Second Meeting of the International Coordinating Group (ICG) of the Gates Foundation/WHO project for Human and Dog Rabies Elimination,  

5-7 October 2010  

Hotel White Sands, Dar Es Salaam, United Republic of Tanzania

1. Opening: purpose and objectives

The meeting was opened by Dr Martins Ovberedjo, Officer In Charge (OIC) at the time of the meeting. Dr Ovberedjo welcomed the participants on behalf of Dr R. Chatora, WHO Representative and thanked the Gates Foundation for its support and WHO Headquarters for assisting with the management of the project. Anastasia Pantelias representative of the Bill and Melinda Gates Foundation (BMGF) and François Meslin of the World health Organization (WHO) also welcomed the participants on behalf of their respective organizations. This second ICG meeting organized almost 2 years after the signature by the two parties of the above BMGF /WHO project aimed at reviewing the progress made, identifying challenges and discussing the third year of project implementation with the national coordinators and advisers to the three Gates Foundation funded project areas (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. This second meeting was held in Dar es Salaam, United Republic of Tanzania, to facilitate participation of key national officers and experts from the Tanzanian ministries of health and livestock Development as well as from associated research/teaching institutions and sharing of experience in between project areas during a field visit organized on 7 October. The final agenda and list of participants are annexed to this report.

2. Progress reports from the project sites and WHO
(see also annex 3: specific results per project sites and WHO)

2.1. Kwa Zulu Natal

The Gates foundation/WHO support has brought sustainability and stability to the provincial programme for rabies elimination which both had historically been lacking. This crucial support has turned what could have been a disastrous year, into a successful one. Despite the cost-cutting measures introduced by the KZN Provincial government, the province continues to invest significantly in rabies control, with more than $ 6.6 million being spent on rabies PEP in humans and rabies control measures in animals, which speaks of its committment to the project.

Rabies cases in KZN continue to decrease as a result of the successful campaigns undertaken so far this year. A 17% decrease in cases is predicted for 2010 (vs 2009) which will represent an overall 60% decrease in cases from the record highs of 2007. By the end August, 354 163 animals had been vaccinated in KZN in 2010, with a further 80 000 vaccinations predicted for the last two months of the campaign in 2010. This represents an 18% increase in the number of animals vaccinated compared to 2009 and this despite difficulties getting campaigns conducted in the northern part of the province due to drastic staff and vehicle shortages.

Under the banner of the Bill & Melinda Gates Foundation and the WHO, the project has developed a life and momentum of its own and this year alone the project has joined forces with the FAO, the Medical Research Council (UK), the CDC (USDA), Merial and Sanofi Pasteur. These organizations and companies have provided further support to drive various aspects of surveillance, research, awareness and control of Rabies in KZN. This has also impacted neighboring countries and
provinces to KZN, with KZN becoming the reference centre for information regarding control measures in the region.

The research component of the project has also grown into a comprehensive overview of key aspects relating to the achievement of the goals of the Rabies Project. Three PhD projects, one Master project, and 5 other ground breaking projects are guiding rabies control in KZN. Topics include: dog ecology, dog behavior, PEP, canine contraceptives, dog surveillance, disease awareness, canine population management, bait-vaccine and other aspects of rabies vaccine delivery. Animal Primary Health Care (PHC) and Welfare are also key components of the project and this has inspired three other provinces to start companion animal PHC clinics. Three permanent clinics have been established in KZN and are sterilizing dogs despite delays in the provision of funding to assist them. In addition SOP’s developed in KZN are being used across SA.

By October this year 95% of the 2009 monies have been committed for use before the end 2010, and processes are now in place to ensure smoother running of the expenditure. Furthermore the commitment by KZN to this project is adequately demonstrated by the amounts being contributed by the departments to ensure the continuation of the rabies control program. This is conservatively estimated to be US $6,600,000 for 2010 making the BMGF contribution just over 7% of the total spent on the disease in KZN. The BMGF’s name has brought more value and sustainability than money itself as people see the purpose and commitment internationally and want to come aboard and support the momentum.

2.2. The Philippines

In the Philippines, year 1 catch-up activities and year 2 activities have been ran simultaneously in 2010. The project was officially launched in March this year in the different provinces of the Visayas. Other major activities included consultative meetings and planning workshops, advocacy meetings with Local Chief Executives and mass dog vaccination. Preparatory activities such as training of dog vaccinators, pre-exposure immunization of dog vaccinators, and procurement of the much needed human and dog vaccines, specimen transport boxes, pre-paid cell-phone cards, office supplies and computers have been conducted in support of these major activities. Collection of data on GIS/geography as well as on dog population, human and animal rabies cases, and dog movement has also been made.

