

Strategic plan 2020-2025



National Rabies Prevention and Control Program



Department of Health,
Philippines



Department of Agriculture
Bureau of Animal Industry

Strategic Plan

2020- 2025

Table of Contents

| | Page No. |
|---|----------|
| Table of Contents | I |
| List of Tables and Figures | lii |
| Acknowledgments | lv |
| Acronyms and Abbreviations | v |
| Executive Summary | vi |
| CHAPTER I: THE BURDEN OF RABIES IN THE PHILIPPINES | |
| I. Introduction | 1 |
| II. Human Rabies | 2 |
| III. Rabies Exposures | 3 |
| IV. Canine Rabies | 7 |
| CHAPTER II: THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM | |
| I. Introduction | 13 |
| II. The Program Vision and Goal | 15 |
| III. Legal Mandates of the National Rabies Prevention and Control Program | 15 |
| IV. National Rabies Prevention and Control Program | 15 |
| 1. Program Components | |
| 2. Support Services | |
| 3. Budget | |
| CHAPTER III: Assessment of the Program | |
| I. Assessment of the Program | 21 |
| II. Strengths, Opportunities, Weaknesses and Threats in the Implementation of the Program | 22 |
| - Human Health | 23 |
| CHAPTER IV: STRATEGIC PLAN (2020-2025) | |
| I. Introduction | 29 |
| II. Guiding Principles | 29 |
| III. Key Components Description | 30 |
| IV. The Strategic Framework Plan of NRPCP | 31 |
| V. Goal of NRPCP | 32 |

| | |
|---|----|
| VI. Strategic Objectives | 35 |
| 1. Human Health | 36 |
| - Strategic, objectives, Target, Strategies and Performance Indicator | |
| - Activities, Performance, Indicator and timeline | 43 |
| - Implementing Agreements | 43 |
| - Monitoring and Evaluation | |
| 2. Animal Health | 48 |
| - Oplan RED | |

Annexes

1. Anti-Rabies Act of 2007
2. Implementing Rules and Regulations of the Anti-Rabies Act of 2007
3. Health Promotion Plan
4. Monitoring and Evaluation Indicators
5. Success Indicators 2016
6. Key Activities at the National, Regional and Local Levels in the Prevention and Control of Human and Canine Rabies
7. Department Circular No. -2019-057: Adoption of the National rabies Prevention and Control Program (NRPCP) Strategic Plan

LIST OF FIGURES AND TABLES:

- Figure 1 Human Rabies Incidence, Philippines, 2007 – 2018
- Figure 2 Animal Bite Treatment Centers and Rabies Exposures, Philippines, 2007 – 2018
- Figure 3 Submitted Dog Samples Versus Confirmed Canine Cases, Philippines, 2007-2018
- Figure 4 Animal Rabies Cases in the Regions 2017
- Figure 5 Animal Rabies Cases in the Regions 2017
- Figure 6 Top Provinces and Cities with Animal Rabies Cases for 2018
- Figure 7 Species Affected by Rabies
- Figure 8 Strategic Framework of National Rabies Prevention and Control Program
- Table 1 Human Rabies Exposures by Region, Philippines 2018
- Table 2 Incidence of Rabies, Philippines, 2018
- Table 3 Rabies Exposure per Category 2018
- Table 4 Rabies Exposure per Age and Biting Animals 2018
- Table 5 Comparison of the PEP and ERIG coverage in 2007-2018
- Table 6 Dog Vaccination Coverage 2014-2018

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- World Health Organization for providing logistical support and technical assistance in the development of this plan.

ACRONYMS AND ABBREVIATIONS:

| | |
|------------|---|
| AO | Administrative Order |
| ABC | Animal Bite Center |
| ABTC | Animal Bite Treatment Center |
| BAI | Bureau of Animal Industry |
| DA | Department of Agriculture |
| DENR | Department of Environment and Natural Resources |
| DepEd | Department of Education |
| DILG | Department of Interior and Local Government |
| DME | Direct Microscopic Examination |
| DOH | Department of Health |
| FAT | Fluorescent Antibody Test |
| GOs | Government Organizations |
| LGUs | Local Government Units |
| MIT | Mouse Inoculation Test |
| NGOs | Non-Government Organizations |
| PAHC | Philippine Animal Health Center |
| POs | People's Organizations |
| PEP | Post Exposure Prophylaxis |
| PhilHealth | Philippine Health Insurance Corporation |
| PrEP | Pre-Exposure Prophylaxis |
| TCV | Tissue Culture Vaccine |
| WHO | World Health Organization |

EXECUTIVE SUMMARY:

Rabies is a zoonotic disease that cause 59,000 deaths every year worldwide with 56% of the cases occurring in Asia. In the Philippines, there are 250-300 deaths every year mostly among children below 15 years of age and those who are poor. Even though such deaths are preventable, there is no treatment or cure for rabies once the clinical manifestations of rabies set in. The high cost of anti-rabies vaccine and immunoglobulin, expenditure for medical consultations and the loss of income are an additional burden to a regular Filipino family confronted with a potential rabies exposure. In addition, victims of potentially rabid bites suffer anxiety resulting from the uncertainty on the consequence of a rabies exposure.

The enactment of the Anti-Rabies Act of 2007 (Republic Act 9482), government guidelines and local ordinances has provided full mandate for the creation and implementation of the National Rabies Prevention and Control Program (NRPCP) from the national to the local level. The program is further backed by a coordinating and implementation structure from the national to the local level, inter-agency and multi-sectoral support, organized rabies implementation structure at the local level, funding support from funding agencies and available resources and opportunities for public awareness campaigns. Establishment of 613 Animal Bite Treatment Centers (ABTCs) under the Department of Health (DOH) and Local Government Units (LGUs) all over the country has resulted to increased access to rabies Post Exposure Prophylaxis (PEP).

With the NRPCP's overall and ultimate goal of declaring the Philippines rabies-free by year 2030, the program has the following key focus areas namely: Governance, Service Delivery, Financing, Regulation, Information and Human Resource.

The key focus areas were reviewed and analyzed by National, Regional and Local Coordinators in consultation with partner agencies in order to determine the gaps in the program implementation. To address issues and concerns, Strategic Plan to end rabies by 2030 was developed for the NRPCP.

This Strategic Plan was able to identify immediate concerns to achieve the goal of zero incidence of canine-mediated human rabies by 2030.

Chapter I:
THE BURDEN OF RABIES
IN THE PHILIPPINES

CHAPTER I: THE BURDEN OF RABIES IN THE PHILIPPINES

I. INTRODUCTION

Rabies remains to be the most acutely fatal infectious disease claiming 250-300 lives of Filipinos every year. At least one-third of human rabies deaths are among children less than 15 years of age and two thirds of the total cases are males. The high cost of anti-rabies vaccine and immunoglobulin, expenditure for medical consultations and the loss of income are an additional burden to a regular Filipino family confronted with a potential rabies exposure.

To reduce incidence of rabies, Animal Bite Treatment Centers (ABTCs), where patients are able to access human anti-rabies vaccines and immunoglobulin for Post Exposure Prophylaxis (PEP) have been established in strategic areas all over the Philippines. Consequently, the number of reported potentially rabies exposures, mostly dog bites, has been increasing for the past three years.

Dogs are the principal reservoir of rabies in the country. Of the animal rabies cases reported in 2018, 85.7% were dogs, 12.5% were cats and the spillover represents other domestic animals. Rabies in domestic animals like cattles, carabaos, pigs, goats and horses has been reported since 1930s but were all traced to bite of rabid dogs.

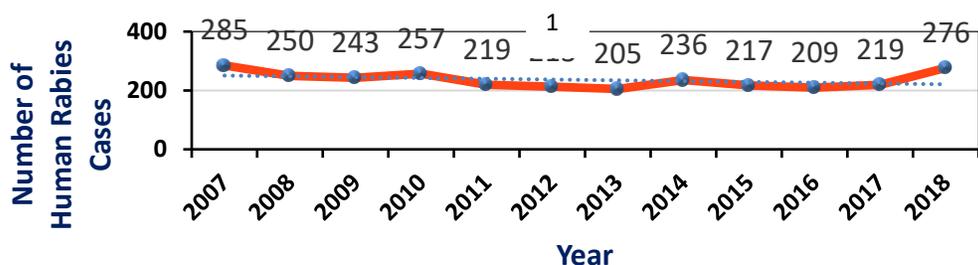
Rabies prevention and control may not be seen by some Local Chief Executives (LCE's) as a priority thus there is inadequate enforcement of laws and policies by Local Government Units (LGUs) and agencies. Many of the LGUs do not allocate funds to provide human and dog anti-rabies vaccine for their constituents. Moreover, Rabies Immunoglobulin (RIG) for high-risk cases is costly and not easily available in some localities. Availability of these immunizing agents against rabies is highly dependent on the funds from the national government agencies, particularly of the Department of Health (DOH) and Department of Agriculture (DA).

Access and compliance to PEP is hampered in some areas due to the far distance of the Animal Bite Treatment Center (ABTC), lack of financial means for transportation and for the continuation of the regimen, lack of information or job-related time constraints. Many of the dog bite victims seek “tandok” and “tawak” (traditional healer) that may be a cause for delay in seeking appropriate management of the rabies exposure, thus face the risk of rabies infection.

II. HUMAN RABIES

The number of human rabies cases in the past twelve years has been fluctuating. Statistics showed that human rabies cases fluctuate from 2007 to 2018 as shown in Figure 1.

Figure 1: Human Rabies Incidence, Philippines, 2007 – 2018



Source: Infectious Disease Office, Disease Prevention and Control Bureau, DOH, Philippines

In 2018, the top 5 regions for human rabies cases were Region 3 (Central Luzon) with 58 cases, followed by Region 4-A (CALABARZON) with 30 cases, Region 7 (Central Visayas) with 25 cases, Region 12 (SOCCSKSARGEN) with 21 cases and Region 1 (Ilocos) with 20 cases. Table 1 shows distribution of human rabies cases in different regions.

Table 1: Human Rabies Cases Distribution per Region, Philippines, 2018

| Regions | Number of Human Rabies Cases |
|--------------|------------------------------|
| 3 | 58 |
| 4A | 30 |
| 7 | 25 |
| 12 | 21 |
| 1 | 20 |
| 6 | 16 |
| 2 | 16 |
| 11 | 16 |
| NCR | 15 |
| 9 | 12 |
| 10 | 11 |
| 5 | 11 |
| 4B | 10 |
| CARAGA | 6 |
| 8 | 5 |
| CAR | 4 |
| ARMM | 0 |
| TOTAL | 276 |

Source: Infectious Disease Office, Disease Prevention and Control and Control Bureau, DOH, Philippines

For 2018, there were a total of 276 human rabies cases over the estimated population of 107,587,132 with an average of 2.57 rabies incidence per million population. This means that a little more than 2 people per million population die because of rabies. Region 3 (Central Luzon) has the highest incidence rate followed by Regions 12 (SOCCSKSARGEN) and 2 (Cagayan Valley). Regional incidence per million population is reflected in table 2 below:

Table 2: Incidence Rate of Human Rabies per Region, Philippines, 2018

| Region | Incidence Rate |
|--------------|----------------|
| 1 | 3.86 |
| 2 | 4.38 |
| 3 | 4.89 |
| 4A | 2.01 |
| 4B | 3.03 |
| 5 | 2.02 |
| 6 | 2.05 |
| 7 | 3.18 |
| 8 | 1.06 |
| 9 | 2.24 |
| 10 | 2.25 |
| 11 | 3.03 |
| 12 | 4.40 |
| CARAGA | 1.58 |
| CAR | 2.24 |
| NCR | 1.15 |
| ARMM | 0.00 |
| TOTAL | 2.57 |

III. HUMAN RABIES EXPOSURES

A total of 1,156,377 animal bite cases were reported in 2018. This is 247% increase from 330,077 cases in 2011. The incidence of cases of rabies exposures, mostly dog bite cases, has been on an increasing trend.

Table 3 shows the geographical distribution of reported cases of human rabies exposures for 2018. National Capital Region had the highest number of rabies exposures (50,193), followed by Region 3 (40,943) and Region 4A (37,820).

Table 3: Human Rabies Exposures by Region per category, Philippines, 2018

| Region | Category of Exposure | | | | |
|--------------|----------------------|----------------|----------------|------------------|------------------------|
| | Cat I | Cat II | Cat III | Total | %Contribution to Total |
| 1 | 524 | 62960 | 11845 | 75329 | 6.51% |
| 2 | 291 | 74652 | 17936 | 92879 | 8.03% |
| 3 | 596 | 102746 | 25363 | 128705 | 11.13% |
| 4A | 1635 | 69894 | 20945 | 92474 | 8.00% |
| 4B | 982 | 24465 | 8341 | 33788 | 2.92% |
| 5 | 868 | 32830 | 9403 | 43101 | 3.73% |
| 6 | 131 | 50905 | 42476 | 93512 | 8.09% |
| 7 | 1651 | 65578 | 34936 | 102165 | 8.83% |
| 8 | 29 | 15861 | 11551 | 27441 | 2.37% |
| 9 | 1107 | 49928 | 24336 | 75371 | 6.52% |
| 10 | 0 | 47218 | 11166 | 58384 | 5.05% |
| 11 | 96 | 37896 | 6678 | 44670 | 3.86% |
| 12 | 572 | 34840 | 12589 | 48001 | 4.15% |
| CARAGA | 309 | 17549 | 4722 | 22580 | 1.95% |
| CAR | 656 | 20360 | 7814 | 28830 | 2.49% |
| NCR | 1154 | 128125 | 58443 | 187722 | 16.23% |
| ARMM | 156 | 809 | 460 | 1425 | 0.12% |
| Total | 10,757 | 836,616 | 309,004 | 1,156,377 | 100.00% |

Source: Infectious Diseases Office, Disease Prevention and Control Bureau, Department of Health

In 2018 there were 1,156,377 animal bites, 99% of exposure, mostly through bites, 69 % were from dogs, 28.98 % from cats and 1.3% from other animals. 9.3% were of Category I exposures which do not require PEP, while 74.68% were Category II and 26.72% were Category III exposures.

Table 4: Rabies Exposure per Age and Biting Animals, 2018

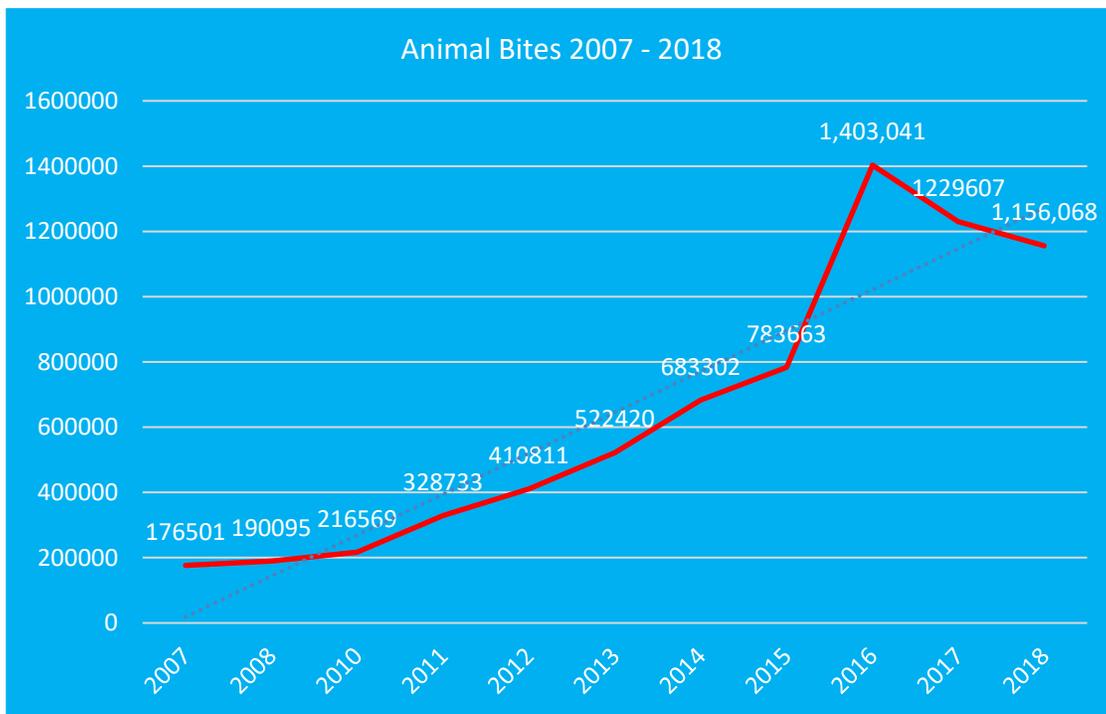
| Animal bite per Sex | | | Animal bite per Sex | | | Biting Animal | | | |
|---------------------|---------|-----------|---------------------|---------|-----------|---------------|---------|--------|-----------|
| Sex* | | | Sex* | | | Dog | Cat | Others | Total |
| Male | Female | Total | <15 | >15 | Total | | | | |
| 588,550 | 577,272 | 1,165,822 | 492,427 | 667,284 | 1,159,711 | 815,902 | 339,394 | 15,525 | 1,170,821 |

*Discrepancy in the total is due to incomplete entries in the Rabies Exposure Registry)

Source: Infectious Diseases Office, Disease Prevention and Control Bureau, Department of Health

The number of Animal Bite Treatment Centers (ABTCs), where cases of rabies exposures are able to access human anti-rabies vaccine and immunoglobulin for PEP, increased in number from 256 in 2007 to 613 centers in 2018. It can be observed based on the data that there is a corresponding increase in reported rabies exposures if the number of ABTCs is also increasing. In 2007, there were only 256 ABTCs and reported rabies exposures were 177,000. Compared to 2018 where there were 613 ABTCs, reported rabies exposure increased to 1,165,822. Because of the increase in the number of ABTCs, animal bite cases were properly recorded and reported. Despite of the 279% increase in the reported rabies exposures from 2011, the incidence of human rabies cases, is fluctuating. This is due to the better access to PEP provided by the increasing number of ABTCs.

Figure 2: Animal Bite Cases , Philippines, 2007 – 2018



Post Exposure coverage with Cell Culture Vaccine has significantly improved in the past five years from 76% in 2007 to 93% in 2018 as shown in table 3, ERIG Coverage is 52.6%

Table 5: Comparison of the PEP and ERIG coverage in 2007-2018.

| Regions | TCV | %TCV | ERIG | %ERIG |
|--------------------|----------------|-------------|---------------|-------------|
| 1 | 68168 | 91.1 | 6420 | 54.2 |
| 2 | 85910 | 92.7 | 12788 | 71.2 |
| 3 | 126522 | 98.7 | 14467 | 57 |
| 4A | 85019 | 93.5 | 9212 | 43.9 |
| 4B | 31046 | 94.6 | 4493 | 53.8 |
| 5 | 47767 | 113.1 | 4792 | 50.9 |
| 6 | 75753 | 81.1 | 12732 | 30 |
| 7 | 98286 | 96.2 | 20415 | 58.4 |
| 8 | 26735 | 97.5 | 5835 | 50.7 |
| 9 | 64730 | 87.1 | 11361 | 46.6 |
| 10 | 58507 | 100 | 6505 | 58.5 |
| 11 | 44601 | 99.8 | 3527 | 52.9 |
| 12 | 48508 | 102.2 | 8505 | 67.5 |
| CARAGA | 18413 | 82.6 | 2592 | 54.8 |
| CAR | 26018 | 92.3 | 4837 | 61.9 |
| NCR | 167286 | 89.6 | 34235 | 58.5 |
| ARMM | 635 | 50 | 108 | 23.4 |
| Grand TOTAL | 1073904 | 93.7 | 162824 | 52.6 |

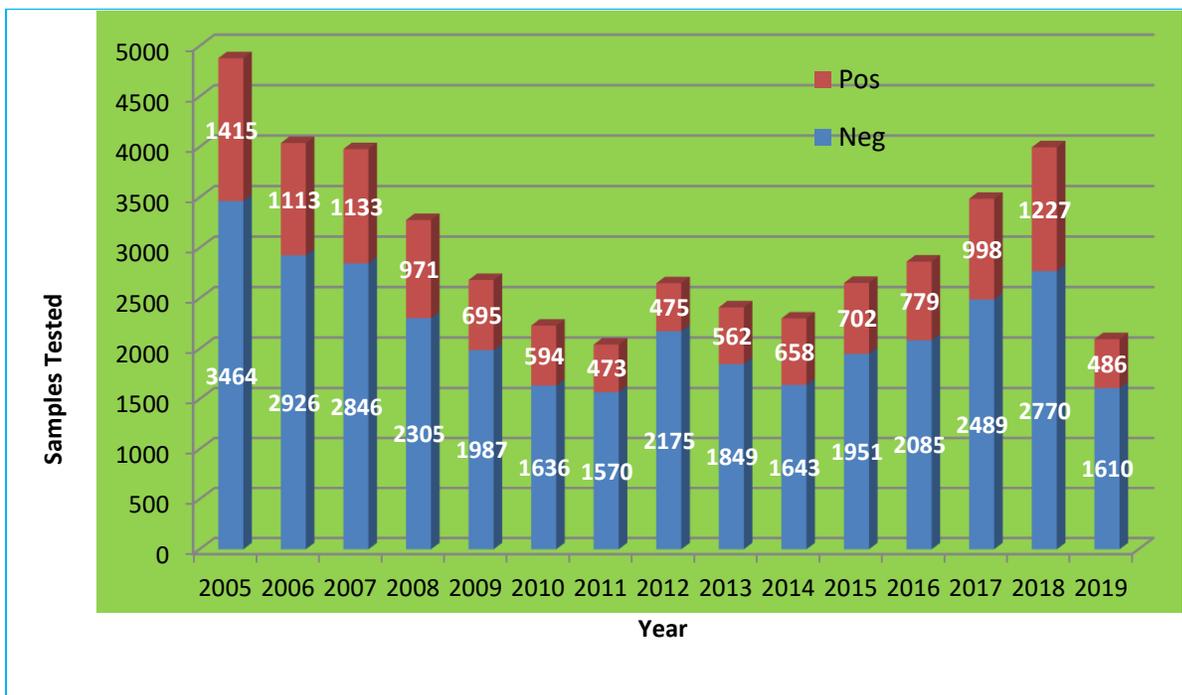
Source: Infectious Disease Office, Disease Prevention and Control Bureau, DOH, Philippines

IV. CANINE RABIES

For the past five years from 2005 to 2018, the number and incidence of canine rabies has been fluctuating from 1,415 confined cases in 2005 to 1,227 cases in 2018. However, the number of samples sent for examination has significantly declined in the past five years from 4879 samples in 2005 to 3997 in 2018. Thus it could not be claimed with certainty that the reduction in the number of animal rabies is brought about by prevention and control efforts against rabies but it can also be because of the declining numbers of samples sent for examination.

Among the possible reasons for the reduction of the number of samples submitted are difficulties in preparing, storing and transport of the specimens, and pet owners have to shoulder laboratory related expenses such as laboratory fees and transportation cost.

Figure 3: Submitted Samples vs. Confirmed Cases 2005-2019 (Q2)



Source: Bureau of Animal Industry, Department of Agriculture, Philippines

Figure4: Animal Rabies Cases in the Regions 2017

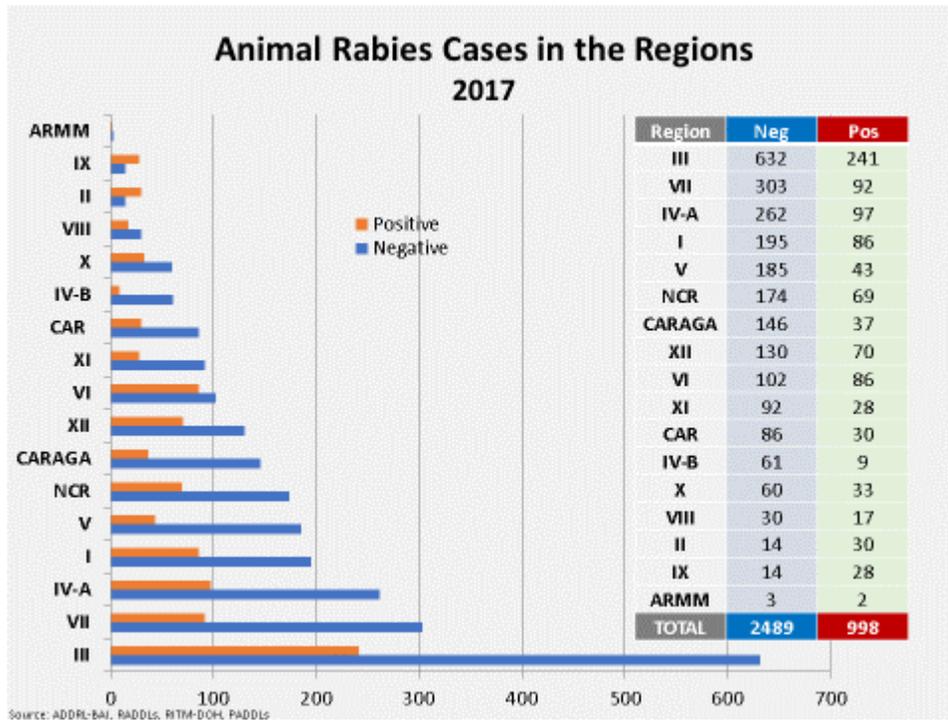
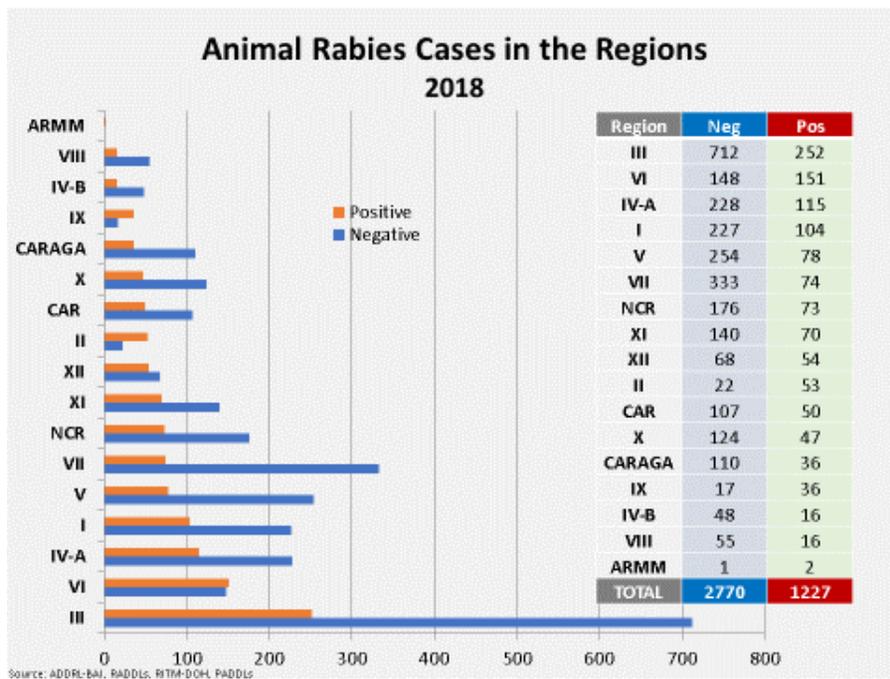


Figure 5: Animal Rabies Cases in the Regions 2018



Region 3, 4A, 5 and 1 have been consistently in the top five regions with the highest cases of animal rabies for the period 2017 and 2018. Highest reported number of animal rabies cases in 2017 and 2018 is in Region 3 and Region 8 with 241 and 252 cases respectively.

