



Republic of the Philippines
SANGGUNIANG PANLUNGSOD
City Government of Pasig

Ordinance No. 10
Series of 2019

Rosario

AN ORDINANCE TO ADOPT THE DOH COMPREHENSIVE PROGRAM ON THE DETECTION, CARE AND TREATMENT PROCEDURE FOR THE TUBERCULOSIS (TB) CONTROL AND ERADICATION OF TB IN THE CITY OF PASIG AND THE CREATION OF THE CITY TUBERCULOSIS COUNCIL THEREOF.

Amor

Authored By: Councilor Rosalio D. Martires
Co-Authored By: Councilors Rodrigo B. Asilo, Ferdinand A. Avis, Regino S. Balderrama, Orlando R. Benito, Rhichie Gerard T. Brown, Mario C. Concepcion, Jr., Corazon M. Raymundo, Gregorio P. Rupisan, Jr., Reynaldo R. San Buenaventura III, Wilfredo F. Sityar, LIGA Pres. Rigor J. Enriquez and SK Fed. President Georgia Lynne P. Clemente

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. LGUs are likewise expected to be capable of responding to problems and pinpointing health issues that need to be prioritized; capable of monitoring activities relative to health care; and health issues within their respective jurisdiction;

WHEREAS, Republic Act 10767 (TB LAW) was passed and known as the Comprehensive Tuberculosis Elimination Plan Act to end TB by 2035;

WHEREAS, Tuberculosis remains to be a major public health problem in the Philippines and in the City of Pasig, it is one of the top ten leading causes of death and illness; Tuberculosis greatly affects the productive age group of our cities, thereby affecting them economically and the stigma of tuberculosis remains to be deterrent to its elimination;

WHEREAS, in response to the alarming report from the World Health Organization (WHO) and confirmed by the Department of Health (DOH) that the Philippines is ranked number one in the ASEAN and fourth in the world with the highest TB incidence rate. The Local Government Unit of Pasig has remained steadfast in consolidating efforts of the public and private health sectors; nonetheless, efforts need to be doubled to further address the many challenges encountered in case-finding and case-holding efforts, more importantly, the rising cases of DR TB cases due to increasing defaulters and loss to follow up;

WHEREAS, during the 2018 United Nations High level meeting in New York to end TB. The Philippines committed to treat 2.5 Million TB patients in 2018-2022. The three main strategies to achieve this are mandatory notifications by the public sector, formation of high level body and through massive screening, testing and treatment of those found with the disease



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WHEREAS, in the practice of sustainable health detection, care, treatment and governance, City of Pasig shall commits to support the national government's efforts to institutionalize efficient and effective program implementation of the National TB program (NTP). For this to materialize, it is imperative to involve all sectors at the local level such as but not limited to: non-government organizations (NGOs); Private sectors, Hospitals and Health Facilities, Schools, Hotels, community-based organizations (CBOs); transport groups represented by the tricycle operators and drivers association (TODA) and jeepney operators drivers association (JODA); Senior Citizens (SC); workplaces that involves traffic enforces, construction workers, factory workers, call centers, Barangays, Barangay Health workers and volunteers and those subjected to hazardous and crowded working conditions; marginalized sectors belonging to the urban/rural that include 4Ps beneficiaries and those living in resettlement sites. These groups will be actively involved in intensive case-finding, continuous monitoring and evaluation, as well as caring or case-holding of TB patients;

WHEREAS, one of the strategies of Sustainable Development Goal (SDGL) Reverse the spread of HIV/AIDS, malaria, and other infectious diseases like tuberculosis), is to localize the TB Control Program implementation. Local Government Units will manage and implement the TB Control Program within the decentralized health system in support of the health sector reform initiatives;

WHEREAS, there is a need to pass necessary policy instruments/ordinance to ensure achieving the objectives in improving healthy behavior, bolstering patient-centered TB and DRTB treatment, and expanding local health system capacity to effectively deliver TB and DRTB services to target populations .

