



# Office of the Sangguniang Bayan

EXCERPT FROM THE RECORD OF PROCEEDINGS OF THE 46th REGULAR SESSION OF THE SANGGUNIANG BAYAN OF URBIZTONDO, PANGASINAN, HELD ON NOVEMBER 14, 2022, AT THE LEGISLATIVE HALL BUILDING

Present:

Vice Mayor Volter D. Balolong	Presiding Officer
Coun. Mirla D. Balolong	Member
Coun. Alexis G. dela Vega	Member
Coun. Pepito N. Calugay	Member
Coun. Zenaida P. Espinosa	Member
Coun. Renzie M. Dispo	Member
Coun. Brandy M. Palisoc	Member
Coun. Vicente A. Frias, Jr.	Member
Coun. Jordan Melchor V. Palisoc	Member
Coun. Fernando L. Tapiador	Member (ABC Pres.)
Coun. Rozel Clyde D. Uson	Member (SKF Pres.)

Absent:

None

## MUNICIPAL ORDINANCE NO. 15 – 2022

Sponsored by: Coun. Mirla D. Balolong and Coun. Alexis G. dela Vega

**Ordinance Adopting the Tuberculosis Control Program in the Municipality of Urbiztondo, Pangasinan, to Strengthen and Support All Activities of the Program to Attain a Tuberculosis-Free Community, Address the TB Program for Children and Adults and Appropriating Funds Thereof**

**WHEREAS**, R.A. 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**, the adoption of plans and programs of TB policy will ensure the adoption and localization and implementation of effective, efficient and doable innovative and recommend strategies to eliminate TB;

**WHEREAS**, Section 17 (b) (2) (iii) of Republic Act No. 7160 otherwise known as the “Local Government Code of 1991” mandates the municipality to ensure the implementation of programs and projects on primary health care and communicable and non-communicable diseases control services;

**WHEREAS**, the Department of Health (DOH) and Pangasinan Health Office (PHO) provides 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 out concerns;

**WHEREAS**, based on the data from Municipal Health Office (MHO), there are one hundred fifty three (153) cases of TB in our municipality as of January to September 2022;

**WHEREAS**, to address the increasing number of affected populace, the Local Government Unit propose an ordinance to strengthen the effectiveness of fighting and controlling the spread of this disease.

**NOW THEREFORE, BE IT ENACTED** by the Sangguniang Bayan of Urbiztondo in session assembled that:

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**Article I**  
**Title of the Ordinance**

**Section 1. Title.** This Ordinance shall be known as the "**Ordinance Adopting the Tuberculosis Control Program in the Municipality of Urbiztondo, Pangasinan**".

**Sec. 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.

**Article II**  
**Declaration of Policy**

**Sec. 3. Declaration of Policy.** 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 scale up TB elimination efforts include the following to wit:

- a. Promote better awareness and intensify community education on TB that includes but not limited to TB as top infectious killer disease in the world that leads of killing people with HIV and a major cause of deaths related to anti-microbial resistance; 70 Filipinos die of TB everyday (as per disclosed by the Department of Health, the Philippine Coalition Against Tuberculosis (PhilCAT), the Pediatric Infectious Disease Society of the Philippines Inc., the Armed Forces of the Philippines (AFP) Medical Center, and the World Health Organization (WHO)); modes of transmission, high risks 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 support;
- 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 Operation 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 Safety and Treat effectively (FAST Strategy) in RHU and BHW, public hospitals and expansion to private hospitals and facilities 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 Connec TB 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 the annual targets on the NTP are achieved;
- i. Establish a functional Primary Care Provider Network/Health Care Provider Network as mandated by UHC;
- j. Ensure 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 case;
- k. Require compliance to the mandatory notification of all public and private health care providers and facilities with corresponding sanctions such as 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 National Tuberculosis Control Program (NTP), emergency/disaster preparedness and response; and
- m. Ensure PHIC accreditation of the TBDOTS facilities and filing of PHIC TB DOTS package claims to further support DOTS facilities and health staff involved in the TB program.

