

# SAMPLE ORDINANCE

## AS AN OUPUT OF PLENARY WORKSHOP-DISCUSSION TOT ON EBL-PDM HEALTH POLICY DEVELOPMENT

Republic of the Philippines  
Province of Malinao

SANGGUNIANG PANLALAWIGAN

**ORDINANCE NO. 11, SERIES OF 2014**

### **AN ORDINANCE ESTABLISHING AND ADOPTING MEASURES AND SYSTEMS TO ENSURE EFFICIENT IMPLEMENTATION OF THE LOCAL TB CONTROL PROGRAM OF THE PROVINCE OF MALINAO**

Sponsored by: Hon. Maria Masigasig  
Chair, Committee on Health

#### **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 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 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 Province, where the percentage of cases found (or Case Detection Rate of \_\_\_%), 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 \_\_\_%), 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 city. 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 multidrug-resistant TB (MDRTB) that is more difficult and expensive to treat. The DOH-NTP further reports that the Province has been found to have \_\_\_\_ patients with MDRTB, which is a highly dangerous form of TB that requires expensive specialized care

and treatment over a period of 18 months. An MDRTB patient can easily pass on this 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 drugs are taken daily and that follow-up sputum examination 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 symptomatics and patients reside in inaccessible areas of the Province, resulting in their not being detected and cured. Since symptomatics and patients are unable to go to the Rural Health Units, medical/health personnel should be the ones to go to the symptomatics and patients;

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

WHEREAS, the most recent TB Program Implementation Review conducted in March 2012 disclosed that there are several issues and concerns affecting the Province's 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;

WHEREAS, at present, the Province 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.

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

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

**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 Malinao joins the national government's efforts to institute an effective program for tuberculosis control through the National Tuberculosis Control Program. 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 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 Control Program,

- c) Recording and reporting of cases shall be on the standardized National TB Control 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, and
- e) Political commitment to ensure sustained, comprehensive implementation of National TB Control Program activities.

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

- a. Case detection rate –
- b. Cure rate–
- c. TB morbidity–
- d. TB mortality–
- e. Etc etc.

**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 Tuberculosis (PhilPACT). The Plan is in line with the DOH policy directives for TB program implementation in the context of the so-called KALUSUGAN PANGKALAHATAN (KP) 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 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.

**Section 6. IMPLEMENTING AGENCIES** – The Provincial Health Office shall be the lead agency for the proper implementation of the Province of Malinao’s TB control program, and is mandated to ensure 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 shall establish networks, inter-agency linkages and partnerships with key stakeholders. This is aimed at strengthening partnerships 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. TASK FORCE** – A Provincial Task Force on TB Control 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 Task Force shall be composed of the following:

1. the Provincial Health Officer as Head,
2. the Chair of the Sangguniang Panlalawigan Committee on Health,
3. a representative from the Office of the Provincial Governor,
4. a representative from the Office of the Provincial Budget Officer, and
5. a representative from the DOH Regional Office.

**Section 8. ANNUAL FUND ALLOCATION** – There shall be an annual fund allocation of PhP \_\_\_\_\_ 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 control 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,
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 of at least 90% and a treatment success rate of 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, and
6. to ensure that the LGU regularly supports the monitoring, supervision, evaluation, training requirement and the NTP drug supplies.

The fund allocation hereby appropriated for the local TB control program of the Province of Malinao shall hereinafter be included in the general appropriations ordinance of the Province starting 2015.

**Section 9. FUND UTILIZATION AND DISBURSEMENT** – The amount of PhP \_\_\_\_\_ is hereby initially appropriated in the General Fund of the Provincial Government, subject to future increases 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 – at least 20% of the fund
- b. Contingency for medicines (Category \_\_\_ drugs) and laboratory reagents – at least 30% of the fund
- c. Quality assurance for sputum microscopy – at least 15% of the fund
- d. Capability building – at least 0% of the fund
- e. Advocacy activities – at least 15% of the fund

**Section 10. MONITORING AND EVALUATION** – The Provincial Government, through the Task Force created under Section 7 herein, shall periodically monitor and evaluate the performance of the RHUs, health centers and barangay health stations as well as the medical personnel who provide TB control related services.

**Section 11. PROVISION OF NECESSARY PERSONNEL AND EQUIPMENT** – In order to provide adequate services to TB control, the Provincial Government shall endeavor to appoint permanent microscopists in all health centers 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 ensure that the rural health unit and health centers are provided with the appropriate equipment, specifically fully functioning microscopes.

**Section 12. PROVISION OF BUFFER STOCK OF ANTI-TB DRUGS** – While the National Government, through the Provincial Health Office, is responsible for providing drugs and other commodities essential to TB control, their 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. REACHING OUT CAMPAIGN** – The Provincial Government shall conduct a sustained campaign to reach out to the TB symptomatics and patients by:

- 1. setting up remote smearing stations,
- 2. house-to-house campaigns,
- 3. medical outreach programs, and
- 4. organizing communities to provide support to TB patients.

**Section 13. PHILHEALTH FUND** – PhilHealth payments for the TB-DOTS package shall be deposited in a separate Trust Fund Account of the LGU for the Provincial Health Office and shall be disbursed in accordance with the PhilHealth policies and guidelines.

**Section 14. SEPARABILITY CLAUSE** – In the event that any provision of this Ordinance is declared void or invalid, the other provisions not affected hereby shall remain valid.

**Section 15. REPEALING CLAUSE** – All ordinances, local rules and regulations or parts thereof inconsistent with this Ordinance are hereby repealed, modified, or amended accordingly.

**Section 16. EFFECTIVITY CLAUSE** – This Ordinance shall take effect immediately upon its approval in accordance with law.

Enacted on March 28, 2014.

**I HEREBY CERTIFY** to the correctness of the  
foregoing Ordinance.

**JUAN A. MALIGALIG**  
Sanggunian Secretary

**ATTESTED:**

**PABLO F. MASIKAP**  
Provincial Vice Governor  
Presiding Officer

**APPROVED:**

**JORGE DLS. MALUMANAY**  
Provincial Governor