Since dog vaccination activities commenced only in June 2010, an overall 30% dog vaccination coverage has been reached as of September 2010 in the 1st Phase areas (all provinces of Western Visayas and 2 provinces of Central Visayas). Vaccination campaigns are at different stages of implementation and in Region 6 (27.6% overall as of June 30, 2010) estimated coverages ranged from 73.28% in Iloilo City, 62.2% in Bacolod city to 4% in Aklan. Dog vaccination activities are still ongoing and a much higher average coverage can be expected by the end of 2010.

Animal rabies surveillance data in recent years show a decreasing trend in the number of dog rabies cases as well as the number of dog samples submitted for rabies diagnosis. The number of human rabies cases on the other hand, does not appear to vary significantly in recent years and still appears to be directly proportional to the number of animal bite cases. The impact of project interventions however, has yet to be determined once the complete annual rabies surveillance data for 2010 is collected.

A total of US$ 496,585 (corresponding to a transferred/obligated budget of US $ 443 820 for Year 2 + year 1 carry-over funds) was available in the Department of Health-Philippines for implementation of the Rabies Free Visayas Project. From the above total a sum of US$276,164 (56%) had been utilized as of September 2010 for implementation of project activities. True activity implementation rate is however higher as several activities had been charged to sub-allotment funds from the National Rabies Prevention and Control Program (DOH-Central Office) while awaiting receipt of the BMGF funds or shouldered by the respective Local Government Units. In addition some other activities have actually been conducted but their actual payment has not yet been made.
Other agencies, professional associations and local governmental structures are also helping the BMGF project to achieve its goals. For example:

The 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 2 years ago by the Department of Agriculture covers other island provinces of the Philippines (Luzon group of islands). The project will only include dog population management activities.

The Philippine Veterinary Medical Association (PVMA) has decided to conduct mass vaccination campaign in Bantayan Island. Bantayan island composed of 4 municipalities is part of Cebu province. The activity is being coordinated with the DA. Coordination with PVMA and DA- BAI will be conducted to ensure there will be no duplication of work in Bantayan island. The regional rabies coordinator for Department of Agriculture (DA) in Western Visayas was replaced very recently in response to our DOH regional coordinators request to designate the “old” coordinator as the focal person for the project. The “old” coordinator refers to the coordinator before start of the project. The request was made because the replaced coordinator was uncooperative and unpopular to most provincial Veterinarians, adversely affecting the implementation of the project.

The Local Government Units (LGUs) are very supportive of the project and have contributed significant amount of money to improve dog vaccination coverage. This includes funds for the conduct of training of dog vaccinators (included in the plan but funding was not available when needed), procurement of needles and syringes, cold chain equipment, dog vaccines, support to dog vaccinators and others.

2.3. Tanzania

The project was officially launched on 14th May 2010 by Dr John Pombe Magufuli, Minister for Livestock Development and Fisheries Ministry. The coordination mechanism between and Ministries of Health and Livestock has been established whereby two rabies Project Focal Persons were designated one in the Ministry of Health and one in the Ministry of Livestock Development. Most of the equipment and supplies: vehicles, motorcycles, refrigerators and human and dog vaccines ordered in 2009 were received by the WHO Country Office and handed-over to the Ministries of Health and Livestock for project implementation.

Baseline data on rabies exposures-dog bites and dog population sizes have been collected from all project Regions: Morogoro, Coast, Lind, Mtwara and Dar s salaam. and these data will be used for vaccination planning. Trainings for implementers at district levels for both health and livestock sectors have been conducted. Dog mass vaccination campaigns have been conducted in seven districts from Dar es salaam and Morogoro regions with a coverage of more than 70% established in most districts.

For year 2 a total of US$ 1,002,135 (year 2 funds plus carry over 2009 ) was received for the implementation of the project. About US$ 700 000 have been spent at the time of reporting to the Gates Foundation including a transfer of US $ 417 500 to the Ministry of Livestock Development. These latter funds will be used to conduct dog mass vaccination campaigns and surveillance in the project area between November and December, 2010.

