



**EXCERPTS FROM THE MINUTES OF THE SEVENTH (7<sup>TH</sup>) REGULAR SESSION OF  
THE SANGGUNIANG BAYAN HELD ON FEBRUARY 17, 2025, AT THE  
SANGGUNIANG BAYAN SESSION HALL, NATIONAL HIGHWAY, BRGY. TIMUGAN,  
LOS BAÑOS, LAGUNA.**

**Present :** S.B. Member Marlo PJ A. Alipon, Temporary Presiding Officer  
S.B. Member Leren Mae M. Bautista  
S.B. Member Jonathan Bryan S. Siytiap  
S.B. Member Miko C. Pelegrina  
S.B. Member Benedicto S. Alborida  
S.B. Member Mike Dexter A. Concio  
S.B. Member Jerwin A. Molinawe  
S.B. Member Muriel Laisa B. Dizon  
Acting SK Federation President Anngela P. Eusebio  
Ms. Dona T. Alborida-Dizon, Secretary to the Sangguniang Bayan  
Ms. Donna Irish A. Concio, LLSA II

**Absent :** Vice Mayor Josephine H. Sumangil-Evangelista, Presiding Officer, O.B.  
S.B. Member Gaudencio P. Macatangay, Liga President, O.B.

**ORDINANCE NO. 2025-2415**

**AN ORDINANCE ESTABLISHING A COMPREHENSIVE AND SUSTAINABLE LOCAL GOVERNMENT UNIT (LGU) RESPONSE AND COMMITMENT TOWARDS THE ELIMINATION OF TUBERCULOSIS (TB) IN THE MUNICIPALITY OF LOS BAÑOS, LAGUNA, AND APPROPRIATING FUNDS THEREFOR.**

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**Author : Councilor Muriel Laisa B. Dizon**  
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**WHEREAS**, the Local Government Code (LGC) of 1991 mandates that every local government unit (LGU) exercise the powers granted to it, including those necessary for efficient and effective governance. Under the general welfare clause, the LGU is tasked with promoting the health and safety of its constituents. The LGU is likewise expected to respond to health issues, monitor healthcare activities, and adopt sustainable interventions for its people;

**WHEREAS**, Republic Act No. 10767, otherwise known as the “Comprehensive Tuberculosis Elimination Plan Act”, mandates the State to support and expand efforts to eliminate tuberculosis (TB) by 2035 by increasing investments for TB prevention, treatment and control;

**WHEREAS**, tuberculosis (TB) remains to be a major public health problem in the Philippines, and in the Municipality of Los Baños, Laguna, it is one of the leading causes of death and illness, adversely affecting the productivity of the population and hampering socio-economic development;

**WHEREAS**, according to the World Health Organization (WHO) and the Department of Health (DOH), the Philippines ranks first in the ASEAN region and fourth globally in terms of TB incidence rates, underscoring the urgency for intensified TB control efforts in the country. The Municipality of Los Baños remains committed to active participation from all stakeholders in both the public and private sectors. However, further efforts are needed in case-finding and treatment adherence to curb the rising incidence of both drug-susceptible TB (DSTB) and drug-resistant TB (DRTB);

*[Handwritten signatures of the author and other officials]*

**WHEREAS**, the Municipal Government of Los Baños commits to supporting the national government's efforts to localize, sustain, and institutionalize the effective implementation of the National TB Control Program (NTP). This will involve a multi-sectoral approach, bringing together various stakeholders such as non-governmental organizations (NGOs), private sectors, hospitals, schools, community-based organizations (CBOs), transport groups, senior citizens (SC), workers from both formal and informal sectors, individuals working in hazardous conditions, people deprived of liberty, barangay leaders, Barangay Health Workers (BHWs), Community Health Volunteers (CHVs), marginalized groups such as 4Ps beneficiaries, informal settlers, and those living in resettlement areas. These groups will be key in ensuring the adherence to the TB cascade of care;

**WHEREAS**, the formulation of a local TB policy or the enactment of a local TB ordinance will guarantee the adoption, localization and implementation of effective, efficient, innovative, and recommended strategies to eliminate TB in the Municipality of Los Baños;

**NOW, THEREFORE**, on motion of Councilor Muriel Laisa B. Dizon, duly seconded by Councilors Jonathan Bryan S. Siytiap and Leren Mae M. Bautista, and concurred by all Councilors present;

**BE IT ORDAINED BY THE SANGGUNIANG BAYAN OF LOS BAÑOS, LAGUNA, in session assembled, THAT:**

**SECTION 1.** **TITLE.** This Ordinance shall be known as "AN ORDINANCE ESTABLISHING A COMPREHENSIVE AND SUSTAINABLE LOCAL GOVERNMENT UNIT (LGU) RESPONSE AND COMMITMENT TOWARDS THE ELIMINATION OF TUBERCULOSIS (TB) IN THE MUNICIPALITY OF LOS BAÑOS, LAGUNA, AND APPROPRIATING FUNDS THEREFOR".

