

MEMORANDUM OF UNDERSTANDING FOR DOTS IN SERVICE DELIVERY NETWORK

KNOW ALL MEN BY THESE PRESENTS:

This Memorandum of Understanding (MOU) is made and entered into this ____ day of _____ [month] [year] in _____ Province/City, Philippines by and among:

The **Provincial/City Government of _____**, with office address at _____, herein represented by **Hon. _____, City Mayor/Governor**, through _____ **Provincial/City Health Office**, referred to in this document as _____ **PHO/CHO**;

and

Name of TB Service Provider 1, with corporate / business address at _____, herein represented by **Name, Position**;

and

Name of TB Service Provider 2, with corporate / business address at _____, herein represented by **Name, Position**;

and

Name of TB Service Provider 3, with corporate / business address at _____, herein represented by **Name, Position**;

and

Name of TB Service Provider 4, with corporate / business address at _____, herein represented by **Name, Position**;

and

Name of TB Service Provider 5, with corporate / business address at _____, herein represented by **Name, Position**;

WITNESSETH THAT

WHEREAS, the Department of Health National Tuberculosis Control Program (DOH-NTP) has long recognized that program target for case detection rate (CDR) of 90% and treatment success rate (TSR) of

90% will not be achieved without the active participation of the private sector. Since initiating public-private mix (PPM) more than 10 years ago, the strategy is now a major component of the Philippine Strategic TB Elimination Plan Phase 1 (PhilSTEP1) 2017–2022.

WHEREAS, engagement of both public and private providers is one of seven main strategies in PhilSTEP1, and among the performance targets is percentage of provinces/cities with a functional referral system. By 2022, 80% of identified private health practitioners are engaged and 80% of provinces and cities of the country should have a functional DOTS network with 30% or more of their TB cases coming from “non-NTP” providers. These providers are operationally defined as those coming from the private sector, other government facilities (outside the health centers) and the community (e.g., community-based organizations, community health teams, barangay health workers).

WHEREAS, to achieve the above targets, one of the recommended interventions in PhilSTEP1 includes the development, updating and dissemination of guidelines and tools for the establishment and sustainability of **DOTS in Service Delivery Network**.

WHEREAS, the implementation of DOTS in SDN in an organized manner is expected to yield high CNR and TSR that will benefit the community at large.

WHEREAS, the establishment of DOTS in SDN shall be through the _____ Provincial/City Health Office as agreed with the partners as signatories in this MOU.

IN CONSIDERATION of the foregoing, the parties hereby agree as follows:

I. RESPONSIBILITIES OF MULTISECTORAL COORDINATING COMMITTEE

- a. Initiate the development of local policies, guidelines and plan for the local DOTS.
- b. Advocate for the passage of legislative policies and resolutions related to DOTS.
- c. Advocate with local governments to support activities to sustain the DOTS network.
- d. Lead resource mobilization for DOTS activities.
- e. Identify capacity building needs and recommend to PHO/CHO for implementation.
- f. Plan the monitoring and evaluation of the DOTS network.
- g. Regularly assess the notification process and recommend ways to improve it.
- h. Develop mechanism to ensure access to and minimize delays in diagnostic and treatment services and reduce out-of-pocket cost to patients.
- i. Receive feedback from participating partners and key affected populations and discuss/mediate interventions to address any problems.

II. RESPONSIBILITIES OF PROVINCE/CITY/MUNICIPAL LGUs AND HUCs

- a. Create policies to support the DOTS network and institutionalize the membership of participating TB service providers.
- b. Lead the development and implementation of sustainability mechanisms of the DOTS network.

- c. Allocate budget for activities related to the local implementation of RA 10767 (An Act Establishing a Comprehensive Philippine Plan of Action to Eliminate Tuberculosis as a Public Health Problem and Appropriating Funds Therefor) 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.

III. RESPONSIBILITIES OF PROVINCIAL/CITY HEALTH OFFICE

- a. Act as secretariat to the MSCC.
 - i. Coordinate the activities planned by the MSCC related to the DOTS network.
 - ii. Document all meetings and activities and maintain records.
 - iii. Facilitate communication between and among MSCC and DOTS network members.
 - iv. Provide feedback to participating facilities and MSCC about any problems encountered in DOTS network.
- b. Assist in the development of local policies, guidelines and plans for the local DOTS network.
- 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 network).
- e. Submit regular NTP reports to the DOH RO and special reports agreed within the DOTS network.
- f. Monitor and technically supervise the members of the DOTS network.
- g. Coordinate with the DOH RO 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.

IV. RESPONSIBILITIES OF 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 and information for monitoring the functionality of the local DOTS.
- 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.

V. RESPONSIBILITIES OF 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-upon DOTS protocol.

This MEMORANDUM OF UNDERSTANDING shall take effect upon signing by the parties and shall continue until (mm/dd/yy).

This MEMORANDUM OF UNDERSTANDING rests on good faith and goodwill of the parties, acknowledging that they have a common purpose in making TB DOTS services available and accessible to all.

IN WITNESS WHEREOF, the parties have signed this MEMORANDUM OF UNDERSTANDING this ____ day of [month] [year], at _____ Province/City, Philippines.

PROVINCE/CITY GOVERNMENT OF _____

By

City Mayor/Governor

TB SERVICE PROVIDER 1
By _____

TB SERVICE PROVIDER 2
By _____

TB SERVICE PROVIDER 3
By _____

TB SERVICE PROVIDER 4
By _____

TB SERVICE PROVIDER 5
By _____

Signed in the presence of:
