



Republic of the Philippines
PROVINCE OF NUEVA ECIJA
Provincial Capitol Bldg.
Brgy. Singalat, City of Palayan
Tel. No.: (044) 940-7793

OFFICE OF THE SANGGUNIANG PANLALAWIGAN

EXCERPT FROM THE MINUTES OF THE 4th REGULAR SESSION OF THE SANGGUNIANG PANLALAWIGAN OF NUEVA ECIJA HELD AT THE SESSION HALL OF THE SANGGUNIANG PANLALAWIGAN, PROVINCIAL CAPITOL, BARANGAY SINGALAT, PALAYAN CITY, ON

FEBRUARY 23, 2015

PRESENT:

HON. EDUARDO REY G. JOSON	- Member
HON. JOSEPH R. ORTIZ	- Member (T.P.O.)
HON. BELINDA E. PALILIO	- Member
HON. EDGARDO F. AGLIAM	- Member
HON. TERESITA A. PATIAG	- Member
HON. MARK ANTHONY G. ESQUIVEL	- Member
HON. ERIC DANIEL F. SALAZAR	- Member
HON. PET ER MARCUS A. MATIAS	-Member (President-PCL)
HON. EDMUND R. ABESAMIS	- Member (President-Liga ng mga Barangay)

ABSENT:

HON. JOSE GAY G. PADIERNOS	- Vice Governor
HON. NAPOLEON G. INTERIOR	- Member
HON. RUBEN A. ILAGAN III	- Member
HON. JOHNERO E. MERCADO	- Member

RESOLUTION NO. 31-s-2015

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 only 52%(2942 cases in 2013)), 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 only 84%)(1169 cured out of 1385 cases 2012), 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 multi-drug resistant TB (MDRTB) that is more difficult and expensive to treat. The DOH-NTP further reports that the Province has been found to have 9 patients with MDRTB, which is a highly dangerous form of TB that requires expensive specialized care and treatment over a period of 18 to 24 months. A 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 drugs 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 and 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 to the presumptive TB 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, in the most recent TB Program Implementation Review conducted in March 2013, it was 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, The National TB Control Program of the Department of Health's Integrated TB Information System (IT IS) is the official online reporting system that will be used nationwide will provide computer and the provincial government will provide uninterrupted internet and telephone connection as counterpart.

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, upon suspension of the rules and on motion by Hon. Belinda E. Palilio, duly seconded by all Members present;

BE IT ORDAINED, by the Sangguniang Panlalawigan in session assembled:

PROVINCIAL ORDINANCE NO. 01-S-2015

AN ORDINANCE ESTABLISHING AND ADOPTING MEASURES AND SYSTEMS TO ENSURE EFFICIENT AND EFFECTIVE IMPLEMENTATION OF THE LOCAL TB CONTROL PROGRAM OF THE PROVINCE OF NUEVA ECIJA

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 NUEVA ECIJA”.

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 Nueva Ecija joins the national government's efforts to institute an effective program for tuberculosis control through the National Tuberculosis Control Program (NTP). 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 Program.
- c) Recording and reporting of cases shall be on the standardized National TB 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.
- e) Political commitment to ensure sustained, comprehensive implementation of National TB Program activities.

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

- a. Case Finding – Identification and diagnosis of TB cases among individuals with suspected signs and symptoms of Tuberculosis
- b. 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.
- c. MDRTB – Multi Drug Resistant Tuberculosis
- d. GeneXpert – machine used for identifying/diagnosing if presumptive TB client is susceptible or not to Rifampicin and 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 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, indigenous people, TB in Jail/Prisons and:

- a. Installation of GeneXpert machine and putting up of MDR TB treatment center in San Jose General Hospital, San Antonio District Hospital and Paulino J. Garcia Memorial Research and Medical Center with support from the Provincial Government of Nueva Ecija, Philippine Business for Social Progress (PBSP) and the Regional Health Office 3, Pampanga.
- b. All municipalities and cities will create, pass and implement their respective Local TB Ordinance.

Section 6. IMPLEMENTING AGENCIES -The Provincial Health Office shall be the lead agency for the proper implementation of the Province of Nueva Ecija's TB control program, and is **mandated 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 shall establish **multi-sectoral alliances per congressional district**, 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
5. A representative from the DOH regional office

Section 8. ANNUAL FUND ALLOCATION - There shall be an annual fund allocation of **P463,644.00** 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 Control Program. The funding shall be have the following priorities:

1. To ensure that the allocation for the budgetary requirements for the Provincial TB control 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 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.
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 Nueva Ecija shall hereinafter be included in the general appropriations ordinance of the Province starting 2015.

