

Medium Term Plan 2012- 2016

Department of Health, Philippines



National
Rabies
Prevention
and
Control
Program

**Medium Term
Plan
2012- 2016**

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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:

National Rabies Prevention and Control Program Medium Term Plan 2012-2016

Rabies is a zoonotic disease that cause 55,000 deaths every year worldwide with 56% of the cases occurring in Asia. In the Philippines there are 200-250 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 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 384 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).

The Anti-Rabies Act of 2007 (Republic Act 9482) has given full mandate to the creation and implementation of the National Rabies Prevention and Control Program. With the overall and ultimate goal of declaring the Philippines rabies-free by year 2020, 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. In order to address issues and concerns, a Medium Term Plan (MTP) for year 2012 to 2016 was developed for the NRPCP.

This Medium Term Plan was able to identify immediate concerns to reduce the incidence of human rabies from 2.73 to 1.5 per million populations and canine rabies from 6 to 3 per 100,000 dogs' population by 2016.

PART I:
THE BURDEN OF RABIES
IN THE PHILIPPINES

I. INTRODUCTION

Rabies remains to be the most acutely fatal infectious disease claiming 200-250 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 rabies exposures, mostly dog bites, has been increasing for the past 5 years. The number of rabies cases has declined from 285 cases in 2007 to 219 in 2011.

Dogs are the principal reservoir of rabies in the country. Of the animal rabies cases reported in 2011, 85.7% were dogs, 12.5% cats and the spillover represents other domestic animals. Rabies in domestic animals like cattle, carabao, pigs goats and horses has been reported since 1930s but were all traced to bite of rabid dogs.

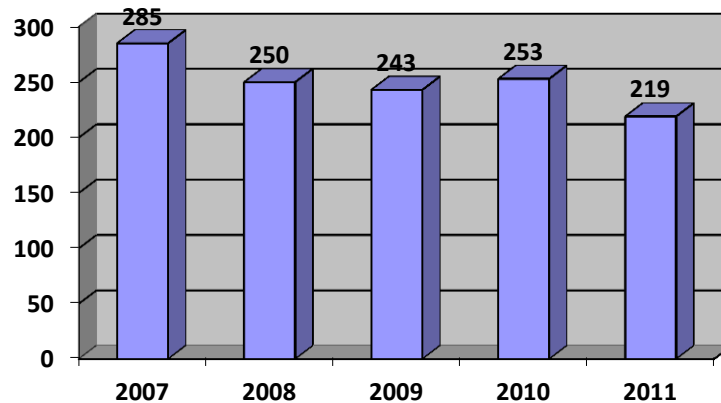
Rabies prevention and control may not be seen by some Local Chief Executives (LCE's) as a priority thus there is inadequate enforcement of laws and policies by Local Government Units (LGUs) and agencies. Many of the LGUs do not provide human and dog anti-rabies vaccine for their constituents. Moreover, 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" (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

Rabies in the past five years has declined. Statistics showed that human rabies cases declined by 24% from 2007 to 2011 as shown in Figure 1.

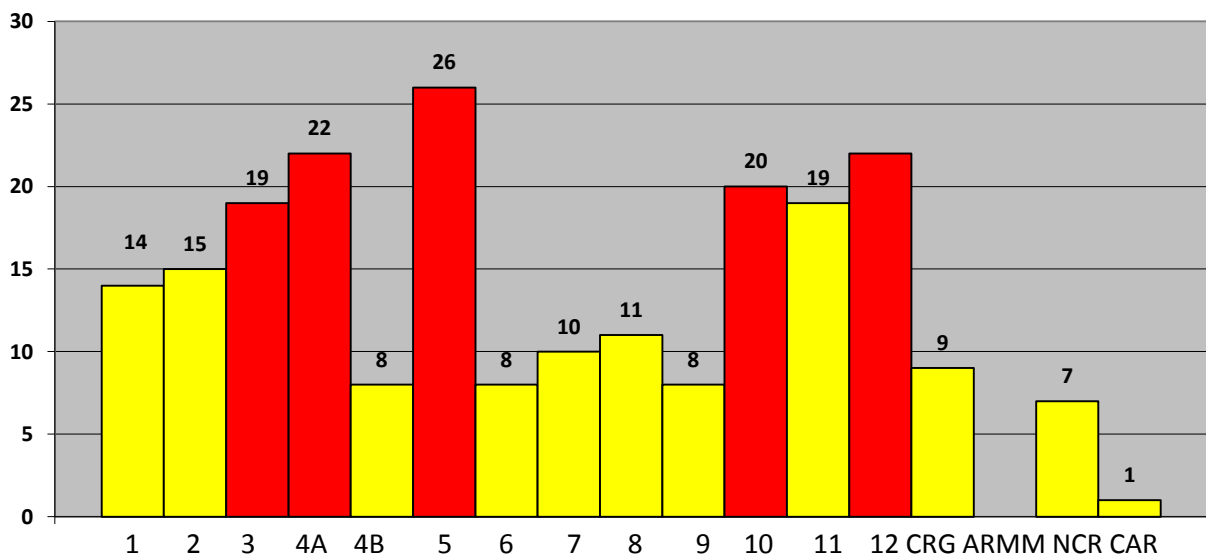
Figure 1: Human Rabies Incidence, Philippines, 2007 – 2011



Source: Infectious Disease Office, National Center for Disease Prevention and Control, Philippines

The top 5 regions for human rabies cases were Region V with 26 cases which had the highest number of human rabies cases, followed by Region IV-A and Region 12 both with 22 cases, Region 10 with 20 cases and Region 3 with 19 cases. Figure 2 shows distribution of human rabies cases in different regions in 2011.

Figure 2: Human Rabies Distribution per Region, 2011



Source: Infectious Disease Office, National Center for Disease Prevention and Control, Philippines

For 2011, there were a total of 219 rabies cases over the estimated population of 95,790,800 with an average of 2.29 rabies incidence per million population which means that a little more than 2 people per million population die because of rabies.

Region 12 has the highest incidence rate followed by Regions 5 and 10. Regional incidence per population is reflected in the table below:

Table 1: Incidence of Rabies, Philippines 2011

Region	Number of human Rabies Case/s	Estimated Population	Incidence(per million pop)
1	14	4,828,100	2.90
2	15	3,361,900	4.46
3	19	10,457,100	1.82
4A	22	13,636,000	1.61
4B	8	2,910,600	2.75
5	26	5,555,100	4.68
6	8	5,159,800	1.55
7	10	7,021,000	1.42
8	11	4,243,000	2.59
9	8	3,485,400	2.30
10	20	4,342,100	4.61
11	19	4,627,600	4.11
12	22	4,338,200	5.07
CARAGA	9	2,611,700	3.45
NCR	7	11,819,300	0.59
CAR	1	1,662,900	0.60
ARMM	no report	3,734,000	
National	219	95,793,800	2.29

III. RABIES EXPOSURES

A total of 330,077 rabies exposure cases were reported in 2011. This is 186% increase from 2007 statistics of 176,723 to 330,077 in 2011. The incidence of cases of rabies exposures, mostly animal bite cases, has been on an increasing trend, from 176 per 100,000 population in 2007 to 230 per 100,000 population in 2011.

Figure 3: Incidence of Rabies Exposures in the Philippines 2007-2011

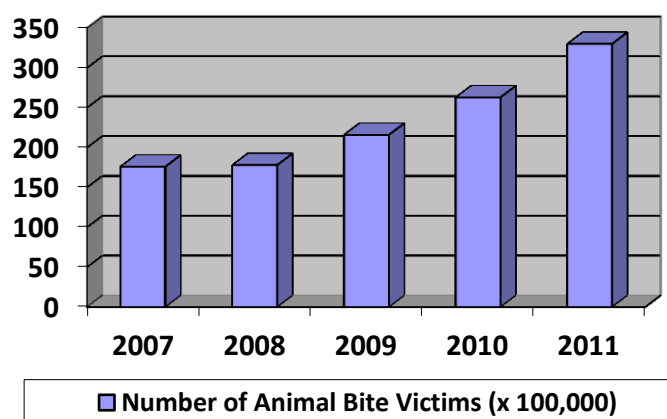


Table 2 shows the geographical distribution of reported cases of rabies exposures for 2011. NCR had the highest number of rabies exposures (50,193), followed by Region 3 (40,943) and Region 4A (37,820). Regions 3 and 4-B ranked 2nd and 3rd, respectively, as to the number of animal bite cases reported and also have the highest number of human rabies cases in 2010.

Table 2: Human Rabies Exposures by Region, Philippines, 2011

Region	Category of Exposure				
	Cat I	Cat II	Cat III	Total	%Contribution to Total
1	1116	8916	4321	14353	4%
2	1,129	12,410	3,281	16,820	5%
3	1,232	28,733	10,978	40,943	12%
4A	1,181	23,040	13,579	37,800	11%
4B	333	7,089	2,764	10,186	3%
5	58	11,856	5,779	17,693	5%
6	1,522	13,702	19,339	34,563	11%
7	175	21,256	7,633	29,064	9%
8	1,177	4,483	1,803	7,463	2%
9	45	6,200	3,658	9,903	3%
10	498	8,438	11,732	20,713	6%
11	210	3,848	9,034	13,092	4%
12 (375	6,112	3,366	9,853	3%
CARAGA	91	4,387	3,039	7,517	2%
ARMM	No data				0%
NCR	1,437	33,955	14,801	50,193	15%
CAR	996	4,668	2,973	8,637	3%
TOTAL	11,575	199,138	118,793	328,733	100%

Source: Infectious Diseases Office, National Center for Disease Prevention and Control, Department of Health

In 2011, 85.7% (281,898) of exposure, mostly through bites, 85.72% were from dogs, 12.45% from cats and 1.81% from other animals. 3.5% were of Category I exposures which do not require PEP, while 92.5% were either Category II (60.6%) or Category III (35.9%) exposures which necessitated administration of anti-rabies vaccine, with or without rabies immunoglobulin as shown in figure 5 and 6.

Table 3: Rabies Exposure per Age and Biting Animals, 2011

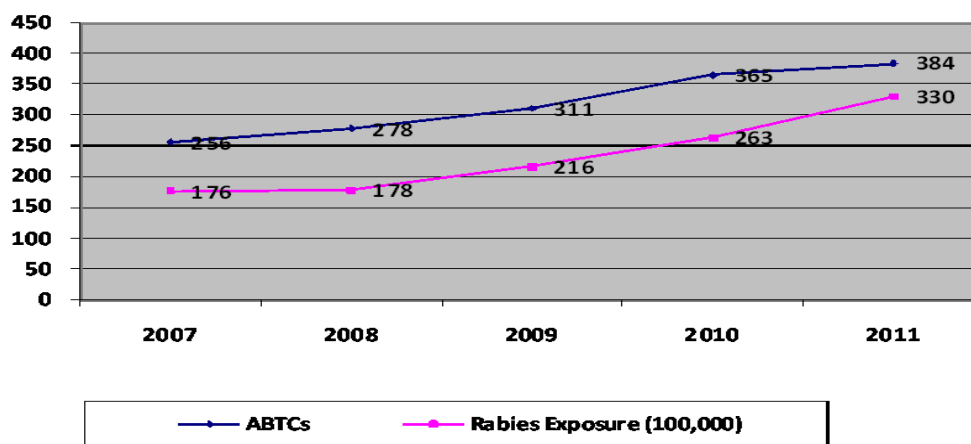
Rabies Exposure						Biting Animals				
Sex*			Age*			HR	Dog	Cat	Others	Total
Male	Female	Total	<15	>15	Total	No.				
175,754	154,323	330,077	155,862	173,221	329,083	219	281,898	40,963	5,963	328,824

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

Source: Infectious Diseases Office, National Center for Disease Prevention and Control, 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 384 centers in 2011. It can be observed base on the data below 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 exposure were 177,000. Compared to 2011 where there are 384 ABTCs reported rabies exposure increased to 330,000. Because of the increase in the number of ABTCs, animal bite cases were properly recorded and reported. Despite of the 186% increase in the reported rabies exposures from 2007 to 2011 the incidence of human rabies cases, the incidence of human rabies did not increase but instead there was a decrease of cases. This is due to the better access to PEP provided by the increasing number of ABTCs.

Figure 4: Animal Bite Treatment Centers and Rabies Exposures Philippines, 2007 – 11



Post Exposure coverage with Cell Culture Vaccine has significantly improved in the past five years from 76% in 2007 to 90% in 2011 as shown in Figure 5. However, ERIG coverage for Category II and III exposures have not increased significantly in the past 5 years from 22% to 29% as shown in Figure 6.

Figure 5: Post Exposure Coverage with Cell Culture Vaccine, 2007-2011

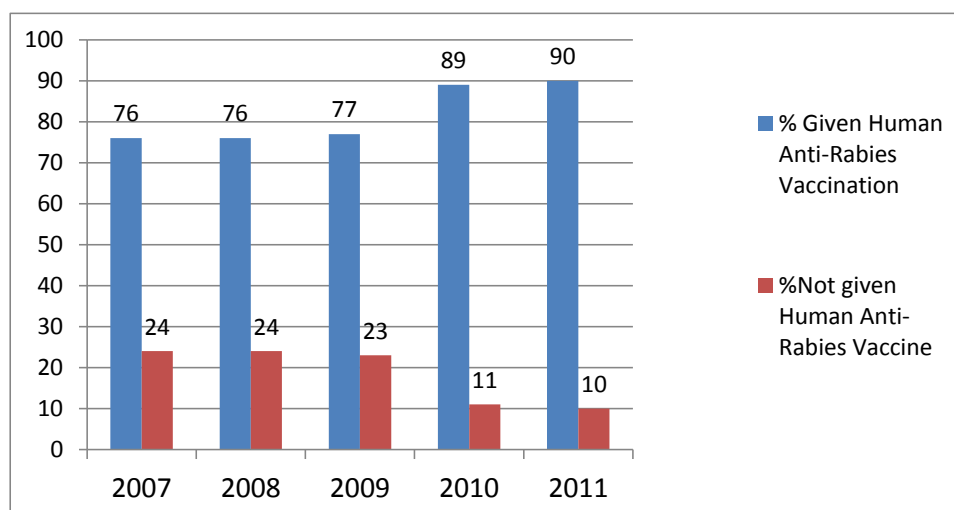
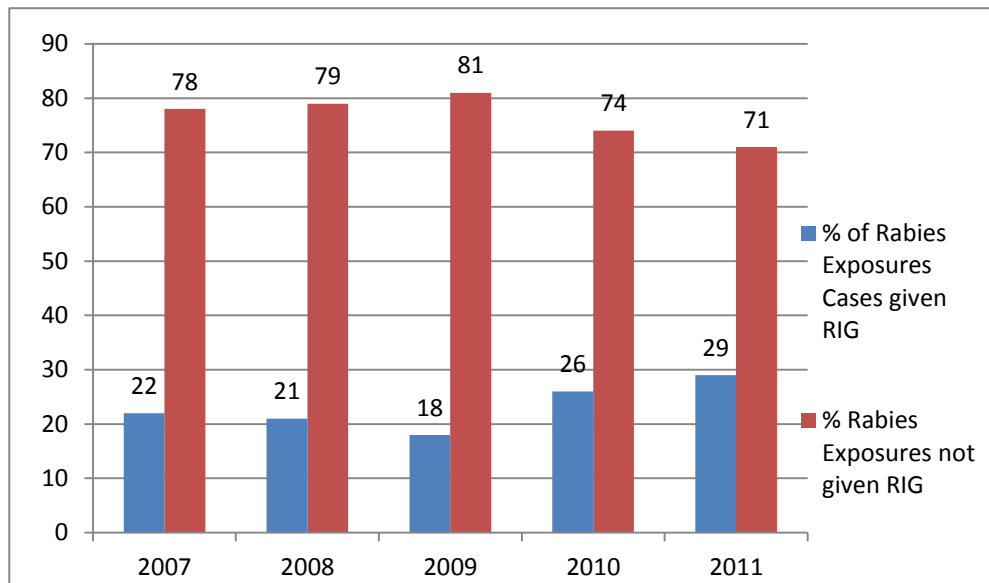


Figure 6: Post-Exposure Prophylaxis Coverage with Rabies Immunoglobulin, 2007-2011



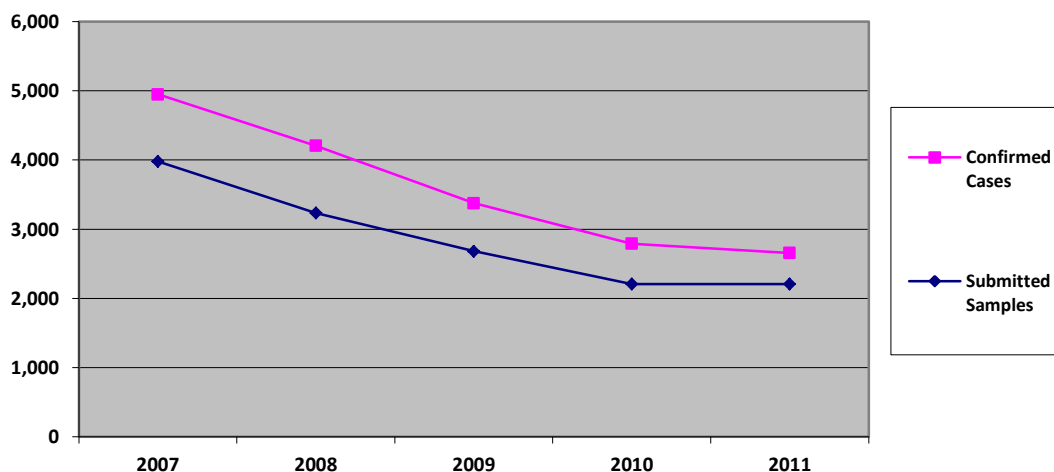
Source: Infectious Disease Office, National Center for Disease Prevention and Control, Philippines

IV. CANINE RABIES

For the past five years from 2007 to 2011, the number and incidence of canine rabies has been on a decreasing trend from 971 confined cases in 2007 to 451 cases in 2011. However, the number of samples sent for examination has significantly declined in the past five years from 3,379 samples in 2007 to 2,207 in 2011, a decrease by 55%. 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 the non-functionality of some animal rabies diagnostic laboratories, 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 7: Submitted Samples vs. Confirmed Cases 2007-2011



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

Region 1, 6 and 4 have been consistently in the top five regions with the highest cases of animal rabies for the period 2009-2011. Highest reported number of animal rabies cases in 2011 is Region 10 with 69 cases.

Table 4: Animal Rabies Cases per Region 2009 – 2011

REGION 2009	CASES	REGION 2010	CASES	REGION 2011	CASES
I	136	I	139	X	69
VI	87	VI	82	IVA	58
IV	81	III	68	VII	48
III	71	IV	60	I	45
NCR	69	X	54	V	33
VII	59	NCR	46	VI	32
X	46	VII	25	III	31
XI	39	V	24	IX	29
CAR	29	XI	22	II	28
V	22	IX	22	XI	28
II	18	XII	21	NCR	22
IX	18	II	17	VIB	20
VIII	14	CAR	8	XII	12
XII	7	VIII	4	CAR	8
XIII	1	XIII	3	VII	7
ARMM	0	ARMM	0	ARMM	1

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

In 2010, Pangasinan ranked first with 75 number of animal bite cases, however Pangasinan Province was able to significantly lower its number of animal bite cases in 2011 with only 18 cases. Misamis Oriental is consistently ranked as one of the province with the highest case of canine rabies in 2011 (63) animal bite cases and ranked 2nd in 2010 with 49 animal bite cases.

Table 5: Provinces with the Highest Number of Animal Rabies Cases, Philippines 2010-2011

2010		2011	
Province	Number of Cases	Province	Number of Cases
Pangasinan	75	Misamis Oriental	63
Misamis Oriental	49	Cebu	34
Ilocos Norte	44	Zamboanga Sur	29
Iloilo	43	Albay	21
Pampanga	32	Ilocos Norte	19
Negros Occidental	31	Bulacan	18
Zamboanga del Sur	20	Pangasinan	18
Rizal	20	Palawan	18
Laguna	19	Cavite	16
Bulacan	16	Negros Occidental	16
La Union	15	Davao del Norte	16
Cebu	14	Iloilo	12
Albay	13	Davao del Norte	11
Cavite	13	Cagayan	11
Nueva Ecija	11		

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

Table 6 shows that the annual dog vaccination coverage ranges from 26.91% (2010) to 41.20% (2009) which is way below the target of 80%. Dog vaccination coverage declined from 32.58% in 2007 to 30% in 2011. 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 (2007-2011)

	2007	2008	2009	2010	2011
Estimated Dog Population	8870630	9,045,720	9,222,660	9,401,320	10,000,000
Total No. of Dogs Vaccinated	2,890,000	2,450,300	3,800,050	2,530,200	3,000,000
Vaccination Coverage	32.58%	27.08%	41.20%	26.91%	30%
Yearly Budget	13,000,000	13,000,000	40,000,000	none	None

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 (PCVEC) 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, *National Rabies Prevention and Control Program Medium Term Plan 2012-2016*

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 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 will end 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 2020***

Goal: ***To eliminate rabies and declare the Philippines Rabies Free by the year 2020***

III. 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

IV. NATIONAL RABIES PREVENTION AND CONTROL PROGRAM

1. Program Components:

NRPCP is a multi-agency effort to control and eliminate rabies in the country 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 takes the lead in mass dog vaccination campaigns and provision of animal rabies vaccine.

d. Dog Population Management

This include 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 .

f. 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 75M starting 2010 to 2011. The rabies program has its own line budget item starting 2008. However, despite the increase in the budget, the program can only augment the first two out of 8 doses of intra dermal anti-rabies vaccine and one vial of ERIG to 20% 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, as per record (2007-2011) only 18-29% of Category II and II have received the required ERIG. (see figure 6)

The Department of Agriculture has a budget of at least PhP 10 Million yearly from 2005 to 2008 and was increased to PhP40 Million in 2009. However, in 2010, no fund was released to the Department of Agriculture for the program. The funds are mainly used for the procurement of dog rabies vaccine. Some Local government units allocate a budget from their own funds to procure dog rabies vaccines and tissue culture vaccines and 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 will be 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 program, amounting to PhP 75 Million for 2010. 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.