**SECTION 2.** **OBJECTIVE.** This Ordinance aims to establish and localize a comprehensive and sustainable response and commitment towards TB elimination in the Municipality of Los Baños, Laguna, in alignment with the mandates of the TB Law, and to contribute to achieving the targets outlined in the Philippine Strategic TB Elimination Plan (PhiSTEP).

**SECTION 3.** **DECLARATION OF POLICIES.** The Municipal Government of Los Baños hereby aligns with the national government in its commitment to eliminating TB, in accordance with the mandates, provisions, and recommendations of the National TB Control Program (NTP), the TB Law, and the Universal Health Care (UHC) Law. To further advance the efforts towards TB elimination, the following measures will be undertaken:

- 3.1. Promote public awareness and intensify community education on tuberculosis (TB).
- 3.2. Mobilize multi-sectoral stakeholders and community-based organizations (CBOs) from both public and private sectors, fostering partnerships to support and actively engage in the TB program through the Municipal TB Council.
- 3.3. Establish Patient Support Groups (PSGs), where individuals undergoing TB treatment or who have been cured, will be recognized as vital sources of information. Their experiences will be used to educate the community, encouraging those with presumptive TB to seek care and treatment.

- 3.4. Develop an annual TB Plan that includes specific budget allocations based on a needs assessment and the prevailing TB situation, including but not limited to, TB medicines, laboratory supplies, human resources for health (HRH), capacity-building, equipment, and support for TB patients and their families. These allocations will be integrated into the Annual Operations Plan (AOP) and the Local Investment Plan for Health (LIPH).
- 3.5. Address all forms of discrimination and stigma associated with TB and provide equal opportunities for individuals affected by TB. This will be achieved through enhanced community awareness and support for Social Behavior Change Communications (SBCC).
- 3.6. Adopt and implement the “Find TB cases Actively, Separate Safely, and Treat Effectively” (FAST) strategy and/or the “SCREEN ALL” approach in all Rural Health Units (RHUs), Barangay Health Stations (BHS), public hospitals, private hospitals, and health facilities, as necessary, to enhance case-finding efforts and ensure infection prevention and control measures are observed.
- 3.7. Implement e-health innovations and digital platforms such as ConnecTB, or any other suitable platforms, to strengthen monitoring and ensure adherence to the Directly Observed Treatment, Short-course (DOTS) regimen for TB patients.
- 3.8. Build the capacity of Barangay Health Workers (BHWs) and Assistant BHWs through training in case-finding and case-holding to meet the National TB Control Program (NTP) annual targets.
- 3.9. Establish a functional Primary Care Provider Network (PCPN)/Health Care Provider Network (HCPN) as mandated by the UHC;
- 3.10. Enforce the “No Prescription, No Dispensing” policy in all pharmacies to help mitigate the adverse consequences of self-medication, Build the capacity of Barangay Health Workers (BHWs) and Assistant BHWs through training in case-finding and case-holding to meet the National TB Control Program (NTP) annual targets.
- 3.11. Ensure compliance with the Mandatory Notification of TB cases by all public and private healthcare providers and facilities, as required by Republic Act No. 10767, the Comprehensive TB Elimination Law (TB Law).
- 3.12. Require LGU-registered local organizations, including but not limited to transport groups, MFARMC-affiliated organizations, and other recognized entities, to support annual TB screenings for their members and submit medical certificates prior to the renewal of business permits, licenses or franchise.
- 3.13. Ensure compliance to DOH A.O. 2015-0039 (Guidelines on Managing Tuberculosis Control Program during Emergencies and Disasters) and provide necessary support for National TB Control Program (NTP) emergency/disaster preparedness and response.

- 3.14. Ensure that TB-DOTS (Directly Observed Treatment, Short-course) facilities are accredited by the Philippine Health Insurance Corporation (PHIC) and facilitate the filing of PHIC TB-DOTS package claims to further support DOTS facilities and health staff involved in the TB program.

