Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JAN 08 2021

ADMINISTRATIVE ORDER
No. 2020-~~2021~~ 0003

SUBJECT: **Guidelines on the Establishment of Integrated Elimination Hub for Malaria and Lymphatic Filariasis**

I. RATIONALE

The FOURmula One Plus for Health Framework supports the mission of leading the country in the development of a productive, resilient, equitable, and people-centered health system towards Universal Health Care (UHC). Infectious diseases fall under the Service Delivery Pillar. For infectious diseases that are endemic, UHC means population- based healthcare delivery to ensure equitable access to care especially in the underserved areas. The establishment of an integrated elimination hub for Malaria and Lymphatic Filariasis is aligned with the Public Health Services Team's (PHST) focus on implementing Universal Health Care as a population- based health service package.

Within this pillar, the objective is to ensure accessibility of essential quality health products and services at appropriate levels of care. Among the five diseases, Malaria, Lymphatic Filariasis & rabies free areas are being declared as "Disease Free Zones". Data shows that Malaria & Lymphatic Filariasis are co-endemic in most of the provinces in the country due to commonality of mosquito vector, the *Anopheles flavirostris* which is capable of transmitting the two (2) diseases. In addition, several of the strategies/activities are being conducted for both diseases like integrated vector management and border operations within the existing National Malaria Control and Elimination Program and the National Filariasis Elimination Program.

As of 2019, the number of declared malaria-free provinces is 60 out of 81 endemic provinces, and the number of declared filariasis-free provinces is 43 out of 46 endemic provinces.

One of the integrated strategies for sustaining disease free zones as identified by the programs is the establishment of integrated elimination hubs in epidemic-risk and disease-free provinces/cities which will serve as the reference/center in overseeing and sustaining Malaria-free and filarial-free status of different respective provinces and cities. This is also aligned with the Public Health Services Team's focus for implementation of Universal Health Care as population-based health service package and integration.

II. OBJECTIVE

This Order shall set the guidelines for the establishment of Integrated Elimination Hubs for Malaria and Lymphatic Filariasis in all epidemic-risk, endemic areas and disease-free provinces and chartered cities.

III. SCOPE AND COVERAGE

This Order shall apply to all offices and attached agencies of the DOH, Centers for Health Development (CHDs), Local Government Units (LGUs), the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) subject to applicable provisions of RA

11054 or the "Bangsamoro Organic Law" and subsequent rules and policies issued by the Bangsamoro government, and to both government and private national and local health facilities, health care providers and stakeholders whose functions and activities contribute to the establishment and operations of Integrated Elimination Hubs in all Malaria and Lymphatic Filariasis epidemic-risk and disease free provinces and chartered/ independent/ highly urbanized cities." This order also applies to both Malaria and Lymphatic Filariasis endemic provinces.

IV. DEFINITION OF TERMS

A. **Absence of LF Transmission**- refers to a reduction in the transmission of the parasite to a level where continued transmission and recrudescence are not expected.

B. **Disease surveillance**- refers to the regular collection, monitoring and analysis of information in a given population or subpopulation to detect the presence and any epidemiological changes of Malaria and Lymphatic Filariasis.

C. **Epidemic-risk areas**- refers to low endemic areas where factors which may cause the occurrence of epidemic are present such as influx of laborers in developmental projects, local or foreign tourists, movement of indigenous people, military personnel and displaced populations from Malaria and Lymphatic Filariasis endemic provinces or countries and or in areas bordering endemic areas.

D. **Filariasis Disease- free Areas**- refers to areas awarded as Lymphatic Filariasis disease-free areas that have passed the criteria of at least 5 good Mass Drug Administration (MDA) coverage, last midterm result from Sentinel Sites shows a prevalence of less than 1% after a minimum of 5 MDAs and TAS survey result should not exceed the critical cut off point set by World Health Organization (WHO).

E. **Filariasis endemic area/ province**- refers to an implementation unit where the average resident population, or any subunit of population, has an antigenaemia or microfilaraemia positivity rate equal to or greater than 1%.

