



Republic of the Philippines
PROVINCE OF LEYTE
City of Baybay
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Office of the Sangguniang Panlungsod

Excerpt from the

MINUTES OF THE 6th REGULAR SESSION OF THE SANGGUNIANG PANLUNGSOD
OF BAYBAY CITY, LEYTE HELD AT THE SESSION HALL ON AUGUST 15, 2016.

ORDINANCE NO 004 s. 2016

AN ORDINANCE ADOPTING THE IMPLEMENTATION OF THE TUBERCULOSIS CONTROL PROGRAM AND THE TUBERCULOSIS CARE ASSISTANCE PROGRAM (TBCAP) TO STRENGTHEN AND SUPPORT ALL ACTIVITIES OF THE PROGRAM TO ATTAIN A TUBERCULOSIS-FREE BAYBAY CITY, APPROPRIATING FUNDS THEREOF, AND FOR THE OTHER PURPOSES.

Sponsored by: Hon. Vicente G. Veloso, Hon. Ernesto M. Butawan and Hon. Arturo Elisa O. Astorga

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 the program and projects on primary health care, maternal and child care, and non-communicable disease control services; access to secondary and tertiary health services; purchase of medicines, medical supplies; and equipment needed to carry on the services herein enumerated" are the duties and responsibilities of the local government units;

WHEREAS, while the city has shown fairly good performance in its anti-tuberculosis campaign with percentage of TB treatment success rate of 92% and case detection rate of 81%, complacency may lead to an increase of multi-drug resistant tuberculosis, which is very difficult to treat;

WHEREAS, the City has been able to provide adequate services to control TB due to the presence of a microscopist who is responsible for the diagnosis or identification of TB cases and to confirm those under treatment, as cured;

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, it is important for the City to always monitor and evaluate the performance of the CHO and Barangay Health Station as well as the medical personnel who provide public health services;

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WHEREAS, while the National Government, through the Department of Health, Regional Office, is responsible for providing drugs and other commodities essential to TB control, such, has been erratic at times. Therefore, it is essential for the City to provide stock of the necessary drugs and commodities;

WHEREAS, many symptomatic TB patients reside in inaccessible areas of the City, resulting in some of them not being detected and cured. Since some symptomatic TB patients are unable to go to the CHO, medical personnel should reach out by:

1. Setting up smearing stations in remote barangays singly or in cluster
2. Conducting house to house campaigns
3. Implementing medical outreach programs
4. Organizing communities to provide support to TB patients, and
5. Requiring all Barangays Health Committee Chairmen to submit a report or list of suspected TB-positive barangay residents every quarter to the SP Health Committee Chairman.

WHEREAS, the level of awareness of TB remains poor, thus, it is incumbent upon the City Health Office 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 patients getting support and encouragement from the treatment partners, the Health Volunteer Worker should go to the patients, rather than the patients going to the treatment partner, particularly if the distances are far, to ensure treatment success.

CITY ORDINANCE NO. 004 S. 2016

AN ORDINANCE ADOPTING THE IMPLEMENTATION OF THE TUBERCULOSIS CONTROL PROGRAM (TBCAP) IN THE CITY OF BAYBAY, TO STRENGTHEN AND SUPPORT ALL ACTIVITIES OF THE PROGRAM, TO ATTAIN A TUBERCULOSIS-FREE COMMUNITY, TO APPROPRIATE THE FUNDS THEREOF, AND FOR OTHER PURPOSES.

BE IT ORDAINED by the 2nd Sangguniang Panlungsod of Baybay, Province of Leyte, in session assembled,

Section 1. Title. This Ordinance shall be titled as **"THE TUBERCULOSIS CONTROL AND TUBERCULOSIS CARE ASSISTANCE PROGRAM OF THE CITY OF BAYBAY"**.

Section 2. Declaration of Policy. The City of Baybay joins the national government's efforts to institute an effective program for the National Tuberculosis Control Program (NTP), the Directly Observed Treatment Short Course (DOTS) and the strategy of the National Tuberculosis Control Program (NTP).