NOW, THEREFORE, BE IT RESOLVED, AS IT HEREBY RESOLVED by the City of Pasig Council in Regular Session Assembled:

SECTION 1. TITLE

This Ordinance shall be known as "COMPREHENSIVE AND UNIFIED POLICY FOR THE TUBERCULOSIS CONTROL IN THE CITY OF PASIG".

SECTION 2. OBJECTIVE

This Ordinance aims to strengthen and establish a comprehensive and unified policy for the tuberculosis control program in the City of Pasig. It also aims to strengthen target-centered advocacy, case finding, (detection of TB infection and diseases) thru enhanced community involvement, and case holding (management and evaluation) and care of the TB treatment of all ages, hence, further alleviate the TB burden in the city.



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SECTION 3. STATEMENT OF POLICIES

It is hereby declared the policy of the City of Pasig Government to institutionalize an integrated, comprehensive, sustainable, and unified policy for the Tuberculosis Control Program through suitable strategies.

- a) The City of Pasig joins the National Government's effort to institute an effective program for Tuberculosis Control through the National Tuberculosis Control Program (NTP), Mandatory TB Case Notification (RA 10767) and Patient Centered Care (Universal Health Law (RA 11223):
- b) The City of Pasig shall promote public awareness about the causes, modes of transmission, consequences, and means of prevention and control of TB through a comprehensive city wide education and information campaign organized and conducted by the city. Such campaigns shall promote value formation and employ scientifically proven approaches, focus on the family as a basic social unit, and be carried out in all schools and training centers, health centers, hospitals, work places, and communities. This program shall involve affected individuals and high risk groups, including support groups.
- c) The of Pasig shall involve stakeholders from public and private sector in the TB Control Program implementation as mandated but not only limited to those organization identified in EO 187 – Comprehensive and Unified Policy for the Tuberculosis Control in the Philippines.
- d) The City of Pasig shall recognize the potential role of affected individuals and cured persons in propagating vital information and education messages about TB and shall utilize their experience to inform the public about the disease.
- e) Consistent with the above mentioned policies and in consonance with the National TB Control Program Strategy, the City, further, recognizes that:
 - 1) Multi-sectoral involvement is essential to local responses to TB infection;
 - 2) Pasigueños should be empowered to prevent further spread of TB through access to appropriate information and resources for prevention;



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- 3) The formulation of socio-economic development policies and programs should include the consideration of the impact of TB;
- 4) Resources should be allocated taking into consideration the unique vulnerabilities of various population groups, including children, persons deprived of liberty, and other vulnerable groups affected by TB and its impact; and
- 5) Continued efforts should be made to constantly improve the performance and assure the quality of TB – related programs.
- 6) Discrimination in any form, from pre-employment to post-employment including hiring, promotion or assignment based on the actual, perceived or suspected TB status is prohibited, unless under the infective stage upon the determination of the medical specialist.
- 7) No educational institution shall refuse admission to any prospective student or discipline, segregate, deny participation, benefits or services to, or expel any current student on the basis of his/her actual, perceived or suspected TB status, unless under the infective stage upon the determination of a medical specialist. This shall include any perception of suspicion of TB status which may arise from a person being a friend, relative, or associate.
- f) To ensure and strengthen the smooth implementation of FAST – Find TB cases Actively, Separate safely and Treat effectively to all Super Health Centers and City of Pasig Hospitals;
- g) A functional service delivery network and referral system shall be established in City NTP network. Tracking mechanisms for patient's lost to follow-up shall be put in place in all health DOTS facilities. TB Referral Process from one health care facility to another shall be in place using a standard referral form. Feedback or response to referral is strongly encouraged to account for all TB cases. The referral shall be based on patient's choice or convenience;
- h) To strengthen a positive environment for TB disease, to counter the stigma attached to it, thereby promoting health seeking behavior of the population at large. And, to ensure that Infection control in all facilities and environment shall be implemented to prevent transmission among populations;



