



Republic of the Philippines
Province of Aklan
Kalibo, Aklan

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Office of the Sangguniang Panlalawigan

November 14, 2014

DR. ATHENA C. MAGDAMIT
Municipal Health Officer
Lezo, Aklan

Dear Dr. Magdamit :

We are furnishing to you herewith Sangguniang Panlalawigan General Ordinance No. 010, S. 2014 which is self explanatory.

May we request that a copy of said ordinance be posted in your bulletin board for the information of the general public.

Thank you very much.

Very truly yours,

[Handwritten signature of Odon S. Bandiola]

ODON S. BANDIOLA
Secretary to the Sanggunian

Attachment : As stated.

osb/osr/mda

*RECEIVED BY:
MARIA ANA MARIQUITA
DEC-1, 2014*



Republic of the Philippines
 PROVINCE OF AKLAN
 KALIBO, AKLAN

OFFICE OF THE SANGGUNIANG PANLALAWIGAN

EXCERPTS FROM THE MINUTES OF THE THIRTY-EIGHTH (38TH) REGULAR SESSION FOR CY 2014 OF THE 16TH SANGGUNIANG PANLALAWIGAN OF THE PROVINCE OF AKLAN (2013-2016) HELD ON NOVEMBER 5, 2014 AT THE SANGGUNIANG PANLALAWIGAN SESSION HALL, PROVINCIAL CAPITOL, KALIBO, AKLAN.

PRESENT:

| | |
|---|---|
| HONORABLE GABRIELLE V. CALIZO-QUIMPO | - Vice Governor |
| HONORABLE JOSE ENRIQUE M. MIRAFLORES | - SP Member-Western District |
| HONORABLE RAMON S. GELITO | - Acting Presiding Officer |
| HONORABLE ESEL L. FLORES | - SP Member-Western District |
| HONORABLE NELSON D. SANTAMARIA | - SP Member-Western District |
| HONORABLE EMMANUEL SOVIET RUSSIA A. DELA CRUZ | - SP Member-Western District |
| HONORABLE RODSON F. MAYOR | - SP Member-Eastern District |
| HONORABLE LILLIAN Q. TIROL | - SP Member-Eastern District |
| HONORABLE PLARIDEL M. MORANIA | - SP Member-Eastern District |
| HONORABLE HARRY C. SUGGANG | - SP Member-Eastern District |
| HONORABLE APOLINAR C. CLEOPE | - SP Member, PCL President |
| HONORABLE STEPHEN Z. BOLIVAR | - SP Member, President Liga ng mga Barangay |

ABSENT:

| | |
|----------------------------------|--|
| HONORABLE ROBERTO M. GARCIA, JR. | - SP Member-Western District |
| | - Vacation Leave |
| DR. PAUL L. MACAHILAS | - Chief of Hospital II, DRSTMH |
| DR. MARY JEAN A. GELITO | - Chief of Hospital I, Ibajay District Hospital |
| DR. JULIUS R. GONZALES | - Chief of Hospital I, Justice Godofredo P. Ramos Hospital-ADH |
| DR. MICHAEL L. TERENCIO | - PGDH, EEDD |
| MS. THERESA S. TEMPLONUEVO | - Provincial Accountant, PACCO |
| MR. REX S. ROBLES | - Adm. Officer IV, Ibajay District Hospital |
| MR. EDWARD S. VIDAL | - SAO, EEDD-Admin. |

GENERAL ORDINANCE NO. 010, S., 2014

“AN ORDINANCE ESTABLISHING AND ADOPTING MEASURES AND SYSTEMS TO ENSURE EFFICIENT AND EFFECTIVE IMPLEMENTATION OF THE LOCAL TB CONTROL PROGRAM OF THE PROVINCE OF AKLAN”

Sponsored by: Honorable Nelson D. Santamaria

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 the 1991 provides that "health services, which include the implementation of programs and projects on primary health care, 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 the duties and responsibilities of the local government units";

WHEREAS, official reports from the National TB Control Program of the Department of Health reveals that tuberculosis remains a major public health concern in this Province, where the percentage of cases found, Case Detection Rate of 90 percent (1,336 cases in 2013) is above the national standard of 85 percent, and the percentage of TB patients who completed treatment and are confirmed as cured with Cure Rate of 90 percent (90 cured out of 616 cases in 2013) is above the national standard;

WHEREAS, there are municipalities with low Case Detection Rate and low cure rate. The low case detection rate will ultimately result in untimely deaths, especially for the remaining cases that do not receive the correct treatment. Furthermore, each active case of TB can result in the spread of infection to as any as 10 to 20 new cases every year.