Figure 6: Top Provinces and Cities with Animal Rabies Cases for 2018

| Top Provinces and Cities with Animal Rabies Cases for 2018 | | | |
|--|-------|---------------------|-------|
| PROVINCES | CASES | MUNICIPALITY/CITY | CASES |
| PAMPANGA | 129 | DAVAO CITY | 57 |
| ILOILO | 88 | SAN FERNANDO CITY | 29 |
| PANGASINAN | 72 | ZAMBOANGA CITY | 24 |
| DAVAO DEL SUR | 59 | GENERAL SANTOS CITY | 23 |
| CEBU | 53 | ILOILO CITY | 18 |
| CAVITE | 46 | QUEZON CITY | 17 |
| MISAMIS ORIENTAL | 37 | CEBU CITY | 17 |
| BULACAN | 36 | SANTA BARBARA | 17 |
| ALBAY | 35 | ANGELES CITY | 17 |
| NUEVA ECIJA | 34 | BUTUAN CITY | 16 |
| NEGROS OCCIDENTAL | 34 | CAGAYAN DE ORO CITY | 14 |

Source: Bureau of Animal Industry, Department of Agriculture, Philippines

Figure 7: Species Affected by Rabies

| Species Affected by Rabies | | | |
|----------------------------|------------|-------------|---|
| SPECIES | 2017 | 2018 | |
| Canine | 962 | 1190 | 96% of positives are from canine samples |
| Feline | 29 | 27 | 72% of rabies cases are owned |
| Caprine | 2 | 0 | 88% of rabies cases were either free-roaming or occasionally roaming |
| Porcine | 2 | 0 | |
| Bovine | 1 | 5 | |
| Bubaline | 1 | 1 | |
| Primate | 1 | 0 | |
| Buffalo | 0 | 2 | |
| Equine | 0 | 1 | |
| Monkey | 0 | 0 | |
| Murine | 0 | 0 | |



Source: Bureau of Animal Industry, Department of Agriculture, Philippines

Table 6 shows that the annual dog vaccination coverage ranges from 45.47% (2015) to 53.30% (2018) which is way below the target of 80%. The inadequacy of funds is the most important reason for low coverage for dog vaccination. Thus, dogs continue to be susceptible to rabies and pose the risk of transmitting the virus to humans.

Table 6: Dog Vaccination Coverage (2015-2018)

| Region | 2015 | 2016 | 2017 | 2018 |
|---------------------------------|------------------|------------------|------------------|------------------|
| I | 40.34% | 35.75% | 51.45% | 43.22% |
| II | 51.03% | 51.30% | 47.04% | 50.27% |
| III | 49.90% | 52.39% | 65.18% | 56.54% |
| IVA | 38.85% | 40.76% | 43.99% | 40.67% |
| IVB | 25.42% | 27.77% | 32.82% | 38.63% |
| V | 70.61% | 63.29% | 67.10% | 40.17% |
| VI | 48.43% | 61.62% | 67.78% | 69.46% |
| VII | 76.27% | 70.32% | 52.27% | 74.09% |
| VIII | 55.56% | 59.10% | 60.86% | 57.30% |
| IX | 37.46% | 27.40% | 43.12% | 43.38% |
| X | 44.69% | 48.60% | 64.00% | 65.84% |
| XI | 31.74% | 53.75% | 76.63% | 69.77% |
| XII | 42.34% | 55.22% | 60.05% | 57.80% |
| CARAGA | 52.61% | 57.07% | 50.30% | 49.33% |
| CAR | 66.15% | 62.37% | 66.32% | 70.42% |
| ARMM | 20.09% | 12.95% | 35.38% | 70.00% |
| NCR | 32.29% | 35.03% | 51.08% | 60.21% |
| TOTAL (%) | 45.47% | 47.99% | 55.74% | 53.30% |
| TOTAL Vaccinated (heads) | 3,847,447 | 4,132,594 | 4,874,549 | 4,758,226 |

CHAPTER II:

**THE NATIONAL RABIES PREVENTION
AND CONTROL PROGRAM**

CHAPTER II: THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM

I. INTRODUCTION

In the late 1980s, the Department of Agriculture through the Bureau of Animal Industry and the Department of Health through the then Communicable Disease Control Service initiated efforts to prevent and control rabies in the country.

In May 1991, a Memorandum of Agreement was signed among the Secretaries of Health (DOH), Agriculture (DA), Local Government (DILG) and Education, Culture and Sports (DECS) now Department of Education (DepEd) with representatives from the LGUs committing their agencies to exert concerted efforts in eliminating rabies in the country. This also led to the creation of the Rabies Control Consultative Committee (RCCC) composed of top level officials from these four Departments and representatives from NGOs. The function of the RCCC was to provide guidance in the implementation of the program. At the same time a National Rabies Committee (NRC) composed of the technical experts from DA and DOH served as the implementing body.

A program to control and eliminate rabies in the country by year 2020 was drafted by the NRC. Activities were laid down which emphasized the creation of multi-sectoral rabies committees at the regional, provincial, city and municipal levels on dog immunization, anti-rabies human immunization and rabies awareness.

There were attempts to eliminate rabies in various parts of the country focusing on mass dog vaccination such as the Mindanao Anti-Rabies Day (MAD) in the 1990's and the Rabies Action Program in Visayas (RAP-V) in 2000. However, all these initiatives failed to eliminate rabies because of inadequate funds. The logistic support depended so much on the regular funding of the implementing agencies since no special budget was appropriated for its execution at the national and local levels.

In 1992, the WHO Expert Committee on Rabies recommended to replace the Nerve Tissue Vaccine (NTV) with the modern tissue culture vaccine since NTV are less immunogenic and caused more severe adverse reactions. They also recommended the use of the intradermal (ID) regimen of anti-rabies vaccination especially for developing countries where vaccines are costly and the supply is usually inadequate. The ID regimen had significantly reduced cost but its efficacy was not compromised.

In 1997, the Philippines stopped using the old nerve-tissue vaccines and was replaced with tissue culture vaccines. Purified Verocell Rabies Vaccine (PVRV), Purified Duck Embryo Vaccine (PDEV) and Purified Chick Embryo Vaccine (PCEC) were introduced in the Philippine market. In order to mitigate the cost of shifting from NTV to TCV, the DOH adopted the intradermal regimen of anti-rabies vaccination.

On March 13, 1999, President Joseph E. Estrada signed Executive Order No. 84 declaring March as Rabies Awareness Month creating the National Rabies Prevention Committee composed of representatives from the DOH, DA-BAI, DILG, DECS (DepEd) and NGOs to formulate policies and coordination implementation of the National Rabies Prevention Control Program and to conduct massive information drive on rabies prevention complemented by mass dog vaccination.

In 2006, Rabies Prevention Program through curriculum integration and instruction was developed by CHD and DepEd in Region 5 (Bicol) and pilot tested in Cabusao, Camarines Sur.

In 2007, Republic Act 9482 also known as Anti-Rabies Act of 2007 was signed into law by President Gloria Macapagal Arroyo, mandating that there shall be a National Rabies Prevention and Control Program to be implemented by a multi-agency/multi-sectoral committee called National Rabies Prevention and Control Committee chaired by the Bureau of Animal Industry of the Department of Agriculture. The Program shall be a multi-agency effort in controlling and eliminating Rabies in the country. Among the component activities include: (1) mass vaccination of dogs; (2) establishment of a central database system for registered and vaccinated Dogs; (3) impounding field control and disposition of unregistered, stray and unvaccinated dogs; (4) conduct of information and education campaign on the prevention and control of Rabies; (5) provision of pre-exposure treatment to high risk personnel and Post Exposure Treatment to animal bite victims; (6) provision of free routine immunization or Pre-Exposure Prophylaxis (PrEP) of schoolchildren aged five to fourteen in areas where there is high incidence of rabies as well as the (7) encouragement of the practice of responsible pet ownership. The program shall be implemented by the Department of Health (DOH), Department of Agriculture (DA), Department of Interior and Local Government (DILG) and the Department of Education (DepEd), as well as Local Government Units (LGUs) with the assistance of the Department of Environment and Natural Resources (DENR), Non-Government Organizations (NGOs) and People's Organization (POs).

In 2009, the Philippines, through the DOH was selected as one of the three demonstration sites of the World Health Organization (WHO) – Bill and Melinda Gates (BMG) Foundation project to eliminate human rabies through mass dog vaccination entitled "Philippine Road Map for National Rabies Elimination Demonstration Project – The Rabies-Free Visayas Project." The project is in collaboration with DA, LGUs from Regions 6, 7 and 8 and partner NGOs. The project started in 2009 and ended in 2013. The Rabies Free Visayas Project is by far, the largest rabies elimination project implemented in the country covering the entire Visayas Region. Likewise, the DA was able to secure support from the Japan International Cooperation Agency (JICA) to eliminate rabies in the priority island provinces of Catanduanes, Camiguin, Cebu City and Marinduque.

In 2012, Philippine Health Insurance Corporation issued Circular No 015 providing the Animal Bite Treatment (ABT) package for all qualified beneficiaries. This benefit package aims to support the National Rabies Prevention and Control Program by defraying the cost of post-exposure prophylaxis to animal bite victims who are Philhealth beneficiaries.

II. PROGRAM VISION AND GOAL

Vision: *Rabies Free Philippines by 2030*

Goal: *To end human deaths from dog-mediated rabies by 2027*

LEGAL MANDATES OF THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM

1. **Anti-Rabies Act of 2007 (Republic Act 9482)** : An Act Providing for the Control and Elimination of Human and Animal Rabies, Prescribing penalties for Violation Thereof and Appropriating Funds Thereof.
2. **Batas Pambansa Bilang 97:** An Act Providing for the Compulsory Immunization of Livestock, Poultry and other Animals against Dangerous Communicable Diseases. The Act required the Secretary of Agriculture to make compulsory the vaccination of susceptible animals and poultry should there be a threat or existence of a highly communicable animal or avian disease in a certain locality.
3. **Executive Order No. 84:** Declaring March as the Rabies Awareness Month, Rationalizing the Control Measures for the Prevention and Eradication of Rabies and Appropriating Funds.
4. **Memorandum of Agreement on Interagency Implementation of the NRPCP:** Signed in May 1991 by the Secretaries of Agriculture (DA), Health (DOH), Local Government (DILG) and Education, Culture and Sports, now, Department of Education

III. NATIONAL RABIES PREVENTION AND CONTROL PROGRAM

1. Program Components:

NRPCP is a multi-agency effort to control and eliminate rabies in the country lead by the Department of Agriculture (DA) and Department of Health (DOH), Department of Interior and Local Government (DILG), Department of Education (DepEd) in coordination with other Government Organizations (GOs), Non-Governmental Organizations (NGOs) and People's Organizations (POs).

The following components of the program as mandated by RA 9482 (Anti-Rabies Act of 2007) should be implemented at all levels.

a. Post-Exposure Prophylaxis (PEP) and Pre-Exposure (PrEP)

- Post Exposure Prophylaxis (PEP) -anti-rabies prophylaxis administered after an exposure (such as bite, scratch, lick, etc.) from potentially rabid animals.
- Pre-Exposure Prophylaxis (PrEP) –vaccination given to individuals who are at high risk of getting rabies.

b. Health Promotion

The following are the significant activities in the conduct of information and education campaign on the prevention and control of rabies:

- Celebration of Rabies Awareness Month under Executive Order No. 84, March is Rabies Awareness Month
- Celebration of World Rabies Day - September 28 has been declared as World Rabies Day.
- Development of IEC Materials -All agencies involved in the implementation of the program are encouraged to conceptualize, produce/reproduce and distribute IEC materials and collaterals.
- Massive Health Information Campaign using tri-media
- Integration of Rabies Program into the School Curriculum - The integration of the program into the curriculum is a collaborative effort of DOH and DepEd to educate school children who are the most vulnerable to animal bites.

c. Dog Vaccination

This is the most effective measure to control canine rabies. The Department of Agriculture – Bureau of Animal Industry takes the lead in mass dog vaccination campaigns and provision of animal rabies vaccine.

d. Dog Population Management

This includes stray dog management through impounding, field control and disposal, surgical and non-surgical sterilization and habitat control.

e. Central Database System

The Philippine Animal Health Information System (PhilAHIS) was established to provide data on dog registration, vaccination and reports of canine rabies maintained by the Department of Agriculture .

National Rabies Information System (NaRIS), an internet-based information system that allows reporting health facilities to automate bite patient records and generate report, and at the same time provide accurate and real time data to program managers at the national, regional and provincial levels leading to more efficient and effective delivery of health services on the local and national scale. The NaRIS shall address issues on under and late reporting of rabies and rabies exposures, ineffective feedback mechanism on the status of allocated logistics, inadequate avenue to inform the general public on the prevention and control of rabies as well as what services are being provided by the program and where these services can be availed of. Once implemented, the NaRIS shall hopefully achieve the following: (1) ensure availability of timely and accurate data on rabies and rabies exposures; (2) improve access to health information on rabies and its preventions; (3) effectively disseminate information on where Post Exposure Prophylaxis (PEP) and rabies diagnostic services are available; (4) make available information on the status of program logistics for program managers/coordinators; and (5) effectively disseminate information on the efforts of the government to control and eliminate rabies

Responsible Pet Ownership

The program adopts the strategy of promoting Responsible Pet Ownership to prevent spread of rabies. The public is advised to bring their pet dogs for anti-rabies vaccination when they reach 3 months of age and yearly thereafter, provide proper nutrition, exercise and shelter to their pet dogs and not to allow their pet dogs to roam around to prevent contact with infected animals.

2. Support Services

a. Capability -Building

The Department of Health provides the following Trainings to health personnel involved in the implementation of the program:

- Management of Rabies Exposure
- Management of Human Rabies
- Training of Traditional Healers on Animal Bite Management

The Department of Agriculture provides training to Veterinarians and laboratory technicians on diagnosis and surveillance of animal rabies.

3. Budget

The Department of Health budget for the program has increased from 25M in 2007 to 900m in 2019. The rabies program has its own line budget item starting in 2008. However, despite the increase in the budget, the program can only augment full 8 doses of intradermal anti-rabies vaccine and one vial of ERIG to 40% of the total rabies exposures requiring rabies immunoglobulin. The remaining ID doses and ERIG are either provided by the Local Government Unit or by the patients themselves. Unfortunately, most LGUs cannot procure enough vaccines and ERIG to complete the PEP requirement for the animal bite victims. Most bite victims cannot afford to purchase the remaining ID doses and ERIG. Because of this, there is still a need for LGUs' budget allocation for vaccines and ERIG especially when the number of animal bite cases increases,

The Department of Agriculture has a budget of at least PhP10 Million yearly from 2005 to 2008 and it increased to PhP40 Million in 2009. However, in 2018, it only has PhP8M budget for the procurement of animal vaccine. The funds are mainly used for the procurement of dog rabies vaccine. Some local government units allocate budget from their own funds to procure dog rabies vaccines and tissue culture vaccines including rabies immunoglobulin for post-exposure prophylaxis.

While dog vaccination is the cornerstone for the prevention and elimination of rabies, lack of funds for the procurement of dog vaccines against rabies is the greatest hindrance in the attainment of the goal of reducing the incidence of canine rabies, albeit of eliminating rabies in the country.

The Department of Health has funds for the NRPCP, amounting to PhP900 Million for 2019. With the funding constraints for dog vaccination against rabies, the Department of Health needs to ensure that cases of rabies exposure will be given protection through post-exposure prophylaxis and pre-exposure prophylaxis.

CHAPTER III:
**ASSESSMENT OF THE NATIONAL RABIES
PREVENTION AND CONTROL PROGRAM**

CHAPTER III: ASSESSMENT OF THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM

I. ASSESSMENT OF THE PROGRAM BASED ON THE MEDIUM TERM PLAN 2011-2016

The National Rabies Prevention and Control Program has improved through the years with several milestones and strengthened by legal mandates that support the program and its implementation. The following set of goals based on the National Objectives for Health have helped to focus efforts on rabies elimination:

Objective 1: To reduce the incidence of rabies to 1.5 cases per million population by the end of 2016.

Objective 2: To declare rabies free zones and areas.

Objective 3: To vaccinate at least 70% of dog population by 2016.

The program has moved towards the attainment of the set goals based on the Medium Term Plan 2011-2016 for Rabies for the year 2011 to 2016 with the following accomplishments:

Objective 1: At the end of 2016 incidence of human rabies decreased from 2.73/million population in 2010 to 2.57 in 2018. This represents -- decrease in the incidence of human rabies. However, the decrease is not enough to meet the objective to decrease the incidence of human rabies to 1.5/million population

Objective 2: At the end of 2016 the program was able to declare 3 areas as rabies free areas.

Objective 3: The dog vaccination coverage in 2018 is 53.30% which is below the target of at least 70%.

II. STRENGTHS, OPPORTUNITIES, WEAKNESSES AND THREATS IN THE IMPLEMENTATION OF THE PROGRAM

The Department of Health and Department of Agriculture in consultation with the LGUs and other partner agencies, conducted an assessment of the program through the study of strengths, weaknesses, opportunities and threats in the area of Governance, Service Delivery, Financing, Regulation Health Information and Human Resources.

Governance: The presence of strong legal framework in the prevention and control of rabies is considered as one of the strength of the program. Because of the legal support, policy direction and technical guidance provided by the law it facilitated in the implementation of the rabies program towards the reduction of mortality rate from rabies. However, there is inadequacy in the implementation of the laws and policies by local government units and related agencies

Service Delivery: The availability of logistics, personnel and existence of facilities such as Animal Bite Treatment Centers contributed to the increase in PEP completion rate among animal bite victims. But limitations in LGU support, budget and logistics were contributory in the non-attainment of the set objectives.

Financing: Both DOH and DA have funds in the provision of vaccines under the General Appropriation Act. However, DA-BAI does not have sufficient funds to procure vaccine. Significant milestone of the program is the inclusion of health package for animal bite victims for human rabies post-exposure prophylaxis under Philippine Health Insurance Corporation (Philhealth). However, not all animal bite victims are Philhealth members. Allotted national and local budget is not sufficient to cover related activities. LGU support to the program varies upon the priorities and resources of local chief executive.

Regulation: The availability of guidelines for vaccine use and guidelines for ABTCs/ABC ensure standard and acceptable services are provided to animal bite victims. Though, not all are aware of the guidelines which lead to non-compliance to set standards and guidelines.

Health Information: Both the DOH and DA have trained staff from the National to the local to oversee implementation of the program in order to achieve rabies free areas, yet because of the fast turn-over of staff/personnel this hinders efficient and continuous flow of services thus affecting the attainment of national objectives for Rabies.

The following is the detailed matrix that includes the strengths and opportunities that are contributory and facilitative to the implementation as well as the weaknesses and threats and hindering issues in achieving the objectives of the Program. These are mapped under six focus areas: Governance, Service Delivery, Policy, Regulation, Information and Human Resource.

1. HUMAN HEALTH

a. Governance

- Strengths: Strong legal framework: The Anti Rabies Act of 2007 (R.A. 9482), R.A.8485, Department Orders and local ordinances provide strong mandate for the prevention and control of rabies from the national to the local level.

Presence of a coordinating and implementation structure from the national to the local level: At the national level, the National Rabies Committee provides policy direction and technical guidance for the implementation of the program.

- Weaknesses: Inadequate dissemination, enforcement/implementation of national laws and policies by the Department.
- Opportunities: Inter-agency and multi sectoral implementation of the program with existing guidelines and policies
- Threats: Inadequate enforcement/implementation of national laws and policies by local government units and agencies

No local ordinances in some Local Government Units. Rabies Prevention and control not a priority program.

b. Service delivery

- Strengths: Availability of Logistics: DOH procures pre-exposure prophylaxis for high risk personnel and post exposure prophylaxis for animal bite victims. DA procures dog rabies vaccines distributed to LGUs.

Presence of Rabies Coordinators. Rabies coordinators from the Centers for Health Development under the DOH and the DA Regional Field Units and from LGUs ensure the implementation of the program at their respective levels.

Mandate for Behavior Change and Communications:

- Weaknesses: Inadequate and limited logistic supplies.

Non-compliance to suggested celebration by the national level such as World Rabies Day and Rabies Awareness Month.

Multi-tasking of Rabies Coordinators: Rabies coordinators are handling other programs together with rabies.

- Opportunities: Existence of facilities such as hospitals, animal bite centers and National Animal Disease Diagnostic Laboratory (NADDL): Establishment of animal bite treatment centers all over the country has resulted to increased access to rabies post-exposure prophylaxis. NADDL established has the capacity for diagnostics and confirmation of rabies in animals

Many of the LGUs have allocated funds spent mostly for dog and human anti-rabies vaccines International organizations and funding agencies support national and local initiatives against rabies (Bill and Melinda Gates Foundation and JICA)

Privately-owned ABTCs ABCs have also been established and have undergone DOH-recognized training by DOH recognized institutions

LGUs have designated manpower for the rabies program.

- Threats: Rabies program not a priority of some LGU: Limited budget allocation including budget for personnel which results to fast turn- over of staff and non- continuity of service due to budget limitation.

c. Financing

- Strengths: Department of Health has national budget for the provision of vaccines Augmentation is provided through the Center for Health and Development under the General Appropriations Act.

Rabies program has its own budget line item in the General Appropriation Act since 2008 ensuring annual funds for the rabies program.

- Weaknesses: Insufficient budget to cover vaccine up to day 30 dose: Due to lack of budget of the Department, part of the PEP (vaccine and ERIG) has to be shouldered by animal bite victims, which results to non-completion of the PEP due to financial incapacity of the animal bite victims.
- Opportunities: LGU provides budget for the purchase of additional human and animal rabies vaccine to augment supply provided by the Department.

Philippine Health Insurance Corporation has included a health package for animal bite victims for human rabies post-exposure prophylaxis.

International organizations and funding agencies support national and local initiatives against rabies (Bill and Melinda Gates Foundation and Japan International Cooperative Agency)

- Threats: Non-assurance of LGU Budget: Support to the program varies as this will depend upon the priorities and resources of local chief executives.

Donor Fatigue: Assistance from donor agencies is highly dependent upon resources and target timeframe in selected areas only.

Political Intervention: Because some of the budget comes from the LGU, LCEs sometimes interfere in the guidelines of vaccine provision.

d. Regulation

- Strengths: Availability of Guidelines for ABTC/ABC Certification: The presence of the guidelines for the ABTC/ABC ensures compliance to the standards set by the DOH.

Guidelines for vaccine. The program has a policy on the use of WHO pre-qualified Cell Culture Vaccine and approved for intradermal administration.

- Weaknesses: Non compliance of some ABTCs in the guidelines:

Lack of information dissemination on the guidelines update: Some guidelines update does not reach ABTCs which is one of the reasons for non compliance to the guidelines.

- Opportunities: Partners support to the guidelines implementation.
- Threats: Non-compliance by some ABTCs/ABCs to DOH recommendations on vaccines for ID use.

e. Health Information

- Strengths: Standard Reporting and Recording System with the enhanced system on reporting and recording used at different levels, accuracy and comprehensive of reports and data is attained.

Presence of Regional Epidemiology and Surveillance Unit to investigate cases. Immediate validation of cases is done by the RESU for timeliness of data.

Development of the National Rabies Information System (NaRIS) to facilitate information dissemination, timely reporting from the municipal up to the regional level and venue for the public to be aware and access services of the program.

- Weaknesses: Non-validation and non-submission of reports on time: Human Rabies cases are sometimes not validated including adverse effect after immunization due to the other functions of the RESU
- Opportunities: Presence of Community Sentinel Officer and other LGU designated such as the LESU, DESU, CESU and MESU: LGUs have created and appointed Epidemiology and Surveillance Unit and corresponding officer who takes care of the rabies cases.

Adherence of LGU to proper recording and reporting: ESU personnel undergoes proper orientation and training on recording and reporting that leads to proper investigation, validation, recording and reporting of cases

- Threats: Delayed submission of reports: Due to the other functions of the personnel assigned by the LGU reports are not submitted on time.

Lack of consistency and accuracy of reports: Rabies program being one of the many program of the LGU staff, consistency, timely and accuracy of reports submitted is sacrificed.

Lack of technical skills on LGU appointed personnel:

f. Human Resource

- Strengths: Presence of coordinators at all levels for the DOH: Presence of trained staff from national, regional and local level on the prevention and control of human rabies.
- Weaknesses: Fast turn-over of trained personnel: For personal and professional reasons, trained personnel grabs opportunity outside of the treatment centers which hinders efficient and continuous flow of services and leads to multi-tasking of personnel left at the treatment centers.
- Opportunities: Available resources for Training for doctors and nurses on the management of ABTCs for program implementation, surveillance, laboratory diagnosis and on epidemiology.
- Threats: Fast turn-over of trained personnel: For personal and professional reasons, trained personnel grabs opportunity outside of the treatment centers which hinders efficient and continuous flow of services and leads to multi-tasking of personnel left at the treatment centers.

CHAPTER IV: STRATEGIC PLAN (2020-2025)

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I. INTRODUCTION

To ensure the attainment of Rabies Free Philippines, an initiative to develop this Strategic Plan was conceptualized. This Strategic Plan is a product of consultations with partner agencies.

Both the DOH and DA have their own respective budget for the implementation of the rabies program, however both agencies have no existing guide that could assist in project identification and prioritization. As such the strategic aims to address immediate needs and concerns by setting concrete plan of actions for synchronized implementation towards rabies prevention and control.

II. GUIDING PRINCIPLES IN DEVELOPING THE STRATEGIC PLAN

Rabies is a public health problem with both, socio-cultural and economic implications that which need to be addressed through a multi-sectoral approach. Through integrated efforts of both the government and the private sectors, activities on the prevention and control of animal and human rabies are coordinated and synchronized.

The program is implemented through an integrated approach, coordinating, consolidating and harmonizing efforts on prevention and control of rabies in humans and animals of both the government and the private sector.

Provision of services will be geared toward promoting accessibility, availability and affordability and ensuring equity and quality for both human and canine rabies immunizing agents and other resources.

Sources of funding and support will be explored from national and local funding, government health insurance and international organizations.

The implementation of the National Rabies Prevention and Control Program is a shared responsibility of the Department of Health (DOH), Department of Agriculture (DA), Department of Education (DepEd), and Department of Interior and Local Government (DILG) and Local Government Units (LGUs).

Mechanisms for pooling and effective utilization of resources need to be considered in program planning.

III. Key Components Description:

Socio-cultural, Technical, Organizational, Political – Resources (STOP-R)

1. Governance (Political)

This covers the program's policy, implementation and coordinating structure from the national to the local level. Implementation of the program will be guided by policies, guidelines and procedures developed based on international standards. This also includes high political support for the elimination of rabies at the national level, among the key national government agencies and among local government units, with multi-sectoral actions coordinated and in line with the program direction.

2. Service Delivery (Technical)

This focus area will include the services (to include preventive and management, clinical management of human rabies and laboratory diagnosis of human rabies) that are made readily available aimed to achieve the key objectives of the program.

3. Regulation (Political)

This focus area includes measures to ensure quality of products and resources provided for rabies prevention and control, such as; quality Anti Rabies Vaccine against rabies both for humans and animals, appropriate management of human rabies exposures, cross-border quarantine procedures, Philhealth and other health insurance accreditation and ABTCs/ABCs certification and registration.

4. Financing (Resources)

This focus area addresses the issue of funding for anti-rabies vaccines, both for humans and dogs, resource requirements for vaccination campaigns, control of dog population and movement and information, education and communication campaigns for the promotion of Responsible Pet Ownership. This focus area also identifies mechanisms for funding support such as national and local funding, Philhealth and other health insurance coverage of rabies exposures.

5. Health Information (Socio-Cultural)

This focus area includes the surveillance system which covers identification of cases, notification and reporting with corresponding key appropriate actions. Surveillance is anchored into the Philippine Integrated Disease Surveillance and Response (PIDSR) & a Rabies web-based information system (NaRIS). This focus area also includes the information, education and communication (IEC) of the Program, encompassing development and implementation of communication plan, information materials, public awareness programs and rabies integration into school curricula.

6. Human Resource Management (Organizational)

This focus area includes capacity-building activities to assist program implementers in carrying out various aspects of the program. Training programs components include program management, rabies surveillance, epidemiology and response and management of rabies exposures and staff development of reference laboratories.

IV. THE FRAMEWORK OF THE STRATEGIC PLAN OF FOR THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM

The Strategic Plan Framework includes the following:

1. Overall Goal of Rabies Free Philippines achieved by the Year 2030.
2. The goal of the Program, aimed to be achieved by 2025, defines the over-all outcome in terms of the rabies situation in the country.
3. The Strategic Goals refer to the targeted rabies situation in terms of incidence of rabies in humans and in animals.
4. The Strategic Objectives refer to the Program Outcomes under the key focus areas
5. The Strategies will include actions that will be employed to reach the intermediate goals.

V. THE GOAL OF THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM

To eliminate human rabies in the Philippines and to declare the country rabies- free by 2030

VI. STRATEGIC OBJECTIVES

1. To ensure adherence to DOH AO's of all Animal Bite Treatment Centers (ABTCs)

The target of full PEP coverage of at least 90% of rabies exposures will be reached if there is an appropriate decision-making on who should receive the PEP full course. ABTCs will be obliged to adhere to the DOH guidelines on management of rabies exposures. Updated Administrative Orders and Manuals shall be distributed to the Animal Bite Treatment Centers for their compliance. A monitoring system shall be in place to monitor the compliance of ABTCs.