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- i) To ensure that all Pharmacies in the City of Pasig shall be enjoined to enforce "No Prescription; No Dispensing" policy of TB Control for their implementation and compliance;
- j) The city of Pasig shall provide at least 10% of expected drug requirements for drug susceptible and drug resistant TB to augment national procurement especially in times of unforeseen supply interruptions;
- k) The City of Pasig shall ensure all cases identified Tb cases from all public and private healthcare providers and facilities, to include hospitals (RA 10767) – Mandatory TB Case Notification. If deemed non compliant, this may lead to revocation of business permit;
- l) To ensure compliance to TB infection control guidelines;
- m) To ensure compliance to DOH AO 2015-0039-Guidelines for Managing Tuberculosis Control Program during Emergencies and Disasters and to provide support for NTP emergency/disaster preparedness and response;
- n) To ensure that all Health Centers are accredited TB DOTS Centers; and
- o) To ensure that all Health facilities public and private shall comply and give full support in meeting the targets in case detection, care and treatment.

SECTION 4. NATIONAL TUBERCULOSIS CONTROL PROGRAM POLICIES

The Manual of Procedure (MOP) for the National Tuberculosis Control Program (NTP), serves as the guide (but not limited to) for the implementation of the TB program in all DOTS facilities in the Philippines. Therefore, all health care providers must provide TB diagnostic, treatment, and counselling services to patients in accordance with this Manual of Procedures;

- a) Systematic screening shall be implemented in all DOTS (health) facilities. Cough of 2 weeks shall be the primary screening tool for systematic screening while Chest X-ray shall be done in targeted high risk groups;
- b) Active case finding shall be implemented in congregate settings, targeted community and workplace using Chest X-ray as primary screening tool;
- c) All People Living with HIV (PLHIV) and those diagnosed with Diabetes Mellitus shall be screened for TB.



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- d) All health (DOTS) facilities should set up a strong TB surveillance amongst all employees of the city especially healthcare workers and those who apply for health certificate.
- e) 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.
- f) 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
- g) Direct Sputum Smear Microscopy (DSSM) shall be used for monitoring treatment of TB patients;
- h) 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
- i) A TB Medical Management Committee (TBMMC) shall be established per district to provide clinical expertise and guidance in diagnosis and management of clinically difficult TB cases both drug susceptible and drug resistant cases;
- j) 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;
- k) Adherence counselling shall be done for every patient prior to treatment;
- l) 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.



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- m) 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 (15y/o) and above shall be offered HIV Counselling and Testing (HCT);
- n) 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.
- o) 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 city-owned hospitals;
- p) All hospitals shall established a TB committee to oversee its TB services and a fully operational TB Clinic. City-owned hospital shall provide an isolation room for TB cases admitted for hospital care.
- q) All health (DOTS) facilities and TB laboratories should observe appropriate infection control measures at all times following in order of hierarchy: administrative, environmental and respiratory controls;
- r) 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 5. DEFINITION OF TERMS

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.



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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.

DOT – Directly Observed Treatment. An activity wherein a trained health worker or 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, and is composed 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:

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

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 – Stands for the integration of PMDT services to Basic DOTS services delivered by health facilities and aims to improve access to PMDT services, including screening, initiation of drug-resistant TB treatment and case holding at the peripheral levels.

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



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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*.

TBTF- TB Task Force – a group of volunteers who will assist in most of the activities in the implementation of the City of Pasig TB program under the supervision of the City of Pasig TB Council

SECTION 6. Creation and Composition of the City of Pasig Tuberculosis (TB) Council

6.1 The City of Pasig shall create the Pasig TB Council as a vehicle for consolidation and unification of efforts on TB and consistent with existing mandates in the Local Government Code, which will be composed of the following:

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a.	City Mayor	Chairperson
b.	City Health Officer/ NTP Medical Coordinator	Vice Chairperson /Alternate Vice Chair
c.	SP Chairman on Committee on Health	Member
d.	NTP Nurse Coordinator	Member
e.	Liga ng mga Barangay Chairperson	Member
f.	TB Task Force Federation Leader	Member
g.	Civil Society Organizations (1)	Member
	(2)	Member
	(3)	Member
h.	Private Sector Health Provider	Member
i.	Bureau of Jail Management & Penology	
	BJMP DOTS Clinic (1) Female Ward	Member
	(2) Male Ward	Member