WHEREAS, the low Cure Rate means that patients are not completing and confirming treatment. Uncompleted treatment may result in Multi-Drug Resistant TB (MDRTB) which is much more difficult and expensive to treat. The DOH-NTP further reports that the Province has been found to have 15 patients with MDRTB, which is highly dangerous form of TB that requires expensive specialized care of treatment over a period of 18 to 24 months. An MDRTB patient can easily pass on his/her form of TB to 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 the drug 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 presumptive TB patients reside in inaccessible areas of the Province, 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 ones to go the patients;

WHEREAS, in the recent TB dialogue conducted last July 2014, it was disclosed that there are several issues and concerns affecting the Province TB Control Program such as those related to service delivery, policy and governance, regulation, financing, human resource development, and information system;

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

NOW THEREFORE, The Sangguniang Panlalawigan of the Province of Aklan, hereby ordains that:

Section 1. TITLE – This Ordinance shall known as “AN ORDINANCE ESTABLISHING AND ADOPTING MEASURES AND SYSTEMS TO ENSURE EFFICIENT IMPLEMENTATION OF THE LOCAL TB CONTROL PROGRAM OF THE PROVINCE OF AKLAN”.

Section 2. PURPOSE – To provide guaranteed quality anti-tuberculosis program implementation and patient care to all vulnerable individual residents of the Province.

Section 3. DECLARATION OF POLICY – The Province of Aklan joins the national government’s effort to institute an effective program for tuberculosis control through the National Tuberculosis Control Program (NTP). Relevant to this, the Direct Observed Treatment Short Course (DOTS) strategy of the NTP, shall be the main strategy for tuberculosis control in the Province. The five (5) components of DOTS strategy are the following:

- a) Direct Sputum Smear Examination shall be the initial diagnostic tool in case finding.
- 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) Direct Observe Treatment Short Course shall be used as a strategy to ensure patient compliance.
- e) Political commitment to ensure sustained, comprehensive implementation of National TB Program activities.

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

- a) Passive Case Finding – when symptomatic patients are screened for disease activity upon consultation at the health facility.
- b) Active Case Finding – a health worker's purposive effort to find TB cases in the community or among those who do not consult with personnel in a DOTS facility.
- c) Intensified Case Finding – active case finding among individual belonging to special or defined populations (e.g. high risk groups including those who consult or find themselves at the facility for other purposes).
- d) 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.
- e) MDRTB – Multi Drug Resistant Tuberculosis.
- f) GeneXpert- machine used for identifying/diagnosing if presumptive TB client is susceptible or not to Rifampicin or 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 to Control TB (PhilPACT). The Plan is in line with the DOH policy directives for TB Program implementation in the context of the so-called KALUSUGAN PANGKALAHATAN thrust: Financial Risk Protection, Access to Quality Health Facilities, and Attainment of MDGs; and along the instruments of the KP: Governance, Financing, Regulation, Service Delivery, Health Human Resources, and Health Information System.

The implementation of the Province's 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 and:

- a) Installation of the GeneXpert machine at Dr. Rafael S. Tumbokon Memorial Hospital.
- b) Putting up one (1) MDR TB Satellite Treatment Center for Aklan.
- c) All municipalities will create, pass and implement their respective local TB Ordinance.
- d) Establishments of boarding houses.

Section 6. IMPLEMENTING AGENCIES – The Provincial Health Office shall be the lead agency for the proper implementation of the Province of Aklan's TB Control Program, and its mandate 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 Provincial Health Office had established multi-sectoral alliances, networks, inter-agency linkages and partnerships with key stakeholders. This is aimed to strengthened 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.