2. To increase PEP completion rate among registered rabies exposed cases to 90 % by end of 2025

The Program shall take into consideration the lead time for the procurement of rabies vaccine and immunoglobulin and shall ensure timely delivery of the said immunizing agents at all levels. The DOH shall allocate funds for the procurement of cell culture vaccine and advocacy will be done to local chief executives for fund allocation for CCV in their respective LGUs. Quality data management shall be carried out at all levels for tracking/follow-up and complete documentation of patients receiving PEP.

3. To increase RIG coverage to 80% by end of 2025

The coverage of Rabies Immunoglobulin is low at 40% due to the high price and inadequate supply of RIG at the Animal Bite Treatment Centers. RIG is indiscriminately given due to wrong categorization of exposures and poor decision-making in management of rabies exposures. ABTC staff will be regularly updated/ oriented on appropriate management of rabies exposures. The DOH shall allocate funds for procurement of RIG and advocacy will be done to local chief executives for fund allocation for RIG in their respective LGUs.

4. To validate 100% of reported human rabies cases by end of 2025

The Philippine Integrated Surveillance and Response System require immediate notification of a human rabies case that shall trigger case investigation. Many of the reported cases are misdiagnosed, over-reported or misreported. Thus, a system for validation of human rabies cases should be set in place. The Rabies Death Review Committee shall be created at all levels to review and validate all reports of human deaths due to rabies. Laboratory confirmation of human rabies cases shall be done at referral laboratory (RITM), if feasible.

5. To provide Pre-exposure Prophylaxis to children in high-risk areas by the end of 2025

Pre-exposure prophylaxis (PrEP) is recommended for anyone who is at continual, frequent or increased risk of exposure to the rabies virus. The Program provides PrEP to priority individuals: i) Personnel in rabies diagnostic laboratories ii) Government veterinarians and animal handlers iii) Health care workers directly involved in care of rabies patients iv) Individuals directly involved in rabies control. Children 5 to 14 years old living in areas where there is high incidence of rabies will also be targeted for PrEP. The Program will identify priority areas for PrEP as based on a risk assessment that will be done.

6. To reduce out of pocket expenditures for PEP of 75 % of bite victims by end of 2025

The Program has negotiated with Philippine Health Insurance Corporation to include a benefit package for rabies exposure cases for human rabies post-exposure prophylaxis to ensure a full course of rabies immunization with vaccine and RIG. Other sources of funding such as local government units, public-private partnerships shall be continually explored.

7. To certify/accredit 100 % of ABTCs and ABCs by end of 2025

The Department of Health is establishing a system for certification and recognition by Philhealth of the Animal Bite Treatment Centers which are operated by the government and Animal Bite Centers which are privately owned. This strategy will ensure their compliance to the DOH guidelines on management of rabies exposure and to enable their patients avail of Philhealth benefit package.

8. To create public awareness on rabies prevention in all regions by end of 2025

The pilot initiatives on integration of information on rabies prevention and control into the curriculum of elementary education have gained positive outcome of children being aware of the dangers of rabies and ways to prevent rabies in the community. The Program, with the support of the Department of Education, shall move toward the nationwide adoption of rabies curriculum in elementary education. Advocacy to LGUs to support the program shall be done continuously. The Program shall take every opportunity to work with the media and other partners and shall participate in global initiatives and lead in national initiatives for further raising rabies awareness.

9. To train/update 100 % of ABTC/ABC staff by end of 2025

To address the problem of rapid turn-over of trained ABTC personnel, training will be provided to new staff of the ABTCs. Health center personnel who are the front liners in receiving/ referring rabies exposure cases shall be provided orientation/updates for appropriate decision-making and proper guidance to the animal bite victim.

Figure 8: Strategic Framework of the National Rabies Prevention and Control Program

Declare the Philippines rabies-free by year 2030

HUMAN RABIES

ANIMAL RABIES

To reduce the incidence of human rabies from 2.57 to 1.5/million population by 2025 (Baseline: 2.57/million pop in 2018)

To reduce the incidence of canine rabies from 6/100,000 dogs to 3/100,000 dogs by 2025 (Baseline: 6/100,000 in 2010)

Governance

Ensure adherence to program policies & guidelines and compliance to RA 9482

Service Delivery

- Increase PEP completion rate among registered animal bite victims
- Increase RIG coverage
- Improve access of animal bite victims to quality services
- Strengthen Public-Private partnership

Financing

Reduce out of pocket expenditures for PEP
Ensure availability of National & Local budget

Regulation

- Certify/accredit ABTCs and ABCs
- Availability of quality vaccines

Information

- Institutionalize NaRIS
- Validate all Human Rabies cases
- Standardized recording & reporting

Human Resource

Capacitate ABTCs / ABCs & other health staff on management of animal bite victims.

Key Strategies for Rabies Elimination in Dogs



SOCIO-CULTURAL



TECHNICAL



ORGANIZATIONAL/ONE HEALTH



POLICY & LEGISLATIVE



RESOURCES

A. HUMAN SECTOR

1. Strategic Objectives, Target, Strategies and Performance Indicator

To address the weaknesses and threats in program implementation, strategic objectives, target, strategies and performance indicator were identified under each component.

| STRATEGIC OBJECTIVE | TARGET | STRATEGIES | PERFORMANCE INDICATOR |
|---|--|--|---|
| I. GOVERNANCE | | | |
| Strategic Objective 1: Adherence to program policies and guidelines and compliance to RA 9482 | All LGUs & other stakeholders implement the program based on approved policies & guidelines | Localize program implementation | % of LGUs w/ functional Rabies Committee |
| | | | % of LGUs with implemented ordinance |
| II. SERVICE DELIVERY | | | |
| Strategic Objective 1: Increase PEP completion rate among registered animal bite victims | 90% PEP Completion Rate by end 2025 (Baseline: 75%) | Health promotion Networking from ABTC/ABC to Barangay Health Center | % of CAT 2 & 3 provided w/ complete dose |
| Strategic Objective 2: Increase RIG coverage | 80 %RIG coverage by end of 2025(Baseline: 40%) | Logistics management/ operations | % of Category 3 provided with RIG Default Rate lower than 10% |
| Strategic Objective 3: Improve access of animal bite victims to quality services | 200 additional ABTCs established as needed with 90% of ABTCs/ABCs certified by the end of 2025 | Establishment of ABTCs following the requirements | Increased number of ABTCs established |
| Strategic Objective 4: Strengthen Public-Private partnership | 156 ABCs established | Engage private health care provider | % of ABCs established |
| III. FINANCING | | | |
| Strategic Objective 1: Reduce out of pocket expenditures for PEP | 100% Category 3 Animal Bite victims with PhilHealth card | Availment of Animal Bite OPB Package Advocate to LGU for universal colleague of Philhealth | % of cat 3 AB victim with AB OPB package |
| | 100% Category 3 Animal Bite victims w/ PhilHealth card | Availment of Animal Bite OPB Package | % of LGUs w/ approved appropriation |
| Strategic Objective 2: Ensure availability of National & Local budget | | | Rabies line item included in GAA |

| IV: REGULATION | | | |
|--|--|---|--|
| Strategic Objective 1: Availability of quality vaccines | 90% ABTCs/ABCs certified & accredited | Certification & accreditation | % ABTCs/ABCs certified & accredited |
| Strategic Objective 2: Availability of quality vaccines | All vaccines are FDA & WHO approved | Random checking of vaccines | % of ABTCs/ABCs using FDA & WHO approved vaccine |
| V. HEALTH INFORMATION | | | |
| Strategic Objective 1: Institutionalized NaRIS Validate all Human Rabies cases | All ABTCs/ABCs utilize NaRIS All reported Human Rabies cases are investigated | Monitoring & evaluation Surveillance Recording & reporting | % of ABTCs/ABCs utilizing NaRIS % of ABTCs/ABCs monitored & evaluated % of ABTCs/ABCs submitting validated reports on time using standardized reporting forms % of HR cases reported & investigated |
| Strategic Objective 2: Adverse Event Following Immunization Standardized recording & reporting | All AEFI investigated & reported | <ul style="list-style-type: none"> Monitoring & evaluation Surveillance | % of AEFIs reported & investigated |
| VI: HUMAN RESOURCE | | | |
| Strategic Objective 1: Capacitate ABTCs / ABCs & other health staff on management of animal bite victims. | All ABTCs/ABCs manned by trained DOH accredited training facility | Capability building | % of ABTCs/ABCs manned by a trained Physician & nurse |
| | 70% other health workers oriented | Capability building | % of physicians and nurses oriented |

2. Activities, Performance Indicator and Timeline

a. Governance

Targets:

- All LGUs & other stakeholders implement the program based on approved policies & guidelines

Strategy:

- Localized program implementation

Activities:

1. Orientation on RA 9482
2. Organize/re-activate Rabies Coordinating Committee
3. Passage of ordinance

| Performance Indicator | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| • % of LGUs w/ functional Rabies Committee | 30% | 40% | 50% | 60% | 70% | 80% |
| • % of LGUs with implemented ordinance | 30% | 40% | 50% | 60% | 70% | 80% |

b. Service Delivery

Targets:

- 90% PEP Completion Rate by end 2025 (Baseline: 50%)
- 40% RIG coverage by end of 2025 (Baseline: 25%)
- 1 ABTC/ABC per 100,000 population or as needed (Baseline: 613 ABTC)
- 156 ABCs established

Strategy:

- Health promotion
- Logistics management/control
- Engage private health care provider

Activities:

1. Conduct ACSM
2. Provision of anti-rabies vaccines, RIG & other supplies
3. Mapping of potential ABTCs/ABCs
4. Setting up of ABTCs/ABCs

| Performance Indicator | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| • % of CAT 2 & 3 provided w/ complete dose | 80% | 80% | 85% | 90% | 90% | 90% |
| • % of Category 3 provided with RIG | 40% | 50 % | 60 % | 70% | 75% | 80% |
| • Number of of ABTCs/ABCs established (baseline:1 ABTC/ABC established for every 150,000 population) | 31 | 31 | 94 | 126 | 156 | 200 |

c. Financing

Targets:

- 80% Category 3 Animal Bite victims w/ PhilHealth card availing of Rabies Philhealth Package
- 100% LGUs with NRPCP sub-plan in the CIPH/PIPH
- Yearly inclusion as line item in the GAA

Strategy:

- Availment of Animal Bite OPB Package
- Secure adequate funding & utilization

Activities:

1. Identification of PhilHealth card holders among Cat 3 bite victims
2. Provide information on PhilHealth benefits
3. Timely filing of PhilHealth Re-imbusement
4. Conduct/participate in consultative planning workshops
5. Inclusion of the Rabies plan in the CIPH/PIPH
6. Lobby for program budget from LGU

| Performance Indicator | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| • % of CAT III AB victim w/ AB OPB package | 40% | 45% | 50% | 55% | 60% | 80% |
| • % of LGUs w/ NRPCP sub-plan in the CIPH/PIPH | 10% | 20% | 30% | 40% | 50% | 60% |
| • % of LGUs w/ approved appropriation | 10% | 20% | 30% | 40% | 50% | 60% |
| • Rabies line item included in GAA | 10% | 20% | 30% | 40% | 50% | 60% |

d. Regulation

Targets:

- 90% ABTCs/ABCs certified & accredited
- All vaccines are FDA & WHO approved

Strategy:

- Certification & accreditation
- Random checking of vaccines

Activities:

1. Develop master list of ABTCs/ABCs
2. Conduct self-assessment
3. Request for technical assistance based on Quality Improvement Plan
4. Comply to certification standards
5. Apply for certification & accreditation
6. Conduct random sampling of ARV for FDA analysis

| Performance Indicator | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--|------|------|------|------|------|------|
| • % ABTCs/ABCs certified & accredited | 15% | 25% | 50% | 75% | 80% | 90% |
| • % of ABTCs/ABCs using FDA & WHO approved vaccine | 25% | 50% | 75% | 85% | 90% | 100% |

e. Health Information

Targets:

- All ABTCs/ABCs utilize NaRIS
- All reported Human Rabies cases are investigated
- All AEFI investigated & reported
- All ABTCs/ABCs utilize standard recording & reporting forms

Strategy:

- Monitoring & evaluation
- Surveillance
- Recording & reporting

Activities:

1. Conduct orientation on NaRIS
2. Conduct monitoring & evaluation of ABTCs/ABCs
3. Conduct PIR
4. Conduct investigation of HR & AEFI reported cases
5. Submit Quarterly report thru channels

| Performance Indicator | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| • % of ABTCs/ABCs utilizing NaRIS | 50% | 70% | 80% | 90% | 100% | 100% |
| • % of ABTCs/ABCs monitored & evaluated | 50% | 70% | 80% | 90% | 100% | 100% |
| • % of ABTCs/ABCs submitting validated reports on time using standardized reporting forms | 50% | 70% | 80% | 90% | 100% | 100% |
| • % of HR cases reported & investigated | 50% | 70% | 80% | 90% | 100% | 100% |
| • % of AEFIs reported & investigated | 100% | 100% | 100% | 100% | 100% | 100% |

f. Human Resource

Targets:

- 100% of ABTCs/ABCs manned by doctor and nurse trained by DOH accredited training facility
- 70% other health workers oriented

Strategy:

- Capability building

Activities:

1. Conduct training needs assessment
2. Conduct training on Rabies & Animal Bite Management
3. Conduct orientation on NRPCP

| Performance Indicator | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| • % of ABTCs/ABCs manned by a trained physician and nurse | 100% | 100% | 100% | 100% | 100% | 100% |
| • % of other health workers oriented on NRPCP | 100% | 100% | 100% | 100% | 100% | 100% |

3. National Rabies Prevention and Control Program Projected Budget 2020-2025

| STRATEGY | ACTIVITIES | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--|--|--------------|-------------|-------------|-------------|-------------|--------------|
| GOVERNANCE | | | | | | | |
| Localize program Implementation | Orientation on RA 9482 | P470,000 | P517,000 | P568,700 | P625,570 | P688,127 | P688,127 |
| | Organize/Mobilize functional rabies Coordinating Committee | P150,000 | P165,000 | P181,500 | P199,650 | P219,615 | P219,615 |
| | Passage of Ordinance | P10,000 | P11,000 | P12,100 | P13,310 | P14,641 | P14,641 |
| SERVICE DELIVERY | | | | | | | |
| Health Promotion Logistics Management | Conduct Advocacy, Communications and Social Mobilization | P150,000 | P165,000 | P181,500 | P199,650 | P219,615 | P214,576 |
| Engage private health care provider | Provision of Anti-rabies vaccines, RIG and other supplies | P945,221,020 | 1.2 billion | 1.3 billion | 1.3 billion | 1.2 billion | P945,221,020 |
| | Mapping of potential ABTCs and ABCs | P20,000 | P40,000 | P60,000 | P80,000 | P100,000 | P110,000 |
| | Support to Rabies Elimination campaign (Dog vaccination) | | | P70,000,000 | P80,000,000 | P90,000,000 | 99,000,000 |

| REGULATION | | | | | | | |
|---------------------------------|---|-----------------|----------------|----------------|----------------|----------------|----------------|
| Certification and Accreditation | Develop a master list of ABTCs/ABCs | P10,000 | P33,000 | P65,000 | P69,000 | P71,000 | P78,100 |
| Random checking of vaccines | Provide technical assistance on Self-Assessment for DOH Certification | P300,000 | P525,000 | P611,000 | P462,000 | P508,300 | P559,130 |
| | Provide technical assistance base on Quality Improvement Plan | P200,000 | P1,190,000 | P1,154,000 | P1,168,500 | P1,673,500 | P1,840,850 |
| | Monitoring visit to ensure compliance to certification standards | P450,000 | P605,000 | P899,000 | P993,500 | P1,538,000 | P1,691,800 |
| | Conduct of assessment for certification and accreditation of ABTC | P100,000 | P150,000 | P105,000 | P210,000 | P263,500 | 289,850 |
| | Random sampling of rabies vaccines for FDA Analysis | P10,000 | P70,000 | P105,000 | P110,000 | P106,500 | 117,150 |
| | | | | | | | |

| HEALTH INFORMATION | | | | | | | |
|---------------------------|--|-----------------------|-----------------------|------------|------------|------------|-----------------------|
| Monitoring and Evaluation | Orientation on NaRIS | P50,000 | P2,034,000 | P2,185,000 | P1,490,000 | P1,500,000 | P1,506,000 |
| Surveillance | Monitoring and Evaluation of ABTCs/ABCs | P20,000 | P810,000 | P688,000 | P685,000 | P612,000 | P612,000 |
| | Conduct of Project Implementation Review | P200,000 | P200,000 | P200,000 | P584,000 | P1,000,000 | P1,200,000 |
| Recording and Reporting | Conduct investigation of Human Rabies and Adverse Effects following Immunization (AEFI) reported cases | P270,000 | P3,025,000 | P3,285,000 | P3,493,000 | P3,500,000 | P3,505,000 |
| | Submit quarterly reports through channels | P442,000 | P442,000 | P486,200 | P532,000 | P550,000 | P585,000 |
| HUMAN RESOURCE | | | | | | | |
| Capability Building | Conduct of Training Needs Assessment | 50,000 | 55,000 | 60,500 | 66,550 | 73,205 | 80,525 |
| | Training on Rabies and Animal Bite Management | 180,000 | 198,000 | 217,800 | 239,580 | 263,538 | 289,891 |
| | Conduct orientation on NRPCP | 160,000 P5,000,000 | 176,000 P5,500,000 | 193,600 | 212,960 | 234,256 | 257,681 P5,500,000 |

IX. IMPLEMENTATION ARRANGEMENTS

The Strategic Plan shall be implemented by the Department of Health (DOH) in partnership with the Department of Agriculture (DA), Department of the Interior and Local Government (DILG) and Department of Education (DepEd), as well as Local Government Units (LGUs) with the assistance of the Department of Environment and Natural Resources (DENR), Non-Governmental Organizations (NGOs) and People's Organizations (POs).

The management and implementation structure of the National Rabies Prevention and Control Program is composed of the National Rabies Prevention and Control Committee (NRPCC) at the national level, the Regional Rabies Committee, the Provincial Rabies Committee, City/Municipal Rabies Committee and the Barangay Rabies Committee.

The NRPCC is responsible for the formulation and harmonization of policies, guidelines, courses of action and public health messages on rabies prevention and control.

X. MONITORING AND EVALUATION

1. Monitoring of the Implementation of the Program

Monitoring is defined as the regular collection of information to assess progress in the implementation of a work plan. (USAID, Technical Note No. 10, February 2006). Monitoring of the implementation of the program will be done at the national, regional and local level. The program identifies performance target indicators that will serve as basis for the accomplishment of the key activities that will contribute to the successful outcome of the program as based on the success indicators identified by the program.

The key personnel of the Department of Agriculture and Department of Health and Department of Agriculture working on the implementation of the program will conduct monitoring of the regions and selected municipalities as based on their monitoring plan.

The Regional Rabies Coordinators from the Centers for Health Development and from the Department of Agriculture Regional Field Units will conduct visits to the Local Government Units to monitor, provide technical assistance as well as advocate to local government units to ensure that local efforts are geared for rabies prevention and eventually, for elimination by 2020.

2. Evaluation of the Program

Evaluation is the periodic collection of information to assess progress in changing the practices and well being of target populations. (USAID, Technical Note No. 10, February 2006)

Assessment of the extent of implementation of the strategies which involve other agencies, such as DILG, DepEd, will be carried out with them through monitoring visits, review of records and during the Program Implementation Review.

An annual Program Implementation Review will be conducted to determine the status of implementation of the program and to address the issues and problems that could hinder the achievement of the targeted outcomes. Surveys on the knowledge, attitudes and practices will also be done to provide supporting information on some key indicators, such as the public's level of awareness on rabies.

An annual Program Implementation Review to be participated by the key national agencies, regional and local coordinators and key partners will be jointly organized and conducted by the Department of Agriculture and Department of Health.

Consequently, as part of the PIR areas for possible declaration as Rabies free zone will be identified and evaluated to attain the set goal of Rabies Free Philippines.

3. Sources of Information for Monitoring and Evaluation

Monthly, quarterly and annual reports from the Rabies Exposure Registry are submitted by Provincial Coordinators to the Regional Coordinators, who are in turn responsible for consolidation into a regional report for human animal rabies and animal human rabies. The regional reports are submitted to the Bureau of Animal Industry and to Department of Health through the National Center for Disease Prevention and Control and , National Epidemiology Center and Bureau of Animal Industry respectively.

NaRIS and PIDSR of the Department of Health provide necessary information on rabies and rabies exposure.

PHILAHIS is an information system established by the Department of Agriculture for animal health priority diseases. Future actions within the next six years are geared toward integration and enabling all LGUS to make available all relevant and needed data and information through PHILAHIS.

4. Recording and Reporting

The NRPCP shall utilize the Rabies Exposure Registry and PEP Card as its official recording forms. Quarterly reports on animal bite cases, cohort analysis and Summary of Human Rabies shall be submitted by all levels to the DOH through channels. Recording and reporting shall be implemented at all ABTCs/ DOH recognized ABCs in the country. Recording and reporting shall include all animal bite cases categorized according to NRPCP guidelines. The NRPCP shall adopt the official DOH recording and reporting system. Records and reports shall verify the accomplishment of the program

For canine rabies, PHILAHIS established by the Department of Agriculture for animal health priority diseases. Future actions within the next six years are geared toward integration and enabling all data from LGUS to make available all relevant and needed data and information through PHILAHIS.

Monthly, quarterly and annual reports are submitted by Provincial Coordinators to the Regional Coordinators, which are in turn responsible for consolidating into a regional report for animal rabies and human rabies, submitted to the Bureau of Animal Industry and to the National Center for Disease Prevention and Control, respectively.

2. ANIMAL HEALTH

OPLAN RED

OPERATIONAL PLAN FOR **RABIES ELIMINATION IN DOGS** IN THE PHILIPPINES

TABLE OF CONTENTS

Contents

- III.1 **Background on the development of the Rabies Medium Term Plan (2017-2022) of the animal health sector**
 - A. The Rabies Medium Term Plan (2011-2016)
 - B. The Regional and Global progress in approaching coordinated rabies elimination
 - C. Aligning the 2017-2022 Rabies Medium Term Plan with the Regional Strategy and the Global Framework
- III.2 **Key components description**
 - A. Socio-cultural component
 - B. Technical component
 - C. Organizational component
 - D. Policy and legislative component
 - E. Resources component
- III.3 **The Rabies Medium Term Plan (2017-2022) of the Animal Health Sector: OPLAN RED (The Philippine Operational Plan for Rabies Elimination in Dogs)**
 - A. Overarching goal of the National Rabies Prevention and Control Program
 - B. Medium-Term (2020-2025) goal of OPLAN RED
 - C. Strategy for risk reduction
 - D. Available and accessible tools and mechanisms for 2020-2025 implementation
 - E. OPLAN RED and the STOP-R Strategy
- III.4 Implementation agreements: Roles and responsibilities of OPLAN RED stakeholders
- III.5 Monitoring and Evaluation

III. I BACKGROUND ON THE DEVELOPMENT OF THE STRATEGIC PLAN (2020-2025) OF THE ANIMAL HEALTH SECTOR

A. The Rabies Medium Term Plan (2011-2016)

The Rabies Medium Term Plan (2011-2016) of the Philippines identified six focus areas relevant to the National Rabies Prevention and Control Program (NRPCP): (1) Governance, (2) Service Delivery, (3) Financing, (4) Regulation, (5) Information, and (6) Human Resource. This has been the standing framework of the NRPCP from which key result areas, strategies, activities and key performance indicators were based upon for both the human and animal health components of the program. In the recent years however, new cohesive regional and global approaches were introduced for a coordinated approach and vision for the rabies elimination.

B. The Regional and Global progress in approaching coordinated rabies elimination

In 2013, the Stop Transboundary ANimal Disease and Zoonoses (STANDZ) Rabies Initiative of the OIE Sub-Regional Representation South East Asia (SRR SEA) developed the “*South-East Asia Dog Rabies Elimination Strategy*” which outlined the **STOP strategy: socio-cultural, technical, organizational and political pillars** deemed essential for embarking on dog rabies elimination. This document, under the leadership of Vietnam as the ASEAN lead for rabies, was subsequently endorsed by the ASEAN Sector for Working Group on Livestock (ASWGL) in 2013. This was later on adapted by the ASEAN Expert Group for Communicable Diseases (AEGCD) and has since evolved to become the joint “*ASEAN Rabies Elimination Strategy (ARES)*”. ARES was later endorsed through ad referendum by the ASEAN Sectoral Working Group on Livestock (ASWGL) and the ASEAN Experts Group on Communicable Diseases (AEGCD) in July and August 2014 respectively. This document was further jointly endorsed by the 12th ASEAN Health Ministers Meeting (AHMM) on September 9, 2014, and by the 36th ASEAN Ministerial Meeting on Agriculture and Forestry (AMAF) on September 23, 2014, respectively held in Ha Noi, Viet Nam, and Nay Pyi Taw, Myanmar.

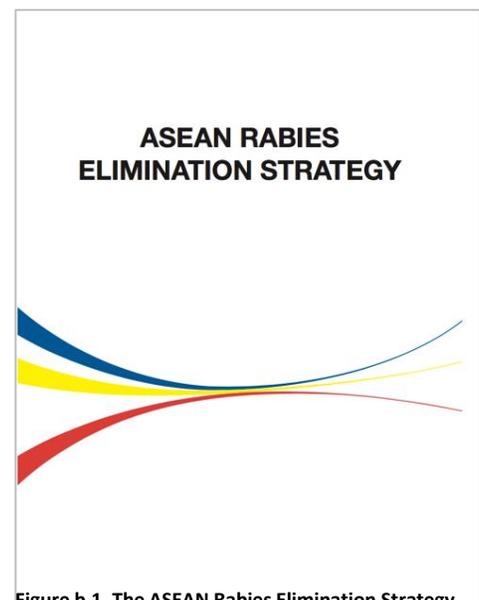


Figure b.1. The ASEAN Rabies Elimination Strategy (ARES) which outlined the STOP Strategy, was jointly endorsed at the ASEAN Health Ministers Meeting and ASEAN Ministerial Meeting on

The ARES was later used during the Rabies Global conference held in Geneva Switzerland on 10-11 December 2015. In accordance with the consensus of the conference, the World Organisation for Animal Health (OIE) and the World Health Organization (WHO) released the global framework for the elimination of dog-mediated human rabies, in collaboration with the Food and Agriculture Organization of the United Nations (FAO) and with the support of the Global Alliance for Rabies Control (GARC). This framework provides a coordinated approach and vision for the global elimination of dog-mediated human rabies following the STOP Strategy, with addition of Resources as the fifth pillar. It is intended to harmonize actions and provide adaptable, achievable guidance for country and regional strategies. This Global Framework was later endorsed by resolution 26 during the 2016 General Session of OIE Delegates.

World Health Organization **OIE** WORLD ORGANISATION FOR ANIMAL HEALTH *Protecting animals, preserving our future* **Food and Agriculture Organization of the United Nations** **Global Alliance for Rabies Control**

GLOBAL FRAMEWORK FOR THE ELIMINATION OF DOG-MEDIATED HUMAN RABIES

Dog-mediated human rabies kills tens of thousands of people every year worldwide. Freedom from dog-mediated human rabies is a global public good and is feasible with currently available tools.

In accordance with the consensus of the Global Conference (Geneva, 10-11 December 2015), this framework provides a coordinated approach and vision for the global elimination of dog-mediated human rabies. It is intended to harmonize actions and provide adaptable, achievable guidance for country and regional strategies.

