



ORDINANCE NO. 14, SERIES OF 2017

AN ORDINANCE ESTABLISHING AND ADOPTING MEASURES AND SYSTEMS TO ENSURE EFFICIENT AND EFFECTIVE IMPLEMENTATION OF THE LOCAL TB CONTROL PROGRAM OF THE MUNICIPALITY OF BAYAMBANG.

EXPLANATORY NOTE:

WHEREAS, Article II, Section 15 of the 1987 Constitution explicitly declares that the state shall protect and promote the right to health of the people and instill health consciousness among them;

WHEREAS, Section 17 (b) (2) (iii) of Republic Act No. 7160, otherwise known as the Local Government Code of 1991, provides that "health services, which include the implementation of programs and projects on primary health healthcare, maternal and child care, and communicable and non-communicable disease control services; access to secondary and tertiary health services; purchase of medicines, medical supplies, and equipment needed to carry out the services herein enumerated" are among the duties and responsibilities of the local government units;

WHEREAS, official reports from the National TB Control Program of the Department of Health reveal that tuberculosis remains a major public health concern in this municipality, where the percentage of cases found (or Case Detection Rate of only 52% (2942 cases in 2013), is below the national standard of 90 percent, and the percentage of TB patients who complete treatment and are confirmed as cured (or Cure Rate of only 84% (1169 cured out of 1385 cases 2012), is also below the national standard of 90 percent;

WHEREAS, the low case detection rate will ultimately result in untimely deaths, especially for the remaining cases that do not receive the correct treatment, and could partially result in the spread of infection to other residents of the municipality. Furthermore, each active case of TB can result in the spread of infection to as many as 10 to 20 new cases every year;

WHEREAS, the low cure rate means that patients are not completing and confirming treatment, which may result in a multi-drug resistant TB (MDRTB) that is more difficult and expensive to treat. The DOH-NTP further reports that the municipality has been found to have 9 patients with MDRTB, which is a highly dangerous form of TB that requires expensive specialized care and treatment over a period of 18 to 24 months. A MDRTB patient can easily pass on his/her form of TB other people, posing a grave threat to the community;

WHEREAS, the success of TB treatment depends a great deal on the patient getting support and encouragement from a treatment partner, who ensures that drugs are taken daily and that follow-up sputum exam schedules are adhered to. It is important for treatment partner to be able to go to the patients, rather than the patients going to the treatment partner, particularly in cases of long distances, to ensure treatment compliance;

WHEREAS, many TB symptomatic and patients reside in inaccessible areas of the municipality, resulting in their not being detected and cured. Since presumptive TB and patients are unable to go to the Rural Health Units, the medical/health personnel of the Rural Health Units should be the one to go to the symptomatic patients;



WHEREAS, the level of public awareness of TB is poor. Thus, it is incumbent upon the Municipal Government to conduct health promotion activities, including community outreach TB education, IEC materials distribution, and mass media campaigns;

WHEREAS, in the most recent TB Program Implementation Review conducted in March 2013, it was disclosed that there are several issues and concerns affecting the Municipalities TB control program such as those related to service delivery, policy and governance, regulation, financing, human resource development, and information system;

WHEREAS, The National TB Control Program of the Department of Health's Integrated TB Information System (IT-IS) is the official online reporting system that will be used nationwide will provide computer and the municipal government will provide uninterrupted internet and telephone connection as counterpart;

WHEREAS, considering the above-mentioned problems and issues, there is an urgent to put in place a sustainable comprehensive program on TB control in the municipality;

WHEREAS, at present, the municipality does not even have any legislated policy in support of the TB control program, specifically for the establishment and adoption of measures and systems that will ensure the effective and efficient implementation of the local TB control program;

WHEREAS, the Department of the Interior and Local Government (DILG) Memorandum Circular 98-155 authorized Local Chief Executives to create Anti TB task forces in their respective localities as part of the Local Government Unit (LGU) TB control strategy;

WHEREAS, Executive Order No. 187 "Instituting a Comprehensive and Unified Policy for the Tuberculosis Control in the Philippines" calls for a Multi Sectoral Approach to effectively implement the TB Control Program.

NOW THEREFORE, on motion of **SB Member Junie J. Angeles**, duly seconded;

Be it enacted by the Sangguniang Bayan in session assembled that:

Section 1. TITLE – This ordinance shall be known as "AN ORDINANCE ESTABLISHING AND ADOPTING MEASURES AND SYSTEMS TO ENSURE EFFICIENT AND EFFECTIVE IMPLEMENTATION OF THE LOCAL TB CONTROL PROGRAM OF THE MUNICIPALITY OF BAYAMBANG".

