On Mar 22, 2018, at 6:03 AM, Julie Southfield <jsouthfield@usaid.gov> wrote:

Hello Andrew - Thanks for that confirmation. It is useful for us to know where the salary calculation came from - in particular the clarification that this rate is not purported to be a

Government salary rate (which we were highly doubtful about).
The Mission has no further objections to using this option.

Thanks,
Julie

Julie A. Southfield
USAID/Burma
Resident Legal Officer
Office: (95-1) 536-509 ext. 4996
Mobile: **REDACTED**
Email: jsouthfield@usaid.gov

On Tue, Mar 20, 2018 at 12:03 AM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Julie,

According to Marc Valitutto of Smithsonian Institute (the PREDICT implementing partner in Burma), the salary proposed for the lab worker was determined based on negotiations made with the Deputy Director General, Min Thein Maw. PREDICT did not receive written confirmation for comparison, but did prepare the contract in order to have a signed statement from him. PREDICT did raise the same question regarding the salary amount but it was explained to them that lab scientists that are indeed working on other donor funded projects receive a salary using the UN payscale for Burma. Given the senior level as a veterinary scientist, LBVD suggests a pay scale of "General Service" employee at a level 4 or 5.

So a question for the mission: is this (UN pay scale) a standard/acceptable practice within the international community (and more specifically the USG) in Burma?

If not, Marc noted that he thought that negotiating a subcontract with LBVD could be a lengthy process in part due to the GOB and in part due to SI regulations. That would mean we're left with no good options.

Please let me know how would you like to proceed. I'm available for a phone call this week if that is easier/better.

Andrew

On Fri, Mar 16, 2018 at 1:31 PM, Andrew Clements <aclements@usaid.gov> wrote:

Thanks, Julie.

Let me consult with Jonna to see if she can provide any additional information related to what salaries were compared.

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](tel:1-571-345-4253)
Email: aclements@usaid.gov

On Mar 16, 2018, at 12:16 PM, Julie Southfield <jsouthfield@usaid.gov> wrote:

Hello Andrew:

We have discussed this here at Post and think option 4 could be the most reasonable approach with a few qualifications. Our concern with this arrangement all along was that the contract with the lab technician seemed to be at a rate that was higher than the rate she was usually being paid and that she was "sharing" this higher wage with others. Wages for Myanmar Government officials are very low - based on public disclosure of wages we have learned, for example, that these are typical wages for some positions at this Ministry (current exchange rate is around 1350 MMK to the dollar):

[These are publicly disclosed rates]:

Order No. 44/2017
Date: May 30, 2017
Title: Assistant Professor at Yezin Agricultural University
Salary: MMK 310,000 - 330,000 per month

Order No. 53/2017
Date: May 30, 2017
Title: Assistant Director, Department of Irrigation and Water Management
Salary: MMK 280,000 - 300,000 per month

Order No. 77/2017 - 79/2017
Date: June 26, 2017
Title: Deputy Director General, Department of Irrigation and Water Management
Salary: MMK 380,000 - 400,000 per month

Order No. 102/2017
Date: June 26, 2017
Title: Research Officers, Department of Planning
Salary: MMK 280,000 - 300,000 per month

If a Deputy Director General makes up to 400,000 MMK (~\$300 per month), we don't believe that a laboratory technician makes \$1400 per month. However, we note that the letter submitted by Smithsonian and signed by LBVD doesn't actually say that this person to be hired earns \$1400 as her wage when she is being paid by the Government. The letter says "The salary of \$1400/month is consistent with other laboratory scientists at Dr. Wai's level and for work being performed. Dr. Wai will not be paid at a level higher than other laboratory scientists conducting similar work at LBVD." We speculate that there may be other donor funded projects working with this laboratory and that are paying in excess of government salaries and that she is being paid consistent with wages for those projects. If that is the case, the facts in the letter might not be untrue, but we would be contributing to the same type of situation that makes us concerned about salary supplements in the first place. Are we comfortable doing that?

Option 5 would avoid these issues, but we don't know whether PREDICT can get a sub-contract negotiated with LBVD in a reasonable amount of time. Negotiating anything with the GOM can be a big challenge.

Thanks
Julie

Julie A. Southfield
USAID/Burma
Resident Legal Officer
Office: (95-1) 536-509 ext. 4996
Mobile: REDACTED
Email: jsouthfield@usaid.gov

On Thu, Mar 15, 2018 at 12:17 AM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Julie,

Sorry, two technical corrections since I was sloppy with my contracting terminology:

- For #4, PREDICT would utilize UCD's existing subaward (not subcontract) to Smithsonian, and SI would then establish the proposed independent contract with the LBVD lab tech.
- For #5, LBVD was budgeted in the ceiling increase as a subcontract to procure services, not a subaward, so PREDICT would be approved for a subcontract. A subaward would require additional AO approval and lengthy review time, but PREDICT does not believe that will be necessary for this mechanism for services.

Andrew

On Tue, Mar 13, 2018 at 10:09 AM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Julie,

I talked to the PREDICT/HQ COP (Jonna Mazet) yesterday. We discussed the five options (see below) that have been discussed since the beginning of the PREDICT engagement in Burma and the pros and cons of each.

1. testing costs for animal samples covered by FAO through its agreement with LBVD. **FAO has indicated this is not possible.**
2. testing animal samples in the human health lab that PREDICT is working with. **I was told that people in-country (I assume GoB) did not agree with this option.**
3. LBVD tests animal samples and later submits invoices to PREDICT without a agreement. **PREDICT is concerned it would be at risk since it could have costs later disallowed by USAID/W if there is no AO-approved agreement in place.**
4. PREDICT could use its existing sub-contract for a LBVD individual (the "secondment" arrangement you mentioned below) to test the animal samples. According to the letter previously shared (and re-attached here), PREDICT has verified that the salary proposed does not exceed that of other LBVD staff and (because this person's normal salary will be suspended during the contract) sharing of salary with other lab staff is unlikely. **This option can be rapidly executed if the Mission provides concurrence.**

5. PREDICT could enter into a new agreement with LBVD for testing the animal samples. As part of the recent ceiling increase for the PREDICT award, specific government institutions in PREDICT countries (including LBVD in Burma) were pre-approved for sub-awards by the AO, so PREDICT would not need to seek OAA approval (thus avoiding a lengthy review time). **However, PREDICT would need a clear signal from the Mission that a direct agreement with LBVD is legal/permissible.**

Please discuss these options with your colleagues at the Mission and let me know how you want to proceed. I'm available this week for a phone call to discuss further if that would be useful. As mentioned previously, there is some urgency associated with identifying a solution so that testing of the animal samples is not delayed.

Thanks!

Andrew

From: Andrew Clements <aclements@usaid.gov>
To: Brian Bird <bhbird@ucdavis.edu>
CC: PREDICT-outbreak <predict-outbreak@ucdavis.edu>; PREDICTMGT <predictmgt@usaid.gov>
Sent: 5/8/2018 7:57:07 AM
Subject: [predict-outbreak] Re: PREDICT DRC suspect VHF fatalities cluster

It was discussed last year as well but didn't happen since it turned out to be a very limited number of cases.

*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 8, 2018, at 4:54 PM, Brian Bird <bhbird@ucdavis.edu> wrote:

Thanks Andrew for the extra information, and very nice of GOARN to share!

Hopefully the ring vaccination plans can be rolled out quickly if it's the correct species of ebolavirus to match the vaccine stock available.

B

On Tue, May 8, 2018 at 5:35 PM Andrew Clements <aclements@usaid.gov> wrote:
2 samples positive for Ebola.

*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 8, 2018, at 4:32 PM, Andrew Clements <aclements@usaid.gov> wrote:

FYI, but not for sharing....

From WHO/GOARN:

Between 4 April and 5 May a total of 19 suspected cases, including 16 deaths in Bikoro

17 of the 19 cases have reported epi link/contact

MoH/Msf/Who team deployed in the field over last weekend.

5 patients currently isolated, samples shipped to Kinshasa for analysis

2 of 5 samples confirmed positive [presumably for Ebola] at INRB.

Today we have briefed WHO leadership and set up support team at HQ. AFRO are planning surge deployments for next two days, and WHO country team to deploy further staff to the area.

Coordination call with GOARN operational partners this afternoon, MSF, IFRC, CDC, Unicef and SCOM+

Response planning underway, including potential ring vaccination.

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 8, 2018, at 3:50 PM, Andrew Clements <aclements@usaid.gov> wrote:

Thanks. I'm reaching out to WHO and IFRC to see if they have any additional information.

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 8, 2018, at 12:12 PM, Brian Bird <bhbird@ucdavis.edu> wrote:

Hi everyone,

We have reports from our DRC team that the GoDRC reported a cluster of 17 deaths of a VHF-like disease in Equateur province.

No official request for PREDICT assistance has been received at this time, but is anticipated, pending initial specimen testing at INRB. A case investigation team (Min. and MSF) appears to be enroute today to the area.

Details in report.

-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: bhbird@ucdavis.edu

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 <https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/4C86227B-274C-4749-8294-4E16696C904B%40ucdavis.edu>.

--

Brian Bird, UC Davis, sent from mobile device

From: Brooke Watson <watson@ecohealthalliance.org>
Sent: Wed, 9 May 2018 12:06:30 -0400
Subject: Current attendee list for GVP meeting June 11
To: Dennis Carroll <dcarroll@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>, **REDACTED** Cara Chrisman <cchrisman@usaid.gov>, Nathan Wolfe <nwolfe@metabiota.com>, Eddy Rubin <erubin@metabiota.com>
[GVP NASEM side meeting June 11.xlsx](#)

Dear GVP team,

Attached please find the current attendee list for the June 11 meeting in Washington DC. Of note, Oyewale is no longer able to attend, and I have yet to hear from Ian Lipkin, although he filled out the doodle availability poll.

Please let me know if you have any questions.

Best,

Brooke

No	Title	First Name	Last Name	Organization	Position	Invited	Attending in person	Attending by phone	Email	Funding
	Prof	Jonna	Mazet	University of California, Davis	Director, One Health Institute	Yes	flight lands 1:40 PM		jkmazet@ucdavis.edu	Self-funded (PREDICT)
	Dr.	Eddy	Rubin	Metabiota	Chief Scientific Officer	Yes	no response		erubin@metabiota.com	Self-funded (PREDICT)
	Dr.	Nathan	Wolfe	Metabiota	Founder	Yes	no response		nwolfe@metabiota.com	Self-funded (PREDICT)
	Dr.	Peter	Daszak	EcoHealth Alliance	President, EcoHealth Alliance	Yes	yes		daszak@ecohealthalliance.org	Self-funded (PREDICT)
		REDACTED		One Health Institute, School of	One Health Fellow	Yes	yes		REDACTED	
	Dr.	Cara	Chrisman	USAID	Senior Infectious Diseases Tec	Yes	yes		cchrisman@usaid.gov	Self-funded (USAID)
	Dr.	Dennis	Carroll	USAID	Director, Global Health Securi	Yes	yes		dcarroll@usaid.gov	Self-funded (USAID)

From: Brooke Watson <watson@ecohealthalliance.org>
Sent: Wed, 09 May 2018 16:30:36 +0000
Subject: Re: Current attendee list for GVP meeting June 11
To: Cara Chrisman <cchrisman@usaid.gov>, Dennis Carroll <dcarroll@usaid.gov>, Eddy Rubin <erubin@metabiota.com>, **REDACTED** Jonna Mazet <jkmazet@ucdavis.edu>, Nathan Wolfe <nwolfe@metabiota.com>, Peter Daszak <daszak@ecohealthalliance.org>

That was the plan - happy to invite as soon as we're ready, but Cara and I discussed that Dennis may reach out personally first. I understand he's based in or around DC, so it's somewhat less urgent than those who need ITAs.

Thanks for checking!

On Wed, May 9, 2018 at 12:27 PM **REDACTED** > wrote:

Hi Brooke,

Thank you very much for compiling this list. It looks like we have at least 9 attendees and 4 call-ins, which is great. Are we currently waiting to reach out to Guy?

Best,

REDACTED

From: Brooke Watson [mailto:watson@ecohealthalliance.org]
Sent: Wednesday, May 09, 2018 9:07 AM
To: Dennis Carroll <dcarroll@usaid.gov>; Jonna Mazet <jkmazet@ucdavis.edu>; Peter Daszak <daszak@ecohealthalliance.org>; **REDACTED** Cara Chrisman <cchrisman@usaid.gov>; Nathan Wolfe <nwolfe@metabiota.com>; Eddy Rubin <erubin@metabiota.com>
Subject: Current attendee list for GVP meeting June 11

Dear GVP team,

Attached please find the current attendee list for the June 11 meeting in Washington DC. Of note, Oyewale is no longer able to attend, and I have yet to hear from Ian Lipkin, although he filled out the doodle availability poll.

Please let me know if you have any questions.

Best,

Brooke

--

Brooke Watson, MSc

Research Scientist

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

1.212.380.4497 (direct)

REDACTED

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: Brian Bird <bhbird@ucdavis.edu>
To: Andrew Clements <aclements@usaid.gov>
CC: ksaylors@metabiota.com <ksaylors@metabiota.com>; bhaberer@usaid.gov
<bhaberer@usaid.gov>; jnumbi@usaid.gov <jnumbi@usaid.gov>; predictmgt@usaid.gov
<predictmgt@usaid.gov>; predict-outbreak@ucdavis.edu <predict-outbreak@ucdavis.edu>
Sent: 5/10/2018 7:44:36 AM
Subject: [predict] [predict-outbreak] Re: Update PREDICT DRC Ebola outbreak 10May2018

Thanks Andrew, will do.

-b

From: Andrew Clements
Date: Thursday, May 10, 2018 at 11:38 AM
To:
Cc: , , , PREDICTMGT , PREDICT-outbreak
Subject: Fwd: Update PREDICT DRC Ebola outbreak 10May2018

Thanks, Brian.

For all future updates on this outbreak, please copy Bethany and Jean-Felly (both copied here) at the USAID/DRC Mission.

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*

Begin forwarded message:

From: Brian Bird <bhbird@ucdavis.edu>
Date: May 10, 2018 at 8:40:43 AM GMT+2
To: PREDICTMGT <predictmgt@usaid.gov>
Cc: PREDICT-outbreak <predict-outbreak@ucdavis.edu>, Karen Saylors
<ksaylors@metabiota.com>
Subject: Update PREDICT DRC Ebola outbreak 10May2018

Hi all,

An update on activities from the field and the PREDICT team. The GoDRC requested that the PREDICT laboratory conduct PREDICT protocol testing to confirm initial laboratory results. Specimens have been transferred to the PREDICT laboratory, and analyses are pending. Further details in report.

Yours,

-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: bhbird@ucdavis.edu
Skype: brianhb1
<http://www.vetmed.ucdavis.edu/ohi/predict/index.cfm>

--

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/939A07C7-9F05-450C-B5DF-D7FEEBB3F9B4%40ucdavis.edu>.

From: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
To: Andrew Clements <aclements@usaid.gov>
Cc: "predictmgt@usaid.gov" <predictmgt@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>, "predict@ucdavis.edu" <predict@ucdavis.edu>, Kevin N Gonzalez <kngonzalez@ucdavis.edu>, Hannah R Chale <hrchale@UCDAVIS.EDU>
Subject: RE: PREDICT Year 4 Equipment Purchase Request #4
Sent: Thu, 10 May 2018 19:43:20 +0000

Thanks, Andrew!

*Elizabeth Leasure
Financial Operations Manager
One Health Institute
[REDACTED] (cell)
530-754-9034 (office)
Skype: ealeasure*

From: Andrew Clements [mailto:aclements@usaid.gov]
Sent: Thursday, May 10, 2018 7:29 AM
To: Elizabeth Leasure
Cc: predictmgt@usaid.gov; Jonna Mazet; David John Wolking; predict@ucdavis.edu; Kevin N Gonzalez; Hannah R Chale
Subject: Re: PREDICT Year 4 Equipment Purchase Request #4

Equipment purchases approved.

On Thu, May 3, 2018 at 1:24 AM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:
Hi Andrew. Please find attached a request for authorization to purchase equipment to enable in-country work for PREDICT in Cote d'Ivoire, Indonesia and Senegal. 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] (cell)

--

Andrew Clements, Ph.D.
Senior Scientific Advisor
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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: Elizabeth Leasure <ealeasure@ucdavis.edu>
To: Jonathon Musser <musser@ecohealthalliance.org>, Corina Grigorescu Monagin <cgmonagin@ucdavis.edu>, Jaber Amine Belkhiria <jabelkhiria@ucdavis.edu>, Molly Turner <turner@ecohealthalliance.org>
Cc: Kevin N Gonzalez <kngonzalez@ucdavis.edu>, "predict@ucdavis.edu" <predict@ucdavis.edu>, Hannah R Chale <hrchale@ucdavis.edu>
Sent: Thu, 10 May 2018 19:45:54 +0000
Subject: [predict] APPROVED: PREDICT Year 4 Equipment Purchase Request #4

Hi all. The recent equipment requests for Senegal, CDI, and Indonesia have been approved. Please proceed with your purchases.

Thanks!

Liz

Elizabeth Leasure
Financial Operations Manager
One Health Institute
REDACTED (cell)
530-754-9034 (office)
Skype: ealeasure

From: Andrew Clements [mailto:aclements@usaid.gov]
Sent: Thursday, May 10, 2018 7:29 AM
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From: Mario Mondele <mmondele@usaid.gov>
To: Munster, Vincent (NIH/NIAID) [E] <vincent.munster@nih.gov>
CC: William B. Karesh <karesh@ecohealthalliance.org>; Andrew Clements <AClements@usaid.gov>; Anne Laudisoit <laudisoit@ecohealthalliance.org>; Jonna Mazet <jkmazet@ucdavis.edu>; Ava Sullivan <sullivan@ecohealthalliance.org>; Predict inbox <predict@ucdavis.edu>; Brian Bird <bhbird@ucdavis.edu>
Sent: 6/4/2018 12:44:28 PM
Subject: Re: Ebola preparedness needs in RoC

Hi Vincent,

Sorry for my delayed reply, I was away from Internet this week-end. I will get in touch with you tomorrow.

Thanks,

Mario
USAID ROC
US Embassy Brazzaville
Tel.: (+242) 05 552 87 87

Sent from my iPhone

On Jun 1, 2018, at 18:47, Munster, Vincent (NIH/NIAID) [E] <vincent.munster@nih.gov> wrote:

Working on it,

Marion, you want to touch base next week? Assuming that you are still in RoC?

Cheers,

Vincent

From: William Karesh <karesh@ecohealthalliance.org>
Date: Friday, June 1, 2018 at 6:44 PM
To: "vincent.munster@nih.gov" <vincent.munster@nih.gov>
Cc: Andrew Clements <AClements@usaid.gov>, Mario Freddy Mondele <mmondele@usaid.gov>, Anne Laudisoit <laudisoit@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>, Ava Sullivan <sullivan@ecohealthalliance.org>, Predict inbox <predict@ucdavis.edu>, Brian Bird <bhbird@ucdavis.edu>
Subject: Re: Ebola preparedness needs in RoC

Thanks Vincent. Any more information and details you can get would be really helpful.

BK

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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The back-up generator is working,

Let me how you would like to approach this, as some of the rooms in the labs have recently been rewired, I can see what the estimated costs are.

vincent

From: Andrew Clements <AClements@usaid.gov>

Date: Friday, June 1, 2018 at 2:42 PM

To: William Karesh <karesh@ecohealthalliance.org>

Cc: Mario Freddy Mondele <mmondele@usaid.gov>, Anne Laudisoit <laudisoit@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>, Ava Sullivan <sullivan@ecohealthalliance.org>, "vincent.munster@nih.gov" <vincent.munster@nih.gov>, Predict inbox <predict@ucdavis.edu>, Brian Bird <bhbird@ucdavis.edu>

Subject: Re: Ebola preparedness needs in RoC

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Andrew

On Fri, Jun 1, 2018 at 2:38 PM, William B. Karesh <karesh@ecohealthalliance.org> wrote:

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Just to expedite the communications and with the weekend rapidly approaching, I thought it might help if Mario, you might be able to speak directly with Dr. Mombouli and see if their needs could be accommodated through any mechanisms USAID or the Embassy has in place.

Dr. Vincent Munster from US NIH is in Brazzaville now and may also be able to help clarify needs.

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Thanks,

Billy

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Mobile phone: 1-571-345-4253

E-mail: aclements@usaid.gov

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Sent: Mon, 4 Jun 2018 21:24:35 -0700
Subject: One Health Heros
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Zikankuba Sijali <[REDACTED]>, "Robyn A. (CDC/OID/NCZVED) Stoddard" <frd8@cdc.gov>, jsinclair@cdc.gov, Lisa Conti <[REDACTED]>, Kimberly Dodd <[REDACTED]>, Jonathan M Sleeman <jsleeman@usgs.gov>, Val Beasley <vbeasley@psu.edu>, Tracey McNamara <tmcNamara@westernu.edu>, Billy Karesh <karesh@ecohealthalliance.org>

Hello,

Just a note to say that tomorrow I will be giving a webinar for AVMA on the Veterinarian's role in One Health. I hope it is okay that I will be mentioning each of you as heroes working to make One Health both a reality & a success.

Have a nice day,

Jonna

[Jonna AK Mazet, DVM, MPVM, PhD](#)

Professor of Epidemiology & Disease Ecology
Executive Director, One Health Institute
Global Director, PREDICT Project of USAID Emerging Pandemic Threats Program

School of Veterinary Medicine
University of California
1089 Veterinary Medicine Drive
Davis, CA 95616, USA
+1-530-752-3630
onehealthinstitute.net

For scheduling and logistical issues, please contact:
Ms. Brooke Genovese
bgenovese@ucdavis.edu
[+1-530-752-3630](tel:+15307523630)

From: Andrew Clements <aclements@usaid.gov>
Sent: Thu, 7 Jun 2018 03:50:41 -0700
Subject: Re: Ebola preparedness needs in RoC
To: "Munster, Vincent (NIH/NIAID) [E]" <vincent.munster@nih.gov>
Cc: "Bebay, Charles (FAOCG)" [REDACTED] Mario Freddy Mondele <mmondele@usaid.gov>, Anne Laudisoit <laudisoit@ecohealthalliance.org>, William Karesh <Karesh@ecohealthalliance.org>, Ava Sullivan <sullivan@ecohealthalliance.org>, Predict inbox <predict@ucdavis.edu>, Brian Bird <bhbird@ucdavis.edu>, "Makonnen, Yilma (FAOKE)" [REDACTED] "Morzaria, Subhash (TCE)" [REDACTED] Jonna Mazet <jkmazet@ucdavis.edu>

Thanks. What populations will you be sampling and when will the study start and end?

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 7, 2018, at 12:30 PM, Munster, Vincent (NIH/NIAID) [E] <vincent.munster@nih.gov> wrote:

Hi guys,

We are currently prepping an ecological investigation along the transect from Massoko to Liranga. This is part of our long-term research efforts in collaboration with the national public health lab and the WCS.

We will alignment this effort with deployment of a mobile lab and will be supported by the WHO.

I'll keep you guys posted,

Cheers,

Vincent

Sent from my iPhone

On Jun 7, 2018, at 10:27, Andrew Clements <aclements@usaid.gov> wrote:

Thank you, Charles. That is fine.

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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I've just resumed work this morning in Brazzaville after my visit in East Africa with Subhash and Yilma. However, I've been following FAO participation in consultation meetings for Ebola preparedness during my absence. The plan is still under discussion and we agreed that specific activities related to the animal health sector will discussed upon my return. In this regards,

I will be meeting with the veterinary services tomorrow (and hope to get Eeva from WCS

involved) and will get back to you with more details.
With my best regards,
C.

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

Sent: jeudi 7 juin 2018 09:47

To: Munster, Vincent (NIH/NIAID) [E] <vincent.munster@nih.gov>; William Karesh

<karesh@ecohealthalliance.org>; Bebay, Charles (FAOCG) <**REDACTED**>

Cc: Mario Freddy Mondele <mmondele@usaid.gov>; Anne Laudisoit <laudisoit@ecohealthalliance.org>; Ava Sullivan <sullivan@ecohealthalliance.org>; Predict inbox <predict@ucdavis.edu>; Brian Bird <bhbird@ucdavis.edu>; Makonnen, Yilma (FAOKE) <**REDACTED**>
Morzaria, Subhash (TCE) <**REDACTED**> Jonna Mazet <jkmazet@ucdavis.edu>

Subject: Re: Ebola preparedness needs in RoC

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Can you let me know the status of NIH, PREDICT, and FAO activities (not just surveillance but also lab strengthening)? It would be helpful if you could divide by: what has already taken place; and what is planned. Any specifics about geographic locations and species to be sampled would also be welcome.

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Subject: Re: Ebola preparedness needs in RoC
Sent: Thu, 7 Jun 2018 11:26:21 +0000

Bats, rodents, livestock and bushmeat, we will likely head out next week.
There is probably not too much bushmeat (mostly fishing villages), but there are some markets.

We'll have a combined WCS/NIH/NPHL team and will take some local vets along.

Cheers,

Vincent

Sent from my iPhone

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Date: Friday, June 1, 2018 at 6:44 PM

To: "vincent.munster@nih.gov" <vincent.munster@nih.gov>

Cc: Andrew Clements <AClements@usaid.gov>, Mario Freddy Mondele <mmondele@usaid.gov>, Anne Laudisoit <laudisoit@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>, Ava Sullivan <sullivan@ecohealthalliance.org>, Predict inbox <predict@ucdavis.edu>, Brian Bird <bhbird@ucdavis.edu>

Subject: Re: Ebola preparedness needs in RoC

Thanks Vincent. Any more information and details you can get would be really helpful.

BK

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](#)

[+1.212.380.4463](tel:+12123804463) (direct)
[+1.212.380.4465](tel:+12123804465) (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 1, 2018, at 1:09 PM, Munster, Vincent (NIH/NIAID) [E] <vincent.munster@nih.gov> wrote:

Hi guys,

I think it is nothing too complicated, but some

rewiring and voltage regulators and UPSs should do the trick,

The back-up generator is working,

Let me how you would like to approach this, as some of the rooms in the labs have recently been rewired, I can see what the estimated costs are.

vincent

From: Andrew Clements
<AClements@usaid.gov>

Date: Friday, June 1, 2018 at 2:42 PM

To: William Karesh <karesh@ecohealthalliance.org>

Cc: Mario Freddy Mondele <mmondele@usaid.gov>, Anne Laudisoit
<laudisoit@ecohealthalliance.org>, Jonna
Mazet <jkmazet@ucdavis.edu>, Ava Sullivan
<sullivan@ecohealthalliance.org>,
"vincent.munster@nih.gov"
<vincent.munster@nih.gov>, Predict inbox
<predict@ucdavis.edu>, Brian Bird
<bhbird@ucdavis.edu>

Subject: Re: Ebola preparedness needs in RoC

I agree. Since there are potentially multiple partners available to assist ROC with labs, it would be very helpful to us to know the needs and what others are doing so that we can all be sure it's prioritized and well coordinated. From my perspective, the Embassy and Mission are in the best position to play this outreach/coordination role.

Andrew

On Fri, Jun 1, 2018 at 2:38 PM, William B. Karesh
<karesh@ecohealthalliance.org> wrote:

Dear Andrew and Mario,

We are trying to clarify needs/requests from Dr. Mombouli, the director of the national public health lab and the Ebola coordinator for RoC.

Just to expedite the communications and with the weekend rapidly approaching, I thought it might help if Mario, you might be able to speak directly with Dr. Mombouli and see if their needs could be accommodated through any mechanisms USAID or the Embassy has in place.

Dr. Vincent Munster from US NIH is in Brazzaville now and may also be able to help clarify needs.

We are hearing that the lab in Bz and a mobile lab

are both ready, but they need help with electricity and wiring for the lab and some type of help for the mobile lab surveillance operations. We are trying to get more details, but it might be easier if we got you connected directly and then we can all help to follow up.

Thanks,

Billy

William B. Karesh, D.V.M

Executive Vice President for Health and Policy

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--

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: Elizabeth Leasure <ealeasure@ucdavis.edu>
To: Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Ben Larman <[REDACTED]>
Cc: Rob Kahl <[REDACTED]>, "predict@ucdavis.edu" <predict@ucdavis.edu>, Hannah R Chale <hrchale@ucdavis.edu>
Sent: Wed, 27 Jun 2018 19:39:54 +0000
Subject: [predict] RE: Serology for PREDICT - human samples

Hi Ben. A subaward is fine. We will need to obtain approval from our AOR, but the process is fairly straightforward and shouldn't take too long. To start, I'll need a budget and justification for the work to be completed, as well as a copy of your institutions Negotiated Indirect Cost Rate Agreement (NICRA). I'm happy to also work directly with your admin support if that is easier.

Thanks,
Liz

*Elizabeth Leasure
Financial Operations Manager
One Health Institute
[REDACTED] (cell)
530-754-9034 (office)
Skype: ealeasure*

From: Christine Kreuder Johnson
Sent: Wednesday, June 27, 2018 12:35 PM
To: Ben Larman <[REDACTED]>
Cc: Rob Kahl <[REDACTED]>; Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
Subject: Re: Serology for PREDICT - human samples

Thanks Ben,
We understand. It's likely best for Rob to talk to Liz Leasure (PREDICT financial officer, cc'd here) directly to see what might be feasible.
Thank you
/ckj

From: Ben Larman <[REDACTED]>
Date: Tuesday, June 26, 2018 at 3:03 PM
To: Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>
Cc: Rob Kahl <[REDACTED]>
Subject: Re: Serology for PREDICT - human samples

Hi Christine,

So unfortunately after speaking with our department's financial administrator, it turns out I was wrong about our ability to invoice directly. This would not be in accordance with our effort tracking and financial accountability practices. It seems the only way this project could work, is as a grant subcontract. Rob could provide additional details on overhead etc, for this type of project if it is still something you'd like to do.

Thanks and sorry for the mistake,

Ben

H. Benjamin Larman, Ph.D.
Assistant Professor, Immunopathology
<https://labs.pathology.jhu.edu/larman/>
Johns Hopkins School of Medicine
Ross Research Building, Room 664B
720 Rutland Avenue

Baltimore, MD 21205
P: 410-614-6525 T: @larmanlab

Please share papers of interest and I'll return the favor!

From: Andrew Clements <aclements@usaid.gov>
Sent: Sun, 15 Jul 2018 08:54:13 +0200
Subject: Fwd: USAID GHSA Proposed Field Visit to PREDICT-2 Project Site - July 23-26, 2018
To: predictmgt@usaid.gov, djwolking@ucdavis.edu, Jonna Mazet <jkmazet@ucdavis.edu>

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
Email: aclements@usaid.gov*

Begin forwarded message:

From: Benard Ssebide <**REDACTED**>
Date: July 14, 2018 at 11:53:58 AM GMT+2
To: Gregory Adams <gadams@usaid.gov>
Cc: Wilberforce Owembabazi <wowembabazi@usaid.gov>, Mike Cranfield <**REDACTED**>, Lisa Kramer <lkramer@usaid.gov>, Andrew Clements <aclements@usaid.gov>, Sarah Paige <spaige@usaid.gov>, Kirsten Gilardi <kvgilardi@ucdavis.edu>
Subject: Re: USAID GHSA Proposed Field Visit to PREDICT-2 Project Site - July 23-26, 2018

Dear Greg,

Yes this timing is still fine with us. Just let us know when these dates are confirmed.

Benard.

On Fri, Jul 13, 2018 at 11:59 AM, Gregory Adams <gadams@usaid.gov> wrote:

Dear Benard,

The purpose of this message is to follow up on our earlier discussion about coming out for a PREDICT-2 site visit.

Depending on other activities during this time period, it may be just me or both Owe and me who come to Bwindi. We are proposing a visit to the PREDICT-2 project site in Bwindi from July 23-26, 2018. We hope to accomplish two objectives during the visit:

1. Observe PREDICT-2 project field activities being implemented through interaction with project staff and local stakeholders/beneficiaries; and
2. Review and discuss the PREDICT-2 Year 5 Annual Workplan.

The plan would be to leave Kampala the morning of Monday, July 23rd arriving in the late afternoon. If it is convenient, we would plan to stay at the Bwindi Community Hospital Guest House. On Tuesday and Wednesday, July 24th-25th we would meet with project staff and local stakeholders/beneficiaries to gain an understanding of the PREDICT-2 project activities, and to discuss the Year 5 workplan. On Thursday, July 26th we would depart Bwindi in the morning, arriving back in Kampala late afternoon. Effectively, we would be there for two days.

How does this sound as a proposed itinerary for the field visit? Please let us know what you suggest and if these dates are still convenient.

Thanks and best regards,

Gregory J. Adams

Senior Global Health Security Agenda (GHSA) Advisor

USAID Mission Kampala

Cellphone: + **REDACTED**

Office Phone: +256 0414 306001 ext. 6599

Email: gadams@usaid.gov

From: David J Wolking <djwolking@ucdavis.edu>
Sent: Wed, 18 Jul 2018 15:10:23 -0700
To: "Clements, Andrew (GH/HIDN)" <AClements@usaid.gov>, Alisa Pereira Emerging Threats Division <apereira@usaid.gov>, PREDICTMGT <predictmgt@usaid.gov>
Cc: "predict@ucdavis.edu" <predict@ucdavis.edu>
Subject: [predict] Fwd: FW: IMPORTANT: GHSA Workplan and Reporting Timelines
[1. FY19 GHSA Workplan Guidance.docx](#)
[2. PARTNER NAME FY19 GHSA Workplan.xlsx](#)
[PROJECT NAME FY18Q4 GHSA Phase 1 Template.docx](#)
[1. GHSA FY18 New Partner Guide final.docx](#)

Hi Andrew,
We received this today via USAID/Guinea (Tamar Bah), it's already been circulated to our Guinea country team but also the first we are seeing of it at HQ. Just keeping you in the loop. I've put it on our agenda for next week's Management Team call. Note the deadlines below (October 1, 2018) for both the GHSA workplans and GHSA Annual Reports.

Best,

David

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

From: Corina Grigorescu Monagin <cgmonagin@ucdavis.edu>
Date: Wed, Jul 18, 2018 at 10:19 AM
Subject: FW: IMPORTANT: GHSA Workplan and Reporting Timelines
To: David John Wolking <djwolking@ucdavis.edu>, Elizabeth Leasure <ealeasure@ucdavis.edu>, Jaber Amine Belkhiria <jabelkhiria@ucdavis.edu>, [predict@ucdavis.edu](#) <[predict@ucdavis.edu](#)>

From: Tamar Bah <tbah@usaid.gov>
Date: Wednesday, July 18, 2018 at 10:05 AM
To: NDiaye Mamadou Racine <[\[REDACTED\]](#)>, Alpha Oumar Camara <[\[REDACTED\]](#)>, Pépé Bilivogui <[\[REDACTED\]](#)>, Djimasbe Ngaradoum <[dngaradoum@cnfaguinee.org](#)>
Cc: Serge Agbo <[\[REDACTED\]](#)>, "Soumare, Baba (RAF)" <[\[REDACTED\]](#)>, Corina Grigorescu Monagin <[cgmonagin@UCDAVIS.EDU](#)>, Mamy Keita <[makeita@usaid.gov](#)>, Brioni James <[bjames@usaid.gov](#)>, Ibrahim Fofanah <[ifofanah@usaid.gov](#)>, Amanda Paust <[apaust@usaid.gov](#)>, Harris Ayuk-Takor <[htakor@cnfa.org](#)>
Subject: Fwd: IMPORTANT: GHSA Workplan and Reporting Timelines

Dear partners,

Please find below guidelines for GHSA reporting and work planning.

Included in this email is the GHSA New Partner Guide, the workplan template and guidance, and the reporting template.

As usual, we want to capture successes, challenges and how we addressed those challenges.

Let us know if you have questions.

Thanks!

Tamar T. Bah, MPH

Global Health Security Agenda Advisor

Currently in Kinshasa +2430817452962

USAID Guinea

Office: +224 655104564

Cell: **REDACTED**

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

From: **Amanda Paust** <apaust@usaid.gov>

Dear A/CORs of GHSA awards,

GHSA workplanning and reporting season is here. Please see below and attached for timelines and guidance on GHSA FY19 workplans and FY18 annual reports. Please forward to your partners as soon as possible. I am available to meet with A/CORs and/or any partners who this may be their first reporting period or have any questions on templates or timelines. Included in this email is the GHSA New Partner Guide, the workplan template and guidance, and the reporting template.

Reports are due to the A/COR and apaust@usaid.gov by the below deadline.

FY19 Workplan timeline:

No later than COB October 1, 2018*

FY18 Annual Report timeline:

No later than COB October 1, 2018

*Mission colleagues-please note EPT2 (FAO, PREDICT and OHW) partners may have different workplan timelines from other GHSA partners. Additional communication is forthcoming.

Best,

Mandy Paust, M.A.

GHSA Advisor
Emerging Threats Division
Office of Infectious Disease, Bureau for Global Health
Desk phone: (571)551.7127
Mobile: **REDACTED**

apaust@usaid.gov

Overall Workplan Guidance

See below for overall guidance on the FY19 GHSA work-planning process. Before beginning to fill in activities in the excel template, be sure to read the instructions tab thoroughly.