The five pillars of rabies elimination (STOP-R)

1 SOCIO-CULTURAL
Rabies control involves a wide range of stakeholders including the general public. The socio-cultural context influences rabies perceptions and dog-keeping practices of at-risk populations. Understanding the context guides approaches to motivate behavioural change and plan feasible delivery of services.
Includes activities for:
• **Awareness:** build awareness of dog-mediated rabies as a preventable global public health problem including through participation in initiatives such as World Rabies Day and the EndRabiesNow campaign
• **Responsible dog ownership:** promote responsible dog ownership and dog population management practices, including dog vaccination, in accordance with OIE standards
• **Bite prevention and treatment:** develop and implement education programmes on bite prevention and first aid for both children and adults
• **Post-exposure prophylaxis:** increase awareness and understanding of post-exposure prophylaxis (PEP) imperatives and options including intradermal administration
• **Community engagement:** encourage community involvement and engagement in activities to eliminate dog-mediated rabies

2 TECHNICAL
Effective animal health and public health systems are required to eliminate dog-mediated human rabies. These systems must be strengthened and resourced appropriately, and gaps identified and filled.
Includes activities for:
• **Vaccination:** ensure safe, efficacious and accessible dog and human vaccines and immunoglobulins, and promote and implement mass dog vaccination as the most cost-effective intervention to achieve dog-mediated human rabies elimination
• **Logistics:** collect data on needs forecasts to inform the vaccine procurement system and to create and sustain the logistics and infrastructure required for effective delivery and implementation of mass dog vaccination programmes and PEP administration
• **Diagnostics:** ensure capacity and capability for rapid and accurate rabies diagnosis through accessible, well-equipped laboratories and trained personnel
• **Surveillance:** support improved surveillance, sampling, reporting, and data-sharing
• **Technical support:** provide guidance and technical support for the development and tailoring of regional and national plans, including promoting the use of existing tools
• **Proof of concept:** support proof-of-concept programmes, and then scale up through leveraging of success

3 ORGANIZATION
The One Health approach of close collaboration is applied. Leadership, partnership and coordination for rabies elimination activities arise from the human health and animal health sectors and other stakeholders.
Includes activities for:
• **One Health:** promote the One Health approach and intersectoral coordination through national and regional networks
• **Good governance:** establish good governance, including clear roles, chain of command, measurable outcomes and timelines
• **Harmonization:** align work plans and activities with national and regional priorities and approaches fostering synergies among sectors
• **Coordination:** coordinate and combine human resources, logistics and infrastructure of other programmes and initiatives, as appropriate and feasible
• **Indicators and performance:** identify targets and their indicators to support performance measurement, including surveillance and validation data, to identify areas requiring attention or extra support
• **Monitoring and evaluation:** support monitoring and evaluation of national plans to ensure timely and cost effective delivery

4 POLITICAL
Success depends on political will and support for elimination of dog-mediated human rabies. Political will results from recognition of rabies elimination as a national, regional and global public good.
Includes activities for:
• **Political support:** political support is essential and most relevant during and following country instability (political upheaval, natural disasters, etc.)
• **International support:** encourage countries to request a resolution on dog-mediated human rabies elimination through the World Health Assembly (WHO) and the General Assembly of Delegates (OIE)
• **Legal frameworks:** establish and enforce appropriate legal frameworks for rabies notification and elimination
• **Demonstrating impacts:** demonstrate the compelling case for mass dog vaccination programmes and their impact on protecting and saving human lives
• **Regional engagement:** support active national and regional engagement and cooperation to commit to a rabies elimination programme and promote the exchange of lessons learnt and experiences to leverage resources and engagement

5 RESOURCES
Rabies elimination activities frequently span several years and therefore require sustained, long-term support.
Includes activities for:
• **Case for investment:** promote the case for investment in dog-mediated human rabies elimination to persuade countries, policy makers and donors of the feasibility, merit and value of investing in rabies elimination strategies
• **Business plans:** prepare business plans based on the Global Framework for Dog-mediated Human Rabies Elimination
• **Investment:** encourage different forms of investment and partnerships (private and public investment) to leverage resources and engagement

CRITICAL SUCCESS FACTORS
• Long-term political and social commitment
• Community engagement
• Sustainable vaccination of 70% of the at-risk dog population
• Proof of concept: start small, scale up
• Sufficient resources, logistics and infrastructure
• Promote vaccine banks and other strategies for acquisition of rabies immunoglobulins to ensure sufficient supply of quality-assured rabies vaccines and human immunoglobulin
• Reach remote, rural and at-risk populations
• Conduct performance measurement at all levels
• Maintain trained and motivated implementation personnel

STRATEGIC VISION: zero human deaths from dog-mediated rabies by 2030 in participating countries

Figure 9. The Global Framework for the elimination of dog-mediated human rabies. Building upon the ASEAN Rabies Elimination Strategy and released at the Rabies Global Conference (Geneva, 10-11 December 2015), this framework provides a coordinated approach and vision for the global elimination of dog-mediated human rabies.

| 2012-2016 Medium Term Plan | | 2017-2022 Medium Term Plan | | | | | |
|----------------------------|--|---|----------------------------|---|--|---|--|
| Focus Area (2012-2016 MTP) | Key Result Area (2012-2016 MTP) | Strategy (2012-2016 MTP) | Key Result Area Equivalent | Key Result Area | Strategy (2017-2022 MTP) | Example Activities (to be used and updated in annual planning) (2017-2022 MTP) | Key Performance Indicators (to be determined every year, eg. Very WHO or RAAI) |
| Governance | 1.1 100% of LGUs comply with the Anti-Rabies Law of 2007 | Strengthen collaboration between agencies involved | Organizational | (3) Strengthen internal and external coordination and partnerships | 3.1 Strengthen rabies chain of command and communication within the animal health sector 3.2 Strengthen rabies chain of command and communication within the animal health sector 3.3 Strengthen National and Local Rabies Prevention and Control Committee 3.4 Implement practical inter-sectoral linking 3.5 Strengthen public-private partnership 3.6 Strengthen public-private partnership 3.7 Strengthen rabies risk in the area of interest 3.8 Develop and implement strict policies/legal instruments for transporting dogs within the country | 3.1.1 Conduct an annual forum on ORPAN RED for regular updates 3.1.2 Provide support and guidance to the committees and encourage consistency of regular meetings 3.3.1 Roll out the practical inter-sectoral linking protocol 3.4.1 Finalize LGU-academe MOU and operationalize the partnership; convene annual meetings for updates on progress 3.5.1 Map out vaccine demand for 2017-2022; lobby for necessary funding support and coordinate with OIE Vaccine Bank for procurement 3.5.2 Identify to secure funds from the government as stipulated in RA9482 3.5.3 Strategically procure and secure budget for the implementation of ORPAN RED 3.6.1 Develop appropriate legal instruments where in place (eg. quarantine, vaccine registration, etc.) 3.7.1 Develop accessible instructions and tools to facilitate compliance (eg. vaccine registration site, online processing application) 3.8.1 Develop and produce IEC materials in accordance to the National Rabies Communication Strategy | No. of meetings conducted and recommendations accomplished (National); No. of LGUs that have an established MWR/BRAC that meet regulatory (Local) No. of case investigations conducted; no. of dog and human cases intercepted No. of BAI-LGU-academe MOUs signed and no. of coordinated activities operationalized No. of areas assessed and risk-based MDV conducted as recommended |
| | | | | | | | |
| Service delivery | 2.1 To reduce total dog population to manageable levels | Support for vaccination of dogs against rabies | Technical | (2A) Rabies transmission is prevented by protecting susceptible dogs | 2.1 Conduct risk-based Mass Dog Vaccination 2.2 Post-vaccination Monitoring (PVM) 2.3 Strict dog population management 2.4 Control of dog movement | 2.1.1 Conduct a post rapid risk assessment to identify hotspots to prioritize 2.1.2 Implement recommended actions in accordance to the prioritization based on risk assessment findings 2.2.1 Plan and conduct PVM where risk-based MDVs are conducted 2.2.2 Strict implementation of RA 9482 regarding stray dog population management 2.3.1 Organize coordinated spray and neuter campaigns with support from NGOs, volunteer veterinarians, and others 2.4.1 Develop and implement strict policies/legal instruments for transporting dogs within the country | No. of areas who achieved reduction in risk classification over time No. of areas where PVM was conducted Reduction of stray dog population, specially in high-risk areas (Info from assessment for MDV can be used as baseline) No. of organizations that organize spray and neuter campaigns and total no. of spray and neuter campaigns conducted No. of apprehensions, warnings, and cases raised (and issues resolved) No. of animal case investigations conducted No. of human and animal rabies cases intercepted |
| | | | | | | | |
| Financing | To provide funds for the canine RPPF for dogs | Advocate to LGUs to allocate local funding for rabies LGU to provide Rabies fund | Resources | (2B) Rabies transmission is prevented by containing infection | 5.1 Plan and secure vaccine procurement and budget for MDV implementation for 2017-2022 5.2 Strategically procure and secure budget for the implementation of ORPAN RED | 5.1.1 Map out vaccine demand for 2017-2022; lobby for necessary funding support and coordinate with OIE Vaccine Bank for procurement 5.1.2 Identify to secure funds from the government as stipulated in RA9482 5.2.1 Seek funding support from international and national development partners, private sector, and other sources. 5.2.2 Insure appropriate and confiscation of animals; shipped without proper documents 5.3.2 Develop accessible instructions and tools to facilitate compliance (eg. vaccine registration site, online processing application) | Mapped vaccination demands for 2017-2022 established. Total amount secured from the government for each year (should be at least 100% of the amount indicated in RA9482) Total amount secured from the international and national development partners, private sector, and other sources. No. of apprehensions and confiscations No. of property documented transactions No. of end-users that utilized the site and complied with requirements No. of provinces and cities reached by the produced IEC materials Favorable behavior, knowledge, attitudes and practices are documented through post-testing evaluation every 2 years No. of provinces and cities reached by ORPAN RED. |
| | | | | | | | |
| Regulation | To prevent introduction and re-introduction of canine rabies | Strengthen capacities of quarantine stations (developments in collaboration with PNP/PPA) | Policy and legislative | (2C) Secure political support and reinforcements to the national rabies program | 4.3 Enforce appropriate legal instruments where in place (eg. quarantine, vaccine registration, etc.) | 4.3.1 Develop accessible instructions and tools to facilitate compliance (eg. vaccine registration site, online processing application) 4.3.2 Develop and produce IEC materials in accordance to the National Rabies Communication Strategy | No. of end-users that utilized the site and complied with requirements No. of provinces and cities reached by the produced IEC materials Favorable behavior, knowledge, attitudes and practices are documented through post-testing evaluation every 2 years No. of provinces and cities reached by ORPAN RED. |
| | | | | | | | |
| Information | To increase awareness of 90% household on RPO | Update LGUs through Yearly Rabies Bulletin | Socio-Cultural | (1) Inform and engage the community in the national rabies program | 1.1 Refine and operationalize the National Rabies Communication Strategy 1.2 Intensity rabies education and communication campaign 1.3 Promote responsible pet ownership | 1.1.2 Roll out NRCOR Medium Term Plan (2017-2022) ORPAN RED through workshops, fairs, meetings, etc. 1.2.1 Tap expert, Veterinary Schools, PMAA Chapters, relevant NGOs to roll out the dog rabies education and communication campaign 1.3.1 Integration of RPO in the regular celebration of rabies awareness month and world rabies day 1.3.2 Tap animal Welfare groups and DAI-CW to promote responsible pet ownership | No. of registered education/communication activities extended by identified partners No. of provinces and cities held Rabies awareness month and WVD celebrations No. of reported activities and outputs (eg. video, banner) on RPO promotion conducted or produced |
| | | | | | | | |
| Human Resource | To build capacities of LGU veterinarians and personnel | Encourage remaining provinces without veterinarians and all LGUs of 2 nd to 4 th class municipalities to create positions for veterinarians | Resources | (2D) Creating sustainable human and funding resources for the national rabies program | 5.3 Build the capacity of staff involved in MDV, rabies diagnosis, surveillance, MDV, and other relevant control activities | 5.3.1 Develop specific modules for training on essential technical methods for rabies elimination (eg. dog catching, MDV, sample collection, etc.) 5.3.2 Tap the BAI-LGU-Academe partnership and other institutions as partners for these essential trainings | No. of modules developed on essential technical methods for rabies elimination No. of training conducted and number of trainers and trained staff produced |
| | | | | | | | |

National Rabies Prevention and Control Program Strategic Plan 2020-2025

III.2 KEY COMPONENTS DESCRIPTION

A. Socio-cultural component.

Rabies control involves a wide range of stakeholders including the general public. Rabies programs should thus integrate taking into consideration the socio-cultural context of the communities to positively influence rabies perceptions and dog-keeping practices of at-risk populations. Understanding the context guides approaches to motivate behavioral change and plan feasible delivery of services.



Under the ARES, this particular component indicates the need to include strategies on (a) communicating rabies and rabies control efforts, (b) responsible pet ownership, and (c) influencing behavioral change towards control of rabies.

This was previously in part under the **Health Information** focus area in the 2011-2016 plan which includes the information, education and communication (IEC) of the Program, encompassing development and implementation of communication plan, information materials, public awareness programs and rabies integration into school curricula.

Building on the success, experiences, and lessons from the work on public awareness during the previous implementation, OPLAN RED will continue to pursue engaging the public and relevant stakeholders in the national fight against rabies. It will also leverage on the available relevant tools generated for this purpose, as well as the partnerships established in the course of implementation. OPLAN RED includes strategies to (1) refine and operationalize the national rabies communication strategy; (2) intensify rabies education and communication campaign; (3) and promote responsible pet ownership. These are discussed in more detail under Section III.3.

B. Technical component



To eliminate rabies in dogs, persistent circulation of the virus will need to be arrested and the transmission effectively prevented. This can be achieved by protecting susceptible dogs and preventing further spread of the virus from infected source and will require the technical elements of the national program including: well-planned mass dog vaccinations, enhanced surveillance, improved access to laboratory diagnosis, early detection, prompt response and reporting.

The technical component of OPLAN RED was largely drawn from two focus areas from MTP 2011-2016: **Service delivery** and **health information** which respectively underscore the need to access necessary technical services and enhancing surveillance systems.

The technical component of OPLAN RED, which will aggressively focus on arresting and eliminating rabies virus circulation, outlines work to achieve two key result areas: (1) Rabies transmission is prevented by protecting susceptible dogs and (2) preventing spread of the rabies virus from infected source. While the previous plan targeted 70% vaccination coverage, OPLAN RED will emphasize a risk-based approach to mass dog vaccination which will aim to urgently neutralize circulating infection of known high-risk areas, expanding towards areas of lower risk, depending on available resources (see Annex 2). These targeted interventions shall also be accordingly monitored post-implementation (see Annex 3). Both efforts to protect susceptible dogs will be complemented by management of stray dog population and dog movement control that will build on existing regulations (see Annex 4) and tap on established partnerships.

In pursuit of containing infection where present, OPLAN RED also underscores early case detection, tracking of infected dogs, and identifying potential pathways of transmission, and will be operationalized through animal rabies case investigation and management (see Annex 5). Participatory approaches to this enhanced surveillance (see Annex 6) will also be pursued to reinforce this area of work. These strategies and accompanying tools are further discussed under Section III. 3.

C. Organizational component

At the cornerstone of dog rabies elimination is a good and competent Veterinary Services that is capable of leading, coordinating, and implementing the work at hand. The Organizational component focuses on the internal coordination within the animal health sector from the national leadership down to the local implementers and actors on the ground (eg., vaccinators, case investigators). This component also



includes efforts that will strengthen the external coordination of the animal health sector with other relevant sectors from health, education, and the local government, as well as partnerships with the private sector, non-government organizations, academe, and international development partners.

The organizational component of OPLAN RED is drawn from some areas of work under the **Governance** focus area of the previous MTP which included strategies on strengthening collaboration between involved agencies.

OPLAN RED focuses on (1) strengthening the rabies chain of command and communication within the animal health sector; (2) strengthening of the National and Local Rabies Prevention and Control Committee; (3) implementation of the practical inter-sectoral linking using the relevant tool developed for One Health coordination at the grassroots level (see Annex 7); and (4) strengthening of the public-private partnerships. Details on these strategies can be found in Section III. 3.

D. Policy and legislative component

The sustainability of a national program against a neglected disease like rabies will in part depend on capturing the attention and support of policy makers, securing political support and establishing the necessary legal instruments for reinforcement.

This Policy and Legislative component was largely drawn from the **Governance** focus area of MTP 2011-2016 which primarily centered on the adherence to RA 9482 or the Anti-Rabies Act of the Philippines, as well as **Regulation** focus area which emphasized the need for strict implementation of regulations regarding dog movement and registration of dog rabies vaccines.

The Policy and legislative component of the 2017-2022 MTP OPLAN RED outlines the need to: (1) Engage adoption of RA 9482 through local ordinance at the Barangay level; (2) Advocate to national leaders/legislators for commitment on rabies elimination; (3) enforce appropriate legal instruments where in place (eg., quarantine, vaccine importation, etc.). These are discussed in more detail under Section III.3.

E. Resources component

One of the more pressing concerns in the implementation of the national rabies program is the availability of manpower and financial resources to sustain this. Part of the OPLAN RED therefore places strong emphasis on the intention to create sustainable human and funding resources for the national rabies program.



The Resources component is the combined focus areas of **Financing** and **Human Resources** under the MTP 2011-2016, which included strategies on funds procurement and building capacities of relevant staff, respectively.

for 2020-2025;

(2) strategically procuring and securing budget for the implementation of OPLAN RED; and (3) sustainably building the capacity of staff involved in MDV, rabies diagnosis, surveillance, MDV, and other relevant control activities. These are discussed in more detail under Section III.3.

III. 3 THE RABIES MEDIUM TERM PLAN (2020-2025) OF THE ANIMAL HEALTH SECTOR:

OPLAN RED (OPERATIONAL PLAN FOR RABIES ELIMINATION IN DOGS IN THE PHILIPPINES)

As previously highlighted, OPLAN RED exerts efforts to align the overarching focus areas of the national plan of the Philippines with the recent developments in the coordinated efforts to address rabies in the region and globally as a whole following the STOP-R Strategy. Furthermore, OPLAN RED builds on the achievements and draws lessons learned from the previous cycle of the national plan implementation.

A. Overarching goal of the National Rabies Prevention and Control Program

The overarching goal of the National Rabies Prevention and Control Program is to eliminate dog-mediated human rabies by 2030.

B. Medium-Term (2020-2025) goal of OPLAN RED

The Medium-Term goal of OPLAN RED for 2017-2022 is to progressively reduce the risk of dog rabies in areas where present and maintain freedom where this has been achieved.

Table c.2. Medium-Term (2020-2025) goal of OPLAN RED

| | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---------------------|------------------------------|------------|-----------|-----------------------------|--------------------------------|------|
| High risk | Classification/ Reduction | Reduction | Reduction | All candidates/ no cases | All areas are declared free | |
| Medium risk | | | | | | |
| Low risk | | | | | | |
| Candidate free zone | | Free zones | | | | |
| Free zone | | Free zones | | | | |

This will include initial evidence-based classification of key compartments (Provinces and Cities) as (1) high, (2) medium, (3) low risk, (4) candidate free zone, or (5) officially free zone. A classification tool has been prepared and is included as Step Zero under Annex 2 (Risk-Based Approach to Mass Dog Vaccination).

C. Strategy for rabies risk reduction

As introduced in III.1 and described in further detail under III.2, OPLAN RED will adapt the ASEAN Rabies Elimination Strategy and the Global Framework for the Elimination of dog-mediated human rabies (STOP-R Strategy), while maintaining consistency with the focus areas of the National Rabies Program of the Philippines.

Comprehensively shown in Figure 3 below, the overarching STOP-R strategy to reduce rabies risk will be centered on the dynamics and natural history of the disease. The relevant strategies for each of the five components (socio-cultural, technical organizational, policy and legislation, and resources) are also outlined relevant to the progressive elimination of rabies in the dog population. Emphasis on actions to intercept the virus circulation will vary depending on the level of risk and prevailing rabies situation in the area. For example, high-risk areas might opt to heavily place investments in risk-based MDV, medium-risk areas might choose to focus on case finding through case investigations, while low-risk and free areas might emphasis on controlling dog movements to prevent intrusion. OPLAN RED calls for evidence-based actions and continued improvements on capacity of Veterinary Services to integrate existing rabies situation and designing and implementing the best fit interventions. Details on the key result areas, strategies, and sample activities are further described in the section that followed.

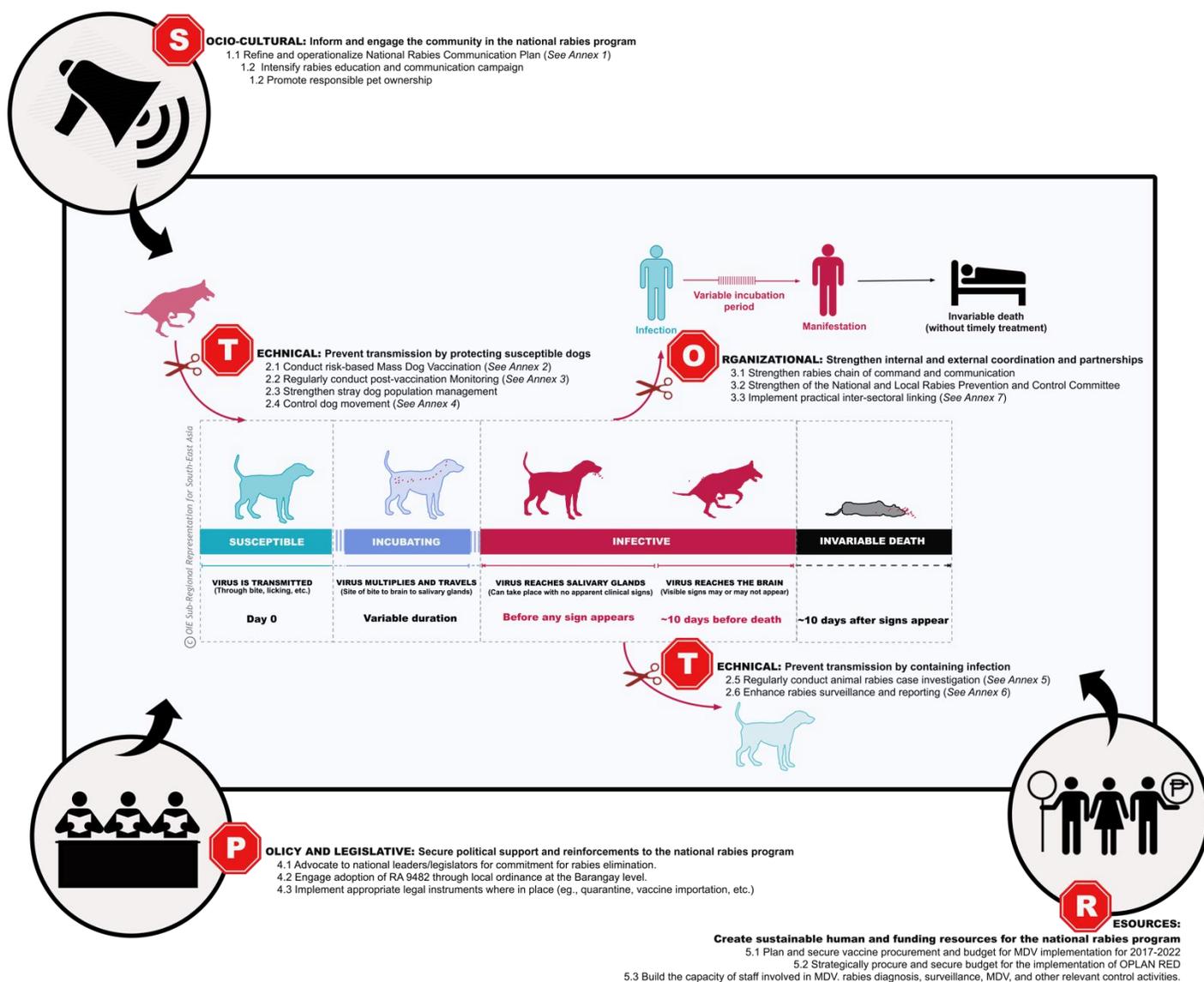


Figure 3. The STOP-R Framework in the OPLAN RED of the Philippines. While efforts will focus on educating and engaging the public for reinforcing actions (Socio-Cultural Component), central to OPLAN RED will be the efforts to address virus at source through intercepting infection at its entry and exit points (Technical Component) which will also include strengthening of internal and external coordination and partnerships (Organizational component). To ensure sustainability, political support and policy reinforcements will also be secured (policy and legislative component), and efforts to create sustainable human and funding resources for the National Rabies Program (resources component) will be targeted. To review progress and quality at implementation, monitoring and evaluation will also be integrated in the plan, with annual findings released as one of the highlights of the Rabies Awareness Month in March.

D. Available and accessible tools and mechanisms for OPLAN RED Implementation 2020-2025

Table 2. Results of Objective Setting and Message Development

| Target Audience | Objectives/Conditions | Communication Channels | Key Messages |
|-------------------------------------|--|---|--|
| Local Chief Executives | By the end of 2016, all LCCs are implementing RA 9462 in section 7 such as (1) appointment of veterinarians, (2) mandatory registration of pets and (3) mass dog vaccination | By the end of 2016, all LCCs are aware of the urgency of the implementation of RA 9462 and the importance of rabies prevention and control to safeguard public health in the community | Basic facts on Anti-Rabies Act Current situation of rabies in the locality |
| Pet Owners | By the end of 2020, almost 85% of the pet owners of group C/D/E are vaccinating their dogs for registration and vaccination | By the end of 2016, dog owners are aware of the following: <ul style="list-style-type: none"> What is rabies? Mode of transmission Signs of a rabid dog Duties of a responsible pet owner Proper bite management (first aid treatment) | Basic facts on rabies Pet owners should know how to be a responsible dog owner |
| Private Veterinarians | By the end of 2016, 70% of the private veterinarians are educating dog owners about the importance of dog registration and vaccination | By the end of 2015, 70% of the private veterinarians are informed and complied with dog registration and their role on the elimination of animal rabies. Private veterinarians are also aware that LGU veterinarians are responsible in gathering of data of rabies vaccination and registration. | Roles and responsibilities of a private veterinarian in rabies control program |
| Medical Doctors | By 2017, medical doctors and veterinarians are working harmoniously and are both complying with the agreed stage bite protocol management and data on number of bite cases from private clinics and hospitals e.g. ABC (private) and ABTC (government) | By the end of 2015, 80% of the medical doctors are aware of (1) importance of rabies vaccine in dogs and (2) Protocol on bite management | Dog vaccination protects! Know your facts right! Protocol on bite management |
| National Government Agencies | By the end of 2016, national government agencies and concerned stakeholders are supporting the full implementation of the rabies program | | Roles of each agency in the Anti-Rabies Act of 2007 |

Annex 1. The National Rabies Communication Plan.

In January 2015, the Animal Rabies Communication Planning Workshop identified priority target audiences, appropriate channels for dissemination of information and determined key messages for specific target audiences on the prevention and control of Rabies. A root cause analysis (RCA) workshop was also done to assess the knowledge attitude and practices of each target audience on Rabies. This document can provide guidance to local implementers when designing a target-specific rabies communication campaign in their area.

| | | | | | | |
|--|---|------------|------------|------------|------------|------------|
| Likelihood of rabies virus circulation | Almost certain | Priority 3 | Priority 3 | Priority 2 | Priority 1 | Priority 1 |
| | Highly certain | Priority 4 | Priority 3 | Priority 2 | Priority 1 | Priority 1 |
| | Likely | Priority 4 | Priority 3 | Priority 3 | Priority 2 | Priority 1 |
| | Unlikely | Priority 4 | Priority 4 | Priority 3 | Priority 3 | Priority 2 |
| | Very unlikely | Priority 4 | Priority 4 | Priority 4 | Priority 3 | Priority 2 |
| | Minimal | Minor | Moderate | Major | Severe | |
| | Level of consequence or impact of non-vaccination | | | | | |

Annex 2. Risk-based Approach to Mass Dog Vaccination.

To maximize limited resources and the potential impact of MDV interventions in reducing rabies virus circulation, a tool for implementing risk-based approach to MDV was thus developed. This is based on rapid risk assessment of likelihood of virus circulation and impact of non-vaccination. The assessment results intend to guide users in setting priorities for urgent intervention, expanding as implementation resources are made available.

Approaching post-Mass Dog Vaccination monitoring (post-MDVm) for rabies in South-East Asia

SEI Task Regional Representative for South-East Asia
001 Chulalongkornrajavidyalaya, Bangkok, Thailand 10400

Introduction

Rabies is a fatal zoonosis that is now progressively being addressed by several countries in South-East Asia through mass dog vaccination (MDV). The operationalization of the OIE Regional Rabies Vaccine Bank for Asia has reinforced these initiatives through facilitated procurement of affordable, high-quality rabies vaccines, which is particularly beneficial to rabies-endemic developing countries in the region. While initiatives on MDV are steadily increasing regionally, a practical approach to measure their success are presently lacking. A post-MDV monitoring protocol that can assess the results and outcomes of these MDVs will be important in validating the implementation of MDV, and can be instrumental in refining existing measures through providing guidance on further strategies to address the disease where this continue to persist.

Because the resources, needs and situations of different countries and within countries vary where rabies is concerned, two options for approaching post-MDV monitoring are presented here: (1) proactive post-MDV monitoring and (2) reactive post-MDV monitoring.

Annex 3. Post-Vaccination Monitoring.

