

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City



SEVENTEENTH (17TH) CONGRESS
Third Regular Session

House Bill No. 8814

Introduced by REPRESENTATIVE ERIC L. OLIVAREZ

EXPLANATORY NOTE

Tuberculosis (TB) is a contagious disease caused by infection with *Mycobacterium tuberculosis* (Mtb) bacteria. It typically affects the lungs but it can also extend to other parts of the body such as the kidney, spine, and brain. TB is spread through the air when a person with TB disease of the lungs of throat coughs, speaks or sings, and when people nearby breathe in these bacteria and become infected.¹

Despite its contagiousness, TB is known to be a preventable and curable disease. With proper prevention measures, management and treatment, TB can actually be controlled and eliminated. And yet, TB remains to be the leading infectious cause of death worldwide. According to the World Health Organization (WHO), in 2017, 10 million people became ill with TB, and 1.6 million of those died, including 230,000 children. Over the past two centuries, TB has claimed the lives of more than one billion people - more death than from malaria, influenza, smallpox, HIV/AIDS, cholera, and plague combined; And although TB treatment does exist, drug resistance is still a continued threat.²

² Ibid, citing data from the World Health Organization.

In the Philippines, TB is indeed a major health problem, it being the sixth leading cause of death and illness here.³ In 2011, WHO recorded 28,000 deaths out of the 260,000 recorded TB cases in the Philippines; And consistent with the global trend, drug resistance is found on 10,600 patients, particularly, marginalized groups such as senior citizens, and the urban poor, as well as those experiencing health issues from smoking and conditions like HIV, diabetes, and malnutrition, among others.

The Philippines has achieved a major milestone in this plight of eradicating TB in the country. In 2016, it has enacted Republic Act 10767, otherwise known as the "Comprehensive Tuberculosis Elimination Plan Act", although the implementation of the said law is yet to be fully achieved.

In September 2018, the first United Nations General Assembly (UNGA) High-level Meeting on TB took place in New York, with the overall theme being *"United to end tuberculosis: An urgent global response to a global epidemic"*. In his address before the said body, Health Secretary Francisco Duque III stressed the Philippines' commitment to accelerate action to fight and ultimately eliminate tuberculosis. He emphasized that our country is *"pursuing business 'not-as-usual' in its fight against TB."*

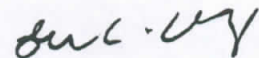
From the foregoing, it can be seen that the momentum to end TB in the Philippines, and indeed worldwide, has never been stronger. Thus, it is only timely to introduce certain amendments to the aforementioned RA 10767 in order to further strengthen the same.

While RA 10767 can be considered a landmark legislation, there is a need to prioritize the TB patients who belong to the marginalized sector, especially those who are experiencing intersecting and multiple vulnerabilities. There is also a need to impose penalties for violations of certain provisions to make the Act more compelling and effective. For example, penalty of fine or imprisonment, or both, is being proposed for violating the "no-prescription, no TB drugs" policy

³ Information from the Department of Health.

so that the drug-resistance phenomenon which has been setting back the efforts of countries in fighting TB, can be reversed and countered.

Furthermore, this proposition zeroes-in on the need of the country to have a systematic and updated TB Database System reflecting data of TB cases which are properly disaggregated by sex, age, disability if applicable, and geographical region, among other factors. A database is very crucial in developing new policies, to end TB, or improving those already existing. It is also helpful in identifying priority patients, and in effectively responding to their TB-related needs, issues, and concerns. Finally, a Monitoring and Evaluation System must also be established and regularly maintained in order to assess the impact of our current TB programs and determine whether there is a need to bolster or make certain changes in our on-going efforts. These matters are not emphasized in the current law, but are deemed highly important if we want to achieve our ultimate objective of ending this global pandemic that is tuberculosis.



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AN ACT
STRENGTHENING THE FIGHT TO END TUBERCULOSIS,
AMENDING FOR THE PURPOSE REPUBLIC ACT (R.A.) 10767
OTHERWISE KNOWN AS THE "COMPREHENSIVE
***TUBERCULOSIS ELIMINATION PLAN ACT*"**

Section 1. Section 4 (a) and (e) of R.A. 10767 are hereby amended to read as follows:

"Sec. 4 Comprehensive Philippine Plan of Action to Eliminate Tuberculosis - The Secretary of the Department of Health shall establish a Comprehensive Philippine Plan of Action to Eliminate Tuberculosis, in consultation with appropriate public and private entities. The Philippine Plan of Action shall consist of the following:

(a) The country's targets and strategies in addressing disease, **with appropriate workable timelines.**

(b) xxx

(c) xxx

(d) xxx

(e) The establishment of a review and monitoring system to gather data **disaggregated by sex, age, geographical region, as well as disability if applicable**, and monitor the progress in the elimination of tuberculosis; and

(f) xxx. "

Sec. 2. Section 6 (c) and (d) of R.A. 10767 are hereby amended to read as follows:

"Sec. 6. Research, Demonstration Projects, Education and Training. - The Secretary of Health shall, directly or through grants to public or non-profit private entities, perform the following activities:

(a) xxx

(b) xxx

(c) Conduct nationwide public information campaign and education programs, **prioritizing high-risk and remote areas, and primarily targeting people who are part of the marginalized sectors such as the urban poor, people in far flung areas and provinces, women, children, persons with disabilities, senior citizens, among others.**

(d) Undertake regular education, training, **capacity-building**, and clinical skills improvement activities for health care providers, **taking into account established international standards on tuberculosis prevention, care and treatment, as well as innovations and good practices world-wide.**

(e) xxx

(f) xxx "

Sec. 3. Section 8 of R.A. 10767 is hereby amended to read as:

"Sec. 8. Education Programs - **The Commission on Higher Education (CHED), in coordination with the Secretary of Health** shall **mandate the administrations** and faculties of schools of medicine, nursing and medical technology, **of all colleges and universities** and **their other allied health institutions and hospitals** - **except the University of the Philippines, although its Board of Regents is encouraged** - to intensify information and education programs, including the development of curricula, to significantly increase the opportunities for students and for practicing providers to learn the principles and practices of preventing, detecting, managing and controlling tuberculosis."

