11th Partners for Rabies Prevention Meeting
UBS Conference Centre, Wolfsberg, Switzerland
June 20-22nd 2018

Meeting Minutes

Session 1: Welcome and introductions

Louis Nel welcomed the participants and invited them to introduce themselves. He then presented the scope of the meeting; to ascertain the role of the partners in taking the United Against Rabies strategic plan forwards. He hoped for an informal, constructive meeting with open discussion.

Session 2: United Against Rabies Global Strategic Plan

Saleh Khan introduced the Strategic plan as a very accessible document which should appeal to all stakeholders who read it. It seeks to lay out the case that the disease needs to be addressed and can be addressed right now. The old model of a top-down, donor-driven program has proved controversial and generally unsuccessful. This strategy puts countries in the middle, with the UAR group acting as a catalytic engine, rather than dictating what countries do. It seeks to leverage experts as multipliers, who lay down best practices and templates that can support countries. Countries need to come up with their own sustainable resource plans. The vision is to integrate rabies into wider health system strengthening plans, piggybacking on existing mechanisms. If there is no infrastructure in place, then this will be created and left as a legacy.

He went on to present the three objectives and describe the governance mechanism as a co-ordinating steering group to decide on prioritization and resource allocation. The plan has a very detailed log frame and budgets divided into phases. Countries will develop national policy briefs, based on the outputs from the SARE tool assessment with a work plan of detailed action items and costings to allow transparency. International technical support will then assist in the rollout of these work plans.

Champions in the country will be critical to drive forward the process, which represents a fundamental shift in the model, away from donor-driven budgets which are often misspent.

Discussion

- The country-centric approach is necessary, but government officials frequently change. An emphasis on the cost-benefit of such a plan could persuade the current minister to leave a legacy.
- Champions in the middle levels of government would be beneficial, as these positions turnover less rapidly.
- Development Impact Bonds could be one model of resource mobilization used.
- In Ethiopia the value of cattle lost was much higher than the cost of a program, so a strong economic argument can be made.
- Rabies is often a priority amongst zoonotic diseases, but the problem is that all zoonotic diseases are low priority.
- Country willingness and capacity to deliver on this plan is critical. Communications and advocacy are vital to its success
- Regional assessments of progress are necessary to ensure that one country is not threatening the success of neighbours.
- The standardized SARE assessment and policy plan will allow like-for-like comparisons across countries.
- The SARE is a gap analysis tool that will highlight what countries need support for.
- How do we make rabies even visible in the context of the 17 SDGs that countries need to deliver on? Are there lessons to be learned from Latin America and PAHO?
- Cross-border encouragement and peer pressure from regional networks is important.

Session 3: Recent International Developments

Lea Knopf presented the recent updates to the PEP guidance detailed in the rabies vaccine position paper, and the key changes from the expert review report (TRS) both published in April. She then went on to present the highlights of the WHO meeting in Nepal, focussed on the GAVI learning agenda. Across 32 countries, surveys of human and animal rabies or PEP procurement and delivery have been conducted

which provide examples of innovative, low-cost strategies of rabies control. Rabies vaccine is often distributed through the EPI system, but often procurement is determined by budget more than demand, and poor stock control is costing lives. ID vaccination is used widely in Asia, innovative methods to build awareness exist (e.g. utilizing the military), a One Health collaboration in community-based surveillance is vital and the SARE was mentioned regularly as a useful tool.

Remaining needs include long-term country owned programs, simplified reporting and monitoring tools for vaccine use, and engaging manufacturers to help with labelling issues. The regional roadmap for ASEAN+ needs to be revised, and cross-border collaboration strengthened, but Bhutan and Nepal have already committed to the 2030 goal.