Section 9. FUND UTILIZATION AND DISBURSEMENT –The amount of **P 463,644.00** 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 visits (64 rural health units, 10 district and medicare hospitals, NGOs at least twice a year. (380 liters of diesel x P 55/liter x 2 a year = **P41,800.00**.)
- b. Contingency for medicines (TB in children drugs) – 100 children x P 3000/set of medicine = **P354,844.00**
- c. Quality assurance for sputum microscopy – laboratory supplies = **P25,000.00**

- d. Capability building – conduct trainings, orientations, meetings, seminars, workshops (funds to be requested from development partners)
- e. Advocacy activities – Lung Month Celebration and World TB Day Celebration (funds to be requested from development partners)
- f. Communication expenses – internet connection P3500.00/month x 12 months
=P42,000.00

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 Multi Sectoral Alliances created, 64 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 and city government shall endeavor to appoint permanent medical technologist, microscopists and other health personnel in their 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 all rural health units and health centers are provided 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 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 specially tuberculosis.

Section 12. PROVISION OF CONTINGENCY FUND FOR CHILDHOOD 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 childhood TB drugs.

Section 13. COMMUNICATION AND TRAVELLING EXPENSES– The Provincial Government shall provide additional computer with printer and uninterrupted internet connection for the implementation of online Integrated Tuberculosis Information System (ITIS), National Online Stock and Inventory Reporting System (NOSIRS) and other health related programs and will provide travelling expenses, per diem 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 presumptive TB 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/enforce no dispensing of TB drugs of all Pharmacies and Drug stores provincewide without Physicians/Doctors prescription.

Section 16. REFERRAL OF PRESUMPTIVE TUBERCULOSIS AND TB PATIENTS – All Government and Private Hospitals, drugstores and laboratories shall do TB counseling and refer their indigent presumptive TB and TB patients to the nearest rural health units upon discharge for diagnosis and treatment.

Section 16. PHILHEALTH FUND -PhilHealth payments for TB DOTS package shall be deposited in a separate Trust Fund Account of different LGUs (municipalities and cities) and shall be disbursed in accordance with the PhilHealth policies and guidelines.

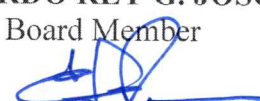
Section 17. SEPARABILITY CLAUSE - In the event that any provision of this Ordinance is declared void or invalid, the other provisions not affected hereby shall remain valid.

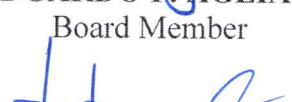
Section 18. REPEALING CLAUSE – All ordinances, local rules and regulations or parts thereof, inconsistent with this Ordinance are hereby repealed, modified, or amended accordingly.

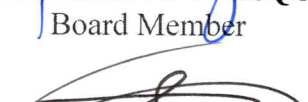
Section 19. EFFECTIVITY CLAUSE - This Ordinance shall take effect immediately upon its approval in accordance with law.

APPROVED.


EDUARDO REY G. JOSON
Board Member


EDGARDO F. AGLIAM
Board Member

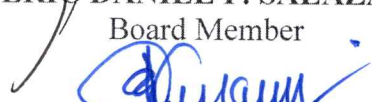

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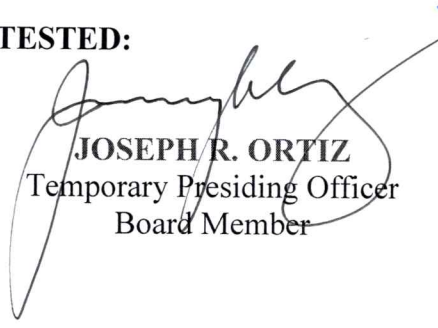

ERIC DANIEL F. SALAZAR
Board Member


EDMUND R. ABESAMIS
Board Member

I HEREBY certify to the correctness of the foregoing resolution.


ATTY. RAINIER DR. ESGUERRA
Secretary to the Sangguniang Panlalawigan

ATTESTED:


JOSEPH R. ORTIZ
Temporary Presiding Officer
Board Member