A practical approach to measure the success of MDVs requires a post-vaccination monitoring protocol that can assess the results and outcomes of these MDVs. It will be important in validating the implementation of MDV, and can be instrumental in refining existing measures through providing guidance on further strategies to address the disease where this continue to persist. Two options for approaching post-MDV monitoring presented here are: (1) proactive post-MDV monitoring and (2) reactive post-MDV monitoring.



December 06, 1999

Department of Agriculture
Administrative Order No. 43
Series of 1999

Subject: RULES AND REGULATIONS ON ANIMAL AIR TRANSPORT

Pursuant to Section 4 of Republic Act 8485, otherwise known as Animal Welfare Act of 1998, the following requirements for animal transport are hereby promulgated for the information, guidance and compliance of all concerned.

Annex 4. Policies on dog movement control. In 1999, an Administrative Order (43) was released by the Department of Agriculture (DA) regarding the Rules and Regulations on Animal Air Transport. Subsequently, an AO (2) was released in 2002 for Animals that are transported by sea. Finally, an AO (10) was released in 2005 requiring permits for transport of dogs and cats. All these issuances were released Pursuant to Section 4 of Republic Act 8485, otherwise known as Animal Welfare Act of 1998.

Page 1

ANIMAL RABIES CASE INVESTIGATION FORM
Bureau of Animal Industry / Department of Agriculture, Philippines

| Animal Rabies Case No. | | Date of Investigation | Location of Investigation |
|------------------------|---------|-----------------------|---------------------------|
| Year | Section | Facility | Block |
| Room | Room | | |

1. INTERVIEWER(S) INFORMATION:

| | | | |
|-----|---------------------|--|--|
| 1.1 | Name (s) and age(s) | | |
| 1.2 | Position and Office | | |
| 1.3 | Contact details | | |

2. INTERVIEWEE INFORMATION:

| | | | |
|-----|-------------------------|--|--|
| 2.1 | Name and age | | |
| 2.2 | Role / Relationship | <input type="radio"/> Owner <input type="radio"/> Relative of bite victim <input type="radio"/> Other (Please identify): | |
| 2.3 | Address/contact details | | |

3. CASE BACKGROUND INFORMATION

| | | | | |
|-----|----------------------------|----------|------|-----|
| 3.1 | Animal under investigation | Species | Name | Age |
| | | Location | | Sex |
| | | Owner: | | |

Trigger point for the investigation:

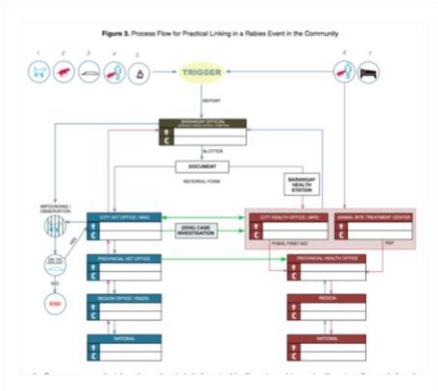
| | | |
|-----|---|---|
| 3.2 | <input type="radio"/> Animal exposed to a confirmed/suspect rabies case | <input type="radio"/> Animal bit a human who died of rabies |
| | <input type="radio"/> Animal shows/showed rabies signs | <input type="radio"/> Animal died with unknown cause |
| | <input type="radio"/> Animal was confirmed rabies positive | <input type="radio"/> Other reasons (Please identify): |
| | <input type="radio"/> Animal bit a human (who is still healthy) | |

Background/History of the case (What happened?)

| | |
|-----|--|
| 3.3 | |
|-----|--|

Annex 5. Animal Rabies Case Investigation Tool provides guided information-gathering in the event a trigger for investigation arises (confirmed animal case, probable case, etc.). It collects details of relevant events linked to rabies pathogenesis and infection dynamics, allowing investigators to trace back potential sources of infection and identify potential pathways for transmission. Based on the collected data, the investigator or case reviewer will then provide advisory to the responsible authority on the ground for the animal sector and also to the human health sector as necessary.

Annex 6. Enhanced Animal Rabies Surveillance and Reporting. As part of the NRPCP operational procedures, a guideline on surveillance was developed. This included specific case definitions for suspect, probable and confirmed animal rabies and the appropriate actions that will need to be taken for each case. It also describes the potential role of relevant stakeholders (private veterinarians, academe, etc.) in improving the national rabies surveillance and the necessary reporting pathways that may be taken to contribute.



Annex 7. Practical Inter-Sectoral Linking. The practical inter-sectoral linking was developed and piloted in the Bicol Region. It provides guideline on linking key players in the event of rabies event – the local government unit, the animal health sector and the human health sector in the locality where the event arises. Closely tied with the case investigation protocol (Annex 6), this guidance document provides mechanisms on how data are shared, who to share it to, and what actions need to be taken by both sectors following the investigation findings.

E. OPLAN RED and the STOP-R Strategy



OCIO-CULTURAL COMPONENT

Key Result Area: Inform and engage the community with the national rabies program

Current Challenges

1. Proper understanding and awareness of rabies by pet owners
2. Reluctance of some pet owners to have their dogs vaccinated
3. Insufficient IEC materials available to be distributed to the public – bite prevention and treatment
4. Unified and strong message still lacking
5. Lack of quad-media campaign (social network, radio, television and newspaper)
6. Identified spokesperson needed to represent animal health related concerns (rabies) to the media
7. Regulation of traditional healers or *tandok* – the public still approach them for animal bite related inquiries
8. Contact information of different veterinary offices in the country not easily available to the public
9. Lack of dissemination on the unified/standard veterinary vaccination protocol including MDV of the government

Lessons Learned

1. Target audience for IEC dissemination should not stop to dog owners only, but also to identify other target audience important to the proper implementation of the program (veterinarians, physicians, community)
2. Yearly retooling of veterinarians, frontline personnel and partners from other agencies in the rabies prevention and control program implementation
3. Regular innovation of the IEC materials available to the public
4. Consistent and unified message regarding rabies is a must
5. Preparation of the IEC materials in the local dialect

1.1 Refine and operationalize the National Rabies Communication Strategy. A National Rabies Communication Plan (Annex 1) has been jointly developed by DA and DoH in 2015-2016, and can now be operationalized after further refinement, and used as a reference to harmonize efforts when communicating about rabies.

Sample activities and key performance indicators:

- *Development and production of IEC materials in accordance to the National Rabies Communication Strategy;*
- *Roll out NRPCP Medium Term Plan (2017-2022) "OPLAN RED" through workshops, fora, meetings, etc.*

1.2 Intensify rabies education and communication campaign. The Philippines has a long-standing work on rabies education and communication. Many of these however, are *ad hoc* and episodic (eg., during World Rabies Day celebration only). To establish a mechanism by which quality and harmonized rabies education and communication are put in place, OPLAN RED will capitalize on existing partnerships who can provide support on reaching the most critical segment of the Philippines, particularly the poor and the marginalized.

Sample activities:

- *Tap DepEd, Veterinary Schools, PVMA Chapters, relevant NGOs to roll out the dog rabies education and communication campaign*

1.3 Promote responsible pet ownership. With a substantial proportion of rabies cases classified as unvaccinated and/or stray - engaging the public to be responsible pet owners will play a critical role in achieving rabies elimination and in pursuing sustainability of rabies control and prevention efforts in the country. Efforts on this important area of work will thus be emphasized, and the support of all relevant groups will be sought.

Sample activities:

- *Integration of RPO in the regular celebration of rabies awareness month and world rabies day*
- *Tap Animal Welfare Groups and DA-CAW to promote responsible pet ownership*

| ARES/ Global Rabies Frame work (STOP- R) Equiva lent | Key Result Area | Strategy (2017- 2022 MTP) | Example Activities (to be assessed and updated in annual planning) (2017-2022 MTP) | Key Performance Indicators (To be determined every year) | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--|--|---|---|--|-------------------|-------------------|-------------------|-------------------|-------------------|---------------|
| Socio- Cultur al | (1) Inform and engag e the comm unity in the nation al rabies progra m | 1.1 Refine and operati onalize the Nationa l Rabies Communi cation Strateg y | 1.1.1 Develop and produce IEC materials in accordance to the National Rabies Communicati on Strategy | No. of provinces and cities are reached by the produced IEC materials Favourable behavior, knowledge, attitudes and practices are documented through post- testing evaluation every 2 years | 1,00 0,00 0 | 1,20 0,00 0 | 1,00 0,00 0 | 1,20 0,00 0 | 1,00 0,00 0 | 1,200 ,000 |
| | | | 1.1.2 Roll out NRPCP Medium Term Plan (2017- 2022) "OPLAN RED" through workshops, fora, meetings, etc. | No. of provinces and cities are reached by OPLAN RED. | 500, 000 | 500, 000 | | | | |
| | | 1.2 Intensify rabies educati on and | 1.2.1 Tap DepEd, Veterinary Schools, PVMA | No. of registered education/co mmunication activities | | | | | | |

| | | | | | | | | | | |
|--|---------------------------------------|------------------------|--|---|---------|---------|---------|---------|---------|---------|
| | | communication campaign | Chapters, relevant NGOs to roll out the dog rabies education and communication campaign | extended by identified partners | | | | | | |
| | 1.3 Promote responsible pet ownership | 1.3.1 | Integration of RPO in the regular celebration of rabies awareness month and world rabies day | No. of provinces and cities hold Rabies awareness month and WRD celebrations | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 |
| | | 1.3.2 | Tap Animal Welfare Groups and DA-CAW to promote responsible pet ownership | No. of reported activities and outputs (eg., video, leaflet) on RPO promotion conducted or produced | | | | | | |



TECHNICAL COMPONENT

Key Result Areas: (1) Rabies transmission is prevented by protecting susceptible dogs and (2) preventing spread of the rabies virus from infected source.

Current Challenges

1. Estimating the dog population
2. Improving reporting of rabies cases and utilization of vaccines
3. Timely delivery of procured animal rabies vaccines
4. Reaching the annual 70% target of the dog population to be vaccinated
5. Controlling rabies in highly urbanized cities
6. Management of stray dogs
7. Lack of accessible rabies diagnostic laboratories in some areas
8. Improvement of rabies surveillance through proper sample collection and increased sample submission
9. Couriers unwilling to handle and ship out samples
10. Proper disposal of samples still difficult
11. Difficulty in tracking confirmed and probable rabies cases
12. Proper cold chain management
13. Lack of training of vaccinators, humane dog catching and provision of materials
14. Strengthening of quarantine checkpoints (port of entry) between local boundaries with visible and clear signage.

Lessons Learned

1. A need for an illustrated and simple field manual for rabies (concise version of the Rabies Manual of Operations)
2. Creation of a partnership with major couriers and transport companies in the handling and shipment of rabies and other animal disease samples
3. Educate field personnel in the proper collection, handling and submission (filling-up of forms and transport) of rabies samples
4. Trained vaccinators and animal catchers should be authorized and supervised by a licensed veterinarian, with proper identification signed by the corresponding licensed veterinarian
5. Provision of formal training of vaccinators/humane animal catching is needed, including provision of pre-exposure prophylaxis
6. Provision of rabies hotline for quick response

Key Strategies

2.1 Conduct risk-based Mass Dog Vaccination.

Sample Activities:

- *Characterize the rabies risk in the area of interest.*
- *Conduct a joint rapid risk assessment to identify hotspots to prioritize.*
- *Implement recommended actions in accordance to the prioritization based on risk assessment findings.*

2.2 Post-vaccination Monitoring (PVM).

Sample Activities:

- *Plan and conduct PVM where risk-based MDVs are conducted*

2.3 Stray dog population management.

Sample Activities:

- Strict implementation of RA 9482 regarding stray dog population management
- Organize coordinated spay and neuter campaigns with support from NGOs, volunteer veterinarians, and others.

2.4 Control of dog movement.

Sample Activities:

- Develop and implement strict policies/legal instruments for transporting dogs within the country

2.5 Regularly conduct animal rabies case investigation (See Annex 5)

Sample Activities:

- Popularize and provide training in conducting animal rabies case investigation and utilizing the available tool

2.6 Enhance rabies surveillance and reporting (See Annex 6)

Sample Activities:

- Popularize the participatory rabies surveillance and engage stakeholders to be involved and contribute

| ARES/Global Rabies Framework (STOP-R) Equivalent | Key Result Area | Strategy (2020-2025) | Example Activities (to be assessed and updated in annual planning) (2017-2022 MTP) | Key Performance Indicators (To be determined every year) | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--|--|---|--|--|------|------|------|------|------|------|
| | | | | | | | | | | |
| Technical | (2A) Rabies transmission is prevented by | 2.1 Conduct risk-based Mass Dog Vaccination | 2.1.1 Characterize the rabies risk in the area of interest. | No. of areas assessed and risk-based MDV conducted as | | | | | | |

| | | | | | | | | | |
|------------------------------|---------------------------------------|---|---|--|--|--|--|--|--|
| protecting susceptible dogs. | | 2.1.2 Conduct a joint rapid risk assessment to identify hotspots to prioritize. | recommended. | | | | | | |
| | | 2.1.3 Implement recommended actions in accordance to the prioritization based on risk assessment findings. | No. of areas who achieved reduction in risk classification over time | | | | | | |
| | 2.2 Post-vaccination Monitoring (PVM) | 2.2.1 Plan and conduct PVM where risk-based MDVs are conducted | No. of areas where PVM was conducted | | | | | | |
| | 2.3 Stray dog population management | 2.3.1 Strict implementation of RA 9482 regarding stray dog population management | Reduction of stray dog population, especially in high-risk areas (info from assessment for MDV can be used as baseline) | | | | | | |
| | | 2.3.2 Organize coordinated spay and castration campaigns with support | No. of organizations that organize spay and castration | | | | | | |

| | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|
| | | | from NGOs, volunteer veterinarians, and others. | campaigns and total no. of spay and castration campaigns conducted. | | | | | | |
| | | 2.4 Control of dog movement | 2.4.1 Develop and implement strict policies/legal instruments for transporting dogs within the country | No. of apprehensions, warnings, and cases raised (and issues resolved) | | | | | | |
| (2B) Rabies transmission is prevented by containing infection | 2.5 Regularly conduct animal rabies case investigation (See Annex 5) | 2.5.1 Popularize and provide training in conducting animal rabies case investigation and utilizing the available tool | No. of animal case investigations conducted No. of human and animal rabies cases intercepted. | | | | | | | |
| | 2.6 Enhance rabies surveillance and reporting (See Annex 6) | 2.6.1 Popularize the participatory rabies surveillance and engage stakeholders to be involved and contribute | No. of suspect, probable, and confirmed cases reported | | | | | | | |



ORGANIZATIONAL COMPONENT

Key Result Area: Strengthen internal and external coordination and partnerships

Current Challenges

1. Mechanisms to encourage and strengthen public-private partnerships
2. Coordination of Regional Rabies Coordinators with local veterinarians
3. Dealing with animal rights extremists/ activists
4. Inactive and lack of Rabies Prevention and Control Committees at the barangay, municipal, provincial and regional level
5. Strengthening coordination between animal and human health coordination

Lessons Learned

1. Involve and promote good partnership with private and other socio-civic organizations for rabies related activities
2. Orientation of the new coordinators and partner agencies of the rabies program

Key Strategies

3.1 Strengthen rabies chain of command and communication within the animal health sector

Sample Activities:

- *Conduct an annual fora on OPLAN RED for regular updates*

3.2 Strengthen National and Local Rabies Prevention and Control Committee

Sample Activities:

- *Provide support and guidance to the committees and encourage consistency of regular meetings*

3.3 Implement practical inter-sectoral linking

Sample Activities:

- Roll out the practical inter-sectoral linking protocol

3.4 Strengthen public-private partnership

Sample Activities:

- Finalize LGU-academe MOU and operationalize the partnerships; Convene annual meetings for updates on progress

| ARES/Global Rabies Framework (STOP-R) Equivalent | Key Result Area | Strategy (2017-2022 MTP) | Example Activities (to be assessed and updated in annual planning) (2017-2022 MTP) | Key Performance Indicators (To be determined every year) | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--|--|--|--|--|---------|---------|---------|---------|---------|---------|
| Organizational | (3) Strengthen internal and external coordination and partnerships | 3.1 Strengthen rabies chain of command and communication within the animal health sector 3.1 Strengthen rabies chain of command and communication within the animal health sector | 3.1.1 Conduct an annual fora on OPLAN RED for regular updates | No. of implementation issues raised and resolved | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 |

National Rabies Prevention and Control Program Strategic Plan 2020-2025

| | | | | | | | | | |
|--|--|---|---|-----------|-----------|-----------|-----------|-----------|-----------|
| | 3.2 Strengthen National and Local Rabies Prevention and Control Committee | 3.2.1 Provide support and guidance to the committees and encourage consistency of regular meetings | No. of meetings conducted and recommendations accomplished (National); No. of LGUs that have an established MRCC/BRCC that meet regularly (Local). | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 |
| | 3.3 Implement practical inter-sectoral linking | 3.3.1 Roll out the practical inter-sectoral linking protocol | No. of case investigations conducted; no. of dog and human cases intercepted | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 |
| | 3.4 Strengthen public-private partnership | 3.4.1 Finalize LGU-academe MOU and operationalize the partnerships; Convene annual meetings for updates on progress | No. of BAI-LGU-academe MOUs signed and no. of coordinated activities operationalized. | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 |



POLICY AND ADVOCACY

Key Result Area: Secure political support and reinforcements to the national rabies

Current Challenges

1. Lack of political will to support the rabies program by some Local Chief Executives and law makers
2. Dedicated personnel to focus on the program (e.g government veterinarians, vaccinators)
3. Improving yearly budgetary releases for the rabies program
4. Enhancing annual dog registration and regular vaccination
5. Implementation of local rabies ordinances and enforcing penalties by Local Governments

Lessons Learned

1. Strong political support is essential to the success of the rabies program
2. LCEs and law makers should be educated to attain increased support and involvement to the rabies program
3. Direct and consistent communication with LCEs and law makers in their rabies situation and the local implementation of the program
4. Involve the media in the rabies cases to increase attention of the LCEs to the rabies program
5. Maintain good and professional rapport with the local chief executives

Key Strategies

4.1 Engage adoption of RA 9482 through local ordinance at the Barangay level.

Sample Activities:

- *Participate in the meetings of the Association of Barangay Captains (ABC) to advocate for rabies ordinance development*

4.2 Advocate to national leaders/legislators for commitment on rabies elimination

Sample Activities:

- Participate in the meetings of the Association of Barangay Captains (ABC) to advocate for rabies ordinance development

4.3 Enforce appropriate legal instruments where in place (eg., quarantine, vaccine importation, etc.)

Sample Activities:

- Inspection, apprehension and confiscation of animals shipped without proper documents
- Develop accessible instructions and tools to facilitate compliance (eg., vaccine registration site, online processing algorithms)

| ARES/Global Rabies Framework (STOP-R) Equivalent | Key Result Area | Strategy (2017-2022 MTP) | Example Activities (to be assessed and updated in annual planning) (2017-2022 MTP) | Key Performance Indicators (To be determined every year) | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|--|---|---|-------------|-------------|-------------|-------------|-------------|-------------|
| Policy and legislative | (4A) Secure political support and reinforce | 4.1 Engage adoption of RA 9482 through local ordinance | 4.1.1 Participate in the meetings of the | No. of Barangays that has rabies ordinance | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 |

| | | | | | | | | | | |
|--|--------------------------------------|---|---|---|--|--|--|--|--|--|
| | ments to the national rabies program | at the Barangay level. | Association of Barangay Captains (ABC) to advocate for rabies ordinance development | ces as adapted from RA 9482 | | | | | | |
| | | 4.2 Advocate to national leaders/legislators for commitment on rabies elimination | 4.2.1 Participate in the meetings of League of Provinces and Municipalities to advocate and seek funding support for the rabies program in their locality | Increased investments made by LCEs to their local rabies programs (Baseline: survey data from 2015) | | | | | | |

| | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|
| | | | 4.2.1 Aggressively lobby to high level policy-makers for support to OPLAN RED | Amount invested by high-level policy makers to OPLAN RED | | | | | | |
| (4B) Secure political support and reinforcements to the national rabies program | 4.3 Enforce appropriate legal instruments where in place (eg., quarantine, vaccine importation, etc.) | 4.3.1 Inspection, apprehension and confiscation of animals shipped without proper documents | No. of apprehensions and confiscations No. of properly documented transactions | | | | | | | |
| | | 4.3.2 Develop accessible instructions and tools to facilitate compliance (eg., vaccine registration site, online processing algorithms) | No. of end-users that utilised the site and complied with requirements | | | | | | | |



RESOURCES

Key Result Area: Creating sustainable human resources and funding resources for the national rabies program

Current Challenges

1. Limited human and funding resources are available to the rabies program.
2. At the national level, funds allotted as per approval of the Department of Budgetary Management are not sufficient to cover the needs of the program.
3. Budgetary support at the local level depends on the priority and advocacy of the local government unit.
4. A need for a centralized and organized monitoring, and report submission of available resources.
5. Reaching out far-flung areas to conduct vaccination activities
6. Availability of funds for provision of Pre-exposure prophylaxis to volunteer vaccinators

Lessons Learned

1. Prioritizing the focus areas to maximize the limited human and funding resources
2. Lobbying to increase budgetary support from the lawmakers
3. Tapping volunteer vaccinators from academe and people's organization

Key Strategies

5.1 Plan and secure vaccine procurement and budget for MDV implementation for 2020-2025

Sample Activities:

- *Map out vaccine demands for 2020-2025, lobby for necessary funding support and coordinate with OIE Vaccine Bank for procurement.*

5.2 Strategically procure and secure budget for the implementation of OPLAN RED

Sample Activities:

- Lobby to secure funds from the government as stipulated in RA9482

5.3 Build the capacity of staff involved in MDV, rabies diagnosis, surveillance, MDV, and other relevant control activities

Sample Activities:

- Develop specific modules for training on essential technical methods for rabies elimination (eg., dog catching, MDV, sample collection, etc.)
- Tap the BAI-LGU-Academe partnership and other institutions as channels for these essential trainings

| ARES/Global Rabies Framework (STOP-R) Equivalent | Key Result Area | Strategy (2020-2025 MTP) | Example Activities (to be assessed and updated in annual planning) (2017-2022 MTP) | Key Performance Indicators (To be determined every year) | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--|---|---|---|---|------|------|------|------|------|------|
| | | | | | | | | | | |
| Resources | (5A) Creating sustainable funding resources for the national rabies program | 5.1 Plan and secure vaccine procurement and budget for MDV implementation for 2020-2025 | 5.1.1 Map out vaccine demands for 2017-2022, lobby for necessary funding support and coordinate with OIE Vaccine Bank for | Mapped vaccination demands for 2017-2022 established. 100% procurement of mapped demands | | | | | | |

| | | | | | | | | | | |
|-----------|--|--|---|--|--|--|--|--|--|--|
| | | | procurement. | for each year | | | | | | |
| | | 5.2 Strategically procure and secure budget for the implementation of OPLAN RED | 5.2.1 Lobby to secure funds from the government as stipulated in RA9482 | Total amount secured from the government for each year (should be at least 100% of the amount indicated in RA9482) | | | | | | |
| | | | 5.2.2 Seek funding support from international and national development partners, private sector, and other sources. | Total amount secured from the international and national development partners, private sector, and other sources. | | | | | | |
| Resources | (5B) Creating sustainable human and funding resources for the national | 5.3 Build the capacity of staff involved in MDV, rabies diagnosis, surveillance, MDV, and other relevant | 5.3.1 Develop specific modules for training on essential technical methods for rabies elimination (eg., dog | No. of modules developed on essential technical methods for rabies elimination | | | | | | |

| | | | | | | | | | | |
|--|----------------|--------------------|---|--|--|--|--|--|--|--|
| | rabies program | control activities | catching, MDV, sample collection, etc.) | | | | | | | |
| | | | 5.3.2. Tap the BAI-LGU-Academe partnership and other institutions as channels for these essential trainings | No. of trainings conducted and number of trainers and trained staff produced | | | | | | |
| | | | | | | | | | | |

III.4 IMPLEMENTATION ARRANGEMENTS: ROLES AND RESPONSIBILITIES OF OPLAN RED STAKEHOLDERS

| ARES/ Global Rabies Frame work (STOP- R) Equiva lent | Key Result Area | Strategy (2020- 20250 | Example Activities (to be assessed and updated in annual planning) | Key Performance Indicators (To be determined every year) | Agencies | Roles and Responsibilities |
|--|--|--|--|---|-------------------------------|---|
| Socio- Cultur al | (1) Inform and engag e the comm unity in the nation al rabies progra m | 1.1 Refine and operati onalize the National Rabies Communi cation Strategy | 1.1.1 Develop and produce IEC materials in accordance to the National Rabies Communi cation Strategy | No. of provinces and cities are reached by the produced IEC materials Favourable behavior, knowledge, attitudes and practices are documented through post- testing evaluation every 2 years | DA Academe LGUs | Develop and produce IEC materials Conduct pre-test and post-test for IEC materials Conduct KAP survey and other related studies on community awareness Reproduce IEC materials and distribute it to the community through different activities Assist the Academe in the conduct of the study |
| | | | 1.1.2 Roll out NRPCP Medium Term Plan (2017- 2022) "OPLAN RED" through workshops, fora, meetings, etc. | No. of provinces and cities are reached by OPLAN RED. | DA | Conduct fora, meetings, workshops to inform all agencies and organizations under the animal health sector |

