



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 7, 2006

ADMINISTRATIVE ORDER
No. 2006-0026

**SUBJECT: Implementing Guidelines in the Conduct of the National TB Control Program -
Directly Observed Treatment Short-Course (NTP-DOTS) Certification**

I. RATIONALE:

The National TB Control Program (NTP) is the Government's commitment to address the TB problem in the country. The NTP is being implemented nationwide in all government health centers and selected government hospitals. Its objectives are to detect active TB cases (at least 70%) and cure them (at least 85%). Achieving and sustaining targets will eventually result to the decline of the TB problem in the Philippines.

DOTS is the key strategy adopted by the DOH for implementing the NTP. DOTS which stands for Directly Observed Treatment Short-course is a comprehensive strategy endorsed by the World Health Organization (WHO) and International Union Against Tuberculosis and Lung Diseases (IUATLD) to detect and cure TB patients. DOTS services are available in the rural health units, city health centers and selected government hospitals around the country. Currently, private facilities are offering DOTS services to their clients.

In pursuit of ensuring the effective implementation of the NTP-DOTS, the DOH initiated the establishment of the Public-Private Mix DOTS (PPMD) strategy in partnership with the Philippine Coalition Against Tuberculosis (PhilCAT) in 2003. The objective is to ensure quality DOTS implementation in both public and private sectors in the provision of DOTS services. As such, NTP-DOTS certification has been established through Memorandum No. 45 s. 2004, dated April 26, 2004, which provides instructions for Certification of the National Tuberculosis Control Program - DOTS facilities, through the National Center for Disease Prevention and Control, Center for Health Development, Bureau of Local Health Development and Bureau of Health Facilities and Services for the SS program, the Local Government Units, and PhilCAT and its local coalitions to complete the harmonization of activity and standardization of the NTP-DOTS certifications processes.

Moreover, Self-Assessment Form (SAF) has been introduced and adopted as the tool for assessing various applying facilities for quality implementation of the NTP-DOTS strategy. The Sentrong Sigla framework was adopted and used as the basis for defining the criteria and standards of SAF. The development of this SAF was initiated by the DOH and PhilCAT with technical assistance

from Philippine Tuberculosis Initiatives for the Private Sector (PhilTIPS) and the Local Enhancement and Development (LEAD) Project of the USAID.

Having these tools and systems in place for NTP-DOTS certification, these guidelines and procedures will facilitate the conduct of a stepwise process of certification by Center for Health Development (CHD) and their private counterparts for both the public and private DOTS facilities. In effect, this is expected to facilitate accreditation of PhilHealth of DOTS facilities to avail the Out Patient Department (OPD) TB Benefit Package as provided under PhilHealth Circular No. 19, s. 2003.

II. OBJECTIVES

A. General.

To prescribe guidelines and procedures in the conduct of NTP-DOTS certification amongst public and private DOTS facilities, specifically for assessing the quality of DOTS implementation relative to PhilHealth OPD TB Benefit Package application.

B. Specific:

1. To develop standards for improving certification process;
2. To establish systems and procedures for:
 - a. Sentrong Sigla (SS) certification of DOTS facilities; and
 - b. Philhealth accreditation relative to availment of the OPD TB Benefit package.

III. SCOPE/COVERAGE

This Order shall encompass the certification process undertaken by the Department of Health through the CHDs, through the SS Program, covering both public and private DOTS facilities including their private counterparts/representatives in the conduct of DOTS certification.

IV. DEFINITION OF TERMS

1. Accreditation - refers to the process wherein qualifications and capabilities of a health facility is verified in accordance with the quality, standards and procedures for a DOTS facility set by PhilHealth in consultation with stakeholders.
2. Certification - refers to the process wherein the Regional Coordinating Committee-Public Private Mix DOTS (RCC-PPMD) assesses and evaluates a DOTS facility, either public or private, if it has met the standards for quality DOTS implementation.
3. Re-certification - refers to the process wherein the DOTS facility is re-issued a DOH-PhilCAT certificate upon expiration of the certification or after three years it was issued.