Gregorio Torres presented recent updates to the OIE terrestrial code and manual which are designed to harmonize OIE and WHO guidelines, as part of the strategic plan. DRIT and PCR are now listed with the recommended diagnostic tests, and the vaccine section includes both injectable and oral vaccines for dogs. The terrestrial code has been revised by the expert group and is currently being reviewed by countries. It includes a definition of freedom from dog-mediated rabies and the proposal for the OIE to endorse national rabies control programs. Surveillance guidance has been expanded. Imported cases will no longer affect the disease free status of a country, and a reduction in the time scale for serology related to animal movements is included. The revised code will hopefully be available in May 2019. The dog population management chapter and ORV guidelines will be updated next. The OIE vaccine bank has just shipped its 20 millionth dose of vaccine.

April Johnson described the team of people with in FAO engaged in rabies and gave an overview of recent rabies fact sheets and awareness activities based around the Strategic plan. Technical support and training is ongoing in Bali, through the West Africa RESOLAB Network and in 14 countries that prioritized rabies through the GHSA program. FAO also has tools for assessing lab functionality (which has been adapted to some specific diseases e.g. Influenza), zoonotic disease surveillance capability (the Surveillance Evaluation Tool) and for risk assessment at the human-animal-environment interface (the Joint Risk Assessment tool) that can be used to help strengthen One Health Systems.

Discussion

- The OIE WAHIS database is being redesigned to work better for endemic canine rabies, but it is primarily an outbreak notification system, and good data should be held in countries rather than centrally.
- Lateral flow devices are increasingly being used for diagnostics, but quality variability across products is still a huge problem there are no standards in place. There is also a risk of losing data collected within decentralized diagnostic systems.
- Where should the balance lie between DPM, dog vaccination and PEP provision where there are limited resources? This will be very context dependent. DPM is an expensive program component and does not directly prevent rabies. WHO Is heavily promoting dog vaccination, but its mandate is human health and so PEP provision remains a priority.
- WHO is looking into the issue of pre-qualification for diagnostic tools. Quality control for dog vaccines needs to rise up the agenda too. Kits can be registered with the OIE, but OIE does not have a pre-qualification system.

Terence Scott presented an update on the PARACON Network, which has held sub-regional and community workshops as well as the main PARACON meeting in 2015 which will be repeated in September 2018. 11 in country SARE workshops have been completed, and operational work is ongoing in Zimbabwe and Zanzibar. These projects have integrated the rabies Data Logger into the EpiBulletin to provide live tracking of vaccination. Better quality and more complete data is being reported into the EpiBulletin and there is evidence of real data on burden higher than the Hampson burden study estimates. DRIT has been implemented for diagnosis in 10 countries/sites. The GEP education courses have uptake even in countries where there is no in country work going on, and all courses have steadily increasing numbers of graduates.

Sarah Jayme presented an update on the ARACON network, launched in March 2018 with 12 out of 15 endemic countries participating. It was clear that the ASEAN goal of elimination by 2020 is not feasible. The data collected from countries in the Epi Bulletin (which excludes China and Nepal) is very similar to the Hampson burden estimate for the region, suggesting again that the estimates may be too low. There was sharing of lessons learned amongst countries, and it is clear that regional co-operation is vital to reach the 2030 target. The way forward is to increase EpiBulletin usage and sharing of data, and to move forward with more in-country SARE workshops.

Victor Del Rio gave an update on the MERACON Network, which comprises 14 countries with over 400 million people. The meeting in June communicated global developments and initiatives and provided access to try out the GARC tools. Countries were given a template to fill in to produce standardized power

points of key data and challenges. The bite rates reported are high compared with Latin America, and laboratory diagnosis is generally very poor. The meeting had a historical set of very diverse participants, some of whom were not responsible for rabies control in the country, but could have a role holding the government representatives responsible.

Discussion

- Why is Bangladesh registering an SARE score of 0, but is being held up an example of good progress? We need to avoid conflicting messages. Progress along the SARE is blocked by poor diagnostic capacity, but other aspects are more advanced.
- The networks should consider engaging with the International Health regulation (IHR) reference personnel, as PAHO does. These people have the obligation to link rabies into IHR capacity measurements.
- Is the purpose of networks to raise the profile of the disease, to reflect diverse views on rabies, to gather data and run the tools? Or can they do all of these?
- How can people from academic institutions report data on notifiable diseases? This should only be done by the CVO, because of the legal implications. For the EpiBulletin data to be accepted as official and shared, both the MoH and MoA need to approve it.

