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RESPOND YEAR TWO QUARTERLY REPORT

EMERGING PANDEMIC THREATS PROGRAM

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EMERGING PANDEMIC THREATS PROGRAM

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ACRONYMS

ADPC	Asian Disaster Preparedness Center
AFENET	Africa Field Epidemiology Network
AFRO	WHO – Regional Office for Africa
ASEAN	Association of Southeast Asian Nations
ATVCO	L'Association des Techniciens Veterinaires au Congo (Association of Veterinary Technicians of Congo)
AU	African Union
AU-IBAR	African Union Interagency Bureau for Animal Resources
AVET	Applied Veterinary Epidemiology Training Program
BMP	Best Management Practices
CAHNET	Community Animal Health Network
CARPE	Central African Regional Program for the Environment
CCC	Country Coordinating Committee
CDC	Centers for Disease Control and Prevention
CE	Continuing Education
CIRAD	Agricultural Research for Development
CMOA	Ministry of Agriculture (DRC)
CMOE	Ministry of Environment (DRC)
CMOH	Ministry of Health (DRC)
CODESA	Comité de Développement Sanitaire (Health Development Committee)
CTPH	Conservation Through Public Health
DDAF	Deputy Director for Administration and Finance
DNP	Department of National Parks, Wildlife and Plant Conservation (Thailand)
DoA	Department of Agriculture
DoF	Department of Forestry
DoH	Department of Health
DRC	Democratic Republic of Congo
DRM	Deputy Regional Manager

E&E	Ecology & Environment, Inc.
EACIDS	Eastern African Centre for Infectious Disease Surveillance
ECB	East Congo Basin Regional Office
ECTAD	Emergency Center for Transboundary Animal Diseases
EID	Emerging Infectious Disease
EMPRES	Emergency Prevention Systems
EPT	Emerging Pandemic Threats Program
FAO	Food and Agriculture Organization of the United Nations
FAS	Field Accounting System
FE(L)TP	Field Epidemiology (Laboratory) Training Program
FETP-V	Field Epidemiology Training Program – Veterinary Component
FUS	Fédération Une Santé
FOREST	Forest Ecology and Stewardship Training
FUE	Federation of Ugandan Employees
GHI	Global Health Institute
GIGOM	Gabon International Gas, Oil, and Mining
GIS	Geographic Information System
GPHIN	Global Public Health Intelligence Network
HIPS	Health Initiative for the Private Sector Program
IBAR	Inter-African Bureau for Animal Resources
ICT	Information Communication and Technology
IEM	Institut d'Enseignement Médicale
ILRI	International Livestock Research Institute
INRB	National Institute for Biomedical Research (DRC)
INCEF	International Conservation and Education Fund
IRCM	Integrated Regional Coordination Mechanism
ISP	Institut Supérieur Pédagogique
ISTM	Institut Supérieur des Techniques Médicales
ITM	Institut Techniques Médicale
KMS	Knowledge Management System

KKU	Khon Kaen University
KKUVMS	KKU School of Veterinary Medicine
LOW	Line of Work
M&E	Monitoring and Evaluation
M&IE	Meals & Incidental Expenses
MAAIF	Ministry of Agriculture, Animal Industries and Fisheries (Uganda)
MENTOR	Mentoring for Environmental Training in Outreach and Resource Conservation
MOA	Ministry of Agriculture
MOF	Ministry of Forestry
MOH	Ministry of Health (Uganda)
MOPH	Ministry of Public Health (Thailand)
MPH	Master of Public Health
MS	Master of Science
MUSPH	Makerere University School of Public Health
NAC	Nabong Agricultural College
NUOL	National University of Laos
OHCEA	One Health Central and East Africa Network
OHSEA	One Health Southeast Asia Network
OIE	World Organization for Animal Health
PAT	Protected Areas Team
PDSR	Participatory Disease Surveillance and Response
PE	Participatory Epidemiology
PHQ	Project Headquarters
PIA	Participatory Impact Assessment
PPE	Personal Protective Equipment
PPF	Pandemic Preparedness Forum
Pro-MED	Program for Monitoring Emerging Diseases
RFA	Request for Applicants
RM	Regional Manager
RO	Regional Office

ROC	Republic of Congo
RPA	Regional Program Administrators
RUFORUM	Regional University Forum
SACIDS	Southern African Centre for Infectious Disease Surveillance
SAFETYNET	South Asia Field Epidemiology and Technology Network
SANRU	Santé Rurale (Rural Health)
SEA	Southeast Asia Regional Office
STOP AI	Stamp out Pandemic and Avian Influenza
STTA	Short Term Technical Assistance
TADS	Transboundary Animal Diseases
TAMIS	Technical and Management Information Systems
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
TOR	Terms of Reference
TOT	Training of Trainers
TRG	Training Resources Group, Inc.
TUSK	Tufts University Science Knowledgebase
UFP	University Focal Person
UMN	University of Minnesota
UNIKIN	University of Kinshasa
UNILU	University of Lubumbashi
UNSIC	UN System Influenza Coordination
UPN	Université Pédagogique Nationale
USDA	U.S. Department of Agriculture
USFS	U.S. Forest Service
USFWS	U.S. Fish and Wildlife Service
UVRI	Uganda Virus Research Institute
UWA	Uganda Wildlife Authority
WCB	West Congo Basin Regional Office
WCS	Wildlife Conservation Society
WWF-DRC	World Wildlife Fund-Democratic Republic of the Congo

WHO World Health Organization
WILD Wildlife Investigation and Livestock Disease
WTO World Trade Organization

I. EXECUTIVE SUMMARY

GLOBAL ACTIVITIES

In this reporting period, RESPOND continued with the plan of developing One Health core competencies, and the management team, along with EPT partners, the CDC and USDA held a teleconference to decide on the subject matters from which the core competencies will be drafted. The project headquarter team (PHQ) provided staff assistance to the regional offices. Suitable candidates will be interviewed for positions in the West Congo and South East Asia regional offices.

RESPOND also supported the Ugandan government with the Ebola outbreak response in May, 2011. RESPOND strengthened the Ugandan Ministry of Health response efforts through the provision of materials and logistical support to One Health multi-disciplinary teams.

The management team started working on the Year 3 Work Plan, and meetings were held at the RESPOND's headquarters with Tufts University and University of Minnesota to discuss results from Year 2 and implementation of activities for Year 3.

EAST CONGO BASIN

RESPOND's East Congo Basin Regional Office (ECB) continued to develop and implement several sub-activities in addition to providing technical support to the Ugandan National Task Force after a confirmed case of Ebola in May, 2011. Regional and international increased during this quarter due to the implementation of several regional sub-activities, with staff travelling to Rwanda, Ethiopia, Tanzania and Kenya to conduct interviews at OHCEA universities for baseline assessments. The One Health Central and East Africa Network (OHCEA) is in the last stages of being fully established. Formal registration was completed in June, 2011. RESPOND will begin development of a capacity building plan, and initiate training in areas like grants management and compliance in the next quarter. A final strategic plan for OHCEA was completed and ratified. RESPOND is committed to support the development of strategies for national governments utilizing One Health practices.

WEST CONGO BASIN

During this quarter, the West Congo Basin Regional Office (WCB) relocated its offices in Kinshasa to better accommodate RESPOND staff and EPT partners. The office also focused on the development of the work plan for Year 3, and reviewed its general and operations budget for the following project year. Several sub-activities began implementation, including the development of proposals to organize regional conferences, and WILD courses.

An EPT launching workshop was held on April 14 in Cameroon, in collaboration with EPT projects (PREDICT, IDENTIFY, DELIVER) and several prominent figures participated, including the Minister of Public Health, the U.S. Embassy Deputy Chief of Mission, the WHO country representative, and the FAO country representative.

OHCEA's Dean's Summit, organized by the East Congo office, also happened this quarter in Kinshasa, with government representatives agreeing to work with OHCEA and emphasizing an integrated One Health approach to controlling emerging zoonotic diseases.

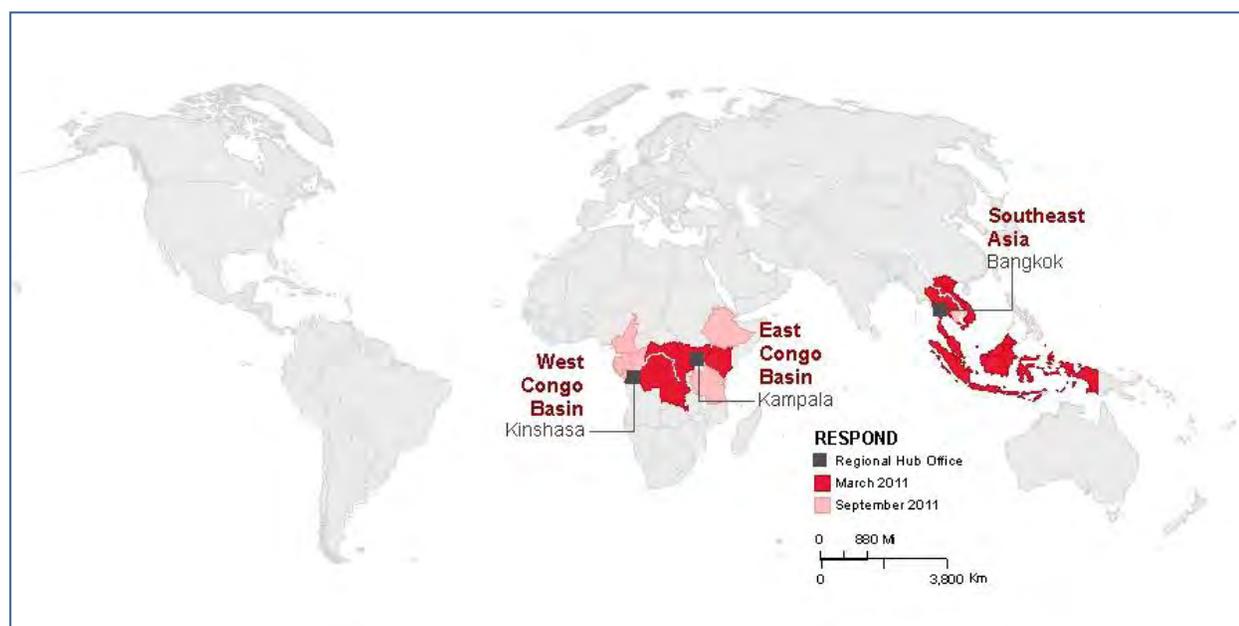
SOUTHEAST ASIA

Several meetings were organized and/or supported by the South East Asia Regional Office (SEA) during this reporting period, including the "Zoonotic Technical Planning Workshop" (Cambodia), the "South East Asia University One Health Inaugural Meeting" (Thailand), the "3rd VET Training" (Thailand), and the "International Conference on Global Issues Influencing Human and Animal Health for ASEAN: One Health Concept" (Thailand).

After assessing a number of regional university networks to determine whether they would meet One Health and RESPOND's goals, the SEA decided a new network was needed to meet One Health and RESPOND's expectations. An initial meeting with potential members of the new network happened in May, 2011, in which an Executive Office and a Coordinating Office were established to lead the effort until December 2011.

A schedule of activities was developed by the Thai Ministry of Health and RESPOND to support students in a Thai post-graduate program that is aligned with government priorities. This will serve as a model for a joint in-service training of staff responsible for outbreak confirmation and response at the provincial level in Indonesia was developed. An agreement was also reached between the Lao PDR Government and a local NGO to assist in the training of animal and human health staff, in Lao PDR Protected Areas.

II. GLOBAL ACTIVITIES



The global map above displays where RESPOND works currently (in dark red) and plans to work by September 2011 (in light red). The Congo River is represented by the white line that runs in the West Congo Basin and the Mekong River is represented by the white line that runs through Southeast Asia. The cities indicated in black reflect the locations of the RESPOND Regional Hub Offices

MANAGEMENT REPORT

Project Administration:

- The process for travel approval was streamlined to allow Regional Program Administrators (RPAs) to reject non-essential travel that does not meet the deadline of 10 business days for submission to the client. The change will reduce the number of late travel submissions to the client.
- The Southeast Asia office successfully completed an internal audit conducted by DAI. The audit report was finalized on June 29.
- The project, with the help of Kim Lowery (Knowledge Management Consultant), launched a new version of the RESPOND Portal. The system is housed in Central Desktop, a web based collaboration platform. Files were migrated from the previous system, Alfresco, to Central Desktop. Through a combination of face-to-face and remote sessions, most of RESPOND staff (PHQ, Regional Offices, and Partners) has been trained on Central Desktop.

- Year 3 Work Plan's activities started in May with a review of the progress of Year 2 sub-activities. Each regional office then held a weeklong meeting in June to create a work plan for Year 3 sub-activities. The work plans were then sent to PHQ for review and budget finalization. The planning will continue through August until submission to the client.

Finance:

- The new DAI Field Accounting System was implemented in the ECB and WCB offices.

TAMIS:

- Information Officer / Database Manager Neil Enet created a new form for storing reports and publications in TAMIS. The Report and Publication Form is located in Technical Module.

Staffing:

- From May 2-24, 2011, JC McCahill, ECB's RPA, served as STTA for the ECB office. While there, JC assisted the field project accountant with the field accounting system implementation. He also assisted the DRM while away from the office and helped manage grants in TAMIS.
- Peter Telaroli, SEA RPA, served as STTA for the SEA office from May 12-June 3, 2011. He provided administrative support to the office and audited personnel and procurement files. He also assisted with the first OHSEA Dean's Meeting.
- Information Officer / Database Manager Neil Enet served as STTA for the WCB office on grants issues from May 10-25, 2011, due to absence of Regional grants Officer in the field.
- From April 25-May 28, 2011, WCB RPA Lindsay Nelson served as STTA for the WCB office. She assisted with the recruitment for an administrative assistant, assisted the office's move to its new location, and helped to plan the OHCEA conference in May.
- Rhiannon Gulick joined the RESPOND team as a short-term technical advisor in late May to manage the Year 3 work plan process. She has been coordinating with regional offices and PHQ to organize the regional office work plans to develop a concise and cohesive work plan for the entire project.
- Dorothee Stangle, Southeast Asia Regional Program Administrator (RPA), resigned from the project effective June 1st. Peter Telaroli, former Project Assistant, was promoted to the position of Southeast Asia RPA.
- Peter Dugan, Communications Officer, resigned from the project effective June 15th to begin graduate studies. Janelle Kempel, Deputy Project Director, Russ Klein, and Steve Peck led

- the recruitment process for selecting a new Communications Officer. Claudia Costabile was chosen as the new Communications Officer in June and began on the project in July.
- Russell St. Onge joined the PHQ team as an intern on June 20. He will be working primarily with Steve Peck, M&E Manager, on creating new M&E tools and updating data in TAMIS. Russell will also be assisting Russ Klein, Operations Manager, with updates to the Field Operations Manual.
 - Sandra Butler served as Acting Operations Manager while current Operations Manager, Russ Klein, was on Parental leave from March 18 to May 18.

PROGRESS REPORT: GLOBAL ACTIVITIES

LOW 3: Outbreak Response Capacity Building

LOW 3.1 Strengthen human and organizational capacity to improve outbreak response

Defining One Health Core Competencies

(Sub-activity 1.1.4 GL: Develop EPT program-wide definition of One Health core competencies)

Following the EPT One Health Core Competencies Working Group meeting, held in March, 2011, the management team agreed on a revised timeline to meet deadlines, which sped up drafting of the core competencies. The larger group (composed of all EPT partners, CDC, USDA) held a teleconference on July 11th to review decisions made at the March meeting, review the timeline and decide on subject matter disciplines, from which core competencies are to be drafted. An interview protocol was drafted, SMT member references were collected and a literature review is underway.

Planned activities:

- Conduct a literature review of existing competencies around One Health collaborative knowledge and skills, as well as technical skills relevant to outbreak response.
- Conduct behavioral event/focus group interviews of SMEs with EPT partners to determine content of core competencies.
- Identify draft core competencies for each area/discipline, using the literature review and focus group interview findings, and send those to the OHCC team for structured feedback.

LOW 3.2 Support outbreak response activities

Development of Tools for Extractive Industries

(Sub-activity 2.2.1 GL: Develop best management practice recommendations for extractive industries based on PREDICT-identified vectors in hot spot regions)

RESPOND participated in conference calls with the Extractive Industries Working Group this quarter with PREVENT and PREDICT, regarding the development of a mitigation tool for industry. PREDICT developed a preliminary draft of an extractive industry survey tool. RESPOND provided guidance in its development and comments on the preliminary versions of the tool. RESPOND continued to explore the interfaces where extractive industry activities could interact with wildlife

and potential zoonotic disease transmission pathways, in an effort to identify where mitigation measures would be appropriate

Planned activities:

RESPOND will be developing a white paper to document the effects of extractive industry activities on rodents, bats, and primates that occur in French Equatorial Africa, in an effort to identify where mitigation measures would be appropriate.

Non-Traditional Disease Surveillance Training

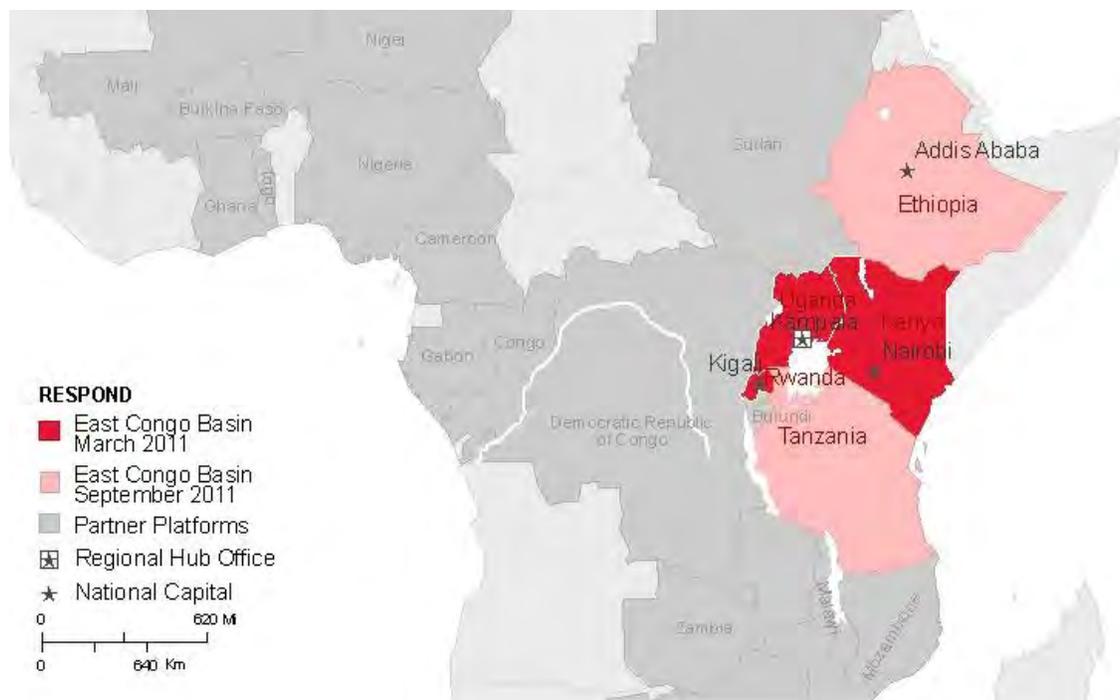
(Sub-activity 3.3.1 GL: ProMED Mail: Expanding surveillance and verification for wildlife diseases)

No activities related to ProMED Mail (PMM) occurred during this quarter.

Planned Activities:

- To attend the preconference workshop prior to the TEPHINET regional conference in Bali on November 7, 2011.

III. EAST CONGO BASIN ACTIVITIES



The map above the East Congo Basin shows where RESPOND works currently (in dark red) and plans to work by September 2011 (in light red). The Congo River is represented by the white line that runs to the border of the Republic of Congo and the Democratic Republic of Congo from the eastern side of the Democratic Republic of Congo. The stars represent capital cities. The capital city of Kampala, Uganda, is where the RESPOND East Congo Basin Regional Hub Office is located. Surrounding countries shaded in gray represent the reach of the RESPOND regional partners, including the HEALTH Alliance, the Africa Field Epidemiology Network (AFENET), and One Health Central and East Africa (OHCEA).

MANAGEMENT REPORT

General Observations

The ECB Regional Office continued work on the development and implementation of various sub-activities to achieve project objectives and goals. During this quarter, RESPOND provided direct technical support to the Ugandan National Task Force on Ebola. This task force was created in response to the confirmed case of Ebola reported in May, 2011. Additional highlights during the quarter include:

- USAID approval of concept for sub-activity 3.2.2 EC: “Strengthening Existing Platforms for Outbreak Response in Uganda.”
- USAID approval of concept for sub-activity 3.2.0.5 EC: “Community-based Training through the Private Sector.”
- USAID approval of concept paper for sub-activity 3.2.0.6: “Support for Investigation & Response to Ebola in Uganda.”
- USAID approval of the cost and period extension for a grant to the Health Alliance in support of sub-activity 1.2.2 “The Establishment of OHCEA.”

The aftermath of the contested Ugandan presidential elections, held on February 18th, created security and program challenges for the ECB office. Specifically in April, the opposition created a “walk to work” protest campaign that created travel challenges. During the course of this weeklong campaign, the opposition leader was forcefully arrested, which triggered riots in Kampala and a few weeks of uncertainty. During this period, the ECB maintained a higher security level and restricted the movement of staff. This continued through the middle of May, when the overall security situation in Kampala returned to normal.

Project Administration

In April, 2011, the ECB office converted to DAI’s new accounting system, FAS. This is a project accounting application that combines an accounting database back-end with a customized front-end, which integrates the project’s and client’s specific needs. Working with the ECB’s accountant, a technical consultant customized FAS to reflect Uganda’s local labor laws, RESPOND accounting policies, and ECB payroll processes. In addition, a trainer was mobilized from Bethesda, MD, to train the Project Accountant, Office Manager and Deputy Regional Manager on operating the system.

During the week of June 13th, the ECB office held its Year 3 work-planning week. Dominic Travis (UMN), Siobhan Mor (Tufts University) and Margaret Morehouse (TRG) all traveled to Kampala to participate with ECB technical staff. In addition to technical work planning, the acting Deputy Regional Manager and the Office Manager held interviews with the administrative staff to identify challenges in each role, processes for improvement in efficiency and decreasing duplication of efforts. As a result, the office developed a Year 3 Operations Work Plan outlining different trainings and initiatives to facilitate staff development.

The volume of RESPOND regional activities resulted in a high portion of ECB’s administration and logistical support focused on travel to the RESPOND ECB office, regional travel by ECB staff, and travel to and within the region by partners to attend key program-related events.

Table 1: ECB Travel Log for Year 2, Quarter 3

ECB Travel (April – June 2011)	
Type of Travel	Number of Trips
International Travel to ECB	18 trips
ECB Staff Regional/International Travel	7 trips
Regional/International Travel Not to ECB for Non-ECB Staff	24 trips

Staffing

- ECB's Regional Manager, Ella Hoxha, resigned from RESPOND in April 2011.
- Lendell Foan, ECB's Deputy Regional Manager, was promoted to Regional Manager in May.
- Sandra Butler, former Acting Operations Manager at RESPOND Project Headquarters, arrived early in June as acting Deputy Regional Manager, and accepted the full-time position of Deputy Regional Manager at the end of the month.
- Tasha Jubilee, ECB's Office Manager, was promoted to Director of Administration in June.

PROGRESS REPORT: EAST CONGO BASIN REGIONAL ACTIVITIES

Below is a summary of progress toward RESPOND East Congo Basin regional activities during the reporting period, organized by RESPOND LOWs and sub-activities.

LOW 3: Outbreak Response Capacity Building

LOW 3.1 Strengthen human and organizational capacity to improve outbreak response

Creation of OHCEA Secretariat

(Sub-activity 1.2.2 EC: Creation of OHCEA Secretariat and member coordinating committees)

During the reporting period, OHCEA experienced delays in the formal registration process. These delays were caused by two factors. First, for some member universities, gaining institutional authorization is a lengthy process. Secondly, when submitted to the appropriate authorities in Uganda, additional information and questions were requested that required input from members of all participating universities. Despite these challenges, the registration was completed on June 24. RESPOND's continued support for the establishment of OHCEA consisted of the following actions:

- Request for cost and period extension through July 31, 2011 (approved by USAID).
- Computers for the 14 OHCEA Focal Persons were purchased. UMN conducted an annual One Health workshop at their university from May 9–13, in which RESPOND supported 3 participants to develop a plan for an applied advanced One Health training program, and foster public-private partnerships to support OHCEA activities.
- During this reporting period, the University of Minnesota hosted the Public Health Institute from May 23 – June 10, 2011. RESPOND provided support for participants from Uganda (7) and the Democratic Republic of Congo (5) to attend the event and take courses for credit at the Public Health Institute at UMN.
- Formal registration of OHCEA was completed in June, 2011

Planned Activities:

- OHCEA will complete an inventory of existing courses at their member institutions.
- RESPOND will develop a capacity building plan with the OHCEA Secretariat and commence training in areas such as grant management and compliance.
- RESPOND will deliver computers to the 14 OHCEA Focal Persons

OHCEA Work Planning

(Sub-activity 1.2.3 EC: Support OHCEA work plan)

- 1- USAID requested a meeting between OHCEA, RESPOND, WHO, AU-IBAR, FAO and OIE at the WHO-AFRO offices in Congo-Brazzaville to devise a plan and define the roles of EPT projects and OHCEA in engaging regional governments directly in the promotion and adaptation of One Health. This meeting included discussion on the role of OHCEA's planned Country Coordination Committees (CCCs) and was added as a topic to the planned OHCEA Deans and Focal Persons meeting scheduled in May.
- 2- RESPOND sponsored an OHCEA Deans and Focal Persons meeting in Kinshasa, DC from May 16 – 19, 2011, with 40 participants. OHCEA's strategic plan was finalized and ratified. Country teams presented their draft country capacity needs/gap assessment reports, and draft country work plans were developed on how OHCEA could work in support of EPT's planned engagement and advocacy strategies with government on adopting One Health practices.
- 3- During the reporting period, RESPOND's M&E Assessment Team (Elizabeth Wilson, Linda Jarvin, Felly Chiteng, and Humphrey Kabugo) began their travel to Rwanda, Ethiopia, Tanzania, DRC, and Kenya to conduct interviews at OHCEA universities as part of the baseline assessment on partnerships. The purpose of this assessment was to inform universities about the development of the OHCEA network and simultaneously build M&E capacity in individuals at each OHCEA university in the countries noted above, as well as in Uganda and DRC.

