AN ORDINANCE CREATING A “________ T.B. Council; ________ Anti-TB Task Force; Task Force Alis Tisis/TB” TO CONSOLIDATE AND UNIFY EFFORTS TOWARDS A COMMUNITY WHERE TUBERCULOSIS (TB) IS NO LONGER A PUBLIC HEALTH PROBLEM

BE IT ENACTED by the SANGGUNIANG BAYAN/PANGLUNSOD in session assembled that:

Section 1. Declaration of Policy. The Municipality/City of _________________ joins the Government efforts to institute an effective program for Tuberculosis Control through the National Tuberculosis Control Program (NTP). The Directly Observed Treatment Short Course (DOTS) strategy of the National Tuberculosis Control Program (NTP) (Executive Order No. 187, 21 March 2003) shall be the main strategy for Tuberculosis control in the Municipality/City. The five (5) component of the DOTS strategy include: 1. Direct Sputum Smear Examination shall be the initial diagnostic tool in case finding. 2. Standardized Chemotherapy in accordance with the National TB Program. 3. Recording and reporting of cases shall be on the standardized National TB Program forms to be implemented in all health centers. 4. Directly Observed Treatment (DOT) shall be used as the strategy to ensure patient compliance. 5. Political commitment to ensure sustained, comprehensive implementation of National TB Program activities. The Department of Interior and Local Government further authorizes the Local Chief Executive to create an Anti-TB Task

1 The global tuberculosis control targets are to detect at least 70% of all new infectious cases and to cure at least 85% of those detected. These targets were based on the observation that, in the absence of control measures, each infectious case causes an average about 20 new infections, out of which two new cases will arise (one infectious and one non-infectious). The reproduction number – ie, the number of new cases that arise from a single infectious case- is therefore one for infectious cases, and the tuberculosis epidemic is in steady state. Achievement of an 85% cure rate and 70% case detection rate would reduce prevalence of infectious cases and the number of infected contacts by about 40%. Elzinga, G., Raviglione, M., Maher, D. Scale Up: Meeting Targets in Global Tuberculosis Control. The Lancet, 363, March 6, 2004, 814-819.
Section 2. Creation of a Local TB Council; Anti-TB Task Force; Task Force Alis Tisis/TB. As a vehicle for consolidation and unification of efforts on TB and consistent with DILG Memorandum Circular 98-155, the Municipality/City of ______________ hereby creates the “_________ T.B. Council; ________ Anti-TB Task Force; Task Force Alis Tisis/TB“ to be composed of the following:

A. Municipal/City Mayor - Chairperson
B. Municipal/City Health Officer - Vice Chairperson
C. Chairperson, Committee on Health, SP Member
D. Local Health Board Representative Member
E. Center for Health & Development- DOH Member
F. Provincial Health Office Member
G. Local Health Insurance Office, PhilHealth Representative Member
H. Department of Interior and Local Government Representative Member
I. Local Community TB Task Forces or TB Related community groups Member
J. Local Health NGO or TB Patient Group Representative Member
L. Public Health Workers Group Representative Member
N. Public-Private Mix Dots (PPMD) Group Representative Member
P. Business and Labor Sector Representative Member
Q. Civic Group Representative Member

2.1. Roles, Functions and Responsibilities. The roles and functions of the “_________ T.B. Council; ________ Anti-TB Task Force; Task Force Alis Tisis/TB“ include:

2.1.1. To identify and establish the roles and responsibilities of the partners in the organization and delivery of TB care as per NTP guidelines.
   a. To establish a secretariat for the TB Council/Task Force
   b. To ensure that socio-economic development policies and programs include consideration of the impact of TB Infection to the community
   c. To work for the prioritization in the allocation of resources for the TB Program
2.1.2. To coordinate the different sectors involved in the NTP implementation and ensure that the NTP policies and the DOTS strategy is implemented thereby ensuring a case detection rate of at least 70% and a treatment success rate of at least 85%.
   a. To strengthen partnerships with other government agencies, NGOs, private entities and international agencies for a more comprehensive NTP implementation
   b. To support local community health volunteers and TB Diagnostic Committee (TBDC) activities to sustain private sector interest and participation in the NTP

2.1.3 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.
   a. To ensure that the allocation for the budget requirements for the TB program for the municipality/city are sufficient
   b. To ensure that the LGU regularly supports the monitoring, supervision, evaluation, training requirements, NTP drugs and supplies.
   c. To advocate for the continuous investment for quality improvement and certification and accreditation of the LGU health facilities as DOTS centers.

To effectively implement the roles and responsibilities of the “________ T.B. Council; _________ Anti-TB Task Force; Task Force Alis Tisis/TB”, the Municipal/City Health Officer may propose in the next ensuing year for one permanent position (Salary Grade (SG) ___) in the office of the Municipal/City Health Officer. The said officer shall act as the Secretary to the “________ T.B. Council; _________ Anti-TB Task Force; Task Force Alis Tisis/TB”


Section 4. Funding and Disbursements. For the operations of the “________ T.B. Council; _________ Anti-TB Task Force; Task Force Alis Tisis/TB”, the Municipality/City shall appropriate in the general fund the amount of at least ________ pesos (PhP ________) annually.
Disbursements shall be approved by the Chairperson subject to the usual accounting and auditing procedures. The said funds will be released to the Municipal/City Health Office and will be allocated as follows: Secretariat support (30%); Contingency for Medicines and Laboratory Reagents (30%); Quality Assurance for Sputum Microscopy (10%); TB Diagnostic Committee (10%); Reproduction of NTP forms (10%) and Advocacy activities (10%).

Section 5. Repealing Clause. All ordinances, resolutions or laws of local application and effect inconsistent hereto are hereby modified, superseded, and repealed accordingly.

Section 6. Separability Clause. If, for any reason or reasons, any part or provision hereof shall be held to be unconstitutional or invalid, other parts or provisions hereof which are not affected hereby shall continue to be in full force and effect.

Section 7. Supplementary Clause. On matters not provided in this ordinance, any existing applicable laws and their corresponding implementing rules and regulations, executive orders and relevant issuances issued therefore shall be applied in a supplemental manner.

Section 8. Effectivity. This Ordinance shall take effect upon approval and compliance to the mandatory posting and publication requirement prescribed under R.A. 7160 otherwise known as the Local Government Code of 1991.

ENACTED during the ___ Regular Session of the ___ Sangguniang Bayan/Panglunsod of the Municipality/City of ____________, Province of ____________, the ___ day of ____________, at ______________, Philippines.

CERTIFIED CORRECT:

______________________
Secretary to the Sanggunian

ATTESTED:

HON. ______________________
Presiding Officer, Municipal/City Vice Mayor

Hon. ______________________
Hon.
CERTIFICATION

I HEREBY CERTIFY that I presided over the _____ Regular Session of the _____ Sangguniang Bayan/Panglunsod of the Province of _____ and that the foregoing legislative measure has been approved and enacted during the aforesaid session.

HON. __________________________________
Presiding Officer, Municipal/City Vice-Mayor

APPROVED by His Honor, the Mayor, on _____________, 200, in the Municipality/ City of _____________, Province of ________, Philippines