Session 4: Global Strategic Plan - Objective 1 activities

Saleh Khan presented an overview of the activities falling under objective 1.

Discussion

- Are there indicators to allow progress in the activities to be measured? There are no KPIs at the level of the objectives and outcomes, as the responsibility for running the programs falls with countries. But the detailed work plan of UAR activities will have KPIs.
- The UAR group will not do everything themselves, but will catalyse global experts to support their activities and to identify best practices.
- There is a great effort to integrate human and animal services and build cross-sectoral collaboration, e.g. through the tools.
- We need to build advocacy up from the countries and down from the international agencies to increase pressure on the regional political structures.
- With global endorsement we can engage with the WHO country offices (e.g. invite them to regional meetings) to get rabies on to regional and global agendas.
- The work is divided into phases based on the ease of working in those countries, the scale of the impact possible and the ability to demonstrate possibilities. Phase 3 will include the hardest situations to tackle.
- Is there a potential resource in local veterinary practitioners in emerging markets? Companies often make contact with private sector forerunners and in the Philippines private vets get CPD credits for joining public campaigns.
- The proper and most efficient use of PEP still needs to be taught. There are new guidelines on integrated bite case management in the new TRS and these were integrated into the GAVI modelling. There are examples of risk assessment being implemented in countries and these make a huge difference to the costs involved. When vaccine shortages occur this will be more critical.
- Biological banks for PEP are still under discussion, and aim to aggregate demand and ensure quality of product and supply.
- We need to document the current activities that are leading to excellent outcomes under different circumstances (e.g. World Animal Protection is piloting an app on responsible pet ownership that will identify what this means in different contexts, and working with ICAM on a tool for supporting effective vaccination of free roaming dogs).
- What is the role of the corporate sector in ensuring vaccine availability?
- Issues that arise will be taken on board by the UAR Global Steering Group as the Strategic plan work continues.

Session 5: Global Strategic Plan - Objective 2 activities

Saleh Khan presented an overview of the activities falling under objective 2

Discussion

- We can capture in the Global Rabies Atlas what is being done as well as where, regarding enabling mechanisms and technologies.
- WHO updates were designed to improve implementation of control and we need to encourage their uptake. Already 12 to 15 countries have adopted the revised guidance to reduce PEP costs

- The canine vaccine bank is not an ultimate solution, but could provide a model that other countries or regions could follow to develop their own international tenders.
- WHO is trying to encourage more human vaccines to enter the pre-qualification process.
- The Global Health Observatory will reflect relevant indicators for rabies into the global platform for other diseases.
- FAO is ensuring that the evaluation of surveillance and diagnostic lab networks is appropriate for rabies. However remote area surveillance is extremely challenging and for that more guidance may be necessary.
- Best practices may not always be well understood, and there is little evidence for some practices to base solid recommendations on (e.g. that education reduces bites). A catalogue of proven solutions could be useful, and would build on the examples in the blueprint.
- The PRP should be working in countries, but also gathering the evidence and deciding on guidelines that can be adapted to any setting.
- Regional meetings should be an informal place to share problems and successes and provide access to experts. ASEAN is moving towards meetings with more interactive workshops following country needs.
- Could there be a "UAR stamp of approval" for tools or methods that are collectively endorsed by all parties?. We need to come up with an analysis of what works across projects and programs.
- A global policy angle to objective 2 (such as a WHA agenda item) is not precluded.
- There is a clear mandate to deliver on the Strategic plan at OIE, but less so at WHO, where single disease resolutions are very rare.

Session 6: Global Strategic Plan - Objective 3 activities

Saleh Khan presented an overview of the activities falling under objective 3.