Planned Activities:

- With OHCEA's registration recently completed, RESPOND anticipates receiving a grant application from OHCEA in support of its planned activities for Year 3 of the project.

Field Epidemiology Training Program

(Sub-activity 3.2.2 EC: Strengthening Existing Platforms for Outbreak Response in Uganda – MERGED WITH SUB-ACTIVITY 1.4.4 EC - Support fellows to attend existing field epidemiology training programs with veterinary-specific components)

In this reporting period, AFENET collaborated with the ECB office and Tufts University to draft a new concept note that merged sub-activities 1.4.4 EC and 3.2.2 EC into a single sub-activity. The consolidated sub-activity focuses on strengthening human resources capacity in field epidemiology and effective outbreak response; and strengthening AFENET institutional capacity for training,

mentoring, and management. The merged concept note was approved by USAID in May, and the ECB office has been working with AFENET to finalize its grant application for submission this upcoming quarter.

Planned Activities:

- Submission to finalize a grant application for submission.

COUNTRY ACTIVITIES – UGANDA

LOW 3: OUTBREAK RESPONSE CAPACITY BUILDING

LOW 3.2 Support outbreak response activities

Analysis: Viral Hemorrhagic Fever Outbreak Response – ACTIVITY CLOSED

(Sub-activity 3.2.0.2 EC: Outbreak response: Bundibugyo, Western Uganda (Yellow Fever) and Sub-activity 3.2.0.3 EC: Outbreak response: Abim and Agabo (Yellow Fever))

- On May 5, RESPOND held the first Ugandan EPT local partners coordination meeting. The meeting was attended by IDENTIFY, PREDICT, CDC/Uganda and AFENET, and focused on developing a plan for a joint Yellow Fever after action review with the Ugandan Ministry of Health. The meeting was very successful, and provided an opportunity to collaborate on information sharing, and planning of future activities.
- The final report on the Yellow Fever outbreak was postponed to the next quarter.
- The planned *after action review* was scheduled for May, but was postponed due to the Ebola outbreak.

Planned Activities:

- RESPOND will support the *after action review* to be organized by the WHO, and co-conduct a formal after-action review with the Yellow Fever National Task Force

Outbreak Response Ebola, May 2011

(Sub-activity 3.2.0.6 EC: Support for Investigation & Response to Ebola in Uganda)

EPT RESPOND was invited by the Ugandan Ministry of Health to the first meeting of the Ebola Outbreak Task Force called on May 14, 2011. Attended by RESPOND's Senior Field Epidemiology Officer, Dr. Douglas Hatch, the Ministry presented data collected by the initial investigative team

following up the confirmation of a single human case/death of Ebola. In addition to the index case fatality, the team identified 23 persons who had contact with the fatal Ebola case. These contacts (family, clinic, hospital) were followed on a daily basis, but none were infected by the fatal disease. The goal of the Ebola outbreak response support activity was to strengthen the Ugandan Ministry of Health response efforts through the provision of materials (e.g., PPE) and logistical support to One Health multi-disciplinary teams. RESPOND provided material and logistical resources to the Ministry of Health to enable them to conduct field investigations, and provided support for a targeted community education communication strategy. The outbreak was declared over after no new cases developed after 42 days from the presentation of the index case.

Strengthening Outbreak Response Systems

(Sub-activity 3.2.0.4 EC: Outbreak Response: Strengthening Surveillance, Reporting & Diagnostic Capacity to improve Early Detection, Diagnosis & Response to Disease Outbreaks in Humans, Livestock and Wildlife)

On June 15, USAID approved the grant to AFENET for the above sub-activity. Activities will focus on:

- Strengthening training (skills) and capacity (resources) to identify outbreaks of infectious diseases;
- Conducting appropriate, routine disease surveillance in animals and humans with reinforced local resources and personnel, in a sustainable manner; and
- Strengthening the coordination of national and local outbreak response efforts.

Planned Activities:

The grantee will develop an epi-field course curriculum, and program students will conduct field studies.

Community-based Training through the Private Sector.

(Sub-activity 3.2.0.5 EC: Community-based Training through the Private Sector)

In May, USAID approved a concept paper to engage the private sector in Uganda to begin training with two private sector organizations associated with the extractive industry: the Federation of Ugandan Employers and the Uganda Manufacturing Association. RESPOND will engage these organizations, along with the Ugandan Red Cross, to leverage existing peer educator programs and ISDR and health messaging curriculum to design and implement this program.

A presentation was made to the FUE executive council on June 30th, with the objectives of sensitizing the council on emerging pandemic threats, introducing the private sector disease outbreak response training, seeking approval of RESPOND to work with FUE in building awareness and fostering surveillance of disease outbreaks in Uganda, and seeking commitment from the FUE executive council to support RESPOND's program in Uganda. The activity was attended by 22 executive council members and staff, of which approximately 72% were men. Two presentations were made (Titles: *Introducing FUE/RESPOND partnership*, by the FUE executive director; and *Disease outbreak response training for the private sector*, by Maddy Rice, the RESPOND training lead for EC).

Planned Activities:

- Finalize recommendations for a peer educator curriculum for the private sector
- Request participation from the MOH to review and approve the revised curriculum
- Deliver a presentation to executive councils of UMA and FUE
- Revise Training Manual and Toolkit
- Develop M&E Tools with UMA and FUE
- Develop Master Trainer Facilitator Guide with the RC

Knowledge Management System Strengthening

(Sub-activity 4.1.2 EC: Evaluate existing Knowledge Management Systems for the health sciences, their application and utilization in the university context, and support the improvement and integration of appropriate systems)

TUSK is the Tufts University Sciences Knowledgebase. It is an e-learning platform and knowledge management system that can act as a digital health sciences library. The system facilitates curriculum co-development and content reuse, provides ancillary applications to support evaluation and assessment, and aids interaction between instructors and students. Installed at Makerere University, MUSK (Makerere University Sciences Knowledgebase) enables active teaching and learning and through mobile access, distance learning in the School of Public Health and Faculty of Veterinary Medicine. During this reporting period:

- Pre-installation assessment completed to understand past implementation and collect data on current technology usage

- RESPOND procured and installed a server at the Makerere School of Public Health. Provided training by Tufts University TUSK staff to the Makerere User Support team (2 people attended training in Boston from May 7–18) and provided on-site training to Makerere faculty and students, 61 people in total, from June 13-17, on the use of the MUSK software. Additionally, 2 one-hour sessions were provided to approximately 50 people, each, from June 15–16th, to introduce MUSK to the university staff.

Planned Activities:

- Tufts will install a server upgrade at the Makerere School of Veterinary Medicine and conduct on-site training of key staff.
- Additional IT procurements will occur to link the School of Public Health and the School of Veterinary Medicine.

OTHER ACTIVITIES (UGANDA)

The following East Congo Basin Regional sub-activities were active in Uganda this quarter or are planned for next quarter. Details of these activities are found in the section entitled “**Progress Report: East Congo Basin Regional Activities**” since they are considered regional activities (not country-specific activities) for purposes of this quarterly report.

OHCEA Creation of Secretariat

(Sub-activity 1.2.2 EC: Creation of OHCEA Secretariat and member coordinating committees)

OHCEA Work Plan Implementation

(Sub-activity 1.2.3 EC: Support OHCEA work plan)

COUNTRY ACTIVITIES – KENYA

No country-specific activities were implemented in Kenya during the reporting period.

OTHER ACTIVITIES (KENYA)

The following East Congo Basin Regional sub-activities were active in Kenya this quarter or are planned for next quarter. Details of these activities are found in the section entitled “**Progress Report: East Congo Basin Regional Activities**” since they are considered regional activities (not country-specific activities) for purposes of this quarterly report.

OHCEA Creation of Secretariat

(Sub-activity 1.2.2 EC: Creation of OHCEA Secretariat and member coordinating committees)

OHCEA Work Plan Implementation

(Sub-activity 1.2.3 EC: Support OHCEA work plan)

COUNTRY ACTIVITIES – ETHIOPIA

No country-specific activities were implemented in Ethiopia during the reporting period.

OTHER ACTIVITIES (ETHIOPIA)

The following East Congo Basin Regional sub-activities were active in Ethiopia this quarter or are planned for next quarter. Details of these activities are found in the section entitled “**Progress Report: East Congo Basin Regional Activities**” since they are considered regional activities (not country-specific activities) for purposes of this quarterly report.

OHCEA Creation of Secretariat

(Sub-activity 1.2.2 EC: Creation of OHCEA Secretariat and member coordinating committees)

OHCEA Work Plan Implementation

(Sub-activity 1.2.3 EC: Support OHCEA work plan)

COUNTRY ACTIVITIES – RWANDA

No country-specific activities were implemented in Rwanda during the reporting period.

OTHER ACTIVITIES (RWANDA)

The following East Congo Basin Regional sub-activities were active in Rwanda this quarter or are planned for next quarter. Details of these activities are found in the section entitled “**Progress Report: East Congo Basin Regional Activities**” since they are considered regional activities (not country-specific activities) for purposes of this quarterly report.

OHCEA Creation of Secretariat

(Sub-activity 1.2.2 EC: Creation of OHCEA Secretariat and member coordinating committees)

OHCEA Work Plan Implementation

(Sub-activity 1.2.3 EC: Support OHCEA work plan)

COUNTRY ACTIVITIES – TANZANIA

The following East Congo Basin Regional sub-activities were active in Tanzania this quarter or are planned for next quarter. Details of these activities are found in the section entitled “**Progress Report: East Congo Basin Regional Activities**” since they are considered regional activities (not country-specific activities) for purposes of this quarterly report.

OHCEA Creation of Secretariat

(Sub-activity 1.2.2 EC: Creation of OHCEA Secretariat and member coordinating committees)

OHCEA Work Plan Implementation

(Sub-activity 1.2.3 EC: Support OHCEA work plan)

COUNTRY ACTIVITIES – DEMOCRATIC REPUBLIC OF CONGO

The following East Congo Basin Regional sub-activities were active in DRC this quarter or are planned for next quarter. Details of these activities are found in the section entitled “**Progress Report: East Congo Basin Regional Activities**” since they are considered regional activities (not country-specific activities) for purposes of this quarterly report.

OHCEA Creation of Secretariat

(Sub-activity 1.2.2 EC: Creation of OHCEA Secretariat and member coordinating committees)

OHCEA Work Plan Implementation

(Sub-activity 1.2.3 EC: Support OHCEA work plan)

IV. WEST CONGO BASIN ACTIVITIES



The map above of the West Congo Basin shows where RESPOND currently works (in dark red), and plans to work by September 2011 (in light red). The Congo River is represented by the white line bordering the Republic of Congo and the Democratic Republic of Congo from the eastern side. The stars represent capital cities, and the capital city of Kinshasa, DRC, is where the RESPOND West Congo Basin Regional Hub Office is located. Surrounding countries shaded in gray represent the reach of the RESPOND regional partners, such as HEALTH Alliance and AFENET.

MANAGEMENT REPORT

Project Administration

During the reporting period, the WC Regional Office (RO) finally relocated its offices in Kinshasa, after some basic rehabilitation including painting, and some electrical and plumbing work. The new space located behind the general post office, has ample office and meeting space, an advantage for RESPOND staff and all EPT partners.

During the reporting period, the RO led the Year 3 work-planning meeting, from June 6-10. The Project Director, M&E Manager, and PI from both Tufts and University of Minnesota participated in the exercise.

The team reviewed progress to date on approved sub-activities, and developed the plans and budgets for new and continuing activities in Year 3. This was also an opportunity for the review of the general budget compared to the operations budget, and further streamlining, following the review of the sub-activities.

As the general elections approach, there are some internal social movements and discontentment that may eventually pose a security risk for RESPOND. The team has been proactive in identifying a company that can effectively manage the security of RESPOND assets and personnel. The team has also developed a business continuity plan for the election period, currently under review.

Staffing

During the reporting period, the newly recruited grants officer has resigned, and the RO has since started a new recruitment process for this position. The office is currently discussing possible restructuring with management in order to ensure effective distribution of tasks among existing team members and deployment of their full potentials. The RO has also started the process of recruitment for an Administrative Assistant position.

During this reporting period, the M&E officer took office, and has since received an orientation from the M&E manager.

PROGRESS REPORT – WEST CONGO BASIN REGIONAL ACTIVITIES

Below is a summary of progress toward RESPOND West Congo Basin regional activities during the reporting period, organized by RESPOND LOWs and sub-activities.

LOW 3: Outbreak Response Capacity Building

LOW 3.1 Strengthen human and organizational capacity to improve outbreak response

University Networking Proposals

(Sub-activity 1.2.1 WC: Through a One Health Alliance, conduct twinning and mentoring with universities and vocational schools)

UNIKIN, UNILU and ISTM Lubumbashi grants to develop twinning initiatives to enhance institutional relationships between these institutions, and regional and international institutions, were approved on June 29.

Planned activities:

Activity implementation is expected to start early next quarter.

One Health Career Development

(Sub-activity 1.3.1 WC: Develop an actionable plan to strengthen and enhance ongoing career path development in the Democratic Republic of Congo and Republic of Congo)

Fédération Une Santé – RDC was identified as the implementing partner for this activity. RESPOND supported FUS-RDC to develop their 15-month work plan (June 2011-Sep 2012), which was presented to partners on May 14.

Planned Activities:

FUS-RDC identifies three main activities that RESPOND could potentially support: 1) organization of a regional conference for professional associations, 2) situational analysis of two health professions and evaluation on their capacity for epidemiological training, and 3) implementation of an outreach program targeting health professionals using radio broadcasts and the Internet.

In-Service Training for Wildlife and Domestic Animal Professionals

(Sub-activity 1.5.1 WC: Conduct professional continuing education through didactic and field workshops using the Wildlife Investigation and Livestock Disease (WILD) module)

AU-IBAR developed a proposal to conduct three courses, including one that will be organized with other sources of funding. While WILD aims primarily at strengthening the skills of wildlife health professionals in Africa, it is also an indicated platform to promote and implement IRCM (Integrated Regional Coordination Mechanism for the Prevention and Control of TADs and Zoonoses in Africa). This is an opportunity to strengthen the collaboration between RESPOND and AU-IBAR. The AU-IBAR grant was approved in June 2011. The next WILD course is planned to be conducted in early July 2011 in Rwanda (Please see Appendix II – Success Stories).

Multi-Disciplinary Forest Stewardship Training

(Sub-activity 1.5.5 WC: Support the MENTOR FOREST program by adding One Health content and supporting fellows and a mentor from the Democratic Republic of Congo to participate)

The concept paper developed for this sub-activity was approved on May 18. When discussions were initiated with the US Fish and Wildlife Service (USFWS) about this activity, Cameroon was included, and RESPOND also expressed interest in supporting participants from DRC. As the activity evolved, the USFWS has decided to focus exclusively on Gabon and the Republic of Congo, because of some of the unique opportunities from those two countries at this time, and also because of funding constraints.

Planned Activities:

Activity implementation will start next quarter.

LOW 3.2 Support outbreak response activities

RESPOND Outreach

(Sub-activity 2.1.1 WC: Introduce EPT RESPOND project to key collaborators (USAID missions, host governments, international health agencies, private sector partners, NGOs, universities))

A discovery visit was conducted from April 11-20, 2011 in Cameroon. During the course of the visit, several meetings were organized and, on April 18, the RESPOND WC team was hosted by the

Vice-Minister of Health, the Minister of Forests and Wildlife, and the Minister of Livestock. All of them expressed strong interest in providing support the project, and the EPT program. All three ministries recognized the importance of having a comprehensive and integrated approach to tackle zoonotic diseases control and prevention. Meetings with different stakeholders also took place during this mission (CDC, universities, professional associations, ad hoc committee for zoonotic disease program).

The EPT program launching workshop was held in Yaoundé on April 14, 2011, in collaboration with USAID and EPT projects present in Cameroon (PREDICT, IDENTIFY, DELIVER), in the presence of the Minister of Public Health and the U.S. Embassy Deputy Chief of Mission, the WHO Country Representative and the FAO Country Representative. Several representatives from other ministries were also present, as well as from universities and NGOs. The ceremony was covered by journalists from the private and public sectors (See Appendix IV – Press).

OTHER ACTIVITIES (REGIONAL)

OHCEA Third Deans' Summit (East Congo sub-activity 1.2.3EC)

The third OHCEA Deans' Summit was held in Kinshasa, DRC, from May 16-19, 2011. DRC's Minister of Higher Education, Professor Mashako Mamba, MD, Ph.D. presided over the opening ceremony. In his opening remarks, Professor Mashako expressed the interest of the Government of DRC to work closely with OHCEA, and emphasized the importance of government involvement in preventing and controlling emerging diseases. He advocated for a more integrated and comprehensive approach to solving health problems.

During the Deans' Summit, participants were informed of the outcomes of the meeting held in Brazzaville between WHO/AFRO, USAID, RESPOND and OHCEA, on the first week of May. Participants agreed with the leadership role that WHO/AFRO will play with FAO in working with government to introduce OHCEA country activities and to facilitate the adoption of One Health strategy for disease prevention and control. For this reason, OHCEA country assessments will be shared with WHO/AFRO. Participants also worked to finalize OHCEA's work plan and strategic plan, and agreed to meet in Addis Ababa, Ethiopia, in September 2011, for the next Deans' Summit.

The Summit ended with a visit to the University of Kinshasa (UNIKIN) on Thursday May 19, 2011. At UNIKIN, participants were welcomed by the School of Public Health and the Faculty of Veterinary Medicine staff. During the welcoming ceremony, books and scrubs collected by students from Tufts University were donated to students from UNIKIN Veterinary School.

COUNTRY ACTIVITIES – DEMOCRATIC REPUBLIC OF CONGO

LOW 3: Outbreak Response Capacity Building

LOW 3.1 Strengthen human and organizational capacity to improve outbreak response

Capacity Building for Regional Universities

(Sub-activity 1.2.3 WC: Upgrade the skills of faculty at Institut Supérieur de Techniques Médicales (ISTM), Institut Technique Agricole et Vétérinaire (ITAV), and Institut d'Enseignement Médicale (IEM) / Institut Techniques Médicale (ITM))

On May 20, 2011, the first meeting between sub-awardees (Vet School of UNILU and ISTM Lubumbashi) and stakeholders from three ministries (Public Health, Agriculture, and Secondary Education) was held to provide information on the roles and responsibilities of each party involved, and agree on the deliverables under the sub-grant. Implementation is expected to start next quarter.

Planned Activities:

Implementation time line and budget are being developed to reach an agreement with the Directorate of Nursing Education at the Ministry of Public Health.

Salonga-Lukenie-Sankuru Landscape Region Professionals Training

(Sub-activity 3.4.1 WC: Deliver refresher outbreak response training to rural medical personnel and first-responder training to communities in the USAID-CARPE Salonga-Lukenie-Sankuru Landscape region)

A grant to InCEF to implement the community awareness program in the Tshuapa district was approved by USAID. Discussion about integration of M&E and PIA is ongoing. Implementation is expected to start next quarter.

Planned Activities:

Although a follow-up training in Monkoto was planned and prepared, that activity was suspended indefinitely due to a reorientation of the RESPOND project towards more national-level activities. The team of senior facilitators and trainers continued to develop and finalize a One Health IDSR manual and guidelines draft for participants and facilitators, which is expected to be validated by line ministries during the course of next quarter.

One Health Outbreak Response Training

(Sub-activity 3.4.4 WC: Outbreak response training for multi-disciplinary teams at national and sub-national levels, including training of front line health workers in outbreak response)

As the implementation of this sub-activity will be assigned to AFENET, Dr. Monica Musenero came to visit DRC from May 2-5, 2011, to finalize the implementation plan.

Planned Activities:

AFENET proposal is being finalized and will be submitted to USAID for approval.

LOW 3.2 Support outbreak response activities

Strengthening Surveillance and Outbreak Systems

(Sub-activity 3.1.1 WC: Strengthen systems for disease surveillance, outbreak investigation and response with a One Health approach)

During the last quarter, a provincial introduction and information gathering workshop took place in Matadi (Bas Congo province) and Kikwit (Bandundu province). A similar workshop took place in Mbandaka (Equateur province) this quarter, on April 6, 2011.

Planned Activities:

Representatives from central ministries that attended the workshops mentioned above will use the outcomes from provincial workshops to produce a One Health national strategy for zoonotic diseases control and response, in order to adopt and strengthen coordination mechanisms at national, provincial and local levels.

Some IT equipment and office supplies will be distributed to targeted services at the Ministry of Agriculture to strengthen their capacity.

Knowledge Management Systems

(Sub-activity 4.1.2 WC: Evaluate existing Knowledge Management Systems needs for the health sciences, their application and utilization in the university context, and support the improvement and integration of appropriate systems)

Networks assessment, and hardware installation and training took place on April 21-27, 2011, at UNILU and UNIKIN (2 attendees). The assessment of IT communication infrastructure revealed that the situation in Lubumbashi is more challenging than at UNIKIN (obsolete equipment and infrastructure, lack of a service provider who can provide high-quality internet connection, etc). In addition, connectivity of schools not yet connected to the network backbones of the two Universities was assessed, in order to evaluate the feasibility of connecting the two Universities with public institutions (vet and medical labs).

Planned Activities:

Communities of interest will be created at UNIKIN, UNILU and ISTM Lubumbashi to facilitate the use of the intranet and collaboration between schools.

OTHER ACTIVITIES (DRC)

Additional sub-activities in the Democratic Republic of Congo are reflected in the section entitled "**Regional activities – West Congo Basin**" since they are considered regional activities (not country-specific activities) for purposes of this quarterly report. These include the following sub-activities:

University Networking Proposals

(Sub-activity 1.2.1 WC: Through a One Health Alliance, conduct twinning and mentoring with universities and vocational schools)

One Health Career Development

(Sub-activity 1.3.1 WC: Develop an actionable plan to strengthen and enhance ongoing career path development in the Democratic Republic of Congo and Republic of Congo)

Multi-Disciplinary Forest Stewardship Training

(Sub-activity 1.5.5 WC: Support the MENTOR FOREST program by adding One Health content and supporting fellows and a mentor from the Democratic Republic of Congo to participate)

IDSR review

DRC's Ministry of Public Health initiated a review of the country's IDSR and organized a workshop from June 14-20, 2011, where RESPOND's WC office was invited to attend as a member of the review committee. The review aimed at:

- validating the list of human priority disease under surveillance;
- validating human case definition for each priority disease;
- validating data collection tools;
- validating training modules on Integrated Disease Surveillance and Response;
- adapting disease management guidelines;
- adapting guidelines for the establishment of minimum health package at health zone;

The committee recognized the need of collaboration with animal and wildlife health sectors to improve surveillance, prevention and control of zoonotic diseases.

National Program for Animal Health

The Ministry of Agriculture, in collaboration with FAO, elaborated the National Program for Animal Health, and initiated a participatory process to review and validate the document. RESPOND WC participated in the review process in June 2011, and provided recommendations on the necessity to build integrated and multi-sector disease surveillance, investigation and control strategy using a One Health approach. RESPOND WC foresees supporting this participatory process by contributing to the organization of a validation workshop in collaboration with FAO.

COUNTRY ACTIVITIES – GABON

No country-specific activities were implemented in Gabon during the reporting period.

OTHER ACTIVITIES (GABON)

Details of RESPOND activities in the Gabon are reflected in the section entitled “**Progress Report: West Congo Basin Regional Activities**” since they are considered regional activities (not country-specific activities) for purposes of this quarterly report. The following West Congo Basin regional sub-activities are planned for next quarter in Gabon this quarter.

In-Service Training for Wildlife and Domestic Animal Professionals

(Sub-activity 1.5.1 WC: Conduct professional continuing education through didactic and field workshops using the Wildlife Investigation and Livestock Disease (WILD) module)

Multi-Disciplinary Forest Stewardship Training

(Sub-activity 1.5.5 WC: Support the MENTOR FOREST program by adding One Health content and supporting fellows and a mentor from the Democratic Republic of Congo to participate)

COUNTRY ACTIVITIES – REPUBLIC OF CONGO

No country-specific activities were implemented in Gabon during the reporting period.

OTHER ACTIVITIES (REPUBLIC OF CONGO)

Details of RESPOND activities in the Republic of Congo are reflected in the section entitled “**Progress Report: West Congo Basin Regional Activities**” since they are considered regional activities (not country-specific activities) for purposes of this quarterly report. The following West Congo Basin regional sub-activity is planned for next quarter in Republic of Congo.

Multi-Disciplinary Forest Stewardship Training

(Sub-activity 1.5.5 WC: Support the MENTOR FOREST program by adding One Health content and supporting fellows and a mentor from the Democratic Republic of Congo to participate)

COUNTRY ACTIVITIES – CAMEROON

Strengthening Surveillance and Outbreak Systems

(Sub-activity 3.1.1 WC: Strengthen systems for disease surveillance, outbreak investigation and response with a One Health approach)

On April 15, 2011, RESPOND’s team met with the Cameroonian ad hoc committee, which was set up by a Prime Minister decree in 2008 to develop a national program for zoonotic diseases control and prevention, chaired by the General Secretary of the Ministry of Livestock, Fisheries and Animals Industries, and co-chaired by the General Secretary of the Ministry of Forests and Wildlife. This committee is composed by several representatives from different ministries and NGOs. A Scope of Work for a team of consultants that will assist the committee in conducting a participatory consensus building process towards the elaboration of the national program the process was developed.

Planned Activities:

Implementation is planned to start in the next quarter.

OTHER ACTIVITIES (CAMEROON)

Details of REPSOND activities in Cameroon are reflected in the section entitled “**Progress Report: West Congo Basin Regional Activities**” since they are considered regional activities (not country-specific activities) for purposes of this quarterly report. The following West Congo Basin regional sub-activities were active in Cameroon this quarter or are planned for next quarter.

In-Service Training for Wildlife and Domestic Animal Professionals

(Sub-activity 1.5.1 WC: Conduct professional continuing education through didactic and field workshops using the Wildlife Investigation and Livestock Disease (WILD) module)

RESPOND Outreach

(Sub-activity 2.1.1 WC: Introduce EPT RESPOND project to key collaborators (USAID missions, host governments, international health agencies, private sector partners, NGOs, universities))

V. SOUTHEAST ASIA ACTIVITIES



The map above the Southeast Asia region displays where RESPOND currently works (in dark red) and plans to work by September 2011 (in light red). The Mekong River is represented by the white line that runs from Vietnam south to Cambodia. The stars represent capital cities, and Thailand's capital city, Bangkok, is where the RESPOND Southeast Asia Regional Hub Office is located.