F. **Integrated elimination hub**- refers to a structure or hub equipped with diagnostic capabilities and laboratory supplies, anti-malarial and anti-filarial drugs and, vector control commodities established in areas with transmission and those classified as Malaria-prone, Malaria-free areas and Filariasis-free areas to prevent the re-introduction of Malaria and Lymphatic Filariasis.

G. **Integrated Vector Management**- refers to a rational decision-making process for the optimal use of resources for vector control. The approach seeks to improve the efficacy, cost-effectiveness, ecological soundness and sustainability of disease-vector control.

H. **Lymphatic Filariasis (LF)** - refers to a parasitic disease of humans caused by infection with nematodes (worms) of the Filarioidea family. *Wuchereria bancrofti* cause the majority (90%) of infections, which are mostly acquired in childhood; *Brugia malayi* and *Brugia timori* cause the remainder. *Anopheles, Aedes, Culex* and *Mansonia* mosquitoes are the main vectors responsible for transmission. Mosquitoes serve as biological hosts that both develop and transmit the parasite during blood-feeding and establish the infection in humans.

I. **Lymphatic Filariasis case**- refers to a person with clinical disease, an individual having current infection with *Brugia malayi* or *Wuchereria bancrofti*, whether or not microfilaraemic. Tested through Brugia Rapid Test (BRT) or Filariasis Test Strips

J. **Malaria Disease-free areas**- refers to provinces that have reached the pre-elimination and or elimination phase with zero locally acquired Malaria case. In order to be confident that interruption of transmission will be achieved and sustained, a number of preconditions must be met.

K. **Malaria prone areas**- refers to areas with no indigenous case for the last five years even in the presence of a vector

L. **Transmission Assessment Survey (TAS)** - refers to a survey designed to measure whether evaluation units have lowered the prevalence of infection to a level where recrudescence is unlikely to occur, even in the absence of MDA interventions.

M. **Vector Surveillance**- refers to the regular collection of vector mosquitoes in a given area to determine the presence/ density and or absence of the vector.

V. GENERAL GUIDELINES

A. Integrated Elimination Hubs shall ensure accessibility of essential quality health services to all clients and community members even in disease free areas and facilitate achievement of program targets through capacitation of integrated province- and city-wide health systems, in line with UHC.

B. Integrated Elimination hubs for Malaria and Lymphatic Filariasis shall be established to oversee and sustain the disease-free status in their respective provinces and cities.

C. Integrated Elimination hubs shall carry out different interventions that require local government commitment and policy support and resources, in order to prevent or prepare for the re-introduction of Malaria and Lymphatic Filariasis.

D. Provinces, cities and areas classified as epidemic risk and Malaria-prone, as well as those declared as Malaria-free and Filariasis free, shall establish their respective integrated elimination hubs.

E. Allocation of grant assistance from the DOH shall be based on the performance of each integrated elimination hub.

VI. SPECIFIC GUIDELINES

A. Integrated Elimination Hubs shall be managed by a team of local personnel and other provincial/municipal/city health staff with expertise in Malaria and Lymphatic Filariasis surveillance and response. The team shall be composed of the following personnel designated by the Local Chief Executive (LCE):

1. An entomologist/entomologists-trained designated from CHDs;
2. A medical doctor trained in Malaria and Lymphatic Filariasis case management and treatment;
3. The existing Malaria and Lymphatic Filariasis program coordinator or point person in the province; and
4. A person in-charge of health promotion, social mobilization and advocacy activities, preferably the designated Health Education and Promotion Officer (HEPO) of the LGU.