Section 3. Scope. The main strategy for tuberculosis control in the City is the DOTS or directly observed treatment short course that was started in the country in 1996. The five components of DOTS strategy include:

1. Direct Sputum Smear Examination shall be the initial diagnostic tool in case findings.
2. Standard Chemotherapy in accordance with the national TB program.
3. Recording and Reporting of cases shall be on the standard national TB Programs forms to be implemented in all health centers.
4. Directly Observed Treatment Short Course shall be used as the strategy to ensure patient compliance.
5. Political commitment to ensure sustained, comprehensive implementation of National TB Program activities.

The following programs are designed to further enhance the strategy for tuberculosis control:

1. Public -Private Mix DOTS (PPMD) – engagement of the private sector such as the private practitioners, pharmacies and hospitals to adopt the NTP policies and guidelines and, hence, support the TB control efforts. They were trained on TB DOTS including the referral system. They either manage TB cases or refer them to other DOTS facilities.
2. Enhanced Hospital TB-DOTS – strengthening the internal and external referral system and quality of TB diagnosis and treatment in hospitals. Hospital could either acts as referring hospital or DOTS providing hospital.
3. Programmatic Management of DR-TB (PMDT) – provision of diagnostic and treatment services to drug resistant TB through the treatment centers, satellite treatment centers and treatment sites.
4. TB HIV collaborative activities – close coordination between the NTP and National AIDS/STI Prevention and Control Program (NASPCP) to provide services to those with TB and HIV co-infection. Key activities include provider initiated HIV counselling and testing (PICT) for TB patients and screening for TB among people living with HIV (PLHIV).
5. TB in Jails/Prisons – ensuring access to TB diagnosis and treatment of inmates in jails and prisons. The Department of Justice (DOJ) through the Bureau of Corrections (BuCor) and the Department of Interior and Local Government (DILG) through the Bureau of Jail Management and Penology (BJMP) coordinate with the DOH in implementing this program.
6. TB-DOTS Certification and Accreditation – ensuring the provision of quality TB services and generating financial support through the PhilHealth TB-DOTS outpatient benefit package. DOTS facilities are certified by DOH through the Regional Offices based on Ten DOTS standards and they are later accredited by PhilHealth. Reimbursement amounting to P 4,000.00 per new TB patient from PhilHealth could be used for the referring physician, purchase of other drugs, support of EQA, monetary incentive to the patient and treatment partner, health worker, and other activities that will improve program implementation.
7. Expansion of TB laboratory services – enabling better access to TB microscopy services through establishment of more TB microscopy centers with Xpert MTB/RIF – a new rapid diagnostic toll that detects rifampicin resistance in just two hours. The plan of the program is to expand access to expert MTB/RIF by provision of at least one machine per province of highly urbanized city.

8. Community TB care - ensuring community participation to improve TB diagnosis and management. TB task forces consisting of former TB patients, community volunteers and members of faith-based organizations were organized to educate the community about TB, refer presumptive TB to DOTS facilities and act as treatment partners. This includes formation and strengthening of TB patient support groups.

Section 4. Coverage. The TBCAP shall cover all persons declared with TB disease based on the National TB Program Manual of Operation protocol, and as defined under Philhealth Circular No. 14, s. 2014 who are Philhealth members, and are eligible to avail of the TB DOTS Package upon compliance of the required Intensive Phase and Maintenance Phase visits/check-up, diagnostic examination, medication and health education, and counselling.

In reference to Philhealth Circular No. 14, s. 2014, TBCAP shall cover those qualified to avail of the TB DOTS package which includes both children and adults with the following registration groups (whether bacteriology confirmed or clinically diagnosed, pulmonary or extra pulmonary):

1. New
2. Retreatment
 - 2.1 Relapse
 - 2.2 Treatment after failure
 - 2.3 Treatment after loss of follow-up (return after default)
 - 2.4 Previous treatment outcome unknown.
3. MDR TB-Multi Drug Resistant TB

Section 5. Definition of Terms. These terms shall have the following meaning as used in this Ordinance:

1. **Airborne Precautions** - Precautions that apply to patients or persons suspected of having airborne infections, and are used in addition to standard precautions. These precautions are generic for all airborne infections but they also contribute to reducing the spread of TB.
2. **Healthcare Workers** - City Health Office staff, whose main activities are aimed at enhancing the health of the human population. They include the health service providers – for example, doctors, nurses and laboratory technicians; support workers, for example: Barangay Health Workers.
3. **TB symptomatic** - A person presenting with cough of two weeks or more and other symptoms suggestive of TB such as fever, weight loss, night sweat.
4. **Triage (in relation to TB)** - A system of promptly identifying persons suspected of having PTB through screening for cough, used in fast-tracked TB diagnosis, and further separation when necessary.
5. **Tuberculosis Care Assistance Program (TBCAP)** - a performance-based incentive program designed to promote facility based treatment of presumptive TB and diagnosed with TB disease by changing the health seeking behavior of the same. The herein incentive scheme shall encourage presumptive TB cases to submit to diagnostic examination and avail of TB DOTS services at the City Health Office TB DOTS Facility.

6. **TB DOTS Package** - PhilHealth benefit package of PhilHealth which amounts to P4,000.00 and includes payment to facility and professional.
7. **Presumptive TB Case** - any person whether adult or child, with signs and/or symptoms suggestive of TB (pulmonary or extra-pulmonary, or those with chest x-ray findings suggestive of active TB).
8. **TB disease** - a presumptive TB patient who after clinical and diagnostic evaluation is confirmed to have TB
9. **PhilHealth** - is a government-owned and controlled corporation mandated to administer the National Health Insurance Program (NHIP).
10. **TB Case Detection Rate** - the tuberculosis (TB) case detection rate (CDR) is the ratio of the number of notified TB cases to the number of incident TB cases in a given year. One key target for TB control programmes worldwide is achieving a sputum smear-positive CDR greater than 90% and above. It is defined as Percentage of TB cases (all forms) detected and treated out of the estimated incident cases of TB (all forms).
11. **TB Treatment Success Rate** - is the percentage of all new tuberculosis cases (or new and relapse cases for some countries) registered under a national tuberculosis control programme in a given year that successfully completed treatment, with or without bacteriological evidence of success ("cured" and "treatment completed," respectively)
12. **DOTS FACILITY** - defined as 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).
13. **Health Worker Volunteers (HWVs)** refers to community health volunteers such as Barangay Health Workers (BHWs), Barangay Nutrition Scholars (BNS) and Community Health Worker (CHW) who provides support and assistance to patients with TB disease to render treatment from accredited TB DOTS facilities.
14. **No Balance Billing Policy** shall mean that no other fees or expenses shall be charged or paid for by the PhilHealth patient-member/dependent under the Sponsored Program, above and beyond the packaged rates.

Section 6. Ensure Annual Fund Allocation. This will serve as a vehicle for improving and sustaining the efficient and effective delivery of the City TB Control Program.

1. To ensure that the allocation for the budget requirements for the TB programs of the City is efficient.
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%.
4. To advocate for the continuous investment for the quality improvement and certification and accreditation of the LGU health facilities as DOTS centers. To strengthen and capacitate local community health volunteers on TB DOTS program.
5. To ensure that the LGU regularly supports the monitoring, supervision, evaluation, training requirements, and NTP drug supplies.

Section 7. Tuberculosis Care Assistance Program (TBCAP)