MANAGEMENT REPORT

Project Administration

During this quarter, project administration focused on providing direct administrative and logistical support to RESPOND programming activities as follows:

- 1- A Zoonotic Diseases Technical Planning Workshop was organized, as requested by the USAID mission in Cambodia, from May 18 – 20, 2011, in Siem Reap, Cambodia.

- Participants included Government officials from Phnom Penh and RESPOND EPT partners in Cambodia.
- 2- A South East Asia University One Health Network Inaugural Meeting was organized on May 24– 25, 2011, in Bangkok, Thailand. This first meeting was endorsed by delegates from universities (Deans or senior officials) and by Dr. Dennis Carroll from USAID Washington.
 - 3- The 3rd VET Training happened from May 30 – June 4, 2011, at Khao Pratabchang Wildlife Breeding Center, Ratchaburi, Thailand. The activity was a series of training workshops to build/increase professional capacity of DNP veterinarians to serve as professional field wildlife veterinarians.
 - 4- The “International Conference on Global Issues Influencing Human and Animal Health for ASEAN: One Health Concept”, was organized by the Faculty of Veterinary Medicine, Khon Kaen University (VMKKU), at Pullman Raja Orchid Hotel, Khon Kaen, Thailand, from June 9 – 10, 2011. The conference aimed at providing and presenting information/knowledge to all delegates on current major issues, including emerging and re-emerging diseases, zoonosis, food safety, and companion & wildlife practice. The conference welcomed almost 600 participants from ASEAN countries and the US.
 - 5- The EID forum started to be organized on a monthly basis. Previously, the forum was hosted by UNSIC, in conjunction with the Academy of Educational Development (AED), and the Asian Disaster Preparedness Center (ADPC) under the name “PPF Forum”. In this quarter, the forums were held on April 5, and June 2, 2011. RESPOND started hosting the forum on June 2 and changed the name of the forum to “EID Forum”.

Staffing

- Candidates for Training Officer and Travel & Logistics Coordinator positions were interviewed and final candidates were identified.
- Ms. Pornthip Rujisatian was hired as the Training Officer, and started working on May 3, 2011. Ms. Phatthamon Jantalae, new Travel & Logistics Coordinator, will start working on August 8, 2011.
- The position of Grants Manager became vacant during the quarter, and the SEA office focused on filling the position as quickly as possible due to the flow of sub-grants applications and process. The SEA office continues with the search for the most suitable candidate. The regional office requested an interim STTA to cover the position until there is a final candidate.

PROGRESS REPORT – SOUTHEAST ASIA REGIONAL ACTIVITIES

Below is a summary of progress toward RESPOND Southeast Asia regional activities during the reporting period, organized by RESPOND LOWs and sub-activities.

LOW 3: Outbreak Response Capacity Building

LOW 3.1 Strengthen human and organizational capacity to improve outbreak response

One Health Regional University Networks

(Sub-activity 1.2.1 SE: Planning and implementation of university twinning (One Health Southeast Asia – OHSEA))

RESPOND's SEA regional office assessed a number of existing regional networks that have goals and objectives linked to One Health, and RESPOND goals and objectives, to determine if an established regional platform could host a RESPOND regional One Health University Network. The assessment showed that these unique needs could not be addressed by existing networks and a new network of public health, medicine, allied health sciences, nursing and veterinary medicine colleges and universities across Vietnam, Malaysia, Thailand and Indonesia was started in April, 2011. In May, 2011, USAID and RESPOND hosted an inaugural meeting of Deans from the faculties identified as initial members of the SEA University network, and the network concept was strongly supported (55 participants). From this meeting, an initial Executive Office and Coordinating Office have been created and initial meetings were held to establish a regional working group to lead the organization through the bridging period, until Dec 2011.

Planned Activities:

The network will include the following activities: 1) to establish a Coordinating Office and a functioning leadership that can assess and lead the initiatives of the network; 2) to have a supporting function that will aid in organizational development and strengthening of the network and; 3) initial activities of the network will be started in consultation with the network members. In the first year of the network, these consultations will focus on defining roles of participants, developing relationships between network members and developing tools for promoting and strengthening One Health in the network.

Regional Wildlife Professional Training – ACTIVITY CLOSED

(Sub-activity 1.5.1 SE: Establish a regional training center for wildlife professionals)

This sub-activity was canceled in June after partial implementation of activities by the project's government partner, the Ministry of Natural Resources and Environment, the Department of National Park, Wildlife and Plant Conservation and the NGO assisting project implementation, the Wildlife Conservation Society.

Planned Activities:

No planned activities.

Career Paths for Field Epidemiologists

(Sub-activity 1.5.5 SE: Support FETP-FETPV for Masters Degree in epidemiology)

RESPOND and the Thai Ministry of Public Health's Department of Disease Control completed the development of a *Schedule of Activities* for this sub-activity and an award is in process.

Planned Activities:

- 1- Enroll seven (7) FETP/FETP-V/iFETP students or graduates from Thailand or other countries in a Thai university Masters or equivalent degree program (e.g. postgraduate diploma) based on governmental priorities.
- 2- RESPOND will work with FETP/FETP-V and encourage discussion and review to determine which universities in Thailand will participate in the program; this is an opportunity for RESPOND university network partners to work with these universities as part of an integrated One Health regional network.
- 3- Provide support for enrolled students to participate in field projects, including outbreak investigations and surveillance evaluation activities, as part of their training, in collaboration with FETP/FETP-V.
- 4- Provide support for students to travel to an international scientific conference (e.g. EIS Conference, Atlanta) to present the findings of their field work, enhance career development, increase knowledge, improve international collaboration on One Health issues, and share experiences with other public health professionals.
- 5- Provide support for university tuition costs (e.g. up to \$5000 for each student, per year, for 7 students) to enroll in an existing Masters or equivalent degree program in Thailand.
- 6- Provide a laptop computer to each program participant for use during training, as well as two laptops for the FETP/FETP-V program, for use in administering the program and during outbreak investigations.

LOW 3.2 Support outbreak response activities

Extractive Industry Outreach – CANCELLED ACTIVITY

(Sub-activity 2.2.1 SE: Initiate extractive industry outreach in Southeast Asia)

This sub-award was canceled by USAID

Planned Activities:

No planned activities.

Regional One Health Forums

(Sub-activity 2.4.1 SE: Host regional Pandemic Preparedness Forum for 2011)

SEA staff met with the forum's core group members to officially revise the forum's focus, name and objectives. The forum will be changed from an avian influenza pandemic focus to one of One Health and Emerging Infectious Diseases (EIDs). On April 5, RESPOND sponsored a forum on epidemic preparedness (12 participants). The EID Forum meeting was postponed in May, and on June 2, 2011, a meeting was conducted on eco-health.

Planned Activities:

RESPOND and EID Forum partners reviewed the upcoming forum dates and themes as mapped out by the Core Group in March 2011. Changes in the forum's dates and themes are as follows:

- The „Curricular Approaches and Design' theme was moved to February 2012 with the same focal point and host.
- The „Towards a Safer World discussion' theme was moved to October 2011 as the Safer World meeting in Rome was moved to a later date, in September, 2011. PREVENT will remain the focal point and host for this theme in October.
- The „Community-Based Training / Initiatives in EID Prevention' theme has been moved to November 2011, with the same focal point and host.
- The „Use of mobile technologies for surveillance and education' theme was moved to September 2011. The new focal point is PREVENT and the new host is RESPOND.

COUNTRY ACTIVITIES - THAILAND

LOW 3: Outbreak Response Capacity Building

LOW 3.1 Strengthen human and organizational capacity to improve outbreak response

Support for Regional Academic Collaboration

(Sub-activity 1.2.2 SE: Support existing twinning relationship between Khon Kaen University Veterinary Medical School (KKU/VMS), and Nabong Agricultural College (NAC)/National University of Laos (NUOL))

Visits have been made by the Regional Office (RO) staff to KKU/VMS and to NAC/NUOL to facilitate discussions about staff and student exchanges; staff from KKU/VMS have visited NAC/NUOL to deliver courses to students in the Veterinary Science course. Staff visits have been planned to deliver lectures in the NAC course, and staff from NAC/NUOL have spent time at KKU/VMS working with local staff to increase their capacity to deliver lectures in the Veterinary Science program; staff from NAC/NUOL are enrolled in masters programs at KKU/VMS. In June 2011, a regional One Health conference was held at KKU/VMS, and staff and students from NAC/NUOL were supported to attend. Visits by the RO to the faculty of public health at KKU and to the University of Health Sciences, in Lao PDR, have identified areas of collaboration between the two faculties to build capacity in One Health in Lao PDR

Planned Activities:

- Support curriculum co-development in the areas of outbreak response and emerging infectious disease investigation and control between the faculties of Public Health and Veterinary Medicine at KKU, and between KKU/VMS and NAC/NUOL faculties.
- Explore the use of Tufts University Sciences Knowledgebase (TUSK) as a platform for developing and sharing co-developed curricula.
- Continue to support Faculty and student exchanges between KKU/VMS, Tufts and NAC/NUOL in order to support the first cohort of veterinary science graduates in Lao PDR, currently in Year 3 of a five-year course.
- Support faculty of PH at KKU to develop their capacity building relationships with the University of Health Sciences, Lao PDR.

- Continue to support staff from NAC/NUOL currently in the Masters of PH program at KKU, as this is an important activity to build staff capacity to support the newly established veterinary curriculum at NAC.
- Continue to support KKU/VMS to deliver field epidemiology and outbreak response short courses and workshops to staff from the Department of Livestock and Fisheries, MOA, Lao PDR.

Wildlife Professional In-Service Training

(Sub-activity 1.5.2 SE: Applied field training for wildlife veterinary medical officers and field pathologists)

The SEA regional office conducted a wildlife immobilization training workshop from May 30 to June 4 at the Khao Pratabchang Wildlife Breeding Center, Ratchaburi province for 15 wildlife veterinarians working for the Thai Department of National Parks (DNP). RESPOND's team members co-presented and co-facilitated with local Thai counterparts, including trainers from Mahidol University. The 6-day workshop consisted of classroom lectures, hands-on practice under supervision of international and local experts, field exercises, problem-based learning, and group discussions around the following topics:

- CPR training for wildlife anesthesia personnel
- Wildlife Capture Planning and Logistics
- Emergency Treatment: Animal Emergencies
- Physical examination procedures
- Capture and Immobilization Philosophy and Overview
- Hands on Practice: Capture, Immobilization, and Handling Operations
 - Avian
 - Bat
 - Small carnivore : Common Palm Civet
 - Small felidae : Leopard Cat
 - Felidae: Tiger
 - Ungulates : Sambar
 - Carnivores: Malayan Sun Bear, Asiatic Black Bear
 - Primates: Macaque

Planned Activities:

SEA will conduct a workshop from August 8-11, 2011, that will focus on wildlife epidemiology, data management and related wildlife epidemiological knowledge into practice in order to go forward to One Health approach. This workshop will be conducted at Mahidol University.

LOW 3.2 Support outbreak response activities

Strengthening Local Level Outbreak Capacity

(Sub-activity 3.4.4 SE: Support training to strengthen One Health epidemiological teams at provincial and district levels)

Thai FETP leadership has completed a grant application following approval of the 3.4.4 SE Sub-Activity concept paper, and this was reviewed by the SE Asia regional RESPOND review committee in the last week of June, 2011. The application unanimously received high scores, and the review committee recommended the application for approval. Several additional pieces of information were requested from the Thai government for clarification, and the completed application is expected to be ready for USAID approval by mid-July 2010.

Planned Activities:

- 1- To establish selection criteria and assist governments where requested to identify trainers to attend training-of-trainer workshops.
- 2- To deliver short-term training courses in 5 provinces, which will include support for meeting venues and related travel of district and provincial level officials (animal and human health) responsible for disease surveillance and outbreak response activities.
- 3- Short-term training workshops to improve skills of mentors and trainers overseeing field projects, with the objective of improving the quality of technical supervision.
- 4- Support for subject matter experts to provide technical assistance and mentoring to participants conducting field projects.
- 5- Review and strengthening of existing training materials, as requested, and monitoring and evaluation of selected training courses.
- 6- Strengthen training and coursework, including training of trainers at faculties of public health and nursing to increase epidemiology capacity. Staff working in disease surveillance will participate in short-courses and practical field projects at their work assignments, with agreement of supervisors.

OTHER ACTIVITIES (THAILAND)

The following Southeast Asia Regional sub-activities were active in Thailand this quarter or are planned for next quarter. Details of these activities are found in the section entitled “**Progress Report: Southeast Asia Regional Activities**” since they are considered regional activities (not country-specific activities) for purposes of this quarterly report.

One Health Regional University Networks

(Sub-activity 1.2.1 SE: Planning and implementation of university twinning (One Health Southeast Asia – OHSEA))

Regional Wildlife Professional Training

(Sub-activity 1.5.1 SE: Establish a regional training center for wildlife professionals)

COUNTRY ACTIVITIES - VIETNAM

LOW 3: Outbreak Response Capacity Building

LOW 3.1 Strengthen human and organizational capacity to improve outbreak response

Local Level Epidemiology Training

(Sub-activity 3.4.2 SE: Support training to strengthen One Health epidemiological teams with focus on Applied Veterinary Epidemiology Training (AVET) Program training at selected provincial, district, and community levels)

Grant application will be completed and submitted by mid-July. The review process is expected to be completed by the end of July. Implementation should start in the beginning of September, 2011.

Planned Activities:

- 1- Identify appropriate staff to attend training-of-trainer workshop, and design appropriate materials.
- 2- Support delivery of FESC in-service training courses in multiple provinces, including meeting venues and related travel of district and provincial level officials (animal and human health) responsible for disease surveillance and outbreak response activities.
- 3- Strengthen skills of mentors and supervisors overseeing trainees responsible for 2 to 3-month long field projects focused on outbreaks and disease surveillance systems.
- 4- Support for subject matter experts to provide technical assistance during FESC and field projects.
- 5- Review and strengthen existing training materials in collaboration with FETP-Vietnam, WHO, and CDC, based on monitoring and evaluation of selected training courses.

OTHER ACTIVITIES (VIETNAM)

The following Southeast Asia Regional sub-activities were active in Vietnam this quarter or are planned for next quarter. Details of these activities are found in the section entitled “**Progress Report: Southeast Asia Regional Activities**” since they are considered regional activities (not country-specific activities) for purposes of this quarterly report.

One Health Regional University Networks

(Sub-activity 1.2.1 SE: Planning and implementation of university twinning (One Health Southeast Asia – OHSEA))

COUNTRY ACTIVITIES – LAO PDR

LOW 3: Outbreak Response Capacity Building

LOW 3.1 Strengthen human and organizational capacity to improve outbreak response

Local Level Epidemiology Training

(Sub-activity 3.4.5 SE: Support training to strengthen One Health epidemiological teams at provincial and district levels)

In the third quarter of FY2011, USAID reached an agreement with the Lao PDR government, and EPT partner activities could proceed under existing agreements. RESPOND is in the process of developing a grant with an NGO with experience working in Lao PDR Protected Areas to assist with project implementation.

Planned Activities:

- A one-week Training of Trainers (ToT) workshop will be held with selected animal and human health staff at the district and provincial levels (DAFO, PAFO, DHO and PHO, respectively). In addition, RESPOND will recommend that observers from the Nabong Agricultural College and the University of Health Sciences are also invited. An introduction to methods for training Community Level First Responders (CLFRs) will be delivered, following appropriate education and adult-learning principles and participatory training methods.

- Following this initial ToT workshop, two one-week workshops will be held to train CLFRs; this will include seven members from each of the ten communes (5 per workshop), for a total of 70 participants. The 7 individuals from each commune will constitute a Commune-level One Health Team (OHT) and will include the following representatives: village volunteer veterinary and human health workers, village leader, representative from the Lao Women's Union, Youth Union, forestry volunteers and teachers.
- Other workshops for the OHT will be held based on an adaptive management approach, with lessons learned being reviewed and incorporated in the follow-up training of the teams.
- A final ToT workshop with district and provincial staff will be held to allow appropriate monitoring and evaluation (M&E) activities, related to the outbreak training, to be finalized and to allow a final debriefing of all participants. Lessons learned in the pilot activity will be incorporated as this activity is expanded to additional provinces over the proposed 3 years of the project.

-

Wildlife Ranger Training

(Sub-activity 1.5.6 SE: Applied field training (wildlife health) for wildlife rangers in Nam Ha Protected Area (NPA))

Approval to proceed with this sub-activity has only recently been received from the Ministry of Foreign Affairs, Lao PDR, and the grant process is being initiated with an in-country implementing agency, according to discussions with government and EPT partners.

Planned Activities:

For this activity and the commune level One Health Activity (3.4.5), integration will provide a more effective and sustainable outcome, which is core to RESPOND's strategy of achieving maximum impact from in-country sub-activities. The following is an outline of activities:

- 1- Initial meetings will be held involving Government staff from DoF, DoH and DoA, protected area staff, and community leaders to discuss the value of these activities, to seek district and commune level input and support, and to explain how the activities might be linked.
- 2- Development of a version of the Thai Smart Patrolling curriculum adapted for Lao PDR by the FRCD, the PA (Protected Areas) staff and trainers.
- 3- Collaboration between RESPOND and PREDICT to develop training materials for wildlife disease surveillance, forensic data and sample gathering, and safe carcass handling and investigation.

- 4- The first workshop will train Department of Forestry (DoF) protected area staff to be trainers. A corresponding workshop will train district and provincial level government officers to be trainers of the One Health commune teams.
- 5- Activity 3.4.5 proposes that ten commune level One Health teams (OHT) chosen for the training include a Forestry Volunteer. These individuals will be recruited with the help of commune and village leaders and PA staff. Two other Forestry Volunteers will also be recruited from each of the 10 communes selected for One Health training. These 30 Forestry Volunteers will be organized into five Protected Area Teams (PAT) with supervision from 5 PA technical staff (7 members per team).
- 6- The PAT will be given basic training in patrolling, use of GPS, digital cameras, and natural history skills (such as recognizing animal signs), and specific training for disease surveillance. The curriculum will be developed as described above and will be a locally adapted version of the Smart Patrolling system, used in Thailand, which will entail recording survey routes, identifying and recording species encountered, recording of dead or potentially diseased animals, and recording of signs of poaching.
- 7- PA surveillance teams will be trained to identify potentially diseased animals and carcasses, to assess cause of death of carcasses found as fast as possible, to record and collect forensic data safely, and to report potential diseased animals to the appropriate government authorities.
- 8- Appropriate subject matter experts (e.g. RESPOND, FAO, other as required) and implementing agency staff will collaborate with protected area staff to supervise initial patrolling and to provide assessment and feedback on training results.
- 9- Once a month, PAT and OHT from adjacent communes will meet to determine if there were any animal or human health issues of note. PAT will describe their patrolling activities to the commune level One Health teams. These meetings will conclude with a planning session to outline the following month's activities. The project will hire a staff person to support the protected area manager in administrating this project, and to coordinate these monthly meetings.
- 10- On the 3rd, 9th and 12th month there will be further in-service training workshops for the PAT. The first of these 3 in-service trainings will seek input from teams on any problems that have arisen and on practical steps to improve the patrolling system. The chosen implementing agency and PA staff will jointly organize these in-service workshops.

COUNTRY ACTIVITIES - INDONESIA

Local-level One Health Training

(Sub-activity 3.4.1 SE: Support training to strengthen One Health epidemiological teams at provincial district levels)

Following discussions with Dr. Pudjiatmoko, the Director of the Directorate General for Livestock and Animal Health Services (DGLAHS), Dr. Azhar, the Coordinator of the Central Unit for Avian Influenza Control, and Dr. Budiantono, the Head of the Disease Surveillance Sub-Directorate of the DGLAHS, a plan for the training of PDSR and DSO teams was conceptualized. The plan was further discussed with Dr. Nyoman Kandun, Director of the Field Epidemiology Training Program (FETP), Dr. Hari Santosos, Ministry of Health - Surveillance and Outbreak Response Sub-Directorate, and representatives of CDC, FAO, WHO and University of Indonesia, who agreed, in principle, with the joint-training concept.

This plan proposes a model and strategy to implement joint in-service trainings of PDSR and DSO staff responsible for outbreak confirmation and response at the provincial and district levels, and will be designed to strengthen their existing relationship and build joint MOH-MOA capacity for:

- early outbreak identification and response;
- notifiable and zoonotic disease reporting;
- proper collection and transport of samples;
- proper use of personal protective equipment (PPE);
- surveillance for zoonotic diseases;
- providing information to managers responsible for disease prevention and control activities in an accurate and timely manner.

The proposed model will also include review and updating of existing training materials, such as those for zoonotic and emerging infectious diseases, a review of training methods for joint training of MOH and MOA staff (and possibly MOF), and support for short-courses and workshops focused on public health biostatistics and epidemiology. Other materials to be reviewed and updated include outbreak management, data analysis, interpretation of data, and presentation to professional audiences involved in outbreak response and evaluation activities.

Training will respect and follow governmental priorities, and will be planned in close partnership

with the technical expertise available at WHO, FAO, and CDC to maximize the quality of training, and minimize unnecessary duplication.

Planned Activities:

- An Inception Workshop will be held, involving stakeholders from MOA, MOH, MOF (sub-directorate BKSDA responsible for wildlife), FAO, WHO and CDC, to discuss the proposed training activities, groups to be trained, focus and scope of the training and location of an initial pilot training exercise to begin in financial year two.
- As the sustainability of the program depends on having sufficient trainers and mentors for district and provincial level staff, it was envisaged that the first objective would be to train a cadre of Master Trainers (MT), from both MoA and MoH, to supervise and implement successive training activities; these would most likely include graduates of the FETP. Master Trainers are already used to train PDSR and DSOs, however their focus has to date been on HPAI and, thus, further training on zoonoses and EIDs would be beneficial.
- The MTs will in turn work together with other groups required to train PDSR staff and DSOs in the subjects deemed to be relevant to their expanded role. In addition, these district-level staff will also be trained in simple training methodologies, with the aim of building their capacity to train veterinary staff from the Puskesmas, and their human health counterparts in the Puskesmas, at the sub-district level. Training activities will include both classroom-based learning and fieldwork projects for maximum benefit, the structure of the training and the protocols will be decided at the Inception Workshop.

OTHER ACTIVITIES (INDONESIA)

The following Southeast Asia Regional sub-activities were active in Indonesia this quarter or are planned for next quarter. Details of these activities are found in the section entitled “**Progress Report: Southeast Asia Regional Activities**” since they are considered regional activities (not country-specific activities) for purposes of this quarterly report.

One Health Regional University Networks

(Sub-activity 1.2.1 SE: Planning and implementation of university twinning (One Health Southeast Asia – OHSEA))

COUNTRY ACTIVITIES - CAMBODIA

No country-specific activities were implemented in Cambodia during the reporting period.

OTHER ACTIVITIES (CAMBODIA)

A workshop was held in June 2011 to discuss the Royal Government of Cambodia's strategic plan for prevention and control of Emerging Infectious Diseases over the next 5-10 years. At this meeting, preliminary discussions were held with senior officials from the key ministries of Health, Agriculture and Forestry, as well as with FAO, WHO and other EPT partners, on ways to strengthen outbreak response capacity. As in other SE Asian countries, a shortcoming was identified in such training at the district and provincial levels and a draft concept paper was prepared to address this issue.

Planned Activities:

The Royal Government of Cambodia stressed the need for capacity building and strengthening of their district and provincial level staff in the areas of field epidemiology, disease investigation and outbreak response. An OH approach to such training was strongly endorsed at the initial multi-sector workshop in June and, thus, a similar activity to those already approved for other SE Asian countries is a high priority for RESPOND.

COUNTRY ACTIVITIES - MALAYSIA

The following Southeast Asia Regional sub-activities were active in Malaysia this quarter or are planned for next quarter. Details of these activities are found in the section entitled “**Progress Report: Southeast Asia Regional Activities**” since they are considered regional activities (not country-specific activities) for purposes of this quarterly report.

One Health Regional University Networks

(Sub-activity 1.2.1 SE: Planning and implementation of university twinning (One Health Southeast Asia – OHSEA))

VI. MONITORING & EVALUATION

RESPOND sub-activity (program) results have been tracked across regions since the inception of the project. While the quality of the data collection has improved in each office over time, the monitoring data has been captured consistently across offices, to enable the ability to summarize the data across the entire project.

Across regions, we are monitoring all sub-activity events, including: campaigns, conferences, distance learning courses, field experience, lectures, meetings (stakeholder), seminars, study tours, trainings, and workshops. Except for meetings, all participant values below exclude RESPOND staff, facilitators, trainers, support, etc.

The first three quarters of Year 1 were spent in discovery/start-up mode, where there were no significant programmatic results. Quantifiable sub-activity results begin in Year 1 Quarter 4 (Y1Q4.) Non-sub-activity related events (e.g., discovery, internal RESPOND, USAID meetings) are excluded from the results.

Q3 HIGHLIGHTS

For Year 2 Quarter 3 (Y2Q3), highlights, including both successes and opportunities for improvement, were:

- Notable events for the quarter included:
 - o Inaugural South East Asia Universities One Health Network meeting (55 participants, primarily from universities in Thailand, Indonesia, Malaysia, Vietnam) in May in Thailand to obtain endorsement of the new network and begin collaboration.
 - o One Health Central and East Africa (OHCEA) meeting (40 participants) in DRC in May to ratify the strategic plan, present draft country capacity needs/gap reports, draft country work plans and discuss future engagement with government.
 - o Department of National Parks Wildlife Veterinarian Training Course (Wildlife Capture and Immobilization Techniques) in Thailand in May, which was the 2nd module completed for a group of 15 veterinarians
- The new One Health Central and East Africa (OHCEA) network (East Congo) reached 2 milestones: 1) registration as a legal entity in Uganda, and 2) completing the strategic plan.
- Overall, event participants have rated RESPOND events as very good (3.6 out of 4) across regions, which was consistent with Q2 ratings.

- From participants' perspective, RESPOND events have continued to help expand/clarify their understanding of "One Health", though there has been an 11-percentage point decline in this indicator from Q2.
- Universities (39%) and government (29%) continue to lead the organizational representation at events conducted by the RESPOND project.
- Events continue to include about 20% female participants.
- While nationality of event participants is largely dependent on event location, for the Q3 events conducted, participants were primarily from Thailand (28%), Uganda (22%) and the U.S. (15 %.)
- A total of 10 sub-activity events occurred in Quarter 3, which is comparable to Q2.
- The number of event participants dropped 60%, compared to Quarter 2, reflecting smaller events with fewer participants, on average. Stakeholder meetings accounted for 60% of the participation, lecture/presentation accounted for 30% and training accounts for the remaining 10%.