- Provide a narrative to further contextualize the excel template. The format will be agreed upon between partner and A/COR.
- Partners should provide a matrix of all countries with FY18 workplan budget figures (see tab- Overview Budget)
- As required, resources may be used for outbreak response as appropriate, in conjunction and with approval by AORs.
- The bulk of activities supported with GHSA funds should fall on the critical path to achieving higher Action Package (AP) capacity levels. For example, for laboratory support (the National Laboratory System Action Package) GHSA is mostly interested in establishing national laboratory systems for the ten priority lab tests outlined in the JEE tool (6 standard and 4 country specific), as well as lab detection for the priority zoonotic diseases under the Zoonotic Action Package. Please remember that a lab system involves more than one lab and builds toward national coverage so that labs at the district level are also strengthened.
- As mentioned, the focus of the GHSA work-plans is to make progress on the AP capacity levels. Other activities supported by partners should be included in the 'Other' category of the template (see instructions tab).
- USAID partners only address selected Action Package technical areas and are not expected to include activities for the areas beyond each partner's scope.
- Attached are the topline definitions or additional information that many partners assisted in developing for selected GHSA technical areas. Some partners support activities beyond these seven technical areas. Definitions for the remainder of the GHSA AP areas will be developed in the coming year.
- The workplan is auto-populated for column A for the Action Packages that align best with USAID's objective.

PROJECT NAME FY18Q4 GHSA

Phase I Semi-Annual Report

All Phase I countries will submit progress reports on GHSA implementation on a semi-annual basis. At this time Phase II countries will report annually, using a separate template. The US Embassy in each country is responsible for preparing and submitting the required progress reports to the interagency. To aid USAID Missions in completing their report utilizing implementing partner activities and progress, USAID asks implementing partners to submit semi-annual reports for Phase I countries. Partners will be requested report on specific progress toward raising a country's capacity levels. As previously mentioned, the focus of USAID's GHSA work is to make progress on the AP capacity levels measured by [WHO's JEE tool](#).

The timeline for FY18 is below. Due to ad hoc reporting and effective project monitoring, USAID may need to adjust the reporting schedule, but will do its best to give advance notice. Reports are due to the USAID GHSA Washington team and the project AOR.

Report	Due Date
FY18Q2 Mid-year Progress Report	April 16, 2018
FY18Q4 End of the Year Progress Report	October 1, 2018

Notes:

- The FY18 Q2 reporting timeline is from October 1, 2017-March 31, 2018
- The FY18 Q4 reporting timeline is from April 1, 2018-September 30, 2018
- For more information on action packages, capacity levels and indicators, please use the JEE Tool:
http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172_eng.pdf
- Please see the attached document titled "Additional Information on the Joint External Evaluation Level of Capacity Score Descriptions," which provides supplementary information on many of the capacity levels.
- Send relevant pictures with captions/photo credit to enhance reporting
- Please fill all sections of the template for relevant countries, including Sections 2-4 after the chart.

Africa

Country
1. Burkina Faso
2. Cameroon
3. Cote d'Ivoire
4. Ethiopia
5. Guinea
6. Kenya
7. Liberia
8. Mali
9. Senegal
10. Sierra Leone
11. Tanzania
12. Uganda

Asia

Country
1. Bangladesh
2. India
3. Indonesia
4. Vietnam

Burkina Faso

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

1 USAID's GHSA Technical Focus Areas	2 GHSA Indicator	3 Specific progress made toward capacity level	4 Comments
Antimicrobial Resistance (AMR)	P.3.1 Antimicrobial resistance detection		
	P.3.2 Surveillance of infections caused by AMR pathogens		
	P.3.3 Healthcare associate infection (HCAI) prevention and control programs		
	P.3.4 Antimicrobial stewardship activities		
Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens		
	P.4.2: Veterinary or Animal Health Workforce		
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis		
Biosafety and Biosecurity	P.6.2: BSS training and practices (focused on animal health)		
Immunization	P.7.1 Vaccine coverage (measles) as part of national program		

	P.7.2 National vaccine access and delivery		
Laboratory Systems Strengthening	D.1.1: Laboratory testing for detection of priority diseases (focused on animal health)		
	P.1.2: Specimen referral and transport system (focused on animal health)		
	D.1.4: Laboratory Quality System (focused on animal health)		
Real Time Surveillance	D.2.1 Indicator and event based surveillance systems		
	D.2.2 Interoperable, interconnected, electronic real-time reporting system		
	D.2.3 Analysis of surveillance data		
	D.2.4 Syndromic surveillance systems		
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
	D.3.2 Reporting network and protocols in country		
Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		

	R.1.2 Priority public health risks and resources are mapped and utilized		
Medical Countermeasures and Personnel Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency R.4.2 System is in place for sending and receiving health personnel during a public health emergency		
Risk Communication	R.5.1 Risk communication systems (plans, mechanisms, etc)		
	R.5.2 Internal and partner communication and coordination		
	R.5.3 Public communication		
	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Cameroon

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

1	2	3	4
USAID's GHSA Technical Focus	GHSA Indicator	Specific progress made toward capacity level	Comments

Areas			
Antimicrobial Resistance (AMR)	P.3.1 Antimicrobial resistance detection		
	P.3.2 Surveillance of infections caused by AMR pathogens		
	P.3.3 Healthcare associate infection (HCAI) prevention and control programs		
	P.3.4 Antimicrobial stewardship activities		
Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens		
	P.4.2: Veterinary or Animal Health Workforce		
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis		
Biosafety and Biosecurity	P.6.2: BSS training and practices (focused on animal health)		
Immunization	P.7.1 Vaccine coverage (measles) as part of national program		
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Real Time Surveillance	D.2.1 Indicator and event based surveillance systems		
	D.2.2 Interoperable, interconnected, electronic real-time reporting system		
	D.2.3 Analysis of surveillance data		
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Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
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Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
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	R.5.2 Internal and partner communication and coordination		
	R.5.3 Public communication		
	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Cote D'Ivoire

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

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	P.1.2: Specimen referral and transport system (focused on animal health)		
	D.1.4: Laboratory Quality		

	System (focused on animal health)		
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	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Ethiopia

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

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	R.5.3 Public communication		
	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Guinea

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

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	D.2.2 Interoperable, interconnected, electronic real-time reporting system		
	D.2.3 Analysis of surveillance data		
	D.2.4 Syndromic surveillance systems		
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
	D.3.2 Reporting network and protocols in country		
Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		
	R.1.2 Priority public health risks and resources are mapped and utilized		
Medical Countermeasures and Personnel Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency		
Risk Communication	R.5.1 Risk communication systems (plans, mechanisms, etc)		
	R.5.2 Internal and partner communication and coordination		

	R.5.3 Public communication		
	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Kenya

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

1	2	3	4
USAID's GHSA Technical Focus Areas	GHSA Indicator	Specific progress made toward capacity level	Comments
Antimicrobial Resistance (AMR)	P.3.1 Antimicrobial resistance detection		
	P.3.2 Surveillance of infections caused by AMR pathogens		
	P.3.3 Healthcare associate infection (HCAI) prevention and control programs		
	P.3.4 Antimicrobial stewardship activities		

Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens		
	P.4.2: Veterinary or Animal Health Workforce		
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis		
Biosafety and Biosecurity	P.6.2: BSS training and practices (focused on animal health)		
Immunization	P.7.1 Vaccine coverage (measles) as part of national program		
	P.7.2 National vaccine access and delivery		
Laboratory Systems Strengthening	D.1.1: Laboratory testing for detection of priority diseases (focused on animal health)		
	P.1.2: Specimen referral and transport system (focused on animal health)		
	D.1.4: Laboratory Quality System (focused on animal health)		
Real Time Surveillance	D.2.1 Indicator and event based surveillance systems		
	D.2.2 Interoperable, interconnected, electronic real-time reporting system		

	D.2.3 Analysis of surveillance data		
	D.2.4 Syndromic surveillance systems		
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
	D.3.2 Reporting network and protocols in country		
Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		
	R.1.2 Priority public health risks and resources are mapped and utilized		
Medical Countermeasures and Personnel Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency		
Risk Communication	R.5.1 Risk communication systems (plans, mechanisms, etc)		
	R.5.2 Internal and partner communication and coordination		
	R.5.3 Public communication		

	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Liberia

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

1	2	3	4
USAID's GHSA Technical Focus Areas	GHSA Indicator	Specific progress made toward capacity level	Comments
Antimicrobial Resistance (AMR)	P.3.1 Antimicrobial resistance detection		
	P.3.2 Surveillance of infections caused by AMR pathogens		
	P.3.3 Healthcare associated infection (HCAI) prevention and control programs		
	P.3.4 Antimicrobial stewardship activities		

Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens		
	P.4.2: Veterinary or Animal Health Workforce		
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis		
Biosafety and Biosecurity	P.6.2: BSS training and practices (focused on animal health)		
Immunization	P.7.1 Vaccine coverage (measles) as part of national program		
	P.7.2 National vaccine access and delivery		
Laboratory Systems Strengthening	D.1.1: Laboratory testing for detection of priority diseases (focused on animal health)		
	P.1.2: Specimen referral and transport system (focused on animal health)		
	D.1.4: Laboratory Quality System (focused on animal health)		
Real Time Surveillance	D.2.1 Indicator and event based surveillance systems		
	D.2.2 Interoperable, interconnected, electronic real-time reporting system		

	D.2.3 Analysis of surveillance data		
	D.2.4 Syndromic surveillance systems		
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
	D.3.2 Reporting network and protocols in country		
Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		
	R.1.2 Priority public health risks and resources are mapped and utilized		
Medical Countermeasures and Personnel Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency		
Risk Communication	R.5.1 Risk communication systems (plans, mechanisms, etc)		
	R.5.2 Internal and partner communication and coordination		
	R.5.3 Public communication		

	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Mali

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

1	2	3	4
USAID's GHSA Technical Focus Areas	GHSA Indicator	Specific progress made toward capacity level	Comments
Antimicrobial Resistance (AMR)	P.3.1 Antimicrobial resistance detection		
	P.3.2 Surveillance of infections caused by AMR pathogens		
	P.3.3 Healthcare associate infection (HCAI) prevention and control programs		
	P.3.4 Antimicrobial stewardship activities		
Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens		

	P.4.2: Veterinary or Animal Health Workforce		
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis		
Biosafety and Biosecurity	P.6.2: BSS training and practices (focused on animal health)		
Immunization	P.7.1 Vaccine coverage (measles) as part of national program		
	P.7.2 National vaccine access and delivery		
Laboratory Systems Strengthening	D.1.1: Laboratory testing for detection of priority diseases (focused on animal health)		
	P.1.2: Specimen referral and transport system (focused on animal health)		
	D.1.4: Laboratory Quality System (focused on animal health)		
Real Time Surveillance	D.2.1 Indicator and event based surveillance systems		
	D.2.2 Interoperable, interconnected, electronic real-time reporting system		
	D.2.3 Analysis of surveillance data		
	D.2.4 Syndromic surveillance systems		

Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
	D.3.2 Reporting network and protocols in country		
Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		
	R.1.2 Priority public health risks and resources are mapped and utilized		
Medical Countermeasures and Personnel Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency		
Risk Communication	R.5.1 Risk communication systems (plans, mechanisms, etc)		
	R.5.2 Internal and partner communication and coordination		
	R.5.3 Public communication		
	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		

Other relevant Action Package (fill in)	(fill in appropriate indicator)		
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Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Senegal

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

1	2	3	4
USAID's GHSA Technical Focus Areas	GHSA Indicator	Specific progress made toward capacity level	Comments
Antimicrobial Resistance (AMR)	P.3.1 Antimicrobial resistance detection		
	P.3.2 Surveillance of infections caused by AMR pathogens		
	P.3.3 Healthcare associate infection (HCAI) prevention and control programs		
	P.3.4 Antimicrobial stewardship activities		
Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens		
	P.4.2: Veterinary or Animal Health Workforce		
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis		

Biosafety and Biosecurity	P.6.2: BSS training and practices (focused on animal health)		
Immunization	P.7.1 Vaccine coverage (measles) as part of national program		
	P.7.2 National vaccine access and delivery		
Laboratory Systems Strengthening	D.1.1: Laboratory testing for detection of priority diseases (focused on animal health)		
	P.1.2: Specimen referral and transport system (focused on animal health)		
	D.1.4: Laboratory Quality System (focused on animal health)		
Real Time Surveillance	D.2.1 Indicator and event based surveillance systems		
	D.2.2 Interoperable, interconnected, electronic real-time reporting system		
	D.2.3 Analysis of surveillance data		
	D.2.4 Syndromic surveillance systems		
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
	D.3.2 Reporting network and protocols in country		

Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		
	R.1.2 Priority public health risks and resources are mapped and utilized		
Medical Countermeasures and Personnel Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency		
Risk Communication	R.5.1 Risk communication systems (plans, mechanisms, etc)		
	R.5.2 Internal and partner communication and coordination		
	R.5.3 Public communication		
	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Sierra Leone

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

1 USAID's GHSA Technical Focus Areas	2 GHSA Indicator	3 Specific progress made toward capacity level	4 Comments
Antimicrobial Resistance (AMR)	P.3.1 Antimicrobial resistance detection		
	P.3.2 Surveillance of infections caused by AMR pathogens		
	P.3.3 Healthcare associate infection (HCAI) prevention and control programs		
	P.3.4 Antimicrobial stewardship activities		
Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens		
	P.4.2: Veterinary or Animal Health Workforce		
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis		
Biosafety and Biosecurity	P.6.2: BSS training and practices (focused on animal health)		
Immunization	P.7.1 Vaccine coverage (measles) as part of national program		

	P.7.2 National vaccine access and delivery		
Laboratory Systems Strengthening	D.1.1: Laboratory testing for detection of priority diseases (focused on animal health)		
	P.1.2: Specimen referral and transport system (focused on animal health)		
	D.1.4: Laboratory Quality System (focused on animal health)		
Real Time Surveillance	D.2.1 Indicator and event based surveillance systems		
	D.2.2 Interoperable, interconnected, electronic real-time reporting system		
	D.2.3 Analysis of surveillance data		
	D.2.4 Syndromic surveillance systems		
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
	D.3.2 Reporting network and protocols in country		
Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		

	R.1.2 Priority public health risks and resources are mapped and utilized		
Medical Countermeasures and Personnel Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency R.4.2 System is in place for sending and receiving health personnel during a public health emergency		
Risk Communication	R.5.1 Risk communication systems (plans, mechanisms, etc)		
	R.5.2 Internal and partner communication and coordination		
	R.5.3 Public communication		
	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Tanzania

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

1	2	3	4
USAID's GHSA	GHSA	Specific progress made toward capacity	Comments

Technical Focus Areas	Indicator	level	
Antimicrobial Resistance (AMR)	P.3.1 Antimicrobial resistance detection		
	P.3.2 Surveillance of infections caused by AMR pathogens		
	P.3.3 Healthcare associate infection (HCAI) prevention and control programs		
	P.3.4 Antimicrobial stewardship activities		
Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens		
	P.4.2: Veterinary or Animal Health Workforce		
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis		
Biosafety and Biosecurity	P.6.2: BSS training and practices (focused on animal health)		
Immunization	P.7.1 Vaccine coverage (measles) as part of national program		
	P.7.2 National vaccine access and delivery		

Laboratory Systems Strengthening	D.1.1: Laboratory testing for detection of priority diseases (focused on animal health)		
	P.1.2: Specimen referral and transport system (focused on animal health) D.1.4: Laboratory Quality System (focused on animal health)		
Real Time Surveillance	D.2.1 Indicator and event based surveillance systems		
	D.2.2 Interoperable, interconnected, electronic real-time reporting system		
	D.2.3 Analysis of surveillance data		
	D.2.4 Syndromic surveillance systems		
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
	D.3.2 Reporting network and protocols in country		
Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		
	R.1.2 Priority public health risks and resources are mapped and utilized		

Medical Countermeasures and Personnel Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency		
Risk Communication	R.5.1 Risk communication systems (plans, mechanisms, etc)		
	R.5.2 Internal and partner communication and coordination		
	R.5.3 Public communication		
	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Uganda

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

1	2	3	4
USAID's GHSA Technical Focus Areas	GHSA Indicator	Specific progress made toward capacity level	Comments

Antimicrobial Resistance (AMR)	P.3.1 Antimicrobial resistance detection		
	P.3.2 Surveillance of infections caused by AMR pathogens		
	P.3.3 Healthcare associated infection (HCAI) prevention and control programs		
	P.3.4 Antimicrobial stewardship activities		
Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens		
	P.4.2: Veterinary or Animal Health Workforce		
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis		
Biosafety and Biosecurity	P.6.2: BSS training and practices (focused on animal health)		
Immunization	P.7.1 Vaccine coverage (measles) as part of national program		
	P.7.2 National vaccine access and delivery		
Laboratory Systems Strengthening	D.1.1: Laboratory testing for detection of priority diseases (focused on animal health)		
	P.1.2: Specimen referral and		

	transport system (focused on animal health)		
	D.1.4: Laboratory Quality System (focused on animal health)		
Real Time Surveillance	D.2.1 Indicator and event based surveillance systems		
	D.2.2 Interoperable, interconnected, electronic real-time reporting system		
	D.2.3 Analysis of surveillance data		
	D.2.4 Syndromic surveillance systems		
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
	D.3.2 Reporting network and protocols in country		
Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		
	R.1.2 Priority public health risks and resources are mapped and utilized		
Medical Countermeasures and Personnel Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		

	R.4.2 System is in place for sending and receiving health personnel during a public health emergency		
Risk Communication	R.5.1 Risk communication systems (plans, mechanisms, etc)		
	R.5.2 Internal and partner communication and coordination		
	R.5.3 Public communication		
	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Bangladesh

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

1	2	3	4
USAID's GHSA Technical Focus Areas	GHSA Indicator	Specific progress made toward capacity level	Comments
Antimicrobial Resistance (AMR)	P.3.1 Antimicrobial resistance detection		

	P.3.2 Surveillance of infections caused by AMR pathogens		
	P.3.3 Healthcare associate infection (HCAI) prevention and control programs		
	P.3.4 Antimicrobial stewardship activities		
Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens		
	P.4.2: Veterinary or Animal Health Workforce		
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis		
Biosafety and Biosecurity	P.6.2: BSS training and practices (focused on animal health)		
Immunization	P.7.1 Vaccine coverage (measles) as part of national program		
	P.7.2 National vaccine access and delivery		
Laboratory Systems Strengthening	D.1.1: Laboratory testing for detection of priority diseases (focused on animal health)		
	P.1.2: Specimen referral and transport system (focused on animal health)		
	D.1.4: Laboratory Quality		

	System (focused on animal health)		
Real Time Surveillance	D.2.1 Indicator and event based surveillance systems		
	D.2.2 Interoperable, interconnected, electronic real-time reporting system		
	D.2.3 Analysis of surveillance data		
	D.2.4 Syndromic surveillance systems		
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
	D.3.2 Reporting network and protocols in country		
Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		
	R.1.2 Priority public health risks and resources are mapped and utilized		
Medical Countermeasures and Personnel Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency		

Risk Communication	R.5.1 Risk communication systems (plans, mechanisms, etc)		
	R.5.2 Internal and partner communication and coordination		
	R.5.3 Public communication		
	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

India

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

1	2	3	4
USAID's GHSA Technical Focus Areas	GHSA Indicator	Specific progress made toward capacity level	Comments
Antimicrobial Resistance (AMR)	P.3.1 Antimicrobial resistance detection		
	P.3.2 Surveillance of infections caused by AMR pathogens		
	P.3.3 Healthcare associate infection (HCAI) prevention and control programs		

	P.3.4 Antimicrobial stewardship activities		
Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens		
	P.4.2: Veterinary or Animal Health Workforce		
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis		
Biosafety and Biosecurity	P.6.2: BSS training and practices (focused on animal health)		
Immunization	P.7.1 Vaccine coverage (measles) as part of national program		
	P.7.2 National vaccine access and delivery		
Laboratory Systems Strengthening	D.1.1: Laboratory testing for detection of priority diseases (focused on animal health)		
	P.1.2: Specimen referral and transport system (focused on animal health)		
	D.1.4: Laboratory Quality System (focused on animal health)		
Real Time Surveillance	D.2.1 Indicator and event based surveillance systems		

	D.2.2 Interoperable, interconnected, electronic real-time reporting system		
	D.2.3 Analysis of surveillance data		
	D.2.4 Syndromic surveillance systems		
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
	D.3.2 Reporting network and protocols in country		
Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		
	R.1.2 Priority public health risks and resources are mapped and utilized		
Medical Countermeasures and Personnel Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency		
Risk Communication	R.5.1 Risk communication systems (plans, mechanisms, etc)		
	R.5.2 Internal and partner communication and coordination		

	R.5.3 Public communication		
	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Indonesia

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

1	2	3	4
USAID's GHSA Technical Focus Areas	GHSA Indicator	Specific progress made toward capacity level	Comments
Antimicrobial Resistance (AMR)	P.3.1 Antimicrobial resistance detection		
	P.3.2 Surveillance of infections caused by AMR pathogens		
	P.3.3 Healthcare associate infection (HCAI) prevention and control programs		
	P.3.4 Antimicrobial stewardship activities		

Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens		
	P.4.2: Veterinary or Animal Health Workforce		
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis		
Biosafety and Biosecurity	P.6.2: BSS training and practices (focused on animal health)		
Immunization	P.7.1 Vaccine coverage (measles) as part of national program		
	P.7.2 National vaccine access and delivery		
Laboratory Systems Strengthening	D.1.1: Laboratory testing for detection of priority diseases (focused on animal health)		
	P.1.2: Specimen referral and transport system (focused on animal health)		
	D.1.4: Laboratory Quality System (focused on animal health)		
Real Time Surveillance	D.2.1 Indicator and event based surveillance systems		
	D.2.2 Interoperable, interconnected, electronic real-time reporting system		

	D.2.3 Analysis of surveillance data		
	D.2.4 Syndromic surveillance systems		
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
	D.3.2 Reporting network and protocols in country		
Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		
	R.1.2 Priority public health risks and resources are mapped and utilized		
Medical Countermeasures and Personnel Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency		
Risk Communication	R.5.1 Risk communication systems (plans, mechanisms, etc)		
	R.5.2 Internal and partner communication and coordination		
	R.5.3 Public communication		

	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

Vietnam

SECTION 1: SUMMARY OF HEALTH SECURITY CAPACITIES AND CHANGES IN CAPACITY

1	2	3	4
USAID's GHSA Technical Focus Areas	GHSA Indicator	Specific progress made toward capacity level	Comments
Antimicrobial Resistance (AMR)	P.3.1 Antimicrobial resistance detection		
	P.3.2 Surveillance of infections caused by AMR pathogens		
	P.3.3 Healthcare associated infection (HCAI) prevention and control programs		
	P.3.4 Antimicrobial stewardship activities		

Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens		
	P.4.2: Veterinary or Animal Health Workforce		
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis		
Biosafety and Biosecurity	P.6.2: BSS training and practices (focused on animal health)		
Immunization	P.7.1 Vaccine coverage (measles) as part of national program		
	P.7.2 National vaccine access and delivery		
Laboratory Systems Strengthening	D.1.1: Laboratory testing for detection of priority diseases (focused on animal health)		
	P.1.2: Specimen referral and transport system (focused on animal health)		
	D.1.4: Laboratory Quality System (focused on animal health)		
Real Time Surveillance	D.2.1 Indicator and event based surveillance systems		
	D.2.2 Interoperable, interconnected, electronic real-time reporting system		

	D.2.3 Analysis of surveillance data		
	D.2.4 Syndromic surveillance systems		
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE		
	D.3.2 Reporting network and protocols in country		
Workforce Development	D.4.1: Human resources are available to implement IHR core capacity requirements		
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented		
	R.1.2 Priority public health risks and resources are mapped and utilized		
Medical Countermeasures and Personnel Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency		
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency		
Risk Communication	R.5.1 Risk communication systems (plans, mechanisms, etc)		
	R.5.2 Internal and partner communication and coordination		
	R.5.3 Public communication		

	R.5.4 Communication engagement with affected communities		
	R.5.5 Dynamic listening and rumor management		
Other relevant Action Package (fill in)	(fill in appropriate indicator)		

Section 2: Major success stories/notable achievements

Section 3: Challenges and potential solutions (if applicable)

Section 4: Outbreak response (if applicable)

GHSA FY18 New Partner Guide

I. Introduction to GHSA

Purpose Statement

This guide is meant to provide an overview of the multilateral initiative of the Global Health Security Agenda (GHSA), the US' commitment and role, and expectations for partners who receive GHSA funds.

Overview

The Global Health Security Agenda was launched in February 2014 to advance a world safe and secure from infectious disease threats, to bring together nations from all over the world to make new, concrete commitments, and to elevate global health security as a national leaders-level priority. The G7 endorsed the GHSA in June 2014, and Finland and Indonesia hosted commitment development meetings to spur action in May and August. Since 2016, nearly 60 countries have signed on to become members on the GHSA.

Through a partnership of nearly 50 nations, international organizations, and non-governmental stakeholders, GHSA is facilitating collaborative, capacity-building efforts to achieve specific and measurable targets around biological threats, while accelerating achievement of the core capacities required by the [World Health Organization's \(WHO's\) International Health Regulations \(IHR\)](#), the [World Organization of Animal Health's \(OIE\) Performance of Veterinary Services Pathway](#), and other relevant global health security frameworks. USG and International progress of IHR is measured by [WHO's Joint External Evaluation Tool](#). The multilateral partnership is led and supported by a GHSA Steering Group composed of 10 member nations. The Chair of this Steering Group is filled by a different nation each year. The Republic of South Korea was the Chair of the Steering Group in 2017; Italy is the Chair in 2018. For more information on the GHSA multilateral initiative, visit www.ghsagenda.org.

US Commitment

The US Commitment to the GHSA was formally established by an Executive order in November 2016. A high priority for the US government; the National Security Council currently convenes an interagency review council which includes multiple agencies. USAID, CDC, and DoD are the primary implementing agencies. The United States is investing resources across 17 Phase I countries to build capacity to prevent, detect, and respond to future infectious disease outbreaks. In addition, USG committed to help 14 Phase II countries and the Caribbean region to develop 5-year roadmaps to build GHSA capacities. Some countries have elected to publish their [roadmaps online](#). USAID has played a critical role in identifying and filling gaps in these roadmaps with USAID Implementing Partners. Given the goals of GHSA cannot be achieved independently; USAID is committed to collaborating with and supporting interagency partners to foster a cohesive and effective USG effort. USAID has focused its resources on the Africa Phase I countries listed in the above chart.

Phase I	Phase II
Bangladesh	Cambodia
Burkina Faso*	DRC
Cameroon*	Georgia
Cote D'Ivoire*	Ghana
Ethiopia*	Haiti
Guinea*	Jordan
India	Kazakhstan
Indonesia	Laos
Kenya*	Malaysia
Liberia*	Mozambique
Mali*	Peru
Pakistan	Rwanda
Senegal*	Thailand
Sierra Leone*	Ukraine
Tanzania*	CARICOM
Uganda*	
Vietnam	

*Phase I Africa countries received dedicated USAID resources

Due to USAID's multi-sectoral approach to GHSA, support has been provided to partners working in health sectors, as well as other sectors such as environment, agriculture and livestock along with close collaboration with CDC and their implementers. USG has endorsed 11 action packages to build countries' capacities to prevent epidemics, detect threats early, and respond rapidly and effectively to infectious disease outbreaks. USAID's resources for implementation are Ebola-program funds.

II. GHSA Workplan Guidance

See below for overall guidance on the FY19 GHSA work-planning process. Before beginning to fill in activities in the excel template, be sure to read the instructions tab thoroughly.

- Provide a narrative to further contextualize the excel template. The format will be agreed upon between partner and A/COR.
- Partners should provide a matrix of all countries with FY18 workplan budget figures (see tab- Overview Budget)
- As required, resources may be used for outbreak response as appropriate, in conjunction and with approval by AORs.
- The bulk of activities supported with GHSA funds should fall on the critical path to achieving higher Action Package (AP) capacity levels. For example, for laboratory support (the National Laboratory System Action Package) GHSA is mostly interested in establishing national laboratory systems for the ten priority lab tests outlined in the JEE tool (6 standard and 4 country specific), as well as lab detection for the priority zoonotic diseases under the Zoonotic Action Package. Please remember that a lab system involves more than one lab and builds toward national coverage so that labs at the district level are also strengthened.
- As mentioned, the focus of the GHSA work-plans is to make progress on the AP capacity levels. Other activities supported by partners should be included in the 'Other' category of the template (see instructions tab).
- USAID partners only address selected Action Package technical areas and are not expected to include activities for the areas beyond each partner's scope.
- Attached are the topline definitions or additional information that many partners assisted in developing for selected GHSA technical areas. Some partners support activities beyond these seven technical areas. Definitions for the remainder of the GHSA AP areas will be developed in the coming year.
- The workplan is auto-populated for column A for the Action Packages that align best with USAID's objective.

III. GHSA Semi-Annual Report Guidance to USAID Implementing Partners

All Phase I countries will submit progress reports on GHSA implementation on a semi-annual basis. At this time Phase II countries will report annually, using a separate template. The US Embassy in each country is responsible for preparing and submitting the required progress reports to the interagency. To aid USAID Missions in completing their report utilizing implementing partner activities and progress, USAID asks implementing partners to submit semi-annual reports for Phase I countries. Partners will be requested report on specific progress toward raising a country's capacity levels. As previously mentioned, the focus of USAID's GHSA work is to make progress on the AP capacity levels measured by [WHO's JEE tool](#).

The timeline for FY18 is below. Due to ad hoc reporting and effective project monitoring, USAID may need to adjust the reporting schedule, but will do its best to give advance notice. Reports are due to the USAID GHSA Washington team (apaust@usaid.gov) and the project AOR.

Report	Due Date
FY18Q2 Mid-year Progress Report	April 16, 2018
FY18Q4 End of the Year Progress Report	October 1, 2018

Notes:

- The FY18 Q2 reporting timeline is from October 1, 2017-March 31, 2018
- The FY18 Q4 reporting timeline is from April 1, 2018-September 30, 2018
- For more information on action packages, capacity levels and indicators, please use the JEE Tool:
http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172_eng.pdf
<http://apps.who.int/iris/handle/10665/259961>
- Please see the attached document titled “Additional Information on the Joint External Evaluation Level of Capacity Score Descriptions,” which provides supplementary information on many of the capacity levels.
- Send relevant pictures with captions/photo credit to enhance reporting
- Please fill all sections of the template for relevant countries, including Sections 2-4 after the chart.

USAID's GHSA Technical Focus Areas	GHSA Indicator	JEE/GHSA assessment scores		Specific progress made toward projected capacity score	Comments (e.g. Justification of score increase; Challenges)
		Baseline	Projected at end of FY 2017		
Zoonotic Disease	P.4.1: Surveillance systems in place for priority zoonotic diseases/pathogens	1	2	-Completed a multisectoral zoonotic disease prioritization workshop.	-Country has identified Ebola, Marburg, Brucellosis, Rabies and HPAI as priority diseases and will be developing surveillance and lab capacities as relevant. -Challenge –workshop delayed due to HPAI outbreak
	P.4.2: Veterinary or Animal Health Workforce				
	P.4.3: Mechanisms for responding to infectious zoonosis and potential zoonosis				

IV. Financial reporting

Due to the high political nature of the Ebola funds, activities and funding must be tracked separately from other appropriated funds. Expenditure data must be disaggregated by country, and from other non-Ebola funds. Partners will submit quarterly expenditure data within one month of the close of the fiscal year quarter.

All expenditures must be linked to a specific country and stay within each country's obligation. USAID may request expenditures and/or burn rate on an ad-hoc basis. See a sample format below.

MSH FY17Q3 (submitted 7.15.2017)			
Country	Obligation	LOP Ebola Expenditures	Balance
Cameroon	1,000,000	200,000	800,000

V. GHSA Points of Contact

Richard Greene, GHSA Lead (rgreene@usaid.gov)
 LaToya Armstrong, GHSA Deputy (laarmstrong@usaid.gov)
 Mandy Paust, GHSA Advisor (apaust@usaid.gov)

VI. Additional Resources

Partners should be familiar with the following resources:

1. [USG 2017 Progress and Early Impact from US Investment](#)
2. [World Health Organization's \(WHO's\) International Health Regulations \(IHR\)](#)
3. [World Organization of Animal Health's \(OIE\) Performance of Veterinary Services Pathway](#) (if working on Animal Health)
4. [Joint External Evaluation Tool 1.0](#)
5. [Joint External Evaluation Tool 2.0](#)
6. www.GHSAgenda.org
7. [Action Packages](#)
8. Additional Information on capacity levels developed by USAID for USAID Partners

From: "K.Syaluha Eddy" [REDACTED]
Sent: Thu, 19 Jul 2018 16:29:53 +0300
To: Sarah Paige <spaige@usaid.gov>
Cc: Lindsay Parish <lparish@usaid.gov>, Mike Cranfield [REDACTED]
Andrew Clements <aclements@usaid.gov>, Malangu Doyen [REDACTED], Predict inbox
<predict@ucdavis.edu>, Prince Kimpanga [REDACTED], Modeste DEFFO
[REDACTED], Jean-Felly Numbi <jnumbi@usaid.gov>, "Kone, Philippe (FAOCD)"
[REDACTED], Izetta Minko-Moreau <isimmons@usaid.gov>, Ngona Idi Abdullah
[REDACTED], Marilyn Crane <mcrane@usaid.gov>, gasp [REDACTED], Placide Mbala
<pmbala@metabiota.com>, "Saila-Ngita, Diafuka" [REDACTED], Bethany Haberer
<bhaberer@usaid.gov>, Jessica Pettit <jpettit@usaid.gov>, Lisa Kramer <lkramer@usaid.gov>, Dr
Prime Mulembakani <pmulembakani@metabiota.com>, Kendra Chittenden <kchittenden@usaid.gov>
Subject: [predict] Re: DRC IP call cancelled. Problems with the line again. Opinions on using Zoom?

You welcome and thanks for this communication.

On 7/19/18, Sarah Paige <spaige@usaid.gov> wrote:

> Hi All
> I've opened the line. Prof Ngona had joined as well as someone else, but
> now the line seems to be failing! I am also being prevented from joining
> Modeste and Eddy via their mobiles
>
> I apologize for this continued struggle in our ability to communicate. We
> really need to figure out another system.
>
> I have heard people discuss using Zoom. I can explore that as a way to
> meet going forward. That is something Eddy suggested. Do others have
> experience with Zoom?
>
> In the meantime, I wanted to be sure the partners had received guidance
> from their HQs on workplanning sessions and also wanted to emphasize the
> importance of connecting in person with Jean-Felly and to coordinate with
> each other as you develop your in-country workplan.
>
> Additionally, please be prepared for an in-person partner meeting during
> the week of Sept 24. I will be joining the scoping visit for the new IDDS
> project that will be joining the GHSA team in DRC. We will want your input
> for the workplan that IDDS puts together.
>
> In the meantime please share any new updates that have developed over the
> past couple weeks and, we will target August for our next meeting, and
> please let me know what your opinion is on Zoom!
>
> Thank you!
> sarah
>
> Sarah Paige, PhD, MPH
> Senior Infectious Disease Advisor
> USAID Africa Bureau/Health Division
> Desk: +1-202-712-1814
> Mobile: [REDACTED]
> E-mail: spaige@usaid.gov
>

--

Eddy Syaluha, DVM
Head Veterinarian/Gorilla Doctors
USAID-EPT2 PREDICT Coordinator/Eastern DRC
+243997716830&+250788303973
www.gorilladoctors.org

From: Andrew Clements <aclements@usaid.gov>
To: djwolking@ucdavis.edu <djwolking@ucdavis.edu>; ealeasure@ucdavis.edu
<ealeasure@ucdavis.edu>; Jonna Mazet <jkmazet@ucdavis.edu>; predict@ucdavis.edu
<predict@ucdavis.edu>
Sent: 9/10/2018 11:59:48 AM
Subject: Fwd: FY19 Workplans - Vietnam

FYI.

I asked that they also share this directly with the local Predict office.

*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*

Begin forwarded message:

From: Michael OLeary <moleary@usaid.gov>
Date: September 10, 2018 at 10:40:40 AM GMT+2
To: Angela Wang <awang@usaid.gov>
Cc: "Oanh Kim Thuy (HANOI/OH)" <okim@usaid.gov>, Amanda Paust <apaust@usaid.gov>, PREDICTMGT <predictmgt@usaid.gov>
Subject: Re: FY19 Workplans - Vietnam

Dear Angela and USAID PREDICT Management Team,

Below are some comments on the Year 5 PREDICT/ WCS work plan for Vietnam. Please let us know if we should share this directly with our WCS colleagues in Vietnam also.