1. The TBCAP shall cover all persons declared with TB disease as defined under PhilHealth Circular No. 14, s. 2014 who are PhilHealth members, eligible to avail the TB DOTS Package upon compliance of the required Intensive Phase and Maintenance Phase visits/check-up, diagnostic exam, medication and health education and counselling. In reference to PhilHealth Circular No. 14, s.2014, TBCAP shall cover those qualified to avail of the TB DOTS package which includes both children and adults, with the following registration groups (whether bacteriologically confirmed or clinically diagnosed, pulmonary or extra-pulmonary):
 - a. New
 - b. Retreatment
 1. Relapse
 2. Treatment after failure
 3. Treatment after loss of follow-up (Return after default)
 4. Previous Treatment Outcome Unknown
 - c. MDR TB Multi Drug Resistant TB
2. Health Worker Volunteers/Community Health Workers (HWVs/CHWs) in relation to the above groups.
3. The Local Government Unit shall ensure the prioritization and enrolment of all residents found to be TB presumptive and women to PhilHealth;
4. The Local Government Unit shall set up a revolving fund for the TBCAP incentive scheme in the amount of P200,000.00 which shall be administered by the TB Medical Coordinator. The fund shall be replenished at every seventy-five percent (75%) utilization, subject to the usual accounting and auditing rules and regulations. For its initial implementation, the LGU may use the TB DOTS trust fund from the existing TB DOTS Package receipts from PhilHealth;
5. The Local Government Unit shall continuously appropriate the needed fund for the cash incentive from the Operating Cost of the PhilHealth **TB DOTS Package Receipts** to wit:
 - 5.1 The TB-detected case patient shall receive a cash incentive for every facility visit or compliance to the treatment schedule herein set forth to cover all his expenses in terms of transportation, communication, supply, and food during his/her facility stay in accordance to the following scheme:
 - 5.2 MDR TB patient shall receive the same amount for the intensive and maintenance phases, aside from the CSWD AEX (City Social Welfare and Development-Assistance Extreme Emergency) provided for in-patient treatment for 8 months at DOH Programmatic Management of Drug Resistant TB.

TB Care Services	Payment	Expenses paid for
Intensive Phase		
1st Month Check-up/Treatment	250.00	Transportation, and Food Communication,
2nd Month (for Cat I) 3rd Month (for Cat II) Check-up/Treatment	250.00	Transportation, and Food Communication,
Maintenance Phase		
5th Month Check-up/Treatment	250.00	Transportation, and Food Communication,
6th Month (for Cat I) 8th Month (for Cat II) Check-up/Treatment	250.00	Transportation, and Food Communication,
TOTAL	P 1,000.00	

5.3 A Health Worker Volunteer (HWV) or the Community Health Team Member (CHT) shall receive a cash incentive for every patient with TB disease referred to the TB DOTS facility and act as treatment partner. The LGU opts to use the following scheme in paying the HWV or CHT member.

TB Care Services	Payment	Expenses paid for
Intensive Phase		
1st Month Check-up/Treatment	200.00	Transportation, and Food Communication,
2nd Month (for Cat. I) 3rd Month (for Cat. II) Check-up/Treatment	200.00	Transportation, and Food Communication,
Maintenance Phase		
5th Month Check-up/Treatment	200.00	Transportation, and Food Communication,
6th Month (for Cat I) 8th Month (for Cat II) Check-up/Treatment	200.00	Transportation, and Food Communication,
TOTAL	P800.00	

Section 8. Payment of Cash Incentive. The source of funding the incentives both for the TB presumptive case patient/individual and the HWV/CHW amounting to P1,000.00 and P 800.00, respectively, shall be taken from the allocated (45%) for the Facility Fee of the TB DOTS Package payment of P4,000.00. The Department of Health provides allocation for TB drugs to all DOTS facilities.

Distribution	Amount	Amendment
1. TB Patient Treatment Partner	1,000.00 800.00	Intended for Facility Fee, considering that the Department of Health provides allocation for TB drugs to all DOTS facilities
2. Referring physician to cover for consultation services during the course of treatment.	1,000.00	
3. The staff of the TB DOTS facilities	1,200.00	
TOTAL	4,000.00	

For the implementation of the project, the LGU shall initially source out operating cost from its general fund or existing trust fund.

Section 7. Undertakings of Beneficiaries. The TB Presumptive case enrolled in DOTS center shall perform the following:

1. Avail and complete all four visits within the period of 6 months in the TB DOTS center assigned to him by the HWV/CHW or to the Rural Health Unit where the patient resides. Visits include check-ups by the health care professional, prescription of appropriate drugs, health education and counselling and diagnostic exams.
2. Regularly take the drugs/medicines prescribed by the handling health care professional as assisted and monitored by the HWV/CHW which may be done in their house or in the DOTS center/RHU.