EVENT OVERVIEW

To date, after the initial discovery period for each office, the majority of sub-activity events have been meetings (stakeholder), training and workshops. External events (e.g., UMN's Public Health Institute (PHI)), where RESPOND supports participants to attend, are excluded from the following analysis, but are presented separately in the following "Other Results" section.

Overall, the number of events (Figure 1) across regions appeared steady across the quarters (averaging around 9 events per quarter). The third quarter of Y2 saw a continuing dominance of events from East Congo, which hosted 5 events this quarter and on average, around 5 events per quarter. The number of events from Southeast Asia also increased slightly to a total 4 events this quarter. This could be attributed to a take-off in RESPOND's activities in this region as the program is being expanded to more countries.

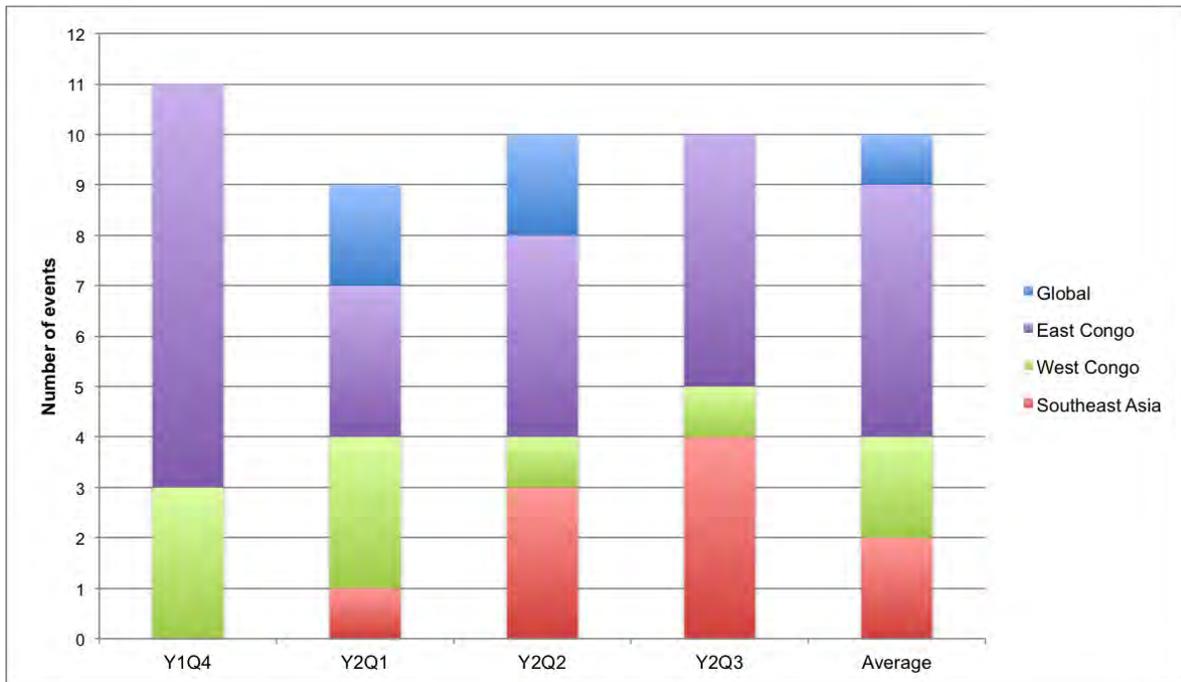


Figure 1: Number of Events by Region and Quarter

While overall event attendance was down in Q3 (Figure 2), attendance at meetings rose 12% from Q2, reaching the highest quarterly figure in the life of the program. The rise in meeting attendance is, in part, a reflection of growing One Health networks in both Central Africa and Southeast Asia. The Southeast Asia Universities One Health Network Meeting, and the OHCEA Dean’s Meeting (1.2.1 SE, and 1.2.2 EC, respectively) were among the most highly attended events of the quarter. The event attendance for the lecture/Presentation event held in Y1Q4 (1.5.3 EC- One Health public lecture) is an estimate based on the approximate size of the audience.

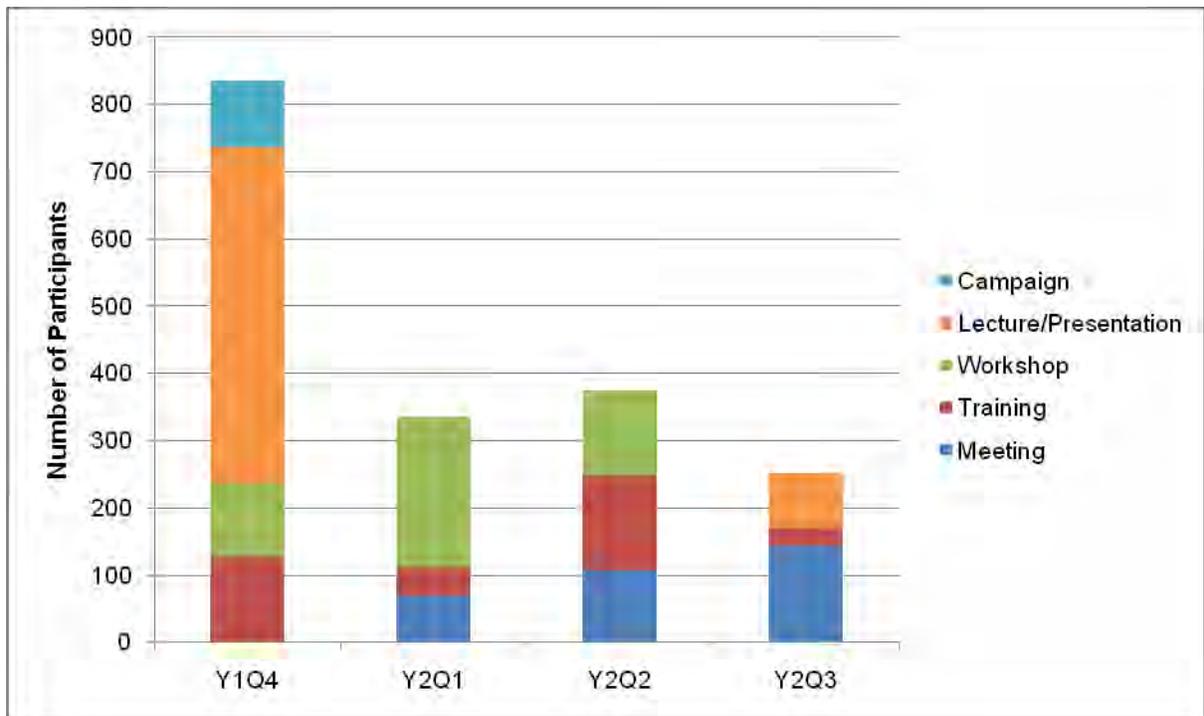


Figure 2: Event Participants by Quarter and Event Type

At the end of every event, we collect feedback from participants to understand how the event was received, usefulness, objectives met and more importantly how to improve future events of a similar nature. Currently we do not have enough data at the regional level to show the results. But at a RESPOND-wide aggregate level, the results are very promising, as the average rating all events have ranged between good to excellent (Figure 3). Between Q1 and Q2 of Year 2, there has been a 9 percentage point increase in overall rating, and this higher level rating was sustained in Q3.

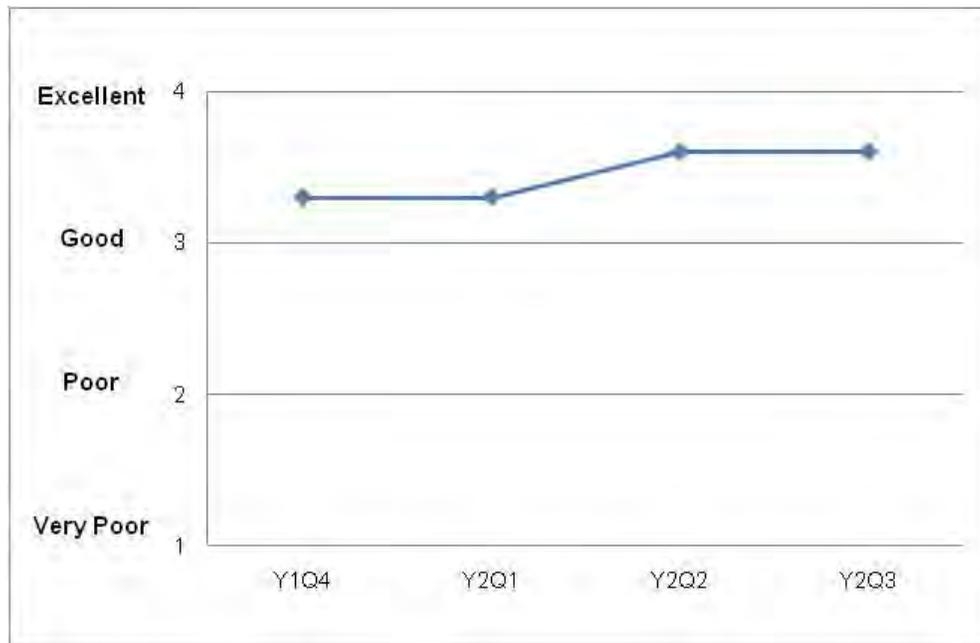


Figure 3: Event Evaluation Results: “Overall the event was...”

Another question that is asked in the event evaluation is the participant’s agreement with the statement that the event helped expand/clarify their understanding of “One Health”. While the results have been high each quarter (Figure 4), there has been a decline seen in the two most recent quarters. However, for this quarter, there was only one meeting (South East Asia Universities One Health Network) that conducted an evaluation, whereas previous quarters had larger sample sizes (approximately 6 per quarter.) At this time, there are a few events where the evaluation analysis is still underway, which will be reflected in next quarter’s report.

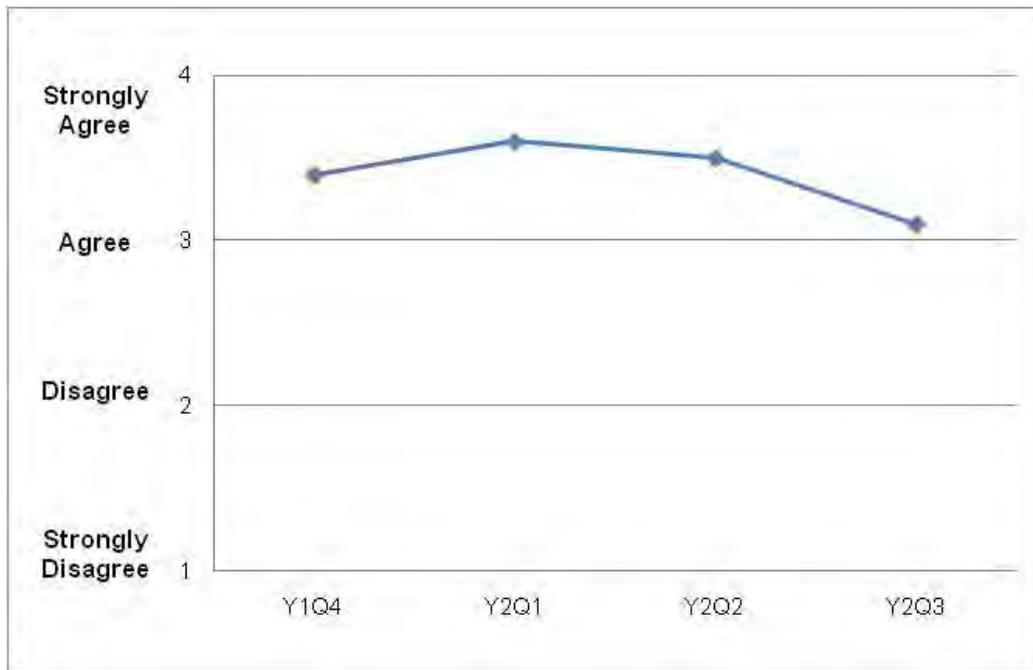


Figure 4: Event Evaluation Results: “This event helped expand/clarify my understanding of “One Health”

EVENT PARTICIPANT PROFILE

In the third quarter of year two, participants to RESPOND events came from four major types of organizations (Figure 5.) They included universities, which was the largest group making up, on average, around 45% of all participants, followed by representatives from governments (20%), non-governmental organizations (18%), and professional, community-based and professional organizations (2%). The remaining 2% came from unknown organizations, due to insufficient data collection. By region, participants from universities also made up the largest group at both the East Congo (70%) and Southeast Asia (45%) events. (Note: while West Congo had one training event, participant profile data is currently not available.) While participants from NGOs formed the second largest group in East Congo (12%), they ranked third in Southeast Asia, comprising slightly smaller than representatives from the government, which made up around 30% there.

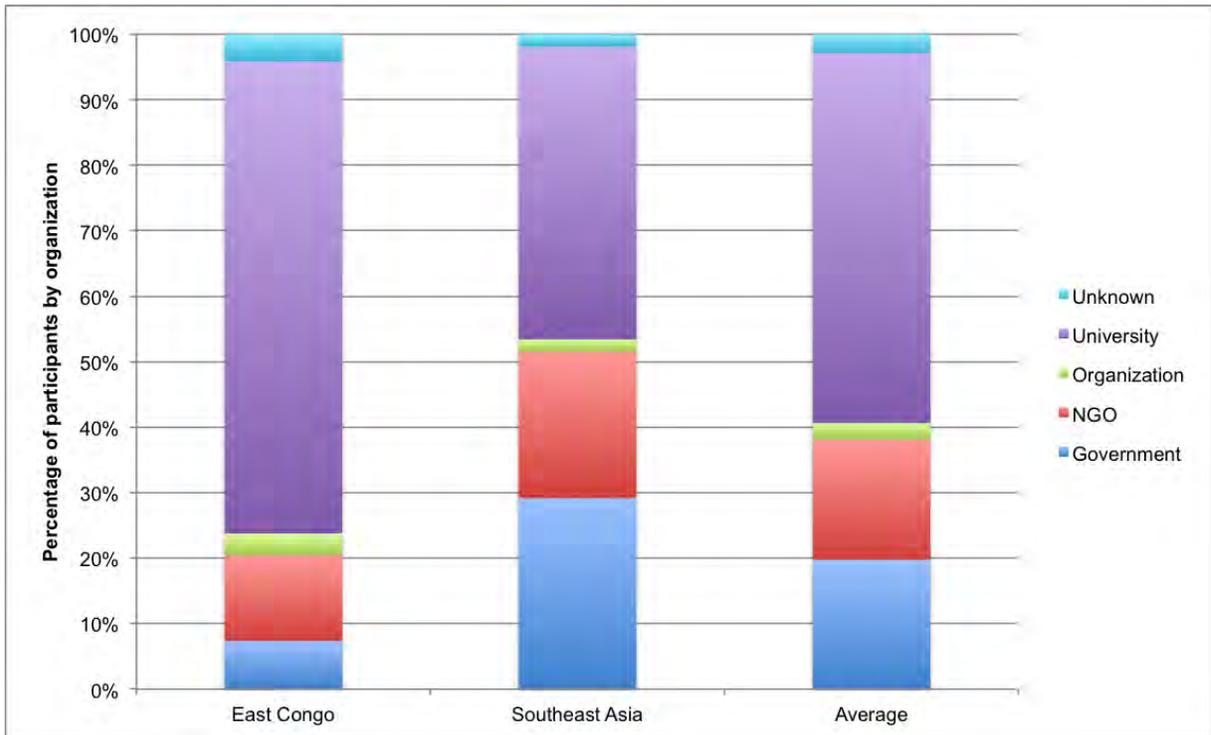


Figure 5: Q3 Participant by Organization Type and Region

Male attendees continued to outnumber that of their female counterparts throughout the four quarters (Figure 6.) As seen in the graph, the percentage of female participants grew steadily from less than 10% in Year 1 Q4 to around 22% of the total number in Year 2 Quarter 2. This percentage of participants who were female in Q3 was approximately 21%. The gender results analysis will be forthcoming in a future report, as to drivers (e.g., fewer female deans, fewer female vet students) behind the lower female representation.

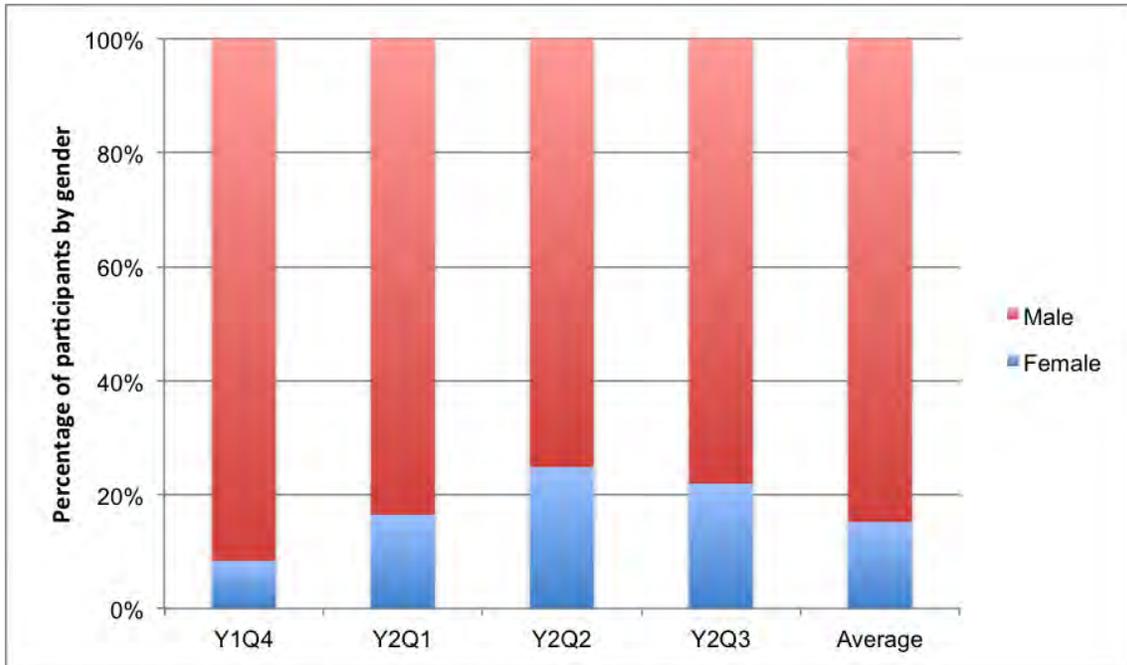


Figure 6: Gender by Quarter

Figure 7 is a breakdown of all RESPOND event participants from Q3 by their nationality. Thai and Ugandan nationals combined to represent half of all event attendees during the period. Attendance from citizens of the Democratic Republic of Congo was low in Q3 largely because only two events were held in the country, with just one being a West Congo Basin event (4.1.2 WC).

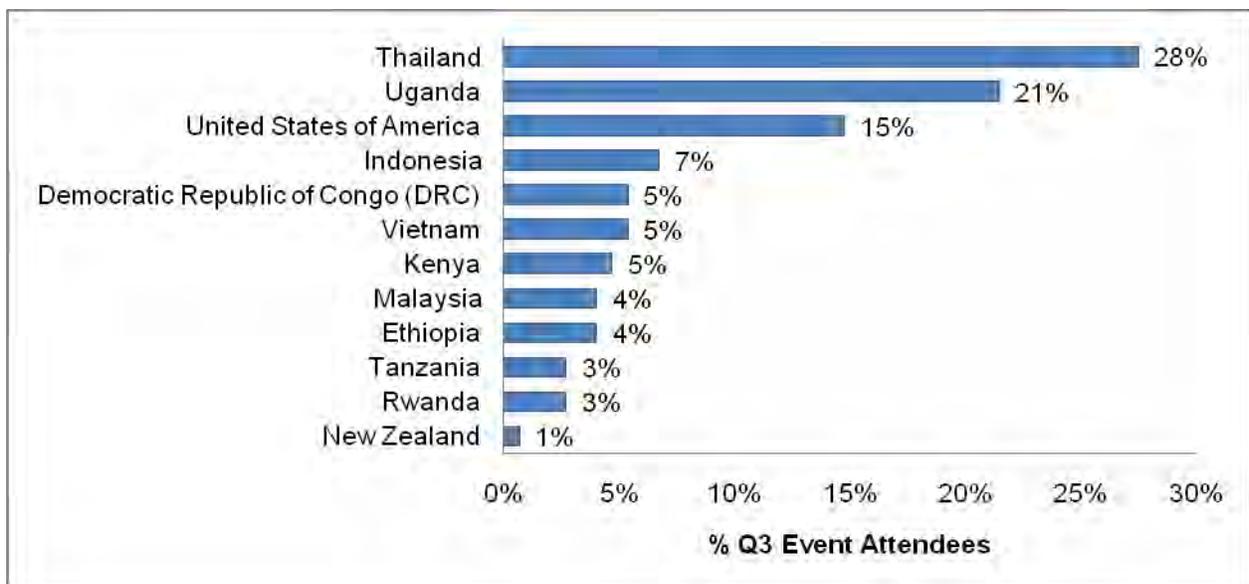


Figure 7: Q3 Event Attendees by Nationality

OTHER RESULTS

In addition to the sub-activity event results noted above, in Q3, RESPOND accomplished the following:

Network:

- East Congo: OHCEA – Country baseline assessments completed
- East Congo: OCHEA – Registration as a legal entity in Kampala, Uganda
- East Congo: OHCEA – Strategic plan ratified
- East Congo: OHCEA – M&E team began baseline assessment with OHCEA representatives at member universities in Rwanda, Ethiopia, Tanzania, Kenya and Uganda. Report forthcoming in Q4

Outbreak response:

- East Congo: Ebola outbreak response support

Participant support at external events:

- East Congo: UMN Annual One Health Workshop (3 participants)
- East Congo: UMN's Annual Public Health Institute – 2011 (12 participants)
- East Congo: FUE Executive Council Presentation (1 participant)
- SE Asia: The 12th KKU Veterinary Annual Conference (6 participants)

Other:

- East Congo: MUSK Pre-implementation assessment completed at Makerere University
- East Congo: MUSK servers installed at Makerere University
- East Congo: Personal Protective Equipment (PPE) distributed to Ministry of Health, related to Ebola response
- West Congo: Network assessment completed at UNILU and UNIKEN
- West Congo: Server installation at UNILU and UNIKEN
- Southeast Asia: M&E team began Knowledge & Utilization Assessment in Thailand. Report forthcoming in Q4.

PROJECT TO DATE

The project to date (PTD) distribution of event attendees according to the region that hosted the event and the event type are displayed in Figure 8. The East Congo Basin RESPOND Office (Uganda) has hosted the highest number of event participants, even with the exclusion of the lecture event in Y1Q4, by far the largest single event in RESPOND's history. Workshops have been more widely attended than trainings and meetings in all regions except the East Congo Basin, where the cumulative attendance for trainings is more than triple that of workshops.

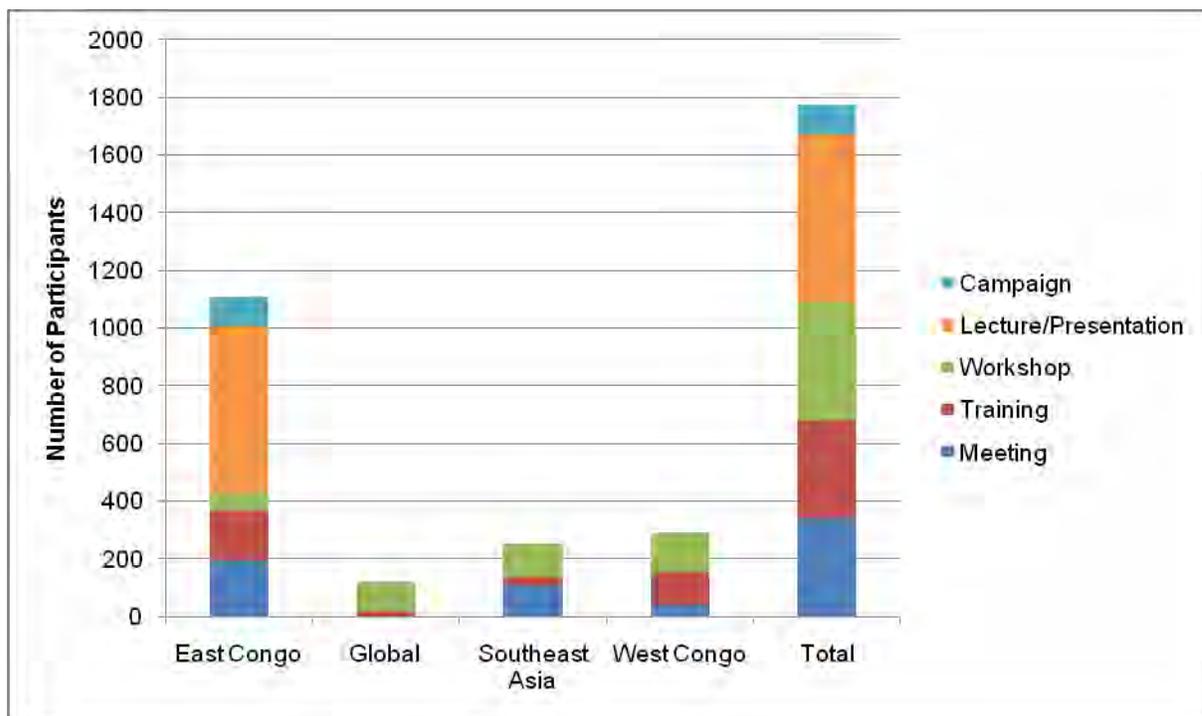


Figure 8: Event Participants by Host Region and Event Type (PTD)

For each event, we also track participant profile information to understand the background/role of participants and the organizations they represent. Generally, attendees to RESPOND events came from five major types of organizations (Figure 9.) They included universities, which was the largest group making up 39% of all participants, followed by representatives from governments (29%), non-governmental organizations (9%), professional, community-based and professional organizations /associations (5%), and private companies (1%). The remaining 17% comes from organizations which are unknown (due to lack of data collection at particular events.)