Section 2. PURPOSE – To provide guaranteed quality anti-tuberculosis program municipality.

Section 3. DECLARATION OF POLICY – The municipality of Bayambang joins the nation government's effort to institute an effective program for tuberculosis control through the National Tuberculosis Control Program (NTP). Relevant to this, the Directly Observed Treatment Short Course (DOTS) strategy of the NTP as embodied in Executive Order No. 187, March 21, 2003, shall be the main strategy for tuberculosis control in the Municipality. The five (5) components of DOTS strategy are the following:

a) Direct Sputum Smear Examination shall be the initial diagnostic tool in



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MUNICIPALITY OF BAYAMBANG
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Page 3 of 7
Ord. #14, S-2017

- b) Standardized Chemotherapy in accordance with the National TB Program;
- c) Recording and reporting of cases shall be on the standardized National TB Program forms to be implemented in all health centers;
- d) Directly Observed Treatment Short Course shall be used as the strategy to ensure patient compliance;
- e) Political commitment to ensure sustained, comprehensive implementation of National TB Program activities.

Section 4. DEFINITION OF TERMS – for purposes of this Ordinance, the following terms shall be understood to mean:

- a) Case Finding – identification and diagnosis of TB cases among individuals with suspected signs and symptoms of Tuberculosis.
- b) Cured – a sputum smear positive patient who has completed treatment and is sputum smear negative in the last month of treatment and on at least one previous occasion in the continuation phase.
- c) MDRTB – Multi Drug Resistant Tuberculosis.
- d) GeneXpert – machine used for identifying/diagnosing if presumptive TB client is susceptible or not to Rifampicin and Isoniazid medicine.

Section 5. IMPLEMENTATION OF LOCAL TB PROGRAM IN THE CONTEXT OF NATIONAL TB FRAMEWORK – The implementation of this Ordinance shall support the localization of the 2010-2016 Philippine Plan of Action Control TB (PhilFACT). The plan is in line with the DOH policy directives for TB Program implementation in the context of the so-called KALUSUGAN PANGKALAHATAN pillars: Financial Risk Protection, Access to Quality Health Facilities, and Attainment of MDGs; and along the thrusts of the KP: Governance, Financing, Regulation, Service Delivery, Health Human Resources, and Health Information System.

The implementation of the Municipalities TB program shall ensure universal access to DOTS and respond to the needs of MDR-TB, HIV/TB Co-infection, and the vulnerable populations, such as TB in Children, TB in Jail/Prisons;

Section 6. IMPLEMENTING AGENCIES – The Municipal Health Office shall be the lead agency for the proper implementation of the Municipality of Bayambang TB control program, and is mandated to ensure the strengthened and sustained: (1) advocacy; (2) case finding and treatment; (3) human resource capability; and (4) other administrative concerns of the program.

The Municipal Health Office shall establish multi-sectoral alliances, networks, inter-agency linkages and partnerships with key stakeholders. This is aimed at strengthening partnership with the different sectors involved in the program such as government agencies, non-governmental organizations, civil society groups, private sector, donor institutions and other cooperating entities for a more comprehensive NTP implementation.



The Philippine Health Insurance Corporation or PHILHEALTH will extend direct financial assistance to DOH-certified LGU health centers serving as PPMD-DOTS field units to help defray the cost to be incurred in the treatment of TB patients with a fixed amount of Four Thousand Pesos (4,000.00) per TB patient who is an active PHILHEALTH card holder. PHILHEALTH has issued PHILCAT-PPMD-DOTS Operational Guidelines to govern the disbursement of the amount of Four Thousand Pesos (P4,000.00) per TB patient as direct financial support to DOH-certified and PHILHEALTH accredited LGU health centers serving as PPMD-DOTS field units specifically to cover the cost of medicines, administrative expenses, and honorarium of attending/referring public or private physicians and trained health workers, to wit:

Activities	Allocation	Recipient
1. referral of a TB symptomatic patient diagnosed as an active TB case	P100.00	DOTS Referring Physician Health Workers TB Educator
2. Clinical consultation with DOTS referring Physician (following schedule of the follow-up sputum exam)	P350.00/month x 3months = P 1,050.00	DOTS Referring Physician
3. Quality assurance for Sputum Microscopy	P 200.00	TB Coordinator QA Program
4. TB Diagnostic committee	P 400.00	TB Diagnostic Committee
5. Pool for contingency (drugs)	P1,600.00	RHU
6. Recording and reporting session with certified DOTS Referring	P 150.00	TB Coordinator
7. PF for health personnel for follow up of patients for 6 months	P 500.00	Health Personnel

