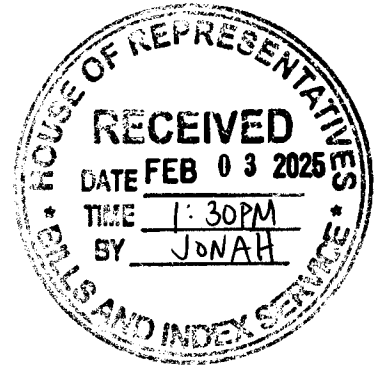


**Republic of the Philippines**  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**NINETEENTH CONGRESS**  
Third Regular Session

**HOUSE BILL NO. 11391**



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**Introduced by Akbayan Representative Percival Cendaña**

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**EXPLANATORY NOTE**

Tuberculosis (TB) remains a significant public health challenge globally, with the Philippines being no exception. Despite efforts to control the disease, TB cases continue to increase annually in the Philippines, posing a threat to public health and socioeconomic development. In light of this escalating crisis, the implementation of a Comprehensive Plan of Action to Eliminate Tuberculosis is imperative to address the growing burden of TB and prevent further spread of the disease.

The rationale for filing the bill stems from several key factors. Firstly, the increasing number of TB cases in the Philippines is a clear indication of the urgency to take decisive action. TB not only causes significant morbidity and mortality but also places a heavy burden on healthcare systems and the economy. Filing this bill demonstrates the government's commitment to prioritizing public health and safeguarding the well-being of its citizens.

Moreover, a comprehensive plan of action is essential to coordinate efforts across multiple sectors and stakeholders involved in TB control. By formalizing a structured approach through legislation, the government can ensure that resources are effectively allocated, programs are implemented efficiently, and progress is monitored systematically.

Establishing a timeframe of six years for the Comprehensive Plan of Action provides a clear roadmap for achieving measurable outcomes within a specified period. This time-bound strategy promotes accountability, fosters a sense of urgency, and mobilizes stakeholders to work collaboratively towards the common goal of TB elimination.

Furthermore, the provision for periodic review every three years enables the government to assess the effectiveness of the plan, identify gaps or challenges, and recalibrate strategies as needed. This iterative process of evaluation and adjustment is crucial for ensuring that the plan remains responsive to evolving epidemiological trends, emerging challenges, and best practices in TB control.

By enacting this legislation, the Philippines demonstrates its commitment to fulfilling international obligations and meeting targets set forth in global TB elimination strategies, such as the Sustainable Development Goals and the End TB Strategy of the World Health

Organization. This alignment enhances the country's credibility in the global health community and strengthens its partnerships for TB control efforts.

The filing of the Comprehensive Plan of Action to Eliminate Tuberculosis Act is a critical step towards addressing the escalating TB crisis in the Philippines. By institutionalizing a time-bound, coordinated, and periodically reviewed strategy, the government can enhance its capacity to combat TB effectively, protect public health, and ultimately achieve the goal of TB elimination. This legislative initiative underscores the government's commitment to prioritizing health as a fundamental human right and promoting the well-being of all its citizens.

Hence, the passage of this bill is earnestly sought.



**REP. PERCIVAL CENDANA**  
**AKBAYAN PARTYLIST**

**Republic of the Philippines**  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**NINETEENTH CONGRESS**  
Third Regular Session

**HOUSE BILL NO. 11391**

---

**Introduced by Akbayan Representative Percival Cendaña**

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**AN ACT STRENGTHENING THE NATIONAL PROGRAM FOR THE  
ELIMINATION OF TUBERCULOSIS, AMENDING FOR THE PURPOSES OF  
REPUBLIC ACT NO. 10767 OR THE COMPREHENSIVE TUBERCULOSIS  
ELIMINATION PLAN ACT**

*Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:*

1   **SEC. 1.** Sec. 2 of the same act is hereby amended to read as follows:

2   “Sec. 2. Declaration of Policy.

3   a) The State is mandated to adopt an integrated and comprehensive approach to health  
4   development. Towards this end, the State shall support and expand efforts to eliminate  
5   tuberculosis as a public health problem by increasing investments for its prevention,  
6   treatment and control, and adopting a multisectoral approach in responding to the disease.

