**PREDICT-2: Roles for EHA, EHA staff, and strategy**

This is taken from our agreements with UC Davis and Metabiota prior to the proposal drafting, and from the budget narrative in the proposal we submitted

Countries – agreed leadership and levels of participation

I = intensive; LI = less intensive (from the PREDICT-2 RFP).

* + WCS
    - Lead Vietnam (I)
  + Smithsonian
    - Lead Myanmar (LI)
  + **EHA**
    - **Lead: Bangladesh (I), Thailand (I), China (I), Indonesia (I), Malaysia (I)**
    - **Participate in: Myanmar (LI), Nepal (LI)**
  + Metabiota
    - Lead: Cameroon (I), DRC (I), Gabon (LI), Laos (LI), RoC (LI)
    - Participate in: China (I), Indonesia (I), Myanmar (LI)
    - Possibly contribute to: Vietnam (I), Malaysia (I)
  + UCD
    - Lead: Cambodia (I), Uganda (I), Nepal (LI), Rwanda (LI), Tanzania (LI)
    - Participate in: DRC (I), Laos (LI), Myanmar (LI)

“Possibly contribute to” means that if Metabiota want to do some small project work in Malaysia, they need to discuss with us, and use some of their budget on it.

Myanmar and Nepal will probably be low level activities in Yr 1, if any.

Budget Philosophy & Estimates

* + Activities and budgets need to focus on in-country capacity building and operationalization of work (local staff/leadership of work, including diagnostic testing)
  + All partner costs will be accommodated in their base estimates (staff, travel, operational team activities, country activities – including surveillance (wildlife, human & livestock), laboratory testing, and outbreak preparedness)
  + “Intensive” countries should be budgeted at a higher level than “Less intensive”, and budget targets can and should be achieved through multiple partners in shared countries
  + Budgeted activities must include wildlife, livestock, and human sampling and testing, including emphasis on influenza and diseases of unknown origin (DUO, ILI, SARI surveillance). It’s our (Peter’s and Billy’s ) view right now that each country may focus on a different major pathway among the three we’re focusing on: deforestation/land use change, agricultural intensification, wildlife trade. However most countries will to some aspects of all three.
  + Initially, UCD will support travel and participation costs of the External Advisory Panel out of base budget, and EHA will support their entertainment, unless or until these cost compromise completion of distributed core activities detailed above (bullets 2 & 4 of this section), then these costs will be considered for re-budgeting

Management Structure & Personnel

* Org chart below:



* EHA, Metabiota, and UCD committed to meeting immediately in advance of Management Team call every 2 weeks (or as frequency is required by USAID) – detail not necessary in proposal
* Key Personnel Position for Behavioral Risk Characterization to be Maureen Miller at EHA with Deputy being Karen Saylors at Metabiota & UCD
* All Operational Team activities will be conducted collaboratively with co-leadership/subteam leadership shared organizationally where appropriate
* EPT Liaison will be Billy Karesh who will be listed as Key Personnel
* Operational Team Leads
  + Biological Surveillance Team– Chris K Johnson
  + Modeling & Analytics Team – Peter Daszak (Deputy = Kevin Olival)
  + Behavioral Risk Characterization Team – Maureen Miller (Deputy = Karen Saylors)
  + Information Management Team – Damien Joly
  + Diagnostics Team – Tracey Goldstein & Simon Anthony
  + Capacity Strengthening Team – TBN

External Advisory Panel

* + Primary focus is M&E
  + To be managed by Billy Karesh in EPT Liaison Role
  + Members are: Ron Waldman, Jim Hughes, Pierre Formenty, Subash Morzaria

**EHA Personnel – Role on P-2**

**Peter Daszak, PhD.** Modeling and Analytics Lead and EHA Institutional Lead

Role:  He will serve as the Executive Committee member for EcoHealth Alliance, and will lead the modeling and analytics team.  Dr. Daszak will coordinate all PREDICT-2 activities at EHA.

**William Karesh, DVM**. PREDICT EPT-2 Partner Liaison.

Role: Serve to oversee coordination of project activities with local governments and partners (**Objectives 1-5**), lead on institutionalizing and/or implementing One Health Strategies (**Objective 4**), serve as the EPT-2 Partner Liaison to coordinate PREDICT-2 activities with EPT-2 partners and the One Health Workforce and Preparedness and Response projects (**Objectives 4 and 6**).

**Maureen Miller, Ph.D.** Senior Behavioral Surveillance Coordinator.

Role: The Senior Behavioral Surveillance Coordinator will coordinate EcoHealth Alliance PREDICT-2 programs in understanding risk factors and patterns associated with transmission of infectious diseases from animals to humans and/or among humans serving **Objective 2**. They will work collaboratively with other teams to understand how behavioral risk informs surveillance and viral risk, and will liaise with PREVENT and other EPT-2 partners to advise on targets for intervention programs that these partners can develop.

**Jonathan Epstein, DVM, MPH.** Outbreak Coordinator for EHA and EHA Institutional Lead for Malaysia, Bangladesh and Nepal.

Role: Participation in biosurveillance and behavioral risk characterization under **Objectives 1 and 2**. He will also participate in One Health strategy implementation in Malaysia and Bangladesh under **Objective 4** as well as continuing to build in-country capacity for wildlife surveillance and laboratory methodologies **Objective 5**. Dr. Epstein will liaise with field and laboratory teams in Malaysia, Bangladesh and Myanmar. He will lead PREDICT-2 outbreak response for countries EHA is the lead, and will coordinate EHA support for outbreak response in other PREDICT-2 and EPT-2 countries.

**Kevin Olival, PhD.** Modeling and Analytics Coordinator and EHA Institutional Lead for Thailand, Indonesia and Myanmar.

Role: Will lead in the development of phylogenetic, phylogeographic, and other models to analyze EID risk across epi-zones, and will coordinate the activities of the modeling and analytics team relevant to **Objectives 1-3** together with the Lead. He will also participate in One Health strategy implementation in Thailand, Indonesia and Myanmar under **Objective 4** as well as continuing to build in-country capacity for wildlife surveillance and laboratory methodologies **Objective 5**. Dr. Olival also will liaise with country coordinators and facilitate surveillance activities in Thailand, Indonesia, and Myanmar.

**Parviez Hosseini, PhD.** Senior Modeler/Data Analyst.

Role:  Will work with PREDICT-2 modeling and analytics team to design and run simulations and predictive models to meet the goals of **Objectives 1-4**, will help engage in capacity building for analysis and modeling in-country as part of **Objective 5**, and advise in PIOET data review (**Objective 6**) if requested.

**Kris Murray, PhD.** SeniorEcologist.

Role: Will advise in the development, design and implementation of biological sample collection with reference to ecological, sociological and behavioral risk factors for disease emergence and spread (**Objectives 1 and 2**), and contribute to global surveillance network and analysis activities (**Objective 3**). Will also continue working on the Deep Forest project to improve our understanding of how land conversion affects animal and viral diversity.

**Carlos Zambrana-Torrelio, MSc,** Data Analyst

Role:  To work with the modeling and analytics team to develop analytical tools in biodiversity and disease ecology. Will integrate data from surveillance and both spatial and phylogenetic data to develop ecological niche models (**Objectives 1, 2 and 3**).

**Elizabeth Loh, MSc**. Behavioral Risk and Data Analyst.

Role: Will be involved in study design, data management and analysis for **Objective 2** and will assist with wildlife surveillance and data analysis for **Objective 1**. Will also liaise with in-country partners for **Objectives 1 and 2**.

**Melinda Rostal, DVM, MPH.** Surveillance Coordinator for EHA.

Role: Will coordinate surveillance activities involving people, wildlife and domestic animals in all PREDICT-2 countries in which EHA will work, and will ensure accurate and timely reporting. This work is under **Objectives 1,2, 4 and 5**.

**Christopher Allen, MPH**. Modeler, Behavioral Risk and Data Analyst.

Role: Will work with other scientists on the design and implementation of biological sample collection with reference to ecological, sociological and behavioral risk factors for disease emergence and spread (**Objectives 1 and 2**), and contribute to global surveillance network and analysis activities (**Objective 3**).

**Eliza Liang-Choi, MS**. Laboratory Assistant.

Role: To perform laboratory experiments for the discovery and characterization of novel viruses at key interfaces (**Objective 1**) and to provide laboratory training to in-country personnel (**Objective 5**).

**Emily Hagan, MSc.** Assistant Behavioral Risk and Data Analyst.

Role: Will work within the modeling core team on **Objective 2**.

**Evelyn Luciano.** EHASeniorOperations Manager.

Role: Ms. Luciano will oversee the reporting and communications flow between EcoHealth Alliance and the UCDavis management team and all EHA subcontracts. Will coordinate scientific and financial reporting, subcontracts, and audits. She will also oversee the work of the Grants Coordinator. Her work cuts across objectives.

**Aleksei Chmura**.Program Coordinator and EHA Institutional Lead for China.

Role: Will manage the activities of the three Program Assistants as well as provide full administrative support for the scientific efforts of EcoHealth Alliance Team and all related PREDICT-2 partners. Mr. Chmura will liaise with China country coordinator and partner lab. He will also participate in One Health strategy implementation in China under **Objective 4** as well as continuing to build in-country capacity for wildlife surveillance and laboratory methodologies **Objective 5.**

**Catherine Machalaba, MPH**. Assistant to EPT-2 Partner Liaison.

Role: Will support EPT-2 Partner Liaison in hercoordination of project activities with local governments and partners (**Objectives 1-5**); support implementation of One Health Strategies (**Objective 4**).

**TBN (replacement for Kara Styles).** EHA Operations Coordinator**.**

Role: Will assist in coordination of scientific and financial reporting, invoicing, subcontracts, and audits.

**Emma Lane**. Program Assistant I.

Role: Ms. Lane will assist with all reporting, contracting, monitoring, and day-to-day tracking of deliverables for PREDICT-2.

**Probably not hire during reduced-budget Yr 1**

**TBN**. **Social Science Analyst**

Role: Will assist in data collection, data management and all phases of data cleaning for **Objective 2**.  Will work closely with research team and may help prepare findings for publications and reports.

**TBN**. **Analyst** 100%; 0% Cost Share

Expertise: 2-to-4 Years experience with mathematical modeling and statistical analysis.

Role: Will implement mathematical models, focusing on particular scenarios to expand and analyze and develop both the models and methodologies on **Objective 2**.

**TBN.** **Junior Analyst.** 100%; 0% Cost Share

Expertise: 1-to-2 Years experience with mathematical modeling and statistical analysis.

Role: Will support data acquisition and modeling efforts, manage geospatial data, and lead the technical aspects of geospatial analysis on **Objective 2**.