Table 7: National Budget of the NRPCP, Department of Agriculture and Department of Health

DEPARTMENT	2007	2008	2009	2010	2011
Department of Health	21,000,000	60,000,000	72,000,000	75,000,000	75,000,000
Department of Agriculture	13,000,000	13,000,000	40,000,000	none	None

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 NATIONAL OBJECTIVES FOR HEALTH (2005-2010)

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 base on the National Objectives for Health have helped to focus efforts on rabies elimination:

Objective 1: To reduce the incidence of rabies to 2.5 cases per million population by the end of 2010.

Objective 2: To eliminate rabies in at least 7 provinces by 2010.

Objective 3: To vaccinate 5 million dogs by 2010.

The program has moved towards the attainment of the set goals based on the National Objectives for Health set for Rabies for the year 2005 to 2010 with the following accomplishments:

Objective 1: at the end of 2010 incidence of human rabies decreased from 3.17/million population in 2005 to 2.73/million population in 2010. This represents 14% 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 2.5/million population

Objective 2: at the end of 2010 the program was able to declare two provinces namely: Siquijor and Batanes as rabies free areas. However, this is below the set target of 7 provinces declared by 2010.

Objective 3: this cannot be adequately assessed by the Department of Health because the DOH stopped procurement of dog vaccine in 2007. Dog vaccination is not a mandate of the DOH but of the Department of Agriculture. Base on the report of DA, 2,530,200 dogs were vaccinated in 2010 which is only 50% of the target set of 5M dogs by 2010. The estimated total dog population in 2010 in the Philippines was 9.4 million. The Bureau of Animal Industry procured 1.03 Million doses in 2008 and 2.5 Million doses in 2009 which was used in 2010. However, no procurement of dog rabies vaccine was done by DA in 2010.

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 such as covering of vaccine of animal bite victims up to day 30. 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 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 DOH retained hospitals to the guidelines:

Lack of information dissemination on the guidelines update: Some guidelines update does not reach ABTCs which are 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.

2. ANIMAL HEALTH

The following matrix includes the strengths and opportunities as assessed by the Department of Agriculture-Bureau of Animal Industry 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.

a. Governance

- Strengths: Strong legal frameworks: 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. Rabies coordinators from DA Regional Field Units and from LGUs ensure the implementation of the program at their respective levels

- Weaknesses: Inadequate enforcement of laws and policies by local government units and agencies.
- Opportunities: Inter-agency and multi-sectoral implementation of the program led by the Department of Agriculture and the Department of Health at the national and regional level, with support from the Department of Education, Department of Interior and Local Government and the private sector, such as the academe, veterinary health organizations, medical societies, animal welfare advocates and funding organizations

Existence of local rabies control committees: LGUs have organized Provincial, City, Municipal and Barangay Rabies Control Committees provide representation to the local council to fast track approval of ordinances on dog control measures and to ensure strict implementation of RA 9482/ local ordinances

Public-private partnerships: Private entities have assisted the program in capacity-building of personnel involved in rabies prevention and control, rabies awareness raising and conduct of dog vaccination

Support of non-government organizations (NGOs) in rabies prevention and control for public awareness raising, conduct of training on management of rabies exposures, conduct of dog.

Civic organizations such as the Rotary Club and the Knights of Columbus support dog vaccination campaigns as part of their national or local projects.

- Threats: No local ordinances in some LGUs. Rabies prevention and control may not be seen by some LCE's as a priority. Varying levels of support by local chief executives and lack of support of some LCEs to R.A. 9482

b. Service delivery

- Strengths: Functional animal diagnostic laboratories for rabies at the national and regional level. The DA established the National Animal Disease Diagnostic Laboratory (NADDL), which has the capacity for the diagnosis and confirmation of rabies in animals. Regional Animal Diagnostic Laboratories (RADDL) are in place in most regional field units of DA.
- Weaknesses: Poor surveillance of animal rabies: Laboratory access constraints and low sample submissions for animal diagnoses. The incidence of canine rabies has been on a decreasing trend since 2005 while the number of samples submitted has been on a decreasing trend. Possible reasons for the reduction of the number of samples submitted are the non-functionality of some animal rabies diagnostic laboratories, difficulties and costs in preparing the specimens, storing and transporting the specimens, high cost and non-availability of conjugates, and poor access to the laboratories. Pet owners have to shoulder laboratory fees and transportation expenses for rabies confirmation.
- Opportunities: Some local government units have started to set up their own animal diagnostic laboratories. Department of Agriculture procures dog rabies vaccines distributed to LGUs and have developed schemes to encourage LGUs to carry out vaccination campaigns in their respective areas.
- Threats: Diagnosis of rabies in animals is available only at the regional and in few local laboratories. There may be under-reporting of rabies in areas which are far or not geographically accessible to the RADDL or PAHC. On the other hand, areas which have easier access to such laboratories may have a high number of animal rabies reported.

c. Financing

- Strengths: Many of the LGUs have allocated funds spent mostly for dog and human anti-rabies vaccines.
- Weaknesses: Despite of the enactment of the Anti-Rabies Act in 2007, there is inadequate fund support to the Department of Agriculture for the implementation of the prevention and control program.
- Opportunities: International organizations and funding agencies support national and local initiatives against rabies (Bill and Melinda Gates Foundation and JICA). Department of Agriculture through the Bureau of Animal Industry (BAI) has a budget, though, inadequate for the purchase of dog rabies vaccine with counterpart budget from LGUs.
- Threats: Lack of fund to support for multi-sectoral advocacy activities among decision makers.

BAI provides dog rabies vaccine to the regional field offices for use by the LGUs. Some but not all LGUs provide a counterpart budget anti-rabies vaccine for dogs. Support for the local implementation of the program varies among local chief executives as it depends on their respective priorities as well as resources.

The cost of anti-rabies vaccines for dogs is higher when procured at the local level, thus the quantity of the vaccines procured is lesser compared if procurement is done in bulk at the national government.

Varying levels of support by local chief executives.

d. Regulation

e. Health Information

- Strengths: Available IEC materials in many of the communities. The Department of Agriculture developed information, education and communication materials (print materials and audiovisual presentations) which are made use of by LGUs in their campaigns

Information on rabies has been included in the information kits of Health Education and Promotion Officers of the LGUs.

There has been an increased media awareness and attention on rabies, encouraging them to include features on rabies, its prevention and control in through tri-media and the web.

- Weaknesses: Lack of database on dog population. Guidelines on registration of dogs, recording of dog vaccinations and reporting of canine rabies have been circulated. However, the system and actual implementation need to be strengthened from the local to the national level.

Philippine Animal Health Information System (PhilAHIS) is in place but rabies data have not yet been incorporated.

Many of the LGUs do not have the resources, in terms of time and technical capacity, to translate IEC materials to local dialects and funds for reproduction of IEC materials.

Funds are inadequate for the production of IEC materials to cover all communities. While there are occasional airings and interviews about rabies, funds are inadequate to cover regular airing in both in national and local stations.

- Opportunities: Private entities/individuals like parents with children succumbed to rabies have adopted rabies prevention and control as their advocacy

Rabies Awareness Initiatives of national and global scope.

The Philippines, through Executive Order 84, celebrates Rabies Awareness Month in the month of March. DA and DOH take the lead in massive information campaigns highlighting Responsible Pet Ownership and in mass dog vaccination campaigns.

Globally, September 8 has been designated as World Rabies Day which is also participated by the Philippines.

Some regional offices and local government units have incentive and recognition initiatives for barangays/cities or municipalities which have strong rabies prevention and control programs at the local level in the form of barangay contests, search for most compliant barangay to the Anti-Rabies Act of 2007, most outstanding LGU, and recognition of Rabies-free areas.

Inadequate knowledge of the public such as wrong beliefs about vaccination of dogs, unsafe bite wound management and practice of killing and eating the biting dog, inhibiting the prescribed 14 days observation of dogs after the biting incident.

Non-practice of Responsible Pet Ownership -Dog owners do not submit their dogs for mandatory registration and vaccination.-Owners allow their dogs and cats to roam freely in the streets.

Dog owners kiss and allow dogs to lick them which pose as a risk of rabies.

A significant proportion of dog bite victims were children below 15 years of age. Children usually play outdoors specially during the summer months, making them at risk of rabies exposure.

People who are scratched or licked by dogs usually do not seek post exposure treatment due to the perception that rabies can only be transmitted by actual bite.

Animal bite victims do not report the biting incident to health authorities and / or family members as they are not aware of its importance. Children, on the other hand, do not tell their parents of the dog bitten incident for fear of being scolded and / or reprimanded.

Dog bite victims seek "tandok" that may be a cause for delay in seeking appropriate management of the rabies exposure. Among the reasons are: cultural reasons, lack of money for transport, far distance from and inaccessibility to the Animal Bite Treatment Center, lack of financial means for the rabies immunizing agents, inability to continue the rabies immunization for financial reasons, lack of information or job-related time constraints.

f. Human Resource

- Strengths: Have trained staff from national, regional and local level on prevention and control of animal rabies. Available resources for Training of veterinarians and laboratory technicians on Program Implementation, Surveillance and Laboratory Diagnosis and on Epidemiology.
- Weaknesses: Inadequate number of epidemiologists and veterinarians
- Opportunities: World Animal Health Organization (OIE) provide technical assistance to the implementation of the program and for capacity building

Academic institutions support training and vaccination programs of the Bureau of Animal Industry and LGUs.

- Threats: Not all of the LGUs have appointed veterinarians. Many of the veterinarians at the local level have limited training on epidemiology, particularly on surveillance and response to rabies case/ outbreaks in their localities.

There is a limited number of veterinarians trained on neutering (spaying/castration)

- g. Others** Geographical advantage of the Philippines that could facilitate elimination of rabies. The Philippines, being an archipelago, is composed of islands that will make it relatively easier to implement rabies prevention and control because of the natural barriers of

**CHAPTER IV:
MEDIUM -TERM PLAN (2012-2016)**

I. INTRODUCTION

To ensure the attainment of the Rabies Free Philippines, an initiative to developed this Medium Term Plan was conceptualized. This MTP coincides with the term of the present administration and 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 MTP aims to addressed immediate needs and concerns by setting concrete plan of actions for synchronized implementation towards rabies prevention and control.

II. GUIDING PRINCIPLES IN DEVELOPING THE MEDIUM-TERM PLAN

Rabies has 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 of the all Local Government Units (LGUs).

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

III. Key Components Description:

1. Governance

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

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

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

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

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

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

IV. THE FRAMEWORK OF THE MEDIUM-TERM PLAN OF FOR THE NATIONAL RABIES PREVENTION AND CONTROL PROGRAM

The MTP Framework includes the following:

1. Overall Goal of Rabies Free Philippines achieved by the Year 2020.
2. The Medium-Term goal of the Program, aimed to be achieved by 2016, defines the over-all outcome in terms of the rabies situation in the country.
3. The Strategic Medium-Term 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 the year 2020.