Section 7. TB COUNCIL – Aklan TB Council is hereby created as part of TB Program management mechanisms, with the general responsibility of taking all necessary steps for the effective execution and enforcement of this Ordinance, as well as for the achievement of program goals and objectives. The Council shall be composed of the following:

- 1) Provincial Governor as the Honorary Chairman.
- 2) Sangguniang Panlalawigan Committee on Health as Co Chairman.
- 3) Provincial Health Officer II as Vice Chairman.
- 4) Government Agencies.
- 5) Civil Society Groups.
- 6) Private Sector.
- 7) PHO NTP Core Team as Secretariat.

Section 8. ROLES, FUNCTIONS AND RESPONSIBILITIES – There shall be an annual fund allocation of Two Hundred Fifty Thousand Pesos (Php250,000.00) for the Provincial Health Office, specifically dedicated for the purpose of developing and implementing sustainable approaches and activities in the efficient and effective delivery of the local TB Program. The funding shall have the following priorities:

- 1) To ensure that the allocation for the budgetary requirements for the Provincial TB program is sufficient and used.
- 2) To ensure that efforts and resources are geared towards achieving the goal of having a community where TB is no longer a public health problem.

- 3) To ensure that the NTP policies and the DOTS strategies are implemented, thereby ensuring a case detection rate of at least 90% and a treatment success rate of at least 90%.
- 4) To advocate for the continuous investment for quality improvement and certification and accreditation of the LGU health facilities as DOTS centers.
- 5) To strengthen and capacitate local community health volunteers on TB DOTS program.
- 6) To ensure that the LGU regularly supports the monitoring, supervision, evaluation, training requirements and NTP drug supplies.

The fund allocation hereby appropriated for the local TB Control Program of the Province of Aklan shall hereinafter be included in the general appropriations ordinance of the Province starting 2015.

Section 9. FUND UTILIZATION AND DISBURSEMENT – The amount of Two Hundred Fifty Thousand Pesos (Php250,000.00) is hereby initially appropriated in the General Fund of the Provincial Government, subject to future increase as may be deemed reasonable and complementary to the need of sustainable program implementation. Fund disbursements shall be in accordance with the usual accounting and auditing procedures. The said funds shall be released to the Provincial Health Office, in accordance with the following distribution:

- a) Monitoring and supervisory visit 4%.
- b) Contingency for medicines (TB in Children drugs and Category 2 drugs) and laboratory reagents 30%.
- c) Laboratory equipment 3%.
- d) Programmatic Management of Drug resistant TB 30%.
- e) Quality assurance for sputum microscopy 2 Capability building 3%.
- f) Advocacy activities 30%.

Section 10. MONITORING AND EVALUATION – The Provincial Government, through the TB Council created under Section 7 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 provincial goal.

Section 11. 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 who will be responsible for the diagnosis and identification of TB cases and to confirm those under treatment as cured. The Provincial Government shall likewise provide the Rural Health Unit with the appropriate equipment, specifically fully functioning microscopes and laboratory supplies. A permanent staff from the Provincial Jail be designated as health coordinator who will be responsible for the coordination and preparation of venue where quarterly medical consultation will be done by the Provincial Health Office and as treatment partner of diagnosed TB patient. Construction of separate isolation ward/room for the Provincial Jail to avoid spread of communicable diseases especially tuberculosis.

Section 12. PROVISION OF BUFFER STOCK OF TB DRUGS – While the National Government, through the Provincial Health Office, is responsible for providing drugs and other commodities essential to TB control, such supply has been erratic at times. Hence, it is essential for the Provincial Government to provide buffer stock of the necessary drugs and commodities.

Section 13. COMMUNICATION AND TRAVELLING EXPENSES – The Provincial 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 14. REACHING OUT CAMPAIGN – The Provincial 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 15. NO PRESCRIPTION NO DISPENSING OF TB DRUGS –
The Provincial Government shall implement no dispensing of TB drugs of all Pharmacies and Drug stores province wide without Physicians/Doctor's prescription.

Section 16. 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 17. PHILHEALTH FUND – PhilHealth payments for TB DOTS package shall be deposited in a separate Trust Fund Account of the LGU for the Municipal Health Office and shall be disbursed in accordance with the PhilHealth policies and guidelines.

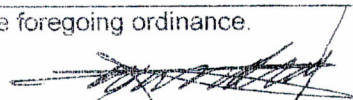
Section 18. SEPARABILITY CLAUSE – If the event that any provision of this Ordinance is declared void or invalid, the other provisions not affected hereby shall remain valid.

