Public and private funding sources for sustainable animal rabies control programmes

Betsy Miranda, Debbie Briggs
Global Alliance for Rabies Control

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Traditional resource mobilization

- Funds for disease control programs are sourced from traditional funding partners
  - local and national governments
  - international development aid

- Rabies control is low priority to public health and agriculture ministries
Traditional resource mobilization

Being a disease that crosses different sectors of society and diverse fields of discipline, rabies control sources funds from multi-sectors and multi-levels

– **RISK** of being neglected and “falling between the cracks”

– **ADVANTAGE** of collective efforts of many stakeholders and multiple sources of funds and manpower
Challenges
who does what? who pays for what?

• Multi-sectoral rabies control programs require and depend on regular budget allocations from several different sources

• Field implementers and partner communities face constraints -
  – high operational cost
  – wide regions of coverage
  – labour intensity

• Innovative approaches have overcome many of these problems
# National rabies control programs

## Traditional funding Partners and their Roles

<table>
<thead>
<tr>
<th>Government</th>
<th>International Organizations and Development Agencies</th>
<th>INGOs/NGOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional framework</td>
<td>Funds</td>
<td>Project Management</td>
</tr>
<tr>
<td>Legislation and policies</td>
<td>Technical inputs</td>
<td>Pooled resources</td>
</tr>
<tr>
<td>Commitment to implement</td>
<td>Guidelines and standards</td>
<td>Technical inputs</td>
</tr>
<tr>
<td>Infrastructure &amp; logistics</td>
<td>Monitoring &amp; evaluation mechanism</td>
<td>intermediary</td>
</tr>
<tr>
<td>Human resources</td>
<td></td>
<td>(between donors</td>
</tr>
<tr>
<td>Counterpart funds</td>
<td></td>
<td>and government)</td>
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</table>

- Assurance and credibility
# National rabies control programs

## Other Sources of Support

<table>
<thead>
<tr>
<th>Civil Society Organizations</th>
<th>Community contributions</th>
<th>Business sector</th>
<th>Academe</th>
</tr>
</thead>
<tbody>
<tr>
<td>General support to local governments</td>
<td>Taxes</td>
<td>Corporate social responsibility</td>
<td>Technical inputs</td>
</tr>
<tr>
<td>- Community mobilization</td>
<td>Fees – service, registration</td>
<td>Joint ventures</td>
<td>Research</td>
</tr>
<tr>
<td>- volunteer services</td>
<td>Donations</td>
<td>Direct donations</td>
<td>Voluntary services</td>
</tr>
<tr>
<td>- materials donations</td>
<td>Manpower</td>
<td></td>
<td>Student manpower</td>
</tr>
</tbody>
</table>
Public-Private Collaborative Mechanism

• Identification of key persons
  – champions - technical and political

• Clear and functional feedback channels among partners (e.g. internal and external monitoring)

• Encourage government empowerment and program ownership

• Encourage stakeholders participation

• MoU - defining roles & responsibilities of stakeholders
Innovative Funding/Resource Mobilization Network

- **IGOs & Development Agencies**
  - Technical inputs
  - Guidelines and standards
  - Monitoring & evaluation mechanism

- **Non-technical INGOs/Foundations**
  - Guidelines and standards
  - Monitoring & evaluation mechanism

- **Business Sector**
  - Multinationals-vaccine manufacturers

- **Technical INGOs and NGOs**
  - e.g. Global Alliance for Rabies Control and the Partners for Rabies Prevention
  - Project Management
  - Pooled resources
  - Technical inputs and guidance
  - Intermediary (between donors and government)
  - Assurance of quality
  - Credibility

- **Recipient Country**
  - Institutional framework
  - Legislation and policies
  - Commitment to implement
  - Infrastructure and logistics
  - Human resources
  - Counterpart funds/resources

- **Local Level**
  - Community, CSOs, POs
  - Businesses, Academe
5 Institutional Drivers/Enablers for a sustainable public-private partnership

1. Involving the highest inter-ministerial Central body for One Health coordination
2. Legislation/clear mandate
3. Budget/resources allocation/mobilization
4. Comprehensive operational plan in place
   - vertical and horizontal
   - national and subnational
5. Pilots, model programs lead to development
Budgetary considerations

Provides budgetary recommendations and links to studies that have estimated costs...
5.2.1. What supplies do dog vaccinating teams need?

Basic supplies for vaccinating 100 animals (dogs and cats) or per vaccination post using a central-point vaccination strategy are listed below. Click here to read more about strategies available for dog vaccination. It is always advisable to purchase supplies in slight excess. There might be some wastage, but the majority of excess supplies can be used in subsequent campaigns (e.g. certificates, syringes, vaccines etc.). Some items (e.g. tables and chairs) may not be required if other strategies are used. Click here for a summary table of what you need to buy depending on the strategy you decide to adopt.

Click here for a PDF version of this section.

**Items for advertising:**
- Posters
- Leaflets.
- 1 x 2 meter banner with ‘Vaccination post’ written on it - 1 for each brigade/vaccination post.
- Portable megaphones
- Optional t-shirts (and caps) for identification of vaccinators - 1 set for each vaccinator.

**Items for registration/certification:**
- Tables and chairs - either portable ones or alternatively these can be borrowed from local schools or similar.
- Dog registration books - these should be pre-printed with columns including the name of the owner, registration number, date, village/subvillage, animal species (i.e. dog or cat), dog sex and previous vaccination history and a place for initial date and location of the campaign.

...but also detailed information on exactly what needs to be purchased
Bohol Rabies Project
example of a sustainable community-based integrated rabies program

• implemented as a partnership between the Provincial Government of Bohol, Philippines and the Global Alliance for Rabies Control (GARC)

• Initial estimated operational cost over 4 years USD 498,000

• Cost sharing by different stakeholders achieved through mobilization of financial and human resources

• Community co-funding from collection of dog registration fees
Forging Partnerships

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<tr>
<td><strong>Dept of Agriculture</strong></td>
</tr>
<tr>
<td>- veterinary vaccines</td>
</tr>
<tr>
<td><strong>Dept of Health</strong></td>
</tr>
<tr>
<td>- human and veterinary vaccines</td>
</tr>
<tr>
<td><strong>WHO Country Office</strong></td>
</tr>
<tr>
<td>- 1-year complementary project on community mobilization</td>
</tr>
<tr>
<td><strong>Gift of Life Foundation</strong></td>
</tr>
<tr>
<td>- veterinary vaccines</td>
</tr>
<tr>
<td><strong>IP Foundation - local</strong></td>
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<tr>
<td>- school book reproduction</td>
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Community contributions for sustainable funds

• Collection of dog registration fees
  • Male Dogs - $ 2.30
  • Female Dogs - $ 1.15
  • Castrated Male - $ 1.15

– Sharing scheme of the dog registration fee:
  • 50% to the village unit
  • 20% to municipality
  • 30% trust fund of the provincial government
  • (for vaccines, dog tags and registration cards)

• Enlisting of community volunteers
Sustainable funds

Collections from dog registration fees

2008-2009 = USD 105,000
2010 = 40,000

• Became part of the Provincial program funds
• Sufficient to finance the annual maintenance operations of the provincial rabies program
Mobilizing human resources

- **Before:**
  - 124 government veterinary staff
  - 47 municipal agricultural officers
  - 47 livestock technicians
  - 8 government health staff

- **After:**
  - 124 originals
  - 7,763 village volunteers
  - 10 bite treatment center staff
  - 124 primary health care staff
  - 7,000 public school teachers
<table>
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<tr>
<th></th>
<th>Amount</th>
<th>Percentage</th>
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<tr>
<td>Provincial Government</td>
<td>USD 432,000</td>
<td>(50%)</td>
</tr>
<tr>
<td>National Government</td>
<td>USD 83,000</td>
<td>(10%)</td>
</tr>
<tr>
<td>Global Alliance for Rabies Control (GARC)</td>
<td>USD 308,000</td>
<td>(36%)</td>
</tr>
<tr>
<td>WHO Country Office</td>
<td>USD 23,000</td>
<td>(3%)</td>
</tr>
<tr>
<td>2 local foundations</td>
<td>USD 12,000</td>
<td>(2%)</td>
</tr>
</tbody>
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After monetization of all contributions USD 868,000 over 4 years for the Rabies Program
Bohol Rabies Project

- Community volunteers organized to augment the human resource requirement
- Funds generated by the communities through collection of dog registration fees
  - all of which were re-invested back to establish a self-sustaining funding stream
- Sustainable and meaningful field operation was realized when actual acceptance and ownership of the program at the community level was achieved.
Opportunities for Collaboration

• High interest and receptivity of national and sub-national governments with some level of government resource allocation from different line agencies
• Available twinning arrangements to benefit diagnostic labs
• Lessons learned from effective child education partnership with the education sector
• Veterinary Schools - potential human resource surge capacity for dog vaccination campaigns
• Opportunity for novel studies, e.g. operations research, medical anthropological aspects of disease control, health economics
• Increased public awareness and understanding increases willingness to ‘pay’ and contribute for public good
WORKING TOGETHER TO MAKE RABIES HISTORY!

www.worldrabbiesday.org