



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

September 6, 2021

**DEPARTMENT CIRCULAR**

No. 2021 - 0429

**FOR: ALL DIRECTORS OF DOH – CENTERS FOR HEALTH DEVELOPMENT; REGIONAL MALARIA COORDINATORS; MINISTRY OF HEALTH – BANGSAMORRO AUTONOMOUS REGION FOR MUSLIM MINDANAO, PROVINCIAL/ CITY HEALTH OFFICERS; MUNICIPAL HEALTH OFFICERS AND OTHER CONCERNED**

**SUBJECT: Interim Guidelines on the Assessment and Declaration of Malaria-Free Provinces in the Philippines**

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**I. RATIONALE**

The Department of Health (DOH) remains focused on its goal of having the country declared Malaria-free by 2030. The National Malaria Control and Elimination Program (NMCEP) has embarked on a sub-national elimination as part of DOH's disease-free zone initiatives. By subjecting each of the provinces to a tedious scheme of assessment, the program is aiming to reach its target.

However, the ongoing threat of the COVID-19 pandemic has imposed constraints on the implementation of the annual provincial assessments and declarations. In 2020, there were 8 provinces targeted for declaration out of 10 provinces eligible for assessment, only three provinces attempted to complete the requirements to apply for assessment but were not able to follow through with their preparations.

Hence, consistent with the World Health Organization (WHO) developed countries and sub-national assessment protocol, the DOH hereby issues the interim guidelines on the Malaria Subnational Elimination Procedures to facilitate the rapid delivery of technical assistance to the Local Government Units (LGU) in evaluating the facts and figures on Malaria in their respective provinces and develop the documents that shall support their claims to be declared as a Malaria-free province.

**II. IMPLEMENTING GUIDELINES**

1. The NMCEP shall inform the Centers for Health Development (CHDs) of the provinces eligible for assessment in a given year. This is to continually reiterate the commitment of the agency towards achieving the Malaria elimination goals

and advocate to the LGU. The province's eligibility for a malaria free assessment begins after it has reached five years of zero indigenous cases.

2. The CHD shall inform the provinces of their eligibility and provide them the criteria and requirements for declaring provinces as Malaria-Free (Annex B).
3. The province shall signify their intention for a provincial assessment to the CHD. The CHD shall endorse the provincial intent to the NMCEP.
4. The NMCEP shall coordinate with the CHD concerned and set the schedule for the planned assessment activities. The initial activity shall involve the preparation and submission of the initial working document based on the checklist provided to the provinces.
5. The Provincial Malaria Elimination Report (PMER) shall answer two basic questions:
  - a) Has there been no locally-transmitted Malaria case reported in the province for the past five years and;
  - b) Has the province developed sustainability mechanisms in the form of local structures and systems which shall preserve the province's Malaria-free status?
6. The PMER shall follow the outline as stated in Annex C.
7. The CHD shall provide a copy of the PMER together with supporting documents of the province to NMCEP for the simultaneous review of both levels. t
8. A virtual technical advisory session shall be planned in order to provide technical assistance to the development of the PMER. The session will be attended by the NMCEP and the CHD.
  - a) The NMCEP and CHD shall discuss the points for clarification, and the feedback. The advisory session will also detail the points for validation by the CHD.
  - b) A regional Rapid Assessment and Technical Advisory (RATA) team is assembled and dispatched. The purpose of this team is to:
    - i. Conduct the validation of facts and figures relevant to the assessment check-list; and
    - ii. Provide technical assistance in developing the PMER in terms of content/substance and form.
  - c) The regional RATA shall be composed of 3-4 technical members who are knowledgeable on the Malaria Elimination Strategy and the technicalities of the Malaria Program Implementation. An additional field validation report will be submitted by the team (Annex D). The regional RATA shall compose of the following members:
    - i. Regional Malaria Program Coordinator
      - 1) Provide leadership and guidance to the team
      - 2) Review the malaria status of the province
      - 3) Discuss the initial results of the evaluation and the recommendations of the team with the province
    - ii. Regional Medical Technologist
      - 1) Review and validate the laboratory records of the province
    - iii. Regional Entomologist
      - 1) Review the entomological situation in the province