**SECTION 4.****NATIONAL TUBERCULOSIS CONTROL PROGRAM POLICIES.**

The Revised Manual of Procedures (MOP) for the National Tuberculosis Control Program (NTP) provides important guidelines for the effective and efficient implementation of the TB program. Therefore, all healthcare providers must abide and comply with all provisions embodied in the MOP:

- 4.2. Ensure PHIC accreditation of TB-DOTS facilities and filing of PHIC TB-DOTS package claims to further support DOTS facilities and health staff involved in the TB program.
- 4.3. Symptomatic screening shall be implemented in all DOTS (health) facilities. Cough of two weeks shall be the primary screening tool for symptomatic screening while Chest X-ray shall be done in targeted high-risk groups.
- 4.4. Active case finding shall be implemented in congregate settings, targeted communities, and workplaces using Chest X-ray as primary screening tool.
- 4.5. All People Living with HIV (PLHIV) and those diagnosed with Diabetes Mellitus shall be screened for TB.
- 4.6. All health (DOTS) facilities should establish a strong TB surveillance program among all employees and healthcare workers by providing free annual X-rays.
- 4.7. Gene Xpert MTB/RIF (Xpert) 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 submit a sputum sample for Xpert testing.
- 4.8. Other screening tests (e.g., 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) shall also be used, with or without Xpert test, if needed.
- 4.9. Direct Sputum Smear Microscopy (DSSM) shall be used for monitoring the treatment of TB patients.
- 4.10. All health (DOTS) facilities, whether public or private, shall establish their own in-house TB diagnostic laboratory (e.g., DSSM, Xpert MTB/Rif, Xpert Titra, and TB LAMP). All laboratories providing TB diagnostic tests shall participate in Quality Assurance (QA) System of the NTP.
- 4.11. All diagnosed TB cases shall be provided with free, adequate drugs and standard treatment for either drug-susceptible or drug-resistant



- TB regimens within seven (7) days from the collection of sputum for diagnosis;
- 4.12. Adherence to counseling shall be done for every patient prior to treatment;
  - 4.13. The fixed-dose combination (FDC) shall be used as first-line drugs (e.g., Isoniazid, Rifampicin, Pyrazinamide, Ethambutol) for drug-susceptible TB, while second-line drugs (e.g., Quinolones, Bedaquiline, Delamanid, etc.) shall be used for drug-resistant TB. For Latent TB Infection (LTBI), Isoniazid or Rifapentine shall be used in the TB Preventive Therapy (TPT) among contacts of TB cases, especially children and persons who are immunocompromised.
  - 4.14. 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 15 years old and above shall be offered HIV Counseling and Testing (HCT).
  - 4.15. In 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.
  - 4.16. All baseline laboratories and other pertinent laboratories tests for drug-resistant TB (DR-TB) during treatment and two years post-treatment shall be provided for free whenever available in the municipality-owned health facilities.
  - 4.17. All hospitals in the LGU shall establish a TB committee to oversee TB services and maintain a fully operational TB Clinic. Municipality-owned hospitals/infirmaries shall provide isolation rooms for TB cases admitted for infirmary care.
  - 4.18. Recording and reporting for the NTP shall be implemented in all DOTS facilities whether public or private, according to internationally accepted case definition and standards. The 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.

**SECTION 5.****DEFINITION OF TERMS.** As used in this Ordinance:

- 5.1. ACTIVE TB: A person having TB with or without signs and symptoms, with bacteriologic and/or radiographic findings consistent with TB disease.
  - 5.2. ACTIVE CASE FINDING: Purposive effort by a health worker to find TB cases from among TB presumptive in the community who do not seek consultations relating to TB in a healthy facility.
  - 5.3. CASE HOLDING: An activity to treat TB cases through proper treatment regimen and health education.
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- 5.4. 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.
- 5.5. DOTS: Directly Observed Treatment Short-course. A comprehensive strategy to control TB comprised of five components: 1) Political Commitment; 2) Case Detection through Sputum Smear Microscopy; 3) Standardized Treatment Regimen; 4) Directly Observed Treatment, and: 5) Regular Monitoring and Evaluation.
- 5.6. DOTS FACILITY: A healthcare facility, either public or private, that provides TB-DOTS services in accordance with the policies and guidelines of the National TB Control Program (NTP) of the DOH.
- 5.7. DSSM: Direct Sputum Smear Microscopy. The principal diagnostic method adopted and recommended by the NTP due to the following advantages: a) provides a definitive diagnosis of active TB; b) utilizes simple procedure; c) economical; and d) is easy to setup in microscopy centers even in remote and hard-to-reach areas.
- 5.8. FAST: Find TB cases Actively, Separate Safely, and Treat Effectively. The systematic approach focusing on cough surveillance among high-risk groups and utilized to diagnose unsuspected infectious TB patients to further improve TB detection and treatment for both drug-susceptible TB (DS TB) and drug-resistant TB (DR TB) cases.
- 5.9. 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.
- 5.10. INTENSIFIED CASE FINDING: Active case finding among individuals belonging to special or defined population.
- 5.11. IDOTS: Integrated Directly Observed Treatment. It is an enhanced approach to the traditional DOTS strategy, where healthcare providers observe and support patients taking their TB medications. This approach aims to improve treatment adherence, reduce the risk of DR TB, and ensure that patients receive holistic support during their TB treatment.
- 5.12. MULTI-DRUG-RESISTANT TB (MDR TB): A particular type of TB where the TB bacteria of a TB patient does not respond to isoniazid (INH) and rifampicin (RMP), the two most important first line TB drugs.
- 5.13. PASSIVE CASE FINDING: Finding a case of tuberculosis from among TB presumptive who present themselves at the TB-DOTS facility.
- 5.14. 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.