X X X

Sec. 4. Section 9 of R.A. 10767 is hereby amended to read as follows:

"Sec. 9. Inclusion in Basic Education - **The Department of Education (DepEd), in coordination with the Department of Health**, shall work for the inclusion of modules on the principles and practices of preventing, detecting, managing and controlling tuberculosis in the health curriculum of every public and private elementary and high school.

Sec. 5. Section 10 of the same Act is hereby amended to read as follows:

"Sec. 10. Media Campaign - **The Philippine Information Agency, in coordination with the Department of Health**,

shall **partner with** media outlets to launch a media campaign on tuberculosis control, treatment, and management, using all forms of multimedia and other electronic means of communication."

X X X

Sec. 6. Section 12 of R.A. 10767 is hereby amended to read as follows:

Sec. 12. **Mandatory Reporting of** TB Cases - All public and private health centers, hospitals, and facilities shall observe the national protocol on TB management and shall **submit a comprehensive annual report** to the DOH of all TB cases **received by the said institutions within the year, which shall be systematically disaggregated by the patients' sex, age, disability if applicable, as well as the type of tuberculosis suffered or acquired, and other crucial data and information as may be prescribed by DOH. Provided, however, that the names and any other form of identification of patients shall not be reported or disclosed to the public or to any third person without the consent of the patient, and without valid and compelling reason to do so. Provided further, that the reports shall be in conformity with the rules and applicable provisions** under the Manual of Procedures of the National TB Program and the Philippine Plan of Action on Tuberculosis Control.

Sec. 7. An additional provision is hereby inserted, to be numbered as the new Section 13, in relation to the above-amended Section 12. It shall read as:

"Sec. 13. Creation and Regular Updating of a TB Database - The Department of Health, in collaboration with the Philippine Statistics Authority (PSA), and other

relevant government agencies, shall create, and from there onwards regularly update, a TB database system reflecting the disaggregated data from the reports submitted by the public and private health centers, hospitals, and facilities on the number of TB cases received by them, as mandated under Section 12 of this Act (as amended). The TB Database shall be made easily accessible/available to the public except the names of the patients, ideally through the DOH website and other effective media."

Sec. 8. Further to the foregoing, a new section pertaining to the establishment of Monitoring and Evaluation mechanism is hereby added, to be numbered as the new Section 14, and shall read as:

"Sec. 14. Establishment of a Monitoring and Evaluation (M&E) System, and Conduct of Impact Assessment Studies on TB-related programs - The DOH shall establish an effective M&E system, and as far as practicable, regularly conduct impact assessment studies of its major TB-related programs and initiatives, the outcome/result of which shall be utilized to develop or improve existing policies and guidelines on the prevention, control, management and treatment of TB in the country, among other legitimate purposes."

Sec. 9. Another section is hereby added, to be numbered as the new Section 15, and shall read as:

"Sec. 15. Penalty - Any pharmacy, drugstore, and corporate health agencies, facility or institutions found to have violated the "No prescription, no Anti-TB drugs" policy enunciated under Section 11 of this Act, shall pay a fine of not less than thirty thousand pesos (Php 30,000.00) but not more than fifty thousand pesos (Php 50,000.00) and its proprietors, officers and members of the Board of

Directors, as the case may be, shall suffer the penalty of fine in the amount of Twenty Thousand Pesos (Php 20,000.00) and/or imprisonment of not less than ten (10) days, or both fine and imprisonment, at the discretion of the proper court and its pharmacists or sales crew shall suffer the penalty of fine in the amount of Five Thousand Pesos (Php 5,000.00) and/or imprisonment of not less than five (5) days, or both fine and imprisonment, as may be determined by the proper court. Furthermore, the business permit and license to operate of the said entity shall be suspended, or revoked and cancelled altogether, depending on the gravity of the violation.

Any concerned person who is found to have willfully, or by gross negligence, violated the National Protocol on TB Management shall be penalized with a fine of not less than twenty thousand pesos (Php20,000.00) but not more than fifty thousand pesos (Php50,000.00) or imprisonment of not less than one (1) month but not more than six (6) months, or both fine and imprisonment, at the discretion of the proper court. Administrative sanctions may also be imposed upon the erring persons and health professionals by the Professional Regulation Commission, the Civil Service Commission, among other applicable licensing agencies, to which the person is subject to."

Sec. 10. In light of the new provisions added, Sections 13 to 19 of R.A. 10767 are hereby renumbered as Sections 16 to 22, respectively.

Sec. 11. Implementing Rules and Regulations - The DOH, in consultation with the DEPED and CHED and other concerned agencies and entities, shall issue the rules and regulations implementing the provisions of this Act within ninety (90) days from its effectivity.

Sec. 12. Separability Clause - If any provision of this Act is declared invalid or unconstitutional, other provisions hereof which are not affected thereby shall remain valid, and in full force and effect.

Sec. 13. Repealing Clause - All laws, orders, decrees, rules and regulations and other parts thereof which are inconsistent with the provisions of this Act are hereby repealed, amended or modified.

Sec. 14. Effectivity - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in two (2) newspapers of general circulation.

Approved.