Mike and Oanh

COMMENTS

- The overall scope of activities is in keeping with and builds on previous years. We note that surveillance will now shift to data analysis and to ensuring a transition to local and national continuity.
- Activities are generally described at a high level without details; e.g. strengthen skills, share data and information, conduct training, detect priority zoonotic diseases. The information on PREDICT's partners and locations of work does help to clarify the expected inputs, but we hope PREDICT will be able to provide more specifics about what is planned, which will also help in monitoring and assessment of progress. For example for each of the activities in the "Planned activities" column, more detailed information could be included as sub-activities so we can better measure PREDICT's accomplishments this year. This could also be incorporated as line items in an overall budget.
- A strength in the PREDICT plans has to do with engagement at the community level, including things like behavioral surveillance and potential behavioral interventions. If providing more details on activities, it would be an opportunity to highlight specifics in this regard.
- The first activity under P.4.3 "Improve advocacy and communication ..." seems quite similar in content to the fifth one under P.4.3 "Improve cross-sectoral collaboration ...". It seems these could be combined, unless it is intended that they are substantively different.
- Under "Projected Capacities", there needs to be more consideration of the descriptions of capacity levels in the JEE Tool. For example, while the number of specimens tested by PREDICT, training

conducted, or other PREDICT work in recent years are good indicators of PREDICT's achievements, this capacity column, in GHSA terms, should focus on Vietnam's improved capacity (as a result of PREDICT's support). Some of the text could be re-worded to reflect this. As it is, some of it seems to focus more on what PREDICT has done than on what capacity has been built in Vietnam (although these are connected -- PREDICT's work is strengthening Vietnam capacity).

- During Year 5 (and wherever possible in the plan), we encourage PREDICT to continue to highlight outcomes and lasting achievements, in terms of sustainable GVN capacity-building, so the lasting value of PREDICT's work is recognized.

On Wed, Sep 5, 2018 at 3:58 AM Angela Wang <awang@usaid.gov> wrote:
Hi Mike, Oanh,

Hope you're doing well! Per the below timeline sent previously, please see [this link](#) for the workplans from Predict and OHW. FAO has asked for an extension until Sept 15. We will upload their workplan to the drive once we get it.

If you could please send any edits/comments on these workplans by **Sept 12**, that would be appreciated!

Let me know if you have any questions!

Thanks!
Angela

Date	Action
Workplanning	
August-September	Conduct GHSA Workplanning meetings with EPT2 and GHSA partners, and give input into workplan activities
August 22	OHW EPT-2 workplan due to HQ AOR
August 31	Predict EPT-2 workplan due to HQ AOR
August 31	FAO EPT-2 workplan due to HQ AOR
September 3	Backstops create country-specific google folders and share EPT-2 workplans submitted to HQ with field
September 12	Any additional feedback from field on EPT-2 workplans due to AORs
October 1	EPT2 AORs finalize workplans
October 1	GHSA Non-EPT2 partners workplans due to AORs (countries with bilaterals, need to make sure partners are aware of this deadline)
October 3	All GHSA workplans sent to field
October 3-31	Receive GHSA workplans for interagency discussions and aggregation, get approval from interagency and DCM/Ambassador.*
November 1	GHSA Interagency Workplans due to NSC

Reporting timeline	
October 1	All GHSA reports for Phase I countries due to AORs (countries with bilaterals, need to make sure partners are aware of this deadline)
October 5	AOR, backstops, others review complete. Backstops create country-specific google folders and share with field
October 5-31	Receive GHSA reports for interagency discussions and aggregation, get approval from interagency and DCM/Ambassador*
November 1	GHSA Interagency Reports due to NSC

--
Angela Wang, MSPH
Public Health Advisor
Emerging Threats Division, Office of Infectious Disease
Bureau for Global Health
Phone: 571-551-7332 (O) | 571-213-3882 (C)
Email: awang@usaid.gov

--

MICHAEL J. O'LEARY, MD, MPH

Senior Infectious Diseases Advisor | Office of Health

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

6/F Tung Shing Square, 2 Ngo Quyen, Hanoi, Vietnam

T +84-24 3935 1243 | M +84 962 038 997 | moleary@usaid.gov | vietnam.usaid.gov | [@USAIDVietnam](https://www.facebook.com/USAIDVietnam) | [Flickr](https://www.flickr.com/photos/usaidvietnam/) | [YouTube](https://www.youtube.com/user/USAIDVietnam)

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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 <https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CALrFHJXP7%3D1Ok8wozM4RjX%3Dsewyvsse-4xUT5hW1Z4Hv91Y8RA%40mail.gmail.com>.

From: "Tammie O'Rourke" <torourke@metabiota.com>
Sent: Wed, 19 Sep 2018 08:44:56 -0700
To: [REDACTED]
Cc: "Valitutto, Marc" <ValituttoM@si.edu>, David John Wolking <djwolking@ucdavis.edu>, Amanda Fine [REDACTED]
Brian H Bird <bhbird@gmx.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>, Jon Epstein <epstein@ecohealthalliance.org>,
Karen Saylors <ksaylors@metabiota.com>, Leilani Franciso <francisco@ecohealthalliance.org>, "Murray, Suzan" <MurrayS@si.edu>,
Peter Daszak <daszak@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>, Woutrina A Smith <wasmith@ucdavis.edu>,
Sarah Olson [REDACTED], Simon Anthony <sja2127@columbia.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>, William
Karesh <karesh@ecohealthalliance.org>, Elizabeth Leasure <ealeasure@ucdavis.edu>, 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 <bgenovese@ucdavis.edu>, "predict@ucdavis.edu" <predict@ucdavis.edu>
Subject: [predict] Re: PREDICT EB agenda Sep 19

Hello team,
Below is today's EIDITH indicator report.

Indicator	Total	NewInLast2Weeks
# countries with data	30	0
# countries with tests approved by government	16	0
# animals sampled	77510	1856
# humans sampled	12409	773
# human questionnaires	13718	784
# specimens	475468	12926
# tests	353724	4065
# animals tested	28190	409
# humans tested	5544	524
# tests approved by government	112473	0
# animal specimens tested	50169	
# human specimens tested	9806	
# tests active testing ongoing	3878	
# sequences interpreted	2353	
# sequences waiting interpretation	247	
average days between event and data submission	67	
average days between event and data submission for data submitted in last 2 weeks	51	
number of events/test batches waiting for country input	42	
number of events/test batches waiting for IM review	144	

On Tue, Sep 18, 2018 at 2:51 PM, [REDACTED] wrote:

Hi PREDICT EB,

Here are your agenda and attachment for tomorrow.

Best,

[REDACTED]

PREDICT Executive Board Meeting

Wednesday, September 19, 2018

9:00-11:00AM PST/12:00-2:00pm EST

Zoom link: **REDACTED**

Additional Zoom info below agenda

USAID Updates

1. Administrative items

- Timeline for Y5 Workplan & Budget approval
- Smithsonian Castle Briefing feedback
- Semi-annual meeting update
- USAID brown-bags
- IDDS updates & scoping visits (Guinea, Tanzania, others?)

2. Year 5 Milestones (attachment)

3. Serology plans & updates

4. Behavior risk analysis (Leilani)

5. Mission communications & country roundup essentials

6. Outbreak updates

7. Operations Team updates

- EPT partner collaboration/coordination updates
- M&A
- EHP
- Surveillance
- Lab
- Capacity

- IM
- Behavior

8. New synergistic proposals

9. Publication, media, and conference updates

- UNICEF-UNFPA-WHO presentation (Copenhagen, Sep 24, 2018)
- Gates Foundation Grand Challenges Annual meeting 2018 in Berlin, Germany (October 15-18) – *invitation only*
- High level ministerial GHSA meeting (Bali, Oct 2018)
- International Meeting on Emerging Diseases and Surveillance (IMED) 2018 in Vienna, Austria (November 9-12, 2018)
- WDA Australasia meeting (Oct-November 2018)
- International Symposium of Veterinary Epidemiology and Economics (ISVEE) Thailand (November 12-16, 2018).
- [Global Health Security 2019](#), Sydney (June 18-20, 2019)

Zoom Call-in info

Zoom link: **REDACTED**

Or iPhone one-tap :

US: + **REDACTED**

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: **REDACTED**

Meeting ID: 4 **REDACTED**

International numbers available: **REDACTED**

REDACTED

From: REDACTED

Sent: Friday, September 14, 2018 4:58 PM

To: 'Valitutto, Marc' <ValituttoM@si.edu>; David John Wolking <djwolking@ucdavis.edu>; 'Amanda Fine' <REDACTED>; 'Brian 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>; 'Jon Epstein' <epstein@ecohealthalliance.org>; 'Karen Saylors' <ksaylors@metabiota.com>; 'Leilani Franciso' <francisco@ecohealthalliance.org>; 'Murray, Suzan' <MurrayS@si.edu>; 'Peter Daszak' <daszak@ecohealthalliance.org>; Jonna 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>; David John Wolking <djwolking@ucdavis.edu>; 'William Karesh' <karesh@ecohealthalliance.org>; Elizabeth Leasure <ealeasure@ucdavis.edu>; 'Kevin Olival' <olival@ecohealthalliance.org>;

Cc: '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 <bgenovese@ucdavis.edu>; 'predict@ucdavis.edu' <predict@ucdavis.edu>

Subject: [Reminder] PREDICT EB

Dear PREDICT EB,

This is a reminder that your next EB call is scheduled on Wednesday Sep 19 at 9am PT/12pm ET.

The agenda and call-in details will follow. If there are any agenda items you would like to discuss, please send them to me by COB Monday Sep 17.

Have a nice weekend,

REDACTED

REDACTED

Fellow

One Health Institute

School of Veterinary Medicine

University of California, Davis

--

Tammie O'Rourke

Metabiota

Senior Information Management Developer

Emerging Pandemic Threats - PREDICT Program

tel +1-250-618-2460

From: David J Wolking <djwolking@ucdavis.edu>
Sent: Fri, 21 Sep 2018 09:13:51 -0700
Subject: Action items from Sept. 19th PREDICT EB Call
To: **REDACTED** Joey Rosario <**REDACTED**>
Cc: "Valitutto, Marc" <ValituttoM@si.edu>, Wolking David <djwolking@ucdavis.edu>, Amanda Fine **REDACTED** Brian H Bird <bhbird@gmx.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>, Jon Epstein <epstein@ecohealthalliance.org>, Karen Saylor <ksaylor@metabiota.com>, Leilani Franciso <francisco@ecohealthalliance.org>, "Murray, Suzan" <MurrayS@si.edu>, Peter Daszak <daszak@ecohealthalliance.org>, "Prof. Jonna Mazet" <jkmazet@ucdavis.edu>, "Prof. Woutrina 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>, Elizabeth Leasure <ealeasure@ucdavis.edu>, Kevin Olival <olival@ecohealthalliance.org>, Alison Andre <andre@ecohealthalliance.org>, Amanda Andre <amanda.andre@ecohealthalliance.org>, Megan Doyle <mmdoyle@ucdavis.edu>, Ava Sullivan <sullivan@ecohealthalliance.org>, Molly Turner <turner@ecohealthalliance.org>, Emma Lane <lane@ecohealthalliance.org>, Brooke Genovese <bgenovese@ucdavis.edu>, "predict@ucdavis.edu" <predict@ucdavis.edu>
[BR prototype handout v1.pdf](#)

Hi EB,
I just wanted to follow-up while before the weekend on action items from Wednesday's call.

1. **Please share your list of attendees for the NYC meeting in November with Joey Rosario **REDACTED** today if you have not already**
2. Leilani requested feedback on the Behavior Risk Characterization and Intervention Recommendations presented on Wednesday (attached here again for quick reference). **Please send her any thoughts, comments, and feedback by October 2nd (email or annotated PDF are welcome)** so she can consolidate them and prepare a follow-up discussion on our October 3rd EB call.
3. Similarly, if you have any comments on the Year 5 Milestones PPT that I shared, feel free to send them to me before the October 3rd call.

Cheers,

David

On Tue, Sep 18, 2018 at 2:52 PM **REDACTED** wrote:

Hi PREDICT EB,

Here are your agenda and attachment for tomorrow.

Best,

REDACTED

PREDICT Executive Board Meeting

Wednesday, September 19, 2018

9:00-11:00AM PST/12:00-2:00pm EST

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8. New synergistic proposals

9. Publication, media, and conference updates

- UNICEF-UNFPA-WHO presentation (Copenhagen, Sep 24, 2018)
- Gates Foundation Grand Challenges Annual meeting 2018 in Berlin, Germany (October 15-18) – *invitation only*
- High level ministerial GHSA meeting (Bali, Oct 2018)
- International Meeting on Emerging Diseases and Surveillance (IMED) 2018 in Vienna, Austria (November 9-12, 2018)
- WDA Australasia meeting (Oct-November 2018)
- International Symposium of Veterinary Epidemiology and Economics (ISVEE) Thailand (November 12-16, 2018).
- [Global Health Security 2019](#), Sydney (June 18-20, 2019)

Zoom Call-in info

Zoom link:

REDACTED

Or iPhone one-tap :

US: +

REDACTED

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +

REDACTED

Meeting ID:

REDACTED

International numbers available:

REDACTED

REDACTED

Fellow

One Health Institute

School of Veterinary Medicine

University of California, Davis

From: **REDACTED**

Sent: Friday, September 14, 2018 4:58 PM

To: 'Valitutto, Marc' <ValituttoM@si.edu>; David John Wolking <djwolking@ucdavis.edu>; 'Amanda Fine' <afine@ucdavis.edu>; 'Brian Bird' <bhbird@ucdavis.edu>; Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>; 'Churchill, Carolina' <ccchurchill@ucdavis.edu>; 'REDACTED' Corina Grigorescu Monagin <cgmonagin@UCDAVIS.EDU>; 'Dawn Zimmerman' <Zimmermand@si.edu>; 'Eddy Rubin' <erubin@metabiota.com>; 'Evelyn Luciano' <luciano@ecohealthalliance.org>; 'Jon Epstein' <epstein@ecohealthalliance.org>; 'Karen Saylor' <ksaylors@metabiota.com>; 'Leilani Franciso' <francisco@ecohealthalliance.org>; 'Murray, Suzan' <MurrayS@si.edu>; 'Peter Daszak' <daszak@ecohealthalliance.org>; Jonna Mazet <jkmazet@ucdavis.edu>; Woutrina A Smith <wasmith@ucdavis.edu>; 'Sarah Olson' <solson@ucdavis.edu>; 'REDACTED' 'Simon Anthony' <sja2127@columbia.edu>; 'Tammie O'Rourke' <torourke@metabiota.com>; Tracey Goldstein <tgoldstein@ucdavis.edu>; David John Wolking <djwolking@ucdavis.edu>; 'William Karesh' <karesh@ecohealthalliance.org>; Elizabeth Leasure <ealeasure@ucdavis.edu>; 'Kevin Olival' <olival@ecohealthalliance.org>;

Cc: '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 <bgenovese@ucdavis.edu>; 'predict@ucdavis.edu' <predict@ucdavis.edu>

Subject: [Reminder] PREDICT EB

Dear PREDICT EB,

This is a reminder that your next EB call is scheduled on Wednesday Sep 19 at 9am PT/12pm ET.

The agenda and call-in details will follow. If there are any agenda items you would like to discuss, please send them to me by COB Monday Sep 17.

Have a nice weekend,

REDACTED

REDACTED

Fellow

One Health Institute

School of Veterinary Medicine

University of California, Davis

BEHAVIORAL RISK CHARACTERIZATION & INTERVENTION RECOMMENDATIONS

Bangladesh



background

The majority of infectious diseases that affect humans are zoonotic, that is, they can move between animals and humans. In addition, 75% of emerging infectious diseases (EIDs) are zoonotic [1]. Economic estimates of five of the most significant EID epidemics over the last 15 years (SARS, H5N1, H1N1, Ebola, and Zika) indicate that an average of approximately \$29 billion could be saved per prevented epidemic [2]. From a security perspective, as the Global Health Security Agenda points out, “an infectious disease threat anywhere can be a threat everywhere” [3].

USAID PREDICT-2 supports infectious zoonotic disease prevention, detection, and response via a multi-disciplinary ‘One Health’ approach, wherein public health solutions view humans, animals, and the environment as interconnected. The Behavioral Risk Surveillance component of PREDICT-2 aims to support evidence-based decision making by translating research into practice through the development of behavioral risk mitigation interventions that can improve health, save lives, and reduce costs associated with morbidity and mortality.

Broadly, *Risk = Hazard x Exposure x Vulnerability*, where *risk* is the probability of a zoonotic pathogen spilling over into humans, *hazards* are pathogen sources of harm, *exposure* is contact between humans and the hazards, and *vulnerability* is the likelihood that humans will become infected when contact occurs [4]. PREDICT-2 behavioral risk characterization involved an exploratory analysis of quantitative and qualitative data focused on *exposure* and *vulnerability*. The current analysis was used to develop policy and population-level structural intervention recommendations, in collaboration with local and international level stakeholders. This document summarizes behavioral risk characterization in Bangladesh and associated intervention recommendations.



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Emerging Pandemic
Threats 2 (EPT 2) Program

PREDICT-2



Global Health Security Agenda

methods

Data were collected in four locations in Bangladesh identified as having high animal-human spillover risk: Madaripur, Dhaka, Dinajpur, and Faridpur. There was a total of five sites, including community sampling sites in each of the four locations, and an additional clinical site in Faridpur. The study employed a 'mixed method' approach, wherein both quantitative and qualitative data were used to triangulate findings. Quantitative data were collected through a behavioral risk questionnaire ($n = 538$) and qualitative data were collected through observational research, in-depth interviews ($n = 73$), and focus group discussions ($n = 3$ groups, 31 participants).

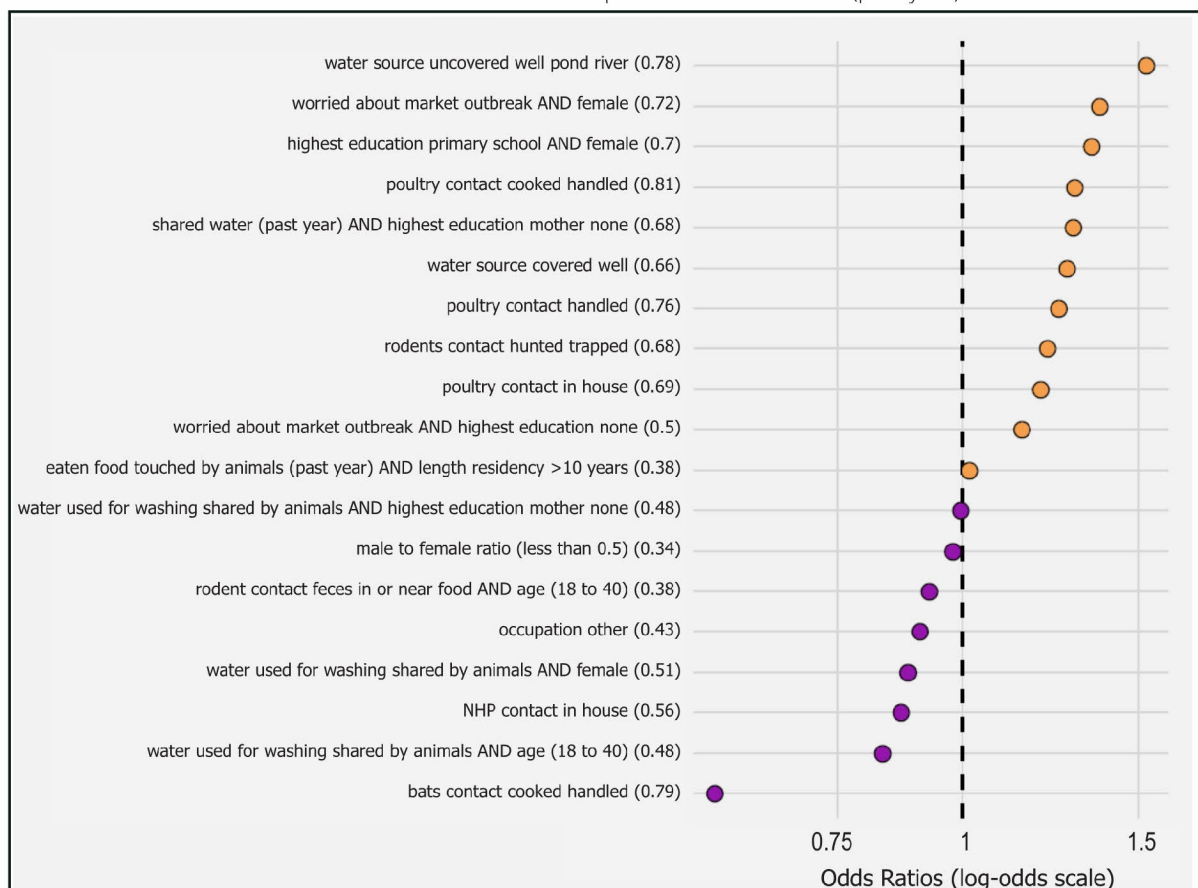
Quantitative data were analyzed using the R software environment. Proxy measures for vulnerability included self-report of symptoms associated with Influenza-like Illness (ILI), Severe Acute Respiratory Illness (SARI), encephalitis, or hemorrhagic fever. Primary exposure variables included 15 animal contact behaviors and associated animal types (as applicable). The lasso regression method was used to identify subsets of predictors that are associated with outcomes, due to its ability to minimize prediction error through penalization and regularization [5]. Qualitative data was analyzed using MAXQDA. A modified ground theory approach was used to generate and validate themes in the data [6].

results

predictive statistics

The Lasso regression method identified salient behavioral risk predictors that point to promising intervention points at the country level. These included, in descending order: 1) uncovered well, pond, or river as a water source (odds ratio (OR) = 1.53; bootstrap support = 0.78); 2) being worried about diseases or disease outbreaks among live animals in local markets AND being female (interaction; OR = 1.37; support = 0.72); 3) primary school as the highest level of education completed AND being female (interaction; OR = 1.35; support = 0.70); and, 4) handling recently killed and live poultry (cooked or handled meat, organs or blood from recently killed animal: OR = 1.30, support = 0.81; handled live animal: OR = 1.25; support = 0.76).

Most Salient Predictors of Self-Reported 'Unusual Illness' (past year)



results

supplemental qualitative findings

These quantitative findings were also supported by qualitative data. For example, with regard to water source, an 18 year old female student from Dhaka explained that her family drinks from the Burigonga River and that her sink drains into this river. In association with risky contact with poultry, a 48 year old man who runs a small hotel where he sells rice and curries shared that he would sell or eat sick chickens after they died. He explained, "Last time 6 chickens were sick at a time. So I slaughtered them and put them in a fridge."

“Last time 6 chickens were sick at a time. So I slaughtered them and put them in a fridge.”

“It is the rule that beef and mutton should be in the market after City Corporation certifies to be safe, though it is not maintained all the time.... We have to believe and buy from the shops.”

In connection with concerns over outbreaks in markets, a 38 year old male primary school teacher said that animals come from unknown sources and should not be eaten. He added, "It is the rule that beef and mutton should be in the market after City Corporation certifies to be safe, though it is not maintained all the time. There is no arrangement that we can manage these ourselves. We have to believe and buy from the shops."

literature support

A comprehensive literature review of zoonotic spillover behavioral risk mitigation, with an emphasis on evaluated randomized controlled trials, was conducted to guide the development of intervention recommendations. This review identified the following key takeaways: 1) community ownership, involvement, and social context are critical for achieving successful outcomes; 2) educational interventions particularly those implemented through schools show much promise; and, 3) multi-faceted approaches with a variety of complimentary components are more effective than single narrowly aligned interventions, particularly due to their inability to address all drivers of disease.

intervention recommendations

Literature on behavior change intervention evaluations and theory were combined with PREDICT-2 quantitative and qualitative data to develop the following intervention recommendations for Bangladesh:

Build upon the current relationship with the One Health Secretariat and the Ministries of Health and Education in Bangladesh to launch a series of "One Community, One Health" community training and certification programs. This multi-tiered initiative aims to empower both primary school students and adult community members to view their health and the health of their families and communities through a 'One Health' lens (one that views human health, animal health, and the environment as interconnected).

results

intervention recommendations (continued)

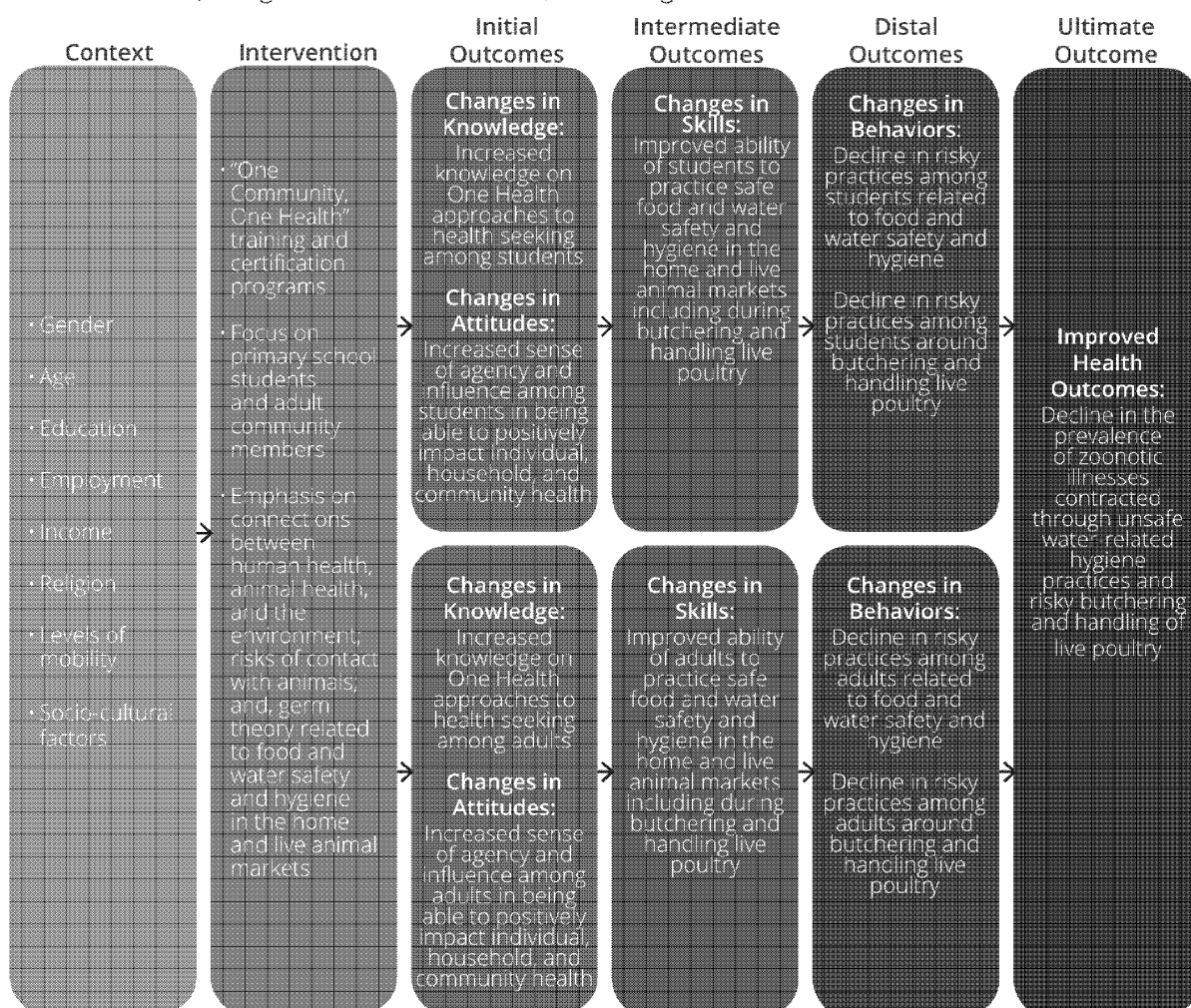
At both the school and community levels, content will promote One Health-focused health seeking behaviors by emphasizing: 1) the value of wildlife conservation to humans and ecosystems; 2) the drivers of and risks associated with contact with domestic animals and wildlife; and, 3) the germ theory of zoonotic diseases, with an emphasis on food and water safety and hygiene in the home and in live animal markets, particularly those associated with handling live animals and butchering.

- *At the primary school level*, the compulsory health curriculum will be modified to include modules on the above topics. A standard exam will be distributed to all students at the end of the module, and students who satisfactorily pass the exam will be given certificates signed by their Head Teacher identifying them as One Health Youth Ambassadors.
- *At the community-level*, municipal authorities will be in charge of managing an interactive education program designed to be accessible to low literacy populations. The program, which will separately engage men and women, will be comprised of a series of in-person interactive discussions, demonstrations, activities, and as appropriate, SMS engagement, over the course of six months. The scheduling of activities will be modified at the community level in order to accommodate local norms and to increase engagement.

In order to incentivize full community participation, a Certificate of Recognition signed by the One Health Secretary and the municipal representative will be awarded to communities that:

- Achieve at least a 75% student completion rate
- Engage at least 200 out-of-school adults over the course of a year, at least half of whom are women

Additionally, every year on One Health Day (November 3), the One Health Secretary will distribute a press release giving recognition to those communities who have successfully completed the One Community, One Health program. The Program Evaluation 'Logic Model' below depicts the ideal implementation of the intervention, along with desired outcomes, facilitating future evaluation of effectiveness.



conclusions

The size and scope of the PREDICT-2 project is unprecedented. Interdisciplinary One Health approaches to implementation science are critical to the translation of research into practice. Rigorous mixed method scientific analyses identified a number of promising intervention points. Further subgroup analyses and additional qualitative research are warranted. An analysis of behavioral risk mitigation interventions that can be scaled up to a regional level should be explored to maximize the return on investment applied towards the improvement of health, saving of lives, and reduction of costs associated with morbidity and mortality.



references cited & endnotes

1. Taylor, L.H., S.M. Latham, and M.E. Woolhouse, *Risk factors for human disease emergence*. Philosophical Transactions of The Royal Society of London, Series B, Biological Sciences, 2001. **356**: p. 983-989.
2. World Bank, *One Health: Operational Framework for Strengthening Human, Animal, and Environmental Public Health Systems at their Interface*. 2018, International Bank for Reconstruction and Development/The World Bank: Washington, DC.
3. Global Health Security Agenda, *Implementing the Global Health Security Agenda: Progress and Impact from U.S. Government Investments 2018*, Global Health Security Agenda: Washington, DC.
4. Hosseini, P., et al., *Does the impact of biodiversity differ between emerging and endemic pathogens? The need to separate the concepts of hazard and risk*. Philos Trans R Soc Lond B Biol Sci, 2017. **372**(1722).
5. Tibshirani, R., *Regression Shrinkage and Selection via the Lasso*. Journal of the Royal Statistical Society, Series B (Methodological), 1996. **58**(1): p. 267-188.
6. Glaser, B.G. and A.L. Strauss, *The Discovery of Grounded Theory: Strategies for Qualitative Research*. 1967, Chicago, IL: Aldine Publishing Company.

¹ Hazard data could be considered for incorporation after the completion of human and animal sample testing.

² Restricted to predictors with odds ratios (ORs) not equal to 1.0 that had bootstrap support values of 0.70 or higher, where bootstrap support is the fraction of bootstrap replicates in which the variable was selected as salient.



From: [REDACTED]
To: "cchrisman@usaid.gov" <cchrisman@usaid.gov>, Dennis Carroll <dcarroll@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, "dmciver@metabiota.com" <dmciver@metabiota.com>, "olival@ecohealthalliance.org" <olival@ecohealthalliance.org>, Sam Halabi <sfh9@georgetown.edu>, 李泓莹 <li@ecohealthalliance.org>
Subject: Thai cheatsheet
Sent: Wed, 24 Oct 2018 00:16:39 +0000
[Thai cheatsheet.docx](#)

Hi everyone,

Here is a cheat sheet of Thai organizations and ministries. Names of departments are in **green**, names of people are in **blue**.

For anyone who is confused about acronyms and different ministries! I'll probably add more names after today.

See you soon,

[REDACTED]

Ministry of Natural Resources and Environment [Wildlife] Parmpet Ratanakron -head of wildlife association, dean of Faculty of Veterinary Science, Mahidol University -will hold new position in Sep 2019 Witthawat Wiriyarat Department of National Parks (DNP)	Ministry of Public Health [Public Health] Suwit Wibulpolprasert Sukum Kanjanapimai (Secretary general) -Formerly head of Department of Medical Science (DMSC) -Forward thinking National Institute of Health (NIH) -Malinee Chitaganpitch Department of Medical Science [Laboratory Science] -Noppavan Janejai (Deputy director) Department of Disease Control [Epidemiology] -Implements Field Epidemiology Training Program (FETP) -Currently not engaged but should be.	“Ministry of Higher Education, Research & Innovation” In Feb 2019, MoS&T and MoE will merge to form a new entity Ministry of Science and Technology [Research] National Science and Technology Development Agency (NSTDA) -Prasit Palittapongarnpim -Arunee’s boss -Deputy NSTDA Director Prasert Auewarakul -Very well respected -Head of Mahidol University Siraraj Hospital Thanat was assistant to the Minister of S&T 10 years ago		Ministry of Education [Education] Involved indirectly through collaborators in government universities (i.e. Mahidol & Chulalongkorn)
Ministry of Agriculture and Cooperatives [Livestock] Department of Livestock Development (DLD) National Institute for Animal Health (NIAH) -Bandit Nuansrichay	Mahidol University Faculty of Tropical Medicine -Pratap Singhasivanon (Dean) -Thanat Chookajorn -Theerarat (Thanat’s bioinformatician) Faculty of Veterinary Medicine -Parmpet Ratanakron Monitoring and Surveillance Center for Zoonotic Diseases in Wildlife and Exotic Animals (MOZWE) -Witthawat Wiriyarat		Chulalongkorn University Faculty of Medicine, Center for Viral Zoonoses Thai Red Cross Emerging Infectious Diseases Health Science Center -Thiravat Hemachudha -Supaporn Wacharapluesadee -Yutthana (wet lab technician)	

Acronyms

DLD	Department of livestock development
DMSC	Ministry of Public Health, Department of Medical Science, National Science and Technology Development Agency (NSTDA)
MOZWE	Mahidol University, Monitoring and Surveillance Center for Zoonotic Diseases in Wildlife and Exotic Animals
NSTDA	Ministry of Science and Technology,
TRC-EID	Thai Red Cross – Emerging Infectious Diseases
NIAH	Ministry of Agriculture and Cooperatives, National Institute of Animal Health
NIH	Ministry Public Health, National Institute of Health
DNP	Department of National Parks

Notes

Thai planning members of Oct meeting

Sudarat
Thanat
Prasert
Supaporn
DMSC Noppavan and team
DLD Bandit and team

From: Andrew Clements <aclements@usaid.gov>
Sent: Fri, 1 Feb 2019 14:38:31 +0100
Subject: Fwd: BAST for PREDICT
To: David J Wolking <djwolking@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, Elizabeth Leasure <ealeasure@ucdavis.edu>
Cc: PREDICTMGT <predictmgt@usaid.gov>

Assume you know about this....

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>

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

From: culiq culiq <[REDACTED]>
Date: Fri, Feb 1, 2019 at 9:31 AM
Subject: Re: BAST for PREDICT
To: Sylvia Sihombing <ssihombing@usaid.gov>
Cc: Joko Pamungkas <[REDACTED]>, Joko Pamungkas - Yahoo <[REDACTED]>, Dodi Safari <[REDACTED]>, Suryo Saputro <[REDACTED]>, Tina Kusumaningrum <[REDACTED]>, Dr Joko Pamungkas (Imung) <[REDACTED]>, Meinke, Timothy (HANOI/OH) <tmeinke@usaid.gov>, Angeline, Anak A E (Jakarta/FM) <aangeline@usaid.gov>, PREDICTMGT <PREDICTMGT@usaid.gov>

Hi Mbak Sylvia,

Apologize for the late reply.
We're still waiting for UC Davis direction.
Once we have the result, we will let you know.
Appreciate your kind understanding.

Thank you and best regards,

Julie

On Mon, Jan 28, 2019 at 5:12 PM Sylvia Sihombing <ssihombing@usaid.gov> wrote:

Dear Predict team,

This is a 3rd reminder for your draft BAST submission.
Please note that you are 10 days overdue now and we won't be able to meet the GoI dateline for BAST submission.

Also, I just noticed that I put December 2019 in my previous email below, it should have been typed December 2018, apology for the typo. Hope this not causing the late submission.

Thanks,
Sylvia

On Fri, Jan 4, 2019 at 4:45 PM Sylvia Sihombing <ssihombing@usaid.gov> wrote:

Dear Predict team,

UCDUSR0011224

Happy New Year and I wish you all a successful 2019.

This is to remind you that PREDICT have to submit BAST (hand over certificate) for the period of beginning of the project up to December 2019. Template for the BAST is attached.

USAID has to submit BAST to GoI before end of January, therefor please submit draft of your BAST to us by COB January 18.

Please let me or Angel (cc'ed) if you have any question.