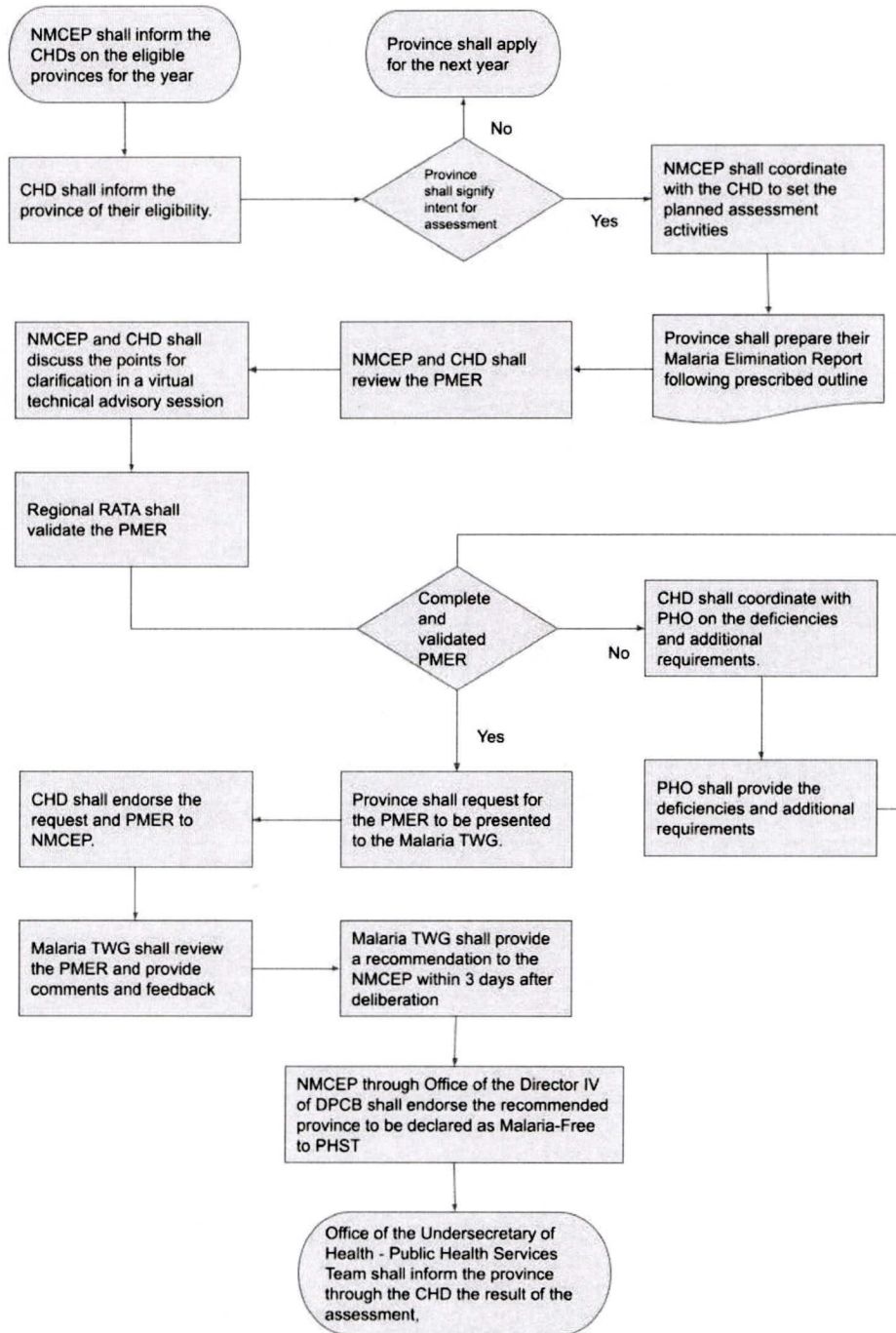
- 2) Review the vector control strategies and accomplishment of the province
- d) An onsite technical validation by regional RATA will only be conducted after a thorough assessment of the current COVID-19 situation.
  - i. The field validation shall be conducted no more than three (3) days in total, excluding the travel time.
  - ii. The activity is done in coordination with the provinces and municipalities concerned.
  - iii. Onsite assessment is conducted in coordination with and in full concurrence of the LGUs involved.
  - iv. Onsite assessment shall be limited to data review and interview of key personnel.
  - v. Minimum Public Health Standards (MPHS) and disease prevention protocols shall be complied in the conduct of field validation
9. The regional RATA shall ensure the completeness of all documents, systems and capacities based on the PMER.
10. The CHD shall endorse to NMCEP the province's PMER and supporting documents. Otherwise, the CHD shall coordinate with the Provincial Health Office (PHO) the deficiencies and other additional preparations necessary to proceed with the assessment.
11. The applying province shall request for the PMER to be presented to the Malaria Technical Working Group (TWG) once all requirements have complied.
12. The PMER shall be reviewed by the TWG prior to the presentation of the province for their comments and feedback (Annex E). The province must be able to provide the clarifications during the oral deliberation.
13. During the oral presentation, the Malaria TWG, by virtue of consensus shall recommend one of the following, using the tool for assessment and its electronic equivalent (Annex F)
  - a) The province has presented sufficient evidence to support its request to be declared a Malaria-free province; or
  - b) The province has presented enough evidence to be declared a Malaria-free province but certain minor requirements need to be fulfilled within a given time; or
  - c) The evidence provided by the province has been deemed insufficient and the request for additional supporting data or evidence cannot be fulfilled within an established time-frame.
14. The Malaria TWG shall provide a recommendation to the NMCEP within three (3) days after the deliberation.
15. The NMCEP through the Office of the Director IV of the Disease Prevention and Control Bureau shall endorse the recommended province to be declared as Malaria-free to the Office of the Undersecretary for Public Health Services Team for approval.
16. The official letter from the Office of Undersecretary of Health - Public Health Services Team shall inform the province through the CHD the result of the assessment.