B. Integrated elimination hubs shall ensure that the following key interventions are available:

1. Intensified Malaria and Lymphatic Filariasis disease surveillance by the Regional Epidemiological Surveillance Unit (RESU), Provincial Epidemiological

Surveillance Unit (PESU), Municipal Epidemiological Surveillance Unit (MESU), and City Epidemiological Surveillance Unit (CESU);

2. Proactive vector surveillance during May, June, and September, including larval collection through larval dipping, and adult mosquito collection through Carabao-bait trapping;
3. Measures to modify the environment, such as stream clearing;
4. Establishment of an epidemic detection and response mechanism, including the creation of a case investigation, diagnosis, and vector control team, and stockpiling of necessary anti-malaria and anti-filariasis drugs, insecticides, laboratory reagents, diagnostic equipment (e.g. RDT for Lymphatic Filariasis), and other supplies;
5. Focused health promotion, including capacity building and skills development of targeted patients, mentoring and coaching, production and dissemination of IEC materials, community mobilization, networking and engagement with other stakeholders, and ordinance development;
6. Institutionalization of appropriate policies and local ordinances to support and maintain Malaria-free and Filariasis-free status in each area; and
7. Establishment of a functional referral system to ensure access to the aforementioned services and immediate management of cases with transient fever to prevent reintroduction of Malaria.

C. Reporting Mechanism

1. The Municipal Health Office and City Health Office shall submit a report of cases detected or even zero cases every month to the Provincial Health Office. The spraying operations conducted shall likewise be reported to the Provincial Health Office every six months.
2. In case of outbreak occurrence for Malaria or report of Lymphatic Filariasis case in a declared area, a report of epidemiological investigation shall be reported immediately to the Provincial Health Office for immediate assistance.
3. The Provincial Health Office shall report the number of hubs established to the CHD after the establishment.
4. Integrated vector surveillance activities such as larval surveys and adult collection done by the vector surveillance team at the province shall be consolidated and submitted to the CHD at the end of the year.
5. The CHD Office shall submit to the DPCB-IDED reports of Malaria and Lymphatic Filariasis cases, vector surveillance, Mass Drug Administration and TAS activities at the end of the year or during Program Implementation Reviews.

VII. ROLES AND RESPONSIBILITIES

The Offices below shall have the following roles and responsibilities in the implementation of this issuance.

A. Disease Prevention and Control Bureau (DPCB)

Develop the criteria for the development of integrated elimination hubs for Malaria and Lymphatic Filariasis;

2. Develop guidelines on the establishment and operations of integrated elimination hubs;
3. Train & orient CHDs on the implementation of the criteria and guidelines;
4. Provide the hubs with needed equipment & laboratory supplies;
5. Allocate and augment the hubs with anti-malaria and anti-filariasis drugs, vector control commodities such as insecticides, spray cans, spare parts and PPEs and RDT for Lymphatic Filariasis;
6. Allocate and provide guidelines on the utilization of grant assistance from the DOH as a reward for recognition of provinces/ cities/ municipalities/ areas declared as disease-free;
7. Capacitate staff at all levels including program implementation and hub operations; and,
8. Collaborate with the other stakeholders including the Department of Interior and Local Government (DILG), Department of Social Welfare and Development (DSWD), private sector, media, etc.

B. Health Promotion & Communication Service (HPCS)/ Health Promotion Bureau (HPB)

1. Develop health promotion packages including prototypes;
2. Capacitate the staff at all levels in the program implementation as well as the operations of the hub; and,
3. Capacitate staff at all levels including program implementation and hub operations; and,
4. Collaborate with the other stakeholders including the Department of Interior and Local Government (DILG), Department of Social Welfare and Development (DSWD), private sector, media, etc.

C. Epidemiology Bureau

1. Provide technical oversight to surveillance, including investigation of disease outbreaks;
2. Capacitate the staff at all levels in the program implementation as well as the operations of the hub;
3. Capacitate staff at all levels including program implementation and hub operations; and,
4. Collaborate with the other stakeholders like the Department of Interior and Local Government (DILG), Department of Social Welfare and Development (DSWD), private sectors, media, etc.