The HWV shall ensure proper case holding of all diagnosed TB cases in their catchment areas, counsel and facilitate their enrolment to PhilHealth, to wit:

1. Track all diagnosed TB cases/TB presumptive cases in their respective areas and report/assign the same to the TB DOTS facility/center for the required visits within the 6 to 12 months treatment period (Intensive and Maintenance Phase).

2. Facilitate and ensure enrolment of TB presumptive case person to PhilHealth.
3. Provide quality counselling to every TB case and encourage visits/treatment or medication in the health facility.
4. Follow up sputum microscopy on regular basis.
5. Keep and update the NTP ID cards.
6. Refer TB patient with adverse reaction to the health personnel.
7. Report and retrieve defaulters within two days.
8. Provide health education to the TB patient, family members and community.
9. Orient the same about PhilHealth benefits and the TB Care Incentive Program.
10. Monitor compliance of four visits with the necessary services as mentioned above, complete and regular in-take of prescribed anti-TB drugs and claim for availment of the TB Care Assistance amount in the RHU or DOTS center.

Section 8. Networks, Inter-agency Links and Partnerships with Stakeholders. This will strengthen partnerships with the different sectors involved in the program such as government agencies, NGOs, civil society, private sectors, donor institutions and other cooperating agencies for a more comprehensive NTP implementation.

Section 9. Implementing Rules and Regulations. The City Health Office, in coordination with the Office of the City Mayor shall formulate the implementing rules and regulations pertaining to this Ordinance.

Section 10. Funding and Disbursement. The City Government shall appropriate in the General Fund the amount of at least One Hundred Fifty Thousand Pesos (P150,000.00) annually. Disbursement shall be approved by the City Mayor, subject to the usual accounting and auditing procedures. The said fund will be released to the City Health Officer and will be allocated as follows:

1. Monitoring and supervision visit – 5%
2. Contingency for medicine (Category 2 drugs) Laboratory reagents – 20%
3. Laboratory Equipment – 20%
4. Programmatic Management of Drug Resistant TB – 10%
5. Quality assurance for sputum microscopy – 5%
6. TEV for BHWs and treatment partners – 10%
7. Community-based remote smearing stations – 10%
8. Capability building – 10%
9. Health Promotions Activities – 5%
10. Community organizations – 5%

Section 11. Repealing Clause. All ordinance, resolutions or laws of local application in effect inconsistent hereto are hereby modified, supersede, and repealed accordingly.

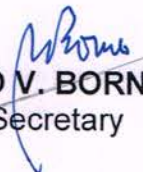
Section 12. Supplementary Clause. On matters not provided in this Ordinance, any existing applicable laws and their corresponding implementing rules, and regulations, executive orders and relevant issuance therefore shall be applied in a supplemental manner.

Section 13. Effectivity. This Ordinance shall take effect upon its approval and after ten (10) days of posting in at least (3) conspicuous places in the territorial jurisdiction of the City of Baybay, such as but not limited to Barangay Hall, Public Market, Public Terminal and City Hall building and/or its publication in a local newspaper for the period (2) consecutive weeks.

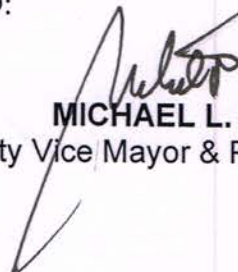
RESOLVED, FURTHER, to let certified copies of this ordinance be furnished to the Office of the Sangguniang Panlalawigan of Leyte for their information and appropriate action.

Enacted, August 15, 2016.

I HEREBY CERTIFY to the correctness of the foregoing ordinance which was duly adopted by the Sangguniang Panlungsod during its regular session held on August 15, 2016.


AMELITO V. BORNEO
SP Secretary

ATTESTED AND CERTIFIED
TO BE DULY ADOPTED:


MICHAEL L. CARI
City Vice Mayor & Presiding Officer

APPROVED BY HER HONOR:


CARMEN L. CARI
City Mayor