Thank you,

--

SYLVIA M. SIHOMBING

Project Assistant - Health Office
USAID Indonesia
U.S. Embassy Jakarta, Jl. Medan Merdeka Selatan 3-5
Jakarta 10110
T +62-(0)21-5083-1019
USAID.gov/Indonesia | ssihombing@usaid.gov | @USAIDIndonesia

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

From: Sylvia Sihombing <ssihombing@usaid.gov>

Date: Fri, May 25, 2018 at 3:20 PM

Subject: Additional reporting to GOI

To: Joko Pamungkas <[REDACTED]>, Joko Pamungkas - Yahoo <[REDACTED]>, Diah Iskandriati <[REDACTED]>, Dodi Safari <[REDACTED]>, Suryo Saputro <[REDACTED]>, Tina Kusumaningrum <[REDACTED]>, Jusuf Kalengkongan <[REDACTED]>, Wiku Adisasmito <[REDACTED]>, Nisa Vidya Yuniarti <[REDACTED]>, Dr Joko Pamungkas (Imung) <[REDACTED]>, culiq culiq <[REDACTED]>, Nurul Maretia Rahmayanti <[REDACTED]>
Cc: Meinke, Timothy (HANOI/OH) <tmeinke@usaid.gov>, Bambang Heryanto <[REDACTED]>

Dear PREDICT and OHW team,

Hope this email finds you well.

Thank you for keep sending your monthly report on time.

In addition to that monthly report, GoI recently has added 3 more reports that we should submit:

1. Quarterly narrative
2. Quarterly financial report
3. BAST / hand over certificate - annually

All
monthly
reports
are
due to GOI by the 8th of the following month and therefor we are requesting
you
to submit your report
s
to us by the 30th of every month
. Same for quarterlies but on 30th of March, June, September, and December.

For BAST, GoI requested that we submit 1 for now to cover activities from October 1, 2014 - December 31, 2017. Can you please complete the BAST and we would really appreciate it if you can send us the completed BAST, Quarterly Financial Report, and Quarterly Narrative before Ied holiday (June 14).

For the Quarterly financial report, we need you to submit 2 financial reports: 1 report for January to December 2017 (Q1/2017 to Q4/2017) - please list the financial report by quarter - and 1 report for January to March 2018 (Q1/2018).

For the Quarterly narrative, please submit the January - March 2018 (Q1/2018) report.

Attached are templates for all additional reports and some sample of completed template for your reference.

We apologize for this short coming request, but appreciate and thank you for your understanding on this requirements.

P
lease let me know if you have any questions.

Thank you,

--

Sylvia M Sihombing
Program Assistant
Health Office
USAID Indonesia
Telp: 6221 34359402
Fax: 6221 3812945

--

SYLVIA M. SIHOMBING

Project Assistant - Health Office
USAID Indonesia
U.S. Embassy Jakarta, Jl. Medan Merdeka Selatan 3-5
Jakarta 10110
T +62-(0)21-5083-1019
USAID.gov/Indonesia | ssihombing@usaid.gov | @USAIDIndonesia

--

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/CA%2Bi2iygdMDH0-K7xLWPkz1bVtR2efGy_DCbKcwrXO0HaNjLY%3DA%40mail.gmail.com.

From: Andrew Clements <aclements@usaid.gov>
To: ealeasure@ucdavis.edu <ealeasure@ucdavis.edu>; djwolking@ucdavis.edu
<djwolking@ucdavis.edu>; Jonna Mazet <jkmazet@ucdavis.edu>
CC: predictmgt@usaid.gov <predictmgt@usaid.gov>
Sent: 3/13/2019 2:04:24 AM
Subject: All-country meeting

Hi all,

Where are you in arranging the September meeting? Have you done the comparisons within Asia to determine if Indonesia is competitive?

Additional possibilities you might want to include are Bangkok, Thailand and Siem Reap, Cambodia. Both have favorable visa procedures and can be accessed easily by air from major hubs.

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: Molly Turner <turner@ecohealthalliance.org>
To: Woutrina A Smith <wasmith@ucdavis.edu>
CC: Matthew Blake <mblake@ucdavis.edu>; Peter Daszak <daszak@ecohealthalliance.org>; Catherine Machalaba <machalaba@ecohealthalliance.org>; Evelyn Luciano <luciano@ecohealthalliance.org>; William B. Karesh <Karesh@ecohealthalliance.org>; Kevin Olival <olival@ecohealthalliance.org>; Jon Epstein <epstein@ecohealthalliance.org>; Jonna Mazet <jkmazet@ucdavis.edu>; Elizabeth Leasure <ealeasure@ucdavis.edu>; Alison Andre <andre@ecohealthalliance.org>
Sent: 3/21/2019 9:10:31 AM
Subject: Re: OHW-NG technical narrative March 17

Here are some comments from EHA. I'll add to Box as well.

Molly

On Sun, Mar 17, 2019 at 10:40 PM Woutrina A Smith <wasmith@ucdavis.edu> wrote:
Hi OHW-NG consortium,

1. The current technical narrative draft is attached. I would recommend having one person from each organization read this narrative version through to track recommended edits and comments to share back to me by Thursday of this week, and then have someone else in each organization on tap to do the same type of read through for the draft that will come out next Monday morning, March 25. We plan to submit the proposal the week of April 1.

The weekly working group calls will provide a platform for discussion of the narrative progress, to identify and prioritize tasks to strengthen our bid and proposal, and to agree on timelines for next steps. Things that are not included in this draft are the various figures that are in the works and make the file size quite large, as well as sections of the management approach and executive summary that are priorities to draft this week. Please provide or edit your organizational capability paragraphs for the management approach section this week, the spots are noted in the attached technical narrative.

2. Call scheduling for working group calls for this week in case folks want to join one or both:

March 20, Wednesday 8-9am PST/11am EST - Updates and Objective 1 & 2 discussions

March 21, Thursday 9-10am PST/noon EST - Updates and Objective 3 discussions

Zoom Meeting link: **REDACTED**

Or dial by your location:

REDACTED
Meeting ID: **REDACTED**

Best wishes, Woutrina

Woutrina Smith, DVM, MPVM, PhD
Professor of Infectious Disease Epidemiology
Co-Director, UCGHI Planetary Health Center of Expertise
USAID PREDICT-2 Global Capacity Team and Ethiopia lead
UCD Vet Med: One Health Institute
1042 VM3B Building
1089 Veterinary Medicine Dr
Davis, CA 95616 USA
wasmith@ucdavis.edu
+1 530 219-1369

--
Molly Turner

*Federal Grants Coordinator
EcoHealth Alliance Operations*

EcoHealth Alliance
460 West 34th Street, Suite 1701
New York, NY 10001

1.212.380.4469 (office)

REDACTED (mobile)

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.

One Health Workforce – Next Generation

USAID Emerging Pandemic Threats Program

NOFO Number: 7200AA19RFA00006

TECHNICAL APPLICATION

PRESENTED BY:

University of California, Davis

IN PARTNERSHIP WITH:

Columbia University

Ata Health Strategies

EcoHealth Alliance

Georgetown University

Sandia National Laboratories

University of California, Berkeley

University of California, Irvine

University of New Mexico

Total Requested Funding: \$85,000,000

Jonna A.K. Mazet, Professor & OHW-NG Director
Woutrina A. Smith, Professor & OHW-NG Deputy Director
One Health Institute
School of Veterinary Medicine
University of California
Davis, California 95616 USA

+1-530-752-7526 phone
+1-530-752-3318 fax
onehealth@ucdavis.edu

ABBREVIATIONS AND ACRONYMS

BSL	Biohazard Safety Level
CBD	Convention on Biological Diversity
CDC	United States Centers for Disease Control and Prevention
cPCR	Consensus <i>Polymerase Chain Reaction</i>
DOD	United States Department of Defense
DTRA	U.S. DOD/Defense Threat Reduction Agency
DUO	Diseases of Unknown Origin
EAP	External Advisory Panel
EHA	EcoHealth Alliance
EID	Emerging Infectious Disease
ELISA	Enzyme-linked Immunosorbent Assay
EPT	Emerging Pandemic Threats Program of USAID
FAO	The Food and Agriculture Organization
FUO	Fever of Unknown Origin
GAINS	Global Animal Information System
GHSA	Global Health Security Agenda
GISRS	WHO Global Influenza Surveillance and Response System
HTS	High Through-put Sequencing
IHR	International Health Regulations
ILI	Influenza-like Illness
M&E	Monitoring and Evaluation
OFFLU	OIE-FAO Network of Expertise on Animal Influenza
OHCEA	One Health Central and East Africa University Network
OHI	One Health Institute
OHW	USAID One Health Workforce project
OIE	The World Organisation for Animal Health
PIOET	USAID's Pandemic Influenza and Other Emerging Threats Program
PPE	Personal Protective Equipment
P&R	USAID Preparedness and Response project
SARI	Severe Acute Respiratory Infection
SARS-CoV	Severe Acute Respiratory Syndrome Coronavirus
SEAOHUN	Southeast Asia One Health University Network
SI	Smithsonian Institution
SVM	School of Veterinary Medicine
USAID	United States Agency for International Development
UCD	University of California, Davis
USG	United States Government
WAHIS	World Animal Health Information System
WCS	Wildlife Conservation Society
WHO	The World Health Organization
ZIPI	Zoonotic Infections Prevention Integration committee

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Executive Summary

Technical Understanding and Proposed Approach

Food. Famine. Health. Disease. Peace. War. These words have defined the success of human civilization for millennia. As our species continues to expand, so too does our impact on the planet, and the balance between these human phenomena and their consequences grow ever more perilous, and our continued prosperity requires concerted efforts to ensure. Nowhere are these challenges more pronounced than in Africa and Asia. Here rapid population growth, environmental degradation, and resource poor infrastructure have created vulnerabilities that threaten the health of people, animals, and plants around the world. Over the past 40 years, once rare diseases like Ebola, highly pathogenic avian influenza, and antibiotic resistant bacteria have grown from local village-level events into rapidly spreading and almost continuous epidemics. These lay bare the challenges involved in controlling zoonotic health threats at their source before they become international pandemics.

The central challenge ahead for the 21st century is to build a multidisciplinary and multi-sectoral workforce that has the knowledge, perspective, and skills required to not only rapidly respond to emergent events, but also to sustainably manage health systems. These systems are essential if we are to mitigate potential impacts from emerging infectious diseases and antimicrobial resistance (AMR) at the country and regional level before they threaten global health security. Our team of international experts and health specialists has worked for decades across sectors ranging from animal, human and environmental health to business and economics to develop these capacities where they are most needed, and brings to the table first-hand experience within USAID's EPT portfolio. We have a proven track record of success that has improved the lives of people and animals across continents, and significantly strengthened One Health capacity at national, regional and global scales. Our team is uniquely positioned to lead and scale up the “One Health Workforce – Next Generation” project through engagement with non-academic, government, and private sector stakeholders, leading to an order of magnitude that will have a transformative and sustainable impact on the global One Health workforce.

In partnership with USAID and the regional university networks One Health Central and Eastern Africa (OHCEA) and South East Asia One Health University Network (SEAOHUN), we propose to strengthen and greatly expand the pipeline of professionals with One Health competencies; to improve multi-sectoral preparedness for epidemics, AMR and zoonoses; and to sustain local capacity to prevent, detect, and respond to priority disease threats. Specifically, we propose **X activities** aligned with three linked, overarching objectives: 1) training and empowerment of the One Health workforce, 2) assessment and tracking of the One Health workforce, and 3) building resilience and organizational sustainability for the regional university networks. Critical capacity improvements will be attained in cross-sectoral communications and engagements for competency-based One Health education and training (Togami et al., 2018). Building on successes in interdisciplinary network strengthening and workforce training activities implemented by USAID RESPOND and One Health Workforce, we propose transformational activities built upon previous efforts to significantly scale up and scale out practical and applied trainings in academic and non-academic contexts that provide opportunities to develop professional skills including working in interdisciplinary teams and communicating across disciplines, as well as creating succinct risk messaging for a non-scientific audience including policy makers and the general public.

LEAVE ROOM FOR CONCEPTUAL APPROACH FIGURE IN INTRO PAGE

Strategy and Approach

The ultimate goal of the OHW-NG is to build and strengthen a global health workforce capable of rapidly responding to and mitigating disease threats that occur across the human, animal, and environmental health sectors. In order to do this, we will work with ~~empower~~ SEAOHUN, OHCEA, and their member universities, greatly increasing their capabilities to develop and deliver sustainable training and programs that equip current and future professionals with multisectoral skills and competencies to address complex health issues, including zoonotic and antimicrobial resistant threats. It will be critical for success that the OHW-NG consortium work closely with OHCEA and SEAOHUN leadership to develop detailed implementation plans that are tailored to the anticipated state of needs and priorities for the regional networks in the coming decade and deliver value in member countries through One Health implementation. This proposal highlights key approaches, activities, and deliverables needed to achieve our 3 primary objectives. We additionally lay out a plan to ensure seamless management of our multi-institution consortium, and to work with USAID, OHCEA and SEAOHUN to ensure a smooth and rapid transition of OHW leadership during the early months of the award period.

Why is expanding the regional university networks poised for success right now?

In our increasingly connected world, it is critical that regionally focused networks like OHCEA expand more broadly across the continent to foster greater success in the face of ever faster disease emergence and spread. The OHCEA network has longstanding partnership with academic and training centers of excellence across Central and Eastern Africa, and is primed to leverage this capacity and increase their impact on health into West Africa. Since the end of the devastating Ebola virus outbreak in West Africa, there has been a rejuvenation and invigoration throughout Ministries of Health and Agriculture to embrace the principles of One Health and integrated human, animal, and plant disease surveillance to ensure that catastrophes like the 2013-2016 epidemic never occur again.

For example, universities in countries such as Sierra Leone are already organizing into network groups that can together promote One Health based activities and seek out external partnerships to help that country recover from more than two decades of war, economic collapse, and repeated and devastating outbreaks of multiple diseases including Ebola, Lassa fever, foot and mouth disease, pest des petit ruminants, and monkeypox. Regional networks like OHCEA coupled with the deep expertise of our consortium team can assist these nascent country-level networks to provide the needed technical skills and peer-to-peer mentoring, enthusiasm, and engagement to create tremendous opportunities for enhanced education and training that is in high demand across the West African region. The ability of OHCEA to bring together and facilitate these east-central-west African partnerships will be vital to ensure programs and efforts are built and managed sustainably with a keen eye on country level priorities, regional goals, and continent wide success to improve the health and security of people, animals, and the ecosystems they depend on across Africa. Our consortium track record is strong in the region, and we are prepared to help OHCEA expand to include countries such as Sierra Leone, Guinea, Liberia, and Ivory Coast during the first two years of work.

Similarly, in the SEAOHUN region there is a need for XXXX and growing interest from several countries for an expansion of OH training activities (e.g. Myanmar, Bangladesh...). Our consortium has worked for decades with countries well-positioned to join SEAOHUN. For example, Bangladesh's government showed an early commitment to using a One Health approach focused on understanding Nipah virus ecology, zoonotic virus spillover, and human epidemiology. Since 2006,

through a collaboration among EcoHealth Alliance, iccdr,b, Chittagong Veterinary and Animal Sciences University (CVASU) and the Government of Bangladesh (Institute for Epidemiology, Disease Control & Research (IEDCR), The Forest Department, and Department of Livestock Services (DLS)), we have helped develop a sustained One Health platform within the Bangladesh Government. In 2009, USAID's EPT PREDICT program began working in Bangladesh, using a One Health approach to build capacity to detect and respond to viral zoonoses. After several years of working together, in 2013 the government of Bangladesh ratified a new One Health Secretariat - an official cooperative agreement among human, wildlife, and livestock agencies, as well as associated laboratories and NGOs, to address detection and response to emerging zoonoses. EHA's role in developing this platform led to the launch of the One Health Alliance of South Asia (OHASA), funded by the Rockefeller Foundation and bringing together One Health agencies in India, Bangladesh, Nepal, and Pakistan. Our consortium is already integrated with partners in Bangladesh as well as Cambodia, Laos, and Myanmar for ongoing work, and we see these next two years as a unique opportunity to formalize the relationships to add SEAOHUN expansions countries.

Objective 1: Develop, deliver, and institutionalize training and educational offerings in alignment with prioritized one Health core competencies and technical skills

The UC Davis One Health Institute (OHI) and OHW-NG consortium partners are already recognized as leaders in One Health programs globally, and are uniquely positioned to catalyze a transformational scale up and scale out of One Health workforce training and job opportunities. Over the last two decades, the international community has rallied around the concept of One Health Core Competencies, in parallel with other health professions. These competencies include:

- Understanding of pathogen transmission dynamics at human-animal-environment interfaces
- Ability to identify and work across stakeholder types and disciplines
- Understanding of community-based research and engagement
- Ability to create and deliver effective public health messaging
- Understanding of wildlife and livestock health monitoring methods
- Understanding of disease surveillance and outbreak response
- Ability to apply a One Health approach to health and disease problem-solving

Expanding beyond academia - In Service One Health training for the public and private sector

Placeholder text if needed to justify training workshops (here for analysis/epi). Strengthening Core Competencies in One Health Research and Data Analysis. As the result of efforts supported by USAID's EPT-1 and EPT-2 and other US and partner government supported disease surveillance initiatives there has been a massive growth in the amount of data available for pandemic risk assessment (i.e. pre-emergence characterization of pathogens from animal and human populations, and collection of behavioral risk and relevant environmental data). However, in-country capacity to analyze these data, assess the risk of disease emergence and spread, and model the efficacy of disease intervention and control policies remains limited. Training opportunities to strengthen core competencies in One Health Research, Ecosystem Health, Epidemiology, biosurveillance, and Risk Analysis at a local and regional level can have lasting impacts for national One Health implementation. For example, short courses in epidemiology and surveillance were key components to increasing province-level capacity for One Health in Thailand [Hinjoy et al. 2016]. We will work with SEAOHUN and OHCEA to identify key gaps and develop a robust OH research training program that includes: 1) a series of short-term (<1 week) country and regional data analysis workshops targeting public and private sector OH professionals; 2) a longer-term (6-8 week) mentorship program in epidemiological data analysis, risk mapping and risk assessment that pairs

students and professionals with regional and US-based SMEs; and 3) curriculum and case-study development for data analysis, data interpretation, and risk assessment to feed into a data-focused ECHO program (see below) to foster a sustainable community of practice around EID data analysis and developing risk-based policy interventions. Our OHW-NG consortium includes leaders in the fields of epidemiology, laboratory diagnostics, emerging pandemic risk assessment, data analysis, and disease modeling. EcoHealth Alliance led USAID PREDICT's Modeling & Analytics efforts that included development of state-of-the-art "hotspot" [Allen et al. 2017] and other modeling approaches [Olival et al. 2017] combining pathogen, environmental, socioeconomic, and human behavior data, to identify the locations and populations at greatest risk for zoonotic disease emergence. Under this effort, PREDICT led a series of in-country training workshops and student fellowships research exchanges (several in collaboration with OHW) focused on risk mapping, economic analysis of emerging diseases, epidemiological modeling, and use of open-source, hands-on tools for data analysis.

Field-based biosurveillance training

Our consortium has unique expertise in developing and implementing surveillance programs that include safely and effectively sampling free-ranging wildlife for zoonotic pathogens. We will leverage our in-country capabilities developed under the PREDICT program, which has strong geographical overlap with SEAOHUN and OHCEA locations and proposed expansion countries, to provide local, field-based practical training on biosafety, safe animal capture and handling of free-ranging wildlife, sample collection, storage, and transport to a biosecure laboratory for analysis. These trainings will target in-service veterinary and wildlife professionals who would be on the frontlines of outbreak response or otherwise engaged in biosurveillance activities.

OHCEA & SEAOHUN One Health Academies

To implement Objective 1, an OHCEA and a SEAOHUN One Health (OH) Academy structure will be utilized to bring existing training activities and newly launched collaborative training efforts into a curated and systematic framework. A One Health certificate program within the OH Academies will allow pre-service and in-service trainees to earn official recognition once they have completed required training activities to check off their suite of One Health competencies associated with quarterly training offerings. Examples of training activities are provided below and range from online webinars to intensive experiential learning field placements. The OHCEA and SEAOHUN OH Academy concept is an innovative educational structure that will also serve to diversify the funding sources and organizational sustainability for the regional networks.

Innovation in pedagogy is often based on adapting to learner needs, and recognizing that real learning and understanding are predicated on experience; however, experience in and of itself does not necessarily lead to learning (Kolb, 1984; Dewey, 1938). To achieve true learning and understanding of a concept or situation through experiential learning (EL) requires a sequence of three distinct yet interrelated components: a concrete experience that engages a learner in carrying out an activity of some kind; a period of reflection whereby the learner discusses and analyzes the experience; and the authentic application of the learned concept to help deepen and broaden the learner's understanding (Enfield, Schmitt-McQuitty, & Smith, 2007).

Within each OH Academy, a curriculum must balance three domains: the *institutional* domain, which represents the level of societal concerns; the *programmatic* domain, the translation of institutional-level goals into curriculum documents and materials; and the *classroom* domain, which encompasses the implementation of documents and materials by educators with their learners (Deng, 2011). At the programmatic domain, a curriculum is a coherent progression of educational experiences that addresses a societal need. These experiences are organized sequentially such that

concepts build on one another (vertical organization) and connect to other content areas or real-world situations (horizontal organization). Furthermore, the curriculum must be suitable for the intended audience, be grounded in relevant learning theories, and provide necessary resources and techniques for effective implementation (Smith et al., 2017).

ECHO Virtual Communities of One Health in Practice

Building a networked community (or network of networks) of practice for One Health will be essential to increasing the transformational reach and impact of One Health training opportunities in the regions. To launch this network, Project ECHO, founded by the University of New Mexico, is a core partner in the OHW-NG consortium that is prepared to catalyze exponential growth of health professional interactions through the virtual community of practice platforms that build on current use of these platforms by in-region networks such as Africa CDC. In essence, Project ECHO is a global health education movement engaging more than 500 partners organizations? in more than 35 countries with a mission to enhance and accelerate knowledge sharing, best practice dissemination, workforce development, and collaborative problem solving through the development of case-based virtual communities of practice led by local partners and subject matter experts. ECHO is a proven education and guided practice model that is cost effective and time efficient, and has the ability to scale across states, countries, regions and globally. It leverages a pedagogical approach that is based on how health care workers are traditionally trained—case-based guided practice mentoring and peer-to-peer sharing of best practices. Expertise is no longer location bound. ECHO programs are sustainable and support local ownership. Project ECHO is an innovative, learner-centered education and training method and platform for multi-directional learning that acts as a force-multiplier to build workforce capacity.

The ECHO Institute of University of New Mexico will support the establishment of regional One Health ECHO hubs in Africa and in Southeast Asia. In each region, ECHO One Health hubs will be created in collaboration with OHCEA and SEOHUN officials and representatives from the current regional university networks, as well as identified community stakeholders from the public and private sectors, including ministries of health and relevant NGOs and other partners such as Africa CDC, AFENET, USAID, CDC and WHO. Curricula for the regional-level One Health ECHO programs will cover the range of One Health core competencies and GHSA action packages at a macro level. These hubs will launch in Year 1 of the OHW-NG project and continue beyond, with regional network hubs progressively assuming greater and greater ownership for the management of their ECHO programs. Each regional One Health ECHO hub will offer weekly One Health ECHO sessions beginning in Year 1, with the possibility of adding 1-2 regional One Health ECHO subgroups focused on priority individual OH core competencies like antimicrobial resistance or biosafety and security, to encourage deeper learning and professional community integration.

Having laid a strong foundation for regional One Health ECHO hubs, and with ongoing technical support and programmatic assistance from ECHO Institute and OHW-NG consortia staff, by Year 3, all the One Health competencies will be addressed in depth through dedicated ongoing regional One Health ECHO programs. As regional One Health ECHO programs evolve, we anticipate the need for topic- and country-specific ECHO programs developing organically, which facilitates scale out of this innovative learning model. ECHO Institute and OHW-NG consortia staff will provide necessary strategic and technical support to ensure that regional One Health ECHO hub managers are able to develop One Health ECHO programs in response to issues that arise in the domain of One Health and global health security and/or emergency preparedness and response.

Faculty Professional Development

In addition to training the human, animal health, and environmental science workforce on the frontlines, there is a need to strengthen best practices for teaching and pedagogy, to ensure they are educated with evidence-based best practices for their future careers in the field. The OHW-NG consortium will address this need through both face to face and remote learner collaboratives opportunities. To build the faculty peer community using a face to face workshops, we will offer a One Health Teaching Scholars program that has been utilized quite successfully in Africa and Asia for specific universities previously. The format involves faculty devoting 1 week on a quarterly basis for intensive workshops that develop their toolbox of teaching approaches to promote effective learning, improve the quality of their learner assessment and evaluation methods, and build their skills in educational leadership. These intensive interactions are supported longitudinally by a journal club and webinar discussions.

For fully remote engagement, an ECHO program devoted to strategic faculty development will be utilized, where educators can share best practices innovations as they discuss issues that affect workforce education and development. Specifically, this ECHO for One Health faculty will address topics related to creating sustainable education and workforce training programs geared toward a multisectoral and interprofessional audience, with emphasis on the unique challenges experienced by women in the human, animal health sectors, environmental / biological sciences and other allied health fields. An ECHO program for faculty members will also provide a platform for jointly developing or revising curricula to reflect newer evidence-based practices and/or remove stigmatizing language from existing materials, as well as sharing and development of effective pedagogical practices. ECHO programs for One Health faculty members will be administered by each One Health regional hub to ensure that participants are learning about issues that are relevant to their students and the local educational context. Goals for regional One Health faculty ECHO programs include institutionalizing key educational offerings and identifying field-based learning opportunities that are necessary for optimal and pragmatic workforce training. The ECHO platform is easily adapted to incorporate resources outside the human and animal health and environment sectors, including best practices related to career development, business management, and information from allied health fields.

As part of our approach (link to philosophical/pedagogy) to student training, we will provide unique immersion learning opportunities in the OHW-NG portfolio. Below we highlight two existing programs run by our consortium that we will leverage for additional OH student training, and that will be adapted and expanded to new geographical locations.

EcoHealthNet 2.0: A One Health approach to disease ecology research and training

EcoHealthNet (EHN) is a global research coordination network that brings together world-class research scientists from medical, ecology, veterinary, epidemiology, virology, anthropology, climate science, data science and economics. It advances One Health by creating a peer network of undergraduate and graduate STEM students, and has been funded by the US National Science Foundation continually for 6 years. Its central activities include 1-week workshops that teach applied skills and provide in-person contact time with scientists actively conducting research related to anthropogenic environmental change, economics, and emerging diseases and immersive, interdisciplinary mentored research projects that match PIs with exceptional undergraduate and graduate STEM students from around the world, via an open enrollment process. Students conduct research that reflects One Health principles. EHN is coordinated by EcoHealth Alliance and links participants to professional science and policy associations and research platforms such as Future Earth, the AAAS Science & Technology Policy Fellowships program, and the One Health Alliance of South Asia (OHASA). These activities inspire students to think broadly about One Health research, which will create lasting connectivity among scientists from different disciplines as they advance in

their careers. Some of the existing EHN partner institutions are also members of this consortium as well as SEAOHUN, and EHN participants have come from many SEAOHUN and OHCEA institutions.

RxOne Health: Immersion experiences to foster One Health competencies

RxOne Health (RxOH) is an experiential, field-based course led by UC Davis that prepares early career professionals and advanced students for immediate engagement in global health careers that demand solid foundations in field and laboratory activities, effective problem-solving skills, and transdisciplinary perspectives. Central tenants of the RxOH curriculum include community engagement and transdisciplinary collaboration, while developing participants' skills for addressing complex challenges in disease transmission, epidemiology, biological complexity, biosecurity, food safety and security, ecosystem dynamics, laboratory and research methods, communications, community engagement, ethics, teamwork and leadership. To date, RxOH has been conducted primarily in East Africa, travelling to locations including public health laboratories, hospitals, research institutes, veterinary field sites, pastoralist areas, commercial dairies, poultry farms, and national parks. The course exemplifies international collaboration between academic institutions and global health educators around the globe. Alumni of the course are contributing to national One Health policies and programming in their home countries. RxOH will provide a unique immersion learning opportunity in the OHW-NG portfolio and can be adapted to new geographical locations.

We will solicit applications for both EHN and RxOne Health from within the OHCEA and SEAOHUN networks, and create additional mentored projects hosted by OHW network institutions to create mentored research opportunities that significantly contribute to long-term workforce training.

Competitive Grants Twinning Program

In order to provide training, experience, and incentives to regional network trainees, we propose to manage a competitive small grants program to facilitate new collaborations across the university network and consortium partners. Consistent feedback from partners in the Africa and Asia regions has been for opportunities to gain experience in scientific grant writing, project management, data collection and analysis, and manuscript preparation. Our global consortium partners currently run small grants programs that have been successful in fostering grant writing skills, have rewarded diligent effort by ranking highly in the competitive review process, and have twinned experienced with less experienced grant writers in order to provide experiential training as ideas are developed, proposed, and implemented. Grant writing skills will also feed into individual and organizational business sustainability by empowering diverse fundraising.

Private Sector Partnership for Real World Experience

Paramount to the success of a training program is an active and receptive job market for new trainees to enter. Our OHW-NG project will work to grow demand for transdisciplinary trained One Health workers in the private sector such as pharmaceuticals and agrochemicals, vaccine production, private diagnostic laboratories, medical technology, water/sanitation/hygiene. Using a push and pull effect, we will create internships and other in-service placements in the private sector for trainees to gain valuable hands on experience in the work force. These placements will in turn help different private companies realize the value and expertise of workers with both a deep technical skill set in one area and transdisciplinary One Health competencies. Internship placements will be complemented by training in professional development, technological innovation, and entrepreneurship to ensure that trainees are adequately prepared to self-promote themselves and their

new skill set in a competitive job market. We intend to work with groups such as Land O'Lakes International Development, with a broad footprint of private sector development work in East Africa, the Middle East and South East Asia, to help facilitate pairing trainees with different private sector companies, while simultaneously leveraging previous and current USG (USAID/USDA) and other donor investments. An example of this would be to recruit companies who previously successfully received funds through Economic Growth or Innovation Engine type activities and place OHW-NG trainees in internship positions with them. OHW-NG will also look towards relevant USAID Innovation Labs, which often work with entrepreneurs and other private companies for opportunities to collaborate in hands-on training activities and internship placements.

SNL PREP – Portal for Readiness Exercises and Planning

The level of coordination and collaboration required for effective One Health Readiness requires practice. Tabletop exercises, drills, planning workshops and full-scale exercises allow university students, ministry representatives and private sector partners an opportunity to practice working together to detect and respond to an outbreak or other One Health emergency. Furthermore, the WHO Joint External Evaluation Tool incorporates simulation and planning exercises as a mechanism for demonstrating capacities for interagency coordination, biosafety and biosecurity, addressing zoonoses, immunization, reporting, preparedness, emergency response operations, medical countermeasures and personnel deployment, and chemical incidents.

Developing sustainable, in-country capabilities for designing and instituting a One Health Readiness Program is essential to ensuring (1) One Health plans and strategies are developed, (2) One Health plans and activities are evaluated in a systematic approach with exercises, and (3) that the JEE requirements are fulfilled. GCBS has developed a unique approach to designing and conducting exercises to track and assess the type of multi-sector coordination required for a One Health emergency. GCBS has also created a novel, multilingual web-based platform (<https://prep.sandia.gov>, Portal for Readiness Exercises and Planning) for designing and recording communication and actions during in-person and remote exercises. Through a Readiness Leadership program, GCBS subject matter experts have successfully trained in-country partners to design and implement their own Readiness Programs involving exercises and planning.

We propose to integrate development of One Health Readiness Leadership programs into the overall curriculum and training program for SEAOHUN and OCHEA. The One Health Readiness Leadership Program will first train public health and animal health and environmental science student representatives from each of the 12 countries that make up OCHEA and SEAOHUN networks on emergency management and exercise and planning workshop design and then will mentor these leads to design and conduct their own exercises. The first year will focus on tabletop exercises and evaluation; tabletops are the first step in evaluating plans and programs through discussion and tracking cross-sector coordination. The second year will include operations-based exercises, including full-scale exercises and drills. These types of exercises are important to learn as they are used to evaluating coordination and timing in a hands-on simulation of a One Health emergency. The courses will be provided at the regional hub; with mentorship following using the ECHO platform.

In the final three years, we will focus on transitioning this program to Regional Hub One Health Readiness Leads. Subject matter experts will closely work with and train two persons from each hub—one representing the animal health and one, the public health sector. These Leads will work side-by-side with the GCBS SMEs to mentor and support in-country exercise design and implementation and in learning how to teach future One Health Readiness leadership programs, using the curriculum from the first two years' workshops. Support will be provided to ensure these Regional Hub One Health Readiness Leads are able to attend international workshops in public or animal health emergency management.

In the final year of the project, the Regional Hub One Health Readiness Leads will design and conduct their own multi-country tabletop exercises for their region. The exercises will be designed to collect data on the efficacy of public and animal health communication and collaboration during a transboundary zoonotic outbreak. Results from this activity may be used to support JEE requirements and to inform the development of a multi-year strategy for how to address any gaps identified during the exercise. The regional leads will be able to utilize this multiyear strategy to guide future activities. All trainees will learn how to use the PREP™ website for exercise design and implementation. PREP™ provides a template for the multiyear strategy, response plans and a mechanism for multicounty, remote exercises.

Objective 2: Establish systems, policies, and procedures to assess and track multisectoral workforce placement, performance, and impact

Building on the World Bank One Health Operational Framework developed with EcoHealth Alliance, mapping of resources, tools and initiatives to assist in operationalizing One Health will be conducted at country-level (see figure 3.2, World Bank 2018). The process will review findings from regulatory frameworks, country capacity assessments, planning tools, implementation resources, reporting structures/systems, and expert networks mobilized by the country to promote coherence and identify where there are synergies for coordination across sectors. The process will also identify where there are key gaps and opportunities (for example, environment sector capacity strengthening). The findings of relevant capacity assessments (e.g. JEE, PVS, workforce capacity indicators), stakeholder and resourcing analyses (e.g. OH-SMART, Health Security Financing Assessment Tool), action plans (e.g. for health security, AMR, biodiversity, disaster risk reduction), and implementation evaluations (e.g. OH-APP, after-action reviews, case studies) will be compiled and reviewed to generate systems, policies, and procedures that can meaningfully linking across sectors at national and regional contexts. Critically, regional and country One Health networks will advise on where relationships are already established or limited/lacking to help target value-added synergies and strengthen capacity to identify value-added entry points for network engagement. Recommendations will be validated and refined with national government and country-based intergovernmental partners. By bringing together existing work and objectives typically pursued in isolation by each sector, this activity is anticipated to help identify common objectives, reduce duplication, and empower other sectors to engage on One Health efforts and make One Health more feasible and value-added in regional and country context, promoting value-added contributions as well as workforce readiness to interact with policy and planning processes across sectors.

With thoughtful preparation from ECHO program managers and support from ECHO Institute and OHW-NG consortium staff, the ECHO platform will prove a useful component for knowledge management and learning systems. Program managers can successfully track quantitative and qualitative measures, including ECHO program attendance, workforce placement, utilization rates of career development resources by alumni, and knowledge levels through pre- and post-program assessments or self-efficacy assessments. By developing a comprehensive strategy for post-graduation follow up in partnership with university officials, One Health ECHO program managers will be able to refine curricula to reflect areas where the practicing workforce is underprepared or in need of additional capacity building.

The One Health regional and national ECHO platforms can be used to routinely engage the One Health workforce, disseminate significant findings to stakeholders at the national and regional levels, and thereby enabling them to create informed human and animal health policy relevant to their specific needs. The One Health ECHO networks will also be available for rapid dissemination of real time information from the center to the field and from the field to the center during public health emergencies; while the One Health ECHO networks might engage routinely on a weekly or twice

monthly basis, they can easily be ramped up to meet daily or as often as needed to respond to public health emergencies. Ideally national Emergency Operations Centers will be core members of the national and regional One Health ECHO networks. Through ongoing review of multisectoral workforce performance and impact, information gathered through One Health ECHO sessions can inform regional and national policymakers of workforce shortage areas to create income-generating programming.

To play an enhanced role in addressing emerging and re-emerging infectious diseases, it is critical that the university networks and member institutions have an infrastructure in place to track progress towards One Health goals and measure the efficiency, quality, fidelity, and sustainability of OHW-NG interventions. This includes standardized assessments, data management systems, decision-making and planning tools, and mechanisms to facilitate collaboration and problem-solving. In addition to initial indicators identified later in this proposal, the consortium will work closely with the university networks in concert with regional and country partners to develop relevant metrics.

One Health Competence Assessment Tool

Led by ICAP, OHW-NG consortium partners will provide technical assistance to the university networks to develop a single, standardized tool for assessing the competence of One Health students, drawing upon existing tools including JEE, PVS, and workforce capacity indicators, and ICAP's extensive experience adapting human resources for health assessment tools and supporting assessments of education and training, workforce distribution, and workforce performance. The assessment strategy is built on two key principles: that competence is measured by performance, and that different levels of One Health competence are required, ranging from basic skills to capacity to lead in complex and dynamic situations. The OHW-NG assessment tool will measure six levels of competence, from novice to expert. Consortium partners will work with the university networks to pilot and fine-tune the assessment tool and then to support member universities to implement One Health competency assessments systematically, as part their standard student assessment package. The tool will also be used to evaluate the performance of One Health graduates in the workforce. Staff from the university networks and member institutions will receive initial, intensive training in the assessment framework and tool and in preceptorship, and the assessment tool will be handed over incrementally, in line with project transition plans.