4. Self-assessment form (SAF) - refers to the tool used to assess if the DOTS facilities can provide quality DOTS services that are consistent with the NTP.

The SAF contains the following 10 standards:

1. The TB DOTS center is easily located and patients have convenient and safe access to the center,
2. The TB DOTS center provides for the privacy and comfort of its patients and staff,
3. The TB DOTS center provides for the safety of its patients and staff,
4. All patients undergo a comprehensive assessment to facilitate the planning and delivery of treatment,
5. All patients have continuous access to accurate and reliable TB diagnostic tests,
6. A care plan is developed and followed for all patients,
7. Patients have continuous access to safe and effective anti-TB medications throughout the duration of their treatment,
8. Policies and procedures for providing care to patients are developed, disseminated, implemented and monitored for effectiveness,
9. Policies and procedures for managing patient information are developed, disseminated, implemented and monitored for effectiveness and
10. The TB DOTS center has an adequate number of qualified personnel skilled in providing DOTS services.

V. PROCEDURAL GUIDELINES

The conduct of the certification process shall be based on a set of cycles to allow a regular fixed schedule for each step of the process. This is relevant to give ample time for the concerned public and private participants at the Center for Health Development/ Provincial Health Office/City Health Office levels, in undertaking each step and to facilitate the processing of the DOTS Certificate. The cycles are divided into 4 parts namely:

A. SELF-ASSESSMENT CYCLE:

This is the cycle in which the facility head shall accomplish the Self-Assessment Form (SAF). It is the preliminary step of the certification process that provides an initial assessment of the quality of DOTS services rendered by the DOTS facility. In this cycle, the facility shall internally assess its own DOTS implementation, in accordance to the certification standards written in the SAF.

1. Phases

a. Facility Assessment Phase - This is the phase when the staff of the DOTS facility headed by the DOTS physician undertakes its own assessment based on the standards written in the SAF. The facility shall use the "User's Guide an Self-Assessment" which is a tool provided to DOTS facilities, to enable them to conduct self-assessment. The guide shall also aid them in understanding the SAF and in filling-up the said form. Through the User's Guide, the facility shall have an initial

self-assessment of its DOTS services that shall also facilitate its application for certification.

b. Mentoring Phase - This is the phase for provision of technical assistance to the DOTS facility by the Provincial or City Technical Assistance Team (TA team), composed of the Provincial/City NTP Coordinators, DOH Representatives and private/NGO representatives or Project Staff, if available. During the mentoring process, the TA Team is guided by the "DOTS Certification Technical Assistance Package" to enable them to provide adequate and appropriate technical support to the DOTS facility. As mentors, the TA Team shall assist the facility to fulfill the standards on DOTS certification. They shall also ensure the proper filling-up of the SAF to facilitate their application for DOTS certification and eventually, for PhilHealth's accreditation.

2. Procedures

a. Any DOTS facility can undergo self-assessment as the preliminary step in the certification process. The Head of the facility shall use the "User's Guide on Self-Assessment" to initially fill-up the SAF.

b. The facility shall request for technical support from the TA Team that is at the level of the Province/City. As mentors, they shall substantiate the self-assessment undertaken by the facility, to strengthen their credence on the process of self-assessment. The Team shall verify their initial findings and shall validate the contents written by the facility in their SAF.

c. The self-assessment cycle is completed once the SAF is finally accomplished and is now ready for submission to the CHD.

d. The self-assessment cycle has no time limit and depends upon the readiness of the facility to conform to the standards of DOTS certification. The TA Team shall assess the readiness of the facility to achieve certification and accreditation.

B. APPLICATION CYCLE (Application for Certification)

This is the step in which interested DOTS facilities shall express their intention on certification, vis-a-vis, agreeing to the conduct of an external assessment on the quality of their DOTS services. Application should be made once the facility has finally completed the SAF; an indication also that the facility is now ready to be certified.

