

Workshop on Prevention and Control of Rabies in SAARC countries Colombo, Sri Lanka, 11-13 August 2015

Summary

SAARC countries comprise 3% of the world's area and contain 21% (around 1.7 billion) of the world's total human population. Rabies remains a disease of public health importance in the region with more than 1.5 billion people at risk of rabies and 45% of global burden of human rabies. All SAARC countries except Maldives are rabies endemic. More than 95% of human rabies in the SAARC Region is attributed to dog bites. The major factors for the high burden of rabies in endemic countries in the region include: poverty, ignorance, superstition about rabies, unvaccinated roaming dogs, poor accessibility to anti-rabies vaccine and rabies immunoglobulin, lack of national strategies for rabies elimination and lack of mass dog vaccination programmes. The economic impact of dog bites and rabies in livestock production in the SAARC region is also considered significant. Rabies is targeted for elimination by 2020 in the South East Asia Region.

Objectives of the workshop

- To review rabies situation, control activities and identify gaps for rabies elimination and to share best practices and lesson learnt in rabies control/elimination in SAARC countries;
- To update global and regional initiative for rabies awareness, education and partnership for rabies elimination;
- To discuss 'SAARC Rabies Elimination Project' proposal for submission to the SAARC Development Fund or potential funding agency, and;
- To draft national roadmap elements for rabies elimination by individual SAARC countries for next 4 years.

The meeting was attended by seven countries of SAARC region, development partners and international organizations (WHO, OIE, FAO, SAARC Secretariat, Global Alliance for Rabies Control, Humane Society International, World Animal Protection and VETS BEYOND BORDERS).

Considering that:

1. Rabies is a priority zoonotic disease of the region.
2. Rabies elimination is a regional public good.
3. Rabies elimination requires a focus on three successive rounds of mass dog vaccination (MDV) covering at least 70% of the total dog population within a short time using high quality, dog rabies vaccine that confers long lasting immunity.

4. Post exposure prophylaxis (PEP) remains important while rabies continues to be endemic; although PEP alone is less effective in rabies control when compared to mass dog vaccination,
5. Rabies is inextricably linked to poverty and it is important to ensure post exposure prophylaxis (PEP) is available free of cost or at subsidized cost to all in an equitable manner.
6. Rabies Elimination Programmeserves as a model for operationalization of 'One Health' in endemic countries.
7. A number of Member countries in the region are making good progress on the pathway to rabies elimination via their current control and prevention activities.
8. Development partners, international organizations, civil societies and communities remain a key player in rabies elimination strategies.
9. Most Member countries do not have adequate legislation that addresses rabies and it was noted that introducing legislation takes time.
10. The meeting also noted that progress can be made in the absence of legislation. i.e. lack of legislation should not be used as an excuse for not making progress.

The workshop recommends to Member countries that:

1. All Member countries establish and maintain functional multisectoral steering or coordination committees at national and sub-national levels dealing with rabies control/elimination.
2. Member countries should have a national strategy for rabies elimination following the stepwise approach. This approach should be used as a framework to assist Member countries to develop their respective roadmaps with detailed outputs that support the overall goal of rabies elimination.
3. Rabies surveillance be improved by:
 - making human and animal rabies cases notifiable (if it is not already);
 - improving the reporting capacity through intersectoral coordination, real time data reporting and strengthening diagnostic capacity; and
 - strengthening laboratory and epidemiology linkages.
4. Member countries should strengthen animal health services with adequate, appropriately trained personnel, funding, resources and capacity to deal with rabies control/elimination as a priority zoonotic disease.
5. Member countries take advantage of the OIE dog rabies vaccine bank mechanism, which can facilitate the procurement of high quality dog rabies vaccines for mass dog vaccination campaign.
6. Member countries to establish a laboratory network to provide leadership in human and animal rabies diagnosis.

7. Animal rabies laboratories are encouraged to collaborate with FAO/OIE/WHO Reference Laboratory for rabies (including twinning and working toward OIE Reference Laboratory status).
8. Dog population management should be undertaken using scientifically sound, humane and culturally acceptable method—including development of national policy for dog population management.
9. Member countries are encouraged to access and utilize tools and technical support made available by organizations such as WHO, OIE, FAO, GARC, World Animal Protection and similar organizations (e.g. the Rabies Blueprint).
10. Advocacy and awareness campaigns be continued and promote the concept that 'Freedom from (dog-mediated) human rabies is a global public good'.
11. Legislation for rabies control be developed and or updated in Member countries.

The Workshop recommends to Development Partners and International Organizations that:

1. The tripartite group facilitate the development of a project proposal for regionally coordinated SAARC Rabies Elimination Programme in consultation with the SAARC Secretariat and a lead SAARC country for rabies elimination activities.
2. A task force overseeing progress of SAARC countries in implementing rabies control activities with a Coordinator is established.
3. The SAARC Secretariat facilitate the submission of the project proposal to the SAARC Development Fund for favorable consideration.
4. The tripartite group provide technical support and facilitate intersectoral cooperation, coordination and communication within and among countries and among development partners and organizations.
5. The OIE continue to maintain dog rabies vaccine bank facility.
6. WHO establish a mechanism for bulk purchase of human rabies biologicals and also consider establishment of a human rabies vaccine bank as well as promotion of cost-effective intradermal rabies vaccination in all SAARC countries.
7. The animal welfare organizations support capacity building for introduction of scientifically sound, humane and culturally acceptable dog population management methods including responsible dog ownership and appropriate measures for prevention of dog bites.