**Article III  
Definition of Terms**

**Sec. 4. Definition of Terms.** For purpose of this Ordinance the following terms shall be understood as follows:

- a. **Active TB** – refers to a person having TB with or without signs and symptoms, with bacteriologic and or radiographic findings consistent with TB disease.
- b. **Active Case Finding** – refers to purposive effort by a health care worker to find TB cases from among presumptive in the community who do not seek consultations relating to TB in a healthy facility.
- c. **Active Tuberculosis Case Finding** – refers to a synonymous with systematic screening for active TB although it normally implies screening that it is implemented outside the health (DOTS) facilities.
- d. **Case Holding** – an activity to treat TB cases through TB treatment regimen and health education.
- e. **Contact Investigation** – refers to 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.
- f. **Be Alive** – mentoring of the frontline health workers in Enhanced Case Finding and Community-Based Care of TB Patients amidst COVID19DOT – Directly Observed Treatment. An activity where a trained health worker for treatment partner personally observes the patient to take anti-TV medicines every day during the whole course of the treatment of all the TB cases.
- g. **DOTS** – Directly Observed Treatment Short-Course - refers to comprehensive strategy to control TB comprised of (5) components.
- h. **DOTS Facility** – refers to 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.

- i. **Direct Sputum Smear Microscopy (DSSM)** – a principal diagnostic method adopted by NTB because:
  - 1. It provides a definitive diagnosis of active TB;
  - 2. The procedure is simple;
  - 3. Its economical; and
  - 4. A microscopy center could be put up even in remote areas.
- j. **FAST** refers to 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 at diagnosing unsuspected infectious TB patients both drug susceptible and drug resistant cases improving TB detection and treatment cases.
- k. **INDEX (Index Patient) of TB** – refers to the initial identified TB case of any age in specific household or other comparable setting in which others may have been exposed.
- l. **Intensified Case Finding** – refers to active case finding among TB presumptive belonging to special or defined population.
- m. **IDOTS** – refers to Integrated Directly Observed Treatment.
- n. **Passive Case Finding** – refers to finding a case of TB from among TB presumptive who present themselves at the TB DOTS facility.
- o. **PMDT Facilities** - Programmatic Management for Drug Resistant TB Facilities. A health (DOTS) facilities that provides services for Drug Resistant TB.
- p. **Presumptive Extra Pulmonary 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.
- q. **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 confinement DR -TB Cases or non-Converter Category I and people living with HIV with signs and symptoms of TB.
- r. **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.
- s. **Presumptive Pulmonary TB** - refers to any person having: (2) two weeks or longer of any of the following:
  - 1. cough, unexplained fever, unexplained weight loss, drenching night sweat;
  - 2. cough of any duration in high risk group; or
  - 3. CXR findings suggestive of TB.
- t. **Presumptive Drug Resistant TB-** Any person whether adult or child who belongs to any of the DR-TB high rick groups such as: Re-Treatment Cases, new TB Cases that are contacts of confinement DR - TB Cases or Non-Converter Category I and people living with HIV with signs and symptoms of TB.



Infection (LTBI), Isoniazid or Rifampentine shall be used among contacts of TB Cases especially children and persons who are immune-compromised.

- 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 and above shall be offered HIV Counseling and Testing (HCT).
- n. Throughout the continuum of TB care, health care 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 municipality-owned hospitals.
- p. All hospitals shall establish a TB committee to oversee its TB services and a fully operational TB clinic.
- q. 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 (IT IS) shall be official web-based electronic TB information system.

#### **Article IV Municipal Tuberculosis (TB) Council**

##### **Sec. 6. Creation and Composition of Municipal Tuberculosis (TB) Council.**

a. The Municipal TB Council that will 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:

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| 1. Municipal Mayor                                     | Chairman                                 |
| 2. Municipal Health Officer                            | Vice Chairperson from the Public Sector  |
| 3. CSO Representative                                  | Vice Chairperson from the private sector |
| 4. SB Chairman on Committee on Health & Social Welfare | Member                                   |
| 5. RHU Nurse   | Member                                   |
| 6. Liga ng Mga Barangay President + 1 alternate rep    | Member                                   |
| 7. DOH Representative                                  | Member                                   |
| 8. Philhealth Representative                           | Member                                   |
| 9. MLGOO   | Member                                   |
| 10. Barangay Health Workers /TB Task Force             | Member                                   |

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|------------------------------------|--------|
| 11. MSWDO                          | Member |
| 12. Hospital Rep                   | Member |
| 13. Philippine National Police Rep | Member |

