1/ Opening: purpose and objectives
The meeting was opened by Anastasia Pantelias representative of the Gates Foundation (GF) and François Meslin of the World health Organization (WHO). They welcomed the participants on behalf of their respective organizations. This first International Coordinating Group meeting was organized almost a year after the signature by the 2 parties of the above GF funded/WHO coordinated project in order to review the progress made, identify challenges and discuss the second phase of project implementation. The meeting was held in WHO Headquarters Geneva with the participation of the national coordinators of and advisers to the 3 Gates Foundation funded projects (Kwa Zulu Natal in South Africa, South-eastern Tanzania, and the Visayas in the Philippines) as well as WHO staff involved at country, regional offices and headquarters levels and the responsible officer in the GF. On last morning discussions were held between ICG members and invited rabies experts and heads of WHO Collaborating Centres. The final agenda and list of participants are annexed to this report.

2/ Progress reports from the project sites and WHO

2.1 Kwa Zulu Natal
Much has been achieved in preparation to reach future project objectives despite the late transfer of Gates Foundation funds only received in the Provincial Veterinary Services in September. For example the existing rabies project in KZN supports dog ecology studies across the province which will allow determining baseline data required in objective 1. Research topics such as rapid rabies test kit for surveillance, rural educational systems, oral vaccine bait usage, molecular characterization of viruses, dog population management have received special attention during the past months. Strengthening advocacy activities and "primary canine health care" which are essential project components both largely depending on external funding were carried out at low levels awaiting getting actual access to transferred GF funds. Dog rabies control in the province progressed satisfactorily with a steep decline in the number of animal rabies cases reported in 2009 compared to 2008. Only three human cases in one cluster have been reported so far in 2009. A population control pilot project is under way to create a sustainable model for population control measures in selected villages. This project also demonstrated that dog and rabies control effectively reduces health costs of treating patient for bites and suspect rabies contacts.

2.2 The Philippines
The Department of Health has recently requested the WHO Country Office (CO) in Manila to transfer the GF grant to a dedicated Department of Health (DOH) trust fund through a Direct Financial Cooperation (DFC) scheme. Completion of 1st year project funds transfer to the DOH Central Office and the Centers for Health Development (CHD) for western and central Visayas was achieved at the end of October. As the time of this
meeting activities towards the achievement of the project objectives have however been mostly limited to activities carried out as part of the National Rabies Prevention and Control Programme funded by the Philippine Government. In the meantime however the WHO country office conducted interviews for the selection of 4 new staff to assist the national coordinator in project implementation at national (1 position) and regional level (3 positions). Dog rabies vaccine (150 000 doses) for the dog vaccination campaigns of early 2010 was ordered and received. In addition a consultation with the regional field implementers was organized by DOH in August during the Visayas Zonal Planning workshop. Initial consultation with the Local Government Units (LGUs) have also been conducted in some project sites. Baseline data on animal bites cases and human and animal rabies cases have been collected using existing reporting system. New data on dog population in some project sites were also collected.

2.3 Tanzania
The project area in South-Eastern Tanzania comprises five regions (Morogoro, Coast, Dar es Salaam, Lindi and Mtwara) and twenty four districts. The framework for management of the project is now in place with a rabies control project central office established in the WHO CO in Dar es Salaam. The project coordinator and data clerk have been contracted since 1st August 2009. A driver was recruited mid October 2009. Members of the rabies control technical committee have been identified in the Ministries of Health and Social Welfare (MoHSW), Livestock Development and Fisheries (MoLDF), Prime Minister’s Office Regional Administration and Local Government, Ministry of Education and Vocational Training, Natural Resources and Tourism as well as in the Ministry of Finance and Economic Affairs. This committee that will meet for the first time late November 2009, will provide technical support and advice to project implementers in all issues related to rabies prevention and control. The project has been delayed mainly due to delays in recruitment of the coordinator and data clerk. However, some milestones have been achieved on time such as development and production of education materials, preliminary introduction of the project in Dare Es Salam and Morogoro regions, baseline data collection on dog and animal bite case numbers and procurement of essential equipment particularly vehicles, human and animal vaccines and rabies immunoglobulin.