Discussion

- We still need to build momentum for this long-term goal. There is a donor database which will be approached with the Strategic plan and budget. Support is needed from the PRP that this is the right path to follow.
- We need to be able to help countries raise their own funds. We need to facilitate mobilization of money within countries where it is available. There are good examples of data leading to more resources being allocated. All rabies task forces need a person whose job it is to write proposals, and the national policy briefs will support this process.
- The UAR has developed a pitch book to make the information accessible to all audiences and this is an opportunity to present the strategy to new donors and engage them.
- This is the 11th PRP meeting. It has been a long process. We need to streamline the methods and use what we already have to create more appetite for funding rabies control.
- Much of the work will happen anyway, but we need more funds to act as an accelerator.

Session 7: Mapping stakeholders for particular countries

Louise Taylor presented a prototype of a Global Rabies Data Atlas, which combines rabies-relevant data on all canine rabies endemic countries. It combines country development indicators, rabies surveillance data and global rabies estimates from modelling papers, general disease control capacity indicators and indicators of progress towards rabies elimination. It also includes the list of country projects which contribute to rabies control capacity building, which PRP members have contributed. The tool is based in Excel, with the data expressed as a report for an individual country, or presented on global maps. The maps could have value in advocacy (e.g. combining estimated rabies incidence and country income classifications), to assess regional progress towards elimination (e.g. SARE scores). The individual country reports allow an assessment of past and current capacity-building efforts in a country to allow the identification of relevant rabies stakeholders, find synergy and prevent duplication across partners.

A brief one page overview of the resource is given in Appendix A, and the discussion for this session is captured in Appendix B, which will be distributed for feedback in order to further develop the tool.

Session 8: Resource mobilization and communication strategy

Deepa Balaram presented the key elements of the UAR communications and advocacy activities. The aim is to advocate on behalf of countries to enable them to create National strategies and to gather the results and capacities needed.

The plan is for a joint campaign website, “Zero by 30” developed from the existing End Rabies Now website. This will continue to promote successes and progress towards the global goal, and maintain the more than 100 organizations at different levels supporting the campaign. The website will be rebranded and the resources expended. The PRP is asked to help identify stories suitable for the website.

World Rabies Day will continue its central role in advocacy. This year's theme is “Share the message, save a life”. A specific activity this year is to gather country pledges: countries reaffirming their commitment to the 2030 goal. We need everyone's help in maximizing the number of country pledges.

There will also be promotion of the technical capacity building work of the UAR. Broader communications considerations include how we can fit rabies into the SDG3 agenda, wider disease control programs, and into the general health system strengthening agenda.

Discussion

- Problems with inconsistency across different partners’ sites in key messages still remain.

Session 9: Wrap Up Discussion session:

Louis Nel closed the meeting by thanking the donors that made it possible and all the participants for their valuable inputs. He gave a brief overview of past PRP meetings and progress that the group has made over the last decade in building an enabling environment for global rabies control. There is support for the PRP group to continue, but this was the last meeting at the Wolfsberg Conference Centre. In future it may be hosted by one of the PRP member organizations.

The 2018 Partners for Rabies Prevention meeting participants

Appendix A: The Global Rabies Data Atlas

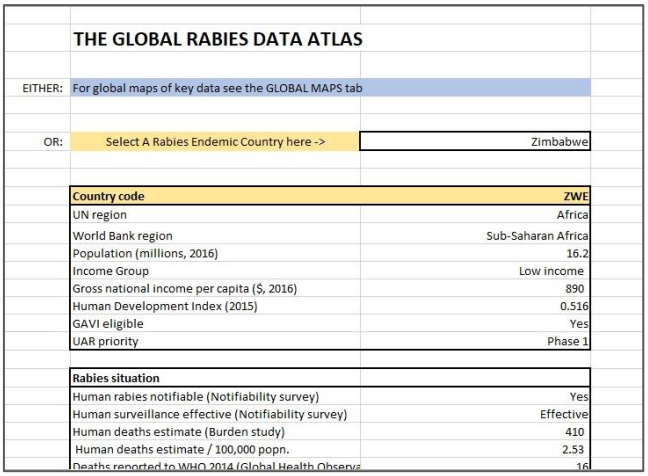
The Global Rabies Data Atlas brings together into a single resource, all rabies-relevant data for canine rabies endemic countries. It aims to provide a regional and global overview of the rabies and rabies control situations in endemic countries. The tool has multiple purposes, from advocating for further support, to establishing Global and Regional priorities, to identifying stakeholders interested in particular countries.

