

Republic of the Philippines
Province of Cebu
CITY OF NAGA



Excerpt from the minutes of the regular session of the Sangguniang Panlungsod of the City of Naga, Cebu held on May 25, 2015 at the Session Hall, City of Naga, Cebu.

Present:

HON. DELFIN R. SEÑOR
HON. ALEXANDER R. LARA
HON. OTHELLO M. CHIONG
HON. VIRGILIO M. CHIONG

- Vice Mayor/Presiding Officer
- Sangguniang Panlungsod Member
- Sangguniang Panlungsod Member
- Sangguniang Panlungsod Member

HON. ELMER Q. LAPITAN
HON. NILO B. ALINSONORIN
HON. RODRIGO A. NAVARRO
HON. AFSHIN MARK K. SEÑOR
HON. AURELIO B. ALINSONORIN

- Sangguniang Panlungsod Member
- Sangguniang Panlungsod Member
- Sangguniang Panlungsod Member
- Sangguniang Panlungsod Member
- ABC President

Absent:

HON. VENCIR R. DEL MAR
HON. CARMELINO N. CRUZ
HON. LETECIA F. ABANGAN

- Sangguniang Panlungsod Member
- Sangguniang Panlungsod Member
- Sangguniang Panlungsod Member



ORDINANCE NO. 2015-006

AN ORDINANCE ADOPTING THE IMPLEMENTATION OF THE TUBERCULOSIS CONTROL PROGRAM IN THE CITY OF NAGA TO STRENGTHEN AND SUPPORT ALL ACTIVITIES OF THE PROGRAM TO ATTAIN A TUBERCULOSIS-FREE COMMUNITY

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 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 the duties and responsibilities of the local government units;

WHEREAS, tuberculosis remains a major public health concern in the city where the percentage of case found is below the national standard and the percentage of TB patients who complete treatment and are confirmed as cure is below the national standard;

WHEREAS, the low Case Detection Rate of 56 percent in 2013 is a result of poor referral for direct sputum smear microscopy (DSSM) of symptomatic patients and with only 56 percent of estimated cases detected, the remaining cases do not receive the correct treatment which may result in death and possible spread of infection to as many as 10 to 20 new cases every year;

WHEREAS, the low Cure Rate of 66 percent in 2013 is a result among others of incomplete sputum follow-up which means that patients are not completing and confirming treatment, leading to Multi-Drug Resistant TB which is much more difficult and expensive to treat;

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

WHEREAS, the City has been unable to provide adequate services to TB control due to the absence of the microscopist who is responsible for the diagnosis or identification of TB cases and to confirm those under treatment as cured;

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

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6.30.15

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 months since a MDRTB patient can easily pass on his/her form of TB to other people, posing a grave threat to the community.

WHEREAS, many symptomatic and patients with TB reside in inaccessible areas of the City, resulting in not being detected and cured; Since symptomatic and patients are unable to go to the RHU, medical personnel should go to the symptomatic patients. The City should reach out to the symptomatic patients by: a) support in the setting up remote smearing stations in the barangays; b) house to house campaigns; c) medical outreach programs; or d) organize communities to provide support to TB patients; and e) others;

WHEREAS, level of awareness of TB is poor, 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, the success of TB treatment depends on the patients getting support and encouragement from treatment partner, who ensures that drugs are taken daily and that follow up sputum exam schedules are adhered to. It is important for 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 the City of Naga, Cebu that:

SECTION 1. Declaration of Policy. The City of Naga joins the government's effort 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 toll 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 To ensure that the allocation for the budget requirements for the TB program of the City is sufficient.
- 2.2 To ensure that efforts and resources are geared towards achieving the goal of having a community where TB is no longer a public health program.
- 2.3 To ensure that the NTP policies and the DOTS strategies are implemented, thereby ensuring a case detection rate of at least 85% and a treatment success rate of at least 90%.
- 2.4 To 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 To ensure that the LGU regularly supports the monitoring, supervision, evaluation, training requirements and NTP drugs supplies.



SECTION 3. Establish networks, inter-agency links and partnership 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.

SECTION 4. Rules and Regulations. The City Health Officer, in coordination with the Local Chief Executive, shall formulate the implementing rules and guidelines pertaining to this Ordinance.

SECTION 5. Funding and Disbursement. The City Government shall appropriate in the General Fund the amount covering the Program of Work/Activity Design which will implement the Tuberculosis Control Program. Disbursements shall be approved by the City Mayor subject to the usual accounting and auditing procedures. The said funds will be released and will be allocated for the following:

- a) Monitoring and supervisory field visits
- b) Contingency for medicines (esp. 2 and 3 drugs) and laboratory reagents.
- c) Laboratory Equipment
- d) Programmatic Management of Drug-resistant TB (PMDT)
- e) Hiring of a permanent medical technologist
- f) Quality assurance for sputum microscopy
- g) TEV for BHWs and treatment partners
- h) Community-based remote smearing stations
- i) Capability building
- j) Health Promotion Activities and
- k) Community organizing
- l) TEV for newly trained remote smearers

SECTION 6. Repealing Clause. All ordinances, resolutions or laws of local application and effect inconsistent hereto are hereby modified, superseded and repealed accordingly.

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 therefore shall be applied in a supplemental manner.

SECTION 8. Effectivity Clause. This Ordinance shall take effect upon its approval and after posting in at least three (3) conspicuous places in the territorial jurisdiction of this local government unit, such as but not limited to Barangay Hall, Public Market, Public Terminal and City Hall Building.


UNANIMOUSLY APPROVED this 25th day of May 2015, on motion of Hon. Elmer Q. Lapitan, seconded by Hon. Rodrigo A. Navarro.


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June 26, 2015

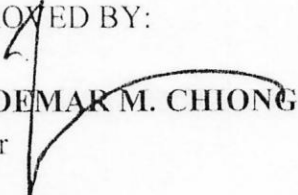
I HEREBY CERTIFY to the correctness of the afore-quoted Ordinance taken from the minutes on file.

ATTESTED BY:


DELFIN R. SEÑOR
Vice Mayor/Presiding Officer


DELZA T. ARELLANO
Secretary to the Sanggunian

APPROVED BY:


VALDEMAR M. CHIONG
Mayor