1. Procedures

a. Any DOTS facility can apply for certification. The Head of the DOTS facility shall submit to the respective CHD NTP Coordinators a written Letter of Intention on Certification (LOIC) expressing their intention to be DOTS certified. Only the LOIC shall be submitted to the CHD. The SAF shall remain in the facility and shall be used upon the visit of the certifying team, during the certification proper.

b. The CHD NTP Coordinators shall file all the applications received to serve as bases for their coordination with the SS Staff, as invitation to their designated private representative and as itinerary to prioritize their travel.

c. The CHD NTP Coordinators shall also notify the Regional PhilHealth Representative(s) of those facilities that have applied for certification. This is in preparation for their possible accreditation later, once the facility is already DOTS certified. It is important that PhilHealth is aware of such facilities as early as this point, to facilitate the accreditation process immediately, right after certification.

C. CERTIFICATION CYCLE

This refers to the actual conduct of the certification process to be undertaken by the DOTS certifying team at the CHD level. In this cycle, the facility shall be externally assessed, based on the standards written in the SAF. The facility is either given the approval for DOTS certification or is recommended by the team for a re-assessment.

1. Phases

a. Preparatory Phase - This consists of the necessary coordination with the other members of the certifying team and the Regional Coordinating Committee on Public Private Mix DOTS (RCC-PPMD), the logistical preparations and the schedule of visits or itinerary of travel. As head of the team, the CHD NTP Coordinators shall facilitate all the requirements for the certification proper. The CHD NTP Coordinators shall coordinate with the respective CHD Sentrong Sigla Staff concerned on DOTS certification, the RCC-PPMD members or the designated private representative, to synchronize their schedules for the actual certification visits.

b. Validation Phase - this pertains to the actual visit of facilities by the CHD certifying team. The tool to be used by the team is also the SAP, in which they assess the facility's quality of DOTS services in accordance to the standards. They shall validate the findings in the SAF, deliberate and agree among themselves, the appropriate rating per criterion. The team shall also use the same rating scale stipulated in the SAF.

2. Procedures

a. The CHD NTP Coordinators shall be the head of the certifying team. Several teams can be created per CHD with the NTP Coordinator, still being the leader of the team. The minimum composition of each team shall be three; maintaining an odd number to prevent a neutral decision.

b. For every facility visited, the team shall validate the findings written by the facility in their SAF. They shall then, give their corresponding rating after coming-up with a consensus. The overall decision of whether the facility is certified or for re-assessment shall be made once the entire certification visit is already completed.

- c. The team shall furnish each facility a written response of their final decision about the certification process conducted. They shall provide the facility the "Summary Report on DOTS Certification" that shall briefly describe the visit, the team's rating per standard; and, shall indicate whether the facility is DOTS certified or needs re-assessment. The same report shall also be forwarded to the National Coordinating Committee-PPMD (NCC-PPMD) for registration and issuance of the DOTS Certificate. The certification of the DOTS facility will be valid for three years.
- d. The decision of the CHD certifying team shall remain final and official. This shall also serve as the basis of approval for the facility's certification. However, in situations where the CHD needs an advice to come-up with a decision, they can request the NCC-PPMD as an oversight body to resolve their concern.
- e. Once certified, the facility shall immediately apply to PhilHealth for accreditation. While waiting for the processing of the DOTS certificate and other documents, the facility can already proceed in applying for accreditation. The CHD NTP Coordinator shall coordinate with the Regional PhilHealth Representative to expedite the process.
- f. A joint process of certification and accreditation is recommended. The PhilHealth regional representative can join the certifying team during their certification visits. In turn, PhilHealth can provide the required PhilHealth Form on the spot, and upon application by the facility, can likewise provide technical assistance on how to accomplish the said form.
- g. For those facilities that need re-assessment, the TA Team shall be notified by the certifying team for the same purpose. The CHD NTP Coordinator can also be requested to provide technical assistance and be part of the TA Team. However, in his/her capacity to provide technical assistance, the latter shall now abstain from participating in the actual conduct of the re-assessment process, to prevent bias. The facility shall be encouraged to re-apply the soonest possible time.
- h. If a facility is still found to be unfit for certification on three consecutive occasions, a joint monitoring composed of the central, CHD, provincial/city levels shall be scheduled to assist the facility on their DOTS implementation.
- i. The CHD NTP Coordinators shall regularly update the respective RCC-PPMD on the current status of DOTS certified and DOTS accredited facilities during each RCC-PPMD meeting. This is important to make the necessary interventions in order to increase the certification and accreditation coverage within the region.
- j. For those facilities that need to be re-certified, upon expiration of their DOTS certificate, the same process/step shall also be undertaken.