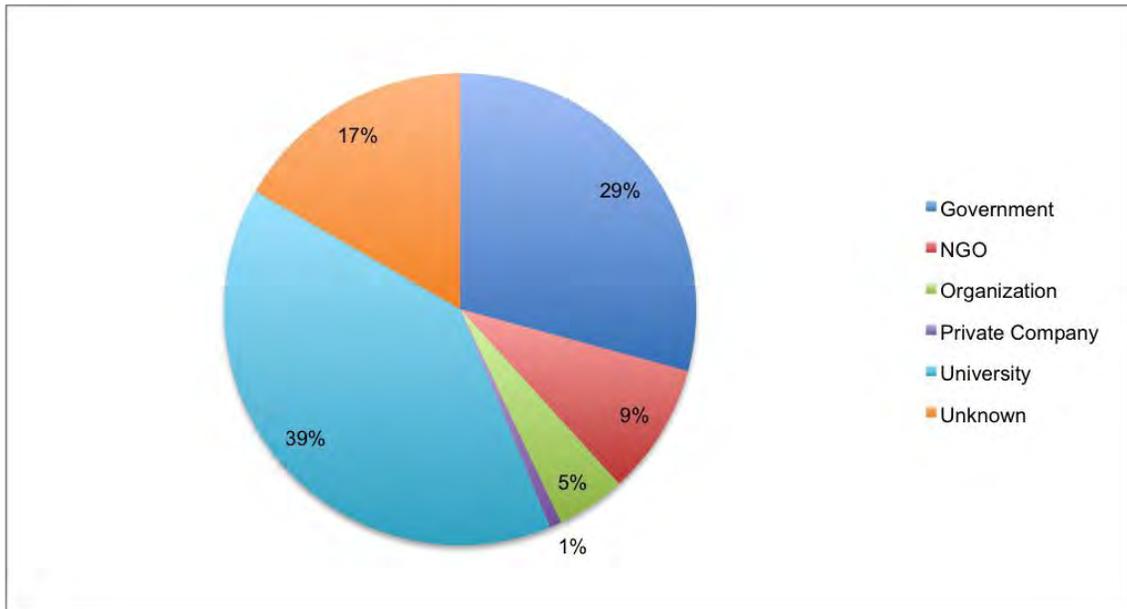


Figure 9: Participant by Organization Type (PTD)

Figure 10 displays the nationalities of all RESPOND event participants. Unsurprisingly, the highest proportions of participants are from countries where large RESPOND events have been held, including the Democratic Republic of Congo, Uganda, Vietnam, and Thailand. Figure 10 also demonstrates that the program reach extends far beyond the countries that have hosted events. Overall, individuals from 45 different countries have participated in RESPOND events.

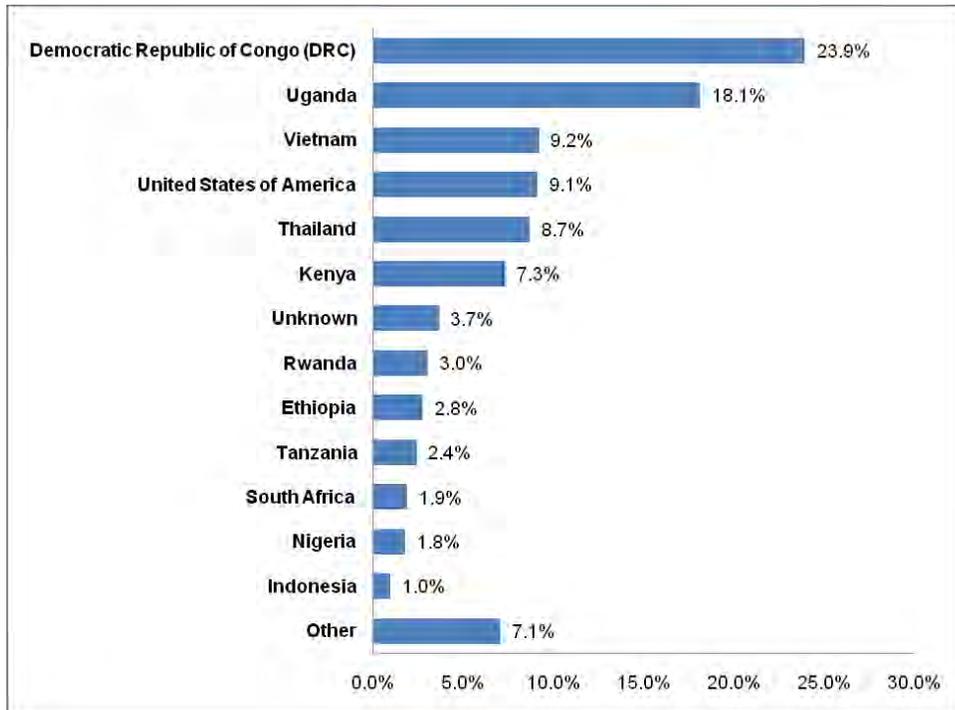


Figure 10: Participant by Nationality (PTD)

INDICATORS

As the RESPOND project's focus has evolved since project inception, the project M&E indicators have also evolved with the changing focus.

The indicators below were recently aligned to the project during Year 2. A discussion with USAID to establish targets for the indicators will be forthcoming. At this time, there are indicators (shaded gray) for which data has not been collected, as they are either long-term impact indicators (e.g., trainees using gained knowledge) that will be measured at a later date, or that have proven difficult to obtain (e.g., average time from first report (national level) of suspected disease to arrival of outbreak response teams.) However, these indicators remain in our scope as we intend to address them.

Indicators	5 Year Target	Year 1	Y2Q1	Y2Q2	Y2Q3	Total
Training (i.e., training, workshops)*						
Number of trainees	TBD	236	266	267	28	797
Global	TBD		106	29		135
East Congo	TBD	126	84	27	11	248
West Congo	TBD	110	26	79	2	217
Southeast Asia	TBD		50	132	15	197
Percent change in trainee knowledge (%)**	50	90	34	73		66
Global	50			40		40
East Congo	50	90				90
West Congo	50		34	119		77
Southeast Asia	50			59		59
Trainees using gained knowledge (%)	80					
Global	80					
East Congo	80					
West Congo	80					
Southeast Asia	80					
Linkages						
Number of stakeholder meeting participants***	TBD		64	108	144	316
Global	TBD					
East Congo	TBD		31	108	55	194

West Congo	TBD		33			33
Southeast Asia	TBD				89	89
Number of lecture/presentation participants (estimate)	TBD	600			81	681
Global	TBD					
East Congo	TBD	600			81	681
West Congo	TBD					
Southeast Asia	TBD					
Linkage assessment	TBD					
Global	TBD					
East Congo	TBD					
West Congo	TBD					
Southeast Asia	TBD					
Networking/Twinning/Mentoring						
Number of milestones achieved for networks	TBD		1		3	4
Global	TBD					
East Congo	TBD		1		3	4
West Congo	TBD					
Southeast Asia	TBD					
Number of twinning/networking exchanges	TBD				4	4
Global	TBD					
East Congo	TBD					
West Congo	TBD					
Southeast Asia	TBD				4	4
Objectives achieved (%)	80					
East Congo	80					
West Congo	80					
Southeast Asia	80					
Outbreak						
Number of procedural and structural improvements implemented for outbreak response capacity	TBD					
East Congo	TBD					
West Congo	TBD					
Southeast Asia	TBD					
Average time from first report (national level) of suspected disease to arrival of outbreak response teams	TBD					
East Congo	TBD					
West Congo	TBD					
Southeast Asia	TBD					
Average time from arrival of outbreak response team to containment of outbreak	TBD					
East Congo	TBD					

West Congo	TBD					
Southeast Asia	TBD					
Other						
Event rating (4=excellent to 1=poor)	3.5	3.3	3.3	3.6	3.6	3.5
Global	3.5		3.3			3.3
East Congo	3.5	3.3		3.6		3.5
West Congo	3.5	3.3	3.3			3.3
Southeast Asia	3.5			3.6	3.6	3.6
Event helped expand/clarify One Health understanding (4=strongly agree to 1=strongly disagree)	3.5	3.4	3.6	3.5	3.1	3.4
Global	3.5		3.6			3.6
East Congo	3.5		3.6	3.5		3.6
West Congo	3.5	3.4	3.6			3.5
Southeast Asia	3.5				3.1	3.1
Campaign reach (people)****	TBD	39,349				39,349
Global	TBD					
East Congo	TBD	9,349				9,349
West Congo	TBD	30,000				30,000
Southeast Asia	TBD					
Number of RESPOND created/modified materials used	TBD			1	1	2
Global	TBD					
East Congo	TBD				1	1
West Congo	TBD			1		1
Southeast Asia	TBD					

* Excludes facilitators, trainers, and event support staff.

** Measured through audience analysis/pre-tests and post tests

*** Includes campaign participants, as well as facilitators.

**** Estimate of reach. For Year 1, in WC, 30,000 rabies leaflets were distributed

"TBD" To Be Determined

Data collection forthcoming

SUB-ACTIVITY PROGRESS

The following section catalogues results produced during the quarter and the year to date for RESPOND sub-activities identified in the Year 2 Work Plan.

GLOBAL ACTIVITIES RESULTS MATRIX

LOW	Sub-Act ID	Activities by LOW	Implementing Partner(s)	Expected Results 1 July 2010 - 30 September 2011	Q3 Results	YTD Results
3.1	1.1.4 GL	Develop EPT program-wide definition of One Health core competencies. (Fast Track)	TBD	Published, internationally accepted core competencies	Revised timeline developed. Teleconference working session held with working group (i.e., EPT partners, CDC, USDA) on 11 th July. Interview protocol drafted for subject matter discipline nominees. Literature review underway. References collected for potential interviewees.	Invitations sent to PREDICT, PREVENT, IDENTIFY, CDC and USDA for representative nomination to the team; Management team created for the development of standard definitions for One Health core competencies that consists of TRG and Tufts. Implementation team formed includes members from RESPOND, PREVENT, PREDICT, CDC and USDA; Workshop conducted with mgt and implementation teams on March 21 st -22 nd 2011, establishing: common elements to consider, scope/purpose/audience/use of competencies, development methodology, roles/responsibilities of teams, development work plan, and coordination/communication mechanisms for teams. Revised timeline for sub-activity completion. Working session teleconference held with working group (i.e., EPT partners, CDC, USDA) on 11 th July. Interview protocol drafted for subject matter discipline nominees. Literature review underway. References collected for potential interviewees.
3.2	2.2.1 GL	Develop best management practice recommendations for extractive industries based on PREDICT-identified vectors in hot spot regions.	TBD	Best management practices (BMPs) developed and communicated	Conference call conducted with Extractive Industries Working Group to review new mitigation tool.	RESPOND representatives met with USAID in order to form an EPT working group on extractive industries; collaborated with AED to develop a plan for the activities that will occur from December 2010 to May 2011; and worked with AED to develop a job description for an Extractive Industry Lead for PREVENT. In November, RESPOND partner E&E sent a rep to the International Premier Mining Congress & Exhibition in Tianjin China to meet with reps from Chinese companies operating in RESPOND regions. 6 of 10 companies expressed interest in collaboration; Concept paper developed and approved by USAID. RESPOND worked with other EPT partners to refine tools for the extractive industries to use to avoid the contamination of employees and the spread of zoonotic diseases as a result of operations; Research conducted on oil and gas industry activities to develop impact tables and best management practices. Tools/perspectives exchanged with EPT Partners PREDICT and

						PREVENT; Extractive Industries Working Group progress presented at EPT partners' meeting. Planning underway for outreach activities to extractive industry groups. Conference call conducted with Extractive Industries Working Group to review new mitigation tool.
3.2	2.4.2 GL	Support for TEPHINET to host global conference and add One Health sessions. (Fast Track)	TEPHINET	Support conference and conduct One Health workshop for 30 persons; plenary session for One Health issues	N/A	Completed: RESPOND PHQ staff attended the 6 th Global Scientific Conference for TEPHINET (Dec. 13-17 th) in Cape Town, South Africa. A One Health pre-conference workshop was supported, as well as regional technical and training staff supported to attend and learn about field epidemiology training programs in their regions, associated outbreak investigations of emerging infectious diseases completed in the last year and in-service training for governmental officials
3.2	3.2.0 GL	Outbreak response support for newly emerging epidemics.	TBD	Training, technical, logistical, material and communications support provided	See sub-activity 3.2.0.1EC, 3.2.0.2EC, 3.2.0.3EC, 3.2.0.4EC, 3.2.0.5EC, 3.2.0.6EC	See sub-activity 3.2.0.1EC, 3.2.0.2EC, 3.2.0.3EC, 3.2.0.4EC, 3.2.0.5EC, 3.2.0.6EC
3.2	3.3.1 GL	ProMed Mail: Expanding surveillance and verification for wildlife diseases.	ProMED Mail	Increased use of wildlife health information to protect and improve public health.	No results in Q3.	Contract signed with ProMED; Workshop held for 13 attendees at the TEPHINET Global Conference on Dec. 13 th ; Planning underway for future ProMED training workshops; In February 2010, RESPOND completed a six-hour training on non-traditional information sources as an adjunct to routine disease surveillance in Bangkok, Thailand. Participatory training conducted with 20 Field Epidemiology Training Program Veterinarians (FETPVs) as part of a larger month-long course for Thai FETPVs.
3.1	3.4.8 GL	Support for development of materials and media messages to build public awareness about zoonotic disease – World Rabies Day, 28 September 2010, as a pilot activity. (Fast Track)	Global Alliance for Rabies Control	Increased awareness of issues related to zoonotic disease transmission	N/A	Completed: See sub-activity 3.4.8EC and sub-activity 3.4.8WC

EAST CONGO BASIN ACTIVITIES MATRIX

LOW	Sub-Act ID	Activities by LOW	Implementing Partner(s)	Expected Results 1 July 2010 - 30 September 2011	Q3 Results	YTD Results
3.1	1.2.2 EC	Creation of OHCEA Secretariat and member coordinating committees. (Fast Track, HEALTH Alliance)	HEALTH Alliance, One Health Central and East Africa Network (OHCEA)	TBD	Formal registration in Uganda complete. Purchased computers to the 14 OHCEA Focal Persons. Provided support for 3 people (One Health Team) from Makerere University to attend and present at the Annual One Health workshop, at UMN, on May 9-13th. Provided support for 12 participants to attend UMN Annual Public Health Institute from May 23 – June 10 th .	One Health Summit in Kampala held on Oct. 13-17, 2010: 36 participants from 6 countries schools of public health and veterinary medicine formed the regional network OHCEA (One Health Central and East Africa Network); OHCEA planning meeting held in Nairobi, Kenya Dec. 12-17 th : 21 participants involved with key agreements, planned activities, network support, One Health Kenya launch and leadership training; At the close of Dec. 2010, RESPOND awarded a grant to the HEALTH Alliance in support of the creation and establishment of the organizational framework for OHCEA. Initial funds were disbursed and the following milestones achieved: OHCEA organizational structure established/agreed to; Secretariat created/staffed; Secretariat offices opened; organizational registration in Uganda agreed to by members, and legal registration process complete; Purchased computers to the 14 OHCEA Focal Persons. Provided support for 3 people (One Health Team) from Makerere University to attend and present at the Annual One Health workshop, at UMN, on May 9-13th. Provided support for 12 participants to attend UMN Annual Public Health Institute from May 23 – June 10 th .
3.1	1.2.3 EC	Support OHCEA work plan (Fast Track, HEALTH Alliance)	HEALTH Alliance, One Health Central and East Africa Network (OHCEA)	TBD	Attended USAID organized EPT meeting with OHCEA, RESPOND, WHO, AU-IBAR, FAO and OIE in Congo-Brazzaville to devise plan and define roles in engaging regional govt. Sponsored an OHCEA Deans and Focal Persons meeting in Kinshasa, DRC May 16 th -19 th , with 40 participants. Strategic plan was ratified, country capacity needs/gap reports and work plans presented, and discussed OHCEA can support EPT's work with govt. M&E team began	One Health Summit in Kampala held on Oct. 13-17, 2010: 36 participants from 6 countries schools of public health and veterinary medicine formed the regional network OHCEA (One Health Central and East Africa Network); OHCEA planning meeting held in Nairobi, Kenya Dec. 12-17 th : 21 participants involved with key agreements, planned activities, network support, One Health Kenya launch and leadership training; At the close of Dec. 2010, RESPOND awarded a grant to the HEALTH Alliance in support of the creation and establishment of the organizational framework for OHCEA. During the quarter, initial funds were disbursed and the following milestones achieved: OHCEA organizational structure established/agreed to; Secretariat created/staffed; Secretariat offices opened; organizational registration in Uganda agreed to by members, and legal registration process commenced. Preparatory meetings conducted with UMN and OHCEA Co-Chairs in Uganda; OHCEA Deans & Focal Persons Meeting conducted Feb. 7-11 th , Rwanda; OHCEA regional vision and

					OHCEA baseline assessment & M&E capacity building with member universities in Rwanda, Ethiopia, Tanzania, Kenya, DRC and Uganda.	mission determined, deans and focal person trained in strategic planning, member roles/responsibilities defined, commencement of OHCEA country specific strategic planning; OHCEA Focal Persons Meeting conducted March 8-12 th in Kenya: finalize 10 yr. strategic plan with country specific input and design/budget for May-Sept 2011 work plan of activities; OHCEA Leaders Training conducted Feb. 25 th -Mar. 5 th in Europe: leaders of OHCEA were sponsored to participate in a course on Engaging Intergovernmental Organization. Attended USAID organized EPT meeting with OHCEA, RESPOND, WHO, AU-IBAR, FAO and OIE in Congo-Brazzaville to devise plan and define roles in engaging regional govt. Sponsored an OHCEA Deans and Focal Persons meeting in Kinshasa, DRC May 16 th -19 th , with 40 participants. Strategic plan was ratified, country capacity needs/gap reports and work plans presented, and discussed OHCEA can support EPT's work with govt. M&E team began OHCEA baseline assessment & M&E capacity building with member universities in Rwanda, Ethiopia, Tanzania, Kenya, DRC and Uganda.
3.1	1.4.4 EC	Support fellows to attend existing Field Epidemiology Training Programs with veterinary-specific components. (Fast Track)	AFENET	Strengthening human resource capacity in field epidemiology and effective outbreak response; Strengthening AFENET institutional capacity for training, mentoring and management.	New concept note developed that merged sub-activities 1.4.4EC and 3.2.2EC into a single sub-activity, which was approved by USAID in May.	This sub-activity was originally placed on hold due to program challenges for the host training center in Nigeria, planned course was cancelled. New concept note developed that merged sub-activities 1.4.4EC and 3.2.2EC into a single sub-activity, which was approved by USAID in May.
3.1	1.5.3 EC	Strengthen and expand the Global Health Institute to serve as a platform for in-service programs and graduate level training.	Makerere University, Ministries and HEALTH Alliance universities	Implement a 2-week GHI; train 70 students	N/A	Completed: GHI conducted in Kampala, with 83 students and faculty from various schools (e.g., public health, veterinary medicine) trained in zoonotic diseases, global public health systems, participatory epidemiology, applied biostatistics

3.2	3.2.0 EC	Outbreak response support for newly emerging epidemics.	TBD	Training, technical, logistical, material and communications support provided.	N/A	N/A
3.1	3.4.8 EC	Support for development of materials and media messages to build public awareness about zoonotic disease – World Rabies Day, 28 September 2010, as a pilot activity. (Fast Track)	Veterinary Association, Ministry of Health, Ministry of Agriculture	Increased awareness of issues related to zoonotic disease transmission	N/A	Completed: Logistical support for 4 district rabies awareness information campaigns and joint Ministry of Health and Ministry of Agriculture community action and vaccination campaigns

UGANDA COUNTRY ACTIVITIES

LOW	Sub-Act ID	Activities by LOW	Implementing Partner(s)	Expected Results 1 July 2010 - 30 September 2011	Q3 Results	YTD Results
3.2	3.2.0.1 EC	Outbreak response: Control of Anthrax in Queen Elizabeth National Park.	Ugandan Wildlife Authority, Ministry of Health, Ministry of Agriculture, CDC, AFENET and Conservation through Public Health	Support provided for response, best practices developed and an adaptable outbreak response template created.	N/A	Completed: Funded the logistics for many activities (e.g., baseline survey, 31 officials trained, aerial surveillance, containment activities, community info campaigns, public awareness campaign); RESPOND supported an after action review meeting of the Anthrax National Task Force. Held from March 9-10 th , 2011 and facilitated by AFENET, reviewed response, roles and effectiveness of the Task Force's actions with an eye for tangible lessons learned and preventative steps to be taken in preparation for the next outbreak. Consensus that a national outbreak response strategy should be developed for Uganda.
3.2	3.2.0.2 EC	Outbreak response: Unidentified hemorrhagic outbreak in Bundibugyo, District	AFENET	Support provided for response, best practices developed and an adaptable outbreak response template created.	Convened the first Ugandan EPT local partners coordination meeting on May 5 th , to prepare for the after action review with MoH. Received final report on the Yellow Fever outbreak from the grantee, AFENET, on May 18 th , which closed this sub-activity. A planned after action review was postponed.	Invited to participate in National Disease Task Force, provided funds to support active case surveillance, community awareness, case management and social mobilization; Provided tech advice & direction to EPT PREDICT; Facilitated & guided National Task Force in developing a national response plan; RESPOND conducted a post action analysis and mapping of the response by Ugandan officials, NGOs, CDC/Uganda, IDENTIFY, PREDICT and RESPOND. Analysis was presented jointly by RESPOND and AFENET to the USAID EPT Partners Quarterly Meeting in Washington, DC March 2011, which was used as a tool to focus conversations on the roles of EPT partners during human and animal outbreaks. Convened the first Ugandan EPT local partners coordination meeting on May 5 th , to prepare for the after action review with MoH. Received final report on the Yellow Fever outbreak from the grantee, AFENET, on May 18 th , which closed this sub-activity. A planned after action review was postponed.
3.2	3.2.0.3 EC	Outbreak response: Unidentified hemorrhagic outbreak in Abim and Agabo Districts	AFENET	Support provided for response, best practices developed and an adaptable outbreak response template created.	See 3.2.0.2 EC	See 3.2.0.2 EC
3.2	3.2.0.4 EC	Outbreak response: Strengthening surveillance, reporting diagnostic capacity to improve early detection, diagnosis and	AFENET	Strengthening training (skills) and capacity (resources) to identify outbreaks of infectious diseases; conducting appropriate, routine disease surveillance in animals and humans with reinforced local resources and	Concept paper approved by USAID on June 15. Grant application process underway.	Concept paper developed and approved by USAID on June 15. Grant application process underway.

		response to disease outbreaks in humans, livestock and wildlife		personnel in a sustainable manner; Strengthening the coordination of national and local outbreak response efforts.		
3.2	3.2.0.5 EC	Extractive industries outbreak response training	Federation of Ugandan Employers, Uganda Manufacturing Association, Ugandan Red Cross	Engage private sector in Uganda to begin training with 2 private sector organizations associated with the extractive industry. Leverage existing peer educator programs and ISDR and health messaging curriculum to design and implement this program. Establishment of a partnership with UMA and FUE; Development of a curriculum tailored to the private sector; Trained Master Trainers and Trainers; Trained peer educators.	Concept paper developed and approved by USAID in May. Presentation made to the FUE executive council (22 attendees) on June 30 th to raise awareness of RESPOND activities and obtain approval/support for future collaboration.	Concept paper developed and approved by USAID in May. Presentation made to the FUE executive council (22 attendees) on June 30 th to raise awareness of RESPOND activities and obtain approval/support for future collaboration.
3.2	3.2.0.6 EC	Support for investigation & response to Ebola in Uganda e	AFENET	Support provided for response, best practices developed and an adaptable outbreak response template created.	RESPOND invited by Ugandan Ministry of Health (MoH) to first meeting of Ebola Outbreak Task Force on May 14 th . Focus on strengthen MoH response efforts through provision of materials and logistical support to One Health multidisciplinary teams. RESPOND to provide material and logistical needs to the MoH to enable them to conduct field investigations as well as provided support for a targeted community education communication strategy. Concept paper developed and approved by USAID. RESPOND provided funds, logistical/commodity support (PPE), outbreak response, and technical assistance. Outbreak	RESPOND invited by Ugandan Ministry of Health (MoH) to first meeting of Ebola Outbreak Task Force on May 14 th . Focus on strengthen MoH response efforts through provision of materials and logistical support to One Health multidisciplinary teams. RESPOND to provide material and logistical needs to the MoH to enable them to conduct field investigations as well as provided support for a targeted community education communication strategy. Concept paper developed and approved by USAID. RESPOND provided funds, logistical/commodity support (PPE), outbreak response, and technical assistance. Outbreak declared over after 42 days.

					declared over after 42 days.	
3.2	3.2.2 EC	Hold a series of district, national and regional meetings and workshops to identify needs and initiate the development of a prioritized plan for outbreak response.	AFENET	10 meetings/workshops, with total 500 participants. To be combined with EC 1.4.4 and concept note drafted.	Merged with 1.4.4EC. See EC region listing.	Merged with 1.4.4EC. See EC region listing.
3.1	3.4.1 EC	Develop an implementation plan for identifying sites, trainers and needs to conduct community level first responder training.	TBD	Training implementation plan; Knowledge base created	N/A	Completed: Planning meeting conducted in November 2010.
3.2	4.1.2 EC	Evaluate existing Knowledge Management Systems for the health sciences, their application and utilization in the university context, and support the improvement and integration of appropriate systems.	MUSPH	Implementation plan for RESPOND support of appropriate technologies	Pre-installation assessment completed. RESPOND procured and installed a server at MUSPH. Provided training by Tufts University TUSK staff to the Makerere User Support team (2 people.) Provided on-site training to Makerere faculty and students (61 people total) on the use of the TUSK system. 2 one hour introductory sessions provided to 100 people in total.	Pre-installation assessment completed. RESPOND received approval from USAID for the proposed grant to be issued to the Makerere School of Public Health. RESPOND procured and installed a server at MUSPH. Provided training by Tufts University TUSK staff to the Makerere User Support team (2 people.) Provided on-site training to Makerere faculty and students (61 people total) on the use of the TUSK system. 2 one hour introductory sessions provided to 100 people in total.

KENYA COUNTRY ACTIVITIES

Activities included in the following regional sub-activities: 1.2.2 EC, 1.2.3 EC.

ETHIOPIA COUNTRY ACTIVITIES

Activities included in the following regional sub-activities: 1.2.2 EC, 1.2.3 EC.

RWANDA COUNTRY ACTIVITIES

Activities included in the following regional sub-activities: 1.2.2 EC, 1.2.3 EC.

TANZANIA COUNTRY ACTIVITIES

Activities included in the following regional sub-activities: 1.2.2 EC, 1.2.3 EC.