There are three broad categories of information included

1. General information:
   - Regional classifications and population size
   - Income per capita and income category
   - UN Human Development Index
   - GAVI eligibility

2. Rabies situation data including:
   - The notifiability of human and canine rabies
   - Effectiveness of rabies surveillance
   - Estimates of human rabies deaths and PEP provision
   - Human and animal cases reported to international organizations
   - Estimated dog populations and human: dog ratios
   - Estimated vaccinated dog population
   - Estimated number of dogs to be vaccinated to reach 70% coverage

3. Rabies control capacity indicators:
   - Membership of a rabies regional Network
   - The number of vets and paravets in the country
   - Canine rabies vaccine bank donations
   - Scores obtained from Stepwise Approach towards Rabies Elimination (SARE) assessments
   - Status of a national rabies work plan development
   - Graduates from rabies online educational courses
   - Past and current rabies capacity-building projects
   - Stakeholders with an interest in rabies control



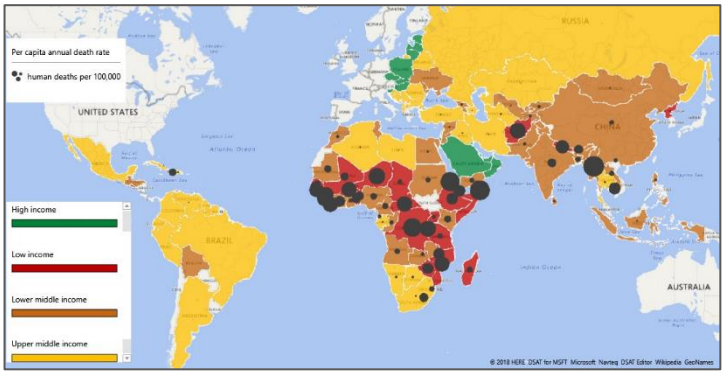
THE GLOBAL RABIES DATA ATLAS

EITHER: For global maps of key data see the GLOBAL MAPS tab

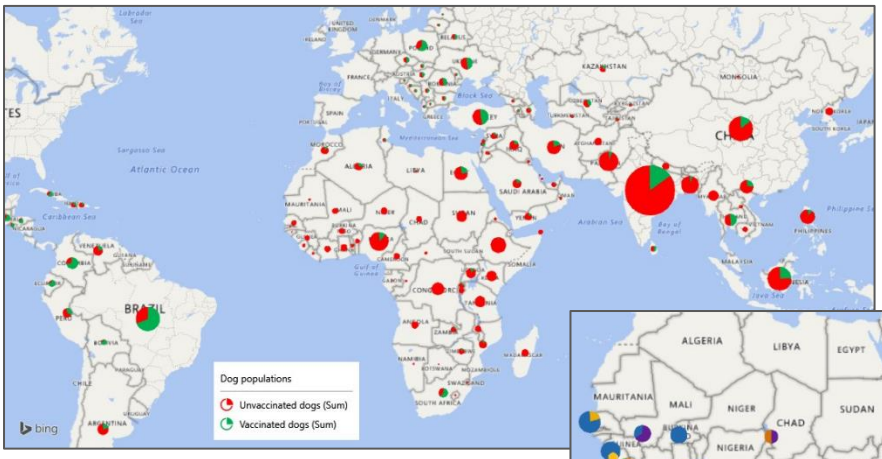
OR: Select A Rabies Endemic Country here -> Zimbabwe

Country code	ZWE
UN region	Africa
World Bank region	Sub-Saharan Africa
Population (millions, 2016)	16.2
Income Group	Low income
Gross national income per capita ($, 2016)	890
Human Development Index (2015)	0.516
GAVI eligible	Yes
UAR priority	Phase 1