D. REGISTRATION AND ISSUANCE CYCLE

The registration and issuance cycle covers the period where the DOTS facilities, both certified and

those for re-assessment are registered in the central registry at the NCC-PPMD. This cycle is also the time allotted for the preparation of the official DOTS Certificate intended for those qualified facilities. The cycle involves mainly the role of the NCC-PPMD in the certification process. Registration and issuance of DOTS certificates are done upon receipt of the summary report from the various CHDs.

1. Procedures

a. Upon receipt of the summary reports from the CHDs, the NCC-PPMD secretariat registers the various facilities (whether certified or for re-assessment) in the central registry on DOTS certification. Each facility registered is assigned a registration number to easily track their certification status. However, a certification number is assigned only to those facilities that qualify in the DOTS certification. The register is maintained at the TB unit of the National Center for Disease Prevention and Control (NCDPC), DOH.

b. For those certified facilities, the NCC-PPMD secretariat shall automatically issue the official quality certificate or the, "Certificate of Quality Service on DOTS", duly signed by the Chair and Co-Chair of the Committee and dry sealed for authenticity. Likewise, a congratulatory note is attached to encourage the facility in their application for accreditation.

c. In the mean time that abovementioned documents are being processed, the facility can already proceed with the accreditation process. The required PhilHealth form can be availed of from the PhilHealth office.

d. Delivery of said documents shall be addressed to the respective CHDs (c/o CHD NTP Coordinators) through PhilCAT, via courier. Mailing shall be done every other week.

e. Every monthly meeting of the NCC-PPMD, the body shall review and update the status of DOTS certification, for coordination with the central PhilHealth who sits as the Vice-Chair of the NCC-PPMD. This shall also facilitate the overall accreditation process of PhilHealth.

f. The effectivity of the DOTS certificate is for three (3) years upon date of issuance. However, regular monitoring of DOTS implementation and performance shall still be continued in-between, to sustain and safeguard the good quality of DOTS services.

VI. IMPLEMENTING MECHANISMS

A. Roles and Responsibilities

The participating agencies in the DOTS certification process are representatives of both public and private sectors. This ensures impartiality in as much as both sectors are represented during the actual certification process. Likewise, there is provision of technical assistance prior to the conduct of certification proper, to facilitate the needs of the facility for compliance with the standards, including those requirements for the availment of the OPD TB Benefit Package. The key players

and their respective roles are as follows:

1. DOH

a. NCC-PPMD

a.1. Issue the "Certificate of Quality Service on DOTS", duly signed by the Chair and Co-Chair of the Committee and dry sealed for authenticity.

a.2. Register all certified DOTS facilities forwarded by the CHDs. The Committee shall maintain this official registry of all certified DOTS facilities, both public and private. They shall be responsible to assign the respective certification number per certified DOTS facility on a chronological basis. Those facilities that did not qualify but are recommended by the CHD certifying team for re-assessment shall also be registered.

a.3. Prioritize in their monitoring visits those facilities that need re-assessment. This shall be done in joint cooperation with the CHD/PHO/CHO, to analyze the reasons for non-qualification and provide recommendations to improve DOTS implementation.

a.4. The NCC-PPMD, through PhilCAT, shall assist the TB Unit, NCDPC, DOH in facilitating the delivery of the certificates to the respective CHDs. They shall work jointly to ensure that the certified DOTS facilities have received their duly signed and duly sealed certificates.