2.4. International coordination

During the period from 21 January to 6 August most monies (including 2009 budget carry-over) destined for the 3 project sites were transferred from WHO-HQ to the WHO Regional Offices and when required from there to the relevant country Offices for further distribution to the national, provincial or regional institutions involved. By April more than 86% of the GF monies meant for Philippines had left WHO-HQ. By 6 August 2010 most of 2010 GF monies for Tanzania (TZN) and Kwa Zulu Natal (KZN) had left WHO HQ (96.5 % for TZN and about 88% for KZN). Transfer was delayed by HQ as TZN and KZN spending of their 2009 funding was slower than planned.
Arrangements (product identification and appropriate quantity reservations) for the procurement of dog and human rabies vaccines and rabies immunoglobulin were made by the International Coordinator Office in collaboration with the National Coordinators and WHO Procurement Services in Geneva. Final orders were processed by the relevant WHO Regional Office upon request of the respective National Coordinator through the WHO country office. The SSA of the National Coordinator for the Tanzanian project was extended for one year starting in September 2010. In the Philippines and Kwa Zulu Natal the national and provincial rabies programme managers respectively continued to act as Coordinators of the Gates Foundation funded project.

As animal welfare remains an important issue for both WHO and the Gates Foundation the contract with ICAM (International Companion Animal Management Coalition) was extended for a year more to continue to assist WHO in assessing dog population management practices and advice on how to improve them in each project area. Contracts with Glasgow University to provide advisory services to the Tanzanian project on the one hand and with the Alliance for Rabies Control (ARC) to sponsor a meeting of the Partnership for Rabies Prevention (PRP) on the other were also extended for a year. A contract was awarded to a rabies expert through ARC to provided emergency advisory services to the National Coordinator in Dar es Salaam and to the Tanzanian Livestock Department. A new contract was signed by the International Coordinator Office with an expert in dog handling and welfare to assist the Coordinator of the Kwa Zulu Natal project to develop a "primary animal health care" (PHC) strategy and conduct a number of applied research projects.

During this second year one expert (through an APW with ARC) was sent during the first half of 2010 to Tanzania to urgently advise the National Coordinator and the Ministry of Livestock Development. No other adhoc "trouble shooting" visits were required. The IC visited the Philippines and the Kwa Zulu Natal once and Tanzania twice.

3. Reviewing project site activity plans for 2010/2011

3.1. Kwa Zulu Natal

The goal of the Rabies Elimination Project is controlling human rabies through dog rabies control. Hence the main activities to accomplish during the next reporting period are: (a) Dog rabies control campaigns with an evaluation of the successes and challenges from 2010 season, reshuffled campaigns according to priority areas and signed commitment obtained to conduct campaigns, as well as training of SPCA, Municipal and military volunteers. (b) Awareness/Education with the official launch of the GF project in March 2011 and as per year one, mass media coverage (c) improving Human PEP with an Evaluation of PEP in KZN, training of Human health practitioners and approval of Intradermal pre-exposure and four Pilot sites for ID PEP (d) Surveillance (activity 4.4.4) with open satellite laboratory, evaluation of rapid test as a practical surveillance tool and improved sample collection and submission (e) Primary Animal Health Care with mobile PH care campaigns in all key areas, support to static clinics and improve holistic PH care during campaigns and finally (f) research with finalized ecology studies, initiation of serological surveillance, evaluation of capture drugs and GonaCon, initiation of Dog Behavior study, Bait vaccine trial, vaccine thermostability trial and evaluation of PEP in KZN.

3.2. The Philippines

Programme Implementation reviews/planning workshops will be conducted in the national, regional and provincial levels to constantly evaluate and coordinate proper implementation of the project. At the national level, regional coordinators will be consulted early next year to further discuss activities for Year 3, particularly the mass dog vaccination campaigns. Monitoring activities by the National and Regional Rabies Coordinators will be also be conducted more frequently, at least twice quarterly. Training of dog vaccinators and mass dog vaccination will be carried out in Phase II areas.
The development of an internet-based rabies information system will also be initiated. Year 2 activities that were not conducted due to lack of time, will be conducted along with year 3 activities.

Procurement of office supplies that have not yet materialized will also be pursued. The possibility of procuring the office and other supplies of the project through WHO will be explored.

To ensure the availability of dog vaccines and funds for the incentives of dog vaccinators, the Department of Health is willing to use the funds intended for the procurement of human rabies vaccines and rabies immune globulin (RIG) and for the training of Animal Bite Treatment Center (ABTC) staff to support the 2 activities to improve dog vaccination coverage.

For year 3 (2011), the Provincial Veterinarians request that the dog vaccines are available by March to coincide with the nationwide celebration of the Rabies Awareness Month and to maximize the summer season, when students are on summer break from March to May.

