

**[SAN JUAN CITY ORDINANCE NO. 19 SERIES OF
2015, March 16, 2015]**

OFFICE OF THE SANGGUNIANG PANLUNGSOD

**AN ORDINANCE ADOPTING THE IMPLEMENTATION OF THE
TUBERCULOSIS CONTROL PROGRAM IN THE CITY OF SAN JUAN
TO STRENGTHEN AND SUPPORT ALL ACTIVITIES OF THE
PROGRAM TO ATTAIN A TUBERCULOSIS-FREE COMMUNITY AND
APPROPRIATING FUNDS THEREOF.**

Sponsored by:

The Committee on Health & Environmental Protection
(Councilors Rolando M. Bernardo, Marie O'Neal S. Mendoza, William Go)
and Councilors Allen Christopher M. Silvano, Angelo E. Agcaoili,
Arthur Alfredo E. Aquino, Leonardo G. Celles, Janella Ejercito Estrada,
Michael Cristopher R. Mathay. Richard F. Peralta, Edgardo V. Soriano,
Ferdinand A. Velasco and Jubc Warren P. Villa

WHEREAS, Section 17 (b) (2) (iii) of Republic Act No. 7160, otherwise known as the Local Government Code of the 1991 provides that "health services, which include the implementation of programs and projects on primary health care, maternal and child care, and communicable and noncommunicable 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 the duties and responsibilities of the local government units;

WHEREAS, tuberculosis remains a major public health concern in the city where the percentage of cases found Case Detection Rate of 85% is below the national standard of 90 percent and the percentage of TB patients who completed treatment and are confirmed as cured Cure Rate of 79% is below the national standard of 90 percent;

WHEREAS, the low Case Detection Rate of 85% is a result of low case finding. With only 85% percent of estimated cases detected, the remaining cases do not receive the correct treatment which may result in death. Furthermore, each active case of TB can result in the spread of infection lo as many as 10 to 20 new cases every year;

WHEREAS, the low Cure Rate of 79% is a result of low case holding or defaulters. The low Cure Rate means that patients are not completing and confirming treatment. Uncompleted treatment may result in Multi-Drug Resistant TB which is much more difficult and expensive to treat;

WHEREAS, it is important for the City to always monitor and evaluate the performance , of the health centers as well as medical personnel who provide public health services;

WHEREAS, while the National Government, through the City Health Office, is responsible for providing drugs and other commodities that are essential to TB control, such supply has been erratic at times. Therefore, it is essential for the City to provide buffer stock of the necessary drugs and commodities;

WHEREAS, multi-drug resistant TB (MDRTB) is a highly dangerous form of TB that requires expensive specialized care and treatment (Programmatic Management of Drug-Resistant TB) over a period of 18-24 months. A MDRTB patient can easily pass on his/her form of TB to other people, posing a grave threat to the community;

WHEREAS, level of awareness on TB needs more attention. Thus, it is incumbent upon the City to conduct health promotion activities, including community outreach TB education, IEC materials distribution and mass media campaigns;

WHEREAS, in order to fully implement the TB program to a wider scope and further achieve its objectives, there is a need to create a Multisectoral Alliance consisting both from the public and private sectors of the city;

WHEREAS, the success of TB treatment depends on the patient getting support and encouragement from treatment partners, who ensures that drugs are taken daily and that follow up sputum exam schedules are adhered to. It is important for treatment partners to be able to go to the patients, rather than the patients going to the treatment partner, particularly if distances are far, to ensure treatment compliance;

NOW THEREFORE, BE IT ORDAINED by the Sangguniang Panlungsod of San Juan, Metro Manila in a session duly assembled that:

Section 1. Declaration of Policy. The City of San Juan joins the government's 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 City.

The five (5) component of DOTS strategy includes:

- 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 2. Ensure Annual Fund Allocation. This will serve as a vehicle for improving and sustaining the efficient and effective delivery of the City TB Control Program.

- 2.1. Ensure that the allocation for the budget requirements for the TB program of the City is sufficient.
- 2.2. Ensure that efforts and resources are geared towards achieving the goal of having a community where TB is no longer a public health problem.
- 2.3. Ensure that the NTP policies and the DOTS strategies are implemented, thereby ensuring a case detection rate of at least 90% and a treatment success rate of at least 90%.
- 2.4. Advocate for the continuous investment for quality improvement and certification and accreditation of the LGU health facilities as DOTS centers. To strengthen and capacitate and local community health volunteers on TB DOTS program.
- 2.5. Ensure that the LGU regularly supports the monitoring, supervision, evaluation, training requirements, and NTP drug supplies.

Section 3. Creation of the City Multisectoral Alliance (CMSA) and the CMSA Secretariat.

Establish networks, inter-agency links and partnerships with key stakeholders. This will strengthen partnerships with different sectors involved in the program such as government agencies, NGOs, civil society private sector, donor institutions and other cooperating agencies for a more comprehensive NTP implementation. The City Mayor is hereby authorized to create a City Multi-Sectoral Alliance (CMSA) whose membership may be composed of the various public and private sectors in the city.

As a vehicle for consolidation and unification of efforts on TB and consistent with DILG Memorandum Circular 98-155 and 2010-2016 PhilPACT, the City Government of San Juan hereby creates the CMSA and the CMSA Secretariat. The CMSA will serve as the coordinating body for public-private sector partnerships and advise the City Government in the implementation of the policies and strategies of the National TB Control Program (NTP) involving various government line agencies, civil society groups and private sector.

The NTP core team of the City Health Office (CHO) is designated as the CMSA secretariat.

Section 3.1. Composition of the City of San Juan Multi Sectoral Alliance (CMSA)

The San Juan City Multi Sectoral Alliance will be composed of the following:

Chairperson: City Mayor and/or her duly Authorized Representative
Vice-Chairperson for the public sector; City Health Officer
Vice-Chairperson for the private sector: San Juan Medical Society -

Members :

1. SP Chairperson on Committee on Health
2. San Juan Medical Center, Pulmonary Chief
3. Cardinal Santos Medical Center
4. St. Martin de Porres Charity Hospital
5. President, Liga ng mga Barangay
6. City Budget Officer
7. City Treasurer
8. City Accountant
9. City Planning Officer
10. City DILG Officer
11. City Social Welfare Department
12. Superintendent, Interim Division
13. President, Barangay Health Workers Federation
14. President, TODA

Secretariat:

NTP CORE TEAM

Section 3.2. Roles, Functions and Responsibilities

The San Juan City Multi Sectoral Alliance shall have the following roles, functions and responsibilities:

- a. Identify and establish the roles and responsibilities of the partners in the organization and delivery of TB care as per NTP guidelines.
- b. Establish a secretariat for the TB Program CMSA
- c. Ensure that socio-economic development policies and programs include consideration of the impact of TB Infection to the community.
- d. Work for the prioritization in the allocation of resources for the TB Program.

Section 4. 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 90% for all forms and a treatment success rate of at least 90% for all forms.

- a. Strengthen partnerships with other government agencies, NGOs
- b. Private entities and international agencies for a more comprehensive NTP implementation
- c. Support local community health volunteers and TB Diagnostic Committee (TBDC) activities to sustain private sector interest and participation in the NTP
- d. Ensure that proper referral, recording and reporting of TB patients is systematically done using the NTP forms. That referrals from other sectors be disaggregated and reported separately in the said NTP forms.

- 4.1 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.