



**Republic of the Philippines
CITY COUNCIL
City of Manila**

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11TH CITY COUNCIL

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the eighth day of July, Two Thousand Nineteen**

ORDINANCE NO. 8592

AN ORDINANCE TO ESTABLISH AND STRENGTHEN THE COMPREHENSIVE PROGRAM ON THE DETECTION, CARE AND TREATMENT PROCEDURE FOR THE TUBERCULOSIS CONTROL, THE ERADICATION OF TUBERCULOSIS IN THE CITY OF MANILA, AND THE CREATION OF THE CITY TUBERCULOSIS COUNCIL THEREOF

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and

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PREAMBLE

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 jurisdictions;

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

WHEREAS, in response to the alarming 2018 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 Manila 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 Drug-Resistant (DR) TB cases due to increasing defaulters and failure to follow up;

WHEREAS, Tuberculosis remains to be a major public health problem in the Philippines and in the City of Manila, it is one of the top ten leading causes of death and illness;

WHEREAS, during the 2018 United Nations High level meeting in New York to end TB, the Philippines committed to treat two million five hundred thousand (2,500,000) TB patients in 2018-2022. The three main strategies to achieve this are: 1. mandatory notifications by the public sector; 2. formation of high level body; and 3. through massive screening, testing and treatment of those found with the disease;

WHEREAS, in the practice of sustainable health detection, care, treatment and governance, the City of Manila commits to support the national government's efforts to institutionalize efficient and effective program implementation of the National TB Control Program (NTP). For this to materialize, it is imperative to involve all sectors at the local level such as, but not limited to: Non-governmental Organizations (NGOs); Private Sectors, Health Facilities and Hospitals, Day Care Centers, Schools, Universities, Hotels, Community-Based Organizations (CBOs); transport groups represented by the Tricycle Operators and Drivers Association (TODA) and Jeepney Operators and Drivers Association (JODA), Pedicab Operators and Drivers Association (PODA); Senior Citizens (SC); workplaces that involves traffic enforcers, construction workers, factory workers, stevedores, call centers (BPOs), Barangays, Barangay Health workers and volunteers and those subjected to hazardous and crowded working conditions; marginalized sectors belonging to the urban/rural poor including 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, Tuberculosis greatly affects the productive age group of our cities, thereby affecting them economically and the stigma of tuberculosis remains to be a deterrent to its elimination;

WHEREAS, one of the strategies of SUSTAINABLE DEVELOPMENT GOAL (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 ordained by the City Council of Manila, in session assembled, *THAT*:

SECTION 1. Title. – This Ordinance shall be known as the “**COMPREHENSIVE AND UNIFIED POLICY FOR THE TUBERCULOSIS CONTROL IN THE CITY OF MANILA FOR A TB FREE MANILA**”.

SEC. 2. Objective. – This Ordinance aims to strengthen and establish a comprehensive and unified policy for the tuberculosis control program in the City of Manila. It also aims to strengthen target-centered advocacy and stigma reduction, case finding (detection of TB infection and diseases) through enhanced community involvement, and case holding (management and evaluation) care and prevention in all ages, hence, further alleviate the TB burden in our city.

SEC. 3. Statement of Policies. – It is hereby declared the policy of the City of Government of Manila to institutionalize an integrated, comprehensive, sustainable, and unified policy for the Tuberculosis Control Program through suitable strategies:

- a) The City of Manila joins the National Government’s efforts to institute an effective program for Tuberculosis Control through the National Tuberculosis Control Program (NTP) delivery of TB services and strategies such as: Mandatory TB Case Notification (RA 10767) and Patient-centered Care (Universal Health Law RA 11223);
- b) The City of Manila 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 City of Manila shall involve stakeholders from public and private sectors in the TB Control Program implementation as mandated, but not only limited to, those organizations identified in EO 187;
- d) The City of Manila shall recognize the potential role of affected individuals and cured persons in propagating vital information and education messages about TB and shall utilize their experiences 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) Manileños should be empowered to prevent further spread of TB through access to appropriate information and resources for prevention;
 - 3) The formulation of socio-economic development policies and programs should include the consideration of the impact of TB in the unique vulnerabilities of high-risk groups;
 - 4) Continued efforts should be made to constantly improve the performance and assure the quality of TB-related programs;
 - 5) 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; and
 - 6) 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 public and private health (DOTS) facilities and hospitals;
- g) To institutionalize in city NTP network a functional service delivery network (SDN) or a two-way referral system. A standard referral form shall be utilized with referral feedback. Tracking mechanisms for patient's lost to follow-up shall be put in place in all health DOTS facilities;
- 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;
- i) To ensure compliance to TB infection control guidelines, all health (DOTS) facilities, hospitals and TB laboratories shall institutionalize appropriate infection control measures at all times following in order of hierarchy: administrative, environmental and respiratory control;
- j) 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;
- k) The city 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;

- l) The City shall ensure that all identified TB cases from all public and private healthcare providers, facilities and hospitals should be monitored and treated. If deemed non-compliant, this may eventually lead to the revocation of the establishments' business permit;
- 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; and
- n) To ensure that all Health Centers are accredited TB DOTS Centers.

SEC. 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, in 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 health (DOTS) 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 (DM) shall be screened for TB;
- 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. Direct Sputum Smear Microscopy (DSSM) shall be used for monitoring treatment of TB patients;
- 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) Tuberculin Skin Test (TST) shall be done among contacts of TB cases according to the standard set of procedures. Priority shall be for children enrolled in day care centers and those below normal by nutritional status;

- h) All health (DOTS) facilities, whether public or private shall establish 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 City TB Medical Management Committee (CTBMMC) 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. Adherence counseling shall be done for every patient prior to treatment;
- k) 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 Rifampentine shall be used among contacts of TB cases especially children and persons who are immunocompromised;
- l) 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 (ADRs), whether minor or major, shall be reported using the official FDA reporting form. All registered TB patients shall be offered HIV Counseling and Testing (HCT);
- m) All baseline laboratories and other pertinent laboratory tests during treatment and two years post-treatment shall be provided for free whenever available in the city-owned hospitals;
- 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 hospitals shall establish a TB committee to oversee its TB services and a fully operational TB Clinic. City-owned hospitals shall provide an isolation room for admitted TB cases needing hospital care; and
- p) Recording and reporting for the NTP shall be implemented at all DOTS facilities whether public or private according to internationally accepted case definitions. 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 on recording and reporting.

SEC. 5. Definition of Terms. –

- a) **ACTIVE TB** – A person having TB with or without signs and symptoms, with bacteriologic and or radiographic findings consistent with TB disease.
- b) **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.
- c) **CASE-HOLDING** – An activity to treat TB cases through proper treatment regimen and health education.
- d) **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.
- e) **DOTS** – Delivery of TB Services. A comprehensive strategy to control TB.
- f) **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.
- g) **DSSM** – Direct Sputum Smear Microscopy. A diagnostic method adopted by NTP because: a) it is a definitive diagnosis of active TB; b) the procedure is simple and economical; c) easy set-up; and d) less sensitive than Xpert MTB/RIF Test.
- h) **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.
- i) **PMDT Facility** – Programmatic Management for Drug Resistant TB Facilities. Health (DOTS) facilities that provide services for Drug Resistant TB.
- j) **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.
- k) **PRESUMPTIVE EXTRA PULMONARY 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.
- l) **PRESUMPTIVE PULMONARY TB** – Refers to any person having: a) two weeks or longer of any of the following – cough, unexplained fever, unexplained weight loss, drenching night sweat; b) cough of any duration in high-risk group, or c) CXR finding suggestive of TB.
- m) **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.

- n) **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.
- o) **TB – Tuberculosis.** An infection caused by *Mycobacterium tuberculosis*.
- p) **TBTF – TB Task Force.** A group of volunteers who will assist in most of the activities in the implementation of the City of Manila TB program under the supervision of the City of Manila TB Council.
- q) **Xpert MTB/RIF Test** – A rapid molecular test that identify TB bacteria within 2 hours as well as the presence of resistance to Rifampicin, one of the most potent first line TB drugs.