3.3. Tanzania

The project will continue to collect data on human exposures and human rabies from all the project areas through the Ministry of Health Infectious Diseases Department to which animal bites and rabies are reported on a weekly basis for monitoring and evaluation of PEP. The mobile phone data system will be used to collect addition information needed for evaluation of project progress from the districts. Supervision of campaigns for evaluation of compliance to Standard operating Procedures for dog mass vaccination will be conducted for the regions of Coast Lindi, Mtwara and Pembe Island. This is expected to take place December 2010 to February, 2011.

Surveillance of rabies in animals and in humans is a continuous process in the implementation of the project. Submission of samples for rabies diagnosis has been low throughout the reporting period. To improve this situation funds to cover livestock officers' transportation costs and allowances in rural areas have been transferred to the districts. Addition trainings on sample collection and submission will be done concurrently with training of livestock/field officers in dog vaccination. Training of laboratory personnel in agreed standard techniques for sample collection/processing and diagnosis will be carried out in collaboration with Sokoine University and Ifakara Health Institute. A fluorescence microscope for rabies diagnosis by FAT has been ordered and expected to be delivered in the next reporting period.

Four health facilities per district will be provided with anti-rabies vaccine to enable most people to get access to these products at a nearby health facilities. Since the Ministry has agreed to use the intradermal (id) route for PEP at least 2 staff per selected health facilities and district including Pemba should be trained in id PEP very soon.

It is planned to conduct dog mass vaccination for the remaining regions of Coast, Lindi, Mtwara and Pemba Island from December 2010 to February 2011. Quotations from the suppliers of vaccination equipment have already been requested and the supply services are working on it. Training for all veterinarians/livestock officers involved in dog vaccinations will be organized prior to the campaigns. The number of expected officer involved will differ per district but it is expected to train about 12 to 18 officers from each district.

Various IEC materials have been developed during 2009/2010 and pre tested. It is planned to produce large numbers of leaflets, fact sheets, posters and 20 TV and radio spots for community rabies awareness creation.

3.4. International coordination

WHO Geneva will continue with the same staffing arrangements to provide day to day administrative and technical oversight of the project. The International Coordinator should participate in the official launch (postponed twice already) of the project in March 2011 in KZN.

As agreed during the second coordination meeting held in Dar es Salaam in October 2010 the 3rd coordination meeting will be held in Geneva in October 2011.

New APWs will be issued: one on behalf of KZN to provide animal primary health care services to the project there during 2011 and one with Glasgow University to continue to provide ad-hoc advisory services to the Tanzanian project. The need to issue an new APW for year 3 will be discussed with ICAM. Arrangements will be made to provide assistance to the Department of
Agriculture, Bureau of Animal Industry, to strengthen its animal rabies diagnostic network quality assurance system.

4. Open discussion on challenges, opportunities and threats of project design and implementation

4.1. Kwa Zulu Natal

A KZN provincial crisis affected all departments and in particular Agriculture in 2008/2009. Spendings within Agriculture were cut with all posts frozen, no new vehicles being bought and mileage and other expenditure cut. Consequently there has been a gradual decrease in overall capacity to deliver over the past two years, which has impacted our activities both animal and human. However we are now entering a recovery stage with new vehicles being purchased for the first time. It is clear that the BMGF rabies project has contributed in increasing the amount spent on vehicles from 4 million to 10 million Rand. Posts are being filled and a new structure is being proposed that could double our staff.

4.2. The Philippines

The biggest challenge, as perceived by both the national and regional implementers, is to make the Direct Financial Cooperation (DFC) scheme/mechanism work to the advantage of the project implementation. In the DFC scheme, the fund is treated the same way as the fund from the national government (GOP- Government of the Philippines funds). In areas where the DFC scheme has been used to implement a WHO supported/funded projects, difficulty in using and accessing project funds has been an issue as the DFC schemes allows very little space for flexibility in the implementation of the project and follows the voluminous requirements and restrictions of government-funded activities causing delays in the implementation of project activities. In some cases, budget officers have required specific guidelines for the use of the project funds (which is not available) and thus, the difficulty in accessing the funds. Hopefully, this challenge can be addressed and overcome after an exchange/dialogue is made between the implementers and the concerned budget/accounting officers and after sufficient experience is gained by the implementers in working with the DFC mechanism.