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

Section 20. EFFECTIVE CLAUSE – This Ordinance shall take effect immediately upon its approval in accordance with law.

ENACTED, NOVEMBER 5, 2014.

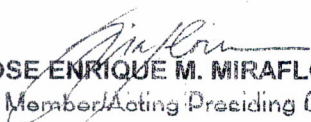
I HEREBY CERTIFY to the correctness of the foregoing ordinance.



ODON S. BANDIOLA

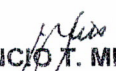
Secretary to the Sanggunian

ATTESTED:



JOSE ENRIQUE M. MIRAFLORES
SP Member/Acting Presiding Officer

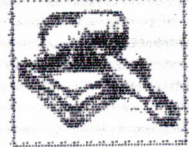
APPROVED:



FLORENCIO T. MIRAFLORES
Provincial Governor



Republic of the Philippines
Province of Aklan
MUNICIPALITY OF LEZO
OFFICE OF THE SANGGUNIANG BAYAN
2nd Floor, Lezo Municipal Building
Poblacion, Lezo, Aklan 5605
(036) 274-7208



EXCERPT FROM THE MINUTES OF THE 4TH REGULAR SESSION FOR CY 2015 OF THE HONORABLE SANGGUNIANG BAYAN (2013-2016) MUNICIPALITY OF LEZO, AKLAN HELD ON TUESDAY, FEBRUARY 3, 2015 AT THE SB SESSION HALL.

PRESENT:

| | |
|---------------------------------------|---|
| HON. PHILIP JOHN B. BUENAFLOR, R.C.E. | - Municipal Vice-Mayor, Presiding Officer |
| HON. GEORGE R. VILLARUBIA | - Sangguniang Bayan Member |
| HON. REDENTOR U. TARAN | - Sangguniang Bayan Member |
| HON. ASHER C. FLORES | - Sangguniang Bayan Member |
| HON. JULLY F. ICASAS | - Sangguniang Bayan Member |
| HON. DENNIS CLIFFORD M. FRANCISCO | - Sangguniang Bayan Member |
| HON. CONRADO M. ARCENIO | - Sangguniang Bayan Member |
| HON. MARY LUCY R. DE LA CRUZ | - Sangguniang Bayan Member |

EXCUSED:

| | |
|------------------------|----------------------------------|
| HON. ROWEN M. AUTENCIO | - Sangguniang Bayan Member |
| HON. ROMY R. ABELLO | - MF Pres., Liga Ng Mga Barangay |

ORDINANCE: NO. 1, SERIES OF 2015

AN ORDINANCE CREATING THE "LEZO MUNICIPAL MULTI-SECTORAL TB CONTROL ALLIANCE" AS A VEHICLE TO CONSOLIDATE AND UNIFY EFFORTS TOWARDS A COMMUNITY WHERE TUBERCULOSIS(TB) IS A PUBLIC HEALTH PROBLEM AND APPROPRIATE FUNDS THEREOF; THE INSTITUTION OF PARTNERSHIP WITH DOTS CENTER AND TB WORKPLACE POLICY AND PROGRAM AS A PREREQUISITE TO ISSUANCE OF BUSINESS PERMIT; THE INSTITUTION OF "NO PRESCRIPTION, NO DRUGS DRIVE" AND CORRESPONDING PENALTIES; AND PHILHEALTH TB BENEFIT PACKAGE ALLOCATION TO THEIR TREATMENT PARTNERS.

SPONSORED BY COMMITTEE ON HEALTH

| | |
|----------------|-----------------------------------|
| CHAIRMAN: | HON. DENNIS CLIFFORD M. FRANCISCO |
| VICE-CHAIRMAN: | HON. REDENTOR U. TARAN |
| MEMBERS: | HON. GEORGE R. VILLARUBIA |
| | HON. JULLY F. ICASAS |
| | HON. ROMY R. ABELLO |

WHEREAS, Section 17 (b) (2) (iii) of Republic Act No. 7160, otherwise known as the Local Government Code of the 1991 provides that health services, which include the implementation of programs and projects on primary health care, 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 the duties and responsibilities of the local government units;

