



Republic of the Philippines
Province of Tarlac
MUNICIPALITY OF PURA
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OFFICE OF THE SANGGUNIANG BAYAN

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE SANGGUNIANG BAYAN OF PURA, TARLAC HELD AT THE SB SESSION HALL ON TUESDAY, JULY 13, 2021

PRESENT:

Hon. CONCEPCION A. ZARATE -----	Municipal Vice Mayor & Presiding Officer
Hon. MANUEL N. MADDELA JR. -----	Municipal Councilor
Hon. FERDINAND C. VALDEZ -----	Municipal Councilor
Hon. BERNABE P. IDMILAO -----	Municipal Councilor
Hon. TEODORA D. ROBINO -----	Municipal Councilor
Hon. REBHENJER J. CARATIQUIT -----	Municipal Councilor
Hon. ALAIN CARLO F. SAWIT -----	Municipal Councilor
Hon. LEO PAULO A. PASCUA -----	Municipal Councilor
Hon. JOHN PAUL M. BALMORES -----	Municipal Councilor
Hon. EDILBERTO D. TABAQUIN JR.-----	Ex-Officio Councilor (<i>Liga</i>)
Hon. JEAN ANTHONY M. CAPINPIN-----	Ex-Officio Councilor (<i>SK</i>)

ABSENT:

NONE

MUNICIPAL ORDINANCE NO. 006

Series of 2021

AN ORDINANCE ESTABLISHING A COMPREHENSIVE AND SUSTAINABLE RESPONSE AND COMMITMENT TO ELIMINATE TB IN THE MUNICIPALITY OF PURA, TARLAC; AND APPROPRIATING FUNDS THEREOF

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WHEREAS, the Local Government Code (LGC) of 1991, states that every local government unit (LGU) shall exercise the powers expressly granted, implied, as well as powers necessary, appropriate, or incidental for efficient and effective governance. Under the general clause of the Code, the LGU shall ensure support in the promotion of health and safety of their constituents. The LGUs is likewise expected to be capable of responding to problems that include prioritization of health issues; monitoring of activities relative to health care; and adopting innovative and sustainable interventions for its constituents;

WHEREAS, Republic Act 10767 (TB Law), otherwise known as the Comprehensive Tuberculosis Elimination Plan Act, mandates the state to support and expand efforts to eliminate tuberculosis by 2035 by increasing investments for its prevention, treatment and control;

WHEREAS, while the Department of Health and the Provincial Health Office provide TB drugs, commodities and other supplies essential for program implementation, the Municipality will allocate funds thereof to ensure continuity of quality TB services and address stock outs concerns as experienced previous years;

WHEREAS, the enactment of a local TB policy or ordinance will ensure the adoption, and localization and implementation of effective, efficient and doable innovative and recommended strategies to eliminate TB;

NOW, THEREFORE, BE IT ORDAINED, AS IT HEREBY ORDAINED by the Sangguniang Bayan in session duly assembled:

SECTION 1. TITLE. This Ordinance shall be known as “**TB ORDINANCE IN THE MUNICIPALITY OF PURA, TARLAC.**”

SECTION 2. OBJECTIVE. This Ordinance aims to institute, establish and localize a comprehensive and sustainable LGU response and commitment towards TB elimination as espoused by the TB law and to help the country achieve the Philippine Strategic TB Elimination Plan (PhilSTEP) targets.

SECTION 3. DECLARATION OF POLICIES. It is hereby declared that the Municipality joins the National Government in instituting health reforms to eliminate TB anchored on the mandates, provisions and recommendations of the NTP; TB Law and UHC. Equally important measures to be undertaken by the Municipality to further to scale up TB elimination efforts include the following, to wit:

- A. Promote better public awareness and intensify community education on TB that includes but not limited to TB as the top infectious killer disease in the world, leading killer of people with HIV and a major cause of deaths related to antimicrobial resistance; 70 Filipinos die of TB every day; modes of transmission; high risk groups; consequences of self-medication, non-adherence to DOTS and/or failure to complete treatment; control and prevention; and socio-economic impact;
- B. Organize and mobilize multi-sectoral stakeholders from the public and private sectors and development partners to support and actively participate in the implementation of the TB program through the city/municipal TB Council;
- C. Organize patient support groups (PSG) where TB patients either undergoing treatment or cured are recognized as vital source of information in educating the community by utilizing their experience to inform the public about the disease and encourage presumptive TB patients to seek care and treatment;
- D. Develop an annual TB Plan with specific budget allocations based on needs assessment and the prevailing TB situation particularly on following but not limited to TB medicines, laboratory supplies and other supplies, human resource, capacity building, which will be incorporated in the Annual Operations Plan;
- E. Address all kinds and forms of discrimination and stigma against individuals afflicted with TB and provide equal opportunities in employment;
- F. Adopt and implement the Find TB cases Actively, Separate safely and Treat effectively (FAST strategy) in all RHUs and BHS, public hospitals and expansion to private hospitals and facilities as deemed necessary to intensify case-finding efforts and ensure that infection prevention control is observed;
- G. Adopt and implement e-health innovations and digital platforms such as ConnecTB to further strengthen observance of IPC monitoring of TB patients particularly on the compliance and adherence to DOTS;
- H. Develop capacities of BHWs and CHVs on trainings related to case-finding such as the BE ALIVE and case-holding to ensure that annual targets on the NTP are achieved;
- I. Establish a functional Primary Care Provider Network/ Health Care Provider Network as mandated by the UHC;
- J. Enforce the “No Prescription; No Dispensing” policy in all pharmacies to help mitigate the adverse consequences of self-medication such as the increasing microbial resistance or drug-resistant TB cases;
- K. Require compliance to the mandatory notification of all public and private healthcare providers and facilities with corresponding sanctions such as of enforcement of penalties and/or revocation of business permits;

- L. Ensure compliance to DOH AO 2015-0039-Guidelines on Managing Tuberculosis Control Program during Emergencies and Disasters and to provide support for NTP emergency/disaster preparedness and response; and
- M. Ensure PHIC accreditation of TB DOTS facilities and filling of PHIC TB DOTS package claims to further support DOTS facilities and health staff involved in the TB program.

SECTION 4. DEFINITION OF TERMS. For purposes of this ordinance, the following terms shall be understood as follows:

ACTIVE TB: A person having TB with or without signs and symptoms, with bacteriologic and or radiographic findings consistent with TB disease.

ACTIVE CASE FINDING: Purposive effort by a health worker to find TB cases from among TB presumptive in the community who do not seek consultations relating to TB in a healthy facility.

ACTIVE TUBERCULOSIS CASE FINDING: It is synonymous with systematic screening for active TB, although it normally implies screening that is implemented outside the health (DOTS) facilities.

CASE HOLDING: An activity to treat TB cases through proper treatment regimen and health education.

CONTACT INVESTIGATION: A systematic process for identifying people with previously undiagnosed TB among the contacts of an index case. The investigation includes identification of the source case if the index case is a child as well as candidates for preventive treatment.

BE ALIVE: Mentoring of frontline health workers in Enhanced Case Finding & Community-based Care of TB Patients Amidst COVID19DOT – Directly Observed Treatment. An activity wherein a trained health worker for treatment partner personally observes the patient to take anti-TB medicines every day during the whole course of the treatment of all TB cases.

DOTS: Directly Observed Treatment Short-Course. A comprehensive strategy to control TB comprised of five components.

DOTS FACILITY: A health care facility, whether public or private, that provides TB-DOTS services in accordance with the policies and guidelines of the National TB Control Program (NTP), DOH.

DSSM: Direct Sputum Smear Microscopy. Principal diagnostic method adopted by NTP because:

- a. It provides a definitive diagnosis of active TB;
- b. The procedure is simple;
- c. It is economical; and
- d. A microscopy center could be put up even in remote areas.

FAST: A strategy that is a refocused, intensified administrative approach to TB transmission control in congregate setting and health facilities. It is a systematic approach focusing on cough surveillance and high-risk groups aimed at diagnosing unsuspected infectious TB patients both drug susceptible and drug resistant cases improving TB detection and treatment cases.

INDEX (index patient) OF TB: The initially identified TB case of any age in a specific household or other comparable setting in which others may have been exposed.

INTENSIFIED CASE FINDING: Active case finding among individuals belonging to special or defined population.

iDOTS: Integrated Directly Observed Treatment.

