

CASE STUDY: 2013 VIS DECISION ON RABIES LEARNING AGENDA

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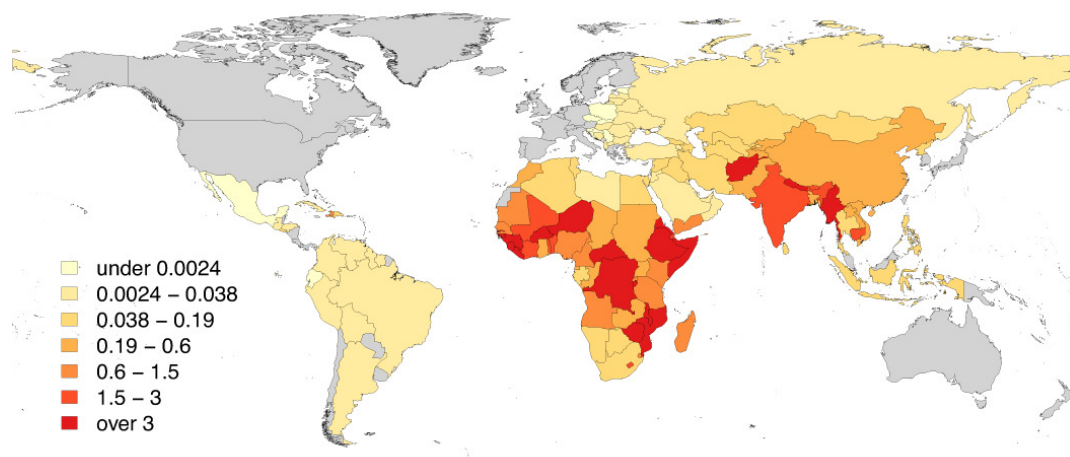
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Rabies is a neglected, vaccine-preventable disease

An indicator for impact on inequity



Rabies per capita death rates per 100,000 persons.

- 100% fatal
- ~60,000 deaths per year
- Weak data and under-reported
- Mostly children
- Vicious cycle of supply and demand
- Vaccine is a key component of the global plan and triggers national programmes

Our Goal:
Zero by 30

3 GOOD HEALTH
AND WELL-BEING



Past VIS decision

Key impact

Impact & Catalytic Effect

- 3,500 – 5,500 **lives saved** per 100,000 vaccinated.
- Switching from IM to ID can result in up to 80% **cost savings**.

Improved equity & access

- Savings the **lives of children**, who are over 50% of the victims.
- Reaching rural, neglected, and **underserved population**.

Increased value for money

- Less **out of pocket expenses**
- Lower **cost/DALY averted**.

Key challenges

Vaccine needs & demands

- Uncertainty around target populations and **vaccine demand**.