WHEREAS, it is important for the Municipality of Lezo to always monitor and evaluate the performance of the RHU and Barangay Health Stations, as well as the medical personnel who provide public health services;

WHEREAS, the Municipality of Lezo could not cope up the demands to fully provide adequate services to TB control due to scheduled based microscopist every Tuesday, who is responsible for the diagnosis or identification of TB cases and to confirm those under treatment as cured;

WHEREAS, while the National Government, through the Provincial Health Office, is responsible for providing drugs and other commodities that are essential to TB control. Therefore, it is essential for the Municipality to provide buffer stock of the necessary drugs and commodities;

WHEREAS, multi-drug resistant TB (MDRTB) is a highly dangerous form of TB that requires expensive specialized care and treatment (Programmatic Management of Drug-resistant TB) over a period of 18 months. A MDRTB patient can easily pass on his/her form of TB to other people, posing a grave threat to the community;

WHEREAS, some symptomatic and patients with TB reside in inaccessible areas of the Municipality, resulting in their not being detected and cured. Since symptomatic and patients are unable to go to the MHO, health workers are encourage to maximize their effort to advocate TB Program in GIDA. The Municipality should reach out to the symptomatic and patients by:

1. Medical outreach programs
2. Organizing communities to provide support to TB patients

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

WHEREAS, the success of TB treatment depends on the patient getting support and encouragement from a treatment partner, who ensures that specific medications are taken daily and that follow up sputum exam schedule; are adhered to. It is important for the treatment partners to be able to go to the patients, rather than the patients going to the treatment partner, particularly if distances are far, to ensure treatment;

The MSA shall immediately convene and have the following functions:

1. Develop an interim policies and guidelines for municipal management and implementation of TB Care according to International Standards and National TB Program for a comprehensive, province-wide, multi-sectoral, inter-agency and community-based approach which shall serve as a principal guide to the anticipatory to, responsive to and aftermath of tuberculosis infection;
2. Plan, decide and coordinate at their respective levels and expertise in accordance with the guidelines of the National TB Program and international standard TB Care when confronted with the problems relative to Tuberculosis within the purview of their responsibility;
3. Set the mode of inter-operability between the concerned agencies to ensure that operational demands during TB-crisis period to ensure all government actions are aptly met, coordinated and complementary;
4. Organize the Technical Working Committees(TWC) consisting of local representatives from national and municipal offices and agencies, NGOs, and academe, including other offices and agencies as may be deemed necessary to fulfill the following tasks:
 - a. **POLICY MAKING:** To develop interim policies and guidelines for provincial management, implementation and sustainability of TB Care according to International Standards and National TB Program for a comprehensive, province-wide, multi-sectoral, inter-agency and community-based approach which shall serve as a principal guide to the anticipatory to, responsive to and aftermath of tuberculosis infections;
 - b. **CAPACITY BUILDING:** To take all necessary steps to maintain, provide, or arrange the provision of, or to otherwise make available, suitably trained and competent on National TB policies, procedures and TB protocols through advocacy of implementation of DOTS strategy in accordance with an established Comprehensive Unified Policy on TB volunteers to address TB concerns;
 - c. **SOCIAL MOBILIZATION:** To set the mode of inter-operability between the concerned agencies to ensure the implementation of the DOTS strategy in their respective areas, in accordance to an established Comprehensive Unified Policy on TB and establish access to appropriate DOTS Center in the Public Sector including participating Private Sector, through standardized referral mechanism;

- d. **RESOURCE MOBILIZATION:** To maintain a database of human resource, equipment, directories, and locations of DOTS Centers through standardized referral mechanisms and shall set the mode of inter-operability between stakeholders to ensure that operational demands during the campaign period are aptly met, and all government actions are coordinated and complementary with the rest of the stakeholders;
 - e. **MONITORING AND EVALUATION:** To coordinate, integrate, supervise, and evaluate the activities of the participating stakeholders in the implementation of the DOTS strategy through standardized referral mechanism under an established Comprehensive Unified Policy on TB protocol; and
 - f. **CERTIFICATION & ACCREDITATION:** Shall ensure or increase the accreditation and certification of all health care facilities including pharmacies in the Province as DOTS strategy advocates in the treatment of TB.
5. Make recommendations to the Mayor and Sanggunian Bayan ordinances and resolutions for the sustainability of the TB Care and National TB Program pursuant to the national commitment of the League of Municipalities of the Philippines;
 6. And, other functions that may be deemed necessary in the promotion and implementation of the DOTS strategy in the Municipality.