Student / Graduate Database and Dashboard

Consortium partners will collaborate with the regional and country university networks to develop and implement a customized system to manage One Health workforce data and track the performance of One Health graduates in the workforce. The system will utilize an open source software solution that is compatible with existing iHRIS: illustratively, iHRIS Train, leveraging longstanding USAID investment in the iHRIS platform. The solution will build upon efforts to date under EPT-2 and ICAP's experience supporting iHRIS and developing databases to track pre-service education and continuing professional development. The system will contain curriculum implementation and student performance data for pre-service education, in-service training, competency assessment, and workplace performance evaluation activities, as well as information on faculty and trainers. Member university staff will enter individual level training and assessment data into country level databases that feed into regional servers, enabling global aggregation of data. ICAP will support the networks to develop and roll out training on the system for staff of the regional / country networks and member universities. Leaders and managers within the networks and member institutions will receive training and mentorship on use of the dashboard data to inform decisions, including revision of OHW-NG activities, as well as for advocacy (see below). The dashboard will

enable the networks, universities, and other OHW-NG stakeholders to (a) access information on both the current workforce and the pipeline of One Health graduates, (b) assess the effectiveness of training activities, (c) identify areas in which improved One Health competence is needed, and (d) assess impact by triangulating training and assessment data with data on health outcomes (e.g. from DHIS2). One Health graduates will also be able to access their own records and transcripts via the dashboard. As appropriate in each country, iHRIS Train may be implemented as a standalone system or integrated with existing iHRIS Manage systems that maintain data on deployment, performance, salary, promotion, transfer, qualification, continuing professional development, and attrition. The user-friendly PEPFAR HRIS Framework Tool will be adapted for annual assessment of the new system's scope and use, its maturity (scale 0-5), and capacity for its use (scale 1-5). In addition to the student / graduate database, a One Health alumni LinkedIn account will be established to track where graduates are and what work they are doing.

Workforce Strategies and Plans

Consortium partners will support the regional and country university networks to compile and review relevant resources including prior capacity assessments (as above), stakeholder and resourcing analyses (e.g. OH-SMART, Health Security Financing Assessment Tool), action plans (e.g. for health security, AMR, biodiversity, and disaster risk reduction), and implementation evaluations (e.g. OH-APP, after-action reviews, and case studies). This will be followed by consultation with stakeholders in network member countries and selected expansion countries. Researchers, academics, and experts from government and the private sector will participate in review and analysis and use the OH SMART™ tool (the One Health System Analysis and Resource Tool) to map cross-sectoral workforce gaps, identify needed improvements in communication and coordination among and between disciplines and sectors, prioritize areas of work, and harmonize the OHW-NG project with other efforts. Stakeholders will then be engaged in the development of actionable, fundable One Health workforce strategies that include up-to-date country roadmaps, M&E plans, and budgets. To enable the university networks to track the effectiveness of strategies and plans and identify areas for attention or course correction, the consortium partners will develop a customized online self-assessment tool that incorporates a capability maturity model. Stages from novice to expert will be defined based on collective implementation experience among OHW-NG partners. Baseline and follow-up results will be shared via the knowledge management platform described below.

Cross-Sector Advisory Platforms

The university networks will receive support to expand stakeholder engagement, which has focused predominantly on academic stakeholders to date. Consortium partners will support the networks to map different categories of relevant national, regional, and global stakeholder from the university, government, private, and NGO sectors and convene regional Advisory Groups of experts from different sectors and disciplines. Additionally, Regional One Health Technical Advisory Committees will be established, with a mandate that covers infection control, AMR, zoonotic diseases, food safety, and environmental health, and their recommendations will be validated and refined with national government and country-based intergovernmental partners. During Year 1, consortium partners will support the networks and National One Health Platforms to engage intensively with non-university stakeholders and explore One Health synergies with government ministries, private companies, and diverse implementing partners and gain their buy-in for strategies that address critical shared challenges. The regional and country networks will advise on where relationships are well-established and where greater engagement is needed. Thereafter, consortium partners will support the university networks to organize annual OHW-NG summits at the global, regional, and country levels to review progress towards strategic objectives and plan targets and

provide a forum for stakeholders to discuss One Health workforce policies and plans. Half year virtual workshops will also be held to ensure that stakeholders remain engaged and momentum is maintained. This process will continually and iteratively inform skillsets that the university networks can serve to promote relevance and value, as well as local ownership.

Capacity to Influence Policy

Consortium partners will assist the university networks to build capacity in network member countries to advocate for One Health objectives, including with key non-health actors who make decisions on resource allocation. Activities will draw on the unique range of global and local advocacy experience within the OHW-NG consortium, including EHA's global, national and private sector policy activities on the economic and sustainable development rationale for investing in One Health for risk and impact mitigation and system strengthening, as well as ICAP's experience assisting African universities with policy and advocacy activities and building capacity for advocacy among leaders within government ministries, universities, and civil society. The consortium will assist the university networks to develop and roll out in-person and virtual trainings as follows: (1) One Health advocacy modules based on defined competencies for individual health workers, specialist One Health workers, institutional leaders, and network leaders; (2) One Health management and leadership modules for national and provincial ministry staff, hospital managers, public and animal health professionals, and environmental resource managers; (3) One Health leadership modules for medical and veterinary school graduates, which cover strategic and financial planning, implementation, and monitoring. Using the knowledge management platform described below, we will create a "policy academy" for leaders within the networks and member institutions, to promote greater debate and collaboration on advocacy and policy issues and national One Health initiatives. Global thought leaders from within the consortium will provide remote one-to-one mentorship and host academy webinars on current and emerging One Health priorities, challenges, and best practices.

Knowledge Management Platform

We will establish a digital knowledge management platform to enhance resource sharing, collaboration, and learning across the university networks, drawing successful approaches from its leadership of the Gates-funded Coverage, Quality and Impact Network (CQUIN). A user-friendly dashboard will enable users to access OHW-NG workforce and institutional capacity data and a library of project updates, technical documents, training materials, and job aids. The platform will enable university networks and member institutions to identify areas for improvement, see which other countries they can look to for best practices and innovations, search for resources, and reach out to other practitioners. The dashboard will include links to virtual communities of practice that connect via the One Health ECHO networks, Zoom, and WhatsApp. These communities of practice will enable government stakeholders, network and university staff, One Health graduates, and other experts from collaborating sectors together at different levels to work towards specific objectives. They will share information and operational updates and collaborate on planning and problem solving; once each objective is achieved the particular community of practice will disband and its outputs will be disseminated via the knowledge management platform and other channels (e.g. meetings and other digital platforms). The One Health alumni LinkedIn account will also be used to reach out and engage graduates in collaborative activities.

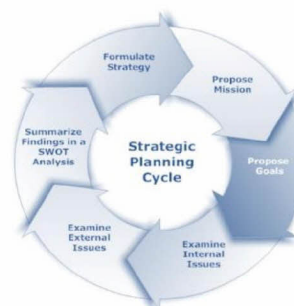
Objective 3: Strengthen the functional and organizational capacities of the regional One Health university networks to ensure they are capable of acquiring and managing direct donor funding –

The UC Davis OHW-NG consortium brings together a unique platform of established and new partners - in the public and private sector - to achieve organizational sustainability of OCHEA and SEAOHUN networks. The OHW-NGO project will draw on the world renowned business development expertise of UC Berkeley's Haas School of Business (rank?) and Georgetown University, leverage the unique expertise in alliance building, One Health analysis, field training, and policy engagement of EcoHealth Alliance, and capitalize on the business acumen and networks of private sector partners, including Land O' Lakes, Johnson & Johnson, and the Global Health Security Agenda Private Sector Roundtable, in an ambitious but achievable organizational development strategy over five years. Our goals are to establish robust organizational and financial capacity in both networks, facilitate the successful transition to direct USAID funding in Year 3, identify and secure a broad and diverse portfolio of donor funding for both networks, and develop and scale sustainable revenue generation mechanisms for both networks to ensure sustainability beyond USAID funding.

This strategy is grounded by three key principles. First, we will use the widely recognized Kotter model of organizational transformation (Appendix X). Our consortium's alliance and network-building expertise will enable us to cultivate a strong sense of partnership with the two networks, supported by full alignment with USAID's Journey to Self-Reliance, including the construct that organizational self-reliance depends not just on capacity but also on commitment. Second, we recognize and will build upon previous capacity-building efforts by USAID One Health Workforce initiative. We will leverage USAID's extensive global experience in local capacity development through the use of USAID NUPAS and OCA tools and by enabling close collaboration of USAID staff in project activities. Third, we recognize that OHCEA and SEAOHUN are unique in their organizational composition and context, and therefore a one-size-fits-all approach is not appropriate. Instead, our strategy will promote areas of common development and measurement- such as the goal of financial transition- between the networks, but also custom-design all aspects of our support to the unique needs of each organization and leadership team.

Assessment, Benchmarking & Strategic Planning

Our first step will be to document the levels of organizational capacity of both networks, and establish a strategic plan to capacitate the networks systematically over the five year partnership. The emphasis of this capacity-building in Years 1 and 2 is one of the requirements established in the USAID NUPAS. To this end, by the second quarter of Year 1, we will convene five day Strategic Business Planning retreats for the leadership teams of each network, following the business planning model developed by Haas School of Business (Richards, S) illustrated here. The network leadership teams will comprise executive, operations, and program staff. During these retreats, our organizational development experts will facilitate the development of a shared missions and goals, and an "examination of internal issues" by conducting the USAID Organizational Capacity Assessment Tool, including the NUPAS. This tool will help all stakeholders establish a common vision and benchmarking of the networks' capacity across seven competency domains, and will identify key weaknesses, risks, and deficiencies. In particular, we will agree to key benchmarks to transition in Year 3 and an early warning system for failure to meet the benchmarks in the time period agreed. We will emphasize that correcting any deficiencies in the NUPAS requirements is the number one priority for capacity-building efforts of the OHG-NW project for the first two years. It is also the only factor in USAID's determination of eligibility for direct transition for USAID funding in Year 3. Strengthening capacity outside of



NUPAS requirements contributes to the overall goal of organizational sustainability to be achieved by year 5.¹

We will further facilitate an “examination of external issues” by presenting the findings of a rapid stakeholder assessment, conducted by the OHW-NG project in preparation for each retreat. The assessment will include interviews and surveys of key network stakeholders, both present network members and non-members, to understand the strengths, weaknesses, opportunities and threats (SWOT) of each network. The assessment will also probe among the network’s university members and respective Ministries of Health, Agriculture, and Environment, the interest and ability of member universities and Ministries to contribute financially to OHCEA or SEAOHUN (i.e. ‘willingness to pay’), to continue their engagement beyond USAID funding, including their priority needs for network services and programs. In advance of the retreats, the consortium will also identify and support an internationally recognized accounting firm (listed in USAID’s approved XX list) to conduct a baseline international audit of each network to help them identify any additional organizational capacities that need to be strengthened to successfully pass the international audit required by USAID for Year 3 of the award. (add reference <https://www.usaid.gov/ads/policy/500/591maa>).

Additional factors in each network’s macro-environment will be explored in the retreats, including political and legal, economic, social and technological (PEST) factors that will affect network organizational sustainability over time. The outcome of these retreats will be five year business plans for organizational sustainability, which will govern the consortium’s efforts to achieve Objective 3 goals for organizational sustainability, the consortium transition plan, and, in particular, the transition to direct funding by USAID. We will hold a summative retreat at the end of the five year program with both networks together, to review progress against these five year business plans and to showcase impacts of the five year initiative. (Insert Haas Business canvas 9 domains if we can make space).

Building network organizational capacity in a stepwise approach

By the end of year 1, we will launch a multi-modal series of capacity-building initiatives for both networks, using their five-year business plans as our guide. This will build capabilities across the 7 OCA capacity domains, in a stepwise fashion, to achieve the Objective 3 goal of organizational sustainability, the consortium transition plan, and the direct transition to USAID funding. Capacity-building efforts will target the improvement in four organizational nodes- people, processes, technology, and data (reference).

First, the consortium will establish an ECHO Organizational Leadership and Sustainability Collaborative, within and between the leadership teams of each network and the consortium organizational development expert team. The objective of this learning collaborative is provide a systematic platform for training, mentorship, dialogue, sharing of challenges, group problem-solving, and exchange of lessons learned and best practices. Twice monthly videoconference sessions will be held between the U.S. organizational development team and the leadership team of each network, to provide training and technical assistance on activities specific to that network, while monthly videoconference sessions will be facilitated between the two network teams, to provide exchange and learning across the networks. These collaboratives will be tailored to the needs of each network, but will both structure content around the 7 capacity domains in the OCA tool. The progress of each network to build capacity across these domains will be monitored through these collaboratives, through routine reporting, and through repeated implementation of the OCA tool at the end of Year 3

¹ This step should address the concern around respondent bias in self-assessment that is raised in the OCA tool guidance as a potential if the OCA tool is applied before a direct award is made.

and before the last 3 months of Year 5, as recommended by USAID OCA guidance. The focus of the collaborative in Years 1 and 2 will be helping the networks to achieve NUPAS requirements.

Second, the consortium will provide the network's virtual and in-person technical assistance of key organizational development consultants, to provide in-depth assessments, advising, and tool development on specific areas of need, as determined in the business plans and as needs emerge over time. Key assessments anticipated include those to document the quality, relevance, and security of each network's technology and areas for technological innovation, and the robustness, timeliness, and quality of each network's data systems. Third, investments in physical infrastructure, technology, and data systems will be supported, as guided by the OCA tool, NUPAS, and in-depth assessments (need more substance, like a framework / tool). Fourth, business process improvement is another mode of capacity-building that is anticipated to help each network to better understand the bottlenecks, delays and other limitations in key business processes (such as managing member requests or managing payment of funds). Experts in business process mapping and process re-engineering have been identified and will be made available to the networks as needed over the five years. (or should we shrink BPI as just an example of possible TA in this paragraph?)

Lastly, the consortium will conduct a work stream around strengthening the network Boards, to ensure their composition, capacity and practices effectively advance network partnerships, strategic direction, and financial self-reliance. In particular, the consortium will work to support Board membership that includes individuals or institutions that can bring funding to the networks, and establishing a culture among all board members to actively seek out partnerships and funding opportunities. Building the capacity of the boards is a critical investment in sustainability, enabling the networks to have a specific vehicle that can adapt to changing factors in the landscape of donors, priority programs, and member needs. <add evidence-based paradigm/ reference for Board development>

Developing new and diverse network partnerships with a 5 year partnership strategy

Together with the network leadership teams and USAID staff, the consortium will develop an ambitious five year partnership strategy to identify and recruit new partners for each network from the public and private sectors and to build the partnership development capability within each network. An emphasis will be placed on partners that can provide funding, such as X, X, X, but the strategy will also recruit partners for networking, coordination, cooperation, and collaboration. Esteemed leaders have been recruited from the Global Health Security Private Sector Roundtable to play a critical role in the design and execution of this strategy. Together with Consortium partnership development experts and network leadership teams, they will concentrate efforts in Years 1 and 2 to identify partners, conduct research, convene meetings, help negotiate the type and level of partnership, determine reporting and evaluation needs, and help secure new partnerships and funding. By the end of five years, the consortium will have established a robust constellation of technical and funding partners for each network that will accomplish the Objective 3 goals regarding organizational sustainability and the demonstrated ability to receive diverse donor funding.

As part of this work, specific requirements from each new donor will be elaborated, and the consortium will support the capacity-building among the networks to meet these requirements by the end of the five year period. All partners listed in the USAID NOFO for this award will be included in the strategy for outreach. As research is a core pillar for OHCEA and an important function of SEAOHUN, research funders in particular will be identified and approached, and a research agenda developed among the networks to align with these donor's funding opportunities.

A second major component of the partnership strategy is to develop the partnership development offices of each network. This may include hiring dedicated staff- which transition to direct network funding in years 3 onward- and providing this staff training and capacity-building in partnership and

business development (e.g. grant-writing, prospecting, communication, partnering strategies, and evaluation of partnerships). Support will also include developing specific tools for each network to use in their partnership development (e.g. mapping potential partners, templates for concept notes, proposals, grants, and Memoranda of Understanding). In time for the transition to direct USAID funding in year 3, these partnership offices should have the capability to assume leadership of their partnership strategy activities and should be leading their networks capacity-building to achieve the most mature stage of capacity in the “Fundraising and Business Development” domain of the OCA tool by year 5. (If we have space, insert graphic from: <https://thepartneringinitiative.org/wp-content/uploads/2014/08/Partnering-Cycle.jpg>)

Pilot and Scale Revenue-Generating Mechanisms for the Networks

The consortium believes that true self-reliance for the networks can be achieved not only through a robust and diverse network of donor partners, including direct USAID funding, but also by developing a network business model that establishes sustainable revenue-generating mechanisms for the networks. The consortium will work together with the network leadership and USAID to identify, pilot, and scale appropriate business models for this revenue generation. In particular, the consortium sees three core opportunities. First, the consortium will work with the networks to pilot an offering of select “fee-based” virtual training opportunities to their members and non-members. These could be individual trainings on specific topics, or even trainings for the full One Health Certificate course, all of which could be offered via the networks’ new ECHO platforms and online learning management systems. For example, the networks could offer a paid ECHO mini-collaborative on a specific topic; a fee-based webinar, or fee-based video presentation on a single topic.

A second strategy is to institutionalize One Health training- including the One Health certificate- in to national continuing professional development (CPD) programs of member countries. In most countries in the OHCEA and SEAOHUN region, CPD is regulated by health professional regulatory bodies, who maintain a list of “accredited CPD providers” and who approve specific training or certificate programs as contributing to a health professionals official licensure renewal procedures. Once these authorities recognize OHCEA and SEAOHUN as accredited CPD providers, and approve specific trainings- including the One Health certificate- to satisfy their licensure renewal requirements, this will generate a demand among health professionals across the countries to pay for the training to satisfy their licensure renewal requirements. This revenue-generating effect has been demonstrated in previous global initiatives, managed by consultants brought in to this consortium. By the end of year five, the consortium will have integrated the One Health certificate and select individual One Health trainings in to the CPD programs of at least one of four priority cadres (nursing, medicine, laboratory, and veterinary medicine) of every member country of OHCEA and SEAOHUN networks. A U.S. expert in developing CPD programs in Africa has been recruited by this consortium to focus on this strategy; she will convene the key regulatory council leadership in each region in a learning collaborative via the ECHO platform, and to conduct follow-up site visits and technical assistance to specific countries or the network offices as needed.

Third, the consortium will work with each network to develop a “member services” business model, akin the membership services model employed by professional associations here in the U.S., that would help secure financial viability of the networks even beyond USAID or donor funding. The network models would provide for the payment of a membership fee by network members in exchange for select services (e.g. newsletters, technical advising, participation in a network-sponsored journal, presentation at network conferences, and access to ECHO collaboratives). The models may introduce a sliding fee scale across members, to accommodate members that are unable to contribute to the network, or may offer tiers of services ranging from free (unpaid) to the highest

premium charged. Consortium consultants would help the network leadership teams collect information from the Year 1 stakeholder assessments and subsequently design a model and implementation plan unique to their network. Specific offerings that could be the basis of paid membership services in future years- such as a network journal and network conferences- would be supported in this consortium award, to help establish the demand and interest in such services. By the end of Year 5, the networks will have completed their initial assessment, analysis, and model design, and implementation plan, to be able to execute a paid membership model at the start of the next five year One Health workforce cycle.

A fourth exciting revenue generation opportunity that the Consortium will support is the development of a digital app that validates and tracks trainings. The “Digital training tracker” app solves the problem facing training providers of manually tracking and reporting trainee attendance, and the problem students face of the lack of a central repository of all their in-service training opportunities that is accessible to them at all times. This app would be used by the networks to validate and track all of their training offerings, and would also offer students the opportunity to also have a cloud-based record of their One Health trainings that they can show to regulatory councils, employers, and others for credentialing, job applications, promotions, and more. Charging select students a marginal fee to download the app as a requirement for taking the One Health training could be revenue-generating mechanism for the networks that can expand as its training offerings expand. The consortium will support the development of this app to the specification of the One Health training programs by OHCEA and SEAOHUN, and will help both networks to pilot how they would roll this out and charge select students for its use. By the end of Year 5, each network will be able to demonstrate a strong track record of tracking training from Years 2 onward via the app, and piloted charging select students for the app.

If we can make space, create a Table of Key Objective 3 Milestones by Year (like Omar’s table).

Y1	Milestones X, Y Z
Y2	Milestones X, Y Z
Y3	Milestones X, Y Z
Y4	Milestones X, Y Z
Y5	Milestones X, Y Z

The process of strengthening and sustaining network financial capacity will also reinforce existing financial management efforts that contribute to good governance in the regions and countries they operate in. For example, the Consortium will coordinate with World Bank partners to highlight best practices from their public financial management policy procedures (e.g. anti-corruption, reporting), and will consult with relevant country and regional entities (such as the Economic Community of West African States and the African and Asian Development Banks) to identify key financial management challenges in the regions to proactively address in training and transition plans. In addition to US government donor processes, we will review the project development and administration processes and entry points for a range of financing mechanisms that support countries and regions with potential relevance to One Health (e.g. the Global Environment Facility, The Global Fund, the World Animal Health Fund, etc.), as well as other innovative financing approaches (e.g. via the International Finance Corporation and cascade approaches that leverage private sector resources). This process will also provide exposure to aspects of project design and appraisal where a country’s future One Health workforce can potentially serve an important and innovative role in the review of investments, such as in Environment and Social Safeguard assessments to better anticipate and mitigate negative health impacts of donor investments. Collectively, this will provide valuable

exposure to a diversity of funding mechanisms and processes, help navigate potential funding sources, reduce duplication, and optimize efficient use of resources. This will ensure that the networks and the workforce they produce are not only additive as a recipient of funding, but uniquely synergistic and transformative in the regions they support.

To achieve the aims set forth in objective three, a One Health ECHO program will be created for regional hub administrators, OHCEA and SEOHUN stakeholders, and potential donors or philanthropic advisors to train relevant personnel on critical components of finance and grant management, fund raising, ethics, and non-profit management. We will build on lessons and curriculum of the CDC Sustainable Management Development Program and follow on programs focused on public health management and sustainability competency development. We will also build on the experience of the Hanoi University of Public Health Leadership and Management ECHO currently being implemented to strengthen public health administration and management. Throughout the duration of the grant, each regional One Health hub will undergo training and ongoing technical assistance from key ECHO Institute staff who will support design, development and continuous quality improvement of their One Health ECHO programs to ensure that they are vibrant and robust, and that encourage active participation and build a supportive network of community stakeholders. The One Health management and administration ECHO will provide accountability among regional hubs and reduce potential disparities in the quality of training between the One Health regional networks as they manage increasingly more of the programmatic, administrative, and managerial functions for their own programs over the course of the OHW-NG project.

Transition Plan

In many ways, we view OHCEA and SEOHUN as the most critical organizations in our consortium. The success, sustainability, resiliency, and operational excellence of each of these two entities will determine the trajectory in their journeys to self-reliance. As we begin, it is anticipated Year 1 funding. As subrecipients, each network will need to complete the subaward process at UC Davis, a procedure which utilizes a process similar to that of USAID's own award recipient vetting process. For example, UC Davis requires a subrecipient commitment form and a mini-audit questionnaire (to gauge fiscal responsibility), both completed and signed by the subrecipient; a statement of work, and a budget with budget justification. In the event that an intended subrecipient does not or cannot qualify for a subaward from UC Davis, the subrecipient receives a statement of needed corrective action that must take place before the subaward can be made, and as long as the deficit is not fundamental, achieves provisional subrecipient status. The organizational capacity statements included in the NOFO, along with publicly-available information related to SEOHUN and OHCEA, indicate to us that UC Davis subrecipient status will be achievable for each entity. We anticipate that achieving subrecipient status at UC Davis is a first organizational hurdle, and the second of which is successfully passing a Non-U.S. Organization Pre-Award Survey (NUPAS) conducted by USAID.

Throughout the work proposed under the broader heading of Objective 3, our consortium will be assessing, benchmarking, and assisting OHCEA and SEOHUN to achieve their missions and visions through strategic and operational consulting and assistance; this is anticipated to decrease in intensity over the five years of the award period as the networks achieve prescriptive, staged process maturity. Gap analysis, identification of improved and staged processes which can achieve desired outcomes, and development of the systems and processes that enable that achievement will ensure that the capacity of our regional network consortium partners is increased at least to the level required to receive direct USAID and other sponsors' funding around Year 3. Moreover, our process is designed to eventually ensure operational excellence and value creation beyond donor funding and through self-supporting activities, as will be needed to achieve self-reliance.

Utilizing the benchmarks in both the NUPAS and USAID’s Recipient Control Environment Checklist, and a staged maturity framework described above, the consortium will conduct semi-annual benchmark surveys for each of the regional networks, utilizing members of SEAOHUN in our survey of OHCEA, and vice-versa, in order to identify gaps in anticipated and desired systems and processes. These surveys will be shared in reports, and will commence immediately post-award. This reporting will provide the early warning system needed to alert the regional networks and USAID if progress is not sufficient for transitions to occur. Immediately upon any finding of insufficiency, the consortium will identify steps that will get the partner back on track and onto the next planned phase of development.

Beginning in Year 2, USAID could create a NOFO for the transition awards for each regional network with all standard requirements and could restrict eligibility for those awards to the regional networks, in accordance with ADS 303.3.6.5b(3). Even if the networks have not fully achieved the capacity required in order to receive the awards, it will be crucial that the organizations go through the application process, and that we perform an analysis of what is still needed before the awards can be made. When fully vetted and ready for direct funding, the networks will need to submit proposals and fully engage in the award process, just as they will need to for more competitive grant funding in the future.

Table X. Activities for which the networks will become independently responsible

Target Year	Network Activity or Responsibility
Year 2	Development of their own subaward recipient vetting processes, including mini-audit or other assessment of potential subrecipients’ fiscal responsibility
Year 3 (or when direct funding received)	All standard and NOFO-specific USAID reporting
Year 3	Responsibility for partnership initiation
Year 3	Budgeting for all direct funds
Year 4	Take over management of ECHO hubs
Year 4	Self-responsive international audit
Year 5	Applying to non-USAID funding opportunities with minimal or no OHW-NG consortium assistance
Year 5	Take over benchmarking surveys and all compliance required by USAID
Year 5	Hiring strategic consultant for development of 2025-2030 business plan
Year 5	Take over all future business process engineering/reengineering

Performance Monitoring, Evaluation, and Learning (MEL)

Strategy

As key members of USAID’s Emerging Pandemic Threats-2 Program Monitoring and Evaluation (M&E) Working Group, our consortium has experience integrating project specific performance monitoring indicators with rapidly evolving international priorities such as the GHSA Action Packages, Indicators, and country road maps, the WHO’s Joint External Evaluations (JEE), and recently developed USAID Self Reliance Metrics and country road maps. Through the EPT-2 M&E design and implementation process, we learned valuable lessons that have informed a more robust and design-centered MEL plan for OHW-NG. The EPT-2 M&E framework succeeded in establishing monitoring indicators that captured performance and progress from each project and in enabling tracking of program-wide results. However, this framework and plan was not designed into projects at inception, suffered from a lack of awareness and participation at a broad stakeholder level (especially the country level, a challenge as international priorities and tools such as the GHSA and JEE gained traction), lacked concrete targets and benchmarks for performance tracking, and in

practice, monitoring and data outputs from that high-level framework did not inform decision making for improved performance or foster greater collaboration or coordination of activities and investments across partners.

Going forward, performance MEL elements have been built into the core of each of our OHW-NG objective's activities, and our overall MEL approach is based on our theory of change and project design. Our results and change-focused MEL has been incorporated into the organizational culture of our consortium and will serve as a core foundation for discussions at staff and senior leadership meetings, as well as at regular meetings, workshops, and events planned with all OHW-NG stakeholders. At project inception, we will work with OHCEA and SEAOHUN, country teams, and all project partners to rapidly assess existing systems for performance tracking, data collection, and information and knowledge management, as well as with the USAID AOR for insight on lessons learned from the previous 10 years of OHW investment. This specific MEL-related assessment, which is ingrained in the activities of all three objectives, will serve two critical purposes: 1) horizon scanning of existing systems, tools, and data of value for further investment and development and 2) collection of a rapid pulse on the existing knowledge, awareness, and capacity of stakeholders with regard to the utility and value of MEL for project success and impact. At this initial stage, we will also work with the regional networks and country-level partners (USAID-funded projects and partners, GHSA and USG agencies, FAO, WHO, etc.) to establish MEL as a foundational element of project design and implementation that is in sync, compatible, and synergistic with international and country-level monitoring systems and tools.

While designed for performance monitoring and decision making, this MEL plan also addresses overall impact by identifying and contextualizing the effect that empowering regional university networks to be global leaders in One Health has on health security, government and civil society, self reliance, and ultimately the wellbeing of the general public.

Process and Timeline

The goals and objectives addressed by the OHW-NG are inherently complex. Therefore, our MEL process is iterative and designed to evolve and adapt to best conform to the multitude of donor, stakeholder, and specific project demands. Our consortium will create a cross partner MEL working group led by MEL specialists with experience developing and implementing performance monitoring plans for USAID and the GHSA communities and with membership from each objective team. The MEL working group, will work closely with the senior management team and AOR to refine and confirm initial plans as part of the Year 1 workplan process and will build in MEL training and capacity opportunities to enhance collaboration with partners in the regional networks to encourage greater ownership and buy-in.

Following consultations and initial assessments of current systems and M&E data in Year 1, we will draw on the expertise and innovations of this unique consortium to create a flexible and dynamic MEL platform that integrates data from multiple information management and digital systems for improved monitoring: ECHO communities of practice with potential for real-time polls and digital surveys of learners and health professionals; HRIS systems that provide insight into the depth and quality of training and educational programs; and additional information and knowledge management systems.... In addition, we will work in close collaboration with the depth of stakeholders (regional networks, member universities, government and civil society members, international NGOs, and engaged private sector partners) to better identify and understand project progress and impact, along with challenges, gaps and opportunities. We will conduct focus groups and qualitative and quantitative interviews seeking to collect valuable information contextualizing MEL data and findings but also to build a committed MEL community of practice engaged and committed to forging improvements to project design and ultimately impact. Additionally, through

the leadership of our external advisory committee, we will conduct an external evaluation of project performance at a critical phase of the project just before transition of greater ownership and management to the regional university networks.







MEL data captured through our various tools and systems will be routinely analyzed and prominently featured in regular team meetings for discussion at least monthly, enabling routine performance monitoring and also opportunities to collaboratively adapt the MEL plan for improved monitoring or project activities for enhanced performance. Our consortium is committed to open data systems and MEL data collected through this project will be accessible to USAID and other international and GHSA partners as appropriate to support additional evaluations and inform policy and strategic direction in global health, higher education for development, workforce development, or health security.

Placeholder for optional “Timeline graphic” that could capture all of the text below...

Beginning at project inception and in the Year 1 workplan phase, we will work with the project AOR and senior management team to confirm the final MEL plan and approach, along with specific indicators and targets (see below). Following workplan and MEL plan approval, we will kickstart the initial baseline assessment and horizon scanning phase, with results featured in the first semi-annual workplan. Data collection will occur every six months at a minimum over the life of the project, with some data collected in real-time from project ECHO communities and other information and knowledge management systems. Each year, as part of project Annual Meetings, we will present a project review enabling feedback for decision making, adaptation, and improvements in performance, as needed. Near the end of Year 2, our external advisory board will conduct the external evaluation with findings informing strategic direction for the regional university network transition. Towards the close of the project, a five-year evaluation will be performed, designed to inform the next phase of OHW investments and direction.

Indicators and targets

Core elements of our MEL plan have been described in detail under each objective along with proposed systems of data capture for routine monitoring and analysis. Illustrative indicators (qualitative and quantitative) and initial targets are described below.

Goal: Empower One Health University Networks to develop and deliver sustainable training programs that equip current and future professionals with multi-sectoral skills and competencies to address complex health issues							
Objective 1 Develop, deliver, institutionalize training and educational offerings aligned with prioritized One Health skills and competencies		Objective 2 Establish systems, policies, and procedures to assess and track multisectoral workforce placement, performance, and impact		Objective 3 Strengthen functional and organizational capacities of networks to ensure they are capable of acquiring and managing direct donor funding			
Sample Indicators and Targets							
Indicators		Targets		Indicators		Targets	
# students trained using rebooted and refined curriculum	? 	% of graduates employed in targeted sectors (3, 12, and 36 months post graduation)		Organizational structure, governance procedures and external advisory board developed		✓	
# professionals trained		% of sector-specific training targets met or exceeded		Technical skills and appropriate staff in place		✓	
# faculty trained		#, % of universities with information systems in place to track trainees and alumna		Systems for receiving and managing funds (financial systems with internal audit controls) in place		✓	
# university graduates with OH core competencies		# countries with multisectoral workforce strategies developed or updated using workforce performance data		Branding, communications, and marketing plans developed		✓	
# new programs developed		# countries with OH resources, tool, and initiatives mapped		USAID pre-award survey and international audit passed		✓	
# (%) of students completing new programs		# systems, policies, procedures identified for cross-sectoral linkages		Direct recipient of external donor funding (indicate amount)		✓ (\$5M)	
# courses developed or updated with OH content (% institutionalized)		# OH-related recommendations validated and refined		ECHO virtual community established and operational for finance, grant management, and non-profit management training			
One Health Academies established in each region	2 ✓	Knowledge management systems established and operational		# virtual communities operationalized, # of trainees/participants, # weeks of sessions, etc...			
# students enrolled in academies, # certificates granted (% completing certificate)		Strategy for post-graduation follow-up developed		# completed assessments			
# professionals enrolling in CE via academies (% completing certificate)		# pre and post program assessments conducted to identify workforce skills in need of further training and curricula development		Establishment and implementation of transition plans			
# regional OH ECHO hubs established		# cases in which ECHO or virtual communities utilized for multisectoral information sharing in disease		West Africa hub established and operational			
# virtual communities of OH practice established, # of users							
# and % of schools and faculties engaged in virtual communities of	x/146 or y/84?						

Gender – Ndola Prata (UCB) drafting

Management Approach

Intro text to management approach – Woutrina will add this section the week of March 18

Management Structure and Organizational Capacity

Description and role of each consortium member

Internal coordination, communication, and management structure

ORGANIZATIONAL CAPACITY

Our One Health team is a coordinated and collaborative group of core organizations with complementary missions and established programs and partners in the targeted hotspot host countries. The core US-based consortium partners of the UCD, EHA, MB, SI, and WCS have decades-long

established collaborations, including current joint programs in avian influenza surveillance, SARS-CoV research, MERS investigations, and agents and drivers of EIDs. The Director will lead the team, and effective administration will be accomplished by the experienced administration at UCD's OHI. Subcontracts will be administered through UC Davis to the core partners (see Annex F for Letters of Commitment **attesting to legal relationships of partners**). In turn, core partners will manage in-country partners listed in the table below.

UC DAVIS SCHOOL OF VETERINARY MEDICINE (SVM): As one of the leading veterinary schools in the world, especially in preventive medicine and One Health, UC Davis has tremendous research and training capacity in the fields of epidemiology, disease ecology, anthropology, zoonotic disease surveillance, diagnostics, viral pathogens, conservation, food safety, disease prevention, and outbreak response. The SVM has trained more than 900 veterinarians in advanced epidemiology (MPVM) from 75 countries, including hotspot regions in Africa and Asia. The UC Davis One Health Institute and its Wildlife Health Center has led training and surveillance for avian influenza for multiple agencies, as well as the PREDICT-1 consortium for USAID. It has demonstrated capacity in the management of large, collaborative national and international programs involving diverse partnerships. With a platform that recognizes that the health of domestic animals, wildlife, and people are inextricably linked to the ecosystem and natural resources on which all depend, the One Health Institute identifies creative solutions to health problems and livelihood challenges in resource-limited settings.

ECOHEALTH ALLIANCE (EHA): EHA scientists have been working on global surveillance, research, epidemiology, and spatial modeling of zoonoses for over 20 years. Their work includes identifying the wildlife origin of SARS, the drivers of Nipah and Hendra virus emergence, publishing the first map of global EID hotspots and the first scientifically-based estimate of unknown viral diversity, analysis of behavioral risk factors for avian influenza and Nipah virus infection, and acting as country lead in PREDICT for Bangladesh, China, Malaysia, Thailand, Indonesia, Liberia, Egypt, Jordan, Cote d'Ivoire, Sudan, and the Republic of Congo. EHA staff consists of epidemiologists, veterinarians, public health scientists, anthropologists, economists, mathematicians, virologists, evolutionary biologists, and ecologists. The diverse team works together collaboratively with a global network of over 70 partners that provides exceptional leverage, including staff from intergovernmental agencies (WHO, OIE, CBD, FAO, IUCN, World Bank); wildlife conservation organizations in Asia, Africa and Latin America; infectious disease surveillance laboratories including BSL-3 and -4 laboratories; and scientific institutions. EHA is the headquarters of the Future Earth One Health Global Research Program; the One Health Alliance of South Asia (OHASA); the Consortium for Conservation Medicine (CCM); the journal *EcoHealth*; an NSF Research Coordination Network (EcoHealthNET); the IUCN Wildlife Health Specialist Group; and the OIE Working Group on Wildlife. EHA is a member of Columbia University's Center for Earth Institute Center for Environmental Sustainability (EICES); all program staff members are thus adjuncts at Columbia University's E3B Department or the Mailman School of Public Health. EHA is a member of the Global Health Security Agenda Consortium (GHSAC), with our staff serving on the official delegation for the GHSA Steering Group.