PASSIVE CASE FINDING: Finding a case of tuberculosis from among TB presumptive who present themselves at the TB DOTS facility.

PMDT FACILITIES: Programmatic Management for Drug Resistant TB Facilities. A health (DOTS) facilities that provide services for Drug Resistant TB.

PRESUMPTIVE DRUG RESISTANT TB: Any person whether adult or child, who belongs to any of the DR-TB high-risk groups, such as: Re-treatment cases, new TB cases that are contacts of confirmed DR-TB cases or non-converter of Category I, and people living with HIV with signs and symptoms of TB.

PRESUMPTIVE EXTRAPULMONARY TB: TB refers to anyone having signs and symptoms specific to the suspected extra-pulmonary site with or without signs and symptoms of unexplained fever or weight loss, drenching night sweat, or cough of any duration in high-risk groups.

PRESUMPTIVE PULMONARY TB: Refers to any person having: i) two weeks or longer of any of the following – cough, unexplained fever, unexplained weight loss, drenching night sweat, ii) cough of any duration in high-risk group, or iv) CXR finding suggestive of TB.

PRESUMPTIVE TB: Any person whether adult or child with signs and/or symptoms suggestive of TB whether pulmonary or extra-pulmonary, or those with Chest X-ray findings suggestive of active TB.

SYSTEMATIC SCREENING FOR ACTIVE TB: Refers to the systematic identification of people presumed to have active TB, in a predetermined target group, using tests, examinations or other procedures that can be applied rapidly.

TB: Tuberculosis. An infection caused by *Mycobacterium tuberculosis*.

TB TASK FORCE: A group of volunteers who will assist in most of the activities in the implementation of the TB program under the supervision of the TB Council.

USAPANG DIBDIBAN: A heart to heart talk/ forum about Lungs and TB.

SECTION 5. TUBERCULOSIS CONTROL PROGRAM POLICIES. The Revised Manual of Procedures (MOP) 6th Edition for the National Tuberculosis Control Program (NTP), provides important guidelines for the effective and efficient implementation of the TB program. Therefore, all health care providers must abide and comply with all provisions embodied in the MOP;

- i. Systematic screening shall be implemented in all DOTS (health) facilities. Cough of two weeks shall be the primary screening tool for systematic screening while Chest X-ray shall be done in targeted high-risk groups;
- ii. Active case finding shall be implemented in congregate settings, targeted community and workplace using Chest X-ray as primary screening tool;
- iii. All People Living with HIV (PLHIV) and those diagnosed with Diabetes Mellitus shall be screened for TB;
- iv. All health (DOTS) facilities should set up a strong TB surveillance amongst all employees and healthcare workers by providing free annual xray;
- v. Xpert MTB/RIF test shall be the primary diagnostic tool for diagnosis of both pulmonary and extra-pulmonary TB with or without high suspicion for multi-drug resistance. All presumptive pulmonary and extra-pulmonary TB shall be asked to expectorate a sputum sample and should undergo Xpert MTB/Rif test;
- vi. Other screening tests (i.e. Tuberculin Skin Testing-TST, Interferon Gamma Release Assay-IGRA) and diagnostic tests (i.e. Loop Mediated Isothermal Amplification–TB LAMP, Direct Sputum Smear Microscopy–DSSM, TB Culture) for TB shall also be used with or without Xpert MTB/Rif test if needed;
- vii. Direct Sputum Smear Microscopy (DSSM) shall be used for monitoring treatment of TB patients;
- viii. All health (DOTS) facilities, whether public or private shall established their own in-house TB diagnostic laboratory (i.e. DSSM, Xpert MTB/Rif, Xpert Ultra and TB LAMP). All laboratories providing TB diagnostic tests, shall participate in Quality Assurance (QA) System of the NTP;

- ix. All diagnosed TB cases shall be provided with free adequate drugs and standard treatment for either drug susceptible or drug resistance TB regimen within 7 days from collection of sputum for diagnosis;
- x. Adherence counselling shall be done for every patient prior to treatment;
- xi. Fixed dose combination (FDC) composed shall be used as first line drugs (i.e. Isoniazid, Rifampicin, Pyrazinamide, Ethambutol) for drug susceptible TB while second line drugs (i.e. Quinolones, Bedaquiline, Delamanid, etc.) for drug resistant TB. For Latent TB Infection (LTBI), Isoniazid or Rifapentine shall be used among contacts of TB cases especially children and persons who are immunocompromised.
- xii. Treatment adherence shall be ensured through patient-centered approaches. Treatment support shall be provided by health workers, community, or family members. All Adverse Drug Reactions (ADR's), whether minor or major, shall be reported using the official FDA reporting form. All registered TB patients fifteen years old and above shall be offered HIV Counselling and Testing (HCT);
- xiii. Throughout the continuum of TB care, healthcare workers shall respect patient autonomy, and support self-efficacy. Patient physical comfort, safety, and wellness shall be maximized with psycho-emotional support. The impact of poverty and food insecurity on TB diagnosis and treatment shall be recognized and addressed;
- xiv. All baseline laboratories and other pertinent laboratories tests for DRTB during treatment and two years post-treatment shall be provided free whenever available in the municipality-owned hospitals;
- xv. All hospitals shall establish a TB committee to oversee its TB services and a fully operational TB Clinic. Municipality-owned hospital shall provide an isolation room for TB cases admitted for hospital care;
- xvi. All DOTS facilities and TB laboratories should always observe appropriate infection control measures following in order of hierarchy: administrative, environmental and respiratory controls;
- xvii. Recording and reporting for the NTP shall be implemented at all DOTS facilities whether public or private according to internationally accepted case definition. NTP records should be kept for at least seven (7) years before properly discarding. The Integrated TB Information System (ITIS) shall be the official web-based electronic TB information system;

SECTION 6. CREATION AND COMPOSITION OF THE MUNICIPAL TUBERCULOSIS (TB) COUNCIL.

6.1. The Municipal TB Council that will be serve as an oversight body responsible in consolidating and harmonizing TB elimination efforts is hereby created. The TB Council shall be composed of the following:

a.	Municipality Mayor	Chairperson
b.	Municipality Health Officer/ NTP Medical Coordinator	Vice Chairperson from the public sector
c.	NGO / Private Sector representative	Vice Chairperson from the private Sector
d.	SP Chairman on Committee on Health	Member
e.	NTP Nurse Coordinator	Member
f.	Liga ng Barangay President + 1 alternate rep	Member
g.	DOH Representative+ 1 alternate rep	Member

h.	PhilHealth Representative+ 1 alternate rep	Member
i.	DILG Representative+ 1 alternate rep	Member
j.	Barangay Health Workers / TB Taskforce rep+ 1 alternate rep	Member
k.	MSWD Representative+ 1 alternate rep	Member
l.	Civic Society Organization+ 1 alternate rep	Member
m.	Non-Government Organization+ 1 alternate rep	Member
n.	Hospital Association Public and Private+ 1 alternate rep	Member
o.	Faith-based groups representative	Member
p.	Other development partners but not voting with alternate reps	Member
q.	Patient Treated and cured rep	Member
r.	Philippine National Police rep + 1 alternate rep	Member

6.2. The roles and functions of the Municipal TB Council include:

- i. Identify and establish the roles and responsibilities of partners in the organization and delivery of quality TB services as per NTP guidelines.
 - Establish a secretariat for the TB Council;
 - Ensure the socio-economic development policies and program and include consideration of the impact of TB infection to the community;
 - Identify prioritization in the allocation of resources for the TB Program; and
 - Spearhead activities and advocacy on TB events such as the Celebration of Lung Month and World TB Day.
- ii. Coordinate with the different sectors involved in the NTP implementation and ensure that the NTP policies and the DOTS strategy are implemented thereby ensuring case detection rate of at least 90% and treatment success rate of 90%.
 - Strengthen partnership with other government agencies, NGOs and private entities and international agencies for a more comprehensive NTP implementation;
 - Support local community health volunteers and TB Diagnostic Committee activities to sustain private sector interest and participation in the NTP; and
 - Gather sources and additional support (financial and material) for the continuous implementation of the program.
- iii. Ensure that efforts and resources are generated and geared towards achieving the goal of having a community where TB is no longer a public health problem.
 - Ensure that the collection for the budget requirements for the TB Program for the Municipality is sufficient;
 - Ensure that the Municipality regularly support the monitoring supervision, evaluation, training requirements, NTP drug and supplies;
 - Advocate the continuous investment for quality improvement; and
 - Ensure certification and accreditation of the Municipality health facilities as DOTS centers.
- iv. Create a TB Taskforce in the Municipality (atleast 1 volunteer per Barangay)
 - Assist in all the activities of the Health Centers towards an efficient and effective implementation of the program;