DEMOCRATIC REPUBLIC OF CONGO COUNTRY ACTIVITIES

Activities included in the following regional sub-activities: 1.2.2 EC, 1.2.3 EC

WEST CONGO BASIN ACTIVITIES RESULTS MATRIX

LOW	Sub-Act ID	Activities by LOW	Implementing Partner(s)	Expected Results 1 July 2010 - 30 September 2011	Q3 Results	YTD Results
3.1	1.2.1 WC	Conduct twinning and mentoring with universities and vocational schools. <i>(Fast Track)</i>	University of Kinshasa (DRC), University of Lubumbashi (DRC), ISTM Kinshasa and Lubumbashi, Ecole de Faune de Garoua (Cameroon)	Twinning/mentoring established with 5 institutions. Five PhD candidates mentored; masters programs supported.	UNIKEN, UNILU and ISTM Lubumbashi grants approved 29 th June.	RFAs issued and proposals were received and reviewed from UNIKEN, UNILU and ISTM Lubumbashi to develop twinning initiatives; Twinning model developed which consists of enhancing inst. Relationships among academic inst., and creating linkages with regional entities such as Health Alliance members and SACIDS. UNIKEN, UNILU and ISTM Lubumbashi grants approved 29 th June.
3.1	1.3.1 WC	Develop an actionable plan to strengthen and enhance ongoing career path development in DRC and Republic of Congo (ROC).	Federation Une Sante-RDC	Corrective programs are compiled in an action plan for resource mobilization. Plan includes: 1) Organize a regional conference of professional associations, 2) Conduct a situational	Work plan presented to partners 14 May	The Federation Une Sante-RDC was identified as the implementing partner for this activity. RESPOND supported FUS-RDC to develop a budgeted 15-month (June 2011 – Sep 2012) work plan. Work plan presented to partners 14 May

				analysis of 2 professions and "epidemiology", 3) Conduct an outreach program targeting health professionals using radio broadcasts and internet		
3.1	1.5.1 WC	Conduct professional continuing education through didactic and field workshops using the Wildlife Investigation and Livestock Disease (WILD) module.	Zoological Society of London	3 participants (vet, wildlife biologist, lab) from each of the 13 EPT Congo Basin countries will be trained and gain field experience.	AU-IBAR grant approved June	The first of four workshops was held in Cape Town South Africa week of 22 November 2011 – Dr. Richard Kock delivered the training to 30 participants from Southern African and 2 EPT countries (Mozambique, Angola) jointly with FAO; AU-IBAR developed a proposal to conduct three workshops including one which will be organized with other source of funding. AU-IBAR grant approved June
3.1	1.5.5 WC	Support FOREST MENTOR program focused on extractive industry issues by adding One Health content and supporting fellows and a mentor from DRC to participate.	TBD	Provide content and support 2 fellows and 1 mentor; fellows mentored on relationships, risks and approach	Concept paper approved 18 May.	Concept paper approved 18 May.
3.2	2.1.1 WC	Introduce EPT RESPOND program to key collaborators (USAID missions, host governments, international health agencies, private sector partners, NGOs, universities).	TBD	Cameroon and Republic of Congo visited, background information collected, sub-activities identified.	Discovery phase conducted 11th-20th April in Cameroon, meeting with various stakeholders.	RESPOND met with key potential govt. and NGO partners in Cameroon and the Republic of Congo. This sub-activity has been approved. Discovery phase conducted 11-20 April in Cameroon, meeting with various stakeholders.
3.2	3.2.0 WC	Outbreak response support for newly emerging epidemics.	TBD	Training, technical, logistical, material and communications support provided.	N/A	N/A
3.1	3.4.8 WC	Support for development of materials and media messages to build public awareness about	Veterinary Association, Ministry of Health, Ministry of Agriculture, Health,	Increased awareness of issues related to zoonotic disease transmission	N/A	Completed. 3 key ministries collaborated for a common interest, with the support of technical partners and donors. 1 day workshop held; 30,000 flyers and posters distributed across city of Kinshasa in public places, schools and health centers; Professional associations initiated One Health Federation

		zoonotic disease – World Rabies Day, 28 September 2010, as a pilot activity. (Fast Track)	Environment, FAO, WHO and CDC			
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DRC COUNTRY ACTIVITIES

LOW	Sub-Act ID	Activities by LOW	Implementing Partner(s)	Expected Results 1 July 2010 - 30 September 2011	Q3 Results	YTD Results
3.1	1.2.3 WC	Upgrade the skills of faculty at Institut Supérieur de Techniques Médicales, Institut Technique Agricole et Vétérinaire, and Institut d'Enseignement Médicale / Institut Techniques Médicale. (Fast Track)	TBD	3 institutions involved; 10 national trainers trained; 2 modules developed	Implementation time line and budget are being developed to reach an agreement with the Directorate of Nursing Education at the Ministry of Public Health. First meeting between sub-awardees and stakeholders held on 20 th May, to inform roles/responsibilities of each party involved and agree on grant deliverables	The Schedule of Activities has been finalized. Implementation time line and budget are being developed to reach an agreement with the Directorate of Nursing Education at the Ministry of Public Health. First meeting between sub-awardees and stakeholders held on 20 th May, to inform roles/responsibilities of each party involved and agree on grant deliverables
3.2	3.1.1 WC	Strengthen systems for disease surveillance, outbreak investigation and response with a One Health approach and response. (Fast Track)	TBD	Analysis & improvement of systems and procedures completed in each country.	Provincial introduction and information gathering workshop in Mbandaka (Equateur province) held on 6 th April.	Project introduced to provincial authorities and stakeholders: The first provincial introduction workshop was held in Matadi (Bas Congo province) on March 22, 2011 and the 2 nd workshop was held on March 30 in Kikwit (Bandundu province). Representatives from central ministries attended these workshops. Provincial introduction and information gathering workshop in Mbandaka (Equateur province) held on 6 th April.
3.1	3.4.1 WC	Deliver refresher outbreak response training to rural medical personnel and first-responder	Training: CDC, Ministry of Public Health, Ministry of Agriculture,	Medical personnel in isolated rural areas trained; Training modules	Follow-up training in Monkoto was suspended indefinitely; One Health IDSR manual and guidelines for participant and facilitator being developed.	Implementation plan developed with partners; Modules developed; The first training session jointly conducted by CDC (first 3 days on Monkey pox training) and RESPOND (2 nd 3 days on IDSR applied to viral hemorrhagic fever diseases) took place in Boende from Feb. 19-24 th , 2011. In total, 90 participants from Health, Agriculture and Environment

		training to communities in the USAID-CARPE Salong-Lukenie-Sankuru Landscape region.	ICCN, CARPE; Community awareness: InCEF	developed and delivered.	Grant to InCEF (community awareness in Tshuapa district) approved by USAID. Participatory Impact Assessment by the M&E team being developed by working group which consists of RESPOND and PREVENT representation.	sectors attended that session. Negotiation with InCEF is ongoing to finalize the community awareness program. Follow-up training in Monkoto was suspended indefinitely; One Health IDSR manual and guidelines for participant and facilitator being developed. Grant to InCEF (community awareness in Tshuapa district) approved by USAID. Participatory Impact Assessment by the M&E team being developed by working group which consists of RESPOND and PREVENT representation.
3.1	3.4.4 WC	Outbreak response training for multi-disciplinary teams at national and sub-national levels, including training of front line health workers in outbreak response.	AFENET	Multi-disciplinary teams are developed and trained	AFENET proposal being finalized.	The concept paper jointly developed with AFENET was approved. RESPOND team is preparing Schedule of Activities to be sent to AFENET for them to submit a proposal. AFENET proposal being finalized.
3.2	4.1.2 WC	Evaluate existing Knowledge Management Systems for the health sciences, their application and utilization in the university context, and support the improvement and integration of appropriate systems.	UNIKEN, UNILU	Implementation plan for RESPOND support of appropriate technology	Network assessment and hardware installation and training (2 participants) took place on 21-27 April in UNILU and UNIKEN.	Preliminary assessment of current level of technology, staffing availability conducted at UNIKEN and UNILU. Network assessment and hardware installation and training (2 participants) took place on 21-27 April in UNILU and UNIKEN.

Activities included in the following regional sub-activities: 1.2.1 WC, 1.3.1 WC, 1.5.5 WC

GABON COUNTRY ACTIVITIES

Activities included in the following regional sub-activities: 1.5.1 WC, 1.5.5 WC

REPUBLIC OF CONGO COUNTRY ACTIVITIES

Activities included in the following regional sub-activities: 1.5.5 WC

CAMEROON COUNTRY ACTIVITIES

LOW	Sub-Act ID	Activities by LOW	Implementing Partner(s)	Expected Results 1 July 2010 - 30 September 2011	Q3 Results	YTD Results
3.2	3.1.1 WC	Strengthen systems for disease surveillance, outbreak investigation and response with a One Health approach and response. (Fast Track)	TBD	TBD	15 th April, met with Cameroonian ad hoc committee, composed of several reps from various ministries and NGOs, tasked with developing a national program for zoonotic diseases control and prevention. Scope of Work developed.	15 th April, met with Cameroonian ad hoc committee, composed of several reps from various ministries and NGOs, tasked with developing a national program for zoonotic diseases control and prevention. Scope of Work developed.

Activities included in the following regional sub-activities: 1.5.1 WC, 2.1.1 WC

SOUTHEAST ASIA ACTIVITIES RESULTS MATRIX

LOW	Sub-Act ID	Activities by LOW	Implementing Partner(s)	Expected Results 1 July 2010 - 30 September 2011	Q3 Results	YTD Results
3.1	1.2.1 SE	Planning and implementation of university twinning (One Health Southeast Asia – OHSEA) (Fast Track)	Potential: Chiang Mai University, Chulalongkorn, Mahidol, Kasetsart, Prince of Songkla University	Development of Southeast Asia university network (OHSEA): 1) Establish Coordinating Office and leadership; 2) have a supporting function for organizational development & strengthening; 3) activities started in consultation with members. Year 1: define roles, develop relationships and develop tools	Assessed existing regional networks; New network was initiated in April 2011; Hosted a Deans meeting in Bangkok on 24 th -25 th May, with 55 participants.	Met with universities, APEIR, ASEAN Secretariat in Jakarta, ILRI; Assessed partnerships between universities and UMN/Tufts; Met with Chiang Mai, Chulalongkorn, Mahidol, and Kasetsart Universities; Concept paper approved by USAID. Team decided upon regional universities that will form the initial network in Malaysia, Thailand, Vietnam and Indonesia. Meet/greet tour of universities at Mahidol and Chiang Mai Universities in Thailand, and University of Indonesia in Indonesia. Assessed existing regional networks; New network was initiated in April 2011; Hosted a Deans meeting in Bangkok on 24 th -25 th May, with 55 participants.
3.1	1.5.1 SE	Establish a regional training center for wildlife professionals. (Fast Track)	Wildlife Conservation Society	15 workshops conducted, with 90 trainees total	Grant with WCS developed, but cancelled in June after partial implementation of activities.	Orientation held in November to discuss SMART patrolling program with 16 wildlife directors from the Thai Department of National Parks, Wildlife and Plant Conservation ; Awaiting USAID country-level concurrence – Liaised with Wildlife Conservation Division of DNP and Wildlife Conservation Society to discuss RESPOND's capacity and how we might support a center. Identified need for 4 district workshops for wildlife veterinarians to improve retention and broaden capacity; In January 2011, regional RESPOND team attended regional ranger training as hosted by Smithsonian and Wildlife Conservation Society (WCS) to explore training center facilities and meet the WCS team; Cancelled in June after partial implementation of activities.
3.1	1.5.5 SE	Support FETP-FETPV for Masters degree in	TBD	Enroll 7 FETP/FETP-V/iFETP students	Schedule of Activities developed; Award in process	Concept paper approved by USAID. Team worked with Ministry of Public Health's Department of Disease Control to start contract process FETP leadership reached agreement with several Thai universities for

		epidemiology		in Thai Masters program: Select universities; Support students in field projects, attendance at international conference, tuition costs, laptops		student cost and time requirement reduction; Schedule of Activities developed; Award in process
3.2	2.2.1 SE	Initiate extractive industry outreach in SE Asia. (Fast Track)	TBD	Plan for engagement with industries operating in Southeast Asia	Sub-award canceled by USAID.	Extractive industry working group developed under USAID leadership; Concept paper submitted to USAID. Sub-award canceled by USAID
3.2	2.4.1 SE	Host regional EID (formerly PPF) Forum for 2011.	TBD	Monthly forum with 20-25 participants each month.	Forum sponsored on April 5 th on epidemic preparedness, attended by 11 participants. Emerging Infectious Diseases (EIDs) forum meeting conducted on ecohealth on June 2 nd , attended by 22 participants.	Concept paper approved by USAID. RESPOND team met with Forum's core group members to officially revise the focus, name and objectives of the forum from an avian influenza pandemic focus to a focus on One Health and EIDs. First RESPOND-sponsored forum meeting was conducted on March 3 in Bangkok. EID Forum website was purchased and is being populated. Forum sponsored on April 5 th on epidemic preparedness, attended by 11 participants. Emerging Infectious Diseases (EIDs) forum meeting conducted on ecohealth on June 2 nd , attended by 22.
3.2	3.2.0 SE	Outbreak response support for newly emerging epidemics.	TBD	Training, technical, logistical, material and communications support provided.	N/A	N/A

THAILAND COUNTRY ACTIVITIES

LOW	Sub-Act ID	Activities by LOW	Implementing Partner(s)	Expected Results 1 July 2010 - 30 September 2011	Q3 Results	YTD Results
3.1	1.2.2 SE	Support twinning relationship between Khon Kaen Veterinary Medical School and Nabon Agricultural College.	TBD	Improve existing twinning relationship between 2 institutions: staff/student exchanges, course/lecture/workshop delivery, lecture capacity improvement, enrollment/support in masters programs, curriculum co-development	Staff from VMKKU have visited NAC/NUOL to deliver courses to students in the student exchanges; staff from NAC/NUOL have spent time at VMKKU working with local staff to increase their capacity to deliver lectures in the Veterinary Science program; staff from NAC/NUOL are enrolled in master programs at VMKKU; On 9 th -10 th June, a regional One Health conference was held at VMKKU and staff and students from NAC/NUOL were supported to attend	Concept paper developed; Assessed capacity of KKKU to support NAC in developing vet schools and Lao vets; Concept paper approved; RESPOND team visited NAC and KKUVMS separately in Q2. Details and statement of work were prepared and reviewed and agreements are underway; Staff from VMKKU have visited NAC/NUOL to deliver courses to students in the student exchanges; staff from NAC/NUOL have spent time at VMKKU working with local staff to increase their capacity to deliver lectures in the Veterinary Science program; staff from NAC/NUOL are enrolled in master programs at VMKKU; On 9 th -10 th June, a regional One Health conference was held at VMKKU and staff and students from NAC/NUOL were supported to attend
3.1	1.2.3 SE	Support a master's degree program in animal epidemiology at Kasetsart University	TBD	TBD	This sub-activity was not approved by USAID	Met with Kasetsart Veterinary School to discuss development of concept paper; This sub-activity was not approved by USAID
3.1	1.5.2 SE	Applied field training for wildlife veterinary medical officers and field pathologists.	TBD	20 wildlife vets trained	Wildlife immobilization training workshop conducted 30 th May – 4 th June in Ratchaburi province for 15 wildlife vets	Conducted orientation of 16 National Park Directors for upcoming training events; Met with PREDICT vets in the region for their participation in training activities; 3 day training was conducted in January at Soi Yak, Thailand for 16 wildlife vets working for the Department of National Parks. RESPOND team members co-presented and co-facilitated with local Thai counterparts, including Mahidol University. Wildlife veterinarian competencies were drafted and approved by DNP for use in planning subsequent workshops. A TOT workshop entitled "Train the

						Trainer/Facilitation Skill Workshop” was conducted on 23-25 March 2011 for 15 Mahidol University staff to provide them with knowledge and practices on core facilitation skills. Wildlife immobilization training workshop conducted 30th May – 4th June in Ratchaburi province for 15 wildlife vets
3.2	3.4.4 SE	Support training to strengthen One Health epidemiological teams at provincial and district levels.	TBD	Review and improve training materials & delivery methods: assist govt to identify trainers, deliver training courses in 5 provinces, short-term training workshops, support field project mentoring/assistance support, review/strengthening of materials, training, coursework	Grant application from Thai FETP leadership approved by regional office	Initial discussions carried out with FETP and CDC staff; Met with CDC to discuss FETP programs in Thailand. Met with FAO to discuss FETPV programming in Thailand; Concept paper drafted with Ministry of Health for training activities. Grant application from Thai FETP leadership approved by regional office

Activities included in the following regional sub-activity: 1.2.1 SE. 1.5.1SE

VIETNAM COUNTRY ACTIVITIES

LOW	Sub-Act ID	Activities by LOW	Implementing Partner(s)	Expected Results 1 July 2010 - 30 September 2011	Q3 Results	YTD Results
3.2	2.4.2 SE	Collaborate with USAID Vietnam Mission to hold PREDICT and RESPOND One Health meeting in country.	TBD	Meeting held with 100 participants from various sectors	Complete	Complete: Contributed to planning and attendance of meeting with PREDICT; supported WCS in initial development and facilitating of One Health EPT workshop in Hanoi; Meeting was held March 15-16 in Hanoi and attended by 150 participants from all levels of government within animal health ministries and select NGOs through Vietnam

3.2	3.4.2 SE	Support training to strengthen One Health epidemiological teams with focus on AVET training at selected provincial, district and community levels.	TBD	Review and improve training materials & delivery methods: Identify trainers, design materials, support training course delivery in multiple provinces, strengthen and support mentor/supervisor skills for field projects, review/strengthen training materials	Grant application process underway	Concept paper approved by USAID; Met with WHO and Ministry of Public Health to develop plan for providing intensive 12 week classroom and field experience, including mentor and supervisor training, for professionals who have previously completed FETP and AVET.
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Activities included in the following regional sub-activity: 1.2.1 SE

LAO PDR COUNTRY ACTIVITIES

LOW	Sub-Act ID	Activities by LOW	Implementing Partner(s)	Expected Results 1 July 2010 - 30 September 2011	Q3 Results	YTD Results
3.2	1.5.6 SE	Applied field training (wildlife health) for wildlife rangers in Nam Ha Protected Area (NPA)	TBD	Obtain govt/district/commune support; development of Smart Patrolling curriculum, develop training materials, training of trainers workshop; selection/training of One Health teams, Protected Area staff training, support trainee supervision,	Sub-activity approval received from Ministry of Foreign Affairs, Lao PDR; Grant process initiated.	Conducted discovery visit and drafted concept paper based on findings of meetings with Ministries; Sub-activity approval received from Ministry of Foreign Affairs, Lao PDR;

				monthly meetings, quarterly workshops		
3.2	3.4.5 SE	Support training to strengthen One Health epidemiological teams at provincial and district levels.	TBD	Review and improve training materials & delivery methods: Training of Trainers (ToT) workshops, workshops for CLFRs	With USAID obtaining agreement that EPT partner activities can proceed, RESPOND is in process of developing a grant with an NGO	Conducted discovery visit and drafted concept paper based on findings of meetings with Ministries. With USAID obtaining agreement that EPT partner activities can proceed,

INDONESIA COUNTRY ACTIVITIES

LOW	Sub-Act ID	Activities by LOW	Implementing Partner(s)	Expected Results 1 July 2010 - 30 September 2011	Q3 Results	YTD Results
3.2	3.4.1 SE	Support training to strengthen One Health epidemiological teams at provincial, district levels.	TBD	Review and improve training materials & delivery methods: model/strategy to implement joint in-service trainings of PDSR and DSO staff, review/updating training materials, review of training methods, support short-courses and workshops, material review/updated	Conceptual plan for the training of PDSR and DSO teams, responsible for outbreak confirmation and response at the provincial and district levels, was developed.	Conceptual plan for the training of PDSR and DSO teams, responsible for outbreak confirmation and response at the provincial and district levels, was developed.

Activities included in the following regional sub-activity: 1.2.1 SE.

CAMBODIA COUNTRY ACTIVITIES

No activities in this country to date.

MALAYSIA COUNTRY ACTIVITIES

Activities included in the following regional sub-activities: 1.2.1 SE.

VII. APPENDICES:

APPENDIX I: CONCEPT PAPERS

RESPOND CONCEPT PAPER: SUB-ACTIVITY 1.4.4, 3.2.1, 3.2.2

Cooperative Agreement Number GHN-A-00-09-00015

Sub-activity number: EC 1.4.4, 3.2.1, 3.2.2

Sub-activity name: Strengthening existing platforms for outbreak response in Uganda

Partner lead: Tufts University

Grantee: African Field Epidemiology Network (AFENET)

Introduction:

The African Field Epidemiology Network (AFENET) was established as a non-profit organization in 2005. AFENET's objectives are to strengthen field epidemiology capacity, enhance public health laboratory capacity, strengthen surveillance systems for priority communicable and non-communicable diseases and advance the sharing of regional expertise in field epidemiology and laboratory capacity in Africa. AFENET serves as a major resource to Ministries of Health and other public health institutions in member countries, by contributing to the enhancement of applied epidemiology training and workforce development. In Uganda for instance, in 2010, AFENET together with the International Livestock Research Institute (ILRI) and the Participatory Epidemiology Network for Animal and Public Health (PENAPH) organized a Participatory Epidemiology training course for human health professionals from the Makerere University School of Public Health (MUSPH). This sub-activity will strengthen internal capacity of AFENET to manage, conduct and evaluate effective outbreak response implementation and training. Further, the activities outlined herein will harmonize animal disease surveillance systems and training in the region through supporting the Uganda Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), and cross-sectoral/inter-ministerial collaboration.

EPT and other Partners:

AFENET has experience in outbreak investigation and response; they have trained professionals in 15 countries in the region and have strong ties with the Ministries of Health in all member nations. The proposed activities will strengthen the linkages between AFENET, Makerere School of Veterinary Medicine (SVM) and MAAIF, ensuring that training is responsive to national government needs.

Further, these activities will provide opportunities to strengthen collaboration between AFENET, SVM and intergovernmental agencies such as WHO-AFRO, AU-IBAR, OIE, and FAO, ensuring that training is consistent with regional strategies for disease surveillance. Appropriate technical support from IDENTIFY and PREDICT will also be sought.

Linkage with OHCEA: Activity 1 is being undertaken with Makerere SVM, an OHCEA member. Dean Kabasa is the Co-chair of OHCEA. The trainees will also take classes at and receive mentorship from UMN Veterinary School and Tufts University School of Veterinary Medicine, creating a unique RESPOND-specific program. Once piloted and standardized at Makerere, the program will serve as a resource available to other AFENET and OHCEA member countries.

Goal:

This sub-activity will both: 1) support AFENET's stated goal, which is to "strengthen field epidemiology and public health laboratory capacity and effectively contribute to the management of epidemics and other major public health problems in Africa"; as well as 2) build the internal capacity of AFENET to train, manage, conduct and evaluate effective outbreak response in support of national/district level public health systems coordinated by MoH and MAAIF, and as part of LOW 3.1: Strengthen human and organizational capacity to improve outbreak response.

Objectives:

1. Strengthen human resource capacity in field epidemiology, and effective outbreak response;
2. Strengthen AFENET institutional capacity for training, mentoring, and management

Activities:

1. Provide ongoing support for five graduate veterinary students at Makerere School of Veterinary Medicine (SVM), with a hands-on/practical/field focused curriculum including links to One-Health approaches to disease surveillance, field investigations, applied epidemiology, data analysis and interpretation, outbreak response, communication, risk assessment, basic socio-economics, participatory methodologies and M&E. The program aims to address large gaps in animal disease surveillance by directly addressing the needs of MAAIF, and fostering cross-sectoral/inter-ministerial interaction, collaboration and partnership in addressing outbreak response issues. Trainees would be enrolled in a "special program" under the existing MSc in Preventive Veterinary Medicine at Makerere SVM, and requested funding would cover additional program costs, field placement/mentoring, and stipend (first 6 months and laptop computer is covered under GL 3.2.0). A mentoring program involving AFENET, Makerere SVM, Tufts and UMN will be established to ensure that the MSc program has adequate human resources. International exposure visits to the

US, other African countries and possibly in Asia will provide opportunities for trainees to observe and evaluate different approaches to disease surveillance and response. AFENET will also initiate discussions with AU-IBAR, WHO-AFRO, OIE and FAO to ensure that this new program is in line with and responsive to their overarching strategies.

2. Build AFENET capacity to train professionals in participatory epidemiology (PE) methods, by supporting the completion of a participatory epidemiology manual (in collaboration with ILRI/PENAPH with whom the first draft was developed) and conducting associated refresher training. The PE manual will be designed using One Health approaches and complement the IDSR technical guidelines to enhance the ability of the IDSR system to link with community level activities, including for example, evaluation of unusual animal health events. This will be done in collaboration with WHO-AFRO, FAO and OIE and in support of MoH and MAAIF.
3. Build AFENET capacity to undertake M&E activities, by supporting an introductory workshop on program evaluation, and providing guidance on activities like: developing evaluation processes for AFENET training modules; developing performance indicators for program inputs, processes and outputs; with an emphasis on implementing Participatory Impact Assessment (PIA) to measure impact of projects on the lives of program participants. The RESPOND M&E team will work with AFENET to develop appropriate training modules and M&E tools and approaches. Tufts and UMN will provide additional expertise in participatory methods.
4. Strengthen management practices within AFENET through a combination of training and organizational development technical assistance. This activity will be designed in discussion with AFENET management and is intended to complement ongoing organizational strengthening initiatives. Specific objectives under this concept note are to strengthen project management and mentorship capacity of the Secretariat, by providing a customized opportunity for didactic and experiential learning in these areas. This activity will be carried out with technical assistance from TRG, Tufts and UMN and may involve coordination with a local management institute with a locally certified and recognized program.

Expected Outcomes:

- Successful completion of the MSc in Preventive Veterinary Medicine resulting in five qualified, competent veterinarians trained in public health who will support national and district-level surveillance activities coordinated by MoH and MAAIF.
- A final tested version of the PE manual (including both participant and trainer manuals) available for use.
- Trained AFENET professionals competent in PE who will be potential trainers for expansion of PE methodologies to public health and One Health professionals.

- AFENET Secretariat personnel competent in M&E (including PIA) who will be able to support capacity building among AFENET professionals in member countries.
- Standardized tools that can be used to monitor the impact of AFENET's inputs into public health capacity building developed, tested and available for use.
- AFENET Secretariat with increased management and mentoring skills.