7   **b) POLICIES AND PRACTICES THAT DISCRIMINATE BASED ON ACTUAL**  
8   **OR PERCEIVED TB STATUS, AGE, SEX, SEXUAL ORIENTATION, GENDER**  
9   **IDENTITY, ECONOMIC STATUS, DISABILITY, AND ETHNICITY HINDER**  
10   **THE EFFECTIVENESS OF THE TB RESPONSE AND ARE DEEMED INIMICAL**  
11   **TO PUBLIC INTEREST.”**

12   **SEC. 2.** Sec. 4 of the same act is hereby amended to read as follows:

13   “Sec. 4. Comprehensive Philippine Plan of Action to Eliminate Tuberculosis - The  
14   Secretary of the Department of Health (DOH) shall establish a Comprehensive Philippine  
15   Plan of Action to Eliminate Tuberculosis in consultation with appropriate public and private  
16   entities, including **BARANGAY COUNCILS, SANGGUNIANG KABATAAN (SK),**  
17   **BARANGAY HEALTH WORKERS (BHWs), CIVIL SOCIETY ORGANIZATIONS**  
18   **(CSOs) WORKING ON TB, INCLUDING ORGANIZATIONS OF TB PATIENTS**  
19   **AND SURVIVORS.**

20   **THE COMPREHENSIVE PLAN OF ACTION TO ELIMINATE TUBERCULOSIS**  
21   **SHALL COVER A PERIOD OF SIX (6) YEARS FROM THE DATE OF**  
22   **ENACTMENT OF THIS ACT. FOLLOWING THE INITIAL SIX-YEAR**  
23   **TIMEFRAME, THE COMPREHENSIVE PLAN OF ACTION TO ELIMINATE**

1 TUBERCULOSIS SHALL BE SUBJECT TO PERIODIC REVIEW EVERY THREE  
2 (3) YEARS THEREAFTER. THESE REVIEWS SHALL ASSESS THE  
3 EFFECTIVENESS OF THE PLAN, IDENTIFY ANY CHALLENGES OR  
4 SHORTCOMINGS, AND PROPOSE AMENDMENTS OR ENHANCEMENTS AS  
5 NECESSARY TO ACHIEVE THE GOAL OF TB ELIMINATION.

6 The Philippine Plan of Action shall consist of the following:

7 Xxx”

8 SEC. 3. Section 8 of the same Act is amended to read as follows:

9 “Sec. 8. EDUCATION PROGRAMS – THE CHAIRPERSON OF THE  
10 COMMISSION ON HIGHER EDUCATION (CHED), IN COORDINATION WITH  
11 THE SECRETARY OF THE DEPARTMENT OF HEALTH (DOH), SHALL  
12 ENCOURAGE THE FACULTY OF SCHOOLS OF MEDICINE, NURSING, OR  
13 MEDICAL TECHNOLOGY, AND ALLIED HEALTH INSTITUTIONS, TO  
14 INTENSIFY INFORMATION AND EDUCATION PROGRAMS, INCLUDING  
15 THE DEVELOPMENT OF CURRICULA, TO SIGNIFICANTLY INCREASE THE  
16 OPPORTUNITIES FOR STUDENTS AND FOR PRACTICING PROVIDERS TO  
17 LEARN THE PRINCIPLES AND PRACTICES OF PREVENTING, DETECTING,  
18 MANAGING, AND CONTROLLING TUBERCULOSIS.”

19 SEC. 4. Section 9 of the same Act is amended to read as follows:

20 “Sec. 9. INCLUSION IN BASIC EDUCATION – THE SECRETARY OF THE  
21 DEPARTMENT OF EDUCATION (DEPED), IN COORDINATION WITH THE  
22 SECRETARY OF THE DOH, SHALL ENSURE THE INCLUSION OF MODULES  
23 ON THE PRINCIPLES AND PRACTICES OF PREVENTING, DETECTING,  
24 MANAGING, AND CONTROLLING TUBERCULOSIS, THE RIGHTS AND  
25 RESPONSIBILITIES OF PEOPLE AFFECTED BY TUBERCULOSIS, AND  
26 TUBERCULOSIS RELATED STIGMA AND DISCRIMINATION REDUCTION  
27 EDUCATION IN THE BASIC EDUCATION CURRICULUM. TEACHERS SHALL  
28 UNDERGO TRAINING TO EQUIP THEM WITH INFORMATION ABOUT  
29 TUBERCULOSIS, AND INFORMATION ABOUT TUBERCULOSIS SHALL BE  
30 INTEGRATED INTO SUBJECTS SUCH AS MUSIC, ARTS, PHYSICAL  
31 EDUCATION, AND HEALTH (MAPEH).”