VI. NATIONAL OBJECTIVES FOR 2011-2016

Strategic Objectives	Indicator	Data Source	Latest Baseline	2016 Target
Number of deaths due to rabies is reduced	Mortality rate from rabies per 1,000,000 population	NEC/ Program report	2.8 (2008)	Less than 1.5
PEP completion rate among cases is increased	% Post Exposure Prophylaxis (PEP) completion	DOH Program report PEP Registry	<70 (2008)	90
RIG coverage is increased	% Rabies Immunoglobulin (RIG) coverage	DOH Program report PEP Registry	25(2008)	40
Percentage of animal bite victims that practice washing of bite sites with soap and water is increased	% Bite victims who washed the bite site with soap and water	DOH Program report PEP Registry	37 (2008)	90
Number of rabies-free areas is increased	Number of rabies free areas	DOH Program report	5 (2010)	10

VII. 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 2016

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 25-40% by end of 2016

The coverage of Rabies Immunoglobulin is low at 25% 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 2016

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 of 2016

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 to 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 50 % of bite victims by end of 2016

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 2016

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 2016

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 2016

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: Medium-Term Framework of the National Rabies Prevention and Control Program

Declare the Philippines rabies-free by year 2020

HUMAN RABIES

ANIMAL RABIES

To reduce the incidence of human rabies from 2.73 to 1.5/million population by 2016 (Baseline: 2.73/million pop in 2010)

To reduce the incidence of canine rabies from 6/100,000 dogs to 3/100,000 dogs by 2016 (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

- Mass dog vaccination
- Dog population management
- Intensification of the dog surveillance system

Financing

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

Secure funding for implementation of the program

Regulation

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

- Strict compliance of RA 9482
- Ensure all dog rabies vaccines used in the country are registered

Information

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

- Standardized recording and reporting
- Dog Surveillance
- Establishment of Central data base system

Human Resource

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

- Ensure manpower complement
- Capacitate veterinarians and other personnel involved in the program implementation

VIII. MEDIUM TERM GOAL

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 2016 (Baseline: 50%)	Health promotion Networking from ABTC/ABC to Barangay Health Center	% of CAT 2 & 3 provided w/ complete dose
Strategic Objective 2: Increase RIG coverage	40% RIG coverage by end of 2016 (Baseline: 25%)	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	1 ABTC/ABC per 150,000 population (Baseline: 1 ABTC/244,000 population)		1 ABTC/ABC established for every 150,000 pop
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:

- Orientation on RA 9482
- Organize/re-activate Rabies Coordinating Committee
- Passage of ordinance

Performance Indicator	2012	2013	2014	2015	2016
• % of LGUs w/ functional Rabies Committee	10%	25%	50%	75%	100%
• % of LGUs with implemented ordinance	10%	25%	50%	75%	100%

b. Service Delivery

Targets:

- 90% PEP Completion Rate by end 2016 (Baseline: 50%)
- 40% RIG coverage by end of 2016 (Baseline: 25%)
- 1 ABTC/ABC per 150,000 population (Baseline: 1 ABTC/244,000 population)
- 156 ABCs established

Strategy:

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

Activities:

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

Performance Indicator	2012	2013	2014	2015	2016
• % of CAT 2 & 3 provided w/ complete dose	50%	60%	70%	80%	90%
• % of Category 3 provided with RIG	25%	29%	33%	37%	40%
• Number of of ABTCs/ABCs established (baseline:1 ABTC/ABC established for every 150,000 population)	31	31	94	126	156

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	2012	2013	2014	2015	2016
• % of CAT III AB victim w/ AB OPB package	25%	44%	63%	82%	100%
• % of LGUs w/ NRPCP sub-plan in the CIPH/PIPH	10%	70%	80%	90%	100%
• % of LGUs w/ approved appropriation	10%	45%	65%	70%	100%
• Rabies line item included in GAA	100%	100%	100%	100%	100%

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	2012	2013	2014	2015	2016
• % ABTCs/ABCs certified & accredited	15%	25%	50%	75%	90%
• % of ABTCs/ABCs using FDA & WHO approved vaccine	10%	25%	50%	75%	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	2012	2013	2014	2015	2016
• % of ABTCs/ABCs utilizing NaRIS	0	25%	50%	75%	100%
• % of ABTCs/ABCs monitored & evaluate	50%	70%	80%	90%	100%
• % of ABTCs/ABCs submitting validated reports on time using standardized reporting forms	50%	70%	80%	90%	100%
• % of HR cases reported & investigated	50%	70%	80%	90%	100%
• % of AEFIs reported & investigated	50%	70%	80%	90%	100%

f. Human Resource

Targets:

- 100%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	2012	2013	2014	2015	2016
• % of ABTCs/ABCs manned by a trained physician and nurse	60%	70%	80%	90%	100%
• % of other health workers oriented	50%	55%	60%	65%	70%

3. National Rabies Prevention and Control Program Projected Budget 2012-2016

STRATEGY	ACTIVITIES	2012	2013	2014	2015	2016
GOVERNANCE						
Localize program Implementation	Orientation on RA 9482	470,000	2,452,5000	2,280,000	1,523,500	1,766,000
	Organize/Mobilize functional rabies Coordinating Committee	150,000	822,750	1,261,750	1,100,250	1,035,000
	Passage of Ordinance	10,000	60,000	90,000	90,000	90,000
SERVICE DELIVERY						
Health Promotion Logistics Management Engage private health care provider	Conduct Advocacy, Communications and Social Mobilization	150,000	1,550,000	2,480,000	2,095,000	1,705,000
	Provision of Anti-rabies vaccines, RIG and other supplies	245,221,020	272,467,800	313,205,130	337,786,038	392,496,527
	Mapping of potential ABTCs and ABCs	20,000	320,000	352,000	1,205,000	317,000
	Support to Rabies Elimination campaign (Dog vaccination)			250,488,640	250,488,640	250,488,640
REGULATION						
Certification and Accreditation Random checking of vaccines	Develop a master list of ABTCs/ABCs	10,000	33,000	65,000	69,000	71,000
	Conduct of Self Assessment for DOH	300,000	525,000	611,000	462,000	508,300

STRATEGY	ACTIVITIES	2012	2013	2014	2015	2016
	Certification					
	Provide technical assistance base on Quality Improvement Plan	200,000	1,190,000	1,154,000	1,168,500	673,500
	Monitoring visit to ensure compliance to certification standards	450,000	605,000	899,000	993,500	1,538,000
	Conduct of assessment for certification and accreditation of ABTC	100,000	150,000	105,000	210,000	263,500
	Random sampling of ARV for FDA Analysis	10,000	70,000	105,000	110,000	106,500
HEALTH INFORMATION						
Monitoring and Evaluation	Orientation on NaRIS	50,000	2,034,000	2,185,000	1,490,000	1,506,000
Surveillance	Monitoring and Evaluation of ABTCs/ABCs	20,000	810,000	688,000	685,000	612,000
	Conduct of Project Implementation Review every	270,000	3,025,000	3,285,000	3,493,000	3,505,000
Recording and Reporting	Conduct investigation of Human Rabies and Adverse Effects following Immunization	10,000	265,000	277,000	440,000	442,000

STRATEGY	ACTIVITIES	2012	2013	2014	2015	2016
	(AEFI) reported cases					
	Submit quarterly reports through channels		98,000	100,000	103,000	105,000
HUMAN RESOURCE						
Capability Building	Conduct of Training Needs Assessment		423,000	678,000	433,000	439,5000
	Training on Rabies and Animal Bite Management		2,426,000	3,066,000	2,868,000	2,812,200
	Conduct orientation on NRPCP		2,362,000	2,850,000	2,389,000	2,297,850

(note: see annex for budget breakdown per region)

ANIMAL SECTOR

1. Strategic Objectives, Target, Strategies and Performance Indicator

Key Focus Area / Strategic Objective	Strategies	Activities	Performance Targets (2016)	Success Indicators
Governance				
To ensure 100% compliance to Anti-Rabies Law and legal issuances	Advocacy and Policy support to LGUs for adoption of NRPECP by way of local ordinances	Drafting of new Administrative Orders	87 provinces	% of LGUs (80 provinces, 122 cities, 1512 municipalities) enforce Anti-Rabies Act of 2007
		Communication reiterating Anti-Rabies Act of 2007	141 cities	
		Advocacy meetings with leagues of local government officials	Resolutions supporting rabies elimination passed by 5 leagues	
	Establish a Recognition system for LGUs	National recognition system		
	Advocacy to national leaders/legislators for commitment for rabies elimination	Lobby for funding support from national legislators / Agriculture Department Secretary	P100 Million as provided by RA 9482	
Mapping of LGUs implementation capacity as an advocacy tool to LGUs	Establish GIS of LGUs based on implementation capacity indicators for mapping	All LGUs share data for GIS for NRPCP		
Strengthen collaboration between agencies involved	Multi-sectoral meetings/ Sharing of best practices at the national level	Once a year		

Key Focus Area / Strategic Objective	Strategies	Activities	Performance Targets (2016)	Success Indicators
	Strengthen Monitoring and Evaluation of the NRPCP from the national to the local level	Develop a Monitoring and Evaluation Framework for implementation of NRPCP (Fully operational local rabies committees , dog vaccination, dog control measures, human rabies vaccination, etc)	M and E Framework updated	
		Program assessment by region to be undertaken by DA BAI and RFUs	Once a year	
		Monitoring on LGU compliance to Anti-Rabies Act of 2007 using an M and E Framework	100% of LGUs compliant to Anti-Rabies Act of 2007	
Service Delivery				
To cover 70% of dog population for anti-rabies vaccination	Support for vaccination of dogs against rabies	Provision of dog vaccines from the national agency	National: 3 Million doses LGUs: 3 Million	% of LGUs with 70% vaccination coverage
	Advocacy to LGUs to procure vaccines	Allocation of LGU funds for dog vaccination		
			_ of LGUs in the Visayas and island provinces procure at least __ of their dog vaccine requirement	
			-% of LGUs in other areas procure dog	

Key Focus Area / Strategic Objective	Strategies	Activities	Performance Targets (2016)	Success Indicators
			vaccines	
	Monitoring of LGUs in dog vaccination against rabies	Use of data on dog vaccination by LGUs generated from PhilAHIS	80% dog vaccination coverage nationwide in Visayas and other island provinces	
			80% dog vaccination coverage in ___ % of other areas in the Philippines	
2.2 To reduce total dog population to manageable levels	National standards for dog movement and population control	Develop national standards for LGUs on dog movement and population control	Minimum standards for LGUs on dog movement and population control developed and disseminated	% of LGUs with reduction of dog population to manageable levels
	Monitoring of LGUs on dog movement and population control	Use of dog movement and population control data using PhilAHIS	_ % of LGUs in Visayas and island provinces meeting national standards on dog movement and population control	
			_ % of LGUs in Visayas and island provinces meeting national standards on dog movement and	

Key Focus Area / Strategic Objective	Strategies	Activities	Performance Targets (2016)	Success Indicators
			population control	
2.3 To intensify nationwide surveillance system	Activation of quick response team (QRTs) for surveillance of reported canine rabies cases	Training of QRTs and provision of materials	100% of Local Vets (87 Provinces)	% of LGUs with organized and trained QRT
	Enhancement of rabies surveillance	Disease Surveillance and Investigation		Strengthened National surveillance system
	Improved compliance to mandatory submission of dog head samples and proper handling/packaging/transport of specimens	Training on dog head sample collection and provision of kit	100% of Local vets	
		Information campaign targeting LGUs and dog owners		
Financing				
To provide funds for the canine RPEP for dogs	Support from national government for local implementation of the program	Mobilize national funds for the Program	100M/annually	Budget for rabies prevention and control provided to DA and to DOH
		Submission of budget proposals to DA	100% of LGUs	
	— LGU to provide counterpart funding	Submission of budget proposals to LGUs for 20% of IRA allocation		% of LGUs allocate funds for RPEP

