



REPUBLIC OF THE PHILIPPINES  
Province/City of \_\_\_\_\_

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**OFFICE OF THE SANGGUNIANG PANGLALAWIGAN/PANLUNGSOD**

ORDINANCE NO. \_\_\_\_\_

Series of 2019

“AN ORDINANCE ADOPTING THE IMPLEMENTATION OF THE TUBERCULOSIS CONTROL PROGRAM IN THE PROVINCE/CITY OF \_\_\_\_\_ TO STRENGTHEN AND SUPPORT ALL ACTIVITIES OF THE PROGRAM TO ATTAIN A TUBERCULOSIS-FREE COMMUNITY AND APPROPRIATING FUNDS THEREOF”

WHEREAS, Republic Act 10767, otherwise known as An Act Establishing a Comprehensive Plan of Action to Eliminate Tuberculosis as a Public Health Problem and Appropriating Funds Therefor, declares that the State is mandated to adopt an integrated and comprehensive approach to health development and shall support and expand efforts to eliminate tuberculosis as a public health problem by increasing investments for its prevention;

WHEREAS, the Philippines remains to be one of the countries with high burden of tuberculosis, both drug-susceptible and drug-resistant;

WHEREAS, the Department of Health of the Republic of the Philippines under the Philippine Health Agenda 2016-2022 and Administrative Order No. 2017-0014 mandates all provinces, highly urbanized cities and municipalities to integrate all health services in primary health care setting through a service delivery network (SDN);

WHEREAS, due to the collaborative efforts of all stakeholders and service providers, it is imperative that a Delivery of TB Services (DOTS) in SDN be established and a referral protocol be developed and followed by all concerned to ensure that all patients and/or clients are served based on their needs and are recorded and reported, accordingly;

WHEREAS, to institutionalize mechanism of prevention and control of TB infection, formation of a multisectoral coordinating committee (MSCC), also known as multisectoral stakeholders' alliance (MSA), provincial coordinating committee (PCC), and TB council, becomes imperative for effective implementation and monitoring of DOTS in SDN;

NOW THEREFORE, BE IT ORDAINED BY THE SANGGUNIANG PANGLALAWIGAN/  
PANLUNGSOD OF THE PROVINCE/CITY OF \_\_\_\_\_ SESSION DULY ASSEMBLED THAT:

Section 1. Creation of a multisectoral coordinating committee. The Province/City of \_\_\_\_\_ hereby creates an MSCC composed of the following:

- a. Chairperson - Provincial Governor/City Mayor
- b. Co-chairperson – Sangguniang Panglalawigan/Panlungsod Committee Chairperson on Health and Environmental Protection
- c. Members
  - a. Members of the Local Health Board
  - b. Representatives from government agencies
    - i. Superintendent, Representative from Department of Education

- ii. Department of Social Welfare and Development
- iii. PhilHealth
- iv. Department of the Interior and Local Government
- c. One representative from different NGOs
- d. One representative from TB patient groups
- e. One representative from the business sector
- f. One representative from faith-based organizations
- g. TB City Medical Coordinator

Section 2. Establishment of DOTS in Service Delivery Network. The Province/City shall establish a service delivery network to link all TB services from information dissemination, education, finding presumptive TB patients, referring patients, screening, diagnosing, treating and ensuring that TB patients finish the entire duration of treatment.

Section 3. Referral Protocol. All stakeholders, partners and service providers participating in local DOTS in SDN in the Province/City of \_\_\_\_\_ shall follow the standards and guidelines of the referral protocol established and disseminated by the MSCC.

Section 4. Roles and Responsibilities. The different members of the DOTS in SDN shall have the following roles and responsibilities:

1. Multisectoral Coordinating Committee
  - a. Act as coordinating body for DOTS in SDN.
  - b. Initiate the development of local policies, guidelines and plan for the local DOTS.
  - c. Advocate for the passage of legislative policies, resolutions related to DOTS.
  - d. Advocate with local governments to support activities to sustain the DOTS.
  - e. Lead resource mobilization for the DOTS activities.
  - f. Identify capacity building needs and recommend to PHO/CHO for implementation.
  - g. Plan the monitoring and evaluation of the DOTS.
  - h. Regularly assess the notification processes and recommend ways to improve it.
  - i. Develop mechanism to ensure access and minimize delays to diagnostic and treatment services and reduce out-of-pocket cost to patients.
  - j. Receive feedback from participating partners and key affected populations and discuss/mediate interventions to address any problems.
2. Province/City/Municipal LGUs and HUCs
  - a. Create policies to support the DOTS and to institutionalize the membership of participating TB service providers.
  - b. Lead in the development and implementation of sustainability mechanisms of the DOTS.
  - c. Allocate budget for activities related to the local implementation of RA 10767 and MSCC activities to maximize participation of members.
  - d. Mobilize logistical support and other enablers for TB patients and other resources for the program.
  - e. Assist in the mapping of participating and non-participating TB service providers (master list) and advocacy to participate.
  - f. Disseminate the directory of participating TB service providers which shall be derived from the master list.
  - g. Initiate monitoring and evaluation activities, including monitoring visits to facilities and program implementation reviews.
3. Provincial/City Health Office
  - a. Act as secretariat to the MSCC.
    - i. Coordinate the activities planned by the MSCC related to DOTS.