SECTION 3. RULES AND REGULATIONS. The Municipal Health Office in coordination with the Provincial Health Office and in consultation with the Sangguniang Bayan and consistent with the provisions of Executive Order No. 87 instituting a Comprehensive and Unified Policy for the Tuberculosis Control of the Philippines; Manual of Procedure for the National Tuberculosis Control Program 5th Edition 2008, will formulate the implementing rules and guidelines pertaining to the Ordinance;

SECTION 4. FUNDING AND DISBURSEMENT

1. Annual Fund Allocation. For the operations of the National Tuberculosis Program to include of operations of the Barangay TB Councils, the Municipality shall appropriate in the general fund the amount of One Hundred Thousand Pesos (P100,000.00) annually. Disbursements shall be approved by the Municipal Health Officer, subject to the usual accounting and auditing procedures. The said funds will be released to the Municipal Health Office and will be allocated for the following: Procurement of TB drugs and laboratory supplies, reproduction of NTP forms (if needed) and advocacy advises.

2. Allocation of claims on Philhealth TB Outpatient Benefit Package:

| MATRIX FOR SPUTUM SMEAR-NEGATIVE PATIENTS | | | |
|---|------------------------|---------------------|-----------------------|
| ACTIVITIES | ALLOCATION(Php) | RECIPIENT | AMOUNT BALANCE |
| Referral of a TB Symptomatic diagnosed as an Active TB case | 100.00 | RHM/BHW/BNS /OTHERS | 3,900.00 |
| Clinical consultations with MD(it follows the 3 sputum Follow-ups) | 1,050.00 | MHO | 2,850.00 |
| Sputum Microscopy | 400.00 | Med. Tech | 2,450.00 |
| TBDC (TB Diagnostic Committee) | 500.00 | TBDC | 1,950.00 |
| Quality Assurance (QA) | 200.00 | PHO Med. Tech | 1,750.00 |
| Initiation of treatment Counselling, recording, reporting and supervision of RHM for follow-up reporting and monitoring | 400.00 | Nurse | 1,350.00 |
| Follow-up of Treatment Recording and monitoring | 250.00 | RHM | 1,100.00 |
| Pool Contingency, Purchase of Medicines, supplies | 1,000.00 | RHUI/LGU | 100.00 |
| Advocacy Activities/meetings | 100.00 | RHUI/LGU | 0 |
| TOTAL | 4,000.00 | | |

| MATRIX FOR SPUTUM SMEAR-POSITIVE CASES | | | |
|--|------------------------|---------------------|-----------------------|
| ACTIVITIES | ALLOCATION(Php) | RECIPIENT | AMOUNT BALANCE |
| Referral of a TB Symptomatic diagnosed as an Active TB case | 100.00 | RHM/BHW/BNS /OTHERS | 3,900.00 |
| Clinical consultations with MD(it follows the 3 sputum Follow-ups) | 1,200.00 | MHO | 2,700.00 |
| Sputum Microscopy | 500.00 | Med. Tech | 2,200.00 |
| Quality Assurance (QA) | 200.00 | PHO Med. Tech | 2,000.00 |
| Initiation of treatment Counseling, recording, reporting and supervision of RHM for follow-up reporting and monitoring | 500.00 | Nurse | 1,500.00 |
| Follow-up of Treatment Recording &Monitoring | 400.00 | RHM | 1,100.00 |
| Pool Contingency, Purchase of Medicines, supplies | 1,000.00 | RHU/LGU | 100.00 |
| Advocacy Activities/meetings | 100.00 | RHU/LGU | 0 |
| TOTAL | 4,000.00 | | |

The allocated share as mentioned above will be disbursed to the different personnel who have rendered specific functions and service to the patient diagnosed to have Tuberculosis. The PhilHealth claims received by the Municipal Treasurer's Office or through Municipality of Lezo RHU DOTS Center will be endorsed to the Municipal Health Office every quarter. The sharing will be released every quarter following the guidelines mentioned above. The funds apportioned for Anti-TB drugs, recording and production of forms, advocacy activities and renewal fee for PhilHealth acceleration will be deposited in a bank as TB DOTS Trust Fund, wherein the Municipal Treasurer's Office shall endorse to the Municipal Health Office that shall disburse the fund accordingly as above mentioned.