RESPOND CONCEPT PAPER – SUB-ACTIVITY 3.2.0.5

Cooperative Agreement Number GHN-A-00-09-00015

Sub-activity number: 3.2.0.5

Sub-activity name: Private Sector Outbreak Response Training – East Congo

Partner lead: DAI

Grantee: N/A

Introduction

In Uganda, USAID’s Health Initiatives for the Private Sector (HIPS) program has worked with the private sector to improve the quality of health care. HIPS has facilitated the Uganda Manufacturing Association (UMA) and the Federation of Uganda Employers (FUE) to establish health training programs on HIV/AIDS, TB, malaria, and reproductive health. Both organizations now have professional Master Trainers to deliver health-based work place initiatives to member companies. Through the HIPS program, UMA and FUE have trained over 6,000 peer educators who in turn, provide health information in the work place and who act as behavior change agents.

UMA and FUE have a combined 11 Master Trainers. These Master Trainers are UMA or FUE employees and are MSc. level health professionals or counselors. They have received three weeks of Training of Trainers (ToT) training from HIPS USAID trainers and are “certified” according to International Labor Organization standards as adult trainers. Each has more than five years experience in workplace peer education and adult education.

UMA and FUE peer educators are selected by their peers because they are perceived as leaders, act as role models, and have strong communication skills. Most speak English, but not all are literate. In general, there is one peer educator for every five to 10 employees. Peer educators’ role and responsibilities include:

- conducting referral services
- creating new linkages between existing resources within the community
- conducting health awareness discussion groups; and
- being observant for health concerns and reporting them to management.

In addition, they are responsible for filling out forms monthly indicating what education or training they have provided. Peer educators are mentored through supportive supervision by UMA/FUE training staff.

Peer educators are volunteers and are not remunerated, but there have been incentive programs to encourage participation.

The private sector in Uganda represents an important and untapped resource to support the Uganda Ministry of Health's (MOH) disease surveillance and outbreak response system. The peer educator system utilized by FUE and UMA currently plays an important communication role in companies and communities. The peer educator system can be used to broaden the reach of the current health information systems about disease outbreaks, to educate Ugandans about the IDSR reportable diseases, help them recognize unusual illnesses, understand what the risks are, and let know what they should do to plan for and assist in responding to disease outbreaks.

EPT and other Partners

The World Health Organization (WHO) in Uganda is currently in the process of revising the IDSR for Uganda and will complete it before the end of 2011. IDSR training has not been conducted in Uganda for five years. WHO and the MOH have a 5-day Community Based Disease Surveillance curriculum, but this curriculum is designed for Village Health Teams and is focused exclusively on IDSR reporting. WHO anticipates rolling out their new IDSR training to health care professionals in Uganda's health districts over a three-year period. The new IDSR training modules will be pre-tested in mid-May.

Currently, none of RESPOND's existing partners in East Congo have an available disease surveillance and outbreak response training curriculum designed for non-health professionals in the workplace.

Therefore, RESPOND will not be using our existing partners' curricula to conduct this sub-activity, rather RESPOND will customize a curriculum based on available materials and incorporate the IDSR reportable diseases with an overview of the reporting requirements for health care providers. The RESPOND East Congo Regional Training Lead, together with the team Technical Specialists, Drs. Farnham and Mullins, will ensure that the customized curriculum and supporting materials are consistent with and conform to international standards, but simultaneously represent a uniform, comprehensible set of training materials responsive to Uganda's health circumstances.

The RESPOND East Congo team will also take advantage of this training activity to consult with Ugandan Government Ministries, such as the Ministry of Agriculture, Animal Industry and Fisheries, the Ministry of Relief and Disaster Preparedness, the Ministry of Energy and Mineral Development, and the Ministry of Trade and Industry, to discuss their roles in disease surveillance and outbreak response. This information will be used to customize the curriculum to the private sector.

Goals and Objectives:

The overall goal and objective of this sub-activity is to broaden the support network for the Uganda Ministry of Health's existing disease surveillance and outbreak response system by including Uganda's private sector and its resources.

The training goals and objectives are the following:

- a. To build the capacity of UMA's and FUE's health trainers to deliver disease surveillance and outbreak response support training
- b. To teach peer educators how they can participate in disease surveillance and outbreak response, and thereby increasing national capacity at the field level
- c. To have peer educators teach their peers about IDSR reportable diseases, make referrals to health professionals, to recognize unusual disease events and report them, and, to support health professionals, as needed, in planning for and during outbreaks.

The goals for peer educators will include:

- Educating co-workers about epidemic diseases
- Providing referrals to health facilities
- Providing disease and health promotion information to co-workers upon request
- Assisting the health care provider at the workplace in identifying sick people and with health promotion campaigns
- Assisting health authorities or VHTs with surveillance in their company and in the community
- Alerting VHT or health authorities of suspected disease or odd illnesses, and
- Assisting the health care provider at the workplace in epidemic control planning for the company.

Activities:

TASK 1: Developing the Schedule of Activities

The first step of this sub-activity will be for RESPOND to develop a schedule of activities for the UMA and FUE. The schedule will outline activities such as; training needs assessment including material availability; building the business case for the training; developing a work plan; obtaining support of their respective executive councils; identifying the businesses that initially should be contacted and meeting with them; modifying the curriculum to ensure it is suited to their audience; and, training of trainers and peer educators.

TASK 2: Curriculum Review

RESPOND will review the existing community-based training curricula: Red Cross Epidemic Control, WHO/MOH Community Based Disease Surveillance, and STOP AI community-based training.

RESPOND will consider each curriculum with respect to the training objectives above and determine what is appropriate for use in this context and the extent of any modification required.

RESPOND anticipates that no single individual curriculum will meet all of the training objectives. As stated earlier, a customized curriculum embodying aspects of these existing training materials will be developed by the RESPOND East Congo Regional Training Lead in collaboration with her RESPOND technical counterparts and Master Trainers from UMA and FUE. The final curriculum will, while tailored to the Ugandan environment, will adhere to and uphold those international guidelines and standards established by WHO, OIE and IHR. It will also take cognizance of the needs, structure and abilities of the Ugandan private sector.

TASK 3: Activity Planning

The UMA and FUE have established a process by which they introduce any new health-based training program. Initially, RESPOND personnel will brief the executive boards of UMA and FUE about the proposed training and then provide an in-depth briefing of the UMA and FUE Master Trainers about the depth and breadth of the training. RESPOND will assist UMA and FUE personnel to develop a PowerPoint presentation which they will present to their executive councils. The executive councils meet quarterly with the next meeting scheduled for June. The presentation would outline the objectives of the training course and the business case for why businesses should train their employees in disease surveillance and outbreak response. Then, UMA and FUE will hold a meeting to brief the chief executive officers of selected member companies. Target companies will be from the extractive industry sector.

Following these meetings, further discussions will be held with selected companies to explain the training program to their Health or Corporate Social Responsibility officers. Once companies have agreed to the trainings, UMA and FUE will establish a schedule and work plan for conducting the trainings.

RESPOND has identified the geographic locations and types of companies to target for the training. These include the extractive industries and those companies that operate where outbreaks historically have occurred. RESPOND will work with UMA and FUE to initially identify 20 companies that fit into the above categories. Meetings will be conducted with these companies with the objective of enlisting at least 10 for training. A RESPOND representative and either a UMA or FUE representative will attend these meetings.

RESPOND will require that FUE and UMA establish a cost-sharing relationship with the companies engaging in training. Cost-sharing can include use of in-kind goods and services such as use of company meeting facilities, providing lunches for trainees and trainers, and ensuring that employees that participate in training are paid.

TASK 4: Outbreak Preparedness and Response Curriculum Adaptation

The training curriculum must meet the above listed standards and training objectives, as well as the specific needs and objectives of the target companies and the UMA and FUE. The curriculum must also be approved by the Ministry of Health.

Under this task, RESPOND will work with our partners to design a disease surveillance and outbreak response support curriculum for the private sector. At the outset of this process, RESPOND staff and our partners will meet with the MOH to involve them in the process of curriculum development. RESPOND will ensure that the MOH remains involved throughout the process. RESPOND will also be responsible for ensuring that a draft curriculum is assembled and circulated among the partners, with the MOH having authority for final approval. Upon receipt of the MOH's comments and suggestions, RESPOND will finalize the curriculum for pre-testing.

TASK 5: Training

Training will follow the following two-step process:

1. A Master Trainer identified by RESPOND will train UMA and FUE Master Trainers in delivery of the curriculum developed. Thus, this will be a Training of Trainers exercise.
2. Subsequently, UMA and FUE Master Trainers will instruct secondary trainers and peer educators at the companies and businesses which have agreed to participate.
3. Peer educators will be responsible for conducting training sessions and outreach periodically with their peer groups.

Whether training is delivered on site or collectively to multiple companies will depend on the proximity of the participating companies and the cost-sharing arrangement. The UMA or FUE will determine what is most cost effective and will be responsible for conducting the training. The trainings should include at least 20 peer educators. The UMA and FUE will be responsible for all logistics. RESPOND personnel will attend the first five training sessions to provide feedback and support to the trainers.

The FUE and UMA will be responsible for conducting five peer educator trainings each, resulting in a total of approximately 200 peer educators trained within four months of the Master Trainers having completed their TOT training.

The UMA and FUE will develop a work plan to roll-out this training to additional companies.

TASK 6: Planning Clinical Staff Training

Many of the businesses that are members of the UMA and FUE have on-site clinics staffed by medical professionals. Some only serve the company, but some also serve the local community. The HIPS program has helped certify many of these clinics to dispense anti-retroviral drugs.

As part of the visits to prospective target companies under Task 2, RESPOND personnel will gather information on the on-site medical personnel, if any, and assess their training needs with respect to disease surveillance and outbreak response support. This information will be used to determine future training required to support this group, such as IDSR.

Schedule

The first milestone of the project will be to secure the approval of the UMA and FUE executive councils. Once this is achieved, Task 4 can be started. Visits to the target companies and meetings with individual CEO's outlined in Task 3 will not begin until MOH final approval of the curriculum is received. Once there are commitments by at least two companies for the training, the Master Trainer TOT will occur. Following completion of the TOT, the UMA and FUE will be responsible for establishing a training schedule for secondary trainers and peer educators, produce the training materials, arrange logistics and initiate conducting the trainings.

Expected Outcomes:

1. Establishment of partnerships with UMA and FUE for disease surveillance and outbreak response training.
2. Development of a modular disease surveillance and outbreak response training curriculum tailored to the private sector.
3. Master Trainers capable of delivering disease surveillance and outbreak training to the private sector.
4. Trained Peer Educators with sufficient knowledge and capacity that they can support disease surveillance and outbreak response activities at their work place and in their communities.

RESPOND CONCEPT PAPER: SUB-ACTIVITY 3.2.0.6

Cooperative Agreement Number GHN-A-00-09-00015

Sub-activity number: 3.2.0.6

Sub-activity name: Support for Investigation & Response to Ebola in Uganda

Partner lead: DAI

Grantee: N/A – This is a direct assistance activity.

Introduction:

EPT RESPOND was invited by the Ugandan Ministry of Health to the first meeting of the Ebola Outbreak Task Force called on 14 May 2011. Attended by RESPOND Senior Field Epidemiology Officer, Dr. Douglas Hatch, the Ministry presented data collected by the initial investigative team following up the confirmation of a single human case/death of Ebola. In addition to the index case fatality, the team identified 23 persons who had contacted the fatal Ebola case; these contacts (family, clinic, hospital) that are now being followed on daily basis (details in meeting notes provided as Annex 3).

The meeting, also attended by CDC/Uganda, AFENET, and WHO discussed the results from the field investigation and pro-active measures to be taken to prevent new cases of Ebola (e.g. in health workers) and to strengthen response should there be additional suspect or confirmed cases. Within this conversation, roles of the various actors were discussed and on May 16th, RESPOND received a request from Dr. Issa Makumbi (Surveillance Director, Uganda MoH) to provide support for additional field investigations and response. Dr. Makumbi confirmed immediate needs for the outbreak investigation, surveillance and response efforts by email on 18 May 2011.

EPT and other Partners:

The Ebola outbreak response support activity will be implemented at the request of the Ugandan Ministry of Health and in coordination with CDC/Uganda, WHO, and AFENET, all of whom are participants in the outbreak task force.

Goal:

The goal of the Ebola outbreak response support activity is to strengthen the Ugandan Ministry of Health response efforts through the provision of materials and logistical support to One Health multi-disciplinary teams.

Objectives:

- To provide for the material and logistical needs of the MoH to enable them to conduct field investigations; and
- To provide support for a targeted community education communication strategy.

Activities:

1. Provide Personal Protective Equipment (PPE) & Disinfectants:

Support, as needed, procurement and provision of PPE of appropriate type, and supplies consistent with CDC and MoH recommendations for use by outbreak investigation team to minimize biohazard exposure for both human and animal health professionals. Bulk supplies including but not limited to gloves, masks, gowns, eye protection, and disinfectant were requested by Uganda MoH to backstop PPE kits.

2. Support disease investigation:

- Fuel:

Support purchase of petrol needed for vehicles used to conduct investigation

- Per Diem for multi-disciplinary investigative teams:

Provide support for per diem and local travel to conduct investigation in outbreak areas. Teams would be coordinated by the Uganda MoH, in collaboration with MAIFF, UWA, CDC Uganda, WHO, AFENET and RESPOND, and include local community health workers, appropriate district health and MAIFF officials, community animal health workers, other selected staff of above Ministries and AFENET and/or Makerere University, to identify new and convalescent cases of illness in humans (including contacts, family and community members), and/or animals compatible with Ebola virus infection.

Appropriate national officials and CDC Uganda / UVRI would oversee proper sample collection, labeling, transport, storage and testing. MoH has noted bats and monkeys in the at-risk districts. They have identified a need to conduct surveys in wildlife as well as domestic animals as an inter-ministerial effort. RESPOND has suggested inclusion of

EPT PREDICT technical experts in the wildlife and domestic animal surveying and sampling efforts.

3. Ship Samples:

According to differential diagnosis, individuals whose condition meets the suspected case definition for Ebola will be tested and samples sent by most expedient means for confirmatory analysis at the UVRI.

4. Support MoH Communication Strategy

Provide direct assistance to the MoH to support a targeted communication strategy for community education about Ebola, including use of pamphlets, radio, TV, newspaper and health education discussions. Uganda MoH has specifically requested support for radio and TV talk shows in 6 at-risk districts. Additional funds to support fuel and transport for MoH film vans to conduct community sensitization are requested.

Expected Outcomes:

- Outbreak investigation teams not exposed to biohazards.
- Targeted communities aware of Ebola risks.

Annex 2: Preliminary outbreak information

Index Case:

A 12 years old female from Nakisamata village, Ngalonkalu Parish, Zirombe sub-county, Luwero district, died on 6 May; information about the evolution of symptoms in the week prior to hospitalization include.

- May 1, 2011, patient presented with complaints of headache for which she received headex[®], an analgesic.
- May 4, 2011, the patient developed a fever associated with chills.
- May 5, 2011, the patient developed vomiting for which the grandmother obtained additional treatment.
- May 6, 2011, the patient developed epistaxis (nasal bleeding). She was taken to Kisakye clinic in Zirombe where the health worker inserted adrenaline nasal packs and administered two injections of quinine and vitamin K. While at the clinic, the patient's condition deteriorated; she developed hematemesis (vomiting blood), and had vaginal and rectal bleeding. The health worker advised referring the patient to Wobulenzi, but the father decided to take the patient to Bombo General Military Hospital.
- The physician at Bombo Military Hospital noted at 1300hrs (May 6, 2011) that upon admission, the patient was semi-conscious, had jaundice, conjunctival injection and an enlarged spleen. As the patient's condition worsened, she was intubated and started on oxygen therapy. A blood sample was obtained for a complete blood count and cross-matched for possible transfusion.. The patient died at 16:45hrs on May 6, 2011 before any transfusion was done. The body was disinfected, wrapped in a bag and placed in a coffin. The coffin was handed over to the relatives on the day of burial – May 7, 2011. Relatives were advised not to open the coffin prior to burial. The burial was done at Negulumye village, Busikuma sub-county, Wakiso district.

The patient had been living with the grandmother for at least four years, and had only travelled in December 2010 to stay with the father in Busukuma, Wakiso district during the holidays and returned in January 2011 when the first term commenced. There was no history of exposure to a patient or deceased person with similar symptoms in the three weeks preceding her illness onset. There was no history of contact with either sick or dead wild/ domestic animals (e.g. monkeys or bats). The grandmother however reported that they regularly travel to the neighboring village of Timba to dig and collect firewood.

Contact Case:

One health worker who provided care to the index case was classified as exposed. She is now under observation and has developed symptoms. A sample has been collected awaiting results.

Possible New Case:

18 May an additional potential case of Ebola was reported in an 8 year old boy from the Wegera District. The MoH is awaiting the findings from a sample testing.

Note: On May 16, 2011 MoH reported that one of the contacts had a fever, but that illness was due to laboratory-confirmed malaria, rather than Ebola.

Annex 3: National Task Force Meeting Minutes

NATIONAL TASK FORCE (NTF) ON EBOLA OUTBREAK IN LUWEERO DISTRICT

Meeting of 14 May 2011

MoH Level 3 Board Room

MEMBERS PRESENT

NO	NAME	ORGANIZATION	CONTACT
1	Dr. Mbonye Anthony	MOH -Chair	
2	Dr. Nanyunja Miriam	WHO	
3	Dr. Okot Charles	WHO	
4	Dr. Wamala Joseph	MoH	
5	Dr. Amone Jackson	MOH	
6	Dr. Makumbi Issa	MoH	
7	Dr. Kiyingi Herbert	CDC	
8	Melissa Dahlke	AFENET	
9	Trevor Shoemaker	CDC	
10	Dr. John R. Lule	CDC	
11	Dr. Kagwa Paul	MoH	
12	Downing Robert	CDC	
13	Douglas Hatch	RESPOND	
14	Kayaga Emmanuel	MoH	
15	Dr. Amandua J	MoH	
16	Dr. Monica Musenero	AFENET	
17	Mugagga Malimbo	MoH	
18	Mulabya Fred	MoH	
19	Dr. Namukose Esther	MoH- Minute taker	

AGENDA

1. Communication from the chair
2. Reports from the Laboratory
3. Report from the Field Surveillance Team
4. Discussions
5. Way forward /Action points

MIN 1/05/2011: COMMUNICATION FROM THE CHAIR

The meeting was chaired by the commissioner, health services (community health), which he called to order at 9:40 am. He thanked members for sacrificing their weekend to attend the task force meeting and requested for a self introductions session. In his communication from the chair, he then made the following remarks;

- He informed members of the confirmed outbreak of Ebola in Luwero district.
- The chairman expressed the need to plan how best the interventions will be handled by identifying the required immediate response actions which include; informing the public through a press release detailing what they need to do to curtail Ebola outbreak.
- He was optimistic that this outbreak will be controlled given the experience from other related outbreaks like the recent yellow fever in Northern Uganda.
- He informed members that an article of confirmed Ebola in Uganda had been put in the New York Times magazine implying that the international community is already aware of the outbreak.

MIN 2/05/2011 LABORATORY REPORT

At Bombo Military hospital

- The CBC count showed a markedly elevated leucocytosis with a WBC count of 25.2×10^3 cells/mm³ (normal $4-11 \times 10^3$). The hemoglobin level was low (9.4gdl^{-1}); and Platelets were normal at 157×10^3 (normal $150-400 \times 10^3$). There was a marked lymphocytosis – 12.8×10^3 (normal $1.4-4.5 \times 10^3$). The WBC differential counts indicated a neutropenia of 25% (normal 50-65).

At the Uganda Virus Research Institute

- Subsequent laboratory testing undertaken at UVRI-Entebbe was positive for Ebola Sudan by PCR and ELISA antigen testing. Aliquots have been sent to CDC-Atlanta for further testing.

MIN 3/05/2011 REPORT FROM THE FIELD TEAM

(Please see detailed report below in Annex 4)

- Debriefed District Health Officer (DHO) together with his surveillance team on the purpose of our mission and agreed on the schedule of activities during our stay.
- Held a meeting with the staff of Bombo General Military Hospital to verify the reported VHF (reviewed the clinical and laboratory notes to determine whether the patient met the clinical case definition) as well as the capacity of the hospital to respond to further VHF cases.

- Conducted active search for additional cases in Bombo General Military Hospital as well as in the local clinic where the case was treated and in the village where the case originated.
- Line listed all contacts (in Bombo General Military Hospital; Nakisamata village; and Kisakye clinic in Zirobwe town).
- Sensitized clinicians who attended the meeting in Bombo Military Hospital on surveillance (case definition, reporting and contact tracing tools), infection control procedures and case management in cases of suspected VHF.

MIN 4/05/2011 IMMEDIATE ACTION POINTS

No	Action	Responsible
	National level	
1	Inform the public thru Media Centre	Mr. Kagwa to develop a Press Release to inform the public of the confirmed outbreak; containing details of what the public should do to prevent the infection today 14 th May 2011.
2	Constitution of National Rapid Response Teams	Dr. Amone, Dr. Wamala, Mr. Atek designated to set up National Ebola Rapid Response Teams that will respond to notifications
3	Gaps in exposure	Dr. Wamala to constitute and dispatch a team comprising of ESD, CDC and WHO to conduct further epidemiological investigation to explore the possible exposures amongst peers beginning next week on Monday 16 th May 2011.
4	Hotlines	Develop a hotline (six lines identified –Dr. Kagwa , Dr. Musenero Monica, Dr. Okot Charles , Dr. Makumbi Issa, Dr.Wamala Joseph , Dr. Nanyunja Malium , Dr. Amone Jackson).
5	National Task Force meetings	Hold regular National Task Force meetings next meeting on Monday at 10.00am MOH.
6	Sample collection	Streamline the collection of samples using CPHL (Mr. Atek Kagirita – as the focal Person) as well as sharing of epidemiological and lab information between ESD, UVRI & CPHL.

7	Immediate Response plan	Dr. Mbonye and Dr. Okot Charles to develop a costed national response plan
8	PPE	Avail a central repository for PPEs, body bags that can be readily accessed for investigation and response
9	Communication to DHOs and Regional Referral Hospitals	Dr. Issa Makumbi on behalf of DGHS to alert all DHOs about the outbreak through a circular and telephone calls, on the outbreak as well as the need to enhance infection control. Dr. Amandwa Jacinto to alert all National, Regional Referral, General Hospitals, health facilities on the outbreak as well as the need to enhance infection control measures.
10	Seeking for Technical Support	Request for Technical support from WHO on surveillance, laboratory Dr. Mbonye will contact MSF for case management and to set up isolation facilities in Bombo Military Hospital.
	District level	
11	Isolation facilities	Designate a room for isolation of suspect/confirmed case within the hospital
12	District Rapid Response mechanisms	District Task Force needs to convene to prepare a response plan to guide interventions Set up a district rapid response team as well as an ambulance to transport cases
13	Contact tracing	Daily monitoring and reporting of the health status to hospital authorities, DHO & MoH of the status of the 23 people who were in contact with the deceased case
14	Infection Control practices	Facilitate the health facilities to observe infection control measures by providing hand washing facilities, water, soap, waste bins etc.
15	Enhancing VHF surveillance throughout	Disseminate the VHF case definition to all the HF in the district and ensure that health workers are aware that they

	the district	need to maintain a high index of suspicion for VHF as well as the need to report on a daily basis including zero reporting for suspect VHF cases
	Bombo Military Hospital	
16	Contact Health workers	Daily monitoring & reporting of their status to hospital authorities, DHO & MoH Dr. Amone Jackson and team to meet and advise the exposed health workers to consider social distancing till the recommended 21 days post exposure period
17	Hospital Ebola emergency team	Reconstitute, reactivate, and train the Hospital Ebola emergency team
18	Closed room in outpatient department where the deceased patient was treated	Fumigation should be undertaken before the room is disinfected using chlorine solution by someone putting on full PPE

Annex 4: LUWERO VHF OUTBREAK VERIFICATION REPORT
MAY 2011

<i>Name</i>	<i>Task</i>	<i>Institution</i>
Dr Joseph F Wamala	Epidemiologist	Epidemiological Surveillance Division/MOH
Mr. Kawenyera Richard	Surveillance Officer	District Health Office Luwero
Mr. Atek Kagirita	Lab scientist	Central Public Health Laboratories
Dr Charles Okot	Epidemiologist	WHO EPR
Dr Herbert Kiyingi	Epidemiologist	CDC Uganda
Dr Trevor Shoemaker	Epidemiologist	CDC Uganda
Dr John Lule	Epidemiologist	CDC Uganda

On May 14, 2011 the above team traveled to Luwero district to verify a report of a Viral Hemorrhagic Fever (VHF) case. While in the district, we conducted the following activities:

1. Debriefed District Health Officer (DHO) together with his surveillance team on the purpose of our mission and agreed on the schedule of activities during our stay
2. Held a meeting with the staff Bombo General Military Hospital to verify the reported VHF (reviewed the clinical and laboratory notes to determine whether the patient met the clinical case definition) as well as the capacity of the hospital of respond to further VHF cases
3. Conducted active search for additional cases in Bombo General Military Hospital as well as in the local clinic where the case was treated and in the village where the case originated.
4. Line listed all contacts (in Bombo General Military Hospital; Nakisamata village; and Kisakye clinic in Zirobwe town).
5. Sensitized clinicians who attended the meeting in Bombo Military Hospital on surveillance (case definition, reporting and contact tracing tools), infection control procedures and case management in cases of suspected VHF

Findings

A) Debriefing with the DHO

At the de-briefing meeting with the DHO, Dr. Joseph Okware, we noted that the district had been notified on 9th May, 2011 of a suspected case of VHF who had died at Bombo General Military Hospital. The district then put together a Rapid Response Team (RRT) composed of the District Surveillance focal person, Mr. Kawenyera Richard and the HMIS Focal Person, Mr. Robert Kayanja to verify the report. The team has been in touch with the staff at Bombo Military hospital as well as the family of the VHF case. The team established that the deceased had symptoms consistent with VHF with no positive history of exposure to a case with similar illness and currently no evidence of illness among the close contacts to the VHF case. The DHO assigned Mr. Richard Kawenyera to move with the team to visit Bombo Military Hospital, the Private Clinic in Ziobwe Town, as well as the Village where the VHF case resided.

B) Review of the Clinical and Laboratory Notes at Bombo Military Hospital

At Bombo General Military Hospital, the Team held a meeting with the staff. During the meeting, the team reviewed the clinical and laboratory notes of the reported VHF case.

Patient was identified as NC (Abbreviated for ethical reasons), a 12 years old female from Nakisamata village, Ngalonkalu Parish, Ziobwe sub-county, Luwero district admitted as a referral from Kisakye Clinic in Ziobwe Town on 6th May 2011.