6.2 The roles and functions of the Pasig TB Council include:

- i. To identify and establish the roles and responsibilities of the partners in the organization and delivery of TB care as per NTP guidelines.
 - To establish a secretariat for the TB Council;
 - To ensure the socio-economic development policies and program and include consideration of the impact of TB infection to the community;
 - To work for the prioritization in the allocation of resources for the TB Program.
 - Spearhead activities and advocacy on TB Celebrations
- ii. To 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%.
 - To strengthen partnership with other government agencies, NGOs and private entities and international agencies for a more comprehensive NTP implementation;
 - To support local community health volunteers and TB Diagnostic Committee activities to sustain private sector interest and participation in the NTP.
 - To gather sources and additional support (financial and material) for the continuous implementation of the program.



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- iii. To 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.
- To ensure that the collection for the budget requirements for the TB Program for the City is sufficient;
 - To ensure that the City regularly support the monitoring supervision, evaluation, training requirements, NTP drug and supplies; and
 - To advocate the continuous investment for quality improvement and To certification and accreditation of the City health facilities as DOTS centers.
- iv. To create a TB Taskforce in the City of Pasig.
- To assist in all the activities of the Health Centers towards an efficient and effective implementation of the program;
 - To help raise awareness and provide information campaign, house to house about TB ;
 - To assist in data gathering , recording and monitoring of TB cases in the city;
 - To directly report to the City TB Area coordinator and work hand in hand with the Barangay to ensure smooth implementation of the program.
- v. To ensure that all Pharmacies in the City shall be enjoined to enforce "No Prescription; No Dispensing" policy of TB Control for their implementation and compliance.
- vi. To ensure that Infection control in all facilities and environment shall be implemented to prevent transmission among populations;
- vii. To adopt policies, guidelines and protocols of the NTP program

SECTION 7. Alliances and Networking

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

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



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7.3 All physicians practicing in City of Pasig shall have an orientation and update on TB to ensure key participation in TB Control.

SECTION 8. TB Awareness/Campaign

8.1 A continuous promotion of TB awareness, and Active Case Finding and care shall be conducted per Barangay in the City dubbed as "Dibdibang Malasakit 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.

8.2 The City 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 9. Implementing Rules and Regulations:

The TB Council shall draft the implementing rules and regulation of this Ordinance within six (6) months from approval.

SECTION 10. APPROPRIATION

10.1 There shall be an initial annual fund allocation for the City National Tuberculosis Program (NTP), City Health Department of Two Million Pesos (P2,000,000.00) or so much thereof annually subject to increase to ensure program success and sustainable approaches in the efficient and effective delivery of the City TB Control Program. The funding will be prioritized in the following aspects;

- a) To ensure that the allocation for the budget requirements for the TB program of the City is sufficient;
- b) 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;
- c) 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 at least 90%;
- d) To advocate for the continuous investment for quality improvement and certification and accreditation of the City health facilities as DOTS centers. To strengthen and capacitate local community health volunteers on TB DOTS program;
- e) To ensure that the City regularly supports the monitoring, supervision, evaluation, training requirements, and NTP activities.



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SECTION 11. EFFECTIVITY

This Ordinance shall be in force and effect immediately upon its approval in accordance with the law.

APPROVED, this 19th day of **September 2019** at Pasig City.

[Signature]
FERDINAND A. AVIS
Councilor

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MARIO C. CONCEPCION, JR.
Councilor

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GREGORIO P. RUPISAN JR.
Councilor

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ORLANDO R. BENITO
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REGINO S. BALDERRAMA
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Councilor

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ROSALIO B. MARTIRES
Councilor

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RHICHE GERARD T. BROWN
Councilor
Minority Floor Leader



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REYNALDO R. SAN BUENAVENTURA III
Councilor
Majority Floor Leader

Attested by:

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IYO CHRISTIAN C. BERNARDO
City Vice-Mayor
Presiding Officer

APPROVED:

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VICTOR MA. REGIS N. SOTTO
City Mayor

Attested by:

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LOIDA U. VILLANUEVA
Acting City Council Secretary