- Rabies is a public good
- Several countries are moving towards piloting the new WHO guidelines.
   African countries would benefit from a shift to intradermal vaccine
   administration and infiltration only of RIG in wound to save cost, vaccine,
   improve compliance and treat more bite victims with the same amount of vaccine
- Capacity building will be necessary to roll out

- Different systems to deliver human rabies vaccine/RIG could provide opportunities to leverage other disease programmes/EPI and improve monitoring of vaccine use
- There is an urgent call to stop use of NTV in Africa and replace them with modern cell culture vaccine that are safe, efficacious and have less adverse effects.
- Palliative care of human rabies cases is an area to improve
- WHO will send an official brief to Ministers to make them aware of the changes on change in WHO position. Ideally WHO Country offices will follow this communication closely.

•

- In the future, oral vaccination for dogs may be a possible supplementary tool to increase vaccination coverage required for canine-mediated human rabies elimination.
- Dog culling is not an effective method of rabies control or reduction of dog population size.
- Municipalities/ local government, communities need to get involved to improve waste management which needs behavioural change

- It is vital that to partner with the education sector and other sectors like information, WASH that can amplify awareness campaigns and reach out to the community
- Tools for countries are available to support planning and implementation of rabies programmes – please use them!
  - e.g. SARE, Rabies Epidemiological Bulletin, GDREP, GARC education platform,
     OIE Vaccine bank,, GDL device, JEE missions, PVS pathway, WHO guidelines, OIE standards,, national stakeholder consultation kits, ...

- Country ownership of rabies programmes and strategies is key to sustain necessary activities towards elimination and beyond
- One Health activities can vary across administrative levels
- Innovating by trying One Health community worker sectors for better outreach
- Even if rabies cases decline, awareness and education remains vital

- Countries, regional networks and global level are working to build the capacity to facilitate surveillance and data exchange across sectors
- Data is needed to trigger action, show progress and to build advocacy
- OIE, GARC and WHO will support countries for improved reporting of human and animal health data
- WHO AFRO will communicate with Ministers of Health, following this meeting to disseminate updates on rabies from WHO

 Agreement on the aggregate key indicators and process for reporting to WHO & OIE in support of the 2030 goal :

#### **WHO**

- # human rabies cases
- # animal bite cases in human
- # of people who received PEP
- # rabies cases in dog / in other animals
- estimated dog population / dog vaccination coverage
- Rabies Epidemiological Bulletin combines comprehensive human and animal data to support rabies programmes in real-time.
   Aligned with WHO and OIE indicators and exports data to WHO.

- Scale-up & refine surveillance e.g. capture community bites and suspect rabid dogs including through communication loop from clinics back to community level
- Encourage Integrated Case Bite Management (IBCM) where possible
- Use available data to elaborate and update national strategies
- Align workplan and activities to changes in epidemiology

- SARE allows countries to self-assess and show progress in different technical areas, a
  means to measure regional progress, PWARE has proven useful to elaborate detailed
  country workplans based on SARE outcomes
- SARE used to develop integrated One-Health national plans
- Reflect on who and which level to target in the political system for advocacy as there are frequent changes in people
- Carefully choose the key data you show to the targeted audience when seeking their support