What we learned on day 1

- 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
What we learned on day 1

- 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.
What we learned on day 1

• 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**
What we learned from day 1

- 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, ...
What we learned from day 2

- **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**.
What we learned from day 2

- 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.
What we learned from day 2

• 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.
What we learned from day 2

• **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
What we learned from day 2

- 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