b RCC-PPMD

b.1. Oversee the certification process conducted in every DOTS facility of their catchment sites. The CHD Offices shall support the conduct of the DOTS certification process as stipulated in Memorandum No. 45, s. 2004 (Certification of National Tuberculosis Control Program - Directly Observed Treatment Short-Course (NTP-DOTS) Facilities).

b.2. Review the final report of the certifier's team and approve thereof, the final results.

b.3. Facilitate the timely submission of approved reports to the NCC-PPMD and shall likewise, ensure the distribution of the official certificates to the proper DOTS facility.

c. CHD NTP Coordinators

c.1 Validate the findings of the facility as stipulated in the SAF. This shall be done in joint participation of the Sentrong Sigla certifiers/assessors, trained on DOTS certification and preferably, with the participation of the Private counterpart or local TB coalition representative. However, the CHD NTP Coordinators shall still be the overall leaders of the certifying team.

c.2 Exercise impartiality during the certification proper. Since their role is critical in the certification process, they shall function with objectivity at all times and in all DOTS facilities, whether public

or private.

c.3 Inform their RCC-PPMD, the final result of the certification process per facility. A summary report of the team's findings and overall decision, duly signed by the RCC Chair and/or Co-Chair shall be submitted to the NCC-PPMD or TB unit, NCDPC for registration.

c.4. Ensure that feedback of the results of the certification process is provided to the respective technical assistance team, particularly, among those facilities that need to be re-assessed. This feedback is important to strengthen the technical assistance that a facility needs, in order to be certified during the re-assessment.

d. DOH Representatives

d.1. Facilitate the submission of all pertinent documents to the Province/City, CHD and vice-versa, in accordance with the set time frame.

d.2. Participate in the provision of technical assistance together with the Provincial/City NTP Coordinators. As members of the technical assistance team, they shall support the areas where they represent. However, due to limited Staff at the CHD, they can also function as certifiers in areas outside their responsibility, or in areas where they did not provide technical assistance.

d.3. Ensure that the re-assessment be undertaken jointly with the technical assistance team in the event that the facility needs to be re-assess.

2. LGU

a. Provincial/City NTP Coordinators

a.1. Provide technical assistance to the DOTS facility. This covers technical support to the facility in order to cope with the required standards and eventually, be certified. They shall also assist in the proper completion of the SAF, prior to submission to the CHD certifiers that shall serve as the basis for the latter's validation of DOTS performance. As the local experts on NTP-DOTS, they shall head the technical assistance team.

3. Representative of the Private Sector or Local Coalition Representative: (As recommended by the RCC-PPMD)

a. Through the recommendation of the RCC, shall be encouraged to be a member of the certifying team. Their involvement shall be exercised whether the DOTS facility being assessed is public or private. However, other private physicians, who are interested and have undergone certification training, can also participate in the process.

b. Undergo orientation/training on the DOTS Certification before participating in the actual certification process.

c. In the absence or unavailability of the Private Representative, the RCC Chair designates a substitute, as necessary.

B. FUNDING

As stipulated in Memorandum no. 45 s 2004 (Certification of National Tuberculosis Control Program - Directly Observed Treatment Short Course (NTP - DOTS) Facilities, all expenses to be incurred in the performance of the NTP-DOTS certification activity of the public sector (public health centers) shall be borne by the respective CHDs, chargeable against the Local Health Technical Assistance Funds.

VII. MONITORING AND EVALUATION

Monitoring of the certified DOTS facilities shall be done yearly by the CHD NTP Coordinators in coordination with the TA team, to keep track of the overall progress of the NTP - DOTS certification at the regional and LGU levels. It is important to keep track of the continuous compliance to the set standards after receiving the certificate to ensure that quality DOTS services are truly and continuously provided to the patients.

Renewal of DOTS certificate will be done after three years. DOTS facilities that have not maintained their quality of DOTS services shall not be issued a new certificate.

VIII. EFFECTIVITY:

This Order shall take effect immediately.

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