32 SEC. 5. Section 10 of the same act is amended to read as follows:

33 Sec. 10. Media Campaign – The Director-General of the Philippine Information Agency  
34 (PIA), in coordination with the Secretary of the DOH, shall **mandate** local media outlets  
35 to launch a massive, nationwide, consistent, and sustained media campaign on tuberculosis  
36 control, treatment, and management, using all forms of multimedia and other electronic  
37 means of communication. **THIS CAMPAIGN SHALL ALSO INCLUDE**  
38 **INFORMATION ABOUT MULTIDRUG-RESISTANT TUBERCULOSIS (MDR-**  
39 **TB).**”

40 SEC. 6. Sec. 13 of the same act is hereby amended to read as follows:

41 “Sec. 13. Philhealth TB Package -The Philhealth Health Insurance Corporation, otherwise  
42 known as Philhealth, shall, as far as practicable, expand its benefits package for TB patients

1 to include new, relapse, and return-after-default cases [and extension of treatment]  
2 **MULTIDRUG-RESISTANT TUBERCULOSIS (MDR-TB) AND DRUG**  
3 **SENSITIVE TB (DS-TB).**

4 **ADDITIONAL TREATMENT FOR ADVERSE DRUG REACTIONS FROM THE**  
5 **TB MEDICINES SHALL ALSO BE COVERED, WITH SUCH MEDICINES**  
6 **AVAILABLE IN THE TREATMENT FACILITIES FOR THE CONVENIENCE OF**  
7 **PATIENTS.**

8 **THE DEVELOPMENT OR EXPANSION OF ANY PHILHEALTH BENEFIT**  
9 **SHALL UNDERGO A TRANSPARENT AND STANDARDIZED**  
10 **PRIORITIZATION SETTING PROCESS, SUCH AS HEALTH TECHNOLOGY**  
11 **ASSESSMENT AND ACTUARIAL FEASIBILITY STUDY, TO AVOID**  
12 **INEQUITABLE ALLOCATION OF FUNDS FOR HEALTHCARE SERVICES.**

13 **THE PHILHEALTH COVERAGE SHALL APPLY UNTIL THE PATIENT HAS**  
14 **COMPLETED ALL NECESSARY TREATMENT, REGARDLESS OF ITS**  
15 **DURATION.**

16  
17 **PHILHEALTH COVERAGE FOR TB PATIENTS SHALL BE EXPANDED TO**  
18 **COVER THE FOLLOWING:**

- 19 **1. ALL LABORATORIES OF PATIENTS: IT IS HEREBY MANDATED THAT**  
20 **ALL LABORATORY SERVICES REQUIRED FOR THE DIAGNOSIS AND**  
21 **MANAGEMENT OF PATIENTS, INCLUSIVE OF BUT NOT LIMITED TO X-**  
22 **RAY AND SPUTUM EXAMINATIONS, SHALL BE COVERED UNDER**  
23 **PHILHEALTH. THIS PROVISION AIMS TO ENSURE COMPREHENSIVE**  
24 **ACCESS TO DIAGNOSTIC TOOLS ESSENTIAL FOR THE EFFECTIVE**  
25 **MANAGEMENT OF TUBERCULOSIS (TB) AND OTHER HEALTH**  
26 **CONDITIONS.**
- 27  
28 **2. MENTAL HEALTH CHECK-UPS AND TREATMENT: PHILHEALTH**  
29 **COVERAGE SHALL EXTEND TO MENTAL HEALTH CHECK-UPS AND**  
30 **TREATMENT SERVICES, INCLUDING COUNSELING, THERAPY, AND**  
31 **MEDICATION, TO ADDRESS THE PSYCHOLOGICAL WELL-BEING OF**  
32 **PATIENTS AFFECTED BY TB AND OTHER MENTAL HEALTH**  
33 **CONDITIONS. THIS INITIATIVE AIMS TO INTEGRATE MENTAL**  
34 **HEALTH SUPPORT INTO THE HOLISTIC CARE OF PATIENTS AND**  
35 **ENHANCE OVERALL TREATMENT OUTCOMES.**
- 36  
37 **3. OPHTHALMOLOGIST REFERRAL, CHECK-UPS, AND TREATMENT:**  
38 **PHILHEALTH COVERAGE SHALL ENCOMPASS OPHTHALMOLOGIST**  
39 **REFERRALS, CHECK-UPS, AND TREATMENT SERVICES FOR PATIENTS**  
40 **EXPERIENCING OCULAR MANIFESTATIONS OR COMPLICATIONS**  
41 **ASSOCIATED WITH TB AND OTHER HEALTH CONDITIONS. THIS**  
42 **PROVISION ENSURES ACCESS TO SPECIALIZED EYE CARE TO**  
43 **PREVENT, DIAGNOSE, AND MANAGE OCULAR COMPLICATIONS**  
44 **EFFECTIVELY.**  
45