National Rabies Prevention and Control Program Strategic Plan 2020-2025

| | | | | | | |
|--|--|---|---|---|--|--|
| | | 1.2 Intensify rabies education and communication campaign | 1.2.1 Tap DepEd, Veterinary Schools, PVMA Chapters, relevant NGOs to roll out the dog rabies education and communication campaign | No. of registered education/communication activities extended by identified partners | DA DILG LGU Academe NGOs, PVMA | Tap DepEd and other sectors to provide training for Academe, LGUs and NGOs Ensure LGU implementation Conduct community awareness Assist the LGUs in the conduct awareness activities Provide training for teachers on the basics of Rabies Education |
| | | 1.3 Promote responsible pet ownership | 1.3.1 Integration of RPO in the regular celebration of rabies awareness month and world rabies day | No. of provinces and cities hold Rabies awareness month and WRD celebrations | DA LGU Academe NGOs, PVMA | Conduct community awareness Assist the LGUs in the conduct awareness activities |
| | | | 1.3.2 Tap Animal Welfare Groups and DA-CAW to promote responsible pet ownership | No. of reported activities and outputs (eg., video, leaflet) on RPO promotion conducted or produced | DA NGOs | Tap Animal Welfare Groups in the promotion of RPO Assist the LGUs in their RPO activities Conduct RPO activities |

| ARES/Global Rabies Framework (STOP-R) Equivalent | Key Result Area | Strategy (2020-20250) | Example Activities (to be assessed and updated in annual planning) | Key Performance Indicators (To be determined every year) | Agency | Roles and Responsibilities |
|--|---|---|--|--|------------------------------------|--|
| Technical | (2A) Rabies transmission is prevented by protecting susceptible dogs. | 2.1 Conduct risk-based Mass Dog Vaccination | 2.1.1 Characterize the rabies risk in the area of interest. | No. of areas assessed and risk-based MDV conducted as recommended. | NRPCC -DA (BAI and RFO) -DOH | Evaluate areas to be declared priorities or hotspots |
| | | | 2.1.2 Conduct a joint rapid risk assessment to identify hotspots to prioritize. | | | Recommend actions to be done |
| | | 2.1 Conduct risk-based Mass Dog Vaccination | 2.1.3 Implement recommended actions in accordance to the prioritization based on risk assessment findings. | No. of areas who achieved reduction in risk classification over time | DA LGU DILG | Monitor activities and implementation of recommended actions Implement recommended actions Ensure LGU implementation |
| | | | 2.2 Post-vaccination Monitoring (PVM) | | | 2.2.1 Plan and conduct PVM where risk-based MDVs are conducted |

| | | | | | | |
|--|--|-------------------------------------|---|--|---|--|
| | | | | | LGU | Assist the DA in the conduct of PVM |
| | | 2.3 Stray dog population management | 2.3.1 Strict implementation of RA 9482 regarding stray dog population management | Reduction of stray dog population, especially in high-risk areas (info from assessment for MDV can be used as baseline) | LGU DA Animal welfare groups and NGOs | Implement impounding activities Ensure all LGUs are informed of the AW guidelines Assist and support the LGU activities such as providing shelters to captured dogs, provide euthanizing agents. |
| | | | 2.3.2 Organize coordinated spay and castration campaigns with support from NGOs, volunteer veterinarians, and others. | No. of organizations that organize spay and castration campaigns and total no. of spay and castration campaigns conducted. | LGU DA Academe, NGOs | Implement Neutering activities Monitor neutering activities Assist the LGU in neutering activities by providing anesthesia and painkillers and training |
| | | 2.4 Control of dog movement | 2.4.1 Develop and implement strict policies/legal instruments for transporting dogs within the country | No. of apprehensions, warnings, and cases raised (and issues resolved) | DA (NVQS) | Monitor dog movements in and out of the country, issuance of shipping permits |

| | | | | | | |
|---|---|--|---|--|--|--|
| | | | | | LGUs | Monitor inter-provincial/inter-island dog movements |
| | (2B) Rabies transmission is prevented by containing infection | 2.5 Regularly conduct animal rabies case investigation | 2.5.1 Popularize and provide training in conducting animal rabies case investigation and utilizing the available tool | No. of animal case investigations conducted No. of human and animal rabies cases intercepted. | DA | Provide trainings in the conduct of animal rabies case investigation |
| | | 2.6 Enhance rabies surveillance and reporting | 2.6.1 Popularize the participatory rabies surveillance and engage stakeholders to be involved and contribute | No. of suspect, probable, and confirmed cases reported | DA | Confirm cases thru lab testing Coordinate to DA, LGU and other laboratories the testing of cases reported |
| | | | | | Private vets, clinics and hospitals, ABTCs/ABCs Private vets, clinics and hospitals LGUs | Prepare the samples to be tested when presented with a case for confirmation |
| ARES/Global Rabies Framework (STOP-R) Equivalent | Key Result Area | Strategy (2017-2022 MTP) | Example Activities (to be assessed and updated in annual planning) (2017-2022 MTP) | Key Performance Indicators (To be determined every year) | Agencies | Roles and Responsibilities |
| Organizational | (3) Strengthen internal and external coordination | 3.1 Strengthen rabies chain of command and communication within the animal health sector | 3.1.1 Conduct an annual fora on OPLAN RED for regular updates | No. of implementation issues raised and resolved | DA | Ensure good communication and regular updates with other agencies under animal health sectors by |

| | | | | | | |
|--|-----------------|---|---|--|---|---|
| | and partnership | | | | | conducting for a, meetings |
| | | 3.2 Strengthen National and Local Rabies Prevention and Control Committee | 3.2.1 Provide support and guidance to the committees and encourage consistency of regular meetings | No. of meetings conducted and recommendations accomplished (National); No. of LGUs that have an established MRCC/BRCC that meet regularly (Local). | DA LGU | Provide guidance to LGU Establish a local rabies control committee and regularly meet to plan out and update activities |
| | | 3.3 Implement practical inter-sectoral linking | 3.3.1 Roll out the practical inter-sectoral linking protocol | No. of case investigations conducted; no. of dog and human cases intercepted | DA LGU DOH-RHU Academe | Conduct trainings and provide assistance to LGUs on the inter-sectoral linking protocol Conduct case investigation Inform LGU of the cases reported Assist the conduct of case investigation and conduct study on bite cases |
| | | 3.4 Strengthen public-private partnership | 3.4.1 Finalize LGU-academe MOU and operationalize the partnerships; Convene annual meetings for update progress | No. of BAI-LGU-academe MOUs signed and no. of coordinated activities operationalized. | DA | Monitor MOUs operationalized |

| ARES/Global Rabies Framework (STOP-R) Equivalent | Key Result Area | Strategy (2020-2025) | Example Activities (to be assessed and updated in annual planning) (2020-2025) | Key Performance Indicators (To be determined every year) | Agencies | Roles and Responsibilities |
|--|---|---|---|---|-----------------------|---|
| Policy and legislative | (4A) Secure political support and reinforcements to the national rabies program | 4.1 Engage adoption of RA 9482 through local ordinance at the Barangay level. | 4.1.1 Participate in the meetings of the Association of Barangay Captains (ABC) to advocate for rabies ordinance development | No. of Barangays that has rabies ordinances as adapted from RA 9482 | DA DILG LGU | Encourage LCEs to support Rabies Program and ensure adoption of RA 9482. Adoption of RA 9482 |
| | | 4.2 Advocate to national leaders/legislators for commitment on rabies elimination | 4.2.1 Participate in the meetings of League of Provinces and Municipalities to advocate and seek funding support for the rabies program in their locality | Increased investments made by LCEs to their local rabies programs (Baseline: survey data from 2015) | NRPCC | Participate in the meetings of League of Provinces and Municipalities to advocate and seek funding support for the rabies program in their locality |
| | (4B) Secure political support and reinforcements to the national rabies program | 4.3 Enforce appropriate legal instruments where in place (eg., quarantine, vaccine importation, etc.) | 4.2.2 Aggressively lobby to high level policy-makers for support to OPLAN RED | Amount invested by high-level policy makers to OPLAN RED | NRPCC | Lobby support from policy-makers |
| | | | 4.3.1 Inspection, apprehension and confiscation of animals shipped without proper documents | No. of apprehensions and confiscations No. of properly documented transactions | DA (NVQS) LGU | Apprehend, confiscate and document confiscation and transactions |

| | | | | | | |
|--|--|--|---|--|----|---|
| | | | 4.3.2 Develop accessible instructions and tools to facilitate compliance (eg., vaccine registration site, online processing algorithms) | No. of end-users that utilised the site and complied with requirements | DA | Provide guidelines on vaccine utilization reporting |
|--|--|--|---|--|----|---|

| ARES/Global Rabies Framework (STOP-R) Equivalent | Key Result Area | Strategy (2020-2025) | Example Activities (to be assessed and updated in annual planning) | Key Performance Indicators (To be determined every year) | Agencies | Roles and Responsibilities |
|---|---|---|--|--|-----------------|--|
| Resources | (5A) Creating sustainable funding resources for the national rabies program | 5.1 Plan and secure vaccine procurement and budget for MDV implementation for 2017-2022 | 5.1.1 Map out vaccine demands for 2017-2022, lobby for necessary funding support and coordinate with OIE Vaccine Bank for procurement. | Mapped vaccination demands for 2017-2022 established. 100% procurement of mapped demands for each year | DA | Monitor vaccine support of priority areas Procure vaccine through WHO Reimbursable Scheme |
| | | 5.2 Strategically procure and secure budget for the implementation of OPLAN RED | 5.2.1 Lobby to secure funds from the government as stipulated in RA9482 | Total amount secured from the government for each year (should be at least 100% of the amount indicated in RA9482) | DA LGU | Lobby funds to secure vaccine supply Secure budget for vaccines and other activities for implementation |
| | | | 5.2.2 Seek funding support from international and national | Total amount secured from the international and national | DA | Seek funding support from other sources |

| | | | | | | |
|-----------|--|---|---|--|-----------------------------|---|
| | | | development partners, private sector, and other sources. | development partners, private sector, and other sources. | | |
| Resources | (5B) Creating sustainable human and funding resources for the national rabies program | 5.3 Build the capacity of staff involved in MDV, rabies diagnosis, surveillance, MDV, and other relevant control activities | 5.3.1 Develop specific modules for training on essential technical methods for rabies elimination (eg., dog catching, MDV, sample collection, etc.) | No. of modules developed on essential technical methods for rabies elimination | DA | Develop specific modules for training on essential technical methods for rabies elimination |
| | | | 5.3.2. Tap the BAI-LGU-Academe partnership and other institutions as channels for these essential trainings | No. of trainings conducted and number of trainers and trained staff produced | DA NGO, Academe, POs | Tap other agencies and institutions for conducting trainings Conduct of trainings for LGUs |

Annexes

Annex1: Anti Rabies Act of 2007

Date 2007-06-22
(RA 9482)
S. No. 2541
H. No. 4654

Republic of the Philippines
Congress of the Philippines
Metro Manila
Thirteenth Congress
Third Special Session

Begun and held in Metro Manila, on Monday, the nineteenth day of February, two thousand seven.

—□—

REPUBLIC ACT NO. **9482**

AN ACT PROVIDING FOR THE CONTROL AND ELIMINATION OF HUMAN AND ANIMAL RABIES, PRESCRIBING PENALTIES FOR VIOLATION THEREOF AND APPROPRIATING FUNDS THEREFOR

*Be it enacted by the Senate and House of Representatives
of the Philippines in Congress assembled:*

SECTION 1. *Title.* – This Act shall be known as the “Anti-Rabies Act of 2007”.

SEC. 2. *Declaration of Policy.* – It is the declared policy of the State to protect and promote the right to health of the people. Towards this end, a system for the control, prevention of the spread, and eventual eradication of human and animal Rabies shall be provided and the need for responsible pet ownership established.

SEC. 3. *Definition of Terms.* – For the purpose of this Act, the following terms shall mean:

- (a) *Bitten* refers to an act by which a Dog seizes, cuts or grips with its teeth so that the skin of a person has been wounded, pierced or scratched.
- (b) *Concerned Officials* refer to barangay officials, health workers, police officers or government veterinarians.
- (c) *Direct Supervision* refers to range supervision where physical presence of the veterinarian within the barangay is necessary.

- (d) *Dog* refers to a common quadruped domestic animal belonging to the order carnivora (male or female), scientifically known as *canis familiaris*.
- (e) *Euthanasia* refers to the process of painless death to Dogs and other animals.
- (f) *Impound* refers to seize and hold in the custody of the law.
- (g) *Owner* refers to any person keeping, harboring or having charge, care or control of a Dog including his/her representative.
- (h) *Pound* refers to a public enclosure for stray animals.
- (i) *Public Place* refers to any place open to the public like parks, malls, markets, streets, etc.
- (j) *Rabies* refers to a highly fatal disease caused by a lyssa virus, transmitted mainly through the bite of an infected animal and is characterized by muscle paralysis, hydrophobia and aerophobia, and other neurological manifestations.
- (k) *Rabies transmission* refers to the transmission or passage of the Rabies virus through a bite by an infected animal, or through contamination with virus-laden saliva on breaks in the skin and of mucous membranes such as the eyes, the lips, the mouth, or the genital organs.
- (l) *Rabies Vaccination/Immunoprophylaxis of Humans* refers to the inoculation of humans, with modern day rabies vaccines or Rabies immunoglobulin, by a trained doctor or nurse under the supervision of a qualified medical practitioner.
- (m) *Rabies Vaccination of Dogs* refers to the inoculation of a Dog with a Rabies vaccine by a licensed government or private veterinarian or trained individual under the direct supervision of a licensed veterinarian. The services of the said trained individual shall be limited only to Rabies Vaccination Injection in Dogs and only during government mass vaccination campaigns.
- (n) *Post-exposure Treatment (P.E.T.)* refers to an anti-Rabies treatment administered after an exposure to Rabies, which include local wound care, Rabies vaccine, with or without anti-Rabies immunizing agent.
- (o) *Pre-exposure Prophylaxis (P.E.P.)* refers to Rabies vaccination administered before an exposure to Rabies to those who are at high risk of getting Rabies.
- (p) *Stray Dog* refers to any Dog leaving its Owner's place or premise and no longer under the effective control of the Owner.
- (q) *Veterinary or Human Barbiturates* refer to drugs that depress the function of the central nervous system.

SEC. 4. *National Rabies Prevention and Control Program.* – It is hereby mandated that there shall be a National Rabies Prevention and Control Program to be implemented by a multi-agency/multi-sectoral committee chaired by the Bureau of Animal Industry of the Department of Agriculture. The program shall be a multi-agency effort in controlling and eliminating Rabies in the country. Among its component activities include: (1) mass vaccination of Dogs; (2) establishment of a central database system for registered and vaccinated Dogs; (3) impounding, field control and disposition of unregistered, Stray and unvaccinated Dogs; (4) conduct of information and education campaign on the prevention and control of Rabies; (5) provision on pre-exposure treatment to high risk personnel and Post Exposure Treatment to animal bite victims; (6) provision of free routine immunization or Pre-Exposure Prophylaxis (P.E.P.) of schoolchildren aged five to fourteen in areas where there is high incidence of rabies as well as the (7) encouragement of the practice of responsible pet ownership. The program shall be implemented by the Department of Agriculture (DA), Department of Health (DOH), Department of the Interior and Local Government (DILG) and Department of Education (DepEd), as well as Local Government Units (LGUs) with the assistance of the Department of Environment and Natural Resources (DENR), Non-Governmental Organizations (NGOs) and People's Organizations (POs).

SEC. 5. *Responsibilities of Pet Owners.* – All Pet Owners shall be required to:

- (a) Have their Dog regularly vaccinated against Rabies and maintain a registration card which shall contain all vaccinations conducted on their Dog, for accurate record purposes.
- (b) Submit their Dogs for mandatory registration.
- (c) Maintain control over their Dog and not allow it to roam the streets or any Public Place without a leash.
- (d) Be a responsible Owner by providing their Dog with proper grooming, adequate food and clean shelter.
- (e) Within twenty-four (24) hours, report immediately any Dog biting incident to the Concerned Officials for investigation or for any appropriate action and place such Dog under observation by a government or private veterinarian.
- (f) Assist the Dog bite victim immediately and shoulder the medical expenses incurred and other incidental expenses relative to the victim's injuries.

SEC. 6. Responsibilities of Government Agencies. – The following government agencies, which shall jointly implement the National Rabies Prevention and Control Program, shall be tasked to:

A. Department of Agriculture

- (1) Improve and upgrade existing animal Rabies laboratory diagnostic capabilities to ensure better services to the people.
- (2) Ensure the availability and adequate supply of animal anti-Rabies vaccine at all times.
- (3) Undertake free anti-Rabies Vaccination of Dogs giving priority to high risk depressed areas.
- (4) Maintain and improve animal Rabies surveillance system.
- (5) Establish and maintain Rabies free zone in coordination with the LGUs.
- (6) Immediately facilitate for the approval of the sale and use of Veterinary and Human Barbiturate drugs and veterinary euthanasia drugs by the DOH and the Philippine Drug Enforcement Agency (PDEA).
- (7) Strengthen the training of field personnel and the Information Education and Communication (IEC) activities on Rabies prevention and control and responsible pet ownership.
- (8) Conduct research on Rabies and its control in coordination with other agencies.
- (9) Formulate minimum standards and monitor the effective implementation of this Act.
- (10) Encourage collaborative activities with the DOH, DepEd, DILG, DENR, NGOs, POs and other concerned sectors.

B. Department of Health

- (1) Ensure the availability and adequate supply of DOH pre-qualified human Anti-Rabies vaccine in animal bite treatment centers at all times and shall coordinate with other implementing agencies and concerned NGOs for this purpose.
- (2) Provide Post-Exposure Treatment at the minimum expense to individuals bitten by animals suspected of being rabid which will consist of the initial vaccine and immunoglobulin dose.
- (3) Provide Pre-Exposure Treatment to high-risk personnel, such as, but not limited to, laboratory staff, veterinarians, animal handlers, vaccinators and other persons working with Rabies virus for free.
- (4) Coordinate with the DA in the development of appropriate health education strategy to inform the public on Rabies prevention and control and responsible pet ownership.
- (5) Develop and maintain a human Rabies surveillance system.
- (6) Encourage collaborative activities with the DA, DepEd, DILG, DENR, NGOs, POs and other concerned sectors.
- (7) Immediately approve the registration of Veterinary and Human Barbiturate drugs and veterinary euthanasia drugs in coordination with the PDEA.

C. Department of Education

- (1) Strengthen Rabies education program through school health teaching/curriculum.
- (2) Assist in the Dog mass immunization campaigns in the community.
- (3) Encourage collaborative activities with the DA, DOH, DILG, DENR, NGOs, POs and other concerned sectors.
- (4) Integrate proper information and education on responsible pet ownership in the relevant subjects in the Elementary and High School levels.

SEC. 7. Responsibilities of the LGUs. – LGUs, in their respective localities, shall:

- (1) Ensure that all Dogs are properly immunized, registered and issued a corresponding Dog tag for every immunized and registered Dog.
- (2) Strictly enforce Dog Impounding activities and field control to eliminate Stray Dogs.
- (3) Ensure that Dogs are leashed or confined within the premises of the Owner's house or Owner's fenced surroundings.
- (4) Allocate funds to augment the implementation of the National Rabies Prevention and Control Program, particularly on the financing of supplies and human and Dog vaccines needed for immunization.
- (5) Ensure the enforcement of Section 6 of Republic Act No. 8485 or "The Animal Welfare Act of 1998".

(6) Enact additional local ordinances that will support the National Rabies Prevention and Control Program that should include the regulation of treatment locally known as “tandok.”

(7) Prohibit the trade of Dogs for meat.

(8) With respect to cities and first class municipalities, establish and maintain a Dog Pound where Impounded Dogs shall be kept, in accordance with Section 9 herein: *Provided*, That the other municipalities, shall, on their own, establish a Dog Pound or opt to share the expense of establishing and maintaining a Dog Pound with other adjoining municipalities and/or with private animal shelters and control facilities.

(9) Prohibit the use of electrocution as a euthanasia procedure.

(10) Appoint a veterinarian and establish a veterinary office in every province, city and first-class municipality: *Provided*, That the other municipalities shall, on their own, opt to share the expense of having a veterinary office.

(11) Require pet shops to post information regarding Rabies and responsible pet ownership.

(12) For purposes of ensuring the administrative feasibility of implementing the provisions of this Act and subject to paragraph 8 of this Section, the LGU shall collect the fines imposed under Section 11 subparagraphs (1), (3), (4), (5) and (6) hereof.

Any and all fines collected pursuant to this Act shall be used for the enhancement of the National Rabies Prevention and Control Program within the locality concerned, as well as the achievement of the objectives envisioned in this Act.

The DILG shall ensure compliance of these responsibilities by the LGUs.

SEC. 8. *Assistance of NGOs and the Academe.* – The agencies tasked to implement the anti-Rabies program shall seek the assistance and participation of NGOs in any of the following activities:

- (1) Community mobilization.
- (2) Health education/information dissemination on Rabies and responsible pet ownership.
- (3) Mass anti-Rabies campaign.
- (4) Promotion of the anti-Rabies campaign during pet or any animal shows.
- (5) Surveillance/reporting of Rabies cases in animals and humans.
- (6) Any other activities geared towards the prevention and complete eradication of Rabies.

SEC. 9. *Impounding, Field Control and Disposition of Unregistered, Stray and Unvaccinated Dogs.* – Unregistered, Stray or unvaccinated Dogs shall be put in Dog Pounds and disposed of, taking into consideration the following guidelines:

- (1) Unregistered, Stray or unvaccinated Dogs shall be impounded and kept in the LGU's designated Dog Pound.

(2) Impounded Dogs not claimed after three days from the Dog Pound shall be placed for adoption to qualified persons, with the assistance of an animal welfare NGO, when feasible, or otherwise disposed of in any manner authorized, subject to the pertinent provisions of Republic Act No. 8485, otherwise known as the "Animal Welfare Act of 1998".

(3) A fee shall be paid by Owners of Impounded Dogs to the LGU concerned, pursuant to Section 7 hereof.

SEC. 10. Dog Population Control. – In furtherance of the policy of this Act to eradicate Rabies, there is the need to control the Dog population and minimize the number of unwanted Stray Dogs. As such, it is hereby mandated:

(1) That the DA, DOH, DILG, DepEd, LGUs, with the assistance of NGOs and POs shall undertake an educational and promotional campaign on responsible Pet Ownership, including the option of spaying or neutering their Dogs.

(2) That the LGUs shall provide an incentive system whereby Owners of Dogs which have been spayed or neutered will be given a subsidized or discounted pet registration fee.

(3) That Dogs which have been impounded three times shall only be released after having been spayed or neutered, at the expense of the Pet's Owner.

SEC. 11. Penalties. –

(1) Pet Owners who fail or refuse to have their Dog registered and immunized against Rabies shall be punished by a fine of Two thousand pesos (P2,000.00).

(2) Pet Owners who refuse to have their Dog vaccinated against Rabies shall be liable to pay for the vaccination of both the Dog and the individuals Bitten by their Dog.

(3) Pet Owners who refuse to have their Dog put under observation after said Dog has Bitten an individual shall be meted a fine of Ten thousand pesos (P10,000.00).

(4) Pet Owners who refuse to have their Dog put under observation and do not shoulder the medical expenses of the person Bitten by their Dog shall be meted a fine of Twenty-five thousand pesos (P25,000.00).

(5) Pet Owners who refuse to put leash on their Dogs when they are brought outside the house shall be meted a fine of Five hundred pesos (P500.00) for each incident.

(6) An impounded Dog shall be released to its Owner upon payment of a fine of not less than Five hundred pesos (P500.00) but not more than One thousand pesos (P1,000.00).

(7) Any person found guilty of trading Dog for meat shall be fined not less than Five thousand pesos (P5,000.00) per Dog and subjected to imprisonment for one to four years.

(8) Any person found guilty of using electrocution as a method of euthanasia shall be fined not less than Five thousand pesos (P5,000.00) per act and subject to imprisonment for one to four years.

(9) If the violation is committed by an alien, he or she shall be immediately deported after service of sentence without any further proceedings.

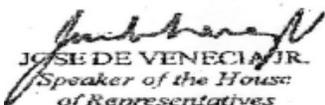
SEC. 12. *Implementing Rules and Regulations.* – The DA, in coordination with the DOH, DILG, DepEd, DENR, NGOs and POs shall issue the necessary rules and regulations within sixty (60) days from the effectivity of this Act.

SEC. 13. *Appropriations.* – The amount of One hundred million pesos (P100,000,000.00) necessary to implement the provisions of this Act shall be initially charged against the appropriations of the DOH, DA, DILG and DepEd under the General Appropriations Act. For the LGUs, the requirements shall be taken from their Internal Revenue Allotment and other local funds. Thereafter, such sums as may be necessary for its continued implementation shall be included in the annual General Appropriations Act.

SEC. 14. *Separability Clause.* – In case any provision of this Act is declared unconstitutional, the other provisions shall remain in full force and effect.

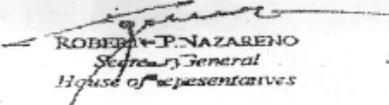
SEC. 15. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in at least two newspapers of general circulation, whichever comes earlier.

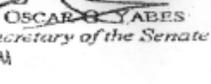
Approved,


JOSE DE VENECIA JR.
*Speaker of the House
of Representatives*


MANNY VILLAR
President of the Senate

This Act which is a consolidation of Senate Bill No. 2541 and House Bill No. 4654 was finally passed by the Senate and the House of Representatives on February 9, 2007 and February 20, 2007 respectively.


ROBERT P. NAZARENO
*Secretary General
House of Representatives*


OSCAR B. YEBES
Secretary of the Senate

Approved: MAY 25 2007


GLORIA MACAPAGAL-ARROYO
President of the Philippines


PS: HANS ARROYO 40546



Annex 2: IRR of the Anti Rabies Act



Joint DA, DOH, DepEd, DILG Administrative Order No. 01
Series of 2008

Implementing Rules and Regulations Implementing Republic Act 9482 An Act Providing for the Control and Elimination of Human and Animal Rabies, Prescribing Penalties for Violation Thereof and Appropriating Funds Therefor

TITLE

Section 1. Title - This Act shall be known as the Anti-Rabies Act of 2007

Rule 1. These Implementing Rules and Regulations (IRR) are issued and promulgated pursuant to Sec. 12 of Republic Act 9482. These rules are promulgated to prescribe the procedures and guidelines for the implementation of the Anti-Rabies Act of 2007 to facilitate compliance and achieve the objectives thereof.

DECLARATION OF POLICY AND DEFINITION OF TERMS

Section 2. Declaration of Policy- *It is the declared policy of the state to protect and promote the right to health of the people. Towards this end, a system for the control, prevention of the spread, and eventual eradication of human and animal Rabies shall be provided and the need for responsible pet ownership established.*

Section 3. Definition of Terms- *For the purpose of this Act, the following shall mean:*

- (a) *Bitten refers to an act by which a Dog seizes, cuts or grips with its teeth so that the skin of a person has been wounded, pierced or scratched.*
- (b) *Concerned officials refer to barangay officials, health workers, police officers or government veterinarians.*
- (c) *Direct supervision refers to range supervision where physical presence of the veterinarian within the barangay is necessary.*
- (d) *Dog refers to a common quadruped domestic animal belonging to the order carnivora (male or female), scientifically known as canis familiaris*
- (e) *Euthanasia refers to the process of painless death to Dogs and other animals.*
- (f) *Impound refers to seize and hold in the custody of the law.*
- (g) *Owner refers to any person keeping, harbouring or having charge, care or control of a Dog including his/her representative.*
- (h) *Pound refers to a public enclosure for stray animals.*
- (i) *Public Place refers to any place open to the public like parks, malls, markets, streets, etc.*
- (j) *Rabies refers to a highly fatal disease caused by a lyssa virus, transmitted mainly through the bite of an infected animal and is characterized by muscle paralysis, hydrophobia and aerophobia, and other neurological manifestations.*
- (k) *Rabies transmission refers to the transmission or passage of the Rabies Virus through a bite by an infected animal, or through contamination with virus-laden saliva on breaks in the skin and of mucous membranes such as the eyes, the lips, the mouth, or the genital organs.*
- (l) *Rabies Vaccination/Immunoprophylaxis of Humans refers to the inoculation of humans, with modern day rabies vaccines or Rabies immunoglobulin, by a trained doctor or nurse under the supervision of a qualified medical practitioner.*

- (m) *Rabies Vaccination of Dogs refers to the inoculation of a Dog with Rabies vaccine by a licensed government or private veterinarian or trained individual under the direct supervision of a licensed veterinarian. The services of the said trained individual shall be limited only to Rabies Vaccination Injection in Dogs and only during government mass vaccination campaigns.*
- (n) *Post-exposure Treatment (P.E.T.) refers to an anti-Rabies treatment administered after an exposure to Rabies which includes local wound care, rabies vaccine, with or without anti-Rabies immunizing agent.*
- (o) *Pre-exposure Prophylaxis (P.E.P.) refers to Rabies vaccination administered before an exposure to Rabies to those who are at high risk of getting Rabies.*
- (p) *Stray Dog refers to any Dog leaving its Owner's place or premise and no longer under the effective control of the Owner.*
- (q) *Veterinary or Human Barbiturates refer to drugs that depress the function of the central nervous system.*

Rule 3.1. The acronyms as used in this IRR are as follows:

- (a) ABC – Animal Bite Clinic
- (b) ABTC – Animal Bite Treatment Center
- (c) AHD- Animal Health Division
- (d) BAI- Bureau of Animal Industry
- (e) BFAD- Bureau of Food and Drugs
- (f) CHD – Center for Health and Development
- (g) CHO- City Health Office
- (h) DA- Department of Agriculture
- (i) DA-RFUs- Regional Field Units of the Department of Agriculture
- (j) DECS- Department of Education, Culture and Sports
- (k) DENR- Department of Environment and Natural Resources
- (l) DepED- Department of Education
- (m) DSWD - Department of Social Work and Development
- (n) DILG- Department of Interior and Local Government
- (o) DOH- Department of Health
- (p) IEC- Information, Education and Communication
- (q) IRA- Internal Revenue Allotment
- (r) IRR- Implementing Rules and Regulations
- (s) LGU- Local Government Unit
- (t) LRCC- Local Rabies Control Committee
- (u) MAO – Municipal Agriculture Office
- (v) MHO- Municipal Health Office
- (w) NCDPC- National Center for Disease Prevention and Control
- (x) NGO- Non-Government Organization
- (y) NRPPC- National Rabies Prevention and Control Committee
- (z) OIE – *Office International des Epizooties*
- (aa) PCMVLP- Provincial, City and Municipal Veterinarians' League of the Philippines
- (bb) PDEA- Philippine Drug Enforcement Agency
- (cc) PO- Peace and Order Organization
- (dd) PRR – Professional Tax Receipt
- (ff) RPO- Responsible Pet Ownership
- (gg) TIN – Tax Identification Number
- (hh) WHO – World Health Organization

Rule 3.2. Other terms used in this IRR are defined hereunder:

- (a) Adoption refers to taking up and making one's own, homeless dogs/pets.
- (b) Animal Bite Treatment Center refers to the government facilities providing PEP and PET for rabies.