For strict compliance.

By Authority of the Secretary of Health:

  
**MARIA ROSARIO S. VERGEIRE, MD, MPH, CESO II**  
OIC – Undersecretary of Health  
Public Health Services Team

## Annex A Process Flow of the Assessment and Declaration Process



## **Annex B. Criteria and Requirements For Declaring Provinces as Malaria-Free**

### **A. Mandatory Requirements**

1. Absence of confirmed indigenous malaria cases in the last 5 years with the following supporting documents:
  - a. Case/Malaria Investigation forms in the last 5 years for all suspect and confirmed malaria case including specific details on the response undertaken to prevent onward malaria transmission;
  - b. Supported with a 10-year epidemiological data on malaria cases;
  - c. Certification from Provincial Epidemiology and Surveillance Unit (PESU), Regional Epidemiology and Surveillance (RESU) /Epidemiology Bureau (EB) of no indigenous cases in the last 5 years;
  - d. Detailed documentation/accounts on interventions implemented to interrupt transmission and reach elimination
  - e. Adequate case finding supported by an Annual Blood Examination Rate of not less than 3
2. Presence of Functional Elimination Hub:
  - a. Human Resource:
    - i. Designated provincial malaria coordinator/point person
    - ii. Designated Entomologist at least at the provincial health office
    - iii. Designated Quality Assurance System (QAS) Validator at least at the provincial level
    - iv. Designated Health Education and Promotion
  - b. Commodities for anti-malarial interventions
    - i. Insecticides for conduct of Indoor Residual Spraying (IRS) as response to an outbreak in an identified focus (500 sachets)
    - ii. Long Lasting Insecticide Treated Nets (LLIN) for distribution to as response to an outbreak in an identified focus (500 bednets)
    - iii. Functional Spraycans for conduct of IRS as response to an outbreak in an identified focus (at least 7 units)
  - c. Commodities for Malaria Case Detection and Management
    - i. Anti-malarial Drugs at the Rural Health Units (RHUs) and Hospitals for treatment of patient/s positive for malaria infection (5 treatments)
    - ii. Buffer stock of anti-malarial drugs at the provincial health office (10 treatments)
    - iii. Laboratory Supplies for Malaria Microscopy (cotton, alcohol, Giemsa Stain, blood lancet, immersion oil)
    - iv. Rapid Diagnostic Test Kits at least at the referral hospitals and the provincial hospital/provincial health office
  - d. Commodities for Entomological Surveillance and Activities
    - i. Access to Stereoscope
    - ii. Access to Entomology Kit
    - iii. Access to Carabao Bait Trap
3. Presence of a Functional Provincial Surveillance System with the following minimum requirements:
  - a. Designated provincial malaria coordinator/point person
  - b. Designated Provincial Epidemiology and Surveillance Unit Officer
  - c. Compilation of all Case Investigation Forms