4.3 Tanzania

Challenges faced during the period include procedures involved in accessing funds allocated to different levels: WHO AFRO (supplies and 2009 carry-over), WCO (local supplies) and Ministry of Livestock Development and Fisheries. This contributed to delaying project implementation. Regarding surveillance the number of sample submitted for rabies diagnosis has been much lower than expected in 2010 and efforts are made to enable livestock field officers to submit more samples in the future.

5. Additional activities:

5.1 UK Medical Research Council (MRC) project "Understanding how a complex intervention works: designing large-scale vaccination programmes"

The University of Glasgow was recently awarded a grant by the UK Medical Research Council (MRC) on the above subject which aims to provide quantitative support and analysis for the BMGF funded projects. The grant runs for 4 years (July 2010-2014) and employs a post-doctoral research associate (PDRA), on-site project liaison officers (PLOs) and provides support funding that will enable analysis and modelling of data generated through the BMGF project activities, to understand how and when it works, and to provide real-time feedback and quantitatively-informed tactical direction in order to improve its effectiveness. Dr. Townsend, PDRA, was invited to this second ICG meeting to meet the national BMGF project coordinators and facilitators. To illustrate how quantitative support can be useful to a mass vaccination she presented some recent work done in support of the rabies epidemic control efforts in Bali, Indonesia. All countries showed an interest in the support being offered and over the coming months the ways in which the project can tailor its support to each of countries efforts will be identified. Visits are also being undertaken to establish and formalize collaborations. Requests for
further details of the objectives of the grant, or any queries about the MRC project are directed to the PDRA.

5. Primary Animal Health Care KwaZulu Natal

KZN has a particular interest and emphasis on Primary Animal Health Care and for this reason has employed a coordinator, Mr Daniel Stewart to oversee this important aspect. Key focus areas and achievements are:

- Monitoring and improvement of welfare standards amongst participants in the project.
  - Drawing up and editing SOP’s for routine aspects of the project (Eight have been produced so far).
- Evaluating activities in the field during campaigns for corrective actions.
- Coordinating primary health care clinics in key areas.
  - Bringing various welfare organisations together as a unified group on common programs. This has resulted in the possibility of establishing a further 10 outreach clinics around the province.
  - Helping to establish 5 permanent clinics where animals can be sterilized from key rabies areas. Provided technical support as well as equipment to these which have resulted in 1708 sterilizations so far, with major purchases only arriving in October and so this will now expand rapidly.
  - Using other donated funds we conducted a three day mobile clinic in a key area and sterilized 228 animals. Sites have been identified for mobile clinics for which we await equipment.
  - Developing “Responsible Pet ownership” educational material for schools and radio.
- Assisting with development and practical aspects of control campaigns and research projects through:
  - Collection of blood samples for Adino virus survey and stockpiling blood for serology.
  - Writing up SOP’s for collection of blood, as well as recording video footage for production of training videos.
  - Training of vaccinators (Total of 47 trained so far) Development of training materials which includes training videos.
  - Investigating reports of problems dogs for the, collection of dog behaviour information and footage as well as preparations for dog tracking trials.
  - Communication and interactions with international experts in behaviour for development of behavioural research plan.
  - Evaluation and compiling SOPs, on the use of remote injection equipment, for adoption into control programs.
  - Evaluating various methods of dog capture, through baiting systems and physical capture methods.
  - Photographic documentation of all aspects of the project.

6 Conclusions and recommendations

The budget of this second year of implementation was US$1.98 Million against which US$1.548 Million were spent. This under-spending was mainly due to delays in transferring the funds needed for some of the activities both at international, national and regional/provincial levels. These challenges and their solutions were discussed together with the Gates Foundation Focal Point during this second meeting of ICG. In the Philippines and Kwa Zulu Natal however these delays did not have the negative impact on implementation that could have been expected as in many instances the related expenses were taken over by the respective national/provincial rabies programmes and/or decentralized institutions in the project area. All stakeholders are very committed to catch-up on these delays and achieve the objectives set in the proposal for the end of year 3. All are already planning for 2011 to reach that goal.

In the Philippines the biggest challenge still is to make the Direct Financing Mechanism (DFC) scheme/mechanism work to the advantage of the project implementation. Project implementation which was much delayed in 2009 has been catching up this year as one can see that the catch-up plans prepared in January 2010 and reviewed in August 2010 will succeed in reducing much of these delays by the end of 2010.
In Kwa Zulu Natal, further cooperation with the municipalities, the military and intervention from the National department in Pretoria will further help the project achieve its goals. Dog rabies cases in KZN are expected to continue to decrease and human rabies may be eliminated as from next year. The formal launch of the project which was postponed twice already is expected to take place in March 2011.