- (c) Animal control facility refers to a facility that accepts and/or seizes animals for the purpose of caring for them, placing them through adoption, or carrying out law enforcement, whether or not the facility is operated for profit. This includes facilities such as, but not limited to pounds, shelters, animal rescue centers, airport quarantine and animal holding facilities, transportation depots and stations.
- (d) Carcass disposal refers to the acceptable and safe method of getting rid of the dead animals.
- (e) Central database refers to the compilation of information regarding all registered and vaccinated dogs handled by a single entity.
- (f) Committee in this document shall refer to the National Rabies Prevention and Control Committee.
- (g) Dog farming refers to the raising of dogs for meat, fur and other articles intended for human use/consumption.
- (h) Field Control refers to managing the movement of dogs in public places.
- (i) High Risk Personnel refers to people who in the course of their occupation are directly or indirectly exposed to rabies such as but not limited to laboratory staff, veterinarian, animal handlers, and vaccinators.
- (j) High Risk Depressed Areas refers to areas defined and identified by the Committee as such.
- (k) Human rabies high incidence areas refer to areas defined and identified by the Committee as such.
- (l) Information, Education and Communication refers to the approaches to disseminate information on rabies awareness and advocacy to RPO.
- (m) Mandatory Registration refers to the requirement for all dog owners to submit their dogs for registration in the LGU.
- (n) Mass vaccination refers to the inoculation of at least 80% of the unvaccinated dog population within a month in the concerned LGU.
- (o) Neutering refers to the surgical removal under anesthesia of the ovaries and uterus in the female and testicles for the male animals.
- (p) NGO refers to a private, non-stock and non-profit organization formed to provide welfare and development services.
- (q) PO refers to non-profit organization with identifiable leaderships, structures and is membership-based, largely voluntary organizations that operate at the grass-roots level that promote their members interests and are established primarily to serve the needs of a particular sector.
- (r) Pet Owner refers to any person keeping, harbouring or having charge, care or control of a dog including his/her representative.
- (s) Properly immunized dogs refer to dogs inoculated against rabies yearly.
- (t) Rabies Free Zone refers to areas/zones that have been declared by the DA and DOH as free from rabies as recommended by the Committee.
- (u) Rabies Surveillance system refers to the procedures set to monitor and detect occurrence of human or animal rabies cases.
- (v) Responsible pet ownership refers to proper care of pet including veterinary care, vaccinations, de-worming, feeding, shelter and provision of activities to promote health and development.
- (w) “Tandok” refers to a person or the practice of applying traditional remedies in relation to dog bites.

NATIONAL RABIES PREVENTION AND CONTROL PROGRAM

Section 4. *National Rabies Prevention and Control Program. It is hereby mandated that there shall be a National Rabies Prevention and Control Program to be implemented by a multi-agency/multi-sectoral committee chaired by the Bureau of Animal Industry of the Department of Agriculture. The program shall be a multi-agency effort in controlling and eliminating Rabies in the*

country. Among its component activities include: (1) mass vaccination of Dogs; (2) establishment of a central database system for registered and vaccinated Dogs; (3) impounding field control and disposition of unregistered, Stray and unvaccinated Dogs; (4) conduct of information and education campaign on the prevention and control of Rabies; (5) provision on pre-exposure treatment to high risk personnel and Post Exposure Treatment to animal bite victims; (6) provision of free routine immunization or Pre-Exposure Prophylaxis (P.E.P.) of schoolchildren aged five to fourteen in areas where there is high incidence of rabies as well as the (7) encouragement of the practice of responsible pet ownership. The program shall be implemented by the Department of Agriculture (DA), Department of Health (DOH), Department of Interior and Local Government (DILG) and Department of Education (DepEd) as well as Local Government Units (LGUs) with the assistance of the Department of Environment and Natural Resources (DENR), Non-Governmental Organizations (NGOs) and People's Organizations (POs).

Creation of the National Rabies Prevention and Control Committee (NRPCC)

Rule 4.1. There shall be created a National Rabies Prevention and Control Committee (herein referred to as the Committee) chaired by the DA- BAI and vice-chaired by the DOH-NCDPC. The committee members shall be composed of one duly authorized representative for each of the following departments: DA, DOH, DILG and DepEd. One representative each for the following: DENR, NGOs, POs, academe, LGUs, and PCMVLP shall be appointed by the Chairman as members of the committee.

Rule 4.1.1. The Committee may create technical working groups which shall likewise be multi-sectoral or multi agency for the purpose of assisting the committee.

Rule 4.1.2. The DA-BAI shall act as secretariat for the Committee. The secretariat shall be responsible among others in sending of notices, keeping all minutes, records and documents relative to the meetings or deliberations of the committee.

Rule 4.1.3. The Committee shall have regular monthly meetings or as often as maybe necessary to implement the Program.

Rule 4.1.4. The Committee shall establish the appropriate organizational structure and internal rules governing its operation and management to ensure orderly, consistent and full cooperation of its members 15 days after the effectivity of the IRR.

Rule 4.1.5. The Committee shall be primarily responsible for formulating the National Rabies Prevention and Control Program hereinafter, referred to as the Program, and recommend additional rules and regulations as maybe necessary in the implementation thereof.

Rule 4.1.6. The programs initiated by the existing National Rabies Committee and the Rabies Control Consultative Committee created by virtue of a memorandum of agreement between DA, DOH, DILG and DECS (now known as DepEd) dated May 9, 1991 shall whenever possible be integrated/absorbed in the program.

Rule 4.1.7. The Committee shall likewise be responsible for the following:

- a. It shall identify activities, projects and priority areas for rabies elimination.
- b. It shall prepare and recommend the work and financial plan for the Program for inclusion in the respective agency budget proposals under the General Appropriations Act.
- c. It shall identify other sources of funds and authorize receipt of grants/donations to support the implementation of the Program.
- d. It shall prepare and recommend the operational budget of the Committee and its Secretariat for inclusion in the annual appropriations of the DA and DOH.

- e. It shall monitor the activities contained in the Program by the participating agencies and organizations.
- f. It shall recommend and coordinate the conduct of researches on rabies, its prevention, control and eradication in coordination with other agencies.
- g. It shall recommend the rabies-free areas for the joint declaration of the DA and DOH.
- h. It shall conduct a national performance evaluation annually or as deemed necessary and assess if the objectives of the program were achieved. Corollarily, it shall prepare the national annual report.

Component Activities Of The National Rabies Prevention And Control Program

Rule 4.2. The Program shall have component activities including but not limited to:

Rule 4.2.1. Mass Registration and Vaccination of Dogs

- a. The LGUs shall implement the mass registration and vaccination of dogs in accordance with the program set forth by the Committee.
- b. The initial national mass registration and vaccination shall commence not later than March 31, 2008 to coincide with the Rabies Awareness Month and thereafter it shall be held annually.
- c. In all cases, the vaccination of dogs shall be performed by a duly licensed veterinarian or by a trained vaccinator under direct veterinary supervision.
- d. All dogs shall be registered by their owners with their respective LGUs. Owners with vaccinated dogs shall submit record or proof of vaccination signed by a duly licensed veterinarian upon registration.
- e. Transfer of ownership of dogs and its subsequent registration shall be covered by appropriate rules to be set by the Committee.
- f. The Committee shall prescribe the appropriate dog tagging/identification system to be used by the LGU and private practitioners and may impose collection of fees therefor.
- g. Only inactivated rabies vaccines registered and licensed by the BAI and recommended by the Committee shall be used.
- h. Vaccination protocol for special cases shall be issued by the Committee when necessary.
- i. All mass vaccination conducted by NGOs, POs and private entities shall always be coordinated with the respective LGUs.

Rule 4.2.2. Establishment of a central database system for registered and vaccinated dogs

- a. A central database system for registered and vaccinated dogs shall be established by the BAI as depository of records from the data submitted monthly by the LGU Veterinary Services.
- b. The BAI shall collate from the submitted reports of LGUs copy furnished the DA-RFUs, the total registered, vaccinated dogs and other relevant information as basis for policy formulation.

Rule 4.2.3. Impounding, field control and disposition of unregistered, stray and unvaccinated dog

- a. The Committee shall set and establish the standards/guidelines for the impounding, field control and disposition of unregistered, stray, unvaccinated dogs.
- b. A central registry of government and private animal control facilities shall be established by the Animal Welfare Division of the DA-BAI.

Rule 4.2.4. Conduct of information and education campaign on the prevention and control of rabies

- a. Rabies education and Responsible Pet Ownership (RPO) modules as approved by the Committee shall be included in elementary and high school curriculum.
- b. Public lectures on responsible pet ownership and rabies awareness shall be conducted.
- c. The Rabies Awareness Month (March) and the World Rabies Day (28th of September) shall be observed nationwide.
- d. Rabies informational materials shall be made readily available by all concerned agencies.

Rule 4.2.5. Provision on pre-exposure treatment to high risk personnel and Post-Exposure Treatment to animal bite victims

- a. All hired personnel or volunteers of private or government facilities including but not limited to veterinary clinics, hospitals and offices, hospitals with human rabies units, rabies diagnostic laboratories, animal control facilities and all other similar establishments shall receive rabies pre-exposure prophylaxis prior to working.
- b. The Committee in consultation with the DOH shall set the guidelines for the implementation of the PEP including that for the establishment of ABTC and ABCs.
- c. ABTCs shall be established to provide PET to all animal bite victims from all cities and/or municipalities.

Rule 4.2.6. Provision of free routine immunization or Pre-Exposure Prophylaxis (P.E.P) of schoolchildren aged five to fourteen in areas where there is high incidence of rabies

- a. The Committee shall identify areas where there is high incidence of rabies necessitating P.E.P for school children aged five to fourteen.
- b. The Committee shall ensure that the DOH, in coordination with the LGUs, DepEd and DSWD shall provide free routine pre- exposure prophylaxis of schoolchildren aged five to fourteen in those areas identified pursuant to 4.2.6.a.
- c. The Program, through the DOH, shall encourage the inclusion of anti-rabies vaccination among the recommended childhood immunization.

Rule 4.2.7. Encouragement of the practice of responsible pet ownership

- a. All committee members tasked to implement the program shall undertake activities in promoting Responsible Pet Ownership.
- b. Concerned citizens shall report to the proper authorities the presence of stray or abandoned dogs, instances of abuse or irresponsible actions of dog owners such as but not limited to neglect and infliction of harm.

- c. Pet owners shall be provided information on RPO such as grooming, health care, proper nutrition, shelter, and others during registration and vaccination events.

Section 5. Responsibility of Pet Owners.- All Pet Owners shall be required to:

- (a) *Have their Dog regularly vaccinated against rabies and maintain a registration card which shall contain all vaccinations conducted on their dog, for accurate record purposes.*
 - Rule 5(a)1. The pet owner shall keep the LGU issued registration card containing the permanent number, physical characteristics of the dog including but not limited to age, color, sex, breed, distinguishing marks and others.
 - Rule 5(a)2. The registration card shall be presented during annual revaccination and when deemed necessary.
 - Rule 5(a)3. The registration card shall likewise contain all rabies vaccinations conducted on their Dog. The record shall indicate the registration number of the dog, date of vaccination, the attending veterinarian, with the corresponding updated PRC license, TIN and PTR numbers and shall be signed by the same.
- (b) *Submit their Dogs for mandatory registration.*
 - Rule 5(b)1. The pet owner shall renew the registration of their dogs with the LGU Veterinary Services, Municipal Agriculture Offices or appropriate government office annually.
- (c) *Maintain control over their Dog and not allow it to roam the streets or any Public Place without a leash.*
 - Rule 5(c)1. The length of the leash shall not be more than 1.5 meters (5 feet) and the required dog tag shall be attached to the dog collar/harness. Aggressive dogs shall be muzzled in public places.
 - Rule 5(c)2. The Committee shall issue guidelines on the handling of dogs in designated dog activity areas.
 - Rule 5(c)3. The owner shall be responsible for the proper collection and disposal of excreta/feces.
- (d) *Be a responsible Owner by providing their Dog with proper grooming, adequate food and clean shelter.*
 - Rule 5(d)1. Pet owners shall maintain good human-animal relationship and provide good health management program for their dogs.
- (e) *Within twenty-four (24) hours, report immediately any Dog biting incident to the Concerned Officials for investigation or for any appropriate action and place such Dog under observation by a government or private veterinarian.*
 - Rule 5(e)1. The dog shall not be killed or euthanized during the observation period of 14 days from the biting incident.
 - Rule 5(e)2. Should the dog die during the observation period, the pet owner shall immediately submit the dog for rabies laboratory examination.
 - Rule 5(e)3. Unvaccinated dogs bitten by a confirmed rabid animal shall be euthanized immediately and disposed of properly.
 - Rule 5(e)4. Dogs bitten by another dog suspected to be rabid or of unknown status should be confined and maintained under veterinary supervision for 6 months.
 - Rule 5(e)5. If the animal has been vaccinated previously (and its vaccination certificate is available) and can be identified with certainty (e.g. tattoo) it should be revaccinated

immediately and confined for at least 90 days. Post-exposure vaccination of uncertain effectiveness should be discouraged.

- (f) *Assist the Dog bite victim immediately and shoulder the medical expenses incurred and other incidental expenses relative to the victim's injuries.*

Rule 5(f).1. Humans bitten by dogs shall be provided treatment by the appropriate government or private medical practitioner. Animals bitten by dogs shall be provided treatment by the appropriate government or private veterinary practitioner.

Section 6. Responsibilities of Government Agencies. - *The following government agencies, which shall jointly implement the National Rabies Prevention and Control Program, shall be tasked to:*

A. Department of Agriculture

- (1) *Improve and upgrade existing animal rabies laboratory diagnostic capabilities to ensure better services to the people.*

Rule 6A (1).1. It shall be the duty of the DA to ensure and maintain accurate diagnosis by improving and upgrading existing animal Rabies diagnostic laboratories with confirmatory capabilities through the following:

- a. comply with WHO and OIE's minimum standard requirements for the national, regional and satellite rabies diagnostic laboratories.
- b. develop and maintain capable manpower complement for all the rabies diagnostic laboratories. The DA shall allocate funds for the incentives of laboratory personnel under the Magna Carta for public health workers and similar programs.
- c. adopt guidelines drafted by the Committee on Quality Assurance and requirements of rabies diagnostic laboratories.
- d. accredit rabies diagnostic laboratories (by the BAI).
- e. ensure continuous availability of reagents and supplies in the regional laboratories for the diagnosis of animal rabies.
- f. in cooperation with the DOH, shall conduct regular training/refresher courses for personnel of the rabies diagnostic laboratories including laboratory biosafety procedures and proper disposal of specimens and carcasses.

- (2) *Ensure availability and adequate supply of animal anti-rabies vaccines at all times.*

Rule 6A (2).1. The DA may seek assistance from other agencies to augment available dog rabies vaccines to effectively carry out this program.

- (3) *Undertake free anti-Rabies vaccination of Dogs giving priority to high risk depressed areas.*

Rule 6A (3).1. The DA, in coordination with the LGU and other member agencies, shall spearhead mass vaccination in the high risk depressed areas identified by the Committee.

- (4) *Maintain and improve animal rabies surveillance system.*

Rule 6A (4).1. Considering that Rabies is a notifiable disease, the DA shall issue a directive for the compulsory reporting of dogs suspected of being rabid.

Rule 6A (4).2. All owners/operators of animal facilities shall be required by the DA to report incidents of animal rabies in their facilities.

Rule 6A (4).3. The DA shall ensure that laboratory tests are conducted to confirm reports of incidence of rabies.

Rule 6A (4).4. The DA shall direct and ensure that there is a thorough investigation of all incidences of reported dog rabies cases.

- (5) *Establish and maintain Rabies free zone in coordination with the LGUs.*

Rule 6A (5).1. In collaboration with the DOH, the DA shall establish and maintain Rabies-Free zones in accordance with OIE guidelines for declaration of Free zone.

- (6) *Immediately facilitate for the approval of the sale and use of Veterinary and Human Barbiturate drugs and veterinary euthanasia drugs by the DOH and the Philippine Drug Enforcement Agency (PDEA).*
- (7) *Strengthen the training of field personnel and the Information Education and Communication (IEC) activities on Rabies prevention, control, eradication and responsible pet ownership.*
- (8) *Conduct research on Rabies and its prevention, control and eradication in coordination with other agencies.*
- (9) *Formulate minimum standards and monitor the effective implementation of this Act.*
- (10) *Encourage collaborative activities with the DOH, DepEd, DILG, DENR, NGOs, POs and other concerned sectors.*

B. Department of Health

- (1) *Ensure the availability and adequate supply of DOH pre-qualified human Anti-Rabies vaccine in animal bite treatment centers at all times and shall coordinate with other implementing agencies and concerned NGOs for this purpose.*

Rule 6B (1).1. DOH shall set the criteria for human rabies vaccines and immunoglobulins which shall be used in the human anti-rabies vaccination.

Rule 6B (1).2. It shall also encourage the LGUs to appropriate funds from Internal Revenue Allotment (IRA) for the purchase of rabies vaccines.

Rule 6B (1).3. Augmentation of rabies vaccines to all government ABTCs through the Center for Health Development (CHD) shall be provided by the DOH.

- (2) *Provide Post-Exposure Treatment at the minimum expense to the individuals bitten by the animals suspected of being rabid which will consist of the initial vaccine and immunoglobulin dose.*

Rule 6B (2).1. The DOH shall coordinate with the LGUs in the establishment of additional ABTCs in underserved areas in order to make PET more accessible.

Rule 6B (2).2. Through the ABTC, the DOH shall provide the initial vaccines and immunoglobulins for animal bite victims.

Rule 6B (2).3. The DOH shall also develop and regularly update the guidelines for the management of animal bite and human rabies cases based on recommendations of the WHO, Centers for Disease Control and other international experts, foreign and local literature, updated local data, etc.

Rule 6B (2).4. It shall be incumbent upon the DOH to conduct regular training and update of Animal Bite Treatment Center (ABTC) staff. In this connection, it shall develop a quality assurance system to include accreditation and monitoring of all government ABTCs and private rabies treatment center.

- (3) *Provide Pre-Exposure Treatment to high risk personnel such as, but not limited to laboratory staff, veterinarian, animal handlers, vaccinators and other persons working with Rabies for free.*
- (4) *Coordinate with the DA in the development of appropriate health education strategy to inform the public on rabies prevention and control and responsible pet ownership.*
- (5) *Develop and maintain a human rabies surveillance system.*

Rule 6B (5).1. The LGU-CHO/MHO shall be directed by the DOH to regularly submit monitoring reports of human rabies cases to CHD.

Rule 6B (5).2. All owners/operators of medical health facilities shall also be required to report all human rabies cases to DOH or CHD.

Rule 6B (5).3. Ensure thorough investigation of all reported human rabies cases.

- (6) *Encourage collaborative activities with the DA, DepEd, DILG, DENR, NGOs, POs and other concerned sectors.*
- (7) *Immediately approve the registration of Veterinary and Human Barbiturate drugs and veterinary euthanasia drugs in coordination with the PDEA.*

C. Department of Education

- (1) *Strengthen Rabies education program through school health teaching/ curriculum.*

Rule 6C (1).1. Include programs for rabies prevention, control and RPO in school activities in all elementary, secondary student councils and campus organizations.

Rule 6C (1).2. Participate actively in rabies prevention and control programs, and training activities initiated by government agencies/NGOs in the community, and as part of their extension/co-curricular activities.

Rule 6C (1).3. Require schools to have special activities to increase awareness on RPO especially during the Rabies Awareness Month in March and World Rabies Day on September 28 of every year.

- (2) *Assist in the Dog mass immunization campaigns in the community.*

Rule 6C (2).1. Participate actively during dog mass vaccination and registration campaign primarily through information dissemination.

- (3) *Encourage collaborative activities with the DA, DOH, DILG, DENR, NGOs, POs and other concerned sectors.*

Rule 6C (3).1. Coordinate with the LGUS, other government agencies and NGOs in the various advocacy activities in schools and communities.

Rule 6C (3).2. Coordinate with the DOH in the PEP of school children.

- (4) *Integrate proper information and education on responsible pet ownership in the relevant subjects in the Elementary and High Schools Levels.*

Rule 6C (4).1. Continuously develop, update and adopt learning packages to support the existing rabies education concepts/contents in the textbooks and other instructional materials.

Rule 6C (4).2. Mobilize school health personnel to supplement and complement classroom instruction on rabies prevention/control messages and RPO to students and parents.

Rule 6C (4).3. Integrate the concepts of rabies prevention, control and RPO in the Alternative Learning System.

Section 7. Responsibilities of the LGUs. – LGUs in their respective localities shall:

- (1) *Ensure that all Dogs are properly immunized, registered and issued a corresponding Dog tag for every immunized and registered Dog.*

Rule 7(1).1. The LGUs shall register and vaccinate all dogs in their jurisdiction annually.

Rule 7(1).2. The LGUs shall adhere to the standard dog tagging system as prescribed by the Committee.

Rule 7(1).3. In the transport of dogs, the LGU shall verify or require registration records as proof of ownership.

- (2) *Strictly enforce Dog Impounding activities and field control to eliminate Stray Dogs.*
- Rule 7(2).1. Establish and maintain dog pounds as prescribed by the Committee.
- Rule 7(2).2. May enter into an agreement with the private service provider for impounding facilities.
- (3) *Ensure that Dogs are leashed or confined within the premises of the Owner's house or Owner's fenced surroundings.*
- (4) *Allocate funds to augment the implementation of the National Rabies Prevention and Control Program, particularly on the financing of supplies and human and Dog vaccines needed for immunization.*
- Rule 7(4).1. The Sanggunian shall allocate funds for the implementation of the LGU Rabies Control Program as prepared by the Local Rabies Control Committee.
- Rule 7(4).2. The LRCC shall source additional resources such as but not limited to the development funds of Legislators for the program.
- (5) *Ensure the enforcement of Section 6 of Republic Act No. 8485 or "The Animal Welfare Act of 1998".*
- (6) *Enact additional local ordinances that will support the National Rabies Prevention and Control Program that should include the regulation of treatment locally known as "tandok".*
- Rule 7(6).1. A model generic ordinance shall be formulated by the Committee for adoption of the LGUs including but not limited to the following provisions: a) registration and vaccination; b) Responsible Pet Ownership; c) regulation of "tandok"; d) control of strays, leashing and confinement; e) establishment and operation of animal control facility; f) dog and dog meat trading, movement and consumption; g) dog population control; h) Information, Education and Communication campaign; i) fund sourcing and generation; j) incentives and penalties; k) appointment of LGU veterinarian and establishment of veterinary office/facilities; and l) any other provisions relevant to the program.
- (7) *Prohibit the trade of Dogs for meat.*
- Rule 7(7).1. Strictly enforce ordinances and other regulations prohibiting the trading of dogs for meat.
- Rule 7(7).2. The trade of dogs shall include but shall not be limited to buying and/or selling of dogs, dog meats and carcasses, dog farming, collecting, and/or slaughtering of dogs for commercial consumption.
- (8) *With respect to cities and first class municipalities, establish and maintain a Dog Pound where Impounded Dogs shall be kept, in accordance with Section 9 herein: Provided, That the other municipalities, shall, on their own, establish a Dog Pound or opt to share the expense of establishing and maintaining a Dog Pound with other adjoining municipalities and/or with private animal shelters and control facilities.*
- Rule 7(8).1. The dog pound shall be established following the standards/guidelines set by the Committee and registered with the AWD as provided by Rule 4.2.3 (a) and (b) within the initial year of the implementation of the Program.
- (9) *Prohibit the use of electrocution as a euthanasia procedure.*
- Rule 7(9).1. Impounded dogs not redeemed nor adopted or have gone beyond the allowable period for stay in the pound shall be euthanized by a method allowed under AO 21 B series of 1999. In no instance shall euthanasia by electrocution be performed.
- (10) *Appoint a veterinarian and establish a veterinary office in every province, city and first-class municipality: Provided, That the other municipalities shall, on their own, opt to share the expense of having a veterinary office.*

- (11) *Require pet shops to post information regarding Rabies and responsible pet ownership.*
- (12) *For purposes of ensuring the administrative feasibility of implementing the provisions of this Act and subject to paragraph 8 of this Section, the LGU shall collect the fines imposed under Section 11 subparagraphs (1), (3), (4), (5) and (6) hereof.*

Any and all fines collected pursuant to this Act shall be used for the enhancement of the National Rabies Prevention and Control Program within the locality concerned, as well as the achievement of the objectives envisioned in this Act.

The DILG shall ensure compliance of these responsibilities by the LGUs.

Rule 7.1 The DILG shall issue the relevant orders and circulars for the implementation and monitor compliance of the LGUs in support of the Program.

Section 8. Assistance of NGOs and the Academe - The agencies tasked to implement the anti-Rabies program shall seek the assistance and participation of NGOs in any of the following activities:

- (1) *Community mobilization*
- (2) *Health education/information dissemination on Rabies and responsible pet ownership*
- (3) *Mass anti-rabies campaign*
- (4) *Promotion of the anti-rabies campaign during pet or any animal shows*
- (5) *Surveillance/reporting of Rabies cases in animals and humans*
- (6) *Any other activities geared towards the prevention and complete eradication of Rabies*

Rule 8(6).1. Any NGOs, POs, civic organizations and the academe shall ensure that its activities are consistent with and not in conflict with the Program.

Section 9. Impounding, Field Control and Disposition of Unregistered Stray and Unvaccinated Dogs- Unregistered, stray or unvaccinated dogs shall be put in Dog pounds and disposed of, taking into consideration the following guidelines:

- (1) *Unregistered, stray or unvaccinated dogs shall be impounded and kept in the LGU's designated dog pound.*
- (2) *Impounded dogs not claimed after three days from the dog pound shall be placed for adoption to qualified persons, with the assistance of an animal welfare NGO, when feasible, or otherwise disposed of in any manner authorized, subject to the pertinent provisions of Republic Act No. 8485, otherwise known as the "Animal Welfare Act of 1998".*

Rule 9(2).1. Any animal impounded which is not reclaimed by its owner within 72 hours shall be deemed to be abandoned and shall be disposed of by the LGU through adoption or euthanasia. Provided however, that the said animal shall be euthanized immediately if :

- (a) it is dangerous to retain;
- (b) it is suffering from pain or discomfort;
- (c) it is diagnosed with a contagious and highly communicable disease either to humans or animals.

Rule 9(2).2. In the event that an impounded dog is suspected with rabies it shall be isolated and observed accordingly and upon death must be submitted for laboratory examination.

Rule 9(2).3. The pound operator shall follow appropriate methods for the disposal of euthanized animals as prescribed by the Committee.

(3) *A fee shall be paid by owners of impounded dogs to the LGU concerned, pursuant to Section 7 hereof.*

Rule 9(3).1. To defray expenses in the operation of the pound, the operator shall be authorized to charge fees from the prospective foster owner upon adoption of the dog.

Section 10. Dog Population Control - In furtherance of the policy of this Act to eradicate Rabies, there is the need to control the dog population and minimize the number of unwanted stray dogs. As such, it is hereby mandated:

(1) *That the DA, DOH, DILG, DepEd, LGUs, with the assistance of NGOs and POs shall undertake an educational and promotional campaign on responsible Pet Ownership, including the option of spaying or neutering their dogs.*

(2) *That the LGUs shall provide an incentive system whereby Owners of Dogs which have been spayed or neutered will be given a subsidized or discounted pet registration fee.*

(3) *That Dogs which have been impounded three times shall only be released after having been spayed or neutered, at the expense of the Pet's Owner.*

Section 11. Penalties

(1) *Pet Owners who fail or refuse to have their Dog registered and immunized against Rabies shall be punished by a fine of Two Thousand pesos (P2,000.00).*

(2) *Pet owners who refuse to have their Dog vaccinated against Rabies shall be liable to pay for the vaccination of both the Dog and the individuals bitten by their Dog.*

(3) *Pet owners who refuse to have their Dog put under observation after said Dog has Bitten an individual shall be meted a fine of Ten Thousand Pesos (P10,000.00).*

(4) *Pet Owners who refuse to have their Dog put under observation and do not shoulder the medical expenses of the person Bitten by their Dog shall be meted a fine of Twenty five thousand pesos (P25,000.00).*

(5) *Pet Owners who refuse to put a leash on their Dogs while they are brought outside the house shall be meted a fine of Five hundred pesos (P500.00) for each incident.*

(6) *An impounded Dog shall be released to its Owner upon payment of a fine of not less than Five hundred pesos (P500.00) but not more than One thousand pesos (P1,000.00).*

(7) *Any person found guilty of trading Dogs for meat shall be fined not less than Five thousand pesos (P5,000.00) per Dog and subjected to imprisonment for one to four years.*

(8) *Any person found guilty of using electrocution as a method of euthanasia shall be fined not less than Five thousand pesos (P5,000.00) per act and subject to imprisonment for one to four years (1 – 4 years).*

(9) *If the violation is committed by an alien, he or she shall be immediately deported after service of sentence without any further proceeding.*

Section 12. Implementing Rules and Regulations. – *The DA, in coordination with the DOH, DILG, DepEd, DENR, NGOs, POs shall issue the necessary rules and regulations within sixty (60) days from the effectivity of this Act.*

Section 13. Appropriations. – *The amount of One hundred million pesos (P100,000,000.00) necessary to implement the provisions of this Act shall be initially charged against the appropriations of the DOH, DA, DILG and DepEd under the General Appropriations Act . For the LGUs, the requirements shall be taken from their Internal Revenue Allotment and other local funds.*

Thereafter, such sums as may be necessary for its continued implementation shall be included in the annual General Appropriations Act.