- d. Compilation of all malaria epidemiological and activity reports
4. Presence of a Functional system for Diagnosis and Treatment of Malaria with the following minimum requirements:
  - a. Diagnostic and Treatment services are available at least at the rural health units and hospitals
  - b. An established referral system for diagnosing and treating malaria patients to the next level of care (whenever necessary)
  - c. Updated laboratory and patient registry in all health facilities
  - d. Compilation of all accomplished Laboratory Reports
  - e. An updated line list of all health facilities providing malaria diagnostic and treatment services must be available anytime.
  - f. Inventory of health workers involved in malaria treatment and diagnosis (indicate latest training acquired by health worker/microscopist)
5. Compilation of all Malaria Reports in the past 10 years:
  - a. Indoor Residual Spraying (IRS)
  - b. Long Lasting Insecticide-treated Nets (LLIN)
  - c. Laboratory Reports
  - d. Malaria cases and deaths Reports
  - e. Results of entomological surveys and maps
6. Comprehensive discussion/report on the last occurring indigenous malaria cases and all imported cases in the province in the past 5 years
  - a. Epidemiology
  - b. Interventions
7. Functional Entomological Surveillance with the following minimum requirements:
  - a. Availability of the most recent Entomological Surveillance Report
  - b. Availability of a Trained entomologist
8. Functional Quality Assurance System for Malaria Microscopy with the following minimum requirements:
  - a. Trained Malaria Microscopist/s
  - b. Maintained regular Submission of all blood films for validation at the Regional Collaborating Center
  - c. Results of Panel Testing of malaria microscopist/s

#### B. Additional Requirements

1. Quality Assurance System for Vector Control
  - a. Capacity to conduct Bioassay Test
  - b. Capacity to conduct Susceptibility Tests
2. Local Issuance/Ordinance on Elimination Hub Requirements
3. Annual Operation Plan for Health (AOPH)/Provincial Investment Plan for Health (PIPH) to support provincial malaria activities and operations

## **Annex C. Outline of a Provincial Malaria Elimination Report**

### **Executive Summary**

**Chapter I: Introduction**, shows the basic information of the province

- 1.1. Geography
- 1.2. Demographics
- 1.3. Topographic
- 1.4. Economics
- 1.5. Ethno-Cultural References
- 1.6. Health Capacity

**Chapter II: Malaria Status in the Province**, the narrative and data presented should ideally cover the period of time preferably 10 years, minimum of 5 years before reaching elimination status and 5 years after reaching 0 indigenous Malaria case.