1       **4. AFTERCARE FOR TB SURVIVORS: PHILHEALTH COVERAGE SHALL**  
2       **INCLUDE AFTERCARE SERVICES FOR TB SURVIVORS, ADDRESSING**  
3       **ONGOING AND IRREVERSIBLE SIDE EFFECTS RESULTING FROM TB**  
4       **MEDICATIONS. THIS PROVISION AIMS TO SUPPORT PATIENTS IN**  
5       **MANAGING AND MITIGATING LONG-TERM ADVERSE EFFECTS,**  
6       **ENSURING THEIR OVERALL HEALTH AND QUALITY OF LIFE POST-**  
7       **TREATMENT.**

8  
9       **5. FREE OR COVERED MEDICATIONS: PHILHEALTH SHALL PROVIDE**  
10       **COVERAGE FOR FREE OR SUBSIDIZED MEDICATIONS, INCLUDING**  
11       **ANCILLARY DRUGS REQUIRED FOR THE MANAGEMENT OF ADVERSE**  
12       **REACTIONS RESULTING FROM TB MEDICATIONS. THIS INITIATIVE**  
13       **AIMS TO ALLEVIATE THE FINANCIAL BURDEN ON PATIENTS AND**  
14       **PROMOTE ADHERENCE TO TREATMENT REGIMENS, THEREBY**  
15       **IMPROVING TREATMENT OUTCOMES AND REDUCING THE RISK OF**  
16       **TREATMENT INTERRUPTION.”**

17       **SEC. 7. A new Section denominated as Section 14 is added to read as follows:**

18       **“Sec. 14. PATIENTS’ RIGHTS AND RESPONSIBILITIES - A PERSON WITH TB**  
19       **SHALL HAVE THE FOLLOWING RIGHTS:**

20       **1. ACCESS TO LIVELIHOOD AND PSYCHOSOCIAL SUPPORT, EXTENDED**  
21       **MEMBERS OF THE PATIENT’S HOUSEHOLD.**

22       **2. FREE X-RAY FOR INDIGENT PATIENTS.**

23       **3. FREE FOLLOW-UP EVERY SIX MONTHS FOR DSTB AND DRTB**  
24       **PATIENTS.**

25       **4. ACCESS TO CASE MANAGERS.**

26       **5. RIGHT TO CONFIDENTIALITY OF MEDICAL RECORDS.**

27       **6. RIGHT TO INFORMATION REGARDING TB HEALTHCARE SERVICES.**

28       **7. RIGHT TO WORK:**

29               **A) PATIENTS CAN WORK DESPITE ONGOING**  
30               **MEDICATION/TREATMENT AS LONG AS THEY SUBMIT A “FIT TO**  
31               **WORK” FORM FROM THEIR PULMONOLOGIST.**

32               **B) IF A PATIENT PRESENTS A NEGATIVE SPUTUM RESULT FOR TB**  
33               **AND IS NO LONGER INFECTIOUS WITH A FIT TO WORK FORM FROM**  
34               **THEIR DOCTOR, THEN THEY SHOULD BE ALLOWED TO GO BACK TO**  
35               **WORK.**

36               **C) IF A PATIENT IS NEGATIVE ON THEIR SPUTUM RESULT FOR AT**  
37               **LEAST 3 CONSECUTIVE MONTHS, THEY SHOULD BE ALLOWED TO**  
38               **GO BACK TO WORK BY THEIR PULMONOLOGIST.”**

39       **SEC. 8. A new Section denominated as Section 15 is added to read as follows:**

1 **Sec. 15. SERVICE DELIVERY NETWORK (SDN) – THE DOH, THROUGH ITS**  
2 **REGIONAL OFFICES AND IN COORDINATION WITH LGUS, SHALL**  
3 **INTEGRATE AND STRENGTHEN THE PROVISION OF TB SERVICES INTO**  
4 **ESTABLISHED SDNS FOR LOCAL HEALTH REFERRAL SYSTEM, WHICH**  
5 **SHALL NOT BE RESTRICTED WITHIN THE GEOGRAPHIC OR POLITICAL**  
6 **BOUNDARIES OF LGUS. COLLABORATION ACROSS LGUS SHALL BE**  
7 **ENCOURAGED.**