Rule 14. Transitory provision. - The Committee may from time to time, recommend the issuance of additional administrative orders in the pursuit of the objectives of the Anti-Rabies Act of 2007.

Rule 15. Non-exclusivity Clause. - All existing rules and regulations, policies, procedures and standards not inconsistent with this Order shall continue to be in full force and effect.

Rule 16. Repealing Clause. - All laws, decrees, executive issuances, rules and regulations inconsistent with this Act are hereby repealed or modified accordingly.

Rule 17. Separability Clause. - In case any provision of this Act is declared unconstitutional, the other provisions shall remain in full force and effect.

Rule 17.1 The Legal Services of the DA, DOH, DepEd and DILG shall review the relevant Departmental Issuances to determine any amendments.

Rule 18 Effectivity. - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two newspapers of general circulation, whichever comes earlier.

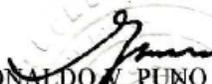
Rule 18.1 These IRR shall take effect fifteen (15) days after publication in a newspaper of general circulation.

APPROVED,


ARTHUR C. YAP
Secretary
Department of Agriculture


FRANCISCO T. DUQUE, III, MD
Secretary
Department of Health


JESLI A. LAPUS
Secretary
Department of Education


RONALDO PUNO
Secretary
Department of Interior & Local Government

Annex 2: Monitoring and Evaluation Indicators with Means of Verification and

Sources Information

| MONITORING AND EVALUATION INDICATORS IN THE PREVENTION AND CONTROL OF HUMAN RABIES | | | |
|--|--|---|--|
| STRATEGIC OBJECTIVES | SUCCESS INDICATORS | MEANS OF VERIFICATION | SOURCE OF INFORMATION |
| 1. Governance | | | |
| 1.1 To ensure adherence to DOH AO's of all ABTCs | % of ABTCs adhering to DOH guidelines | Assessment of ABTCs every three years Report on non-adherence of ABTCs to DOH guidelines | Database of ABTCs indicating reports of compliance /non-compliance |
| 2. Service delivery | | | |
| 2.1 To increase PEP completion rate among registered rabies exposed cases to 90 % by end of 2025 | % of Rabies exposures with PEP completed up to day 28 dose | Review of annual report on PEP | Quarterly and annual reports from CHDs Annual Report of DOH on NRPCP implementation |
| 2.2 To increase RIG coverage to 80% by end of 2025 | % of Rabies exposure cases with RIG coverage | Review of annual report on RIG coverage of rabies exposures | Quarterly and annual reports from CHDs Annual Report of DOH on NRPCP implementation |
| 2.3 To validate 100% of reported human rabies cases by end of 2025 | % of reported human rabies cases are validated | Review of report on the Rabies Death Review at the national level | Report on the Rabies Death Review at the national level |
| 2.3 To provide Pre-exposure Prophylaxis to children in high-risk areas | % of children 5 to 14 years old living in high risk areas given PrEP | Review of annual report on PrEP coverage | NRPCP Annual Report on PrEP coverage |
| | % of children 5 to 14 years old living in high-risk areas given booster dose of PrEP | | |

| MONITORING AND EVALUATION INDICATORS IN THE PREVENTION AND CONTROL OF HUMAN RABIES | | | |
|--|--|--|---|
| STRATEGIC OBJECTIVES | SUCCESS INDICATORS | MEANS OF VERIFICATION | SOURCE OF INFORMATION |
| | % of schools in high risk areas covered | | |
| 3. Financing | | | |
| 3.1 To reduce out of pocket expenditures for PEP of 80 % of rabies exposures by end of 2025 | % of rabies exposures receiving PEP reimbursed by PhilHealth | Annual Review of report /records of Philhealth from 2013 onwards | Philhealth records |
| 4. Regulation | | | |
| 4.1 To certify/accredit 100 % of ABTCs and ABCs by end of 2025 | % of certified ABTCs/ABCs | Review of Program's records on the list of accredited ABTCs/ABCs | Updated list of accredited ABTCs/ABCs |
| 5. Health information | | | |
| 5.1 Integration of anti-rabies program into the curriculum and instruction from Grades I-VI in all public elementary schools by end of 2025. | % of public elementary schools adopting rabies integration into curriculum | Joint review with DepED on rabies integration into curriculum | Report on training of DepEd implementers and on the number of schools adopting rabies information into the curriculum |
| 5.2 To create public awareness on rabies prevention in all regions by end of 2025 | % households aware of rabies and its prevention and control | KAP survey done every three years | Record of KAP survey results |
| 6. Human Resource | | | |
| 6.1 To train/update 100 % of ABTC/ABC staff by end of 2025 | % of trained ABTC/ABC staff | Review of Report on training of ABTCs/ABCs | Report from accredited training institutions such as RITM |

Annex 3: Monitoring and Evaluation Indicator

| MONITORING AND EVALUATION INDICATORS IN THE PREVENTION AND CONTROL OF CANINE RABIES | | | |
|--|---|---|--|
| STRATEGIC OBJECTIVES | SUCCESS INDICATORS | MEANS OF VERIFICATION | SOURCES OF INFORMATION |
| 1. Governance | | | |
| 1.1 To ensure 100% compliance to Anti-Rabies Law and legal issuances | % of LGUs (80 provinces, 122 cities, 1512 municipalities) enforce Anti-Rabies Act of 2007 | Review of report by CHDs and DIRFUs | Report by CHDs and DIRFUs on compliance to Anti-Rabies Act of 2007 |
| 2. Service Delivery | | | |
| 2.1 To cover 70% of dog population for anti-rabies vaccination by LGUs | % of LGUs with 70% vaccination coverage | Review of report by DIRFUs Review of PHILAHIS data | Report by DIRFUs Central database (PHILAHIS) |
| 2.2 To reduce total dog population to manageable levels | % of LGUs with reduction of dog population to manageable levels | Review of report by DIRFUs Review of PHILAHIS data | Report by DIRFUs Records at the Central database (PHILAHIS) |
| 2.3 To intensify nationwide surveillance system | Strengthened National surveillance system | Review of records | Record of guidelines on national surveillance system |
| 2.4 To enhance quick response to reported human and canine rabies cases | % of LGUs with organized and trained QRT | Review of records /report of training | Record of trained personnel |

| | | | |
|---|--|---|--|
| 3. Financing | | | |
| 3.1 To secure/ensure funding for implementation of the program | Budget for rabies prevention and control provided to DA and to DOH | Approved budget and record of budget allocation to DA and DOH | Records of fund allocation Funds utilized for implementation of NRPCP |
| | % of LGUs allocate funds for RPEP | Record of fund allocation by LGUs for rabies | Monitoring Reports PHILAHIS |
| | No. of international organizations/ funding agencies providing support | Memorandum of Agreement with DA or DOH by the funding agency | Records |
| 4. Regulation | | | |
| 4.1 To prevent introduction and reintroduction of canine rabies | % of island provinces declared rabies free | Review of reports | Evaluation reports |
| 4.2 To ensure all dog rabies vaccines used in the country are registered | % of dog rabies vaccines used in the country are registered | Review of records | Certificates of Product Registration |
| 5. Information | | | |
| 5.1 To intensify nationwide surveillance system | % of Provinces / Cities/ Municipalities integrate NRPCP data into PhilAHIS | Review of PHILAHIS data system | PHILAHIS data |
| 5.2 To increase awareness of 90% households on RPO | % of Households aware of RPO | Conduct of KAP survey | KAP survey results |
| 6. Human Resource | | | |
| 6.1 To strengthen personnel complement in the regions and NGA working on rabies program | % of LGUs have appointed veterinarians | Review of reports/ records | Reports/ records of training |

| | | | |
|--|--|----------------------------|------------------------------|
| | | | |
| 6.2 To build capacities of LGU veterinarians and personnel | % of provincial and city veterinarians trained in Veterinary Epidemiology Training | Review of reports/ records | Reports/ records of training |
| | % of Local Vets (87 Provinces) trained on Quick Response | Review of reports/ records | Reports/ records of training |

Annex 4: Success Indicators and Performance Targets in the Prevention And Control of Human Rabies

| NATIONAL RABIES PREVENTION AND CONTROL PROGRAM SUCCESS INDICATORS AND PERFORMANCE TARGETS | | | |
|--|--|----------------------------|----------------|
| HUMAN RABIES | | | |
| Key Focus Area/ Strategic Objectives | Success Indicators | Performance Targets | |
| | | By 2018 | By 2025 |
| 1. Governance | | | |
| 1.1 To ensure adherence to DOH AO's of all ABTCs | % of ABTCs adhering to DOH guidelines | 50 % | 100% |
| 2. Service delivery | | | |
| 2.1 To increase PEP completion rate among registered rabies exposed cases to 90 % by end of 2025 | % of Rabies exposures with PEP completed up to day 28 dose | 80% | 90% |
| 2.2 To increase RIG coverage to 80% by end of 2025 | % of Rabies exposure cases with RIG coverage | 40% | 80% |
| 2.3 To validate 100% of reported human rabies cases by end of 2025 | % of reported human rabies cases are validated | 50% | 100% |
| 2.4 To provide Pre-exposure Prophylaxis to children in high-risk areas | % of children 5 to 14 years old living in high risk areas given PrEP | 0% | 50% |
| | % of children 5 to 14 years old living in high-risk areas given booster dose of PrEP | 0% | 50% |
| | % of schools in high risk areas covered | 0% | 50% |
| 3. Financing | | | |
| 3.1 To reduce out of pocket expenditures for PEP of 50 % of rabies exposures by end of 2025 | % of rabies exposures receiving PEP reimbursed by PhilHealth | 50% | 80% |

| | | | |
|---|--|-----|------|
| 4. Regulation | | | |
| 4.1 To certify/accredit 100 % of ABTCs and ABCs by end of 2025 | % of certified ABTCs/ABCs | 50% | 100% |
| 5. Health information | | | |
| 5.1 To integrate of anti-rabies program into the curriculum and instruction from Grades I-VI in all public elementary schools by end of 2025. | % of public elementary schools adopting rabies integration into curriculum | 50% | 100% |
| 5.2 To create public awareness on rabies prevention in all regions by end of 2025 | % households aware of rabies and its prevention and control | 50% | 90% |
| 6. Human Resource | | | |
| 6.1 To train/update 100 % of ABTC/ABC staff by end of 2025 | % of trained ABTC/ABC staff | 80% | 100% |

**Annex 5: Success Indicators and Performance Targets in the Prevention
And Control of Human and Animal Rabies**

| NATIONAL RABIES PREVENTION AND CONTROL PROGRAM SUCCESS INDICATORS AND PERFORMANCE TARGETS | | | |
|--|---|--|---|
| CANINE RABIES | | | |
| Key Focus Area/ Strategic Objectives | Success Indicators | Performance Targets | |
| | | By 2018 | By 2025 |
| 1. Governance | | | |
| 1.1 To ensure 100% compliance to Anti-Rabies Law and legal issuances | % of LGUs (80 provinces, 122 cities, 1512 municipalities) enforce Anti-Rabies Act of 2007 | 50% | 100% |
| 2. Service Delivery | | | |
| 2.1 To cover 70% of dog population for anti-rabies vaccination by LGUs | % of LGUs with 70% vaccination coverage | 54% | 70 % of LGUs all over the Philippines |
| 2.2 To reduce total dog population to manageable levels | % of LGUs with reduction of dog population to manageable levels | | 100% of LGUs all over the Philippines |
| 2.3 To intensify nationwide surveillance system | Strengthened National surveillance system | Strengthened national surveillance system in place | 100% of LGUs adopt the national surveillance system |
| 2.4 To enhance quick response to reported human and canine rabies cases | % of LGUs with organized and trained QRT | 100% of provinces and cities | 100% of Municipalities |
| 3. Financing | | | |
| 3.1 To secure/ensure funding for implementation of the program | Budget for rabies prevention and control provided to DA and to DOH | 8million | P100 Million provided Annually to DA |
| | % of LGUs allocate funds for RPEP | 100% | 100% |
| | No. of international organizations/ funding agencies providing support | Proposals to funding organizations | Funding provided to support rabies elimination |

| NATIONAL RABIES PREVENTION AND CONTROL PROGRAM SUCCESS INDICATORS AND PERFORMANCE TARGETS | | | |
|--|--|---|---|
| CANINE RABIES | | | |
| Key Focus Area/ Strategic Objectives | Success Indicators | Performance Targets | |
| | | By 2018 | By 2025 |
| 4.Regulation | | | |
| 4.1 To prevent introduction and reintroduction of canine rabies | % island provinces declared rabies free | | 100% of all LGUs in the Philippines |
| 4.2 To ensure all dog rabies vaccines used in the country are registered | Dog rabies vaccines used in the country are registered | 100% | 100% |
| 5. Information | | | |
| 5.1 To intensify nationwide surveillance system | % of Provinces / Cities/ Municipalities integrate NRPCP data into PhilAHIS | 100% of Provinces and Cities | 100% of Municipalities |
| 5.2 To increase awareness of 90% households on RPO | % of Households aware of RPO | 60% | 100% of households |
| 6. Human Resource | | | |
| 6.1 To strengthen personnel complement in the regions and NGA working on rabies program | % of LGUs have appointed veterinarians | 100% of provinces, cities and first class municipalities have appointed veterinarians | 100% of 2 nd to 4 th class municipalities to have veterinarians |
| 6.2 To build capacities of LGU veterinarians and personnel | % of provincial and city veterinarians trained in Veterinary Epidemiology Training | 50% | 100% |
| | % of Local Vets (87 Provinces) trained on Quick Response | 50% | 100% |

Annex 6: Key Activities at the National, Regional and Local Levels in the Prevention and Control of Human and Canine Rabies

| KEY ACTIVITIES AT THE NATIONAL, REGIONAL AND LOCAL LEVELS IN THE PREVENTION AND CONTROL OF HUMAN RABIES | | | |
|--|--|--|---|
| STRATEGIC OBJECTIVES | ACTIVITIES | | |
| | NATIONAL | REGIONAL | LOCAL |
| 1. Governance | | | |
| 1.1 To ensure adherence to DOH AO's of all ABTCs | Disseminate all AO's to ABTCs | Disseminate all AO's to ABTCs | |
| | Monitor compliance of ABTCs | Monitor compliance of ABTCs | Comply with DOH Guidelines |
| 2. Service Delivery | | | |
| 2.1 To increase PEP completion rate among registered rabies exposed cases to 90 % by end of 2025 | Procurement of Rabies Vaccine and Immunoglobulin | Procurement of Rabies Vaccine and immunoglobulin | Procurement of Rabies Vaccine and immunoglobulin |
| | Timely delivery of vaccines at all levels | | |
| | Regular inventory and reporting of vaccine supplies | Regular inventory and reporting of vaccine supplies | Regular inventory and reporting of vaccine supplies |
| | Timely reporting | Timely reporting | Timely Reporting |
| | Regular feedback to stakeholders | Regular feedback to stakeholders | Regular feedback to stakeholders |
| 2.2 To increase RIG coverage to 80% by end of 2025 | Regular updates of ABTC staff | Regular updates of ABTC staff | |
| | Inclusion in planning and budgeting guidelines | Inclusion in planning and budgeting guidelines | Inclusion in planning and budgeting guidelines |
| 2.3 To validate 100% of reported human rabies cases by end of 2025 | Creation /orientation of RDR committees to review reported rabies cases (all levels) | Creation /orientation of RDR committees to review reported rabies cases (all levels) | |
| | Creation of 'expert panel' at national level | | |

| KEY ACTIVITIES AT THE NATIONAL, REGIONAL AND LOCAL LEVELS IN THE PREVENTION AND CONTROL OF HUMAN RABIES | | | |
|--|--|--|--|
| STRATEGIC OBJECTIVES | ACTIVITIES | | |
| | NATIONAL | REGIONAL | LOCAL |
| | Laboratory confirmation of selected cases | | |
| 2.4 To provide Pre-exposure Prophylaxis to children in high-risk areas of 2025 | Identify high-risk areas for PrEP for children | Identify high-risk areas for PrEP for children | Provide PrEP to children 5-14 years old in high risk areas |
| | Allocate vaccine for PrEP to 5-14 y/o children | | Provide PrEP to 5-14 y/o children (in high-risk areas) |
| 3. Financing | | | |
| 3.1 To reduce out of pocket expenditures for PEP of 80 % of bite victims by end of 2025 | Lobby for the approval of the PhilHealth rabies out-patient benefit package | | |
| | Disseminate PhilHealth rabies out- patient benefit package to the public | Disseminate PhilHealth rabies out- patient benefit package to the public | Disseminate PhilHealth rabies out- patient benefit package to the public |
| | Monitor PH claims vis-à-vis paid claims | Monitor PH claims vis-à-vis paid claims | Inform patient about Philhealth benefit package Monitor PH claims vis-à-vis paid claims |
| | Accredit additional suppliers of DOH approved rabies biologicals through TWG | | |
| | Advocate to Local Chief Executives to allocate funds for the program | Advocate to Local Chief Executives to allocate funds for the program | Allocate funds from LGU budget (PDAF etc) |
| | Include as a national | Advocate to Local Chief Executives to | Include rabies activity/budget |

**KEY ACTIVITIES AT THE NATIONAL, REGIONAL AND LOCAL LEVELS
IN THE PREVENTION AND CONTROL OF HUMAN RABIES**

| STRATEGIC OBJECTIVES | ACTIVITIES | | |
|---|---|--|---------------------------|
| | NATIONAL | REGIONAL | LOCAL |
| | standard/requirement for LGUs to allocate funds/ incorporate rabies activity in PIPH/CIPH/AOP | allocate funds/ incorporate rabies activity in PIPH/CIPH/AOP | in PIPH/CIPH/AOP |
| | Lobby for increase in budget for rabies program | | |
| | Encourage PPP initiatives | Encourage PPP initiatives | Encourage PPP initiatives |
| 4. Regulation | | | |
| 4.1 To certify/accredit 100 % of ABTCs and ABCs by end of 2025 | Expansion of membership of TWG | | |
| | Facilitate Drafting/approval of the standards | | |
| | Disseminate Standards to stakeholders | | |
| | Organization/creation/ training of certifiers | | |
| 5. Health Information | | | |
| 5.1 To create public awareness on rabies prevention in all regions by end of 2025 | Lobby for Issuance of DepEd national directive/AO for the adoption of the rabies curriculum | | |
| | Plan and organize training of DepEd implementers | Facilitate training of DepEd implementers | |
| | Conduct monitoring of implementation | Conduct monitoring of implementation | Monitor implementation |
| | Ensure technical and logistical support for production/reprod | Facilitate reproduction/distri | Ensure availability |

| KEY ACTIVITIES AT THE NATIONAL, REGIONAL AND LOCAL LEVELS IN THE PREVENTION AND CONTROL OF HUMAN RABIES | | | |
|--|--|--|--|
| STRATEGIC OBJECTIVES | ACTIVITIES | | |
| | NATIONAL | REGIONAL | LOCAL |
| | uction/distribution/ utilization of IEC materials | bution/utilization of IEC materials | /utilization of IEC materials |
| | Participate in the yearly observance of Rabies awareness month and World Rabies Day | Participate in the yearly observance of Rabies awareness month and World Rabies Day | Participate in the yearly observance of Rabies awareness month and World Rabies Day |
| 6. Human Resource | | | |
| 6.1 To train/update 100 % of ABTC/ABC staff by end of 2025 | Organize Training of ABTC/ABC staff | | ABTC staff attend the training |
| | Develop materials for Regular update/Refresher courses on semi- annual basis | Regular update/Refresher courses on semi- annual basis | Representatives from Local health units attend the refresher courses |

KEY ACTIVITIES AT THE NATIONAL, REGIONAL AND LOCAL LEVELS
IN THE PREVENTION AND CONTROL OF CANINE RABIES

| STRATEGIC OBJECTIVES | ACTIVITIES | | |
|--|---|---|---|
| | NATIONAL | REGIONAL | LOCAL |
| 1. Governance | | | |
| 1.1 To ensure 100% compliance to Anti-Rabies Law and legal issuances | Draft new Administrative Orders Issue memorandum/ Circulate communication reiterating Anti-Rabies Act of 2007 Advocacy meetings with leagues of local government officials | Disseminate communication reiterating Anti-Rabies Act of 2007 Conduct advocacy meetings with leagues of local government officials | |
| | Establish a recognition system for LGUs on best practices in rabies program | Implement a recognition system for LGUs on best practices in rabies program | Establish a recognition system for LGUs on best practices in rabies program |
| | Establish GIS of LGUs based on implementation capacity indicators for mapping | Facilitate/ assist national office in the establishment of GIS of LGUs based on implementation capacity indicators for mapping | Participate in the establishment of GIS |
| | Conduct Multi-sectoral meetings/ Sharing of best practices at the national level | Conduct Multi-sectoral meetings at the regional level | Multi-sectoral meetings to be led by the local chief executive/ provincial veterinarian to ensure their compliance to Anti-Rabies Act of 2007 |

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IN THE PREVENTION AND CONTROL OF CANINE RABIES

| STRATEGIC OBJECTIVES | ACTIVITIES | | |
|--|---|--|---|
| | NATIONAL | REGIONAL | LOCAL |
| | Develop a Monitoring and Evaluation Framework for implementation of NRPCP (Fully operational local rabies committees, dog vaccination, dog control measures, human rabies vaccination, etc) | Utilize the M and E framework developed by the Program | Utilize the M and E framework developed by the Program |
| | Conduct National Program Assessment | Conduct Program assessment by region to be undertaken by DA BAI and RFUs | Conduct Program monitoring and evaluation at the provincial level |
| | Monitor LGU compliance to Anti-Rabies Act of 2007 using an M and E Framework | Monitor LGU compliance to Anti-Rabies Act of 2007 using an M and E Framework | |
| 2. Service delivery | | | |
| 2.1 To cover 70% of dog population for anti-rabies vaccination | Facilitate/ ensure Provision of dog vaccines from the Department of Agriculture as mandated by the Anti-Rabies Act of 2007 | Facilitate/ ensure Provision/ distribution of dog vaccines and paraphernalia | Conduct Mass dog vaccination campaigns |
| | | | Allocate LGU funds for dog vaccination |
| | Monitor coverage of dog vaccination by LGUs as generated from PhilAHIS | Monitor coverage of dog vaccination by LGUs as generated from PhilAHIS | Incorporate data on dog vaccination into PhilAHIS |
| | Develop national standards for LGUs | | Compliance to national |

KEY ACTIVITIES AT THE NATIONAL, REGIONAL AND LOCAL LEVELS
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| STRATEGIC OBJECTIVES | ACTIVITIES | | |
|---|---|---|---|
| | NATIONAL | REGIONAL | LOCAL |
| 2.2 To reduce total dog population to manageable levels | on dog movement and population control | | standards on dog movement and population control |
| | Monitor dog movement and population control using PhilAHIS | Monitor dog movement and population control using PhilAHIS | Incorporate dog movement and population control data into PhilAHIS |
| 2.4 To intensify nationwide surveillance system | Organize/ Ensure logistical and technical support for Training of QRTs and provision of materials | Organize and support for QRTs | Organize and support for QRTs |
| | Strengthen Disease Surveillance and Investigation of rabies | Case investigation | Reporting of animal rabies cases; Rapid response through vaccination and dog control measures |
| | Organize/ Ensure logistical and technical support training on dog head sample collection and provision of kit | Organize/ Ensure logistical and technical support training on dog head sample collection and provision of kit | |
| 3. Financing | | | |
| 3.1 To ensure funding by the national and all local government units in compliance with the Anti-Rabies Act of 2007 | Provide technical and logistical support for Information campaign targeting LGUs and dog owners | Support LGUs in the Conduct of Information campaign targeting LGUs and dog owners | Conduct information campaign targeting LGUs and dog owners |

KEY ACTIVITIES AT THE NATIONAL, REGIONAL AND LOCAL LEVELS
IN THE PREVENTION AND CONTROL OF CANINE RABIES

| STRATEGIC OBJECTIVES | ACTIVITIES | | |
|--|--|---|---|
| | NATIONAL | REGIONAL | LOCAL |
| . | Lobby for funding support from national legislators / Agriculture Department Secretary | | |
| | Assist LGUs for rabies budget proposals/estimates for local funding | Assist LGUs for rabies budget proposals/estimates for local funding | Develop Rabies budget proposals/estimates for local funding |
| | Proposals to international organizations/funding agencies/ NGOs | Proposals to international organizations/funding agencies/ NGOs | Proposals to international organizations/funding agencies/ NGOs |
| 4. Regulation | | | |
| 4.1 To prevent introduction and reintroduction of canine rabies | Orientation of quarantine officers and related agencies | | Inspection, apprehension and confiscation of animals shipped without proper documents |
| 4.2 To ensure all dog rabies vaccines used in the country are registered | Random checks of dog rabies vaccines used in the country | Random checks of dog rabies vaccines used in the country | Random checks of dog rabies vaccines used in the country |
| 5. Information | | | |
| 5.1 To improve information system on NRPCP implementation | Integrate LGU data into PhilAHIS | Integrate LGU data into PhilAHIS | Integrate LGU data into PhilAHIS |
| | Publish Bulletins distributed to LGUs | Facilitate dissemination/ distribution of bulletins | |

KEY ACTIVITIES AT THE NATIONAL, REGIONAL AND LOCAL LEVELS
IN THE PREVENTION AND CONTROL OF CANINE RABIES

| STRATEGIC OBJECTIVES | ACTIVITIES | | |
|---|--|--|--|
| | NATIONAL | REGIONAL | LOCAL |
| 5.2 To increase awareness of 90% of households on Responsible pet Ownership. | Develop/ Reproduce and distribute IEC materials | Develop/ Reproduce and distribute IEC materials | Develop/ Reproduce and distribute IEC materials |
| | Conduct of KAP survey | | |
| 6. Human Resource | | | |
| 6.1 To strengthen personnel complement in the regions and NGA working on rabies program | Encourage remaining provinces without veterinarian and all LCEs of 2 nd to 4 th class municipalities to create positions for veterinarians | Encourage remaining provinces without veterinarian and all LCEs of 2 nd to 4 th class municipalities to create positions for veterinarians | Create positions for veterinarians in LGUs without veterinarians |
| 6.2 To build capacities of LGU veterinarians and personnel | Plan and support training of LGU veterinarians in epidemiology | Coordinate and facilitate training of LGU veterinarians in epidemiology | Support from LGU for training of veterinarian |
| | Plan and support training of quarantine officers and related agencies | Coordinate and facilitate training of quarantine officers and related agencies | Support from LGU for training quarantine officers and related agencies |

Annex 7: Department circular No. 2019-0507: Adoption of the National Rabies Prevention and Control Program (NRPCP) Strategic Plan



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

October 15, 2019

DEPARTMENT CIRCULAR
No. 2019- 0507

FOR : BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM) MINISTER OF HEALTH, ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, CENTER FOR HEALTH DEVELOPMENT (CHD) DIRECTORS, CHIEFS OF MEDICAL CENTERS OF DOH HOSPITALS, EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS, PROVINCIAL HOSPITALS, DISTRICT HOSPITALS, ANIMAL BITE TREATMENT CENTERS, PRIVATE HOSPITALS AND OTHERS CONCERNED

SUBJECT : Adoption of the National Rabies Prevention and Control Program (NRPCP) Strategic Plan

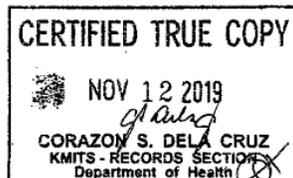
With the overall and ultimate goal of declaring the Philippines rabies-free by year 2030, the National Rabies Prevention and Control Program (NRPCP) has the following key focus areas namely: Governance, Service Delivery, Financing, Regulation, Information and Human Resource.

The key focus areas were reviewed and analyzed by National, Regional and Local Coordinators in consultation with partner agencies in order to determine the gaps in the program implementation. In order to address issues and concerns, Strategic Plan to end rabies by 2030 was developed for the NRPCP.

The NRPCP Strategic Plan shall be posted at the DOH website (www.doh.gov.ph) and adopted by concerned agencies.

Dissemination of the information and guidance to all concerned requested.

By Authority of the Secretary of Health:



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