2.4 International coordination (WHO Regional office for Africa -AFRO-, WHO Country Office in Manila the Philippines, and Headquarters - HQ -)
The Grant Letter from the Gates Foundation received by WHO Headquarters late October 2008 was countersigned by Dr Hiroshi Nakatani, Assistant Director General on 11 November 2008. The first installment (for 2008/2009) of the GF grant ($1,824,303 million) was received in WHO Geneva mid December 08 and allotted by WHO finance services early January 09. Project start date indicated in the Grant Letter was 1 November 2009. This report therefore covers the first 12 months of project implementation i.e. from 1 November 2008 to 31 October 2009 even if the funds did not become available to WHO HQ technical office in charge before mid January 2009. Appropriate channels and mechanisms involving relevant WHO country and when appropriate regional offices for the transfer and monitoring of GF funds to the national/regional/provincial institutions involved in project execution were identified and
put into place. Distribution of GF funds from WHO headquarters to regional and/or country offices and national institutions was executed mostly according to specific country budgets set out in the original Proposal (see summary table as annex 3). As animal welfare was considered an important issue by both the Gates Foundation and WHO, the International Companion Animal Management Coalition (ICAM) was requested to assess and advise on dog population management practices in each project area. In collaboration with HQ procurement services equipment specifications were reviewed with Tanzania project coordination office, main recipient of direct supplies. Specifications, best price and quantities of human and dog rabies vaccines and immunoglobulin for human PEP were determined and these biologicals ordered through WHO channels.

4/ Reviewing project site activity plans for 2010/2011

4.1 Kwa Zulu Natal
Large scale field project activities funded by GF monies will actually start in March 2010 with the beginning of the dog vaccination campaign. During the first 10 months that followed the signature of the Proposal the KZN project has had time to "find its feet" and the name of the sponsor of the project showed its weight and value, bringing together a staggering number of people directly or indirectly supporting rabies control. Evaluation of 2009 campaigns will occur from November to January and revised plans will be drawn up for the 2010 campaigns. The project is expected to be officially launched late February or early March. A massive awareness drive will be initiated early 2010 and gain momentum through the campaign phase from March to September 2010. Acquisition of baseline data will be finalized by July 2010 following surveys completion. Monitoring and evaluation particularly of field activities will increase in 2010. At least four visits by local and international experts are planned in 2010. With the increased capacity for additional staff appointments there should be more opportunities for closer monitoring by the project manager as his involvement in administration will be reduced. The scope of the "Rabies Across Borders" group will be expanded to include active cooperation for improved surveillance and control measures in common border areas.

4.2. The Philippines
In areas covered by Phase I (Western Visayas and part of Central Visayas) a catch up plan will be implemented during the remaining months of 2009. This is crucial since social preparation and advocacy campaigns for the this phase of the project were scheduled to take place during year 1. Some catch-up activities may however have to be conducted early 2010 since some of the activities are sequential in nature, particularly the health promotion activities. The catch-up plan is therefore expected to overlap with year 2 activities. Baseline data on dog population and rabies cases will be completed by the end of the year. Dog vaccinators will be trained and provided preventive immunization in the 1st quarter of 2010 and dog registration and rabies vaccination will start in the of the 2nd quarter of 2010 (year 2 activities). In areas belonging to Phase II (Cebu and Eastern Visayas region) activities will focus on social preparation, health promotion and advocacy activities, local launching of the project and collection of baseline data. Dog vaccination campaigns in the phase II areas will depend solely on local and national government resources. Post- exposure prophylaxis (PEP) to animal bite victims shall be
provided by the national and local government. In Phase I and II areas (all sites) monitoring activities by the national and regional rabies coordinators will be conducted at least twice quarterly. Monitoring activities would focus on provision of PEP, dog registration and vaccination (phase I areas) and health education and advocacy activities. New animal bite treatment centres (ABTC) will be established and training will be provided to new and untrained staff. Two national, three regional (one for each region) and one per provincial programme implementation reviews will be conducted to assess project implementation. Surveillance activities, particularly on case investigation and laboratory diagnosis will be supported by the project.

4.3 Tanzania
The main activities to be accomplished during the next phase of the project are:
Completion of collection of detailed baseline data on dog population data and human rabies for the remaining three regions (objective 1); Review of existing SOPs for reporting between veterinary and health departments (activity 2.1.1); Training for clinical officers on PEP administration (activity 2.3.1) and for veterinarians for dog vaccination, dog handling and restraint, diagnostic sample submission, and surveillance (activity 2.3.2), continued community awareness creation through mass media (2.4.1); Mass dog vaccination (activity 3.5.1) and training for field laboratory personnel in sampling techniques (4.3.2) and in diagnostic techniques for laboratory technicians.

4.4 International coordination
During the end of 2009 and in 2010 WHO at all levels will continue with the same staffing arrangements to provide day to day administrative, financial and technical oversight to the project. The International Coordinator will visit Tanzania in December for the second time and participate in the official launch of the project in early 2010 in KZN and in Iloilo for the Philippines. The need for issuing an new APW with ICAM for year 2 will be discussed. An APW will be issued on behalf of KZN to provide primary dog health care services to the project.