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

1. Identify and establish roles and responsibilities of partners in the organization and delivery of quality TB services as per NTP guidelines:
  - i. Establish a secretariat for TB Council;
  - ii. Ensure the socio-economic development policies and program and include consideration of the impact of TB infection to the community;
  - iii. Identify prioritization in the allocation of resources for the TB Program; and
  - iv. Spearhead activities and advocacy on TB events such as the Celebration of Lung Month and World TB Day.
2. 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%.
  - i. Strengthen partnership with other government agencies, CSOs and private entities and international agencies for a more comprehensive NTP implementation.
  - ii. 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.
3. 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.
  - i. Ensure that the collection for the budget requirements for the TB Program for the Municipality is sufficient;
  - ii. Ensure that the Municipality regularly support the monitoring supervision, evaluation, training requirements, NTP drug supplies;
  - iii. Advocate the continuous investment for quality improvement; and
  - iv. Ensure the certification and accreditation of the Municipality health facilities as DOTS center.
4. Create a TB Task Force in the Municipality (at least 1 volunteer per barangay)
  - i. Assist in all the activities of the Health Centers towards an efficient and effective implementation of the program;
  - ii. Help raise awareness and provide information campaign on TB during the house-to-house visits;
  - iii. Assist in data gathering, recording and monitoring of TB cases in the municipality;
  - iv. Report regularly and work hand in hand with the barangay to ensure smooth implementation of the TB program;

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5. Ensure that all pharmacies in the Municipality shall be enjoined to enforce "No Prescription; No Dispensing" policy;
6. Ensure that infection control in all facilities and environment shall be implemented to prevent transmission among populations;
7. 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; and
8. Adopt policies, guidelines and protocols of the NTP program.

**Sec. 7. TB Awareness /Campaign**

- a. A continuous promotion of TB awareness, and Active Case Finding and care shall be conducted in every barangay in the Municipality highlighted during the World TB Day (March 24) and the lung month (August 19) annually;
- b. The Municipality 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.

**Sec 8. Funding and Disbursement.** The Municipal Government shall initially appropriate Fifty Thousand Pesos (Php50,000.00) for this year 2022 and Seventy Thousand Pesos (Php70,000.00) was subsequently allocated and included in our 2023 Annual Budget. Disbursement shall be approved by the Municipal Mayor subject to the usual accounting and auditing procedures. The said funds will be released to the Municipal Health Officer and will be allocated as follows:

- a. Monitoring and Supervisory Visit;
- b. Contingency for Medicine (Category 2 Drugs) and laboratory Reagents;
- c. Laboratory Equipment;
- d. Programmatic Management of Drug-resistant TB;
- e. Quality Assurance of Sputum Technologist;
- f. TEV for BHWs and Treatment Partners;
- g. Community-based Remote Smearing Stations;
- h. Capability Building;
- i. Health Promotion Activities; and
- j. Community Organizing.

**Sec 9. Rules and Regulations.** The Municipality shall formulate the implementing rules and regulations (IRR) pertaining to this Ordinance.

**Article V  
Final Provisions**

**Sec. 10. Repealing Clause.** All existing ordinances, rules and regulations, as well as orders inconsistent herewith are hereby repealed or modified accordingly.

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**Sec. 11. Separability Clause.** Should any of these clauses or parts of this Ordinance be declared unconstitutional by any court of competent jurisdiction, all other remaining portions not so declared shall remain valid and effective.

**Sec. 12. Effectivity.** This ordinance shall take effect upon favorable review and approval by the Sangguniang Panlalawigan and after fifteen (15) days upon its publication in a newspaper of local circulation pursuant to and in conformity with pertinent provisions of the Local Government Code of 1991 (R.A. 7160).

I hereby certify to the passage of the foregoing Ordinance which was duly approved by the Sangguniang Bayan of Urbiztondo on the 14th day of November, 2022.

  
**ARNEL C. RUFO**  
Secretary to the Sanggunian

CONCURRED:

  
COUN. MIRLA D. BALOLONG

  
COUN. ALEXIS G. DELA VEGA

  
COUN. PEPITO N. CALUGAY

  
COUN. ZENAIDA P. ESPINOSA

  
COUN. RENZIE M. DISPO

  
COUN. REYNALDO T. BAUTISTA

  
COUN. DYNA P. DE GUZMAN

  
COUN. JOEL M. FRIAS

  
COUN. FERNANDO L. TAPIADOR

  
COUN. ROZEL CLYDE D. USÓN

ATTESTED:

  
VICE MAYOR VOLTER D. BALOLONG  
Presiding Officer

APPROVED:

  
MAYOR MODESTO M. OPERANIA