SECTION 5. THE INSTITUTION OF PARTNERSHIP WITH DOTS CENTER. Non-DOTS Hospitals, clinics, or health care office treating TB symptomatic patients must refer the patients to DOTS facility otherwise shall continue to remain accountable to the well-being of said patients until referral is properly acknowledged by the referred treating DOTS facility.

All treating facilities, public or private work /school places are hereby enjoined to have a referral system established with the nearest DOTS center or facility and adopt TB policies.

Likewise, DOTS center shall provide a control system for monitoring and validation purposes with health facilities or treating physician partners and public/private work/school places.

Unless the above referral system is established, no business permit or renewal of business permit shall be issued.

SECTION 6. "NO PRESCRIPTION, NO DRUGS DRIVE" and PENALTIES FOR VIOLATORS. Hospitals, clinics, pharmacies or any office authorized by law to dispense medicines are enjoined to dispense TB medicine only if accompanied by a standardized NTP prescription from a licensed Physician and are further enjoined to educate the patient or his/her representative regarding the DOTS strategy. In the absence of standardized NTP prescription form, the standardized TB prescription form of the Provincial Health Office (if available) shall be used which shall have a control system for recording, monitoring and validation purposes.

Physicians may prescribe TB drugs if they have access to certified diagnostic laboratory, Direct Sputum Smear Examination (DSSE) otherwise they are enjoined to refer the TB symptomatic patients to the nearest DOTS Center; provided that prescription shall be for 6 months period. Prescribing physician must stamp on his/her prescription the statement: "Free TB drugs are available at the DOTS Center."

Pharmacies may only dispense TB drugs for 6 months period otherwise shall refer the patient or treating partner to the nearest F/HU or DOTS Facility.

Violators shall be fined as follows:

- a. First time infraction - Warning
- b. Second time infraction - Fine of P2,000.00
- c. 3rd and more than - Suspension of Mayor's permit/non-renewal of permit

SECTION 7. FUNDING AND DISBURSEMENT. The Municipal Government shall appropriate in the General Fund the amount of at least One Hundred Thousand Pesos (P100,000.00) annually and an increase of 5% per year thereafter

Disbursements shall be approved by the Municipal Mayor, subject to the usual accounting and auditing procedures. In the disbursement of funds for purposes specified on this Ordinance, it is requested that the procedural requirements of law, rules or regulations shall be strictly observed.

The said funds will be released to the Municipal Health Officer and will be allocated as follows:

- a) Hiring of a permanent medical technologist ___% (subject to PS Limitations)
- b) Contingency for medicines (Category 2 drugs) and laboratory reagents ___%; P15,000.00
- c) Laboratory Equipment ___%; P15,000.00
- d) Programmatic Management of Drug-resistant TB ___%; P50,000.00
- e) Monitoring and supervisory visit ___%; P3,000.00
- f) Quality assurance for sputum microscopy ___%; P5,000.00
- g) TEV for BHWs and treatment partners ___%; P2,000.00
- h) Capability building ___%; P5,000.00
- i) Health Promotion Activities ___%; P3,000.00
- j) Community organizing ___%; P2,000.00

SECTION 8. CONTRACT WITH TB PATIENTS. The Lezo Municipal Health Office is hereby enjoined to require each TB patient being enrolled in their TB DOTS Program to enter into MOA that said TB patient commits himself/herself to complete the 6 months therapy otherwise shall reimburse P5,000.00 as liquidating damages for cost spent by the municipality in the care of the TB patient.

MHO is likewise enjoined to counsel TB patient/s with his or her family relating to the treatment and risk prior to the signing of the MOA.

All liquidating damages collected by the Municipal Treasurer shall be deposited to the Lezo Municipal Health Office TB DOTS Trust fund according to the usual accounting and auditing procedure.