- 5.15. 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.
  - 5.16. TB: Tuberculosis. A contagious disease caused by the *Mycobacterium tuberculosis* bacteria, primarily affecting the lungs but it can also affect other parts of the body like the kidneys, spine, and brain. The disease spreads when a person with active TB coughs, sneezes, or talks, releasing tiny droplets containing the bacteria into the air, which can then be inhaled by others.

## **SECTION 6.**

**CREATION AND COMPOSITION OF THE MUNICIPAL TUBERCULOSIS (TB) COUNCIL.** The Municipal Government of Los Baños shall create the Municipal TB Council that shall serve as an oversight body responsible for consolidating and harmonizing TB elimination programs and activities. The Council will ensure that all stakeholders are involved and coordinated, implementing effective strategies to fight and eliminate tuberculosis in the community.

- 6.1. The Municipal TB Council shall be composed of the following:

#### Members:

## SB Councilor for Health

NTP Nurse Coordinator

**President of the Liga ng mga Barangay**

## DOH Representative

DILG Representative or one (1) alternate representative

BHW Representative

### MSWDO Representative

### Representative from Civ

Community-based Organization (CBO)

### Faith-based Organization Representative

Philippine National Police Representative

MCGC Child Representative

6.2. Roles and functions of Municipal TB Council:

- 6.2.1. Identify and establish the roles and responsibilities of partners in the organization and delivery of quality TB services as per NTP guidelines.
  - 6.2.1.1. Establish a Secretariat for the TB Council;
  - 6.2.1.2. Formulate the socio-economic development policies and program and include consideration of the impact of TB infection to the community;
  - 6.2.1.3. Identify and prioritize programs and activities for TB prevention and control for budget allocation;
  - 6.2.1.4. Identify other sources of funds aside from the regular health budget for TB to include, but not limited to, the GAD, MCPC to ensure enough budget for the annual TB AOP;
  - 6.2.1.5. Spearhead the conduct of TB-related events such as the Celebration of Lung Month and World-TB Day (WTBD).
- 6.2.2. Coordinate with the different sectors involved in the NTP implementation and ensure that the NIP policies and the DOTS strategy are implemented thereby ensuring case detection rate of at least 90% and treatment success rate of 90%.
- 6.2.3. Ensure that efforts and resources generated are geared towards achieving the goal of a TB-Free LGU or community, where TB is no longer a public health problem.
  - 6.2.3.1. Ensure that the budget requirements for the TB Program of the municipality are sufficient;
  - 6.2.3.2. Ensure ample support for monitoring, mentoring, supervision, evaluation, and capacity-building among health workers;
  - 6.2.3.3. Ensure sufficiency of NTP medicines/commodities and supplies;
  - 6.2.3.4. Advocate for the investment in continuous quality improvement; and
  - 6.2.3.5. Ensure DOH certification and PHIC accreditation of all municipal health facilities as DOTS centers.

**SECTION 7. NETWORKS, MULTI-SECTORAL ALLIANCES, INTER AGENCY LINKS AND PARTNERSHIP WITH KEY STAKEHOLDERS.**

- 7.1. This will strengthen partnerships across various stakeholders and sectors, including government agencies, NGOs, CSOs, FBOs, the private sector, donor institutions, and other collaborating agencies, ensuring a more integrated and comprehensive implementation of the NTP.
- 7.2. All public and private health facilities, hospitals, including laboratories, pharmacies, private diagnostic clinics/ centers,

workplaces, transport groups, locally organized organizations, day care centers, schools, colleges or universities in the Municipality shall be engaged in TB control and prevention.