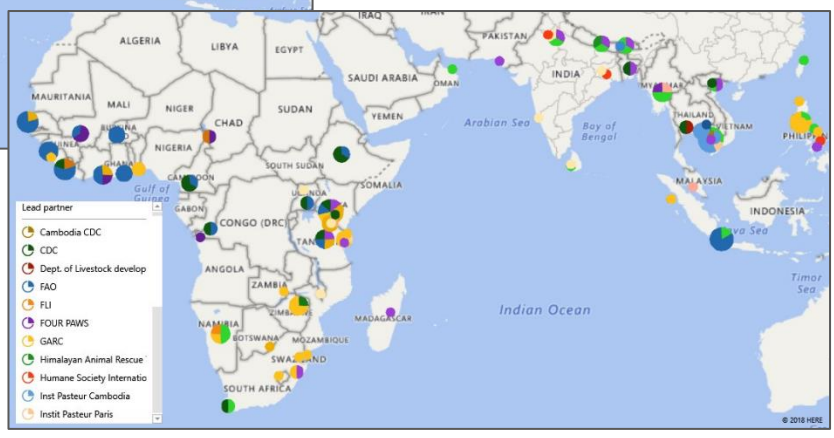
Rabies situation	
Human rabies notifiable (Notifiability survey)	Yes
Human surveillance effective (Notifiability survey)	Effective
Human deaths estimate (Burden study)	410
Human deaths estimate / 100,000 popn.	2.53
Deaths reported to WHO 2014 (Global Health Observ	16



The tool is currently based in Excel, with the data expressed as a report for an individual country, or with datasets overlaid on global maps. It is envisaged that this will become an interactive online resource, with the capacity to include much more detailed rabies specific information and links to reports and publications.



Illustrative Maps show human rabies deaths per 100/000 population overlaid on country income classification (above), estimated unvaccinated and vaccinated dog populations (left) and capacity building projects by different lead partners (below).



Global Alliance for Rabies Control
www.rabiesalliance.org

Appendix B: Notes from the discussion on the Global Rabies Data Atlas

General considerations

1. We need to consider the audience / s that this resource is intended for:
   In the first instance this is for international groups and the UAR to oversee capacity building and for all interested parties to avoid duplication and identify synergies in project areas
   It could also be for the general public / for awareness raising
   For policy makers
   For countries to take ownership of their control efforts
   To encourage projects to report their efforts

   Does it only apply to dog rabies control?

2. Not everyone can interpret figures accurately, and indications of uncertainty in estimates (and their sources) need to be made clear.

3. The data should be fit for purpose. It should not contain apparently conflicting data (e.g. on the burden for each country) if it is public facing or for policy makers / funders. There is value on a common indicator that all parties agree to use so everyone is talking the same language (e.g. the number of people with access to water)

4. There should be buy in from the countries if we are to establish ownership of their control efforts. We could get Phase 1 countries together to discuss what they would need out of such a resource.

5. There is value in asking countries to correct and improve the data. This could be done through the regional network meetings, or we could test entries out with a few key partners.

6. Official data comes only from people officially designated to report it.

7. Where would it be hosted? And how would it be updated regularly? A lot of work could be involved in chasing countries for inputs.

8. What constitutes a programmatic activity? A 2-day training event vs. a multi-year elimination plan? At this stage we should include everything, but with enough details to judge the importance.

Possible additional data to include

1. Virus typing information
2. Calendar of relevant upcoming rabies trainings
3. Planned project information
4. Contact information for key personnel in lead / each organization
5. List focal points for rabies in each country
6. Political mandates/decisions/targets (in which fora) that affect a country
7. An email or bulletin board facility that allows people to contact relevant parties
8. Data presented at regional meetings
9. Updates to estimate that are now available (such as CDC collecting or from publications)
10. More detail on specific projects and activities / inks to project reports and publications where available.
11. Consider focussing more on the data that would be needed to relate to the UAR strategic plan KPIs / deliverables
12. Include WRD award winner projects.
13. Information on assessments of laboratory capability and surveillance systems carried out.

Immediate Next steps

Develop a one pager describing the current atlas to distribute to PRP for comments.
Provide more guidance around the details needed for projects to be entered
Categorise partners into international / government / donor.