Section 10. FUND UTILIZATION AND DISBURSEMENT – The amount of Php200,000.00 is hereby initially appropriated in the General Fund of the Municipal Government, subject to future increases as may be deemed reasonable and complementary to the need of sustainable program implementation. Fund disbursement shall be in accordance with the usual accounting and auditing procedures. The said funds shall be released to the Municipal Health Office, in accordance with the following distribution:

- a) Monitoring and supervisory visits - Php40,000.00
- b) Contingency for medicines (Cat. II and TB in Children) – Php50,000.00
- c) Quality assurance for sputum microscopy – laboratory supplies – Php20,000.00
- d) Capability building/creation of MSA – conduct trainings, orientations, seminars – Php40,000.00
- e) Communication expenses – uninterrupted internet connection for IT IS (Integrated TB Information System) – Php50,000.00

Section 11. MONITORING AND EVALUATION – The Municipal Government, through the Task Force created under Section 07 herein, shall periodically monitor and evaluate the performance of the Multi Sectoral Alliances created, RHUs, Public and Private hospitals, health centers and barangay health stations as well as the medical personnel who provide TB control related services, monitoring and evaluation and coordination meetings with different stakeholders to sustain the municipal goal.



Section 12. PROVISION OF NECESSARY PERSONNEL, FACILITY AND EQUIPMENT – In order to provide adequate services to TB control, the municipal government shall endeavor to appoint permanent medical technologist, microscopists and other health personnel in their health centers, who will be responsible for the diagnosis and identification of TB cases and to confirm those under treatment as cured. The municipal government shall likewise ensure that all rural health units and health centers are provided with the appropriate equipment, specifically fully functioning microscopes and laboratory supplies.

Section 13. PROVISION OF BUFFER STOCK OF TB DRUGS – while the National Government, through the Municipal Health Office, is responsible for providing drugs and other commodities essential to TB control, such supply has been erratic at times. Hence, it is essentials for the Municipal Government to provide buffer stock of the necessary drugs and commodities.

Section 14. COMMUNICATION AND TRAVELLING EXPENSES – the Municipal Government shall provide additional computer with printer and uninterrupted internet connection for the TB control program and other health related programs and will provide travelling expenses for the different activities of the TB program implementation.

Section 15. REACHING OUT CAMPAIGN – the municipal government shall conduct a sustained campaign to reach out to the TB symptomatic and patients by:

1. Setting up remote smearing stations
2. House to house campaigns
3. Medical outreach programs
4. Organizing communities to provide support to TB patients

Section 16. NO PRESCRIPTION NO DISPENSING OF TB DRUGS – the municipal government shall implement no dispensing of TB drugs of all Pharmacies and Drug stores without Physicians/Doctor's prescription.

Section 17. REFERRAL OF PATIENTS AND PRESUMPTIVE TB CLIENTS – all drug stores, Pharmacies, Hospitals, Private Clinics, diagnostic laboratories and other stakeholders will use and adopt the National TB control referral system/slip for identification, diagnosis and treatment of Tuberculosis patients.

Section 18. SEPARABILITY CLAUSE – If the event that any provision of this Ordinance is declared void or invalid, the other provisions not affected hereby shall remain valid.

Section 19. REPEALING CLAUSE – All ordinance, local rules and regulations or part thereof, inconsistent with this Ordinance are hereby repealed, modified or amended accordingly.

Section 20. EFFECTIVITY. This Ordinance shall take effect upon its approval.

ENACTED this 8th day of May 2017.



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Page 7 of 7
 Ord=14.S-2017

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Certified to be duly adopted and approved:

JOEL Y. CAMACHO
 Secretary to the Sanggunian

ATTESTED:

HON. RAUL R. SABANGAN
 Municipal Vice-Mayor &
 Presiding Officer

**WITH THE CONCURRENCE OF THE
 SANGGUNIANG BAYAN**

HON. MYLVIN T. JUNIO

HON. JOSEPH VINCENT E. RAMOS
(absent)

HON. PHILIP R. DUMALANTA

HON. BENJAMIN FRANCISCO S. DE VERA

HON. JUNIE J. ANGELES

HON. MARTIN E. TERRADO II

HON. MA. CATALINA E. DE VERA

HON. AMORY M. JUNIO

HON. ROGELIO P. DUMALANTA
 Pangulo, Liga ng mga Barangay

APPROVED:

HON. CEZAR T. QUIAMBAO
 Municipal Mayor