5/ Open discussion on challenges, opportunities and threats of project design and implementation

5.1 Kwa Zulu Natal
There is not felt need to bring changes for the next phase of the project to the assumptions, expected results or monitoring and evaluation mechanisms set out in the project Proposal. The major challenges are (a) recorded delays in initiation of project due to bureaucratic latency which should not be repeated through the course of the project (b) Timely funds transfer and supply procurement procedures (c) maintaining enthusiasm of field workers, due to monotony of operation and unexpected demands on their time for other veterinary functions (d) the 2010 World cup potential disruption of work and provincial focus (e) current world economic crisis, exerting pressure on departmental resources with a 7.5% cut in allocations (f) following the 2009 elections a realignment of department could work in favor of the project as there appears to be a greater focus on community development the "primary canine health care" clinics cater for. Lesson learnt is that such a project should allow for an extended project initiation phase. Regarding
publications and data sharing an article appeared in the Alliance for Rabies Control (ARC) newsletter in February 2009 describing the project and a paper was published in the American Society of Microbiology entitled “Rabies Control Program in South Africa” by Louis Nel, Kevin Le Roux, and Ronald Atlas. The KZN rabies project has had an opportunity to present its successes and vision in 2009 to both the South East Africa Rabies Group (SEARG) during its meeting in Botswana and the West African Rabies Expert Bureau (AfroREB) meeting held in Dakar, Senegal. Many African countries have thus been exposed to the concept of paradigm shift for rabies control that the KZN project is proposing. They have seen an exciting project unfolding in Africa that is addressing rabies on a holistic level as well as from a "one medicine" stand-point.

5.2. The Philippines
Additional external support to rabies control in the Philippines may come as Japan International Cooperation Agency (JICA) may provide some logistical assistance to Cebu province, one of the 3 provinces of Central Visayas and included in the 2nd Phase of the project. The JICA proposal submitted 1-2 years ago by the Department of Agriculture covers other island provinces of the Philippines (Luzon group of islands). The DOH and DA had an initial discussion on this matter particularly to avoid duplicating efforts and wasting resources. A more detailed discussion will be conducted after the visit of the JICA representative before the end of the year. The Regional Rabies Coordinators (RRCs) for both the DOH and Department of Agriculture (DA) in Western Visayas were replaced in the early part of 2009. One of the criteria for selecting these areas is the presence of technically competent, hard working RRCs with good working relationship with all stakeholders. Fortunately, the “new” RRCs for both DOH and DA were former RRCs. The challenge now is, how fast these “new” staff can renew/develop a working and harmonious relationship with all stakeholders in the prevention, control and elimination of rabies. The biggest challenge, as perceived by both the national and regional implementers, is to make the Direct Financing Mechanism (DFC) scheme/mechanism work to the advantage of the project. In the DFC scheme, GF funds are treated as funds from the Government of the Philippines (GOP funds). Timely funds disbursement can be an issue as the scheme has numerous requirements and restrictions. However, in all projects that has been implemented, the 1st year is always delayed, and challenges are often addressed adequately by the implementers.

6/ Conclusions and recommendations
Operational coordination structures and appropriate mechanisms for fund transfer and monitoring with all partners i.e national/regional/provincial authorities/institutions, WHO country and Regional Offices and contractors (e.g. Glasgow University) were successfully identified during the first 8 months of 2008. All monies destined for local activities were transferred (see annex 3: budget tables) during that period from Headquarters to WHO country and Regional Offices (AFRO) and eventually to national institutions involved (Department of Health in the Philippines, Provincial Veterinary Services in KZN, Ministry of Livestock in TZN) although they were not always readily available for actual implementation at this level at the time of this meeting. In spite of
delays in project initiation in all areas concerned during this first year a lot was achieved in preparatory activities and catch-up plans have been developed in each area.

In the Philippines the biggest challenge, as perceived by both the national and regional implementers, is to make the Direct Financing Mechanism (DFC) scheme/mechanism work to the advantage of the project implementation. Project initiation has been delayed only in the provinces covered by the first phase of the project however the regional rabies programme coordinators in these provinces have been requested to prepare catch-up plans to implement most 1st year project activities before the end of 2009.

In Kwa Zulu Natal recorded delays in initiation of project due to bureaucratic latency should not be repeated through the course of the project. This first year has provided very favorable conditions for the official launch the GF/WHO project early 2010. It successful implementation in 2010 should lead to a further reduction of animal and human rabies cases by the end of the coming year.

In Tanzania where there is no ongoing rabies control programme the biggest challenges are to built the necessary human resources, the surveillance infrastructure for successful implementation and monitoring and finally establish an effective working relationship with the veterinary sector for dog rabies prevention and control. A catch-up plan has been put into place to implement the delayed activities.