- 7.3. All physicians practicing in the Municipality shall be oriented and updated on the TB-MOP to ensure key participation in TB Control and mandatory notification.

**SECTION 8.** **TB AWARENESS CAMPAIGN.** A continuous promotion of TB awareness and Active Case Finding (ACF) and care shall be conducted in every barangay in the Municipality. The Municipal Government of Los Baños shall conduct TB awareness and screening activities at the health facilities and in the community, particularly during health caravans, UBO caravans, and in celebration of the World TB Day (March) and the Lung Month (August), in collaboration with stakeholders and development partners.

**SECTION 9.** **IMPLEMENTATION OF MANDATORY NOTIFICATION OF TB CASES (RULE 8 OF R.A. 10767).**

- 9.1. The Municipal Government of Los Baños shall strictly enforce implementation of the mandatory notification (MN) of all TB cases in accordance with the TB Law and NTP guidelines, ensuring that every case of TB is reported.
- 9.2. The Municipal Government of Los Baños shall spearhead and intensify advocacy, coordination and orientation activities on mandatory notification with stakeholders, including public and private health clinics, hospitals, NGOs, local organizations and other relevant organizations. The aim is to ensure that proper mechanisms for information and reporting mechanisms are disseminated.

**SECTION 10.** **NO PRESCRIPTION, NO DISPENSING OF TB DRUGS.** The Municipal Government of Los Baños shall strictly enforce the "No Prescription, No Dispensing of Anti-TB Drugs" policy that shall cover drugstores, pharmacies and similar establishments or medicines retail outlets including the owners, managers and employees of such businesses or enterprises. This is to deter the increasing occurrence of MDR TB, a more dangerous variant of TB due to drugs misuse or mismanagement that usually happen when TB patients self-medicate. Violations of this provision shall be meted with the following penalties:

First Offense : A fine of One Thousand Pesos (Php 1,000.00)

Second Offense : A fine of One Thousand Five Hundred Pesos (Php 1,500.00)

Third Offense : A fine of Two Thousand Five Hundred Pesos (Php 2,500.00) and Revocation of Business Permit

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- SECTION 11.** **BENEFITS/INCENTIVES.** The Municipal Government of Los Baños shall utilize the Philhealth TB Outpatient Benefit Package as intended, to support the continued and sustainable implementation of the NTP. Additionally, this package will be used to provide incentives to healthcare providers who are actively involved in delivering services to patients under the NTP.
- SECTION 12.** **ASSISTANCE FOR TB PATIENTS.** The Municipal Government of Los Baños will allocate funds to assist TB patients. These funds will be used for financial or food assistance for the patients and their families, particularly for those who need to undergo isolation or quarantine due to their infectious status. The financial support may also cover transportation costs for the patients traveling to and from healthcare facilities.
- SECTION 13.** **FUNDING.** The Municipal Government of Los Baños shall allocate an annual budget for the NTP which shall be used to fund programs and activities, such as but not limited to the following; procurement of TB drugs and medicine, manpower development and capacity development, procurement of supplies for TB diagnostic procedures, TB awareness activities, community outreach, supervisory visits and other activities to ensure sustainability and effective delivery of quality TB services.
- SECTION 14.** **RULES AND REGULATIONS.** The Office of the Municipal Mayor, in coordination with the Municipal Health Office, shall formulate the implementing rules and regulations (IRR) of this Ordinance.
- SECTION 15.** **REPEALING CLAUSE.** All ordinances, rules and regulations, executive orders, or parts thereof, which are inconsistent with the provisions of this Ordinance, are hereby repealed and/or modified accordingly.
- SECTION 16.** **SEPARABILITY CLAUSE.** If, for any reason or reasons, any part or provision of this Ordinance is declared unconstitutional or invalid, other parts or provisions hereof which are not affected thereby shall continue to be in full force and effect. On matters not provided in this Ordinance, any existing applicable laws and their corresponding IRR, executive orders and relevant issuances therefor shall be applied in a supplemental manner.
- SECTION 17.** **EFFECTIVITY CLAUSE.** This Ordinance shall take effect immediately upon approval.

**ENACTED :** February 17, 2025

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**I HEREBY CERTIFY** to the correctness of the above-quoted Ordinance.

  
DONA T. ALBORIDA - DIZON  
Secretary to the Sangguniang Bayan





11.00 Ordinance No. 2025 - 2415

02/17/2025

CERTIFIED ENACTED:



**HON. MARLO P.J.A. ALIPON, MPA, REE, RMP**

Municipal Councilor / Temporary Presiding Officer

APPROVED:

  
**HON. ANTHONY F. GENUINO**

 Municipal Mayor