SECTION 9. COMPLIANCE WITH RELEVANT LAWS. All existing relevant laws, rules and regulations relative to the National Tuberculosis Control Program (NTP), the Directly Observed Treatment Short Course (DOTS) strategy of the National Tuberculosis Control Program (NTP) (Executive Order Center No. 18721 March 2003) as well as the pertinent provisions of R.A. 7160 and those that may be hereafter enacted or issued by competent authorities shall be properly complied with, in the implementation of this ordinance;

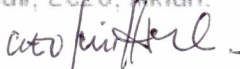
SECTION 10. SUPPLEMENTARY CLAUSES. If, for any reason or reasons, any part of provision thereof shall be held to be unconstitutional or invalid, other parts or provisions hereof which are not affected hereby shall continue to be in full force and effect. On matters not provided in this ordinance any existing applicable laws and their corresponding implementing rules and regulations, executive orders and relevant issuances issued therefore shall be applied in a supplemental manner.


PAGE 10 OF 10 PAGES - ORDINANCE NO. 1, SERIES OF 2015 - "AN ORDINANCE CREATING THE "LEZO MUNICIPAL MULTI-SECTORAL TB CONTROL ALLIANCE" AS A VEHICLE TO CONSOLIDATE AND UNIFY EFFORTS TOWARDS A COMMUNITY WHERE TUBERCULOSIS (TB) IS A PUBLIC HEALTH PROBLEM AND APPROPRIATE FUNDS THEREOF, THE INSTITUTION OF PARTNERSHIP WITH DOTS CENTER AND TB WORKPLACE POLICY AND PROGRAM AS A PREREQUISITE TO ISSUANCE OF BUSINESS PERMIT; THE INSTITUTION OF "NO PRESCRIPTION, NO DRUGS DRIVE" AND CORRESPONDING PENALTIES; AND PHILHEALTH TB BENEFIT PACKAGE ALLOCATION TO THEIR TREATMENT PARTNERS."


SECTION 11. EFFECTIVITY. This Ordinance shall take effect upon approval.

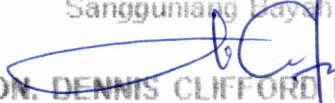
Let copies of this Ordinance be forwarded to the Honorable Mayor Victor L. Fernandez for his approval, the Honorable Sangguniang Pantatawigan of Aklan for review and/or approval, and all other concerned authorities for their appropriate action.

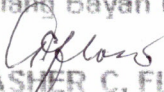
ENACTED AS TO FORM during the 4th Regular Session for CY 2015 of the Honorable Sangguniang Bayan of the Municipality of Lezo, Aklan held on Tuesday, February 3, 2015 at the SB Session Hall, Lezo, Aklan.

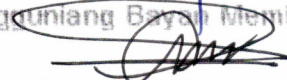

HON. GEORGE R. VILLARUBIA
Sangguniang Bayan Member

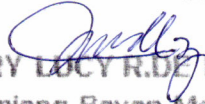

HON. JOLLY T. ICASAS
Sangguniang Bayan Member


HON. REDENTOR U. TARAN
Sangguniang Bayan Member



HON. DENNIS CLIFFORD M. FRANCISCO
Sangguniang Bayan Member


HON. ASHER C. FLORES
Sangguniang Bayan Member

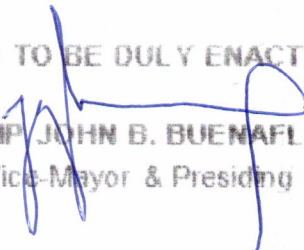

HON. CONRADO M. ARCENIO
Sangguniang Bayan Member

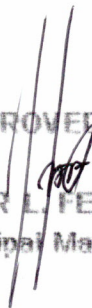

HON. MARY LUCY R. DE LA CRUZ
Sangguniang Bayan Member

I CERTIFY TO THE CORRECTNESS of the foregoing Ordinance No. 1, s. 2015:


CLAIRE R. SABAR
SB Secretary

ATTESTED TO BE DULY ENACTED:


HON. PHILIP JOHN B. BUENAFLOR, FICE
Municipal Vice-Mayor & Presiding Officer

APPROVED:

HON. VICTOR L. FERNANDEZ
Municipal Mayor