Key Focus Area / Strategic Objective	Strategies	Activities	Performance Targets (2016)	Success Indicators
Regulation				
To prevent introduction and reintroduction of canine rabies	Strengthen capacities of quarantine stations/checkpoints in collaboration with PNP/PPA	Orientation of quarantine officers and related agencies	All island provinces declared rabies free	% island provinces declared rabies free
	Strict enforcement of shipping/transport requirements	Inspection, apprehension and confiscation of animals shipped without proper documents		
To ensure all dog rabies vaccines used in the country are registered				Dog rabies vaccines used in the country are registered
Information				
To improve information system on NRPCP implementation	Establish national database by adopting PhilAHIS	Integrate LGU data into PhilAHIS	All Provinces / Cities/ Municipalities integrate NRPCP data into PhilAHIS	% of Provinces / Cities/ Municipalities integrate NRPCP data into PhilAHIS
	Updating to LGUs through Yearly Rabies Bulletins	No of Bulletins distributed to LGUs		
To increase awareness of 90% household on RPO	Intensified IEC	Reproduction and distribution of IEC materials	90% of households are aware and practicing RPO	% of Households aware of RPO
To educate 90% of Households on RPO	Assessment of level of KAP among households on RPO	Conduct of KAP survey		
	Integration of rabies module and RPO to elementary curriculum	Training and orientation of teachers		
		Actual Integration in the Curriculum		
		Reproduction of		

Key Focus Area / Strategic Objective	Strategies	Activities	Performance Targets (2016)	Success Indicators
		education materials		
Human Resource				
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	Include the positions as minimum standard for NRPCP implementation	-100% of LGUs to have veterinarians	% of LGUs have appointed veterinarians
	Implement Rationalization Plan	Advocacy to LGU's for creation of positions for municipal veterinarians	% of first class municipalities with vets	
To build capacities of LGU veterinarians and personnel	Build capacities of LGU veterinarians in epidemiology	Training of LGU veterinarians in epidemiology	50% of provincial and city veterinarians trained in AVET	% of provincial and city veterinarians trained in Veterinary Epidemiology Training
		Orientation of quarantine officers and related agencies		
		Training of QRTs and provision of materials	100% of Local Vets (87 Provinces) QRTs	% of Local Vets (87 Provinces) trained on Quick Response

2. Activities, Performance Indicator and Timeline

Key Result Area 1.1 : 100% of LGUs comply with the Anti-rabies Law of 2007							
Strategy	Activity	2011	2012	2013	2014	2015	2016
Advocacy and Policy support to LGUs for adoption of NRPCP by way of local ordinances	Drafting of new Administrative Orders						
	Communication reiterating Anti-Rabies Act of 2007						
	Advocacy meetings with leagues of local government officials						
	Establish a recognition system for LGUs on best practices in rabies program						
Mapping of LGUs implementation capacity as an advocacy tool to LGUs	Establish GIS of LGUs based on implementation capacity indicators for mapping						
Strengthen collaboration between agencies involved	Multi-sectoral meetings/ Sharing of best practices at the national level						
Strengthen Monitoring and Evaluation of the NRPCP from the national to the local level	Develop a Monitoring and Evaluation Framework for implementation of NRPCP (Fully operational local rabies committees , dog vaccination, dog control measures, human rabies vaccination, etc)						
	Program assessment by region to be undertaken by DA BAI and RFUs						

Strategic Objective 2.1: To cover 70% of dog population for anti-rabies vaccination

2.1 70% Coverage dog population for anti-rabies vaccination							
Strategy	Activity	2011	2012	2013	2014	2015	2016
Support for vaccination of dogs against rabies	Provision of dog vaccines from the Department of Agriculture as mandated by the Anti-Rabies Act of 2007						
Advocacy to LGUs to procure vaccines	Allocation of LGU funds for dog vaccination						
Monitoring of LGUs in dog vaccination against rabies	Use of data on dog vaccination by LGUs generated from PhilAHIS						

Strategic Objective 2.2: To reduce total dog population to manageable levels

Key Result Area 2.2 Reduction of total dog population to manageable levels							
Strategy	Activity	2011	2012	2013	2014	2015	2016
National standards for dog movement and population control	Develop national standards for LGUs on dog movement and population control						
Monitoring of LGUs on dog movement and population control	Use of dog movement and population control data using PhilAHIS						

Strategic Objective 2.3: To intensify nationwide surveillance system

Key Result Area 2.3 Intensified nationwide surveillance system							
Strategy	Activity	2011	2012	2013	2014	2015	2016
Activation of quick response team (QRTs) for surveillance of reported canine rabies cases	Training of QRTs and provision of materials						
Enhancement of rabies surveillance	Disease Surveillance and Investigation						
Improved compliance to mandatory submission of dog head samples and proper handling/packaging/transport of specimens	Training on dog head sample collection and provision of kit						
	Information campaign targeting LGUs and dog owners						

Strategic Objective 3.1: To ensure funding by the national and all local government units in compliance with the Anti-Rabies Act of 2007

Key Result Area 3.1 Funding provided by the national and all local government units in compliance with the Anti-Rabies Act of 2007							
Strategy	Activity	2011	2012	2013	2014	2015	2016
Advocacy to national leaders/legislators for commitment for rabies elimination	Lobby for funding support from national legislators / Agriculture Department Secretary						
Advocacy to LGUs to allocate local funding for rabies LGU to provide allocate fund	Assist LGUs for rabies budget proposals/estimates for local funding						

Mobilize support from other sources	Proposals to international organizations/funding agencies/ NGOs						

Strategic Objective 4.1 Prevent introduction and reintroduction of canine rabies

Key Result Area 4.1 Introduction and reintroduction of canine rabies are prevented							
Strategy	Activity	2011	2012	2013	2014	2015	2016
Strengthen capacities of quarantine stations/checkpoints in collaboration with PNP/PPA	Orientation of quarantine officers and related agencies						
Strict enforcement of shipping/transport requirements	Inspection, apprehension and confiscation of animals shipped without proper documents						

Strategic Objective 4.2: To ensure all dog rabies vaccines used in the country are registered

Key Result Area 4.2: All dog rabies vaccines used in the country are registered							
Strategy	Activity	2011	2012	2013	2014	2015	2016
Monitor dog vaccines marketed/used in the country	Random checks of dog rabies vaccines used in the country						

Strategic Objective 5.1: To improve information system on NRPCP implementation

Key result Area 5.1 Improved information system on NRPCP implementation							
Strategy	Activity	2011	2012	2013	2014	2015	2016
Establish national database by adopting PhilAHIS	Integrate LGU data into <u>PhilAHIS</u>						
Updating to LGUs through Yearly Rabies Bulletins	No of Bulletins distributed to LGUs						

Strategic Objective 5.2: To increase awareness of 90% of households on Responsible Pet Ownership.

Key result Area 5.1 Increase awareness to 90% of households on Responsible Pet Ownership							
Strategy	Activity	2011	2012	2013	2014	2015	2016
Intensified IEC	Reproduction and distribution of IEC materials						
	Reproduction of education materials						
Assessment of level of KAP among households on RPO	Conduct of KAP survey						

Objective 6.1: To strengthen personnel complement in the regions and NGA working on rabies program

Key result Area 6.1 Strengthened personnel complement in the regions and NGA working on rabies program							
Strategy	Activity	2011	2012	2013	2014	2015	2016
Include the positions as minimum standard for NRPCP implementation	Encourage remaining provinces without veterinarian and all LCEs of 2 nd to 4 th class municipalities to create positions for veterinarians						

Strategic objective 6.2: To build capacities of LGU veterinarians and personnel

Key result Area 6.2 Increased capacities of LGU veterinarians and personnel working on rabies prevention and control							
Strategy	Activity	2011	2012	2013	2014	2015	2016
Build capacities of LGU veterinarians in epidemiology	Training of LGU veterinarians in epidemiology						
	Training of quarantine officers and related agencies						

IX. IMPLEMENTATION ARRANGEMENTS

The Medium-Term 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 Committee at the national level, the Regional Rabies Committee, the Provincial Rabies Committee, City/Municipal Rabies Committee and the Barangay Rabies Committee.

The National Rabies Committee 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.

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.

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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.

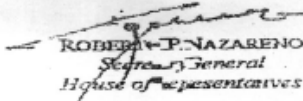
SEC. 15. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in at least two newspapers of general circulation, whichever comes earlier.

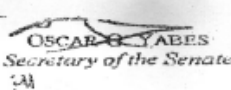
Approved,

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.

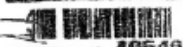

ROBERT P. NAZARENO
*Secretary General
House of Representatives*


OSCAR G. YABES
Secretary of the Senate

Approved: MAY 25 2007


GLORIA MACAPAGAL-ARROYO
President of the Philippines


PUNAN 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

- (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- Peoples' Organization
- (dd) PRC – Professional Regulation Commission
- (ee) PTR – 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
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RONALDO PUNO
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ANNEX 3: Health Promotional Plan

National Rabies Prevention and Control Program

Health Promotion and Education Plan

Educational Objective	Strategy / Activity	Target	Time Frame	Resources Needed	Locus of Responsibility	Evaluation Indicators		
						Process	Impact	Method
<p>1. ___% of concerned LGUs will :</p> <p>a. Issue local ordinances for the strict implementation on registration and immunization of dogs and prohibition of trading of dog meats</p> <ul style="list-style-type: none"> • ___% of concerned LGUs will believe in the importance of providing full support to the National Rabies Prevention and Control Program <p>b. Allocate funds for the</p>	<p>Building Healthy Policy:</p> <ul style="list-style-type: none"> • Development of advocacy kit for LGUs • Orientation of LCEs and their representatives on RA 9482 (Anti-Rabies Act of 2007, RA 8485 (Animal Welfare Act), AO 21 s.1999 (Code of Conduct in the Euthanasia of Pets) and the National Rabies Prevention and Control Program • Advocacy meeting to influence LGUs to : <ul style="list-style-type: none"> o Issue ordinance o Allocate funds for vaccine o Establish and maintain dog pound o Provide funds for training of health center human resource on dog bite victim mgt. o Appoint veterinarian 	<p>LCEs and their representatives</p>		<ul style="list-style-type: none"> • Advocacy kit for LGUs • Financial resources for the reproduction of Advocacy kit • Audio-Visual equipment • Powerpoint presentation on the concerned RAs and AOs and the program 	<ul style="list-style-type: none"> • Partner agencies 	<p>Proportion of target number of LCEs provided with advocacy kit for LGUs</p> <ul style="list-style-type: none"> • Proportion of target number of orientation and advocacy meetings actually conducted • Proportion of target LCEs who actually attended <p>Proportion of target Barangay Rabies Elimination Team actually organized</p>	<ul style="list-style-type: none"> • Proportion of orientated LCEs who issued local ordinances o Allocate funds for vaccine o Established and maintained dog pound o Appointed veterinarian o Provided funds for training of health center staff 	<p>Records Review</p>

Educational Objective	Strategy / Activity	Target	Time Frame	Resources Needed	Locus of Responsibility	Evaluation Indicators		
						Process	Impact	Method
<p>purchase of P.E.P. and P.E.T. immunization</p> <p>c. Establish and maintain dog pound</p> <p>d. Appoint veterinarian</p>								
<p>2. At least 50% of the eligible population will be knowledgeable on the cause, transmission, signs and symptoms and management of animal bite victims</p>	<p>Develop Personal Skills:</p> <ul style="list-style-type: none"> ➤ Inclusion of rabies education in school curriculum ➤ Develop and distribute print materials on rabies ➤ Develop and air audio and video materials ➤ Assemblies / fora / lectures ➤ Bulletins / health advisories 	<ul style="list-style-type: none"> • School population • General population • Clients in health facilities 		<ul style="list-style-type: none"> • Lesson Plans/modules on rabies • IEC materials • Trained resource persons • Financial resources for the reproduction of the different materials • Audio visual equipment • Video materials 	<ul style="list-style-type: none"> • DOH • DepEd • PLA • School teachers • NCHP • Local Health Departments • Health personnel of the different health facilities • Speakers' Bureau • Representative of the different stakeholders 	<ul style="list-style-type: none"> • Proportion of target schools with rabies education integrated in school curriculum • Proportion of target schools with developed lesson plan, teaching aids and modules on rabies education • Proportion of target eligible population who attended the community assembly / community for a • Proportion of target number and type of IEC materials produced and distributed 	<ul style="list-style-type: none"> • Proportion of target students with increased knowledge on rabies preventing control • Proportion of eligible population with increased knowledge on rabies prevention and control • Proportion of health facility clients with increased knowledge on rabies prevention and control 	<ul style="list-style-type: none"> • Question and answer after orientation • Records Review • Question and answer after exit counseling

Educational Objective	Strategy / Activity	Target	Time Frame	Resources Needed	Locus of Responsibility	Evaluation Indicators		
						Process	Impact	Method
<p>3. At least 90% of households will practice responsible pet ownership in terms of:</p> <ul style="list-style-type: none"> • Submission to registration and vaccination or Leashing or confining their dogs within their home premises 	<p>Development of Personal Skills</p> <ul style="list-style-type: none"> ➤ Use of print and media materials ➤ Pre clinic lectures ➤ Community Assemblies / Fora ➤ Bulletins / Health Advisory 	<ul style="list-style-type: none"> • Clients in the health facilities • General population 		<ul style="list-style-type: none"> • IEC materials (print, audio and video) • Trained resource persons • Financial resources for the reproduction of the different materials • Audio visual equipment 	<ul style="list-style-type: none"> • DOH • DepEd • NCDPC • NCHP • Local Health Departments • Speakers' Bureau • Representative of the different stakeholders 	<ul style="list-style-type: none"> • Proportion of target number and type of IEC materials produced and distributed • Proportion of target number of lectures, community assemblies and for a actually conducted • Proportion of target number of dog owners who actually attended the lectures, assemblies and fora 	<ul style="list-style-type: none"> • Proportion of oriented dog owners with increased knowledge on responsible pet ownership • Proportion of dog owners who actually registered their dogs • Proportion of dog owners who submitted their dogs to vaccination 	<ul style="list-style-type: none"> • Review of Records • Exit interviews

Educational Objective	Strategy / Activity	Target	Time Frame	Resources Needed	Locus of Responsibility	Evaluation Indicators		
						Process	Impact	Method
<p>4. 100% of dog bitten victims:</p> <ul style="list-style-type: none"> • Practice the prescribed wound care • Report the incident to health authorities • Submit themselves to the complete anti-rabies immunization regimen <ul style="list-style-type: none"> ○ 100% of dog bitten victims will believe in the advantage of submitting themselves to health authorities rather than to the "tandok" • Observe the dog who has bitten for 14 days • Follow the referral procedures 	<p>Development of personal skills through educational campaign</p> <ul style="list-style-type: none"> ➤ Use of print and media materials ➤ Pre clinic lectures ➤ Community / Assemblies / Fora ➤ Bulletins / Health Advisory 	<ul style="list-style-type: none"> • Pet owners • General Population • Barangay officials / personnel 		<ul style="list-style-type: none"> • IEC materials • AV equipment • IEC materials (Print, audio, video) 	<ul style="list-style-type: none"> • DOH • DA – BAI • Veterinary Services • Local Health Departments 	<ul style="list-style-type: none"> • Proportion of target number and type of IEC materials produced and distributed • Proportion of clinic lectures, community assemblies for a and clinic counseling actually conducted • Proportion of dog bite victims actually provided exit counseling 	<ul style="list-style-type: none"> • Proportion of dog bite victims who washed the wound properly • Proportion of dog-bite victims who reported the incident to health authorities • Proportion of dog bite victims who completed the anti rabies immunization regimen • Proportion of the dog bite victims who observe the dogs who was bitten for 14 days • Proportion of those referred who actually complied to the referral 	<ul style="list-style-type: none"> • Records Review

Educational Objective	Strategy / Activity	Target	Time Frame	Resources Needed	Locus of Responsibility	Evaluation
	<p>Creating Supportive Environment</p> <ul style="list-style-type: none"> • Networking and Linkaging 	<ul style="list-style-type: none"> • GOs, NGOs, public and private agencies involved in rabies control 		<ul style="list-style-type: none"> • Directory of all agencies with facilities to diagnose animal rabies • Communication equipment 	<ul style="list-style-type: none"> • DOH • DA – BAI • Veterinary Services • Animal rights groups 	

National Rabies Prevention and Control Program

Educational Objective	Strategy / Activity	Target	Time Frame	Resources Needed	Locus of Responsibility	Evaluation Indicators		
						Process	Impact	Methods
<p>5. All animal bite victims will be managed in accordance with the recommended guidelines including wound care which will mean:</p> <ul style="list-style-type: none"> Provision of immediate care to animal bite victims and rabies cases even at the level of the barangay health station Reporting animal bite and rabies cases in accordance with the DOH protocol for reporting of notifiable diseases Developing a data base system for animal bites and rabies cases 	<p>Reorienting health services:</p> <ul style="list-style-type: none"> Capability building / training of health personnel, members of agencies concerned with rabies control <p>Strengthening Community Action</p> <ul style="list-style-type: none"> Training of community members on: <ul style="list-style-type: none"> Management of animal bite victims including proper wound care Proper handling of animals responsible for the bite (ex bringing the animal to the appropriate agency for diagnosis or rabies) Responsible pet ownership Organization/Training of Barangay Rabies Elimination Team (BRET) 	<ul style="list-style-type: none"> Health service provider (Health Center Staff) <p>Community</p> <ul style="list-style-type: none"> Volunteer community members 		<ul style="list-style-type: none"> Training module on Rabies Prevention and Control <ul style="list-style-type: none"> IEC materials Trained resource persons Financial resources for the reproduction of the different materials Audio visual equipment Video materials Training design module 	<ul style="list-style-type: none"> DOH DepEd <ul style="list-style-type: none"> DOH Local health authorities Veterinary Services 	<ul style="list-style-type: none"> Proportion of planned training actually conducted of target health service staff actually trained Proportion of target community members actually trained on: <ul style="list-style-type: none"> Management of animal bite victims including proper wound care Proper handling of animal bite victims whoa re actively supporting the program Proportion of trained staff with improved knowledge and skills on rabies prevention and control Proportion of trained members of the community with increased knowledge on rabies prevention and control Proportion of animal bite victims properly managed Proportion of BRETs whoa re actively supporting the program Proportion of target community members actually trained on: <ul style="list-style-type: none"> Management of animal bite victims including proper wound care Proper handling of animal bite victims whoa re actively supporting the program Proportion of target community members actually trained Proportion of BRETs whoa re actively supporting the program Proportion of target number of BRETs actually 	<ul style="list-style-type: none"> Pre and Post test Records Review Question and answer post training Records Review 	

National Rabies Prevention and Control Program

Educational Objective	Strategy / Activity	Target	Time Frame	Resources Needed	Locus of Responsibility	Evaluation Indicators		
						Process	Impact	Methods
						organized Proportion of target number of BEETs actually trained		

Educational Objective	Strategy / Activity	Target	Time Frame	Resources Needed	Locus of Responsibility	Evaluation Indicators		
						Process	Impact	Methods
6. 100% of health center staff will be competent to manage animal bite or rabies exposure	Capability building on handling animal bite and rabies exposure	<ul style="list-style-type: none"> Physicians Nurses 		<ul style="list-style-type: none"> Reference modules Training kits Venue Resource speakers AV equipment AV presentations 	<ul style="list-style-type: none"> DOH Local health departments 	<ul style="list-style-type: none"> Proportion of target number of training actually conducted Proportion of target number of health center staff actually trained to manage dog bite victims or those with rabies exposures 	<ul style="list-style-type: none"> Proportion of trained health center staff who have the knowledge and skills to manage dog bite victims and those with rabies exposures 	<ul style="list-style-type: none"> Pre and Post Test

Annex 4: Monitoring and Evaluation Indicators with Means of Verification and Sources of 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 80 % by end of 2016	% of Rabies exposures with PEP completed up to day 7 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 25-40% by end of 2016	% 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 2016	% 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
2.4 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	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		
	% of schools in high risk areas covered		
3. Financing			

MONITORING AND EVALUATION INDICATORS IN THE PREVENTION AND CONTROL OF HUMAN RABIES			
STRATEGIC OBJECTIVES	SUCCESS INDICATORS	MEANS OF VERIFICATION	SOURCE OF INFORMATION
3.1 To reduce out of pocket expenditures for PEP of 50 % of rabies exposures by end of 2016	% 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 2016	% 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 To institutionalize the integration of anti-rabies program into the curriculum and instruction from Grades I-VI in all public elementary schools by end of 2016.	% 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 2016	% 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 2016	% of trained ABTC/ABC staff	Review of Report on training of ABTCs/ABCs	Report from accredited training institutions such as RITM

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 Ant-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	% of island provinces declared rabies free	Review of reports	Evaluation reports

MONITORING AND EVALUATION INDICATORS IN THE PREVENTION AND CONTROL OF CANINE RABIES			
STRATEGIC OBJECTIVES	SUCCESS INDICATORS	MEANS OF VERIFICATION	SOURCES OF INFORMATION
canine rabies			
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 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			
HUMAN RABIES			
Key Focus Area/ Strategic Objectives	Success Indicators	Performance Targets	
		By 2013	By 2016
1. Governance			
1.1 To ensure adherence to DOH AO's of all ABTCs	% of ABTCs adhering to DOH guidelines	100%	100%
2. Service delivery			
2.1 To increase PEP completion rate among registered rabies exposed cases to 80 % by end of 2016	% of Rabies exposures with PEP completed up to day 7 dose	50%	80%
2.2 To increase RIG coverage to 25-40% by end of 2016	% of Rabies exposure cases with RIG coverage	15%	Bet 25-40% (30%)
2.3 To validate 100% of reported human rabies cases by end of 2016	% 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	50%	100%
	% of children 5 to 14 years old living in high-risk areas given booster dose of PrEP	50%	100%
	% of schools in high risk areas covered	50%	100%
3. Financing			
3.1 To reduce out of pocket expenditures for PEP of 50 % of rabies exposures by end of 2016	% of rabies exposures receiving PEP reimbursed by PhilHealth		50%
4. Regulation			
4.1 To certify/accredit 100 % of ABTCs and ABCs by end of 2016	% of certified ABTCs/ABCs		100%
5. Health information			