- Help raise awareness and provide information campaign on TB during the house-to-house visits;
 - Assist in data gathering, recording and monitoring of TB cases in the municipality; and
 - Report regularly and work hand in hand with the barangay to ensure smooth implementation of the TB program.
- v. Ensure that all Pharmacies in the Municipality shall be enjoined to enforce “No Prescription; No Dispensing” policy of TB Control for their implementation and compliance.
 - vi. Ensure that infection control in all facilities and environment shall be implemented to prevent transmission among populations.
 - vii. Ensure that all persons found to be presumptive TB are tracked and monitored until final diagnosis are achieved, that all diagnosed TB cases (i.e latent, DSTB, DRTB) are tracked and monitored until completion of their prescribed treatment regimens.
 - viii. Adopt policies, guidelines and protocols of the NTP program.

SECTION 7. MULTI-SECTORAL ALLIANCES.

7.1. This will strengthen partnership with different sectors involved in the TB program such as government agencies, NGOs, civil society, private sector, donor institution and other cooperating agencies for a more comprehensive NTP implementation;

7.2. All public and private health facilities, hospitals, including laboratories, pharmacies, private diagnostic clinics/centers, workplaces, transport groups, day care centers, schools and universities in the Municipality shall be engaged in TB control and prevention; and

7.3. All physicians practicing in the Municipality shall have an orientation and update on TB to ensure key participation in TB Control and TB cases notified and reported to the RHU.

SECTION 8. TB AWARENESS/CAMPAIGN

8.1. A continuous promotion of TB awareness, and Active Case Finding and care shall be conducted in every barangay in the Municipality dubbed “Usapang Dibdiban Caravan,” highlighted during the World TB Day (March 21) and the Lung Month (August 19) annually. This is in cooperation with all stakeholders/development partners; and

8.2. The City/Municipality/ Barangay shall provide logistical counterpart to all TB Awareness Campaign and caravan as a systematic screening activity among high risk community for TB such as the identified urban poor areas. Specifically, provisions for chest X-ray services and Xpert MTB/Rif test cartridges shall be supported.

SECTION 10. FUNDING AND DISBURSEMENT. The Municipality shall allocate an annual fund of TWO HUNDRED THOUSAND (P 200,000.00) to ensure sustainability and effective delivery of the quality TB services. Disbursements shall be approved by the Municipal Mayor subject to the usual accounting and auditing procedures.

The TB annual fund shall be incorporated in the Annual Operations Plan. The Annual TB Plan with budget aims to:

- a) Ensure enough budget to support the effective and efficient localization and implementation of the TB program;
- b) Ensure that efforts and resources are geared towards achieving the goal of having a community where TB is no longer a public health problem;
- c) 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 at least 90%;

- d) Ensure continuing investment for quality improvement and certification and accreditation of the Municipality health facilities as DOTS centers;
- e) Strengthen and capacitate BHWs and CHVs; and
- f) Ensure regular monitoring, supervision, evaluation, training requirements, and NTP activities are conducted.

SECTION 11: RULES AND REGULATIONS

The Municipality shall formulate the implementing rules and regulations (IRR) pertaining to this Ordinance.

SECTION 12. REPEALING CLAUSE

All ordinances, resolutions or laws of local application an effect inconsistent hereto hereby modified, superseded, and repealed accordingly;

SECTION 13: SEPARABILITY CLAUSE

On matter not provided in this Ordinance, any existing applicable laws and their corresponding IRR, executive orders and relevant issuance therefore shall be applied in a supplemental manner.

SECTION 11: EFFECTIVITY CLAUSE

This Ordinance shall take effect immediately upon its approval.

UNANIMOUSLY ADOPTED.

CERTIFIED CORRECT:


JOVITO P. PUNZALAN
SB Secretary

ATTESTED:


Hon. CONCEPCION A. ZARATE
Municipal Vice Mayor & Presiding Officer

APPROVED:


Hon. FREDDIE D. DOMINGO
Municipal Mayor