As suggested by a group member holding the 2nd ICG meeting in one of the project areas will be studied for the different sites and costs compare to those of having it in Geneva.

Possibilities of incorporating a quality assurance scheme for rabies diagnosis in certain project areas should be studied.

7/ Closing session
The meeting was closed by Anastasia Pantelias representative of the Gates Foundation (GF). She thanked the participants for their reports and continued efforts in making the respective projects take off and the WHO for providing the coordination at national, regional and global levels. She underscored the fact that projects get easily delayed during their first phase of implementation. Catch-up and rescheduling plans developed during the meeting should allow the project to achieve its critical milestones by the end of year 2. She reckoned this coming year is of paramount importance as large scale mass vaccination campaigns will be launched in all 3 areas and if successful will contribute reduce human and animal rabies incidence towards the established target of rabies elimination by 2013. Upon presentation by early November 2009 of a satisfactory annual financial and technical report by the WHO Secretariat, the Gates Foundation will transfer to WHO headquarters the second installment ($2,063,185.78) of the GF funds in January 2010. Budget allocations by project sites for 2010 are provided in annex 3: budget tables.
Annex 1: agenda

Monday, 5 October 2009

Morning: 1/ Opening: purpose and objectives
(Anastasia Pantelias and F.-X. Meslin)

2/ Progress reports from the project sites (technical) and WHO
2.1 Kwa Zulu Natal (Kevin Leroux)
2.2 The Philippines (Raffy Deray)
2.3 Tanzania (Pelagia Muchuruza)
2.4 WHO (Drs Barryson AFRO, N. Dominguez Country Office, Manila the Philippines, Ong Bee Lee WPRO and F.X. Meslin)

Afternoon: 3/ Administrative and Financial reports
3.1 Kwa Zulu Natal (Kevin Leroux)
3.2 The Philippines (Raffy Deray)
3.3 Tanzania (Pelagia Muchuruza)
3.4 International coordination (F.X. Meslin/Beatrice Wamutitu)

Tuesday, 6 October 2009

Morning: 4/ Reviewing project site activity plans for 2010/2011
4.1 Kwa Zulu Natal (Kevin Leroux)
4.2 The Philippines (Raffy Deray)
4.3 Tanzania (Pelagia Muchuruza)
4.4 International coordination (F.X. Meslin)

Afternoon: 5/ Open discussion on challenges, opportunities and threats of project design and implementation (all participants)

6/ Conclusions and recommendations (all participants)

7/ Closing session (Anastasia Pantelias and F.-X. Meslin)

Wednesday, 7 October 2009

Annex 2: list of participants

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Fax:
E-mail:
Annex 3: Budget tables

Budget allocations 2008/2009

<table>
<thead>
<tr>
<th>Geographic Location(s) of Work</th>
<th>Budget allocations per office</th>
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</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td><strong>Office distribution</strong></td>
</tr>
<tr>
<td>WHO Office, Dar es Salaam United Republic of Tanzania for Southeastern Tanzania site</td>
<td>- Regional Office for Africa: (supplies of vehicles, human and dog vaccines, computers, fridges etc) - WHO Country Office: (project staff and other)</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>Organization</td>
<td>Total Costs</td>
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<tr>
<td>- WHO Country Office: financing agreement with Livestock</td>
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<td>- University of Glasgow: (APW with)</td>
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<tr>
<td>Provincial Veterinary Services, Pietermaritzburg, Kwa Zulu Natal, RSA</td>
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<td>- Regional Office for Africa: (vaccines and vaccination equipment supply)</td>
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<td>- WHO Country Office: financing agreement with Dept of Provincial Veterinary Services (staff &amp; staff travel costs, dog vaccination, IEC)</td>
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<td>- WHO Country Office: (DOH Staff costs, Secretary in WHO and vaccine supply)</td>
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<td>- Subcontracts to other organizations (APWs):</td>
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<td>- WHO/HQ- Staff costs: (dedicated staff within NTD)</td>
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<td>- First Coordination Meeting 5-7/10/09</td>
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<td>- WHO Consultation on rabies in humans and animal 7-9/10/09</td>
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<td>- Travel Coordination</td>
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<td>- miscellaneous expenses</td>
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<tr>
<td>Total indirect costs</td>
<td>+ $81,135</td>
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<tr>
<td>Grand Total: $1,824,303</td>
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## Budget for 2010

<table>
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<tr>
<th>Location</th>
<th>$ allocation 2009/2010</th>
<th>$ carry over from year 1</th>
<th>$ total allocation 2009/2010</th>
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<td>Indirect project costs</td>
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**Total budget**: $2,063,186

**Total carry over**: $195,462

**Grand Total**: $2,258,648