THE LANDSCAPE OF POLICIES AND INSTITUTIONAL ARRANGEMENTS FOR RABIES ELIMINATION IN AFRICA BY 2030

Preliminary Overview







Study Objectives

Overall Objective

To support development of a CONTINENTAL DOG-MEDIATED RABIES ELIMINATION STRATEGY

Specific objectives was to:

- 1) Review literature on the rabies landscape in Africa,
- 2)Understand the policy and institutional preparedness for the *end* rabies by 2030 campaign
- 3) Establish country-specific profiles of policies, institutions, and preparedness on rabies elimination towards supporting national rabies elimination strategies and programs (add-on).



Presentation Outline

- Overview of Literature Review and researchers' observations
- Baseline Survey Findings

Notes

 CVO data prioritized; partner information supported findings.



Study Outputs

- 1. Landscaping of policies and institutional arrangements for rabies elimination in Africa by 2030
- 2. Abridged version of Landscaping of policies and institutional arrangements for rabies elimination in Africa by 2030
- 3. Baseline survey on the preparedness of African countries to eliminate rabies by 2030
- 4. Country profiles on their rabies preparedness (43)
- 5. Included in reports are PESTEL (with literature review) and SWOT (with baseline survey)



Methodology

- Literature Review
- KAP survey on Kobo collect from December 2021 and April 2022

Observations from literature

- Reviewed 200 documents
- Literature academic, biased for monitoring, surveillance, virus typing.
- Not enough quantitative data to help plan a rabies program
- Literature Gap
 - Insufficient economic, planning and institutional data for onehealth project formulation (processes, workplans etc.).
 - Very little literature to guide policy formulation



Challenges Facing Rabies Elimination At Continental & National Levels

- National Rabies Elimination Strategies in 9 others underway but not much information on progress, implementation, challenges & lessons Learnt.
- Funding: Inadequate funding at continental & National Levels investments are small and fragmented.
- Vaccination Coverage: Ranges from 5% 65%, averages 18% far below recommended 70%. Inadequate vaccine supply, budgets and focused/intentional planning
 - WOAH has vaccine bank, 2 million supplied to 8 countries in Africa
 - South Africa Manufacture vaccines
- Geo Referenced Dog Census: Many Countries do not have reference data on dog densities and ecology at national or sub national level.
- Coordination: A few regional and intersectoral networks e.g PARACON



Challenges Facing Rabies Elimination At Continental & National Levels

- Monitoring & Surveillance: Is limited bot within and between countries, inadequate results and under-reporting bot animal & human cases
 - Surveillance data does not provide data on vaccination coverage.
- Training: Inadequate personnel trained, lack technical skills in handling dog bite cases
 - Available training models across various partners, some not certifies, not located at singular repository link.
 - Low ICT and internet connectivity make online trainings inaccessible.
- Dog Population Management: Strategies or programmes lacking in most African countries relying on dog culls.

- Surveillance & Monitoring Tools: Most countries only use passive surveillance.
 - Lack tools equipment and Lab reagents
 - Poor rabies surveillance in livestock
 - Surveillance tool available Seven (7) not coordinated used as per countries desire.
- Research: Lack epidemiological studies on incidence & spread of Rabies in Africa, therefore lack data to support NRE strategies.
- Impact on Animal Sector: Economic losses in livestock sector approx. \$280 Million, GDP loss
 \$770 Million
 - Over 150,000 human death attributed to rabies, 80% in rural areas, 40 % children mainly boys.
 - Human vaccines imported and expensive, and inaccessible.
- Impact on Wildlife & Conservation: Deaths of Wild canids and felines (combination rabies and Distemper)
 - Poor surveillance of rabies OB in wildlife & Livestock, dog populations around wild areas.
- Impact on Tourism: Loss revenue due to Rabies OB and DPM issues in tourist areas



SARE TOOL, POLICIES & INSTITUTIONS

- SARE Tool: Adapted by 26 nations, is effective tool in self assessment and evaluation, strengthens One Health Approach.
 - Insufficient knowledge amongst wider personnel how to use it
 - Lack of evaluation reports from adapting member states
- Policies: Limited continental & regional policies to eliminate rabies
 - Lack specific regulations to support OH partners in coordination & Implementation
 - Many countries lack validation of NRS
- Institutions: 4 Global, 5 Regional, Universities, Governments (little funding), over 20 NGO's
 - Limitation is all working in Silos and no joint coordination.