- ii. Document all meetings and activities and maintain records.
    - iii. Facilitate communication between and among MSCC and DOTS members.
    - iv. Provide feedback to participating facilities and MSCC about any problems encountered in DOTS.
  - b. Assist in the development of local policies, guidelines and plans for local DOTS.
  - c. Coordinate with the DOH Regional Office (RO) in the conduct of trainings and orientations for the network.
  - d. Receive and analyze reports from participating TB service providers (as agreed within the local DOTS).
  - e. Submit regular NTP reports to the DOH RO and special reports agreed within the DOTS network.
  - f. Conduct monitoring and technical supervision of the members of the DOTS network.
  - g. Coordinate with the DOH Regional Office for the supply of anti-TB drugs, laboratory supplies and other commodities that may be required.
  - h. Draft the referral protocol and procedures.
  - i. Update annually the local directory to reflect new members of the network as well as potential attrition.
  - j. Implement the referral and tracking mechanism for patients and biological specimens
  - k. Provide anti-TB drugs, laboratory supplies and other commodities from DOH to DOTS facilities based on agreed modes of allocation and delivery.
4. TB Service Providers
- a. Comply with and ensure adherence to the agreed referral protocols and procedures and forms.
  - b. Support the sustainability mechanisms installed by their respective LGUs.
  - c. Refer identified presumptive TB cases, biological specimens and diagnosed TB cases to other TB service providers, if necessary.
  - d. Receive, accommodate and assess referrals from Rural Health Units/Health Centers and other TB service providers
  - e. Notify all diagnosed TB cases to PHOs/CHOs within one week.
  - f. Provide feedback to referring facilities on outcome of referrals.
  - g. Encourage the patient to continue consultation and follow-up with participating private physician while on treatment.
  - h. Provide follow-up care for patients receiving treatment/TB drugs from private TB service providers.
  - i. Provide data requested by the LGU for monitoring the functionality of the local DOTS network.
  - j. Attend activities planned by the MSCC or PHO/CHO.
  - k. Comply with the quality assurance system for TB diagnostics.
  - l. Coordinate with other TB service providers for tracking down referrals.
  - m. Request, transport, store and use anti-TB drugs, laboratory supplies and other commodities in accordance with NTP policies and procedures and as agreed within the local DOTS network.
  - n. Provide feedback to the MHO/PHO/CHO or MSCC about any problems encountered in DOTS.
  - o. Participate in monitoring and program implementation reviews.
5. DOTS-referring Facility/Individual/Group
- a. Identify and refer presumptive TB cases, biological specimens and diagnosed TB cases.
  - b. Assist CHOs and MHOs in tracking patients, as applicable.
  - c. Attend meetings and advocacy activities.
  - d. Submit reports on referrals.
  - e. Comply with the agreed DOTS protocol.

Section 5. Funding and Disbursements. For the operations of the MSCC, DOTS in SDN and the TB Program, the Province/City shall appropriate the amount of XXX million pesos (PhPX,000,000.00) annually. Disbursements shall be approved by the Chairperson subject to the usual accounting and auditing procedures. The said funds will be released to the Provincial/City Health Office and will be allocated as follows:

Secretariat support	X%
Training/Capacity building of TB service providers	X%
Information and education campaign	X%
Quarterly meetings	X%
Monitoring of TB program implementation (onsite visits and program implementation reviews)	X%
Logistics and other supplies	X%
Anti-TB drugs and ancillary medicines	X%

Section 6. Term of Office. Members of the MSCC shall hold office for a period of three (3) years from the date of their appointment. Any member can be removed due to death, separation, retirement, reshuffling, non-functioning or any other probable cause.

Section 7. Vacancies. Any vacancy in the MSCC due to death, resignation, removal or permanent disability of any member shall be filed by the MSCC. The MSCC shall then appoint a new member to complete the unexpired period of the term of the member concerned. Appointments by the MSCC shall be made based on the following qualifications: (a) good moral character, (b) unquestionable integrity, (c) dedication, (d) responsibility, and (e) knowledge of or keen interest in TB.

Section 8. Meetings. The MSCC shall meet on the first month of every quarter on a date to be determined by majority of the members. It may hold special meetings as often as necessary.

Section 9. Quorum. A simple majority shall constitute a quorum.

Section 10. The Secretariat of the \_\_\_\_\_ Health Board will be designated as Secretariat of the MSCC. The Head of the Secretariat shall designate the monitoring team to implement the internal monitoring and evaluation of the TB programs.

Section 11. Management of TB donations and contributions. The City Treasurer shall accept in trust for the MSCC grants, donations, contributions or gifts that will accrue to the general fund of the MSCC exclusively to sustain its programs, projects and activities. For this purpose, the City Treasurer shall open a trust account with any accredited government depository bank.

Disbursement of the trust fund shall be in accordance with existing budgeting, accounting and auditing rules and regulations.

Section 12. Repealing Clause. Except as otherwise provided herein, all administrative regulation, City Ordinances, City Resolutions, and Barangay Ordinances that are inconsistent with and contradictory to any provision of this ordinance are hereby repealed or modified accordingly;

Section 13. This Ordinance shall take effect after fifteen (15) days from its publication in a local newspaper of general circulation.