



## Supplementary Materials for

### **Driving improvements in emerging disease surveillance through locally relevant capacity strengthening**

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Published 14 July 2017, *Science* **357**, 146 (2017)  
DOI: 10.1126/science.aam8332

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Table S1

**Table S1. Case study to show how actions to achieve control and elimination of rabies, contribute to capacity-strengthening for EID surveillance and achievement of sustainable development goals.** The capacities listed in the second and third columns align to the IHR-PVS (20) and GHSA (21) frameworks respectively.

\*IHR-PVS capacity on zoonoses (10.1) and GHSA Action Package on Zoonotic Diseases (Prevent 2) apply throughout.

<b>Action on a locally relevant disease: Control and elimination of rabies</b>	<b>Relevant capacities and competencies within IHR-PVS Monitoring Framework*</b>	<b>Relevance to Global Health Security Action Packages*</b>	<b>Interactions with Sustainable Development Goals and Targets</b>
Ensure notifiability of human and animal rabies	National legislation and policy, epidemiological surveillance	Detect 2,3: Real-time surveillance	SDG 3.d Early warning, risk reduction and management of national and global health risks
Training of human and animal health workers in integrated bite case management and outbreak investigation (required for all suspect exposures when aiming to verify freedom from rabies/ interruption of transmission)	Human resource capacity, including veterinary, para-professionals and other professionals; diagnostic and laboratory capacity; intersectoral coordination; emergency response; risk communication	Detect 1: National laboratory system; Detect 2,3: Real-time surveillance system, multi-sectoral surveillance data; Detect 5: Workforce development	SDG 3.c: Training, retention of health workforce; SDG 3.d Early warning, risk reduction and management of national and global health risks
Interventions: Emergency access to life-saving human vaccines; large-scale mass dog vaccination; washing of animal bite injuries to reduce rabies risk; dog population management	Management of resources and operations; consultation and stakeholder participation; disease prevention, control and eradication; management of resources and operations	Prevent-4: Immunization action package; Respond 1: Emergency operations (multi-sectoral response teams)	SDG 3.b: Access to affordable vaccines; SDG 3.8: Achieve universal health coverage, including access to safe, effective, quality and affordable vaccines for all; SDG 3.3: End epidemics of neglected tropical diseases (rabies); SDG 6.2: Achieve access to adequate and equitable sanitation; SDG 11.6: Urban waste management; SDG 15.5: Protect and prevent extinction of threatened species

Vaccine procurement, distribution and delivery	Coordination capability; management of resources and operations; operational funding; forecasting capacity	Prevent-4: Immunization action package	SDG 3.b: Provide access to affordable vaccines; 3.8: Achieve universal health coverage, including access to safe, effective, quality and affordable vaccines for all
Establishment of One Health/Zoonoses coordination units	Intersectoral coordination; disease prevention, control and eradication; emergency response; management of resources and operations	Respond 1: Emergency operations (multi-sectoral response teams)	SDG 3.c: Training, retention of health workforce; SDG 3.d Early warning, risk reduction and management of national and global health risks
Detection and diagnosis of human cases of acute encephalitis syndrome (required to validate freedom from human rabies)	Epidemiological (syndromic) surveillance; diagnostic capacity	Detect 2,3: Real-time surveillance (syndromic surveillance)	SDG 3.d Early warning, risk reduction and management of national and global health risks
Collection, management and analysis of surveillance data	Epidemiological surveillance; intersectoral coordination; diagnostic capacity	Detect 2,3: Real-time surveillance	SDG 3.d Early warning, risk reduction and management of national and global health risks

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