In Tanzania, This second year has seen the official launch the GF/WHO project taking place with the hand-over of most of the BMGF project capital investment to the Ministry of livestock Development. An effective working relationship with the veterinary sector for dog rabies prevention and control has now been established. A catch-up plan has been put into place to implement the dog vaccination campaign at the end of 2010 - beginning of 2011 in the rest of the project area. The biggest challenge however remains to built the necessary human resources, the surveillance infrastructure for successful implementation and monitoring.

As suggested by a group member holding the 3nd ICG meeting in October 2011 will take place in WHO Geneva.

7. Closing session

The meeting was closed by Anastasia Pantelias representative of the Bill and Melinda Gates Foundation (BMGF). She thanked the participants for their reports and continued efforts in making the respective projects move forward and the WHO for providing the coordination at national, regional and global levels. Drs Pantelias and Meslin thanked Mr Pelagia Muchuruza, the WHO Country Office staff for the excellent organization of this second ICG and the National Focal Points and their colleagues in the Ministries of Health and Livestock Development for the interesting field visits.  
Upon presentation by early November 2010 of a satisfactory annual financial and technical report by the WHO Secretariat, the Gates Foundation will consider transferring to WHO headquarters the third installment (US $ 2,115,902) of the GF funds in January 2011. Budget allocations by project sites for 2011 are provided in annex 4: budget table.
Annex 1: List of participants

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Annex 2  Meeting Agenda  
Tuesday 5 October 2009

9.00 - 09.30  
1/ Opening:  
1.1 Official welcome (M. Ovberedjo - OIC)  
1.2 Purpose and objectives (A. Pantelias and F. Meslin)

10.00 - 13.00  
2/ Progress reports from the project sites (technical) and WHO  
2.1 Kwa Zulu Natal (K. Leroux)  
2.2 The Philippines (R. Deray)  
2.3 Tanzania (P. Muchuruza)  
2.4 WHO (N. Dominguez WCO, Manila, F. Meslin, WHO/HQ)

14.00 - 18.00  
3/ Administrative and Financial reports  
3.1 Kwa Zulu Natal (K. Leroux)  
3.2 The Philippines (R. Deray)  
3.3 Tanzania (P. Muchuruza)  
3.4 International coordination (F. Meslin)

18.30 - 20.00  
Cocktail party All participants

Wednesday 6 October 2009

08.30 - 13.00  
4/ Reviewing project site activity plans for 2010/2011  
4.1 Kwa Zulu Natal (K. Leroux/D. Stewart)  
4.2 The Philippines (R. Deray)  
4.3 Tanzania (P. Muchuruza)  
4.4 International coordination (F. Meslin)

14.00 - 17.00  
5/ Additional activities:  
5.1 MRC-funded modelling/statistics project S. Townsend  
5.2 Primary (animal) health care in KZN D. Stewart  
5.3 Other smaller-scale projects  

6/ Discussion on challenges, opportunities and threats of project design and implementation  
6.1 Kwa Zulu Natal (K. Leroux/D. Stewart)  
6.2 The Philippines (R. Deray)  
6.3 Tanzania (P. Muchuruza)  
6.4 International coordination (F. Meslin)  
6.5 General discussion (all participants)

17.00 - 17.30  
7/ Conclusions and recommendations (all participants)

17.30 - 18.00  
8/ Closing session (A. Pantelias and F. Meslin)

Thursday 7 October 2009 (all day)

Field visits: visit of the Health centre (Ilala Municipality) and one dog vaccination point in Dar Es Salaam.
## Annex 3: Specific results per project site and WHO

<table>
<thead>
<tr>
<th>SPECIFIC RESULTS BY PROJECT AREA</th>
<th>Describe the planned milestones, outputs, or outcomes for the reporting period and whether they were achieved, on track or delayed</th>
</tr>
</thead>
</table>

### Objective 1: Collect or estimate baseline/denominator

**Activity 1.1 Project specific database to centrally store, manage and analyze data set up within 13 months.**

<table>
<thead>
<tr>
<th>Kwa Zulu Natal</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>Achieved</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Partially achieved</td>
</tr>
</tbody>
</table>

**Activity 1.2 Collate data on dog population size**

<table>
<thead>
<tr>
<th>Kwa Zulu Natal</th>
<th>On track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>Achieved</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Achieved</td>
</tr>
</tbody>
</table>