SEC. 6. Creation and Composition of the City of Manila Tuberculosis (TB Council). –

6.1. The City of Manila shall create the Manila 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:

City Mayor/ Secretary	Chairperson
City Health Officer	Vice Chairperson
Sangguniang Panlungsod Chairman on Committee on Health	Member
National Tuberculosis Program Coordinator	Member
Liga ng Barangay President + 1 alternate representative	Member
Batang Maynila TB Patrolers President+ 1 alternate representative	Member
Manila Social Welfare and Development Representative+ 1 alternate representative	Member
Six (6) District Health Officers + alternate representative	Member
Religious Group Representative + alternate representative	Member
Other development partners but not voting with alternate representatives	Member

6.2. The roles and functions of the Manila TB Council include:

- a. 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 secretarial for the TB Council;
 - To ensure the socio-economic development policies and programs and to 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; and
 - Spearhead activities and advocacy on TB Celebrations.

- b. 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; and
 - To gather sources and additional support (financial and material) for the continuous implementation of the program.
- c. 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; and
- To ensure that the collection for the budget requirements for the TB Program for the city is sufficient;
 - To ensure that the LGU regularly support the monitoring, supervision, evaluation, training requirements, NTP drugs and supplies; and
 - To advocate the continuous investment for quality improvement and certification and accreditation of the LGU health facilities as DOTS centers.
- d. To create a TB Taskforce in the City of Manila (at least 5 volunteers per District);
- 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 orientation about TB;
 - To assist in data gathering , recording and monitoring of TB cases in the city; and
 - To directly report to the City TB Area coordinator and work hand in hand with the barangay to ensure smooth implementation of the program.

SEC. 7. Alliances and Networking. –

7.1. A Multi-sectoral alliance shall be included in the TB Council to initiate other measures necessary to establish networks, inter-agency links and partnership with key stakeholders. This will strengthen partnership with different sectors involved in the program such as government agencies, NGOs, civil societies, private sectors, donor institutions 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.

7.3. All practicing physicians and other healthcare workers essential in the implementation of NTP in the City of Manila shall be orientated, updated, and trained to ensure key participation in TB Control.

SEC. 8. TB Awareness Campaign. –

8.1. A continuous promotion of TB awareness, active case finding and care shall be conducted per barangay in the city dubbed as “*TB Caravan*” and “*Ugnayan sa Barangay*”, highlighted during the World TB Day (March 24) and the Lung Month (August 19) annually. This is in cooperation with the Manila Social Hygiene Clinic (TB-HIV Collaboration), Non-communicable Disease Program (TB-DM Collaboration) and other development partners.

8.2. The city shall provide logistical counterpart to all TB Awareness Campaigns and systematic screening activities among high-risk communities 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. 9. Appropriation. – There shall be an initial annual fund allocation for the City National Tuberculosis Program (NTP), City Health Department of Three Million Pesos (PhP. 3,000,000.00), or so much thereof as may be necessary 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 the support of the creation of TB Council, TB Task Force and its activities;
- c) 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;
- d) 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%;
- e) To advocate for the continuous investment for quality improvement, certification and accreditation of the LGU health facilities as DOTS centers. To strengthen and capacitate local community health volunteers on TB DOTS programs; and
- f) To ensure that the LGU regularly supports the Advocacy, Communication, and Social Mobilization monitoring, supervision, evaluation, training requirements, and NTP drug supplies contingencies, and other incidental expenses.

SEC. 10. Separability Clause. – If any provision of this Ordinance is declared void or invalid, the remainder or other provision shall not be affected.

SEC. 11. Repealing Clause. – All ordinances, local rules and regulations or parts thereof, inconsistent with this Ordinance are hereby repealed, modified or amended accordingly.

SEC. 12. Effectivity Clause. – This Ordinance shall take effect upon its approval.

This Ordinance was finally enacted by the City Council of Manila on November 25, 2019.