NATIONAL RABIES PREVENTION AND CONTROL PROGRAM SUCCESS INDICATORS AND PERFORMANCE TARGETS			
HUMAN RABIES			
Key Focus Area/ Strategic Objectives	Success Indicators	Performance Targets	
		By 2013	By 2016
5.1 To institutionalize the integration of anti-rabies program into the curriculum and instruction from Grades I-VI in all public elementary schools by end of 2016.	% 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 2016	% 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 2016	% of trained ABTC/ABC staff	80%	100%

NATIONAL RABIES PREVENTION AND CONTROL PROGRAM SUCCESS INDICATORS AND PERFORMANCE TARGETS			
CANINE RABIES			
Key Focus Area/ Strategic Objectives	Success Indicators	Performance Targets	
		By 2013	By 2016
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	100% of LGUs in Visayas and small islands of the Philippines	100% 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 in Visayas and island provinces meeting national standards on dog movement and population control	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	P100 Million provided Annually to DA 75 Million provided Annually to DOH	P100 Million provided Annually to DA 75 Million provided Annually to DOH
	% 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 2013	By 2016
4.Regulation			
4.1 To prevent introduction and reintroduction of canine rabies	% island provinces declared rabies free	100% of Visayas and small islands	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 80 % by end of 2016	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 25-40% by end of 2016	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 2016	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		
	Laboratory confirmation of selected cases		
2.4 To provide Pre-exposure Prophylaxis to children in high-risk areas of 2016	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

KEY ACTIVITIES AT THE NATIONAL, REGIONAL AND LOCAL LEVELS IN THE PREVENTION AND CONTROL OF HUMAN RABIES			
STRATEGIC OBJECTIVES	ACTIVITIES		
	NATIONAL	REGIONAL	LOCAL
	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 50 % of bite victims by end of 2016	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 standard/requirement for LGUs to allocate funds/ incorporate rabies activity in PIPH/CIPH/AOP	Advocate to Local Chief Executives to allocate funds/ incorporate rabies activity in PIPH/CIPH/AOP	Include rabies activity/budget 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 2016	Expansion of membership of TWG		
	Facilitate Drafting/approval of the standards		

KEY ACTIVITIES AT THE NATIONAL, REGIONAL AND LOCAL LEVELS IN THE PREVENTION AND CONTROL OF HUMAN RABIES			
STRATEGIC OBJECTIVES	ACTIVITIES		
	NATIONAL	REGIONAL	LOCAL
	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 2016	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/reproduction/distribution/utilization of IEC materials	Facilitate reproduction/distribution/utilization of IEC materials	Ensure availability /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 2016	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
	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

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

STRATEGIC OBJECTIVES	ACTIVITIES		
	NATIONAL	REGIONAL	LOCAL
	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
2.2 To reduce total dog population to manageable levels	Develop national standards for LGUs on dog movement and population control		Compliance to national 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
2.5 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

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

STRATEGIC OBJECTIVES	ACTIVITIES		
	NATIONAL	REGIONAL	LOCAL
			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
	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

KEY ACTIVITIES AT THE NATIONAL, REGIONAL AND LOCAL LEVELS IN THE PREVENTION AND CONTROL OF CANINE RABIES			
STRATEGIC OBJECTIVES	ACTIVITIES		
	NATIONAL	REGIONAL	LOCAL
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	
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 OF HEALTH Program Budget (2011-2016)

NATIONAL RABIES PREVENTION AND CONTROL PROGRAM BUDGETARY REQUIREMENTS						
HUMAN RABIES						
Key Focus Area/ Strategic Objectives	2011	2012	2013	2014	2015	2016
1. Governance						
1.1 To ensure adherence to DOH AO's of all ABTCs	1,495,000	1,495,000	1,495,000	1,495,000	1,495,000	1,495,000
2. Service delivery						
2.1 To increase PEP completion rate among registered rabies exposed cases to 80 % by end of 2016	56,050,000	56,050,000	56,050,000	56,050,000	56,050,000	56,050,000
2.2 To increase RIG coverage to 25-40% by end of 2016	11,000,000	11,000,000	11,000,000	11,000,000	11,000,000	11,000,000
2.3 To validate 100% of reported human rabies cases by end of 2016						
2.4 To provide Pre-exposure Prophylaxis to children in high-risk areas	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
3. Financing						
3.1 To reduce out of pocket expenditures for PEP of 50 % of rabies exposures by end of 2016	100,000	100,000	100,000	100,000	100,000	100,000
4. Regulation						
4.1 To certify/accredit 100 % of ABTCs and ABCs by end of 2016	100,000	100,000	100,000	100,000	100,000	100,000
5. Health information						
5.1 To institutionalize the integration of anti-rabies program into the curriculum and instruction from Grades I-VI in all public elementary schools by end of 2016.	348,000	348,000	348,000	348,000	348,000	348,000
5.2 To create public awareness on rabies prevention in all regions by end of 2016	2,900,000	2,900,000	2,900,000	2,900,000	2,900,000	2,900,000

NATIONAL RABIES PREVENTION AND CONTROL PROGRAM BUDGETARY REQUIREMENTS						
HUMAN RABIES						
Key Focus Area/ Strategic Objectives	2011	2012	2013	2014	2015	2016
6. Human Resource						
6.1 To train/update 100 % of ABTC/ABC staff by end of 2016	957,000	957,000	957,000	957,000	957,000	957,000
7. Monitoring and Evaluation	550,000	550,000	550,000	550,000	550,000	550,000
Total	75,000,000	75,000,000	75,000,000	75,000,000	75,000,000	75,000,000

ANNEX 8: DEPARTMENT OF AGRICULTURE Program Budget 2011-2016

PROGRAM BUDGET DEPARTMENT OF AGRICULTURE												
PROGRAM BUDGET DEPARTMENT OF AGRICULTURE	NRP/CP COMPONENT ACTIVITY	Performance Indicator	2011		2012		2013		2014		2015	
			TARGETS	Total	TARGETS	Total	TARGETS	Total	TARGETS	Total	TARGETS	Total
	1. Conduct Monitoring/ Surveillance in all regions/provinces/cities/municipalities/	Samples tested (no.)	4000	350,000	4,200	385,000	4,410	423,500	4,631	465,850	4,862	535,728
		Evaluation of areas for disease free zones (no.)	15	300,000	16	330,000	17	363,000	17	399,300	18	459,195
		Provinces monitored (no.)	70	800,000	74	880,000	77	968,000	81	1,064,800	85	1,224,520
	2. Mass Rabies Vaccination	Rabies Vaccine Procured (doses)	5,000,000	50,000,000	5,250,000	55,000,000	5,512,500	60,500,000	5,788,125	66,550,000	6,077,531	76,532,500
		Cold Storage Rentals	12	1,000,000	13	1,100,000	13	1,210,000	14	1,331,000	15	1,530,650
		VACCINATION CARD	1,000,000	1,000,000	1,050,000	1,100,000	1,102,500	1,210,000	1,157,625	1,331,000	1,215,506	1,530,650
		Dog tags , catching net	2,000,000	2,500,000	2,100,000	2,750,000	2,205,000	3,025,000	2,315,250	3,327,500	2,431,013	3,826,625
	3. Seminars/workshops/ meetings with Regional/ City/ Municipal Coordinators and Laboratory Diagnosticians	Seminars/workshops/ meetings conducted (no.)	4	1,600,000	4	1,760,000	4	1,936,000	5	2,129,600	5	2,449,040
		Coordinators/Laboratory Staff trained (no.)	60	200,000	63	220,000	66	242,000	69	266,200	73	306,130
	4. Information, Education and Communication Campaign	a. Brochures produced/ reproduced (no.)	200,000	3,000,000	210,000	3,300,000	220,500	3,630,000	231,525	3,993,000	243,101	4,591,950
		tarpaulin	4000	1,000,000	4,200	1,100,000	4,410	1,210,000	4,631	1,331,000	4,862	1,530,650
		c. Manuals produced/ reproduced (no.)	5,000.00	200,000	5,250	220,000	5,513	242,000	5,788	266,200	6,078	306,130
		a. Conjugate (no. Of kits)	1,000	1,000,000	1,050	1,100,000	1,103	1,210,000	1,158	1,331,000	1,216	1,530,650
		b. Reagent (no.)	200	300,000	210	330,000	221	363,000	232	399,300	243	459,195
		c. Human Rabies Vaccine (vial)	62	200,000	65	220,000	68	242,000	72	266,200	75	306,130
	5. Vehicle use for monitoring of rabies program	a. Repair and maintenance										
		b. Gasoline allowance		400,000	-	440,000	-	484,000	-	532,400	-	612,260
		Computer Ink, Bond Paper, Repair of Printer, Copying Machine		150,000		165,000		181,500		199,650		229,598
	GRAND TOTAL			64,000,000		70,400,000		77,440,000		85,184,000		93,702,400
	Prepared by:											
	LEONILO R. RESONTOC, DVM, MPA											
	Vice-Chairman											
	National Rabies Task Force											

2013 Budget STRATEGY	ACTIVITIES	NCDCP-IDO	Region 1	Region II	Region III	Region IV A	Region IV B	Region V	Region VI	Region VII	Region VIII	Region IX	Region X	Region XI	Region XII	CARAGA	NCR	CAR	TOTAL
GOVERNANCE Localize program implementation	Orientation on RA 9462		134,000	283,500	150,000	250,000		60,000	200,000			270,000	160,000	150,000		250,000	500,000		2,407,500
	Organize/Mobilize functional rabies Coordinating Committee		120,000					87,750				50,000	25,000	20,000		20,000	100,000		422,750
	Passage of Ordinance											10,000							60,000
	SERVICE DELIVERY Health Promotion		150,000	150,000	300,000	150,000		150,000				150,000	100,000	100,000	100,000				1,450,000
Logistics Management			870,000	272,000	55,000,000		42,000,000				352,000	8,000,000	1,900,000	1,900,000		3,000,000	600,000		411,389,800
Engage private health care provider		50,000			20,000		50,000				20,000	25,000	25,000	15,000		10,000			190,000
REGULATION Certification and Accreditation					20,000							10,000		2,000		1,000			33,000
Random checking of vaccines			65,000	160,000	80,000	10,000	100,000				30,000	30,000	30,000	25,000		15,000	10,000		525,000
		150,000	65,000	160,000	80,000	40,000	50,000	100,000			20,000	30,000	30,000	10,000		5,000		130,000	840,000
			65,000	85,000	80,000	40,000		25,000	150,000		20,000	60,000	60,000	25,000		10,000	500,000	30,000	1,090,000
			80,000	80,000		50,000					10,000	10,000	10,000	5,000		5,000	20,000		180,000
						50,000								5,000		5,000			60,000
HEALTH INFORMATION NaRIS			134,000	80,000	80,000	40,000		200,000			90,000	50,000	50,000	50,000		50,000	250,000		1,454,000
Monitoring and Evaluation		150,000	50,000	90,000	80,000	50,000		75,000	100,000	80,000		20,000	25,000	10,000		10,000	20,000		760,000
		1,000,000	250,000		80,000	500,000		230,000	300,000	300,000		270,000	220,000	125,000		100,000	300,000		3,675,000
Surveillance						20,000		50,000		40,000		10,000	50,000	5,000		5,000	5,000		185,000
Recording and Reporting						20,000				50,000				5,000		3,000			78,000
HUMAN RESOURCE Capacity Building					200,000	50,000		158,000						10,000		5,000			423,000
		3,000,000	120,000	350,000	200,000	200,000		306,000	280,000	280,000	90,000	270,000	250,000	200,000		200,000	200,000		5,566,000
			75,000	283,000	180,000	350,000		207,000		400,000			125,000	325,000		100,000	100,000		2,145,000