NEED COLUMBIA ICAP ORGANIZATIONAL CAPACITY STATEMENT – **CHRISTINE ADD?**

NEED ATA HEALTH STRATEGIES ORGANIZATIONAL CAPACITY STATEMENT – **ALEX**

NEED UCI ORGANIZATIONAL CAPACITY STATEMENT – **DELE TO ADD**

NEED UCB ORGANIZATIONAL CAPACITY STATEMENT – **FEDERICO TO COMPILE**

NEED GEORGETOWN ORGANIZATIONAL CAPACITY STATEMENT – **SAM TO ADD**

UNIVERSITY OF NEW MEXICO: **JUTTA TO REVISE**

The ECHO learning and collaboration model offers a particularly powerful opportunity to accelerate and scale up One Health training and education of the animal, human and environmental workforce in a variety of settings, especially where travel and in person training on a regular basis are cost and time prohibitive, with the goal of increasing the ability of the sub-national, national and regional networks to detect and respond to emerging pandemic threats. Over 150 published articles in journals and other media attest to the effectiveness of ECHO. This One Health focused initiative will extend across the national regional systems and strengthen key aspects of the national and regional health systems, including the laboratory and surveillance systems. Among the African countries USAID has designated as priority countries or countries at high risk of emerging pandemic threats, Project ECHO has existing partnerships with programs in Liberia, Cote d'Ivoire, Cameroon, DRC, Ethiopia, Kenya, Tanzania and Uganda, all the OHW-NG designated priority countries in Africa except Rwanda, Senegal, Liberia, Guinea, and Sierra Leone; while the latter countries do not have their own country specific ECHO programs, all of these countries participate in the Africa CDC RCC IHR ECHO programs. In Southeast Asia, Project ECHO has existing partnerships with programs in Vietnam, Indonesia, Thailand, Malaysia, Myanmar, Cambodia and Laos, the majority of OHW-NG designated priority countries in Southeast Asia except Bangladesh. Relevant ECHO programs of note include the Africa CDC regional public health information sharing and IHR implementation ECHO programs that currently engage 45 of the 55 African Union Member States, the AMR ECHO programs in Kenya and Ethiopia, the African Society of Laboratory Medicine 11 country lab strengthening ECHO, the FETP ECHO in Indonesia, the Vietnam One Health University Network Biosafety and Biosecurity ECHO and the Hanoi University of Public Health Management and Leadership ECHO in Vietnam supported by the World Bank. Current ECHO partnerships include state agencies, such as Ministries of Health, multinational collaborative organizations (e.g. Africa CDC, etc.), universities, including medical, nursing and veterinary schools, NGOs (e.g. African Society of Laboratory Medicine, AFENET, American Society of Microbiology), philanthropic organizations (GE Foundation, Bill and Melinda Gates Foundation, Skoll Foundation, Rockefeller Foundation), and members of the private sector (e.g. Global Health Security Agenda Private Sector Round Table).

NEED SANDIA NATIONAL LABS ORGANIZATIONAL CAPACITY STATEMENT – **CARRIE**

The Global Chemical and Biological Security program at Sandia National Laboratories (GCBS) has over a decade of experience working to build sustainable capacity in One Health in over 40 countries in partnership with ministries of health and agriculture. GCBS efforts have focused in two key areas: biorisk management and biothreat readiness. To reach a broader audience and allow for ongoing mentorship, GCBS has developed remote engagement strategies through on-line learning and exercise platforms with the web-based Portal for Readiness Exercises and Planning (PREP™).

OTHER TECH SUPPORT PARTNERS: AMERICAN SOCIETY FOR MICROBIOLOGY, WILDLIFE CONSERVATION SOCIETY, SMITHSONIAN INSTITUTION, UC GLOBAL HEALTH INSTITUTE, AFRICA CDC, AFRICAN SOCIETY FOR LABORATORY MEDICINE

OTHER DEVELOPMENT PARTNERS: CONSORTIUM OF UNIVERSITIES FOR GLOBAL HEALTH, INTERNATIONAL SOCIETY FOR INFECTIOUS DISEASES, GHSA PRIVATE SECTOR ROUNDTABLE, ZOETIS, LAND O'LAKES, WORLD HEALTH ORGANIZATION, WORLD BANK, INTERNATIONAL ASSOCIATION OF NATIONAL PUBLIC HEALTH INSTITUTES

Network Bridging Plan

It is important to navigate the transition from current OHW leadership and activities to OHW-NG leadership smoothly and to assure project continuity and to preserve in-country relationships. The top priority is to ensure current administrative and university teams remain employed to participate in the transition and to build on current activities moving forward. To ensure a successful transition the subcontracts should remain in place with the current OHW leadership while the transfer of contracts occurs to the OHW-NG leadership. We recognize the importance of engaging the sub-recipients in the conversation to empower them to provide input on the preferred mechanism(s) to put in place for transfer of funds that will more easily facilitate the transition toward independent financial management and sustainability moving forward.

In order to successfully transition contracts, the following key elements will be addressed: First, it is important that we maintain trust and transparency during the transition. Communication with the African and Southeast Asian networks subrecipients, host country government points of contacts and USAID Mission contacts is needed to ensure all partners understand the plan and timeline for the transition. We will support the university networks in leading these conversations and to identify and address any legal in-country contractual procedures that must be adhered to for the transition to occur. Second, many countries have a process for legal agreements to be in place between the government and project implementing partners that may need to stay in place while paperwork for changes in partnership can be implemented. Transfer of contracts often need to be accompanied by implementation plans that document any changes, provide a timeline for the transition and explanations to maintain the integrity of the project. Similarly, we will need to present all of the required documents needed by the University of California to fulfill contractual obligations as a sub-recipient and provide training on how to complete and implement these documents.

The Consortium and University of California have a proven track record with USAID in efficiently implementing sub-contracts and transitioning subcontracts and activities between partners to ensure continuity and complementarity with existing efforts at country, regional and global levels. We will support university networks and work closely with their administrative teams to have a significant role in the transfer of contracts and responsibilities as this will begin the training for their transition toward independent financial management and sustainability. Building a strong working relationship between the global, regional and country administrative teams to focus on the contractual transition will allow the technical teams to focus on sharing current training and implementation resources and to build on strategies between the partners to help the university networks to incorporate new activities.

Engaging External Partners

The Consortium's strong external partnerships will ensure continuity and complementarity with existing efforts at country, regional and global levels. This is critical so the project can build on and reinforce multisectoral, One Health capacities and provide entry points of relevance to

stakeholders across disciplines, ministries and objectives toward the success of all three OHW-NG objectives. For example, consortium members from EcoHealth Alliance were lead authors and coordinators of the World Bank Operational Framework for Strengthening Human, Animal and Environmental Public Health Systems at their Interface (“One Health Operational Framework”) published in 2018, which provides operational guidance for countries and donors from project design through evaluation to optimize country preparedness capacity to prevent, detect, respond and recover from zoonotic and antimicrobial-resistant and related disease threats. The Framework leverages existing tools, planning frameworks, and initiatives (from across UN agencies, U.S. government and EPT projects, and academic institutions) to translate One Health concepts into practical, systematic, and value-added actions and address key capacity and implementation gaps. We will support university networks to have a significant role in ongoing efforts in leading training and refinement to disseminate, adapt and build on the Framework’s recommendations, and will promote coordination with the existing and forthcoming World Bank investments, including the Regional Disease Surveillance Systems Enhancement (REDISSE) program now operational in 11 West African countries and anticipated for expansion into Central Africa (REDISSE IV). Additionally, our participation in key One Health platforms at global level (e.g. the IHR Roster for Experts at the Human-Animal Interface, CBD-WHO Interagency Liaison Group on Biodiversity and Health, expert working groups for the development of the FAO/OIE/WHO Tripartite Zoonotic Disease Guidance documents and tools, etc.) and extensive collaboration with colleagues at technical and implementing agencies (e.g. Africa CDC), convening organizations (e.g. Chatham House), and the private sector (e.g. Arcelor Mittal, Johnson & Johnson, Roundtable on Sustainable Palm Oil, Zoetis), provides opportunities to proactively and seamlessly share training and implementation resources and strategies between partners, helping university networks anticipate and rapidly incorporate new health security tools, planning frameworks, and programs into their programs as relevant. In particular, through leadership of the OIE Working Group on Wildlife, we will broaden the reach of existing and evolving wildlife health training resources, helping us to strategically design curriculum that reinforces national capacity and partnerships between university networks and government partners. At country level, the Consortium has extensive precedent of liaising with government entities for active operational capacity strengthening, often through academic partners (e.g., via inter-ministerial results sharing and interpretation under PREDICT).

We recognize the value and importance of empowering university networks to make identify relevant stakeholders and make connections with external partners as they transition toward independent financial management and sustainability. The Consortium partners engage a wide range of sectors to show the value of One Health considerations in decision-making and resource optimization (e.g. for public health and medicine, agriculture, environment, disaster management, tourism, financial, etc.) We will build on our existing partnerships to create unique pathways for these relationships to form, strengthening capacity of regional and country partners to have a more direct role in policy and program development. In addition to their innovative role in curriculum development and delivery and hands-on training, is envisioned that these regional networks will be called on as key experts for shaping One Health guidance and investments at all levels.

The Consortium’s engagement of external partners will amplify the university networks’ positive impact, providing extensive opportunities to showcase examples of its innovative One Health workforce training anticipated in diverse settings, contexts, and across a range of disciplines. For example, through our seat on the GHSA Steering Committee and inter-ministerial meetings via the GHSA Consortium delegation, we will showcase activities and outcomes that contribute to the GHSA 2024 Roadmap across all Action Packages (especially on Zoonotic Disease and AMR) and Task Forces. Broadly, this outreach to key donors and implementing champions will also strengthen

awareness of One Health approaches in general and visibility of regional and national One Health entities to sensitize other leverage their capacities in their future investments.

The Consortium will also help to fill a key workforce gap to transform operational capacity of countries and institutions to assess and manage environmental determinants of zoonotic disease and AMR risks. To date, this has been a largely missing component of One Health workforce efforts. The Consortium will build on a tool for national capacity assessment for environmental health services developed by EcoHealth Alliance for the World Bank intended to operate alongside the JEE and PVS and feed into multisectoral National Action Plans for Health Security and AMR, National Biodiversity Strategies and Action Plans, health disaster risk reduction policies, and other frameworks that can contribute to preparedness. Relevant competencies be integrated into existing or new programs in transformational ways (e.g., establishing a FETP-V track for wildlife health capacities, or building on community networks for environmental surveillance of polio for wider detection of disease threats). Through longstanding collaboration with the UN Convention on Biological Diversity, the IUCN, and a wide network of conservation faculty in the countries, the Consortium has the unique ability to develop a workforce able to effectively manage ecosystem and wildlife health threats to counter existing and future health security risks and impacts.

Furthermore, One Health Regional ECHO platforms and programs will be able to easily engage other components of the USAID Emerging Pandemic Threats portfolio [2019-2024], integrating subject matter experts from those other programs as occasional expert faculty in remote regional and national One Health ECHO education events. The One Health Regional ECHO platforms and programs will reduce the hurdles currently imposed by limited time and funding to engage the other EPT programs and partners, including SMEs, to engage in One Health education activities and to participate in emergency preparedness and response activities in times of public health crisis. We would offer the opportunity to stand up an EPT portfolio ECHO creating a community of practice for the leaders of the programs across the EPT portfolio to support optimal communication, coordination and collaboration adapting the ECHO case-based learning approach to the needs of this cross portfolio initiative.

Staffing Plan and Key Personnel – UCD to work on this section the week of March 18

Key Personnel

One paragraph describing roles, responsibilities, and qualifications for each of the four key personnel positions:

- Project Director/Chief of Party;
- Technical Director/Deputy Chief of Party;
- Senior Workforce and Curriculum Development Advisor;
- Senior Organizational Development Advisor

Staff

Proposed **Director Jonna A.K. Mazet** is a Professor of Epidemiology and Disease Ecology, as well as Director of the One Health Institute at the University of California, Davis, where she conducts research and service centered on disease transmission among wildlife, domestic animals, and people and leads programs on emerging pathogen surveillance and diagnostics. She graduated from the UC Davis School of Veterinary Medicine (SVM) in 1992 (DVM) and completed Master and PhD degrees in epidemiology at UC Davis. Dr. Mazet has over 20 years of experience managing zoonotic disease research and emergency response programs via multi-institutional consortia, as well as over 10 years of experience working internationally. In 1998, she was appointed to the faculty of the SVM and established the Wildlife Health Center (WHC), which she grew to a \$23 million per

year global research and service unit within its first 10 years. Under Mazet's leadership, key accomplishments of the WHC included identifying the source and mechanism of zoonotic pathogen pollution in coastal communities, surveying for avian influenza and West Nile virus in the Pacific Flyway, and pioneering approaches to investigate disease transmission at the human-animal-environment interfaces. In addition to her extensive regional and international experience, Dr. Mazet has led multiple US government grants, contracts, and cooperative agreements as the Principal Investigator, Director, or Chief of Party, including four USAID awards. The capstone of her leadership in this area has been the effective stewardship of the \$75M 5-year PREDICT Project cooperative agreement for USAID's Pandemic Influenza and Other Emerging Threats Program awarded in 2009. Under Dr. Mazet's guidance, PREDICT was implemented in more than 20 countries around the world in cooperation with numerous in-country partners (including 59 government ministries), US government agencies, and international stakeholders. The project has resulted in the discovery of more than 350 novel viruses of pandemic potential and detection of over 100 known pathogens in PREDICT countries. In 2010 while implementing PREDICT, Professor Mazet transitioned to become Executive Director of the SVM's new One Health Institute (OHI). Since becoming OHI Director, Dr. Mazet has also successfully stewarded agreements with the Department of Defense, National Institutes of Health, National Oceanic and Atmospheric Administration, and others. She teaches and mentors veterinary and graduate students (51 to date) and post-doctoral scientists. Dr. Mazet was named UC Davis' Outstanding Alumna of the Year in 2012 and was inducted into the National Academies' Institute of Medicine in 2014, where she is one of just 14 veterinarians advising and guiding the nation on health policy and the protection of global public health.

Non-Key Personnel

The proposed consortium team is made up of world-class experts from the partner organizations. Because the team is very large, including in-country staff, we have chosen to detail just the staff described in the organizational chart found in the next section. Management will be the ultimate responsibility of the Director and will follow the process outline in that Organization and Management Section below. Dispensed through the UC Davis-based administrative core, subcontracts to consortium partners will provide salary support for positions at the percent time documented.

References (or perhaps use footnote format throughout if References are in 30 page limit and we are tight on space)

- Deng, Z. (2013). The "why" and "what" of curriculum inquiry: Schwab's the practical revisited. *Education Journal*, 41(1–2), 85–105.
- Dewey, J. (1938). *Experience and education*. New York: The Macmillan Company.
- Enfield, R. P., Schmitt-McQuitty, L., & Smith, M. H. (2007). The development and evaluation of experiential learning workshops for 4-H volunteers. *Journal of Extension*, 45(2), 1FEA2. Available at: <https://joe.org/joe/2007february/a2.php>
- Kolb, D. A. (1984). *Experiential Learning: Experience as the source of learning and development*. New Jersey: Prentice Hall.
- Smith, M. H., Worker, S. M., Meehan, C. L., Schmitt-McQuitty, L., Ambrose, A., Brian, K., & Schoenfelder, E. (2017). Defining and developing curricula in the context of Cooperative

Extension. *Journal of Extension*, 55(2), 2FEA4. Available at:
<https://www.joe.org/joe/2017april/a4.php>

Annexes

Annex A - Organizational Chart (2 pages max) – WOUTRINA DRAFTING

Annex B - Staffing Table (2 pages max) – KRISTIN (UCD) COMPILING

**Annex C - Key Personnel CVs and Letters of Commitment (4 pages/key personnel max) –
KRISTIN COMPILING**

Annex D - Organizational Past Performance Reference Information – UCD & ICAP ONLY

**Annex E - Consortium Partner Letters of Commitment & Support (2 pages/letter max) –
KRISTIN COMPILING**

From: Molly Turner <turner@ecohealthalliance.org>
To: Woutrina A Smith <wasmith@ucdavis.edu>
CC: Matthew Blake <mblake@ucdavis.edu>; Peter Daszak <daszak@ecohealthalliance.org>; Catherine Machalaba <machalaba@ecohealthalliance.org>; Evelyn Luciano <luciano@ecohealthalliance.org>; William B. Karesh <Karesh@ecohealthalliance.org>; Kevin Olival <olival@ecohealthalliance.org>; Jon Epstein <epstein@ecohealthalliance.org>; Jonna Mazet <jkmazet@ucdavis.edu>; Elizabeth Leasure <ealeasure@ucdavis.edu>; Alison Andre <andre@ecohealthalliance.org>
Sent: 3/21/2019 12:48:50 PM
Subject: Re: OHW-NG technical narrative March 17

Revised version attached (some additional comments from Peter)

On Thu, Mar 21, 2019 at 12:10 PM Molly Turner <turner@ecohealthalliance.org> wrote:
Here are some comments from EHA. I'll add to Box as well.

Molly

On Sun, Mar 17, 2019 at 10:40 PM Woutrina A Smith <wasmith@ucdavis.edu> wrote:
Hi OHW-NG consortium,

1. The current technical narrative draft is attached. I would recommend having one person from each organization read this narrative version through to track recommended edits and comments to share back to me by Thursday of this week, and then have someone else in each organization on tap to do the same type of read through for the draft that will come out next Monday morning, March 25. We plan to submit the proposal the week of April 1.

The weekly working group calls will provide a platform for discussion of the narrative progress, to identify and prioritize tasks to strengthen our bid and proposal, and to agree on timelines for next steps. Things that are not included in this draft are the various figures that are in the works and make the file size quite large, as well as sections of the management approach and executive summary that are priorities to draft this week. Please provide or edit your organizational capability paragraphs for the management approach section this week, the spots are noted in the attached technical narrative.

2. Call scheduling for working group calls for this week in case folks want to join one or both:

March 20, Wednesday 8-9am PST/11am EST - Updates and Objective 1 & 2 discussions

March 21, Thursday 9-10am PST/noon EST - Updates and Objective 3 discussions

Zoom Meeting link: **REDACTED**

Or dial by your location:

+ **REDACTED**
+ **REDACTED**

Meeting ID: **REDACTED**

Best wishes, Woutrina

Woutrina Smith, DVM, MPVM, PhD
Professor of Infectious Disease Epidemiology
Co-Director, UCGHI Planetary Health Center of Expertise
USAID PREDICT-2 Global Capacity Team and Ethiopia lead
UCD Vet Med: One Health Institute
1042 VM3B Building
1089 Veterinary Medicine Dr
Davis, CA 95616 USA
wasmith@ucdavis.edu
+1 530 219-1369

--

Molly Turner

Federal Grants Coordinator

EcoHealth Alliance Operations

EcoHealth Alliance

460 West 34th Street, Suite 1701

New York, NY 10001

1.212.380.4469 (office)

REDACTED (mobile)

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

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One Health Workforce – Next Generation

USAID Emerging Pandemic Threats Program

NOFO Number: 7200AA19RFA00006

TECHNICAL APPLICATION

PRESENTED BY:

University of California, Davis

IN PARTNERSHIP WITH:

Columbia University

Ata Health Strategies

EcoHealth Alliance

Georgetown University

Sandia National Laboratories

University of California, Berkeley

University of California, Irvine

University of New Mexico

Total Requested Funding: \$85,000,000

Jonna A.K. Mazet, Professor & OHW-NG Director
Woutrina A. Smith, Professor & OHW-NG Deputy Director
One Health Institute
School of Veterinary Medicine
University of California
Davis, California 95616 USA

+1-530-752-7526 phone
+1-530-752-3318 fax
onehealth@ucdavis.edu

ABBREVIATIONS AND ACRONYMS

BSL	Biohazard Safety Level
CBD	Convention on Biological Diversity
CDC	United States Centers for Disease Control and Prevention
cPCR	Consensus <i>Polymerase Chain Reaction</i>
DOD	United States Department of Defense
DTRA	U.S. DOD/Defense Threat Reduction Agency
DUO	Diseases of Unknown Origin
EAP	External Advisory Panel
EHA	EcoHealth Alliance
EID	Emerging Infectious Disease
ELISA	Enzyme-linked Immunosorbent Assay
EPT	Emerging Pandemic Threats Program of USAID
FAO	The Food and Agriculture Organization
FUO	Fever of Unknown Origin
GAINS	Global Animal Information System
GHSA	Global Health Security Agenda
GISRS	WHO Global Influenza Surveillance and Response System
HTS	High Through-put Sequencing
IHR	International Health Regulations
ILI	Influenza-like Illness
M&E	Monitoring and Evaluation
OFFLU	OIE-FAO Network of Expertise on Animal Influenza
OHCEA	One Health Central and East Africa University Network
OHI	One Health Institute
OHW	USAID One Health Workforce project
OIE	The World Organisation for Animal Health
PIOET	USAID's Pandemic Influenza and Other Emerging Threats Program
PPE	Personal Protective Equipment
P&R	USAID Preparedness and Response project
SARI	Severe Acute Respiratory Infection
SARS-CoV	Severe Acute Respiratory Syndrome Coronavirus
SEAOHUN	Southeast Asia One Health University Network
SI	Smithsonian Institution
SVM	School of Veterinary Medicine
USAID	United States Agency for International Development
UCD	University of California, Davis
USG	United States Government
WAHIS	World Animal Health Information System
WCS	Wildlife Conservation Society
WHO	The World Health Organization
ZIPI	Zoonotic Infections Prevention Integration committee

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Executive Summary

Technical Understanding and Proposed Approach

Food. Famine. Health. Disease. Peace. War. These words have defined the success of human civilization for millennia. As our species continues to expand, our impact on the planet and the balance between these needs and consequences grows ever more perilous and requires concerted efforts to ensure our continued prosperity. Nowhere are these challenges more pronounced than in Africa and Asia. Here rapid population growth, environmental degradation, and resource poor infrastructure have created vulnerabilities that threaten the health of people, animals, and plants around the world. Over the past 40 years, once rare diseases like Ebola, highly pathogenic avian influenza, and antibiotic resistant bacteria have expanded from local village-level events into rapidly spreading and almost continuous epidemics. These lay bare the difficult challenges in controlling zoonotic health threats at their source before they become international pandemics.

The central challenge ahead for the 21st century is to build a multidisciplinary and multi-sectoral workforce that has the knowledge, perspective, and skills required to not only rapidly respond to emergent events, but also to sustainably manage health systems. These systems are essential if we are to mitigate potential impacts from emerging infectious diseases and antimicrobial resistance (AMR) at the country and regional level before they threaten global health security. Our team of international experts and health specialists has worked for decades across capacity development sectors ranging from animal, human and environmental health to business and economics, including first-hand experience within USAID's EPT portfolio. We have a proven track record of success that has improved the lives of people and animals across continents, and significantly strengthened One Health capacity at national, regional and global scales. Our team is uniquely positioned to lead and scale up the “One Health Workforce – Next Generation” project through engagement with non-academic, government, and private sector stakeholders, leading to an order of magnitude transformative and sustainable impact on the global One Health workforce.

In partnership with USAID and the regional university networks One Health Central and Eastern Africa (OHCEA) and South East Asia One Health University Network (SEAOHUN), we propose to strengthen and greatly expand the pipeline of professionals with One Health competencies; to improve multi-sectoral preparedness for epidemics, AMR and zoonoses; and to sustain local capacity to prevent, detect, and respond to priority disease threats. Specifically, we propose **X activities** aligned with three linked, overarching objectives: 1) training and empowerment of the One Health workforce, 2) assessment and tracking of the One Health workforce, and 3) building resilience and organizational sustainability for the regional university networks. Critical capacity improvements will be attained in cross-sectoral communications and engagements for competency-based One Health education and training (Togami et al., 2018). Building on successes in interdisciplinary network strengthening and workforce training activities implemented by USAID RESPOND and One Health Workforce, we propose transformational activities built upon previous efforts to significantly scale up and scale out practical and applied trainings in academic and non-academic contexts that provide opportunities to develop professional skills including working in interdisciplinary teams and communicating across disciplines, as well as creating succinct risk messaging for a non-scientific audience including policy makers and the general public.

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Strategy and Approach

The ultimate goal of the OHW-NG is to build and strengthen a global health workforce capable of rapidly responding to and mitigating disease threats that occur across the human, animal, and environmental health sectors. In order to do this, we will work with ~~empower~~ SEAOHUN, OHCEA, and their member universities, greatly increasing their capabilities to develop and deliver sustainable training and programs that equip current and future professionals with multisectoral skills and competencies to address complex health issues, including zoonotic and antimicrobial resistant threats. It will be critical for success that the OHW-NG consortium work closely with OHCEA and SEAOHUN leadership to develop detailed implementation plans that are tailored to the anticipated state of needs and priorities for the regional networks in the coming decade and deliver value in member countries through One Health implementation. This proposal highlights key approaches, activities, and deliverables needed to achieve our 3 primary objectives. We additionally lay out a plan to ensure seamless management of our multi-institution consortium, and to work with USAID, OHCEA and SEAOHUN to ensure a smooth and rapid transition of OHW leadership during the early months of the award period.

Why is expanding the regional university networks poised for success right now?

In our increasingly connected world, it is critical that regionally focused networks like OHCEA expand more broadly across the continent to foster greater success in the face of ever faster disease emergence and spread. The OHCEA network has longstanding partnership with academic and training centers of excellence across Central and Eastern Africa, and is primed to leverage this capacity and increase their impact on health into West Africa. Since the end of the devastating Ebola virus outbreak in West Africa, there has been a rejuvenation and invigoration throughout Ministries of Health and Agriculture to embrace the principles of One Health and integrated human, animal, and plant disease surveillance to ensure that catastrophes like the 2013-2016 epidemic never occur again.

For example, universities in countries such as Sierra Leone are already organizing into network groups that can together promote One Health based activities and seek out external partnerships to help that country recover from more than two decades of war, economic collapse, and repeated and devastating outbreaks of multiple diseases including Ebola, Lassa fever, foot and mouth disease, pest des petit ruminants, and monkeypox. Regional networks like OHCEA coupled with the deep expertise of our consortium team can assist these nascent country-level networks to provide the needed technical skills and peer-to-peer mentoring, enthusiasm, and engagement to create tremendous opportunities for enhanced education and training that is in high demand across the West African region. The ability of OHCEA to bring together and facilitate these east-central-west African partnerships will be vital to ensure programs and efforts are built and managed sustainably with a keen eye on country level priorities, regional goals, and continent wide success to improve the health and security of people, animals, and the ecosystems they depend on across Africa. Our consortium track record is strong in the region, and we are prepared to help OHCEA expand to include countries such as Sierra Leone, Guinea, Liberia, and Ivory Coast during the first two years of work.

Similarly, in the SEAOHUN region there is a need for XXXX and growing interest from several countries for an expansion of OH training activities (e.g. Myanmar, Bangladesh...). Our consortium has worked for decades with countries well-positioned to join SEAOHUN. For example, Bangladesh's government showed an early commitment to using a One Health approach focused on understanding Nipah virus ecology, zoonotic virus spillover, and human epidemiology. Since 2006, through a collaboration among EcoHealth Alliance, iccdr,b, Chittagong Veterinary and Animal

Sciences University (CVASU) and the Government of Bangladesh (Institute for Epidemiology, Disease Control & Research (IEDCR), The Forest Department, and Department of Livestock Services (DLS)), we have helped develop a sustained One Health platform within the Bangladesh Government. In 2009, USAID's EPT PREDICT program began working in Bangladesh, using a One Health approach to build capacity to detect and respond to viral zoonoses. After several years of working together, in 2013 the government of Bangladesh ratified a new One Health Secretariat - an official cooperative agreement among human, wildlife, and livestock agencies, as well as associated laboratories and NGOs, to address detection and response to emerging zoonoses. EHA's role in developing this platform led to the launch of the One Health Alliance of South Asia (OHASA), funded by the Rockefeller Foundation and bringing together One Health agencies in India, Bangladesh, Nepal, and Pakistan. Our consortium is already integrated with partners in Bangladesh as well as Cambodia, Laos, and Myanmar for ongoing work, and we see these next two years as a unique opportunity to formalize the relationships to add SEAOHUN expansion countries.

Objective 1: Develop, deliver, and institutionalize training and educational offerings in alignment with prioritized one Health core competencies and technical skills

The UC Davis One Health Institute (OHI) and OHW-NG consortium partners are already recognized as leaders in One Health programs globally, and are uniquely positioned to catalyze a transformational scale up and scale out of One Health workforce training and job opportunities. Over the last two decades, the international community has rallied around the concept of One Health Core Competencies, in parallel with other health professions. These competencies include:

- Understanding of pathogen transmission dynamics at human-animal-environment interfaces
- Ability to identify and work across stakeholder types and disciplines
- Understanding of community-based research and engagement
- Ability to create and deliver effective public health messaging
- Understanding of wildlife and livestock health monitoring methods
- Understanding of disease surveillance and outbreak response
- Ability to apply a One Health approach to health and disease problem-solving

Expanding beyond academia - In Service One Health training for the public and private sector

Placeholder text if needed to justify training workshops (here for analysis/epi). Strengthening Core Competencies in One Health Research and Data Analysis. As the result of efforts supported by USAID's EPT-1 and EPT-2 and other US and partner government supported disease surveillance initiatives there has been a massive growth in the amount of data available for pandemic risk assessment (i.e. pre-emergence characterization of pathogens from animal and human populations, and collection of behavioral risk and relevant environmental data). However, in-country capacity to analyze these data, assess the risk of disease emergence and spread, and model the efficacy of disease intervention and control policies remains limited. Training opportunities to strengthen core competencies in One Health Research, Ecosystem Health, Epidemiology, biosurveillance, and Risk Analysis at a local and regional level can have lasting impacts for national One Health implementation. For example, short courses in epidemiology and surveillance were key components to increasing province-level capacity for One Health in Thailand [Hinjoy et al. 2016]. We will work with SEAOHUN and OHCEA to identify key gaps and develop a robust OH research training program that includes: 1) a series of short-term (<1 week) country and regional data analysis workshops targeting public and private sector OH professionals; 2) a longer-term (6-8 week) mentorship program in epidemiological data analysis, risk mapping and risk assessment that pairs students and professionals with regional and US-based SMEs; and 3) curriculum and case-study

development for data analysis, data interpretation, and risk assessment to feed into a data-focused ECHO program (see below) to foster a sustainable community of practice around EID data analysis and developing risk-based policy interventions. Our OHW-NG consortium includes leaders in the fields of epidemiology, laboratory diagnostics, emerging pandemic risk assessment, data analysis, and disease modeling. EcoHealth Alliance led USAID PREDICT's Modeling & Analytics efforts that included development of state-of-the-art "hotspot" [Allen et al. 2017] and other modeling approaches [Olival et al. 2017] combining pathogen, environmental, socioeconomic, and human behavior data, to identify the locations and populations at greatest risk for zoonotic disease emergence. Under this effort, PREDICT led a series of in-country training workshops and student fellowships research exchanges (several in collaboration with OHW) focused on risk mapping, economic analysis of emerging diseases, epidemiological modeling, and use of open-source, hands-on tools for data analysis.

Field-based biosurveillance training

Our consortium has unique expertise in developing and implementing surveillance programs that include safely and effectively sampling free-ranging wildlife for zoonotic pathogens. We will leverage our in-country capabilities developed under the PREDICT program, which has strong geographical overlap with SEAOHUN and OHCEA locations and proposed expansion countries, to provide local, field-based practical training on biosafety, safe animal capture and handling of free-ranging wildlife, sample collection, storage, and transport to a biosecure laboratory for analysis. These trainings will target in-service veterinary and wildlife professionals who would be on the frontlines of outbreak response or otherwise engaged in biosurveillance activities.

OHCEA & SEAOHUN One Health Academies

To implement Objective 1, an OHCEA and a SEAOHUN One Health (OH) Academy structure will be utilized to bring existing training activities and newly launched collaborative training efforts into a curated and systematic framework. A One Health certificate program within the OH Academies will allow pre-service and in-service trainees to earn official recognition once they have completed required training activities to check off their suite of One Health competencies associated with quarterly training offerings. Examples of training activities are provided below and range from online webinars to intensive experiential learning field placements. The OHCEA and SEAOHUN OH Academy concept is an innovative educational structure that will also serve to diversify the funding sources and organizational sustainability for the regional networks.

Innovation in pedagogy is often based on adapting to learner needs, and recognizing that real learning and understanding are predicated on experience; however, experience in and of itself does not necessarily lead to learning (Kolb, 1984; Dewey, 1938). To achieve true learning and understanding of a concept or situation through experiential learning (EL) requires a sequence of three distinct yet interrelated components: a concrete experience that engages a learner in carrying out an activity of some kind; a period of reflection whereby the learner discusses and analyzes the experience; and the authentic application of the learned concept to help deepen and broaden the learner's understanding (Enfield, Schmitt-McQuitty, & Smith, 2007).

Within each OH Academy, a curriculum must balance three domains: the *institutional* domain, which represents the level of societal concerns; the *programmatic* domain, the translation of institutional-level goals into curriculum documents and materials; and the *classroom* domain, which encompasses the implementation of documents and materials by educators with their learners (Deng, 2011). At the programmatic domain, a curriculum is a coherent progression of educational experiences that addresses a societal need. These experiences are organized sequentially such that concepts build on one another (vertical organization) and connect to other content areas or real-world

situations (horizontal organization). Furthermore, the curriculum must be suitable for the intended audience, be grounded in relevant learning theories, and provide necessary resources and techniques for effective implementation (Smith et al., 2017).

ECHO Virtual Communities of One Health in Practice

Building a networked community (or network of networks) of practice for One Health will be essential to increasing the transformational reach and impact of One Health training opportunities in the regions. To launch this network, Project ECHO, founded by the University of New Mexico, is a core partner in the OHW-NG consortium that is prepared to catalyze exponential growth of health professional interactions through the virtual community of practice platforms that build on current use of these platforms by in-region networks such as Africa CDC. In essence, Project ECHO is a global health education movement engaging more than 500 partners organizations? in more than 35 countries with a mission to enhance and accelerate knowledge sharing, best practice dissemination, workforce development, and collaborative problem solving through the development of case-based virtual communities of practice led by local partners and subject matter experts. ECHO is a proven education and guided practice model that is cost effective and time efficient, and has the ability to scale across states, countries, regions and globally. It leverages a pedagogical approach that is based on how health care workers are traditionally trained—case-based guided practice mentoring and peer-to-peer sharing of best practices. Expertise is no longer location bound. ECHO programs are sustainable and support local ownership. Project ECHO is an innovative, learner-centered education and training method and platform for multi-directional learning that acts as a force-multiplier to build workforce capacity.

The ECHO Institute of University of New Mexico will support the establishment of regional One Health ECHO hubs in Africa and in Southeast Asia. In each region, ECHO One Health hubs will be created in collaboration with OHCEA and SEOHUN officials and representatives from the current regional university networks, as well as identified community stakeholders from the public and private sectors, including ministries of health and relevant NGOs and other partners such as Africa CDC, AFENET, USAID, CDC and WHO. Curricula for the regional-level One Health ECHO programs will cover the range of One Health core competencies and GHSA action packages at a macro level. These hubs will launch in Year 1 of the OHW-NG project and continue beyond, with regional network hubs progressively assuming greater and greater ownership for the management of their ECHO programs. Each regional One Health ECHO hub will offer weekly One Health ECHO sessions beginning in Year 1, with the possibility of adding 1-2 regional One Health ECHO subgroups focused on priority individual OH core competencies like antimicrobial resistance or biosafety and security, to encourage deeper learning and professional community integration.

Having laid a strong foundation for regional One Health ECHO hubs, and with ongoing technical support and programmatic assistance from ECHO Institute and OHW-NG consortia staff, by Year 3, all the One Health competencies will be addressed in depth through dedicated ongoing regional One Health ECHO programs. As regional One Health ECHO programs evolve, we anticipate the need for topic- and country-specific ECHO programs developing organically, which facilitates scale out of this innovative learning model. ECHO Institute and OHW-NG consortia staff will provide necessary strategic and technical support to ensure that regional One Health ECHO hub managers are able to develop One Health ECHO programs in response to issues that arise in the domain of One Health and global health security and/or emergency preparedness and response.

Faculty Professional Development

In addition to training the human, animal health, and environmental science workforce on the frontlines, there is a need to strengthen best practices for teaching and pedagogy, to ensure they are

educated with evidence-based best practices for their future careers in the field. The OHW-NG consortium will address this need through both face to face and remote learner collaboratives opportunities. To build the faculty peer community using a face to face workshops, we will offer a One Health Teaching Scholars program that has been utilized quite successfully in Africa and Asia for specific universities previously. The format involves faculty devoting 1 week on a quarterly basis for intensive workshops that develop their toolbox of teaching approaches to promote effective learning, improve the quality of their learner assessment and evaluation methods, and build their skills in educational leadership. These intensive interactions are supported longitudinally by a journal club and webinar discussions.