**Activity 1.3 Collate data on animal rabies cases and submissions for diagnosis**

<table>
<thead>
<tr>
<th>Kwa Zulu Natal</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>Achieved</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Partially achieved</td>
</tr>
</tbody>
</table>

**Activity 1.4 Collate existing geographical information system data, topography and geographic data**

<table>
<thead>
<tr>
<th>Kwa Zulu Natal</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>Achieved</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Partially achieved</td>
</tr>
</tbody>
</table>

**Activity 1.5 Collate existing data on dog movement**

<table>
<thead>
<tr>
<th>Kwa Zulu Natal</th>
<th>On track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>Achieved</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Partially achieved</td>
</tr>
</tbody>
</table>

### Objective 2: Improve targeted delivery of PEP and PrEP according to WHO Guidelines

**Activity 2.1 Develop and agree on inter-agency protocols**

<table>
<thead>
<tr>
<th>Kwa Zulu Natal</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>Achieved</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Partially achieved</td>
</tr>
</tbody>
</table>

**Activity 2.2 Procure required amount of biologicals**

<table>
<thead>
<tr>
<th>Kwa Zulu Natal</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>Achieved</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Achieved</td>
</tr>
</tbody>
</table>

**Activity 2.3 Training to ensure appropriate administration of PEP and management of bite**

<table>
<thead>
<tr>
<th>Kwa Zulu Natal</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Partially achieved</td>
</tr>
</tbody>
</table>

**Activity 2.4 Build community awareness of methods to prevent rabies infection.**

<table>
<thead>
<tr>
<th>Kwa Zulu Natal</th>
<th>Achieved (on-going activity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>Delayed</td>
</tr>
<tr>
<td>Tanzania</td>
<td>On track</td>
</tr>
</tbody>
</table>

**Activity 2.5 Monitoring and evaluation**

<table>
<thead>
<tr>
<th>Kwa Zulu Natal</th>
<th>On track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>On track</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Partially achieved</td>
</tr>
</tbody>
</table>

### Objective 3: Implement Domestic dog rabies control/elimination programmes

**Activity 3.1 Procure dog vaccines and equipment, and establish systems to monitor their usage**

<table>
<thead>
<tr>
<th>Kwa Zulu Natal</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>Achieved</td>
</tr>
<tr>
<td>Objective 3: Strengthen dog management and surveillance systems</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>Activity 3.2 Establish agreed protocols and SOPs for dog vaccination campaigns and dog population management.</td>
<td></td>
</tr>
<tr>
<td>Tanzania Achieved</td>
<td></td>
</tr>
<tr>
<td>Activity 3.3 Carry out training of personnel (vaccination and dog population management).</td>
<td></td>
</tr>
<tr>
<td>Kwa Zulu Natal Started</td>
<td></td>
</tr>
<tr>
<td>Philippines Partially achieved</td>
<td></td>
</tr>
<tr>
<td>Tanzania Partially achieved</td>
<td></td>
</tr>
<tr>
<td>Activity 3.4 Build community awareness of dog vaccination and responsible dog ownership.</td>
<td></td>
</tr>
<tr>
<td>Kwa Zulu Natal Delayed (activities on-going)</td>
<td></td>
</tr>
<tr>
<td>Philippines Delayed (activities on-going)</td>
<td></td>
</tr>
<tr>
<td>Tanzania Partially achieved</td>
<td></td>
</tr>
<tr>
<td>Activity 3.5 Conduct mass vaccination campaigns.</td>
<td></td>
</tr>
<tr>
<td>Kwa Zulu Natal Achieved</td>
<td></td>
</tr>
<tr>
<td>Philippines Partially achieved (activities on-going)</td>
<td></td>
</tr>
<tr>
<td>Tanzania Partially achieved</td>
<td></td>
</tr>
</tbody>
</table>

**Objective 4: Improve surveillance/diagnostic systems**

| Activity 4.1 Procurement of equipment and reagents |  |
| Kwa Zulu Natal Achieved |  |
| Philippines Delayed |  |
| Tanzania Partially achieved |  |
| Activity 4.2 Agree and adopt standard techniques of sample collection and diagnosis |  |
| Kwa Zulu Natal Achieved |  |
| Philippines Achieved |  |
| Tanzania Achieved |  |
| Activity 4.3 Carry out training of field and laboratory personnel in sampling techniques and laboratory diagnostics. |  |
| Kwa Zulu Natal Achieved |  |
| Philippines To be done in year 3 |  |
| Tanzania Achieved |  |
| Activity 4.4 Monitoring and evaluation. |  |
| Kwa Zulu Natal Achieved |  |
| Philippines Achieved |  |
| Tanzania Achieved |  |