D. Centers for Health Development (CHDs)

1. Orient LGUs (Provincial Health Offices, Municipal Health Offices, City Health Offices) on the establishment of integrated elimination hubs;
2. Integrate elimination hubs to existing RESUs (Regional Epidemiology Surveillance Units);

3. Assist provinces in the establishment of hubs in epidemic-risk provinces/ chartered cities and in Malaria prone/ Malaria-free areas;
4. Allocate/augment anti-malaria and anti- filarial drugs and vector control commodities;
5. Provide integrated elimination hubs with other needed diagnostic equipment and laboratory supplies;
6. Intensify existing surveillance system in the PESUs, MESUs and CESUs;
7. Conduct health promotion activities to increase awareness on prevention and control of Malaria and Lymphatic Filariasis;
8. Conduct training for spraymen, Barangay Health Workers (BHWs), midwives and other health providers at the LGU level;
9. Conduct integrated vector surveillance training with the assistance of an entomologist from the Research Institute for Tropical Medicine (RITM), Entomology Division;
10. Establish/integrate (Quality Assurance System) QAS for Malaria microscopy; and
11. Collaborate with the other stakeholders like the DILG, DSWD, private sector, media, etc., in applying the Integrated Vector Management principles.

E. Provincial Health Office (PHO)

1. Form the hubs in epidemic-risk areas and in Malaria and Lymphatic Filariasis prone/ Malaria-free and Filariasis-free areas;
2. Integrate surveillance activities of the integrated elimination hub for Malaria and Lymphatic Filariasis to the existing PESU;
3. Intensify Malaria and Lymphatic Filariasis disease surveillance, and facilitate training of PESUs, MESUs and CESUs;
4. Establish an integrated vector surveillance team that includes (trained provincial sanitary engineers/inspectors);
5. Conduct integrated vector surveillance in Malaria and Lymphatic Filariasis prone/ Malaria-free and Filariasis-free areas, including larval surveys through larval dipping and adult collection through carabao-bait trapping once in May-June during two months before the first peak of transmission (June - July) and in September before the second peak of transmission (October - November);
6. Ensure immediate management of transients possibly carrying Malaria parasites/ Lymphatic Filariasis Parasites to prevent re-introduction in Malaria prone/Malaria-free areas and Lymphatic Filariasis prone/Filariasis-free areas;
7. Allocate funds for hiring of spraymen; and
8. Maintain Quality Assurance at the PHO and Provincial DOH Office (PDOHO) in monitoring of services, data management and supplies.

F. Municipal Health Office (MHO) and City Health Office (CHO)

1. Intensify Malaria and Lymphatic Filariasis disease surveillance;
2. Maintain a microscopy diagnostic facility equipped with functional microscopy unit, medical technologist trained in Malaria microscopy and laboratory supplies;

3. Maintain stockpile of anti-malaria and anti-filariasis drugs for immediate treatment of any imported or detected case to prevent occurrence of secondary cases and outbreak;
4. Establish a vector control team to undertake spraying of houses in barangays in case an outbreak occurs;
5. Establish a diagnostic and surveillance team to carry out epidemiological investigation in case a Malaria outbreak occurs or a Lymphatic Filariasis case report in a disease-free zone;
6. In case of an imported Malaria case, carry out follow-up blood smear on day 3, 7, 14, 21, and 28 days;
7. Ensure immediate management of any fever case and treatment compliance of any imported case detected;
8. Establish an integrated vector surveillance team;
9. Conduct health promotion activities to prevent complacency among community members; and
10. Do zero reporting even if there is no indigenous case detected.

VIII. REPEALING CLAUSE

Provisions from previous and related issuances inconsistent or contrary with the provisions of this Administrative Order are hereby revised, modified, and rescinded accordingly. All other provisions of existing issuances which are not affected by this Administrative Order, shall remain valid and in effect.

IX. EFFECTIVITY

This Order shall take effect fifteen (15) days following its publication in the Official Gazette or a newspaper of general circulation, and upon filing to the University of the Philippines Law Center- Office of the National Administrative Register.

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

CERTIFIED TRUE COPY
JAN 13 2021
CORAZON S. DELA CRUZ
KMTS - RECORDS SECTION
Department of Health