- 2.1. History
- 2.2. Malaria Endemicity and Epidemiology
  - 2.2.1. Number of Malaria Endemic Municipalities
  - 2.2.2. Malaria Cases per year
  - 2.2.3. Disaggregation as to species, age and sex
  - 2.2.4. Malaria Stratification of the Province and its municipalities
- 2.3. Placement of Malaria Services
  - 2.3.1. Malaria diagnostic and treatment centers
  - 2.3.2. Malaria Referral Hospitals
- 2.4. Malaria manpower - complement distribution
- 2.5. Vector Control Activities (LLIN distribution and IRS operations)
- 2.6. Case-Finding Accomplishments per endemic municipality, disaggregated into microscopy and RDT
- 2.7. Entomological Surveillance
- 2.8. Information, Education, and Communication activities conducted
- 2.9. Quality Assurance System
- 2.10. Capability Building
- 2.11. Sustainability Mechanism
  - 2.11.1. Provincial Malaria Elimination Hub created by a local resolution
  - 2.11.2. Standard Operating Protocol which covers receipt of report, investigation and response
  - 2.11.3. Surveillance and Response Systems



## **Annex D. Outline of the Field Validation Report**

### **Executive Summary**

### **Chapter 1. Introduction**

### **Chapter 2: Methodology**

#### **2.1 Records Review**

#### **2.2 Interview**

### **Chapter 3: Evaluation**

#### **3.1 Records Review**

##### **3.1.1 Findings**

##### **3.1.2 Recommendations**

#### **3.2 Interview**

##### **3.2.1 Findings**

##### **3.2.2 Recommendations**

### **Chapter 4: Recommendation**

#### **Evaluation Team**

## Annex E. Malaria Elimination Report Feedback Form



Republic of the Philippines  
Department of Health  
**DISEASE PREVENTION AND CONTROL BUREAU**

**NATIONAL MALARIA CONTROL AND ELIMINATION PROGRAM**

**Malaria Elimination Report Feedback Form**

**Instructions:** Please provide feedback on each section of the report and indicate its specific line number. Kindly note the areas to be shown by the province during the virtual presentation as means of verification.

At the end of the form, please indicate your over-all findings of the malaria elimination report.

PROVINCE \_\_\_\_\_

**I. General Comments**

**II. Specific Comments**

Section	Line number	Comments	Additional Remarks
<b>Introduction</b>			
Geographical Information			
Demographics			
Topographic			
Economics			
Ethno-cultural references			
Health Capacity			
<b>Malaria Discussion</b>			
Malaria endemicity			
Malaria Diagnostic and Treatment Services			
Malaria manpower compliment			
Vector control activities			
Case finding activities			
Quality assurance system			
Entomological Surveillance			

Section	Line number	Comments	Additional Remarks
Border operations and other activities			
Information, Education, and Communication (IEC) activities			
Sustainability Mechanisms			

**III. Over-all findings**

<b>Name of the Assessor:</b>	<b>Date:</b>

## Annex F. Assessment Tool for the Evaluation of Eligible Province for Declaration.



Republic of the Philippines  
Department of Health

### DISEASE PREVENTION AND CONTROL BUREAU

#### National Malaria Control and Elimination Program

#### Checklist for Application for Malaria-Free Province

**Instruction:** Given the thorough assessment for each parameter, mark the tick boxes with a check (✓) reflect if the criterion was met; otherwise mark it with a cross (x).

At the end of the form, put a check (✓) to indicate your over-all findings as 'approved', 'approved but with additional requirements', or 'deferred'. If deferred, write a brief explanation on the space provided.

FINDINGS	ASSESSMENT CRITERIA
	No indigenous case for the past five (5) years
	Case investigation report of imported cases for the past five (5) years
	Executive Order on the creation of Malaria Elimination Hub
	Annual Blood Examination Rate (ABER) data from 2008 to present
	LLIN Coverage
	IRS Accomplishment
	Entomological data
	Geo-map of the vector mosquito
	Border Operations reports and other activities/initiatives for the past five (5) years
	Microscopy QA reports and database of Medical Technologists trained on malaria microscopy
	Sustainability Mechanism

#### Over-All Findings:

Approved

Approved but with  
additional  
requirements

Deferred

#### Remarks:

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<i>Name and Signature of the Assessor:</i>	<i>Date:</i>