**Objective 5: Ensure long-term sustainability of the project**

<p>| Activity 5.2 Identify zones for continued vaccination and border control |  |
| Kwa Zulu Natal Achieved |  |
| Philippines N/A |  |
| Tanzania Delayed |  |
| Activity 5.3 Establish international collaboration |  |
| Kwa Zulu Natal Achieved |  |
| Philippines N/A |  |
| Tanzania Delayed |  |
| Activity 5.4 Agree financing between local ministries and local government units |  |
| Kwa Zulu Natal On track |  |
| Philippines To be achieved year 4 and 5 |  |
| Tanzania Delayed |  |
| Activity 5.5 Identify response strategies to new cases |  |
| Kwa Zulu Natal Achieved |  |</p>
<table>
<thead>
<tr>
<th>Philippines</th>
<th>Achieved (National SOPs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania</td>
<td>Delayed</td>
</tr>
<tr>
<td><strong>Objective 6: International coordination of the project</strong></td>
<td></td>
</tr>
<tr>
<td>6.1 International Coordination team (ICT) and national coordination structure in place and operational</td>
<td>Achieved</td>
</tr>
<tr>
<td>6.2 Annual technical and financial reports issued</td>
<td>Achieved</td>
</tr>
<tr>
<td><strong>Activity 6.1 Annual meeting and field visits</strong></td>
<td></td>
</tr>
<tr>
<td>6.1.1 National Coordinators nominated/selected, International Coordinator (IC)</td>
<td>Achieved</td>
</tr>
<tr>
<td>6.1.2 One annual meeting of the ICT held</td>
<td>Achieved</td>
</tr>
<tr>
<td><strong>Activity 6.2 External evaluation</strong></td>
<td></td>
</tr>
<tr>
<td>6.2.1 Two visits by IC of each of the project areas carried out each year</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>6.2.2 One visit by rabies expert of each project area each year</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>6.2.3 Ad-hoc expert visits for trouble shooting</td>
<td>On track</td>
</tr>
<tr>
<td><strong>Activity 6.3 Financial monitoring</strong></td>
<td></td>
</tr>
<tr>
<td>6.3.1 Dedicated Administrative Officer ensuring day to day monitoring of project</td>
<td>Achieved</td>
</tr>
<tr>
<td>6.3.2 Financial reports produced every 6 months</td>
<td>Achieved</td>
</tr>
<tr>
<td><strong>Activity 6.4 Dissemination of results</strong></td>
<td></td>
</tr>
<tr>
<td>6.4.1 Annual technical and financial reports of the ICT shared with GF Secretariat and other stakeholders</td>
<td>On track</td>
</tr>
</tbody>
</table>
Annex 4: Budget for the Coming Year


<table>
<thead>
<tr>
<th>Geographic Location(s) of Work</th>
<th>Geographic Area(s) Served</th>
<th>Location Allocation in US $ from 2010/11 budget</th>
</tr>
</thead>
</table>
| **WHO Office, Dar es Salaam United Republic of Tanzania for Southeastern Tanzania site** | - Regional Office for Africa: (supplies including human, dog vaccines, and immunoglobulin)  
- WHO Country Office: (costs of project staff, other coordination activities and training)  
- Ministries of Livestock Development and Health (direct financing agreement from WHO Country Office):  
- APW project adviser | $796,667 |
| **Provincial Veterinary Services, Pietermaritzburg, Kwa Zulu Natal, RSA** | - Regional Office for Africa: (procuring injectable dog vaccines and vaccination equipment)  
- Dept of Provincial Veterinary Services (direct financing agreement from WHO Country Office)  
- APW animal PHC | $429,102 |
| **WHO Country Office, DOH Manila for the Visayas (Regions 6, 7 and 8)** | - WHO Regional Office (supply including human and dog vaccine and RIG)  
- WHO Country Office: (DOH and CHDs SSAs costs, Secretary in WCO)  
- DOH Manila (financing agreement with WHO Country Office) for staff & staff travel costs, dog vaccination, IEC including support of CHDs 6, 7 and 8)  
- Database developer | $657,517 |
| **NTD Department, WHO Headquarters Geneva Switzerland** | - NTD Department, WHO Headquarters | $232,616 |