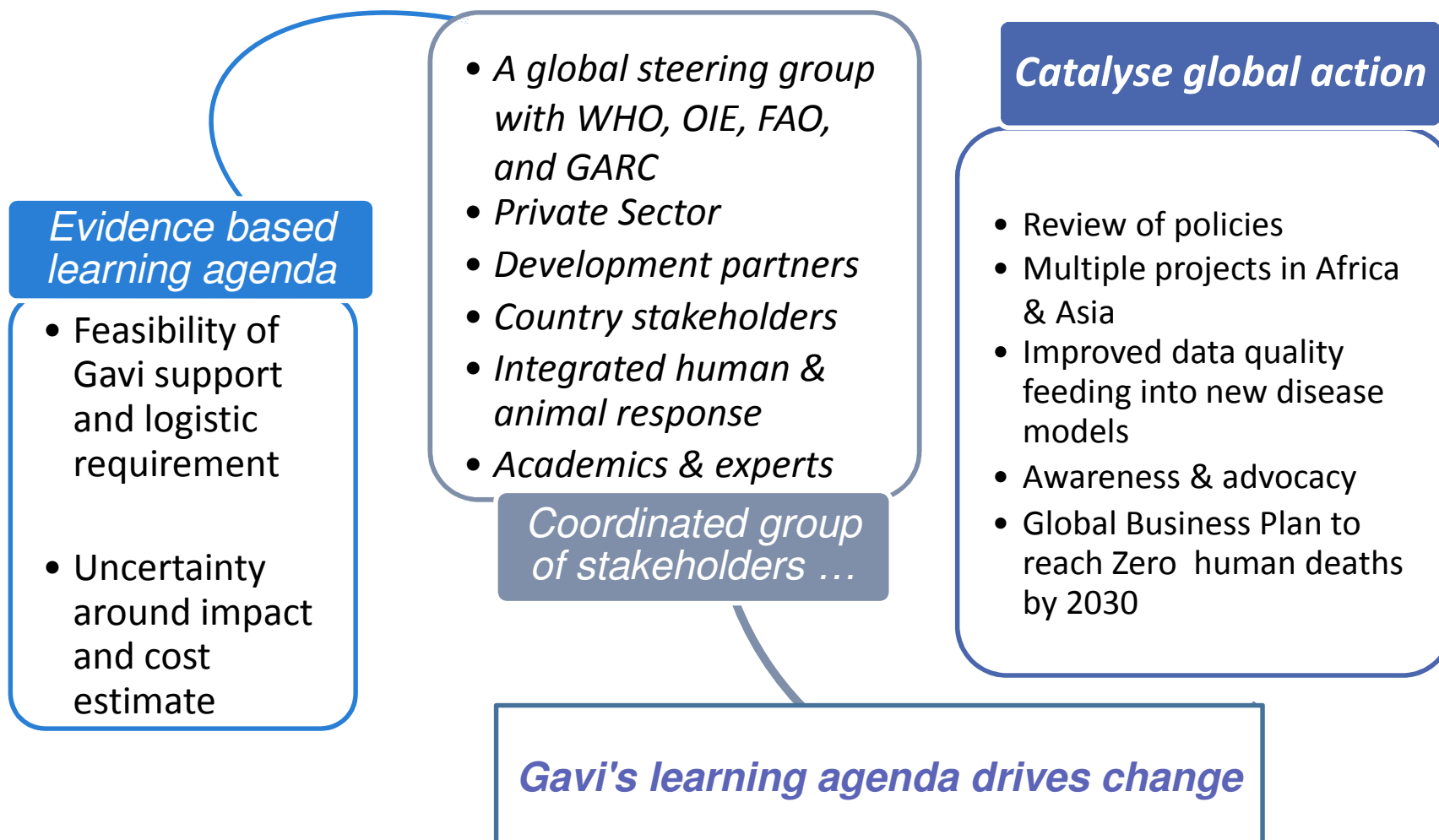
Operational Challenges

- Requires **reactive stock management** for vaccines.

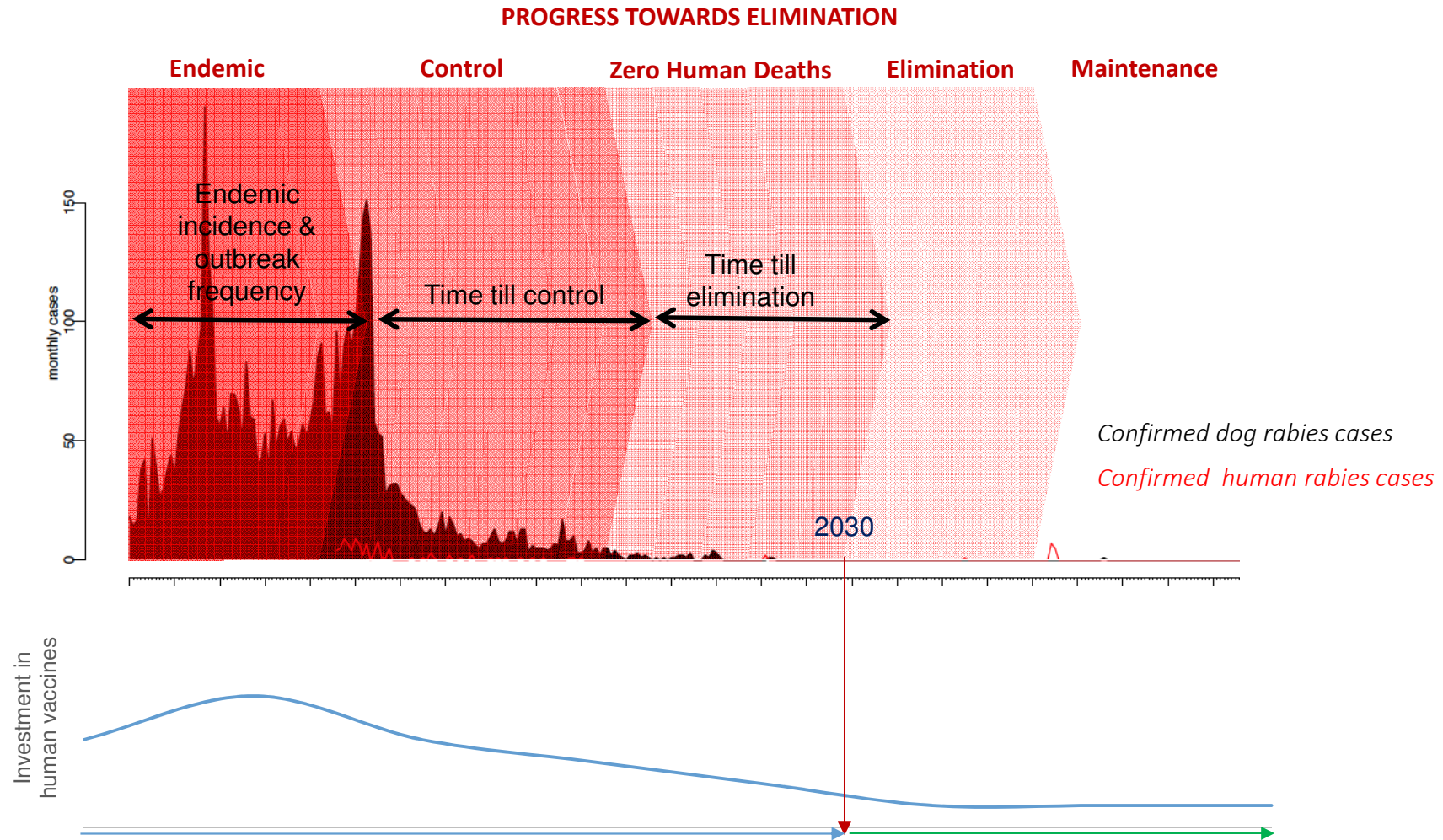
Aligning with Gavi

- Rabies vaccine is **not an EPI vaccine** but a 'treatment' vaccine.
- Support for **immunoglobulins**.

VIS Learning Agenda catalyses Global Rabies Action



Gavi's learning agenda bridging data gaps



Timetable to completion of the learning agenda



Gavi's learning agenda drives change

- New SAGE guidance on ID vs IM, shorter schedules, and more prudent use of RIG **will reduce costs** and **increase compliance and equity**.
- Quality assurance. Vaccine manufacturers in high-income and low-income countries recognise the value of investing in **pre-qualification** and considering ID on label.
- New thermostable vaccines coming to market could **increase accessibility** and **reduce overall costs**.
- The combination of an enabling policy environment and innovations are **strengthening supply chains and health systems**.

THANK YOU!