2014 Budget		Region I	Region II	Region III	Region IV A	Region IV B	Region V	Region VI	Region VII	Region VIII	Region IX	Region X	Region XI	Region XII	CARAGA	NCR	CAR	TOTAL	
STRATEGY	ACTIVITIES	NCDFC-IDO	Region I	Region II	Region III	Region IV A	Region IV B	Region V	Region VI	Region VII	Region VIII	Region IX	Region X	Region XI	Region XII	CARAGA	NCR	CAR	TOTAL
GOVERNANCE																			
Localize program implementation	Orientation on RA 9482		120,000	100,000	395,000	60,000	200,000	90,000	300,000	80,000	200,000	250,000	500,000	2,405,000		500,000			
	Organize/mobilize functional rabies Coordinating Committee		134,000		275,000	87,750	150,000	20,000	60,000	25,000	20,000	50,000	1,295,750			20,000	100,000		
	Passage of Ordinance							30,000	10,000					90,000					
SERVICE DELIVERY																			
Health Promotion	Conduct Advocacy, Communications and Social Mobilization	150,000	150,000	175,000	165,000	150,000	200,000	200,000	170,000	500,000	100,000			2,430,000		100,000			
Logistics Management	Provision of Anti-rabies vaccines, RIG and other supplies	313,205,130	880,000	32,200,000	66,500,000	46,200,000			552,000	8,000,000	1,900,000			473,037,130		3,000,000	600,000		
	Dog vaccine	50,097,728												50,097,728					
	Mapping of potential ABTCs and ABCs																		
REGULATION																			
Certification and Accreditation	Masterlist of ABTCs/ABCs		80,000	80,000	22,000	50,000								352,000		10,000			
Random checking of vaccines	Conduct of Self Assessment for DOH Certification	65,000	160,000	80,000	11,000	100,000			10,000	2,000				65,000		1,000			
	Provide technical assistance base on Quality Improvement Plan	65,000	160,000	80,000	44,000	50,000			30,000	25,000				606,000		15,000			
	Monitoring visit to ensure compliance to certification standards	65,000	90,000		44,000	25,000			20,000	10,000				669,000		5,000			
	Apply for certification and accreditation													1,299,000		10,000	500,000	30,000	
	Random sampling of ARV for FDA Analysis				55,000				10,000					125,000		5,000	20,000		
					55,000									105,000		5,000			
HEALTH INFORMATION																			
NARIS	Orientation on NaRIS	5,000,000	120,000	108,000	400,000	200,000	400,000	100,000	70,000	150,000	100,000			7,363,000		75,000	250,000		
Monitoring and Evaluation	Monitoring and Evaluation of ABTCs/ABCs	200,000	50,000	80,000	55,000	75,000	150,000	80,000	25,000	25,000				780,000		10,000	20,000		
	Conduct of Project Implementation Review	1,000,000	250,000	350,000	550,000	230,000	300,000	300,000	150,000	200,000	125,000			4,285,000		100,000	300,000	130,000	
Surveillance	Conduct Investigation of Human Rabies and Adverse Effects following Immunization (AEFI) reported cases				25,000	50,000								200,000					
Recording and Reporting	Submit quarterly report thru channels				22,000									80,000		3,000			
HUMAN RESOURCE																			
Building	Conduct Training needs assessment			200,000	55,000	158,000								678,000		5,000			
	Training on Rabies and Animal Bite Management	1,500,000	120,000	180,000	220,000	306,000	300,000	300,000	300,000	90,000	200,000			4,396,000		200,000	150,000		
	Conduct orientation on NRPCP	50,000	283,000	300,000	395,000	207,000	250,000	500,000						2,850,000		100,000	100,000		

2015 Budget																	
Strategies	Region I	Region II	Region III	Region IV A	Region IV B	Region V	Region VI	Region VII	Region VIII	Region IX	Region X	Region XI	Region XII	CARAGA	NCR	CAR	TOTAL
GOVERNANCE																	
Localize program Implementation	95,000	83,500	90,000	423,500	60,000	60,000	100,000	90,000	300,000	100,000	50,000	250,000	1,542,000				
Organize/Mobilize functional rabies Coordinating Committee	95,000			302,000	87,750	150,000	60,000	90,000	60,000	25,000	20,000	20,000	1,009,750		100,000		
Passage of Ordinance							60,000	30,000	10,000		50,000		150,000				
SERVICE DELIVERY																	
Health Promotion	170,000	150,000	250,000	185,000	150,000	200,000	100,000	120,000	170,000	150,000	100,000	100,000	2,045,000				
Mobilization			37,200,000	66,700,000	56,520,000				652,000	8,000,000	2,000,000		512,458,038			600,000	
Provision of Human Anti-rabies vaccines, RIG and other supplies																	
Dog vaccine																	
Mapping of potential ABTCs and ABCs	50,000	870,000	80,000	25,000	50,000			30,000	20,000	25,000	15,000	10,000	50,097,728				
REGULATION																	
Masterlist of ABTCs/ABCs				25,000				30,000	10,000		3,000		68,000				
Conduct of Self Assessment for DOH Certification	65,000			12,000	100,000		60,000	30,000	30,000	40,000	25,000		382,000				
Provide technical assistance base on Quality Improvement Plan	65,000	160,000	80,000	48,500	50,000	100,000	60,000	30,000	20,000	40,000	10,000		668,500				
Monitoring visit to ensure compliance to certification standards	65,000	160,000	80,000	48,500	25,000	250,000	150,000	30,000	30,000	100,000	25,000		1,503,500				
Apply for certification and accreditation		80,000	80,000	60,000				30,000	10,000		5,000		290,000				
Random sampling of ARV for FDA Analysis								30,000		10,000	5,000		50,000				
HEALTH INFORMATION																	
Orientation on NaRIS	1,500,000			440,000	200,000	150,000	50,000	90,000	70,000	200,000	20,000		2,840,000				
Monitoring and Evaluation of ABTCs/ABCs	200,000	60,000	60,000	75,000	150,000	80,000	25,000	25,000	25,000	10,000	10,000		765,000		20,000		
Conduct of Project Implementation	1,000,000	250,000	300,000	600,000	230,000	300,000	300,000	150,000	350,000	200,000	125,000		4,425,000		300,000	130,000	
Review every				25,000	50,000	150,000	40,000	10,000	10,000	50,000	5,000		350,000		5,000		
Conduct Investigation of Human Rabies and Adverse Effects following Immunization (AEFI) reported cases				25,000			50,000				5,000		83,000				
Recording and Reporting																	
Submit quarterly report thru channels				6,000	158,000						10,000		179,000				
HUMAN RESOURCE																	
Capability Building																	
Conduct Training needs assessment				6,000													
Training on Rabies and Animal Bite Management	1,500,000	120,000	280,000	242,000	306,000	300,000	300,000	90,000	400,000	250,000	200,000		4,538,000		100,000		
Conduct orientation on NRPCP	50,000	283,500	300,000	423,500	207,000	200,000			350,000	75,000	300,000		2,889,000		100,000		

2016 Budget STRATEGY	ACTIVITIES	NCDP- IDO	Region 1	Region II	Region III	Region IV A	Region IV B	Region V	Region VI	Region VII	Region VIII	Region IX	Region X	Region XI	Region XII	CARAGA	NCR	CAR	TOTAL
GOVERNANCE																			
Localize program Implementation	Orientation on RA 9482		56,000	283,500	90,000	465,850		60,000	200,000	50,000	90,000	300,000	50,000	150,000		250,000			2,045,350
	Organize/Mobilize functional rabies Coordinating Committee					335,000		87,750	150,000	50,000	90,000	70,000	25,000	20,000		20,000	100,000		947,750
	Passage of Ordinance										30,000	10,000		50,000					90,000
SERVICE DELIVERY																			
Health Promotion	Conduct Advocacy, Communications and Social Mobilization	200,000	170,000	150,000	200,000	200,000		150,000		100,000	120,000	170,000	150,000	100,000		100,000			1,510,000
Logistics Management	Provision of Human Anti-rabies vaccines, RIG and other supplies	392,496,527		870,000	42,200,000	73,300,000		60,000,000				752,000	8,000,000	2,000,000		3,000,000		600,000	583,218,527
	Dog vaccine																		
Engage private health care provider	Mapping of potential ABTCs and ABCs		50,000		80,000	27,000		50,000			30,000	20,000	25,000	15,000		10,000			50,097,728
REGULATION																			
Certification and Accreditation	Masterlist of ABTCs/ABCs					27,000					30,000	10,000		3,000		1,000			71,000
Random checking of vaccines	Conduct of Self Assessment for DOH Certification		65,000		80,000	13,300		100,000		60,000	30,000	30,000	40,000	25,000		15,000	90,000		508,300
	Provide technical assistance base on Quality Improvement Plan		65,000	160,000	80,000	53,500		50,000	100,000	60,000	30,000	20,000	40,000	10,000		5,000			673,500
	Monitoring/visit to ensure compliance to certification standards		65,000	160,000	80,000	53,500		25,000	250,000	150,000	30,000	40,000	120,000	25,000		10,000	500,000	30,000	1,538,500
	Apply for certification and accreditation			80,000		66,500					30,000	10,000	10,000	5,000		5,000			206,500
	Random sampling of ARV for FDA Analysis					66,500					30,000			5,000		5,000			106,500
HEALTH INFORMATION																			
NaRIS	Orientation on NaRIS	1,500,000	56,000	60,000	300,000	485,000		200,000		50,000	90,000	80,000	200,000	20,000		25,000			3,066,000
Monitoring and Evaluation	Monitoring and Evaluation of ABTCs/ABCs	200,000	50,000	90,000	80,000	57,000		75,000	150,000	80,000		30,000	25,000	10,000		10,000	20,000		877,000
	Conduct of Project Implementation Review every Rabies and Adverse Effects following Immunization (AEFI) reported cases	1,000,000	250,000		350,000	670,000		230,000	300,000	300,000	150,000	400,000	200,000	125,000		100,000	300,000	130,000	4,505,000
Surveillance	Conduct Investigation of Human Rabies and Adverse Effects following Immunization (AEFI) reported cases					27,000		50,000	150,000	40,000	10,000	10,000	50,000	5,000		5,000	5,000		352,000
Recording and Reporting	Submit quarterly report thru channels					27,000				50,000				5,000		3,000			85,000
HUMAN RESOURCE																			
Capability Building	Conduct Training needs assessment					66,500		158,000						10,000		5,000			239,500
	Training on Rabies and Animal Bite Management	1,500,000	120,000	350,000	280,000	266,200		306,000	300,000	300,000	90,000	400,000	250,000	200,000		200,000	100,000		4,652,200
	Conduct orientation on NRPCP		50,000	283,500	300,000	465,850		207,000	250,000	100,000		400,000	125,000	300,000		100,000			2,581,350

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