For fully remote engagement, an ECHO program devoted to strategic faculty development will be utilized, where educators can share best practices innovations as they discuss issues that affect workforce education and development. Specifically, this ECHO for One Health faculty will address topics related to creating sustainable education and workforce training programs geared toward a multisectoral and interprofessional audience, with emphasis on the unique challenges experienced by women in the human, animal health sectors, environmental / biological sciences and other allied health fields. An ECHO program for faculty members will also provide a platform for jointly developing or revising curricula to reflect newer evidence-based practices and/or remove stigmatizing language from existing materials, as well as sharing and development of effective pedagogical practices. ECHO programs for One Health faculty members will be administered by each One Health regional hub to ensure that participants are learning about issues that are relevant to their students and the local educational context. Goals for regional One Health faculty ECHO programs include institutionalizing key educational offerings and identifying field-based learning opportunities that are necessary for optimal and pragmatic workforce training. The ECHO platform is easily adapted to incorporate resources outside the human and animal health and environment sectors, including best practices related to career development, business management, and information from allied health fields.

As part of our approach (link to philosophical/pedagogy) to student training, we will provide unique immersion learning opportunities in the OHW-NG portfolio. Below we highlight two existing programs run by our consortium that we will leverage for additional OH student training, and that will be adapted and expanded to new geographical locations.

EcoHealthNet 2.0: A One Health approach to disease ecology research and training

EcoHealthNet (EHN) is a global research coordination network that brings together world-class research scientists from medical, ecology, veterinary, epidemiology, virology, anthropology, climate science, data science and economics. It advances One Health by creating a peer network of undergraduate and graduate STEM students, and has been funded by the US National Science Foundation continually for 6 years. Its central activities include 1-week workshops that teach applied skills and provide in-person contact time with scientists actively conducting research related to anthropogenic environmental change, economics, and emerging diseases and immersive, interdisciplinary mentored research projects that match PIs with exceptional undergraduate and graduate STEM students from around the world, via an open enrollment process. Students conduct research that reflects One Health principles. EHN is coordinated by EcoHealth Alliance and links participants to professional science and policy associations and research platforms such as Future Earth, the AAAS Science & Technology Policy Fellowships program, and the One Health Alliance of South Asia (OHASA). These activities inspire students to think broadly about One Health research, which will create lasting connectivity among scientists from different disciplines as they advance in their careers. Some of the existing EHN partner institutions are also members of this consortium as

well as SEAOHUN, and EHN participants have come from many SEAOHUN and OHCEA institutions.

RxOne Health: Immersion experiences to foster One Health competencies

RxOne Health (RxOH) is an experiential, field-based course led by UC Davis that prepares early career professionals and advanced students for immediate engagement in global health careers that demand solid foundations in field and laboratory activities, effective problem-solving skills, and transdisciplinary perspectives. Central tenants of the RxOH curriculum include community engagement and transdisciplinary collaboration, while developing participants' skills for addressing complex challenges in disease transmission, epidemiology, biological complexity, biosecurity, food safety and security, ecosystem dynamics, laboratory and research methods, communications, community engagement, ethics, teamwork and leadership. To date, RxOH has been conducted primarily in East Africa, travelling to locations including public health laboratories, hospitals, research institutes, veterinary field sites, pastoralist areas, commercial dairies, poultry farms, and national parks. The course exemplifies international collaboration between academic institutions and global health educators around the globe. Alumni of the course are contributing to national One Health policies and programming in their home countries. RxOH will provide a unique immersion learning opportunity in the OHW-NG portfolio and can be adapted to new geographical locations.

We will solicit applications for both EHN and RxOne Health from within the OHCEA and SEAOHUN networks, and create additional mentored projects hosted by OHW network institutions to create mentored research opportunities that significantly contribute to long-term workforce training.

Competitive Grants Twinning Program

In order to provide training, experience, and incentives to regional network trainees, we propose to manage a competitive small grants program to facilitate new collaborations across the university network and consortium partners. Consistent feedback from partners in the Africa and Asia regions has been for opportunities to gain experience in scientific grant writing, project management, data collection and analysis, and manuscript preparation. Our global consortium partners currently run small grants programs that have been successful in fostering grant writing skills, have rewarded diligent effort by ranking highly in the competitive review process, and have twinned experienced with less experienced grant writers in order to provide experiential training as ideas are developed, proposed, and implemented. Grant writing skills will also feed into individual and organizational business sustainability by empowering diverse fundraising.

Private Sector Partnership for Real World Experience

Paramount to the success of a training program is an active and receptive job market for new trainees to enter. Our OHW-NG project will work to grow demand for transdisciplinary trained One Health workers in the private sector such as pharmaceuticals and agrochemicals, vaccine production, private diagnostic laboratories, medical technology, water/sanitation/hygiene. Using a push and pull effect, we will create internships and other in-service placements in the private sector for trainees to gain valuable hands on experience in the work force. These placements will in turn help different private companies realize the value and expertise of workers with both a deep technical skill set in one area and transdisciplinary One Health competencies. Internship placements will be complemented by training in professional development, technological innovation, and entrepreneurship to ensure that trainees are adequately prepared to self-promote themselves and their new skill set in a competitive job market. We intend to work with groups such as Land O'Lakes

International Development, with a broad footprint of private sector development work in East Africa, the Middle East and South East Asia, to help facilitate pairing trainees with different private sector companies, while simultaneously leveraging previous and current USG (USAID/USDA) and other donor investments. An example of this would be to recruit companies who previously successfully received funds through Economic Growth or Innovation Engine type activities and place OHW-NG trainees in internship positions with them. OHW-NG will also look towards relevant USAID Innovation Labs, which often work with entrepreneurs and other private companies for opportunities to collaborate in hands-on training activities and internship placements.

SNL PREP – Portal for Readiness Exercises and Planning

The level of coordination and collaboration required for effective One Health Readiness requires practice. Tabletop exercises, drills, planning workshops and full-scale exercises allow university students, ministry representatives and private sector partners an opportunity to practice working together to detect and respond to an outbreak or other One Health emergency. Furthermore, the WHO Joint External Evaluation Tool incorporates simulation and planning exercises as a mechanism for demonstrating capacities for interagency coordination, biosafety and biosecurity, addressing zoonoses, immunization, reporting, preparedness, emergency response operations, medical countermeasures and personnel deployment, and chemical incidents.

Developing sustainable, in-country capabilities for designing and instituting a One Health Readiness Program is essential to ensuring (1) One Health plans and strategies are developed, (2) One Health plans and activities are evaluated in a systematic approach with exercises, and (3) that the JEE requirements are fulfilled. GCBS has developed a unique approach to designing and conducting exercises to track and assess the type of multi-sector coordination required for a One Health emergency. GCBS has also created a novel, multilingual web-based platform (<https://prep.sandia.gov>, Portal for Readiness Exercises and Planning) for designing and recording communication and actions during in-person and remote exercises. Through a Readiness Leadership program, GCBS subject matter experts have successfully trained in-country partners to design and implement their own Readiness Programs involving exercises and planning.

We propose to integrate development of One Health Readiness Leadership programs into the overall curriculum and training program for SEAOHUN and OCHEA. The One Health Readiness Leadership Program will first train public health and animal health and environmental science student representatives from each of the 12 countries that make up OCHEA and SEAOHUN networks on emergency management and exercise and planning workshop design and then will mentor these leads to design and conduct their own exercises. The first year will focus on tabletop exercises and evaluation; tabletops are the first step in evaluating plans and programs through discussion and tracking cross-sector coordination. The second year will include operations-based exercises, including full-scale exercises and drills. These types of exercises are important to learn as they are used to evaluating coordination and timing in a hands-on simulation of a One Health emergency. The courses will be provided at the regional hub; with mentorship following using the ECHO platform.

In the final three years, we will focus on transitioning this program to Regional Hub One Health Readiness Leads. Subject matter experts will closely work with and train two persons from each hub—one representing the animal health and one, the public health sector. These Leads will work side-by-side with the GCBS SMEs to mentor and support in-country exercise design and implementation and in learning how to teach future One Health Readiness leadership programs, using the curriculum from the first two years' workshops. Support will be provided to ensure these Regional Hub One Health Readiness Leads are able to attend international workshops in public or animal health emergency management.

In the final year of the project, the Regional Hub One Health Readiness Leads will design and conduct their own multi-country tabletop exercises for their region. The exercises will be designed to collect data on the efficacy of public and animal health communication and collaboration during a transboundary zoonotic outbreak. Results from this activity may be used to support JEE requirements and to inform the development of a multi-year strategy for how to address any gaps identified during the exercise. The regional leads will be able to utilize this multiyear strategy to guide future activities. All trainees will learn how to use the PREP™ website for exercise design and implementation. PREP™ provides a template for the multiyear strategy, response plans and a mechanism for multicounty, remote exercises.

Objective 2: Establish systems, policies, and procedures to assess and track multisectoral workforce placement, performance, and impact

Building on the World Bank One Health Operational Framework developed with EcoHealth Alliance, mapping of resources, tools and initiatives to assist in operationalizing One Health will be conducted at country-level (see figure 3.2, World Bank 2018). The process will review findings from regulatory frameworks, country capacity assessments, planning tools, implementation resources, reporting structures/systems, and expert networks mobilized by the country to promote coherence and identify where there are synergies for coordination across sectors. The process will also identify where there are key gaps and opportunities (for example, environment sector capacity strengthening). The findings of relevant capacity assessments (e.g. JEE, PVS, workforce capacity indicators), stakeholder and resourcing analyses (e.g. OH-SMART, Health Security Financing Assessment Tool), action plans (e.g. for health security, AMR, biodiversity, disaster risk reduction), and implementation evaluations (e.g. OH-APP, after-action reviews, case studies) will be compiled and reviewed to generate systems, policies, and procedures that can meaningfully linking across sectors at national and regional contexts. Critically, regional and country One Health networks will advise on where relationships are already established or limited/lacking to help target value-added synergies and strengthen capacity to identify value-added entry points for network engagement. Recommendations will be validated and refined with national government and country-based intergovernmental partners. By bringing together existing work and objectives typically pursued in isolation by each sector, this activity is anticipated to help identify common objectives, reduce duplication, and empower other sectors to engage on One Health efforts and make One Health more feasible and value-added in regional and country context, promoting value-added contributions as well as workforce readiness to interact with policy and planning processes across sectors.

With thoughtful preparation from ECHO program managers and support from ECHO Institute and OHW-NG consortium staff, the ECHO platform will prove a useful component for knowledge management and learning systems. Program managers can successfully track quantitative and qualitative measures, including ECHO program attendance, workforce placement, utilization rates of career development resources by alumni, and knowledge levels through pre- and post-program assessments or self-efficacy assessments. By developing a comprehensive strategy for post-graduation follow up in partnership with university officials, One Health ECHO program managers will be able to refine curricula to reflect areas where the practicing workforce is underprepared or in need of additional capacity building.

The One Health regional and national ECHO platforms can be used to routinely engage the One Health workforce, disseminate significant findings to stakeholders at the national and regional levels, and thereby enabling them to create informed human and animal health policy relevant to their specific needs. The One Health ECHO networks will also be available for rapid dissemination of real time information from the center to the field and from the field to the center during public health emergencies; while the One Health ECHO networks might engage routinely on a weekly or twice

monthly basis, they can easily be ramped up to meet daily or as often as needed to respond to public health emergencies. Ideally national Emergency Operations Centers will be core members of the national and regional One Health ECHO networks. Through ongoing review of multisectoral workforce performance and impact, information gathered through One Health ECHO sessions can inform regional and national policymakers of workforce shortage areas to create income-generating programming.

To play an enhanced role in addressing emerging and re-emerging infectious diseases, it is critical that the university networks and member institutions have an infrastructure in place to track progress towards One Health goals and measure the efficiency, quality, fidelity, and sustainability of OHW-NG interventions. This includes standardized assessments, data management systems, decision-making and planning tools, and mechanisms to facilitate collaboration and problem-solving. In addition to initial indicators identified later in this proposal, the consortium will work closely with the university networks in concert with regional and country partners to develop relevant metrics.

One Health Competence Assessment Tool

Led by ICAP, OHW-NG consortium partners will provide technical assistance to the university networks to develop a single, standardized tool for assessing the competence of One Health students, drawing upon existing tools including JEE, PVS, and workforce capacity indicators, and ICAP's extensive experience adapting human resources for health assessment tools and supporting assessments of education and training, workforce distribution, and workforce performance. The assessment strategy is built on two key principles: that competence is measured by performance, and that different levels of One Health competence are required, ranging from basic skills to capacity to lead in complex and dynamic situations. The OHW-NG assessment tool will measure six levels of competence, from novice to expert. Consortium partners will work with the university networks to pilot and fine-tune the assessment tool and then to support member universities to implement One Health competency assessments systematically, as part their standard student assessment package. The tool will also be used to evaluate the performance of One Health graduates in the workforce. Staff from the university networks and member institutions will receive initial, intensive training in the assessment framework and tool and in preceptorship, and the assessment tool will be handed over incrementally, in line with project transition plans.

Student / Graduate Database and Dashboard

Consortium partners will collaborate with the regional and country university networks to develop and implement a customized system to manage One Health workforce data and track the performance of One Health graduates in the workforce. The system will utilize an open source software solution that is compatible with existing iHRIS: illustratively, iHRIS Train, leveraging longstanding USAID investment in the iHRIS platform. The solution will build upon efforts to date under EPT-2 and ICAP's experience supporting iHRIS and developing databases to track pre-service education and continuing professional development. The system will contain curriculum implementation and student performance data for pre-service education, in-service training, competency assessment, and workplace performance evaluation activities, as well as information on faculty and trainers. Member university staff will enter individual level training and assessment data into country level databases that feed into regional servers, enabling global aggregation of data. ICAP will support the networks to develop and roll out training on the system for staff of the regional / country networks and member universities. Leaders and managers within the networks and member institutions will receive training and mentorship on use of the dashboard data to inform decisions, including revision of OHW-NG activities, as well as for advocacy (see below). The dashboard will

enable the networks, universities, and other OHW-NG stakeholders to (a) access information on both the current workforce and the pipeline of One Health graduates, (b) assess the effectiveness of training activities, (c) identify areas in which improved One Health competence is needed, and (d) assess impact by triangulating training and assessment data with data on health outcomes (e.g. from DHIS2). One Health graduates will also be able to access their own records and transcripts via the dashboard. As appropriate in each country, iHRIS Train may be implemented as a standalone system or integrated with existing iHRIS Manage systems that maintain data on deployment, performance, salary, promotion, transfer, qualification, continuing professional development, and attrition. The user-friendly PEPFAR HRIS Framework Tool will be adapted for annual assessment of the new system's scope and use, its maturity (scale 0-5), and capacity for its use (scale 1-5). In addition to the student / graduate database, a One Health alumni LinkedIn account will be established to track where graduates are and what work they are doing.

Workforce Strategies and Plans

Consortium partners will support the regional and country university networks to compile and review relevant resources including prior capacity assessments (as above), stakeholder and resourcing analyses (e.g. OH-SMART, Health Security Financing Assessment Tool), action plans (e.g. for health security, AMR, biodiversity, and disaster risk reduction), and implementation evaluations (e.g. OH-APP, after-action reviews, and case studies). This will be followed by consultation with stakeholders in network member countries and selected expansion countries. Researchers, academics, and experts from government and the private sector will participate in review and analysis and use the OH SMART™ tool (the One Health System Analysis and Resource Tool) to map cross-sectoral workforce gaps, identify needed improvements in communication and coordination among and between disciplines and sectors, prioritize areas of work, and harmonize the OHW-NG project with other efforts. Stakeholders will then be engaged in the development of actionable, fundable One Health workforce strategies that include up-to-date country roadmaps, M&E plans, and budgets. To enable the university networks to track the effectiveness of strategies and plans and identify areas for attention or course correction, the consortium partners will develop a customized online self-assessment tool that incorporates a capability maturity model. Stages from novice to expert will be defined based on collective implementation experience among OHW-NG partners. Baseline and follow-up results will be shared via the knowledge management platform described below.

Cross-Sector Advisory Platforms

The university networks will receive support to expand stakeholder engagement, which has focused predominantly on academic stakeholders to date. Consortium partners will support the networks to map different categories of relevant national, regional, and global stakeholder from the university, government, private, and NGO sectors and convene regional Advisory Groups of experts from different sectors and disciplines. Additionally, Regional One Health Technical Advisory Committees will be established, with a mandate that covers infection control, AMR, zoonotic diseases, food safety, and environmental health, and their recommendations will be validated and refined with national government and country-based intergovernmental partners. During Year 1, consortium partners will support the networks and National One Health Platforms to engage intensively with non-university stakeholders and explore One Health synergies with government ministries, private companies, and diverse implementing partners and gain their buy-in for strategies that address critical shared challenges. The regional and country networks will advise on where relationships are well-established and where greater engagement is needed. Thereafter, consortium partners will support the university networks to organize annual OHW-NG summits at the global, regional, and country levels to review progress towards strategic objectives and plan targets and

provide a forum for stakeholders to discuss One Health workforce policies and plans. Half year virtual workshops will also be held to ensure that stakeholders remain engaged and momentum is maintained. This process will continually and iteratively inform skillsets that the university networks can serve to promote relevance and value, as well as local ownership.

Capacity to Influence Policy

Consortium partners will assist the university networks to build capacity in network member countries to advocate for One Health objectives, including with key non-health actors who make decisions on resource allocation. Activities will draw on the unique range of global and local advocacy experience within the OHW-NG consortium, including EHA's global, national and private sector policy activities on the economic and sustainable development rationale for investing in One Health for risk and impact mitigation and system strengthening, as well as ICAP's experience assisting African universities with policy and advocacy activities and building capacity for advocacy among leaders within government ministries, universities, and civil society. The consortium will assist the university networks to develop and roll out in-person and virtual trainings as follows: (1) One Health advocacy modules based on defined competencies for individual health workers, specialist One Health workers, institutional leaders, and network leaders; (2) One Health management and leadership modules for national and provincial ministry staff, hospital managers, public and animal health professionals, and environmental resource managers; (3) One Health leadership modules for medical and veterinary school graduates, which cover strategic and financial planning, implementation, and monitoring. Using the knowledge management platform described below, we will create a "policy academy" for leaders within the networks and member institutions, to promote greater debate and collaboration on advocacy and policy issues and national One Health initiatives. Global thought leaders from within the consortium will provide remote one-to-one mentorship and host academy webinars on current and emerging One Health priorities, challenges, and best practices.

Knowledge Management Platform

We will establish a digital knowledge management platform to enhance resource sharing, collaboration, and learning across the university networks, drawing successful approaches from its leadership of the Gates-funded Coverage, Quality and Impact Network (CQUIN). A user-friendly dashboard will enable users to access OHW-NG workforce and institutional capacity data and a library of project updates, technical documents, training materials, and job aids. The platform will enable university networks and member institutions to identify areas for improvement, see which other countries they can look to for best practices and innovations, search for resources, and reach out to other practitioners. The dashboard will include links to virtual communities of practice that connect via the One Health ECHO networks, Zoom, and WhatsApp. These communities of practice will enable government stakeholders, network and university staff, One Health graduates, and other experts from collaborating sectors together at different levels to work towards specific objectives. They will share information and operational updates and collaborate on planning and problem solving; once each objective is achieved the particular community of practice will disband and its outputs will be disseminated via the knowledge management platform and other channels (e.g. meetings and other digital platforms). The One Health alumni LinkedIn account will also be used to reach out and engage graduates in collaborative activities.

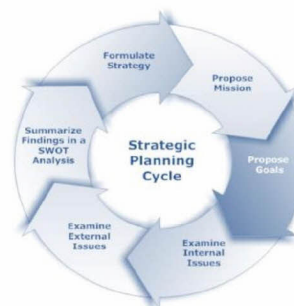
Objective 3: Strengthen the functional and organizational capacities of the regional One Health university networks to ensure they are capable of acquiring and managing direct donor funding –

The UC Davis OHW-NG consortium brings together a unique platform of established and new partners - in the public and private sector - to achieve organizational sustainability of OCHEA and SEAOHUN networks. The OHW-NGO project will draw on the world renowned business development expertise of UC Berkeley's Haas School of Business (rank?) and Georgetown University, leverage the unique expertise in alliance building, One Health analysis, field training, and policy engagement of EcoHealth Alliance, and capitalize on the business acumen and networks of private sector partners, including Land O' Lakes, Johnson & Johnson, and the Global Health Security Agenda Private Sector Roundtable, in an ambitious but achievable organizational development strategy over five years. Our goals are to establish robust organizational and financial capacity in both networks, facilitate the successful transition to direct USAID funding in Year 3, identify and secure a broad and diverse portfolio of donor funding for both networks, and develop and scale sustainable revenue generation mechanisms for both networks to ensure sustainability beyond USAID funding. Consortium partners at UC Berkeley and EHA have real-world experience generating new networks, bringing them through organizational development, incorporation, building financial and management integrity to becoming fully sustainable and independent. For example, the EcoHealth Alliance partner program fostered the independence of Brazil's leading conservation non-profit IPÊ (<https://www.ipe.org.br/>) and a series of other locally-incorporated organizations within biodiversity and emerging disease hotspots.

This strategy is grounded by three key principles. First, we will use the widely recognized Kotter model of organizational transformation (Appendix X). Our consortium's alliance and network-building expertise will enable us to cultivate a strong sense of partnership with the two networks, supported by full alignment with USAID's Journey to Self-Reliance, including the construct that organizational self-reliance depends not just on capacity but also on commitment. Second, we recognize and will build upon previous capacity-building efforts by USAID One Health Workforce initiative. We will leverage USAID's extensive global experience in local capacity development through the use of USAID NUPAS and OCA tools and by enabling close collaboration of USAID staff in project activities. Third, we recognize that OHCEA and SEAOHUN are unique in their organizational composition and context, and therefore a one-size-fits-all approach is not appropriate. Instead, our strategy will promote areas of common development and measurement- such as the goal of financial transition- between the networks, but also custom-design all aspects of our support to the unique needs of each organization and leadership team.

Assessment, Benchmarking & Strategic Planning

Our first step will be to document the levels of organizational capacity of both networks, and establish a strategic plan to capacitate the networks systematically over the five year partnership. The emphasis of this capacity-building in Years 1 and 2 is one of the requirements established in the USAID NUPAS. To this end, by the second quarter of Year 1, we will convene five day Strategic Business Planning retreats for the leadership teams of each network, following the business planning model developed by Haas School of Business (Richards, S) illustrated here. The network leadership teams will comprise executive, operations, and program staff. During these retreats, our organizational development experts will facilitate the development of shared missions and goals, and an "examination of internal issues" by conducting the USAID Organizational Capacity Assessment Tool, including the NUPAS. This tool will help all stakeholders establish a common vision and benchmarking of the networks' capacity across seven competency domains, and will identify key weaknesses, risks, and deficiencies.



In particular, we will agree to key benchmarks to transition in Year 3 and an early warning system for failure to meet the benchmarks in the time period agreed. We will emphasize that correcting any deficiencies in the NUPAS requirements is the number one priority for capacity-building efforts of the OHG-NW project for the first two years. It is also the only factor in USAID's determination of eligibility for direct transition for USAID funding in Year 3. Strengthening capacity outside of NUPAS requirements contributes to the overall goal of organizational sustainability to be achieved by year 5.¹

We will further facilitate an "examination of external issues" by presenting the findings of a rapid stakeholder assessment, conducted by the OHW-NG project in preparation for each retreat. The assessment will include interviews and surveys of key network stakeholders, both present network members and non-members, to understand the strengths, weaknesses, opportunities and threats (SWOT) of each network. The assessment will also probe among the network's university members and respective Ministries of Health, Agriculture, and Environment, the interest and ability of member universities and Ministries to contribute financially to OHCEA or SEAOHUN (i.e. 'willingness to pay'), to continue their engagement beyond USAID funding, including their priority needs for network services and programs. In advance of the retreats, the consortium will also identify and support an internationally recognized accounting firm (listed in USAID's approved XX list) to conduct a baseline international audit of each network to help them identify any additional organizational capacities that need to be strengthened to successfully pass the international audit required by USAID for Year 3 of the award. (add reference <https://www.usaid.gov/ads/policy/500/591maa>).

Additional factors in each network's macro-environment will be explored in the retreats, including political and legal, economic, social and technological (PEST) factors that will affect network organizational sustainability over time. The outcome of these retreats will be five year business plans for organizational sustainability, which will govern the consortium's efforts to achieve Objective 3 goals for organizational sustainability, the consortium transition plan, and, in particular, the transition to direct funding by USAID. We will hold a summative retreat at the end of the five year program with both networks together, to review progress against these five year business plans and to showcase impacts of the five year initiative. (Insert Haas Business canvas 9 domains if we can make space).

Building network organizational capacity in a stepwise approach

By the end of year 1, we will launch a multi-modal series of capacity-building initiatives for both networks, using their five-year business plans as our guide. This will build capabilities across the 7 OCA capacity domains, in a stepwise fashion, to achieve the Objective 3 goal of organizational sustainability, the consortium transition plan, and the direct transition to USAID funding. Capacity-building efforts will target the improvement in four organizational nodes- people, processes, technology, and data (reference).

First, the consortium will establish an ECHO Organizational Leadership and Sustainability Collaborative, within and between the leadership teams of each network and the consortium organizational development expert team. The objective of this learning collaborative is provide a systematic platform for training, mentorship, dialogue, sharing of challenges, group problem-solving, and exchange of lessons learned and best practices. Twice monthly videoconference sessions will be held between the U.S. organizational development team and the leadership team of each network, to provide training and technical assistance on activities specific to that network, while monthly

¹ This step should address the concern around respondent bias in self-assessment that is raised in the OCA tool guidance as a potential if the OCA tool is applied before a direct award is made.

videoconference sessions will be facilitated between the two network teams, to provide exchange and learning across the networks. These collaboratives will be tailored to the needs of each network, but will both structure content around the 7 capacity domains in the OCA tool. The progress of each network to build capacity across these domains will be monitored through these collaboratives, through routine reporting, and through repeated implementation of the OCA tool at the end of Year 3 and before the last 3 months of Year 5, as recommended by USAID OCA guidance. The focus of the collaborative in Years 1 and 2 will be helping the networks to achieve NUPAS requirements.

Second, the consortium will provide the network's virtual and in-person technical assistance of key organizational development consultants, to provide in-depth assessments, advising, and tool development on specific areas of need, as determined in the business plans and as needs emerge over time. Key assessments anticipated include those to document the quality, relevance, and security of each network's technology and areas for technological innovation, and the robustness, timeliness, and quality of each network's data systems. Third, investments in physical infrastructure, technology, and data systems will be supported, as guided by the OCA tool, NUPAS, and in-depth assessments (need more substance, like a framework / tool). Fourth, business process improvement is another mode of capacity-building that is anticipated to help each network to better understand the bottlenecks, delays and other limitations in key business processes (such as managing member requests or managing payment of funds). Experts in business process mapping and process re-engineering have been identified and will be made available to the networks as needed over the five years. (or should we shrink BPI as just an example of possible TA in this paragraph?)

Lastly, the consortium will conduct a work stream around strengthening the network Boards, to ensure their composition, capacity and practices effectively advance network partnerships, strategic direction, and financial self-reliance. In particular, the consortium will work to support Board membership that includes individuals or institutions that can bring funding to the networks, and establishing a culture among all board members to actively seek out partnerships and funding opportunities. Building the capacity of the boards is a critical investment in sustainability, enabling the networks to have a specific vehicle that can adapt to changing factors in the landscape of donors, priority programs, and member needs. <add evidence-based paradigm/ reference for Board development>

Developing new and diverse network partnerships with a 5 year partnership strategy

Together with the network leadership teams and USAID staff, the consortium will develop an ambitious five year partnership strategy to identify and recruit new partners for each network from the public and private sectors and to build the partnership development capability within each network. An emphasis will be placed on partners that can provide funding, such as X, X, X, but the strategy will also recruit partners for networking, coordination, cooperation, and collaboration. Esteemed leaders have been recruited from the Global Health Security Private Sector Roundtable to play a critical role in the design and execution of this strategy. Together with Consortium partnership development experts and network leadership teams, they will concentrate efforts in Years 1 and 2 to identify partners, conduct research, convene meetings, help negotiate the type and level of partnership, determine reporting and evaluation needs, and help secure new partnerships and funding. By the end of five years, the consortium will have established a robust constellation of technical and funding partners for each network that will accomplish the Objective 3 goals regarding organizational sustainability and the demonstrated ability to receive diverse donor funding.

As part of this work, specific requirements from each new donor will be elaborated, and the consortium will support the capacity-building among the networks to meet these requirements by the end of the five year period. All partners listed in the USAID NOFO for this award will be included in the strategy for outreach. As research is a core pillar for OHCEA and an important function of

SEAOHUN, research funders in particular will be identified and approached, and a research agenda developed among the networks to align with these donor's funding opportunities.

A second major component of the partnership strategy is to develop the partnership development offices of each network. This may include hiring dedicated staff- which transition to direct network funding in years 3 onward- and providing this staff training and capacity-building in partnership and business development (e.g. grant-writing, prospecting, communication, partnering strategies, and evaluation of partnerships). Support will also include developing specific tools for each network to use in their partnership development (e.g. mapping potential partners, templates for concept notes, proposals, grants, and Memoranda of Understanding). In time for the transition to direct USAID funding in year 3, these partnership offices should have the capability to assume leadership of their partnership strategy activities and should be leading their networks capacity-building to achieve the most mature stage of capacity in the "Fundraising and Business Development" domain of the OCA tool by year 5. (If we have space, insert graphic from: <https://thepartneringinitiative.org/wp-content/uploads/2014/08/Partnering-Cycle.jpg>)

Pilot and Scale Revenue-Generating Mechanisms for the Networks

The consortium believes that true self-reliance for the networks can be achieved not only through a robust and diverse network of donor partners, including direct USAID funding, but also by developing a network business model that establishes sustainable revenue-generating mechanisms for the networks. The consortium will work together with the network leadership and USAID to identify, pilot, and scale appropriate business models for this revenue generation. In particular, the consortium sees three core opportunities. First, the consortium will work with the networks to pilot an offering of select "fee-based" virtual training opportunities to their members and non-members. These could be individual trainings on specific topics, or even trainings for the full One Health Certificate course, all of which could be offered via the networks' new ECHO platforms and online learning management systems. For example, the networks could offer a paid ECHO mini-collaborative on a specific topic; a fee-based webinar, or fee-based video presentation on a single topic.

A second strategy is to institutionalize One Health training- including the One Health certificate- in to national continuing professional development (CPD) programs of member countries. In most countries in the OHCEA and SEAOHUN region, CPD is regulated by health professional regulatory bodies, who maintain a list of "accredited CPD providers" and who approve specific training or certificate programs as contributing to a health professionals official licensure renewal procedures. Once these authorities recognize OHCEA and SEAOHUN as accredited CPD providers, and approve specific trainings- including the One Health certificate- to satisfy their licensure renewal requirements, this will generate a demand among health professionals across the countries to pay for the training to satisfy their licensure renewal requirements. This revenue-generating effect has been demonstrated in previous global initiatives, managed by consultants brought in to this consortium. By the end of year five, the consortium will have integrated the One Health certificate and select individual One Health trainings in to the CPD programs of at least one of four priority cadres (nursing, medicine, laboratory, and veterinary medicine) of every member country of OHCEA and SEAOHUN networks. A U.S. expert in developing CPD programs in Africa has been recruited by this consortium to focus on this strategy; she will convene the key regulatory council leadership in each region in a learning collaborative via the ECHO platform, and to conduct follow-up site visits and technical assistance to specific countries or the network offices as needed. Additionally, the networks will be empowered to develop fee-based workshops, trainings, lecture series targeted to non-network institutions, and non-network countries, to expand the footprint of the networks, and to generate income.

Third, the consortium will work with each network to develop a “member services” business model, akin the membership services model employed by professional associations here in the U.S., that would help secure financial viability of the networks even beyond USAID or donor funding. The network models would provide for the payment of a membership fee by network members in exchange for select services (e.g. newsletters, technical advising, participation in a network-sponsored journal, presentation at network conferences, and access to ECHO collaboratives). The models may introduce a sliding fee scale across members, to accommodate members that are unable to contribute to the network, or may offer tiers of services ranging from free (unpaid) to the highest premium charged. Consortium consultants would help the network leadership teams collect information from the Year 1 stakeholder assessments and subsequently design a model and implementation plan unique to their network. Specific offerings that could be the basis of paid membership services in future years- such as a network journal and network conferences- would be supported in this consortium award, to help establish the demand and interest in such services. By the end of Year 5, the networks will have completed their initial assessment, analysis, and model design, and implementation plan, to be able to execute a paid membership model at the start of the next five year One Health workforce cycle.

A fourth exciting revenue generation opportunity that the Consortium will support is the development of a digital app that validates and tracks trainings. The “Digital training tracker” app solves the problem facing training providers of manually tracking and reporting trainee attendance, and the problem students face of the lack of a central repository of all their in-service training opportunities that is accessible to them at all times. This app would be used by the networks to validate and track all of their training offerings, and would also offer students the opportunity to also have a cloud-based record of their One Health trainings that they can show to regulatory councils, employers, and others for credentialing, job applications, promotions, and more. Charging select students a marginal fee to download the app as a requirement for taking the One Health training could be revenue-generating mechanism for the networks that can expand as its training offerings expand. The consortium will support the development of this app to the specification of the One Health training programs by OHCEA and SEAOHUN, and will help both networks to pilot how they would roll this out and charge select students for its use. By the end of Year 5, each network will be able to demonstrate a strong track record of tracking training from Years 2 onward via the app, and piloted charging select students for the app.

If we can make space, create a Table of Key Objective 3 Milestones by Year (like Omar’s table).

Y1	Milestones X, Y Z
Y2	Milestones X, Y Z
Y3	Milestones X, Y Z
Y4	Milestones X, Y Z
Y5	Milestones X, Y Z

The process of strengthening and sustaining network financial capacity will also reinforce existing financial management efforts that contribute to good governance in the regions and countries they operate in. For example, the Consortium will coordinate with World Bank partners to highlight best practices from their public financial management policy procedures (e.g. anti-corruption, reporting), and will consult with relevant country and regional entities (such as the Economic Community of West African States and the African and Asian Development Banks) to identify key financial management challenges in the regions to proactively address in training and transition plans. In addition to US government donor processes, we will review the project development and

administration processes and entry points for a range of financing mechanisms that support countries and regions with potential relevance to One Health (e.g. the Global Environment Facility, The Global Fund, the World Animal Health Fund, etc.), as well as other innovative financing approaches (e.g. via the International Finance Corporation and cascade approaches that leverage private sector resources). This process will also provide exposure to aspects of project design and appraisal where a country's future One Health workforce can potentially serve an important and innovative role in the review of investments, such as in Environment and Social Safeguard assessments to better anticipate and mitigate negative health impacts of donor investments. Collectively, this will provide valuable exposure to a diversity of funding mechanisms and processes, help navigate potential funding sources, reduce duplication, and optimize efficient use of resources. This will ensure that the networks and the workforce they produce are not only additive as a recipient of funding, but uniquely synergistic and transformative in the regions they support.

To achieve the aims set forth in objective three, a One Health ECHO program will be created for regional hub administrators, OHCEA and SEOHUN stakeholders, and potential donors or philanthropic advisors to train relevant personnel on critical components of finance and grant management, fund raising, ethics, and non-profit management. We will build on lessons and curriculum of the CDC Sustainable Management Development Program and follow on programs focused on public health management and sustainability competency development. We will also build on the experience of the Hanoi University of Public Health Leadership and Management ECHO currently being implemented to strengthen public health administration and management. Throughout the duration of the grant, each regional One Health hub will undergo training and ongoing technical assistance from key ECHO Institute staff who will support design, development and continuous quality improvement of their One Health ECHO programs to ensure that they are vibrant and robust, and that encourage active participation and build a supportive network of community stakeholders. The One Health management and administration ECHO will provide accountability among regional hubs and reduce potential disparities in the quality of training between the One Health regional networks as they manage increasingly more of the programmatic, administrative, and managerial functions for their own programs over the course of the OHW-NG project.

Transition Plan

In many ways, we view OHCEA and SEOHUN as the most critical organizations in our consortium. The success, sustainability, resiliency, and operational excellence of each of these two entities will determine the trajectory in their journeys to self-reliance. As we begin, it is anticipated Year 1 funding. As subrecipients, each network will need to complete the subaward process at UC Davis, a procedure which utilizes a process similar to that of USAID's own award recipient vetting process. For example, UC Davis requires a subrecipient commitment form and a mini-audit questionnaire (to gauge fiscal responsibility), both completed and signed by the subrecipient; a statement of work, and a budget with budget justification. In the event that an intended subrecipient does not or cannot qualify for a subaward from UC Davis, the subrecipient receives a statement of needed corrective action that must take place before the subaward can be made, and as long as the deficit is not fundamental, achieves provisional subrecipient status. The organizational capacity statements included in the NOFO, along with publicly-available information related to SEOHUN and OHCEA, indicate to us that UC Davis subrecipient status will be achievable for each entity. We anticipate that achieving subrecipient status at UC Davis is a first organizational hurdle, and the second of which is successfully passing a Non-U.S. Organization Pre-Award Survey (NUPAS) conducted by USAID.