The illness started on Sunday May 1, 2011 with complaints of headache for which she received headex[®], an analgesic which contains paracetamol. The headache did not respond well to the treatment hence the illness progressed and by May 4, 2011, the patient had in addition developed fever that was associated with chills.

At this point the grandmother went back to the clinic where she was given unspecified medicines to treat the patient. On May 5, 2011, the patient developed vomiting for which the grandmother obtained additional treatment to have it controlled.

On May 6, 2011, the patient was so weak and developed epistaxis. At this point the grandmother decided to take the child to Kisakye's clinic in Ziobwe where the health worker inserted adrenaline nasal packs in to the nostrils and administered two injections of quinine and vitamin K. However, while at the clinic, the condition of the patient deteriorated after she developed hematemesis, per vaginal as well as anal bleeding. The health worker therefore decided to refer the patient to Wobulenzi,

but the father of the patient decided that they instead take the patient to Bombo General Military Hospital.

In addition to the symptoms observed above, the physician at Bombo Military Hospital noted at 1300hrs (May 6, 2011) when she arrived that she was semi-conscious, with a tinge of jaundice, conjunctival injection as well as an enlarged spleen. There was however no history of pain in the throat on swallowing, no history of abdominal pain, and no history of hiccups. This was documented as an index admission. No history of recurrent epistaxis, bleeding tendencies or any chronic illness was elicited. The physician made a provisional diagnosis Disseminated Intravascular Coagulation with a functional platelet disorder with Viral Hemorrhagic Fever as a differential diagnosis.

As the patient's condition worsened, she was intubated and started on oxygen therapy. A blood sample was obtained for CBC as well as grouping and cross-matching. The patient passed away at 16:45hrs on May 6, 2011 before blood transfusion could be done. The body was disinfected, wrapped in bag and put in a coffin. The coffin was handed over to the relatives on the day of burial – May 7, 2011. Relatives were advised not to open the coffin prior to burial. The burial was done at Negulumye village, Busikuma sub-county, Wakiso district.

The patient had been living with the grandmother for at least four years and had only travelled in December 2010 to stay with the father in Busukuma, Wakiso district during the holidays and returned in January 2011 when the first term commenced. There was no history of exposure to a patient or deceased person with similar presentation in the three weeks preceding the onset of symptoms. There was no history of contact with sick or dead wild/ domestic animals like monkeys or bats. The grandmother however reported that they regularly travel to the neighboring village of Timba to dig and even collect firewood.

C) Capacity of Bombo Military hospital to respond to further VHF cases

Isolation ward: During the meeting with the hospital Director and other staff it was revealed the hospital has no isolation ward. There is therefore need to set up temporary shelters and tents to manage the patients. There is adequate space near the mortuary where this facility can be established.

Personal Protective Equipment (PPEs): There were a few PPE kits in the hospital that were used on the VHF patient before she passed away. The hospital therefore lacked PPEs. During our visit to the hospital, CDC Uganda provided 50 kits of PPEs with the hospital. Additional supplies for the hospital and the rest of the health facilities in the district need to be sourced by government and partners.

Hospital Ebola response team: This team needs to be reconstituted, reactivated, and trained to support preparedness and response activities in the hospital.

Infection control: There was discussion during the meeting on the need to enhance standard infection control in the hospital as part of ensuring that nosocomial infections are minimized.

D) Active Case Search

The team conducted active search for additional cases in Bombo General Military Hospital as well as in the local clinic, Kisakye clinic in Ziobwe Town where the case was treated and in the village, Nakisamatta where the case originated. In all these places, the team interviewed the health care workers as well as community members like the Local Council Leaders, Village Health teams and relatives of the deceased case for anyone who fell ill with fever and bleeding tendencies in the months of April and May 2011. The search yielded no single case.

E) Contact Tracing and Listing

From the evolving story, we noted that the patient had been treated in two health facilities namely, Kisakye Clinic in Ziobwe Town and Bombo Military Hospital. Additional contacts were identified among close family members and village-mates who participated in nursing the patient while at home and in the health facilities, those who slept in the same house with the patient after the illness started as well as those who participated in the transportation of the patient to the clinic in Ziobwe Town and eventually to Bombo General Military Hospital. We therefore listed all possible contacts (see attached list) and summarized them all in the table below.

Location	Number	Type of Contact	Contacts Focal Point
Bombo General Military Hospital	11	2,3	Sr Gwokyalya Emma
Kisakye Clinic in Ziobwe Town	2	2,3	Mr Zikusoka Godfrey
Nakisamata village, Ngalonkalu Parish, Ziobwe Sub-county, Luwero	9	2 and 3	Ms. Akello Lilian (VHT)
Negulumye village, Luggo Paish, Busukuma sub-county, Wakiso district	1	1,2,3	Mr Sam Serunkuuma
Total	23		Ms. Nabagala Sarah

None of the line listed contacts had had a febrile illness since the last day of contact with the deceased. And all contacts were until otherwise advised instructed to:

- i. Observe social distancing i.e. home confinement for the next 21 days, avoid visitors and visiting, avoid sexual contact with spouses and avoid mass gatherings and if possible avoid public transport.
- ii. Report any febrile illness to their liaison focal point person identified by geographical location
- iii. Liaison contact person to notify the district surveillance officer by telephone to facilitate transportation and handling the suspected patient in a manner established by the VHF case-management guidelines

F) Sensitization of Clinicians during the Verification Mission

Sensitized the staff at the meeting in Bombo military hospital on VHF case detection, observing routine infection control, investigation (including filling of case investigation and contact listing forms, specimen collection, handling and referral), reporting and management of dead bodies if at all. Copies of the case definition for VHF, the steps for putting on and removing PPEs, constitution of chlorine solutions, contact listing and follow-up forms, and the case investigation forms were left at the hospital and at the district health office.

Next meeting NTF meeting is scheduled for Monday 16th May 2011 at MoH Level 3 Board Room at 11.00 am.

Minutes prepared by

Confirmed by

Dr. Esther Namukose

Dr. Anthony Mbonye

RESPOND CONCEPT PAPER – SUB-ACTIVITY 2.4.4

Cooperative Agreement Number: GHN-A-00-09-00015

Sub-activity number: 2.4.4 SE

Sub-activity name: Support Regional TEPHINET Conference in Bali, Indonesia, Nov 2011

Partner lead: Tufts

Grantee: SAFETYNET

Introduction

TEPHINET was established in 1997 with the intent to help strengthen international public health capacity through the support of field-based training programs in applied epidemiology and public health practice. The challenge is to ensure that training programs provide graduates with a solid foundation in the science of epidemiology as well as the capacity to manage the resources of our public health systems.

Every two years, TEPHINET holds a bi-regional scientific conference for the South East and Asia Pacific regions. This is a gathering of public health professionals who share experiences and lessons learned in outbreak investigation and response and public health interventions. Pre-conference workshops are also conducted that provide short-courses to upgrade the knowledge and skills of the participants. This conference strengthens networks of field epidemiologists who are vital in the efforts to ensure preparedness and ability to respond to global health threats; especially threats of pandemic nature.

The 6th TEPHINET Bi-Regional Scientific Conference will be conducted at the Nusa Dua Convention Center, Bali, Indonesia on November 7-11, 2011 with the theme “Global Surveillance Networking for Global Health”. The South Asia Field Epidemiology and Technology Network (SAFETYNET) will play a major role in helping the host country prepare for the conference by working closely with the Indonesian Ministry of Health, TEPHINET, and the various committees in the preparation and conduct of the scientific conference and the pre-conference workshops, and by working with RESPOND to provide financial support to participants.

The pre-conference workshop will provide short-courses to upgrade the knowledge and skills of participants in the areas of epidemiology, technology, management, and statistics. There will be a maximum of 30 participants per course. Short courses will include:

- Basic Epi data course – to be conducted by REDI Center
- Scientific and Technical Writing Skills – to be conducted by SAFETYNET
- Epi Lab skills – to be conducted by CAREID
- Management and Policy in Epidemiology – to be conducted by Health Policy Development Project
- Curriculum Development for Applied Epidemiology Program Supervisors – to be facilitated by SAFETYNET
- One Health surveillance – to be conducted by Tufts University
- One Health policy development – to be conducted by Tufts University

Summary of RESPOND support requested by USAID Indonesia and the Indonesian Ministry of Health

It is expected that some 700 abstracts from more than 40 countries will be submitted of which about 100-150 will be accepted for oral and poster presentations. Since some of the participants accepted for presentations do not have access to financial support to attend the conference, TEPHINET and SAFETYNET, in coordination with the host country Indonesia, are seeking support for their attendance. Financial support will be provided to selected participants, including 12 animal health staff from Indonesian Ministry of Agriculture that are studying epidemiology at the Faculty of Medicine and Faculty of Veterinary Science, Gajah Mada University, Yogyakarta. Preference for the remaining scholarships will be given to participants from countries with newly established FETPs (Vietnam) and to FET supervisors/mentors from countries with modified applied epidemiology training programs who would benefit from the opportunity to attend and present at an international conference (Laos and Cambodia).

Activities

1. Support for organization and delivery of short courses at the pre-conference workshop
2. Support for up to four (4) plenary speakers to deliver scientific papers at the conference
3. Scholarships for up to 100 FET students to attend and deliver oral presentations on their field work

Expected Outcomes

1. Up to 200 participants will be provided with learning opportunities on statistics, scientific writing, epidemiology and laboratory analytical skills, management and policy development and surveillance of emerging diseases
2. Plenary speakers will provide addresses and share their knowledge on a broad range of topics
3. Up to one hundred (100) FETP fellows will present oral papers on their field activities, including both medical and veterinary professionals undergoing training in the SE Asia region
4. Consolidation and support for a One Health approach to outbreak response

RESPOND CONCEPT PAPER – SUB-ACTIVITY 2.4.3

Support for „Putting One Health to Work’ Meeting

Cooperative Agreement Number: GHN-A-00-09-00015

Sub-activity number: 2.4.3 SE

Partner lead: DAI

Introduction:

In the last 12-month period, the regional discussion has focused on ways to operationalize the One Health approach, exploring opportunities and mechanisms for greater collaboration between human health, animal health and the wildlife sectors. Regional experiences and lessons learned in this area have been shared at a series of conferences and meetings, culminating in the 1st International One Health Congress in Melbourne from February 2011.

To build on these rich experiences, and also to move the discussion forward, a two-day meeting with staff from the Ministries of Health, Agriculture and Forestry (to include wildlife) from the eight countries of Thailand, Vietnam, Lao, Malaysia, Indonesia, Burma, Philippine and Bangladesh, will be convened in Bangkok, in a meeting supported by the European Union and USAID. The meeting is hosted by the UN System Influenza Coordination (UNSIC), in collaboration with the Food and Agriculture Organization of the United Nations (FAO).

EPT and other Partners:

This seminar is hosted by the UN System Influenza Coordination (UNSIC), in collaboration with the Food and Agriculture Organization of the United Nation (FAO) with the support of the European Union and USAID. This activity envisions more effective response to emerging pandemic threats by utilizing a One Health approach in South East Asia.

UNSIC seeks \$20,000 to bring the Ministry of Health officials from the eight countries to Bangkok for the meeting. The costs include airfare, lodging and transportation and per diems. All other meeting costs and participant costs have been covered.

Goal:

The goal of the seminar is to share and assess the experience and insights of the integral Ministries addressing human, animal and environmental health in the region. Each country’s lessons learned in developing mechanisms for increasing interministerial, multisectoral and interdisciplinary collaboration

will be shared and will build on the analysis of gaps and opportunities to develop a two-year action plan to better promote and advocate for One Health in national settings.

Objectives

- To raise awareness of the staff from the Ministries of Health and Agriculture and Forestry (wildlife) from various countries about emerging infectious diseases with potential for high impact and those with national and global significance
- To provide the opportunity for effective networking and sharing of information, expertise and good practice on national, regional and global development in programs on emerging infectious diseases as well as expand and strengthen network in the region
- To explore opportunities and mechanisms for greater collaboration towards One Health approach between human health, animal health and the wildlife sectors in South East Asia
- To expand and strengthen One Health approach in order to build outbreak response capacity between eight countries in South East Asia
- To discuss and develop an Action Plan for promoting One Health and increasing its understanding, acceptance and adoption across key sectors of government and society
- To serve as a space to inform the international participants about the Regional Framework for a Communication Strategy against EIDs in Asia and the Pacific 2011-2016, a document aligned with One Health principles and developed by FAO, UNICEF, UNSIC and AED, as well as feedback from WHO SEARO.

Activities:

1. Share country experiences by representatives from several sectors, including animal health, human health and wildlife health
2. Analyses in adopting the One Health approach in the national and international levels
3. Discuss in developing an Action Plan for promoting One Health and increasing its understanding, acceptance and adoption across key sectors of governments and societies
4. Introduce the Regional Framework for a Communication Strategy against EIDs in Asia and the Pacific 2011-2016, a document aligned with One Health principles
5. Opportunity to attend a special half-day session of the regional Emerging Infectious Disease Preparedness Forum (EID forum) after lunch on the second day, invited speakers from Thailand, Bangladesh, Indonesia and Vietnam will share their country-level experiences and analyses with One Health as a prelude to sharing the Action Plan developed the previous day.

Expected Outcomes:

- Increase of awareness among the staff of various countries about emerging infectious diseases and its potential high impact
- Improve teamwork and One Health community network among human and animal health and the wildlife professionals in South East Asia
- Increase effectiveness of adopting the One Health approach in the country and between the countries
- Decrease the gap of collaboration between staff of animal, human and wildlife health in the country and between countries
- Initiate the concrete action plan to promote One Health among the government sectors in the national and international levels
- Enhance of the knowledge of the Regional Framework for a Communication Strategy against EIDs in Asia and the Pacific 2011-2016 which will be presented during the seminar and its best practice.

APPENDIX II: SUCCESS STORIES

Emerging Pandemic Threats Program

PREDICT • RESPOND • PREVENT • IDENTIFY



RESPOND

SUCCESS STORY

One Health Training Course in Wildlife, Livestock Disease and Public Health for African Ministries in Rwanda



Training participants in discussion with community members in a local village near Akagera National Park.

"I wish to thank all of the participants, trainers and management for the successful training."

*Dr. Winyi Kaboyo
Assistant Commissioner,
Ministry of Health, Uganda*

"It was a very fruitful meeting, and it was a pleasure to meet friends from various countries from the human-livestock-wildlife sectors. Now we can start communicating."

*Dr. Julius Keyyu,
Director of Research,
Tanzania Wildlife Research Institute*

"The training went exceptionally well and it evidently generated great enthusiasm among participants for the One Health approach. We will need to sustain, expand and harness this enthusiasm in order to promote One Health at local, national, regional and continental levels."

*Dr. Thomas Nyariki
Wildlife Expert
African Union, Interafrican Bureau for Animal Resources*

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During the first ten days of July, 2011, the first USAID-sponsored Wildlife Investigation, Livestock Disease and Public Health training workshop was held at Rwanda's Akagera National Park. The training was well represented by 24 professionals from several countries' Ministries of Health, Agriculture and Wildlife.

Because the ten participating countries (Botswana, Kenya, Mozambique, North Sudan, Rwanda, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe) have similar savanna ecosystems, the content of the training was tailored to analyze the current challenges of their landscape. Beginning with a field-site visit of the national park, facilitated by savanna ecology experts, participants were challenged to apply the One Health approach in analyzing emerging infectious disease issues. Additional field trips to local communities and a health center were included, and attendees participated in problem-based learning exercises, short lectures, and small group discussions. The main theme – **multi-disciplinary cooperation and collaboration** – permeated the workshop structure.

As a result of well-facilitated participatory learning methodologies, the training attendees were motivated to apply the learning experiences to their daily work. For example, at the end of the workshop, the participants created two products: 1) written One Health recommendations to the African Union Interafrican Bureau for Animal Resources (AU-IBAR) and the Rwandese authorities; and 2) a draft regional surveillance system for priority diseases using a One Health approach.

Participants also volunteered to join a One Health network to support each other in the future. This enthusiasm is testament to the power of fostering cooperation and collaboration across disciplines and agencies. The training also reflected the spirit of collaboration, as it was jointly sponsored by RESPOND, the Food and Agriculture Organization and AU-IBAR, in collaboration with the Royal Veterinary College, the Zoological Society of London, the Wildlife Conservation Society and PREDICT.

Emerging Pandemic Threats Program

PREDICT • RESPOND • PREVENT • IDENTIFY



RESPOND

SUCCESS STORY

Catalyzing Collaboration in Vietnam's Wildlife Health Management



Participants in a working group at the workshop

RESPOND is one of four partner projects of USAID's Emerging Pandemic Threats Program. RESPOND seeks to build local capacity of state and non-state actors to manage outbreaks of animal-borne diseases such as H1N1 flu and Ebola virus in hot-spot regions around the world.

Vietnam's impressive biodiversity and rich array of wildlife species is accompanied by a diverse set of institutions and actors that regularly interact with its wildlife populations but rarely communicate with each other. The communication gap has become a concern for the Vietnamese Government, which recognizes that poor coordination could permit the development of disease outbreaks in wildlife that could cross over to threaten humans. In October 2010 the government requested assistance to improve coordination in the wild animal sector from the U.S. Agency for International Development (USAID).

To address this gap, two USAID Emerging Pandemic Threats Program (EPT) partner projects – RESPOND and PREDICT – combined resources to organize a workshop that established a baseline of information on wildlife health and disease in Vietnam.

The two-day workshop in Hanoi began March 15, 2011, and 101 staff from 47 government agencies and other local and international organizations in Vietnam participated. At the meeting, groups as diverse as government ministries, circuses and wildlife rescue centers collaborated to identify gaps in Vietnam's ability to identify, investigate, diagnose and respond to wildlife disease outbreaks and define obstacles to improved communication between actors. Participants also formulated positive steps that government and non-government institutions can take to resolve existing gaps in wildlife health management. Recommendations included curricular changes for veterinary training, clear and consistent regulations, and the translation of critical reference materials. The analysis will help to inform Vietnam's National One Health Policy, as well as future assistance by RESPOND, PREDICT and other EPT partner projects.

The impact of the workshop was immediate: attendees agreed to form a new network of animal health and wildlife professionals as a platform to communicate on wildlife health and to facilitate dialogue between participants in the sector. The Vietnamese government has requested a second workshop, and the new network will help to ensure that Vietnam's preparedness for zoonotic diseases continues to grow stronger in the long term.

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APPENDIX III: PUBLICATIONS

There were no publications reported during this quarter.

APPENDIX IV: PRESS

Article in the Cameroon Tribune – “Emergent Diseases: the counter-attack”

Maladies émergentes : la contre-attaque

Un programme de riposte a été lancé hier à Yaoundé par le secrétaire d'Etat à la Santé, Alim Hayatou.

Ce ne sont pas de nouvelles maladies. Encore moins des affections inconnues, les maladies dites émergentes. D'après les experts, ce sont des endémies transmises à l'homme par un animal. Et sur les 1461 agents pathogènes connus pour provoquer la maladie chez les êtres humains, au moins 60% sont d'origine animale. A titre d'exemple, l'on cite la fièvre Ebola, la grippe aviaire et celle dite AH1N1, dont les récents passages dans notre pays ont causé des dégâts. Aujourd'hui, les scientifiques estiment que plus d'un

quart de la population mondiale pourrait être infecté et 51 à 81 millions de personnes pourraient mourir, en cas d'épidémie mondiale.

C'est pour éviter une telle catastrophe, pareille à celle de la grippe de 1918, qui tua près de 50 millions de personnes à travers le monde, que l'Agence américaine pour le développement international (Usaid) a mis en place le programme « Menaces des maladies émergentes ». Projet mis en œuvre avec l'appui technique des partenaires tels que l'Organisation mondiale de la santé (Oms), l'Organisation mondiale pour

l'alimentation et l'agriculture (Fao) et des structures américaines comme Global Viral Forecasting Inc (Gvfi), l'Académie pour l'éducation et de développement (Aed) et Développement Alternatives (Dai). Le programme met l'accent sur l'identification et la riposte précoce aux germes dangereux. Il est développé dans les zones géographiques où les risques d'émergence des pandémies sont élevés comme celui du Bassin du Congo.

C'est pour présenter ce programme aux autorités nationales et lancer également ses activités au Cameroun, que les acteurs se sont réunis hier à Yaoundé dans le cadre d'un atelier. En ouvrant ces assises, le secrétaire d'Etat à la Santé, Alim Hayatou, a dit que le gouvernement a mis en place le projet « Fonds commun pour la prévention et la lutte contre la grippe aviaire ». Aussi, au moment où le gouvernement travaille pour la consolidation des acquis de ce projet, le programme « Menaces des maladies émergentes », « est le bienvenu dans notre pays ». Il explique qu'il permettra d'intensifier les actions déjà engagées dans les différents secteurs concernés. Notamment ceux en charge de la santé humaine et animale.

Elise ZIEMINE



Les participants autour du secrétaire d'Etat à la santé Alim Hayatou.

2 0 CAMEROUN TRIBUNE

English Summary of the last 2 paragraphs of the article above (in French):

“To avoid a catastrophe like that of influenza in 1918, USAID created the "Threat of Emerging Diseases" program with support of WHO, FAO, and American institutions like Global Viral Forecasting Inc, AED and DAI. The program focuses on identification and early response to dangerous germs. It is being developed in geographic zones where the risks of emergence of pandemics are greatest, such as the Congo Basin.

It was to present this program to national authorities and launch the activities in Cameroon, which the actors assembled yesterday at Yaoundé under the auspices of the workshop. Upon opening the event, the Secretary of State of Health, Alim Hayatou, said that the government has established the project "Common Funds for the Prevention and Control of Avian Influenza." Also, at the moment, the government is working to consolidate the elements of this project, and the program "Threats of Emerging Diseases" is welcome in our country. He explained that he will permit the intensification of the actions already engaged in the different sectors concerned. Notably, those in charge of human and animal health.”

Article in the *Le Messager* (Cameroon) – “Cameroonians under the menace of diseases of animal origin.”

ZOONOSE

Les Camerounais sous la menace des maladies d'origine animale

Yaoundé a abrité hier une rencontre dont l'objectif est d'informer et sensibiliser les autorités nationales et les populations en vue de l'appropriation des interventions d'un programme international pour maîtriser la menace.

Vih/sida, paludisme, grippe A/h1n1, rage, salmonelloses, staphylococcies, tétanos (clostridium tétani), tuberculose, fièvre hémorragique, fièvre jaune, dengue, maladie du sommeil ... Ces maladies (et la liste est loin d'être close), ont un dénominateur commun : elles affectent l'homme et sont d'origine animale. C'est-à-dire que ces affections sont transmises à l'homme par les animaux domestiques ou sauvages. Les spécialistes appellent cela "zoonose" qui est une infection ou infestation naturellement transmissible de l'animal à l'homme et vice versa. Elle est causée par divers agents biologiques tels les virus, bactéries, champignons, etc. Beaucoup de maladies émergentes – qui apparaissent pour la première fois, explique Etienne Kembou, point focal Oms du projet Emerging pandemic Threats – sont des zoonoses. Selon l'Oms, 75% des maladies infectieuses connues à ce jour sont d'origi-

ne zoonotique. Seulement, déplore le directeur régional de Global viral forecasting, inc (Gvfi) la connaissance des zoonoses est encore très lacunaire. A titre d'exemple indique-t-il, "1400 virus pathogène sont répertoriés à ce jour chez l'homme, et 1000 chez les animaux domestiques, mais il en existe probablement bien plus dans la faune sauvage, et certains d'entre eux (grippe par exemple) présentent de nombreuses variantes et créent constamment et naturellement des souches mutantes, comme cela a été le cas en 2009 avec l'apparition de la grippe A/h1n1".

Depuis le début des années 2000, tous les 14 à 16 mois affirme-t-il, une nouvelle maladie émergente est découverte contre une tous les 10 à 15 ans dans les années 1970. Une augmentation qui s'explique certes par une veille épidémiologique plus intense, mais aussi par une augmentation des conditions favorisant ces émergences : Le monde étant devenu un village planétaire, l'intensification des activités forestières, de chasse, et la vie avec les animaux domestiques et surtout une extraordinaire mobilité des hommes. L'autre exemple cité par ce dernier est celui des Vih/s parus au début des années 80, et dont les réservoirs naturels se trouvent être le chimpanzé, le singe et le gorille.

Le pays dans une zone à risque

Comme le démontrent les récentes pandémies des maladies émergentes, à l'instar d'Ebola, grippe aviaire et A/h1n1, la sécurité sanitaire internationale est de plus en plus menacée. Face à cette menace, l'Usaid et d'autres partenaires au développement ont lancé au niveau mondial, un programme dénommé "Menaces des pandémies émergentes" en anglais Emerging pandemic Threats, développés dans les zones géographiques où les risques sont élevés. Ce sont les pays situés autour de la forêt amazonienne en Amérique du Sud, dans la région du Gange et la région du Mékong en Asie du Sud et du Sud est, de la zone du bassin du Congo comme le Cameroun. Ici, les maladies d'origine zoonotique constituent un problème de santé publique. En témoigne la présence desdites affections au sein des populations. Ce programme présenté hier jeudi 14 avril 2011 à Yaoundé, met l'accent sur l'identification et la riposte précoce aux germes dangereux qui se trouvent chez les animaux avant qu'ils ne deviennent une menace considérable pour la santé humaine. Ces interventions s'articulent autour de quatre composantes que sont prévoir, réagir, identifier et prévenir.

Nadège Christelle BOWA

English Summary:

The first 3 paragraphs contain information about various diseases, how the world has become a "global village", and how intensification of forestry activities, hunting and human mobility, have increased conditions favorable for emerging disease outbreaks.

The last paragraph is entitled: **“The country in a zone of high risk.”**

"As it has been demonstrated by the recent pandemics of emerging diseases (Ebola, H1N1Avian Influenza), international health security is more and more threatened. Facing this menace, USAID and other partners in development have launched, on a world level, a program called Emerging Pandemic Threats, developed in the geographic zones where the risks are elevated. These are the countries situated around the Amazonian forest in South America, in the region of the Ganges and the Mekong region in South and Southeast Asia, and in the zone of the Congo Basin, as Cameroon.

Here, diseases of zoonotic origin constitute a problem of public health. This program presented yesterday, Thursday 14 April, 2011, at Yaoundé, put emphasis on the identification and early response to dangerous germs found in animals before they become a considerable menace for human health. These interventions are articulated around 4 components which are predict, respond, identify and prevent.