Throughout the work proposed under the broader heading of Objective 3, our consortium will be assessing, benchmarking, and assisting OHCEA and SEOHUN to achieve their missions and

visions through strategic and operational consulting and assistance; this is anticipated to decrease in intensity over the five years of the award period as the networks achieve prescriptive, staged process maturity. Gap analysis, identification of improved and staged processes which can achieve desired outcomes, and development of the systems and processes that enable that achievement will ensure that the capacity of our regional network consortium partners is increased at least to the level required to receive direct USAID and other sponsors' funding around Year 3. Moreover, our process is designed to eventually ensure operational excellence and value creation beyond donor funding and through self-supporting activities, as will be needed to achieve self-reliance.

Utilizing the benchmarks in both the NUPAS and USAID's Recipient Control Environment Checklist, and a staged maturity framework described above, the consortium will conduct semi-annual benchmark surveys for each of the regional networks, utilizing members of SEAOHUN in our survey of OHCEA, and vice-versa, in order to identify gaps in anticipated and desired systems and processes. These surveys will be shared in reports, and will commence immediately post-award. This reporting will provide the early warning system needed to alert the regional networks and USAID if progress is not sufficient for transitions to occur. Immediately upon any finding of insufficiency, the consortium will identify steps that will get the partner back on track and onto the next planned phase of development.

Beginning in Year 2, USAID could create a NOFO for the transition awards for each regional network with all standard requirements and could restrict eligibility for those awards to the regional networks, in accordance with ADS 303.3.6.5b(3). Even if the networks have not fully achieved the capacity required in order to receive the awards, it will be crucial that the organizations go through the application process, and that we perform an analysis of what is still needed before the awards can be made. When fully vetted and ready for direct funding, the networks will need to submit proposals and fully engage in the award process, just as they will need to for more competitive grant funding in the future.

Table X. Activities for which the networks will become independently responsible

Target Year	Network Activity or Responsibility
Year 2	Development of their own subaward recipient vetting processes, including mini-audit or other assessment of potential subrecipients' fiscal responsibility
Year 3 (or when direct funding received)	All standard and NOFO-specific USAID reporting
Year 3	Responsibility for partnership initiation
Year 3	Budgeting for all direct funds
Year 4	Take over management of ECHO hubs
Year 4	Self-responsive international audit
Year 5	Applying to non-USAID funding opportunities with minimal or no OHW-NG consortium assistance
Year 5	Take over benchmarking surveys and all compliance required by USAID
Year 5	Hiring strategic consultant for development of 2025-2030 business plan
Year 5	Take over all future business process engineering/reengineering

Performance Monitoring, Evaluation, and Learning (MEL)

Strategy

As key members of USAID's Emerging Pandemic Threats-2 Program Monitoring and Evaluation (M&E) Working Group, our consortium has experience integrating project specific performance monitoring indicators with rapidly evolving international priorities such as the GHSA Action Packages, Indicators, and country road maps, the WHO's Joint External Evaluations (JEE),

and recently developed USAID Self Reliance Metrics and country road maps. Through the EPT-2 M&E design and implementation process, we learned valuable lessons that have informed a more robust and design-centered MEL plan for OHW-NG. The EPT-2 M&E framework succeeded in establishing monitoring indicators that captured performance and progress from each project and in enabling tracking of program-wide results. However, this framework and plan was not designed into projects at inception, suffered from a lack of awareness and participation at a broad stakeholder level (especially the country level, a challenge as international priorities and tools such as the GHSA and JEE gained traction), lacked concrete targets and benchmarks for performance tracking, and in practice, monitoring and data outputs from that high-level framework did not inform decision making for improved performance or foster greater collaboration or coordination of activities and investments across partners.

Going forward, performance MEL elements have been built into the core of each of our OHW-NG objective's activities, and our overall MEL approach is based on our theory of change and project design. Our results and change-focused MEL has been incorporated into the organizational culture of our consortium and will serve as a core foundation for discussions at staff and senior leadership meetings, as well as at regular meetings, workshops, and events planned with all OHW-NG stakeholders. At project inception, we will work with OHCEA and SEA OHUN, country teams, and all project partners to rapidly assess existing systems for performance tracking, data collection, and information and knowledge management, as well as with the USAID AOR for insight on lessons learned from the previous 10 years of OHW investment. This specific MEL-related assessment, which is ingrained in the activities of all three objectives, will serve two critical purposes: 1) horizon scanning of existing systems, tools, and data of value for further investment and development and 2) collection of a rapid pulse on the existing knowledge, awareness, and capacity of stakeholders with regard to the utility and value of MEL for project success and impact. At this initial stage, we will also work with the regional networks and country-level partners (USAID-funded projects and partners, GHSA and USG agencies, FAO, WHO, etc.) to establish MEL as a foundational element of project design and implementation that is in sync, compatible, and synergistic with international and country-level monitoring systems and tools.

While designed for performance monitoring and decision making, this MEL plan also addresses overall impact by identifying and contextualizing the effect that empowering regional university networks to be global leaders in One Health has on health security, government and civil society, self reliance, and ultimately the wellbeing of the general public.

Process and Timeline

The goals and objectives addressed by the OHW-NG are inherently complex. Therefore, our MEL process is iterative and designed to evolve and adapt to best conform to the multitude of donor, stakeholder, and specific project demands. Our consortium will create a cross partner MEL working group led by MEL specialists with experience developing and implementing performance monitoring plans for USAID and the GHSA communities and with membership from each objective team. The MEL working group, will work closely with the senior management team and AOR to refine and confirm initial plans as part of the Year 1 workplan process and will build in MEL training and capacity opportunities to enhance collaboration with partners in the regional networks to encourage greater ownership and buy-in.

Following consultations and initial assessments of current systems and M&E data in Year 1, we will draw on the expertise and innovations of this unique consortium to create a flexible and dynamic MEL platform that integrates data from multiple information management and digital systems for improved monitoring: ECHO communities of practice with potential for real-time polls and digital surveys of learners and health professionals; HRIS systems that provide insight into the

depth and quality of training and educational programs; and additional information and knowledge management systems.... In addition, we will work in close collaboration with the depth of stakeholders (regional networks, member universities, government and civil society members, international NGOs, and engaged private sector partners) to better identify and understand project progress and impact, along with challenges, gaps and opportunities. We will conduct focus groups and qualitative and quantitative interviews seeking to collect valuable information contextualizing MEL data and findings but also to build a committed MEL community of practice engaged and committed to forging improvements to project design and ultimately impact. Additionally, through the leadership of our external advisory committee, we will conduct an external evaluation of project performance at a critical phase of the project just before transition of greater ownership and management to the regional university networks.

MEL data captured through our various tools and systems will be routinely analyzed and prominently featured in regular team meetings for discussion at least monthly, enabling routine performance monitoring and also opportunities to collaboratively adapt the MEL plan for improved monitoring or project activities for enhanced performance. Our consortium is committed to open data systems and MEL data collected through this project will be accessible to USAID and other international and GHSA partners as appropriate to support additional evaluations and inform policy and strategic direction in global health, higher education for development, workforce development, or health security.

Placeholder for optional “Timeline graphic” that could capture all of the text below...

Beginning at project inception and in the Year 1 workplan phase, we will work with the project AOR and senior management team to confirm the final MEL plan and approach, along with specific indicators and targets (see below). Following workplan and MEL plan approval, we will kickstart the initial baseline assessment and horizon scanning phase, with results featured in the first semi-annual workplan. Data collection will occur every six months at a minimum over the life of the project, with some data collected in real-time from project ECHO communities and other information and knowledge management systems. Each year, as part of project Annual Meetings, we will present a project review enabling feedback for decision making, adaptation, and improvements in performance, as needed. Near the end of Year 2, our external advisory board will conduct the external evaluation with findings informing strategic direction for the regional university network transition. Towards the close of the project, a five-year evaluation will be performed, designed to inform the next phase of OHW investments and direction.

Indicators and targets

Core elements of our MEL plan have been described in detail under each objective along with proposed systems of data capture for routine monitoring and analysis. Illustrative indicators (qualitative and quantitative) and initial targets are described below.

Goal: Empower One Health University Networks to develop and deliver sustainable training programs that equip current and future professionals with multi-sectoral skills and competencies to address complex health issues							
Objective 1 Develop, deliver, institutionalize training and educational offerings aligned with prioritized One Health skills and competencies		Objective 2 Establish systems, policies, and procedures to assess and track multisectoral workforce placement, performance, and impact		Objective 3 Strengthen functional and organizational capacities of networks to ensure they are capable of acquiring and managing direct donor funding			
Sample Indicators and Targets							
Indicators		Targets		Indicators		Targets	
# students trained using rebooted and refined curriculum		?				# students trained using targeted sectors (3, 12, and 36 months post graduation)	
# professionals trained						# % of sector-specific training targets met or exceeded	
# faculty trained						#, % of universities with information systems in place to track trainees and alumna	
# university graduates with OH core competencies						# countries with multisectoral workforce strategies developed or updated using workforce performance data	
# new programs developed						# countries with OH resources, tool, and initiatives mapped	
# (%) of students completing new programs						# systems, policies, procedures identified for cross-sectoral linkages	
# courses developed or updated with OH content (% institutionalized)						# OH-related recommendations validated and refined	
One Health Academies established in each region		2 ✓				Knowledge management systems established and operational	
# students enrolled in academies, # certificates granted (% completing certificate)						Strategy for post-graduation follow-up developed	
# professionals enrolling in CE via academies (% completing certificate)						# pre and post program assessments conducted to identify workforce skills in need of further training and curricula development	
# regional OH ECHO hubs established						# cases in which ECHO or virtual communities utilized for multisectoral information sharing in disease	
# virtual communities of OH practice established, # of users							
# and % of schools and faculties engaged in virtual communities of		x/146 or y/84?					
		</					

Gender – Ndola Prata (UCB) drafting

Management Approach

Intro text to management approach – Woutrina will add this section the week of March 18

Management Structure and Organizational Capacity

Description and role of each consortium member

Internal coordination, communication, and management structure

ORGANIZATIONAL CAPACITY

Our One Health team is a coordinated and collaborative group of core organizations with complementary missions and established programs and partners in the targeted hotspot host countries. The core US-based consortium partners of the UCD, EHA, MB, SI, and WCS have decades-long

established collaborations, including current joint programs in avian influenza surveillance, SARS-CoV research, MERS investigations, and agents and drivers of EIDs. The Director will lead the team, and effective administration will be accomplished by the experienced administration at UCD's OHI. Subcontracts will be administered through UC Davis to the core partners (see Annex F for Letters of Commitment **attesting to legal relationships of partners**). In turn, core partners will manage in-country partners listed in the table below.

UC DAVIS SCHOOL OF VETERINARY MEDICINE (SVM): As one of the leading veterinary schools in the world, especially in preventive medicine and One Health, UC Davis has tremendous research and training capacity in the fields of epidemiology, disease ecology, anthropology, zoonotic disease surveillance, diagnostics, viral pathogens, conservation, food safety, disease prevention, and outbreak response. The SVM has trained more than 900 veterinarians in advanced epidemiology (MPVM) from 75 countries, including hotspot regions in Africa and Asia. The UC Davis One Health Institute and its Wildlife Health Center has led training and surveillance for avian influenza for multiple agencies, as well as the PREDICT-1 consortium for USAID. It has demonstrated capacity in the management of large, collaborative national and international programs involving diverse partnerships. With a platform that recognizes that the health of domestic animals, wildlife, and people are inextricably linked to the ecosystem and natural resources on which all depend, the One Health Institute identifies creative solutions to health problems and livelihood challenges in resource-limited settings.

ECOHEALTH ALLIANCE (EHA): EHA scientists have been working on global surveillance, research, epidemiology, and spatial modeling of zoonoses for over 20 years. Their work includes identifying the wildlife origin of SARS, the drivers of Nipah and Hendra virus emergence, publishing the first map of global EID hotspots and the first scientifically-based estimate of unknown viral diversity, analysis of behavioral risk factors for avian influenza and Nipah virus infection, and acting as country lead in PREDICT for Bangladesh, China, Malaysia, Thailand, Indonesia, Liberia, Egypt, Jordan, Cote d'Ivoire, Sudan, and the Republic of Congo. EHA staff consists of epidemiologists, veterinarians, public health scientists, anthropologists, economists, mathematicians, virologists, evolutionary biologists, and ecologists. The diverse team works together collaboratively with a global network of over 70 partners that provides exceptional leverage, including staff from intergovernmental agencies (WHO, OIE, CBD, FAO, IUCN, World Bank); wildlife conservation organizations in Asia, Africa and Latin America; infectious disease surveillance laboratories including BSL-3 and -4 laboratories; and scientific institutions. EHA is the headquarters of the Future Earth One Health Global Research Program; the One Health Alliance of South Asia (OHASA); the Consortium for Conservation Medicine (CCM); the journal *EcoHealth*; an NSF Research Coordination Network (EcoHealthNET); the IUCN Wildlife Health Specialist Group; and the OIE Working Group on Wildlife. EHA is a member of Columbia University's Center for Earth Institute Center for Environmental Sustainability (EICES); all program staff members are thus adjuncts at Columbia University's E3B Department or the Mailman School of Public Health. EHA is a member of the Global Health Security Agenda Consortium (GHSAC), with our staff serving on the official delegation for the GHSA Steering Group.

NEED COLUMBIA ICAP ORGANIZATIONAL CAPACITY STATEMENT – **CHRISTINE ADD?**

NEED ATA HEALTH STRATEGIES ORGANIZATIONAL CAPACITY STATEMENT – **ALEX**

NEED UCI ORGANIZATIONAL CAPACITY STATEMENT – **DELE TO ADD**

NEED UCB ORGANIZATIONAL CAPACITY STATEMENT – **FEDERICO TO COMPILE**

NEED GEORGETOWN ORGANIZATIONAL CAPACITY STATEMENT – **SAM TO ADD**

UNIVERSITY OF NEW MEXICO: **JUTTA TO REVISE**

The ECHO learning and collaboration model offers a particularly powerful opportunity to accelerate and scale up One Health training and education of the animal, human and environmental workforce in a variety of settings, especially where travel and in person training on a regular basis are cost and time prohibitive, with the goal of increasing the ability of the sub-national, national and regional networks to detect and respond to emerging pandemic threats. Over 150 published articles in journals and other media attest to the effectiveness of ECHO. This One Health focused initiative will extend across the national regional systems and strengthen key aspects of the national and regional health systems, including the laboratory and surveillance systems. Among the African countries USAID has designated as priority countries or countries at high risk of emerging pandemic threats, Project ECHO has existing partnerships with programs in Liberia, Cote d'Ivoire, Cameroon, DRC, Ethiopia, Kenya, Tanzania and Uganda, all the OHW-NG designated priority countries in Africa except Rwanda, Senegal, Liberia, Guinea, and Sierra Leone; while the latter countries do not have their own country specific ECHO programs, all of these countries participate in the Africa CDC RCC IHR ECHO programs. In Southeast Asia, Project ECHO has existing partnerships with programs in Vietnam, Indonesia, Thailand, Malaysia, Myanmar, Cambodia and Laos, the majority of OHW-NG designated priority countries in Southeast Asia except Bangladesh. Relevant ECHO programs of note include the Africa CDC regional public health information sharing and IHR implementation ECHO programs that currently engage 45 of the 55 African Union Member States, the AMR ECHO programs in Kenya and Ethiopia, the African Society of Laboratory Medicine 11 country lab strengthening ECHO, the FETP ECHO in Indonesia, the Vietnam One Health University Network Biosafety and Biosecurity ECHO and the Hanoi University of Public Health Management and Leadership ECHO in Vietnam supported by the World Bank. Current ECHO partnerships include state agencies, such as Ministries of Health, multinational collaborative organizations (e.g. Africa CDC, etc.), universities, including medical, nursing and veterinary schools, NGOs (e.g. African Society of Laboratory Medicine, AFENET, American Society of Microbiology), philanthropic organizations (GE Foundation, Bill and Melinda Gates Foundation, Skoll Foundation, Rockefeller Foundation), and members of the private sector (e.g. Global Health Security Agenda Private Sector Round Table).

NEED SANDIA NATIONAL LABS ORGANIZATIONAL CAPACITY STATEMENT – **CARRIE**

The Global Chemical and Biological Security program at Sandia National Laboratories (GCBS) has over a decade of experience working to build sustainable capacity in One Health in over 40 countries in partnership with ministries of health and agriculture. GCBS efforts have focused in two key areas: biorisk management and biothreat readiness. To reach a broader audience and allow for ongoing mentorship, GCBS has developed remote engagement strategies through on-line learning and exercise platforms with the web-based Portal for Readiness Exercises and Planning (PREP™).

OTHER TECH SUPPORT PARTNERS: AMERICAN SOCIETY FOR MICROBIOLOGY, WILDLIFE CONSERVATION SOCIETY, SMITHSONIAN INSTITUTION, UC GLOBAL HEALTH INSTITUTE, AFRICA CDC, AFRICAN SOCIETY FOR LABORATORY MEDICINE

OTHER DEVELOPMENT PARTNERS: CONSORTIUM OF UNIVERSITIES FOR GLOBAL HEALTH, INTERNATIONAL SOCIETY FOR INFECTIOUS DISEASES, GHSA PRIVATE SECTOR ROUNDTABLE, ZOETIS, LAND O'LAKES, WORLD HEALTH ORGANIZATION, WORLD BANK, INTERNATIONAL ASSOCIATION OF NATIONAL PUBLIC HEALTH INSTITUTES

Network Bridging Plan

It is important to navigate the transition from current OHW leadership and activities to OHW-NG leadership smoothly and to assure project continuity and to preserve in-country relationships. The top priority is to ensure current administrative and university teams remain employed to participate in the transition and to build on current activities moving forward. To ensure a successful transition the subcontracts should remain in place with the current OHW leadership while the transfer of contracts occurs to the OHW-NG leadership. We recognize the importance of engaging the sub-recipients in the conversation to empower them to provide input on the preferred mechanism(s) to put in place for transfer of funds that will more easily facilitate the transition toward independent financial management and sustainability moving forward.

In order to successfully transition contracts, the following key elements will be addressed: First, it is important that we maintain trust and transparency during the transition. Communication with the African and Southeast Asian networks subrecipients, host country government points of contacts and USAID Mission contacts is needed to ensure all partners understand the plan and timeline for the transition. We will support the university networks in leading these conversations and to identify and address any legal in-country contractual procedures that must be adhered to for the transition to occur. Second, many countries have a process for legal agreements to be in place between the government and project implementing partners that may need to stay in place while paperwork for changes in partnership can be implemented. Transfer of contracts often need to be accompanied by implementation plans that document any changes, provide a timeline for the transition and explanations to maintain the integrity of the project. Similarly, we will need to present all of the required documents needed by the University of California to fulfill contractual obligations as a sub-recipient and provide training on how to complete and implement these documents.

The Consortium and University of California have a proven track record with USAID in efficiently implementing sub-contracts and transitioning subcontracts and activities between partners to ensure continuity and complementarity with existing efforts at country, regional and global levels. We will support university networks and work closely with their administrative teams to have a significant role in the transfer of contracts and responsibilities as this will begin the training for their transition toward independent financial management and sustainability. Building a strong working relationship between the global, regional and country administrative teams to focus on the contractual transition will allow the technical teams to focus on sharing current training and implementation resources and to build on strategies between the partners to help the university networks to incorporate new activities.

Engaging External Partners

The Consortium's strong external partnerships will ensure continuity and complementarity with existing efforts at country, regional and global levels. This is critical so the project can build on and reinforce multisectoral, One Health capacities and provide entry points of relevance to

stakeholders across disciplines, ministries and objectives toward the success of all three OHW-NG objectives. For example, consortium members from EcoHealth Alliance were lead authors and coordinators of the World Bank Operational Framework for Strengthening Human, Animal and Environmental Public Health Systems at their Interface (“One Health Operational Framework”) published in 2018, which provides operational guidance for countries and donors from project design through evaluation to optimize country preparedness capacity to prevent, detect, respond and recover from zoonotic and antimicrobial-resistant and related disease threats. The Framework leverages existing tools, planning frameworks, and initiatives (from across UN agencies, U.S. government and EPT projects, and academic institutions) to translate One Health concepts into practical, systematic, and value-added actions and address key capacity and implementation gaps. We will support university networks to have a significant role in ongoing efforts in leading training and refinement to disseminate, adapt and build on the Framework’s recommendations, and will promote coordination with the existing and forthcoming World Bank investments, including the Regional Disease Surveillance Systems Enhancement (REDISSE) program now operational in 11 West African countries and anticipated for expansion into Central Africa (REDISSE IV). Additionally, our participation in key One Health platforms at global level (e.g. the IHR Roster for Experts at the Human-Animal Interface, CBD-WHO Interagency Liaison Group on Biodiversity and Health, expert working groups for the development of the FAO/OIE/WHO Tripartite Zoonotic Disease Guidance documents and tools, etc.) and extensive collaboration with colleagues at technical and implementing agencies (e.g. Africa CDC), convening organizations (e.g. Chatham House), and the private sector (e.g. Arcelor Mittal, Johnson & Johnson, Roundtable on Sustainable Palm Oil, Zoetis), provides opportunities to proactively and seamlessly share training and implementation resources and strategies between partners, helping university networks anticipate and rapidly incorporate new health security tools, planning frameworks, and programs into their programs as relevant. In particular, through leadership of the OIE Working Group on Wildlife, we will broaden the reach of existing and evolving wildlife health training resources, helping us to strategically design curriculum that reinforces national capacity and partnerships between university networks and government partners. At country level, the Consortium has extensive precedent of liaising with government entities for active operational capacity strengthening, often through academic partners (e.g., via inter-ministerial results sharing and interpretation under PREDICT).

We recognize the value and importance of empowering university networks to make identify relevant stakeholders and make connections with external partners as they transition toward independent financial management and sustainability. The Consortium partners engage a wide range of sectors to show the value of One Health considerations in decision-making and resource optimization (e.g. for public health and medicine, agriculture, environment, disaster management, tourism, financial, etc.) We will build on our existing partnerships to create unique pathways for these relationships to form, strengthening capacity of regional and country partners to have a more direct role in policy and program development. In addition to their innovative role in curriculum development and delivery and hands-on training, is envisioned that these regional networks will be called on as key experts for shaping One Health guidance and investments at all levels.

The Consortium’s engagement of external partners will amplify the university networks’ positive impact, providing extensive opportunities to showcase examples of its innovative One Health workforce training anticipated in diverse settings, contexts, and across a range of disciplines. For example, through our seat on the GHSA Steering Committee and inter-ministerial meetings via the GHSA Consortium delegation, we will showcase activities and outcomes that contribute to the GHSA 2024 Roadmap across all Action Packages (especially on Zoonotic Disease and AMR) and Task Forces. Broadly, this outreach to key donors and implementing champions will also strengthen

awareness of One Health approaches in general and visibility of regional and national One Health entities to sensitize other leverage their capacities in their future investments.

The Consortium will also help to fill a key workforce gap to transform operational capacity of countries and institutions to assess and manage environmental determinants of zoonotic disease and AMR risks. To date, this has been a largely missing component of One Health workforce efforts. The Consortium will build on a tool for national capacity assessment for environmental health services developed by EcoHealth Alliance for the World Bank intended to operate alongside the JEE and PVS and feed into multisectoral National Action Plans for Health Security and AMR, National Biodiversity Strategies and Action Plans, health disaster risk reduction policies, and other frameworks that can contribute to preparedness. Relevant competencies be integrated into existing or new programs in transformational ways (e.g., establishing a FETP-V track for wildlife health capacities, or building on community networks for environmental surveillance of polio for wider detection of disease threats). Through longstanding collaboration with the UN Convention on Biological Diversity, the IUCN, and a wide network of conservation faculty in the countries, the Consortium has the unique ability to develop a workforce able to effectively manage ecosystem and wildlife health threats to counter existing and future health security risks and impacts.

Furthermore, One Health Regional ECHO platforms and programs will be able to easily engage other components of the USAID Emerging Pandemic Threats portfolio [2019-2024], integrating subject matter experts from those other programs as occasional expert faculty in remote regional and national One Health ECHO education events. The One Health Regional ECHO platforms and programs will reduce the hurdles currently imposed by limited time and funding to engage the other EPT programs and partners, including SMEs, to engage in One Health education activities and to participate in emergency preparedness and response activities in times of public health crisis. We would offer the opportunity to stand up an EPT portfolio ECHO creating a community of practice for the leaders of the programs across the EPT portfolio to support optimal communication, coordination and collaboration adapting the ECHO case-based learning approach to the needs of this cross portfolio initiative.

Staffing Plan and Key Personnel – UCD to work on this section the week of March 18

Key Personnel

One paragraph describing roles, responsibilities, and qualifications for each of the four key personnel positions:

- Project Director/Chief of Party;
- Technical Director/Deputy Chief of Party;
- Senior Workforce and Curriculum Development Advisor;
- Senior Organizational Development Advisor

Staff

Proposed **Director Jonna A.K. Mazet** is a Professor of Epidemiology and Disease Ecology, as well as Director of the One Health Institute at the University of California, Davis, where she conducts research and service centered on disease transmission among wildlife, domestic animals, and people and leads programs on emerging pathogen surveillance and diagnostics. She graduated from the UC Davis School of Veterinary Medicine (SVM) in 1992 (DVM) and completed Master and PhD degrees in epidemiology at UC Davis. Dr. Mazet has over 20 years of experience managing zoonotic disease research and emergency response programs via multi-institutional consortia, as well as over 10 years of experience working internationally. In 1998, she was appointed to the faculty of the SVM and established the Wildlife Health Center (WHC), which she grew to a \$23 million per

year global research and service unit within its first 10 years. Under Mazet's leadership, key accomplishments of the WHC included identifying the source and mechanism of zoonotic pathogen pollution in coastal communities, surveying for avian influenza and West Nile virus in the Pacific Flyway, and pioneering approaches to investigate disease transmission at the human-animal-environment interfaces. In addition to her extensive regional and international experience, Dr. Mazet has led multiple US government grants, contracts, and cooperative agreements as the Principal Investigator, Director, or Chief of Party, including four USAID awards. The capstone of her leadership in this area has been the effective stewardship of the \$75M 5-year PREDICT Project cooperative agreement for USAID's Pandemic Influenza and Other Emerging Threats Program awarded in 2009. Under Dr. Mazet's guidance, PREDICT was implemented in more than 20 countries around the world in cooperation with numerous in-country partners (including 59 government ministries), US government agencies, and international stakeholders. The project has resulted in the discovery of more than 350 novel viruses of pandemic potential and detection of over 100 known pathogens in PREDICT countries. In 2010 while implementing PREDICT, Professor Mazet transitioned to become Executive Director of the SVM's new One Health Institute (OHI). Since becoming OHI Director, Dr. Mazet has also successfully stewarded agreements with the Department of Defense, National Institutes of Health, National Oceanic and Atmospheric Administration, and others. She teaches and mentors veterinary and graduate students (51 to date) and post-doctoral scientists. Dr. Mazet was named UC Davis' Outstanding Alumna of the Year in 2012 and was inducted into the National Academies' Institute of Medicine in 2014, where she is one of just 14 veterinarians advising and guiding the nation on health policy and the protection of global public health.

Non-Key Personnel

The proposed consortium team is made up of world-class experts from the partner organizations. Because the team is very large, including in-country staff, we have chosen to detail just the staff described in the organizational chart found in the next section. Management will be the ultimate responsibility of the Director and will follow the process outline in that Organization and Management Section below. Dispensed through the UC Davis-based administrative core, subcontracts to consortium partners will provide salary support for positions at the percent time documented.

References (or perhaps use footnote format throughout if References are in 30 page limit and we are tight on space)

- Deng, Z. (2013). The "why" and "what" of curriculum inquiry: Schwab's the practical revisited. *Education Journal*, 41(1–2), 85–105.
- Dewey, J. (1938). *Experience and education*. New York: The Macmillan Company.
- Enfield, R. P., Schmitt-McQuitty, L., & Smith, M. H. (2007). The development and evaluation of experiential learning workshops for 4-H volunteers. *Journal of Extension*, 45(2), 1FEA2. Available at: <https://joe.org/joe/2007february/a2.php>
- Kolb, D. A. (1984). *Experiential Learning: Experience as the source of learning and development*. New Jersey: Prentice Hall.
- Smith, M. H., Worker, S. M., Meehan, C. L., Schmitt-McQuitty, L., Ambrose, A., Brian, K., & Schoenfelder, E. (2017). Defining and developing curricula in the context of Cooperative

Extension. *Journal of Extension*, 55(2), 2FEA4. Available at:
<https://www.joe.org/joe/2017april/a4.php>

Annexes

Annex A - Organizational Chart (2 pages max) – WOUTRINA DRAFTING

Annex B - Staffing Table (2 pages max) – KRISTIN (UCD) COMPILING

**Annex C - Key Personnel CVs and Letters of Commitment (4 pages/key personnel max) –
KRISTIN COMPILING**

Annex D - Organizational Past Performance Reference Information – UCD & ICAP ONLY

**Annex E - Consortium Partner Letters of Commitment & Support (2 pages/letter max) –
KRISTIN COMPILING**

From: Andrew Clements <aclements@usaid.gov>
Sent: Thu, 2 May 2019 11:12:36 -0700
Subject: Re: PREDICT Cost Share revision request
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>, predict Sympa List <predict@ucdavis.edu>, Hannah R Chale <hrchale@ucdavis.edu>

Thanks for the reminder!

*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 2, 2019, at 12:27 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Andrew. Just following up on this to make sure it doesn't get lost in your inbox. If you have any questions, please let me know.

Thanks!
Liz

*Elizabeth Leasure
Financial Operations Manager
One Health Institute
REDACTED (cell)
530-754-9034 (office)
Skype: ealeasure*

From: predict-request@ucdavis.edu <predict-request@ucdavis.edu> **On Behalf Of** Elizabeth Leasure
Sent: Tuesday, April 23, 2019 9:34 AM
To: Andrew Clements <aclements@usaid.gov>
Cc: Alisa Pereira <apereira@usaid.gov>; Amalhin Shek <ashek@usaid.gov>; Cara Chrisman <cchrisman@usaid.gov>; Jonna Mazet <jkmazet@ucdavis.edu>; predict Sympa List <predict@ucdavis.edu>; Hannah R Chale <hrchale@UCDAVIS.EDU>
Subject: [predict] PREDICT Cost Share revision request

Hi Andrew. EcoHealth Alliance and Metabiota have asked to revise their cost share commitments for PREDICT, and we now seek your approval as AOR for these changes in accordance with 2 CFR 200.308(c)(1)(vii). The requested changes will in no way impair PREDICT's ability to meet our overall cost share commitment, which we are on track to complete by the end of the project. The partner-specific changes requested are included below, and a spreadsheet detailing the requested EHA revisions is attached for your reference. If you have any questions or wish to discuss further, please let me know. Thank you!

Metabiota has requested a \$10,704 reduction to their Year 5 approved cost share commitment from \$43,933 to \$33,229. To date, Metabiota has committed \$771,453 in cost share for life of project (LOP) per approved annual budgets. This amount is \$38,335 over their proposal commitment of \$733,118. The details of the requested reduction are as follows:

Original approved cost share for Y5

Eddy Rubin (5%) salary & benefits plus waived IDC	6,508
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Nathan Wolfe (2%) salary & benefits plus waived IDC	13,125
INRB Operational Costs plus waived IDC	24,300

43,933

Requested revised cost share for Y5

Eddy Rubin (0%) salary & benefits plus waived IDC	-
Nathan Wolfe (2%) salary & benefits with no waived IDC	8,929
INRB Operational Costs plus waived IDC	24,300

33,229

EcoHealth Alliance has requested a revision/rebudget of their LOP cost share commitment, with a net change of \$0. The details of and justification for these changes are included in the attached spreadsheet, and a high-level summary is included below.

Original Y1	Original Y2	Original Y3	Original Y4	Original Y5	Total originally committed/ approved
141,349	249,212	237,062	323,703	185,521	1,136,847
<i>Requested Revision Y1</i>	<i>Requested Revision Y2</i>	<i>Requested Revision Y3</i>	<i>Requested Revision Y4</i>	<i>Requested Revision Y5</i>	<i>Net change resulting from requested revisions</i>
3,216	(190,530)	50,915	(25,332)	161,731	(0)
Revised Y1	Revised Y2	Revised Y3	Revised Y4	Revised Y5	Total committed w/ requested revisions
144,565	58,682	287,977	298,371	347,252	1,136,847

Elizabeth Leasure
Financial Operations Manager
One Health Institute
REDACTED (cell)
530-754-9034 (office)

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: 5/8/2019 10:38:39 AM
Subject: Re: PREDICT International Travel Requests

Approved subject to mission concurrence.

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, May 1, 2019 at 11:21 PM Katherine Leasure <kaleasure@ucdavis.edu> wrote:
Please find below an international travel request for your review and approval. Please let me know if you have any questions. Thanks!

1. Goldstein (Cambodia): \$2800 airfare/\$236 (Phnom Penh) max daily per diem
2. Keatts (Cambodia): \$2500 airfare/\$236 (Phnom Penh) max daily per diem

Travel Requests –

1. UC Davis would like to request approval for Dr. Tracey Goldstein to travel from Davis, CA, USA to Phnom Penh, Cambodia from July 12-19, 2019 to participate in final meetings with PREDICT-2 community stakeholders, and to assist with data analyses, and plans for the close-out of the PREDICT project in Cambodia.

Trip Purpose: 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.

2. UC Davis would like to request approval for Dr. Lucy Keatts to travel from Washington, DC, USA to Phnom Penh, Cambodia from July 12-19, 2019 to participate in final meetings with PREDICT-2 community stakeholders, and to assist with data analyses, and plans for the close-out of the PREDICT project in Cambodia.

Trip Purpose: Dr. Keatts will travel to Cambodia with Dr. Tracey Goldstein 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

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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 https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CAD6-xMLobw8_s20C_OofUpY_2bpStSYmHYPX5syfgrh-znSM5A%40mail.gmail.com.

From: Andrew Clements <aclements@usaid.gov>
To: Jonna Mazet <jkmazet@ucdavis.edu>; Kirsten Gilardi
<kvgilardi@ucdavis.edu>; djwolking@ucdavis.edu <djwolking@ucdavis.edu>
CC: predictmgt@usaid.gov <predictmgt@usaid.gov>; Dennis Carroll <dcarroll@usaid.gov>
Sent: 5/21/2019 8:59:53 AM
Subject: Request from DRC mission following CBS interview (Predict footage)

CBS interview with DRC Mission apparently went well

The mission asked me to contact you to see if you have or know of any existing film footage of bat saliva collection, from Predict. If so, can you send to me? We think it will eventually go to the CBS production.

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*

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>
CC: Prof. Jonna Mazet <jkmazet@ucdavis.edu>; Kirsten Gilardi
<kgilardi@ucdavis.edu>; predictmgt@usaid.gov <predictmgt@usaid.gov>; Dennis Carroll
<dcarroll@usaid.gov>
Sent: 5/21/2019 12:05:38 PM
Subject: Re: Request from DRC mission following CBS interview (Predict footage)

Next couple of days?

*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 21, 2019, at 7:36 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew,

We've been organizing our media library for the final report and I'm sure we have some footage that's of high quality. Looking into this now with our communications team.

How soon do you need it?

David

On Tue, May 21, 2019, 8:59 AM Andrew Clements <aclements@usaid.gov> wrote:
CBS interview with DRC Mission apparently went well

The mission asked me to contact you to see if you have or know of any existing film footage of bat saliva collection, from Predict. If so, can you send to me? We think it will eventually go to the CBS production.

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*

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>
CC: Prof. Jonna Mazet <jkmazet@ucdavis.edu>; Kirsten Gilardi <kvgilardi@ucdavis.edu>; Dennis Carroll <dcarroll@usaid.gov>; Eunah Regina Cho <eecho@ucdavis.edu>; predict@ucdavis.edu <predict@ucdavis.edu>
Sent: 5/23/2019 1:44:14 AM
Subject: Re: Request from DRC mission following CBS interview (Predict footage)

Looks great. Thanks!

Will pass it along to the Mission.

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
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On May 22, 2019, at 10:58 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew,

Here is a link to a clip from our PREDICT/Guinea team (Ebola Host Project field sampling) that might work: <https://ucdavis.box.com/s/9bjp5sj4727rabik3jq97g3pmzln36s4>

If you like it and need/want more details we can reach out to Jaber and Corina.

Best,

David

On Tue, May 21, 2019 at 12:05 PM Andrew Clements <aclements@usaid.gov> wrote:
Next couple of days?

*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 21, 2019, at 7:36 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew,

We've been organizing our media library for the final report and I'm sure we have some footage that's of high quality. Looking into this now with our communications team.

How soon do you need it?

David

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