8  
9 **NON-REGISTRATION SHALL NOT BE A GROUND TO BE DENIED SERVICE.**

10 **THE SDN SHALL BE A NETWORK OF FACILITIES RANGING FROM**  
11 **BARANGAY HEALTH STATIONS (BHS), RURAL HEALTH UNITS (RHUS),**  
12 **DISTRICT AND/OR CITY HOSPITALS, TO THE PROVINCIAL AND/OR DOD-**  
13 **RETAINED HOSPITALS. THE DOH AND LGUS MAY ENGAGE PRIVATE**  
14 **HEALTH FACILITIES OR PROVIDES TO FORM PART OF THE SDN.”**

15 **SEC. 9. A new Section denominated as Section 16 is added to read as follows:**

16 **“Sec. 16. PRIVATE HEALTH FACILITIES FOR TB-DOTS. – IN ORDER TO**  
17 **ENHANCE AND MAXIMIZE THE PARTICIPATION OF PRIVATE HEALTH**  
18 **FACILITIES IN TB CONTROL, IT IS HEREBY MANDATED THAT ALL**  
19 **PRIVATE HEALTH FACILITIES SEEK ACCREDITATION FROM**  
20 **PHILHEALTH AS TB-DOTS PROVIDERS. ADDITIONALLY, AS A**  
21 **PREREQUISITE FOR ACCREDITATION, ALL DOCTORS AND SERVICE**  
22 **PROVIDERS RESPONSIBLE FOR TB CARE, WHETHER IN PUBLIC OR**  
23 **PRIVATE SETTINGS, MUST UNDERGO COMPREHENSIVE TRAINING OR**  
24 **RECEIVE UPDATED/RENEWED TRAINING TO ENSURE ACCURATE**  
25 **DIAGNOSIS AND PRESCRIPTION PRACTICES.”**

26 **SEC. 10. A new Section denominated as Section 17 is added to read as follows:**

27 **“Sec. 17. MOBILIZATION - THE DEPARTMENT OF HEALTH (DOH), IN**  
28 **COLLABORATION WITH LOCAL GOVERNMENT UNITS (LGUS), OTHER**  
29 **RELEVANT GOVERNMENT AGENCIES, THE PRIVATE SECTOR, PUBLIC**  
30 **SCHOOLS, CIVIL SOCIETY ORGANIZATIONS, AND ORGANIZATIONS**  
31 **REPRESENTING TB PATIENTS AND SURVIVORS, SHALL LEAD THE**  
32 **MOBILIZATION EFFORTS AIMED AT RAISING PUBLIC AWARENESS AND**  
33 **REDUCING STIGMA ASSOCIATED WITH TUBERCULOSIS.**

34 **FURTHERMORE, TO FACILITATE THE EFFECTIVE ENGAGEMENT OF**  
35 **NON-GOVERNMENTAL ORGANIZATIONS (NGOS) AND PEOPLE'S SUPPORT**  
36 **GROUPS (PSGS) IN THE MOBILIZATION PROCESS, ADEQUATE**  
37 **BUDGETARY ALLOCATIONS SHALL BE PROVIDED OR MECHANISMS**  
38 **SHALL BE ESTABLISHED TO ENSURE THAT THESE ENTITIES HAVE**  
39 **ACCESS TO FUNDS WITHIN THEIR RESPECTIVE LGUS. ADDITIONALLY,**  
40 **ORGANIZATIONS REPRESENTING TB PATIENTS AND SURVIVORS SHALL**  
41 **BE ACTIVELY INVOLVED IN THE PLANNING, IMPLEMENTATION,**  
42 **MONITORING, AND EVALUATION OF POLICIES AND PROGRAMS THAT**  
43 **DIRECTLY IMPACT THEM. THEY SHALL ALSO BE CAPACITATED AND**  
44 **SUPPORTED BY THE NATIONAL AND LOCAL TB PROGRAMS TO CONDUCT**  
45 **COMMUNITY-LED TB PROGRAMS AND SERVICES.”**

1     **Section 11.** A new Section denominated as Section 18 is added to read as follows:

2     **“Sec.18. INSTITUTIONALIZATION OF TB CASE FINDING IN BARANGAYS -**  
3     **THE DEPARTMENT OF HEALTH (DOH), IN COLLABORATION WITH LOCAL**  
4     **GOVERNMENT UNITS (LGUS), SHALL INSTITUTIONALIZE TB CASE**  
5     **FINDING ACTIVITIES AT THE BARANGAY LEVEL. THIS SHALL INCLUDE**  
6     **THE TRAINING AND DEPLOYMENT OF BARANGAY HEALTH WORKERS**  
7     **(BHWS) AND OTHER FRONTLINE HEALTH WORKERS TO ACTIVELY**  
8     **SCREEN FOR TB SYMPTOMS, CONDUCT SPUTUM MICROSCOPY TESTS,**  
9     **AND FACILITATE REFERRALS TO HEALTH FACILITIES FOR DIAGNOSIS**  
10    **AND TREATMENT. LGUS SHALL ALLOCATE RESOURCES AND SUPPORT**  
11    **TO ENSURE THE SUSTAINABILITY OF TB CASE FINDING EFFORTS IN**  
12    **BARANGAYS, WITH THE AIM OF DETECTING AND TREATING TB CASES**  
13    **AT THE EARLIEST POSSIBLE STAGE TO PREVENT TRANSMISSION AND**  
14    **IMPROVE TREATMENT OUTCOMES.”**

15    **SEC. 11.** A new section denominated as Section 19 is added to read as follows:

16    **“Sec. 19. PERSONNEL COMPLEMENT – TO ENSURE THE EFFECTIVE**  
17    **IMPLEMENTATION OF THIS ACT, THE DEPARTMENT OF HEALTH (DOH)**  
18    **SHALL ENSURE THAT THERE IS AN ADEQUATE COMPLEMENT OF**  
19    **COMPETENT AND QUALIFIED STAFF AND ALLIED PROFESSIONALS WHO**  
20    **SHALL EFFECTIVELY CARRY OUT THE OBJECTIVES OF THE TB**  
21    **ELIMINATION PROGRAM. IN ADDITION TO CONVENTIONAL STAFFING,**  
22    **COMMUNITY MEMBERS, INCLUDING SURVIVORS AND MEMBERS OF TB**  
23    **KEY POPULATIONS, SHALL BE ACTIVELY ENGAGED AND EMPLOYED**  
24    **WHERE APPROPRIATE TO ENHANCE COMMUNITY INVOLVEMENT AND**  
25    **OWNERSHIP OF TB SERVICES.**

26    **THE FORMULATION OF QUALIFICATION STANDARDS FOR THE STAFF**  
27    **COMPLEMENT MUST ADHERE TO CIVIL SERVICE RULES AND**  
28    **REGULATIONS. THE SECRETARY OF THE DOH SHALL SUBMIT PROPOSED**  
29    **ORGANIZATIONAL AND STAFFING MODIFICATIONS TO THE**  
30    **DEPARTMENT OF BUDGET AND MANAGEMENT (DBM) FOR REVIEW AND**  
31    **APPROVAL.**

32    **FURTHERMORE, ALL DOH EMPLOYEES AND STAFF INVOLVED IN THE TB**  
33    **ELIMINATION PROGRAM SHALL PARTICIPATE IN CAPACITY-BUILDING**  
34    **PROGRAMS AND ACTIVITIES AIMED AT BOOSTING COMPETENCE AND**  
35    **SKILL PROFICIENCY. THESE PROGRAMS SHALL INCLUDE**  
36    **SENSITIZATION COURSES ON TB-RELATED STIGMA AND**  
37    **DISCRIMINATION AND THE RIGHTS OF PEOPLE AFFECTED BY TB.”**

38    **SEC. 12.** A new Section denominated as Section 20 is added to read as follows:

39    **“Sec. 20. TUBERCULOSIS MEDIUM TERM PLAN – THE DEPARTMENT OF**  
40    **HEALTH (DOH), IN COLLABORATION WITH LGUS AND RELEVANT**  
41    **STAKEHOLDERS, SHALL FORMULATE AND IMPLEMENT A MEDIUM-**  
42    **TERM PLAN FOR THE CONTROL AND ELIMINATION OF TUBERCULOSIS.**  
43    **THE PLAN SHALL COMPREHENSIVELY OUTLINE STRATEGIES,**  
44    **OBJECTIVES, AND INDICATORS AIMED AT REDUCING THE BURDEN OF TB**  
45    **IN THE MEDIUM TERM.**

1 THE MEDIUM-TERM PLAN SHALL INCLUDE A DETAILED BUDGET  
2 ALLOCATION FOR IMPLEMENTING ACTIVITIES OR PROGRAMS STATED  
3 THEREIN, SPECIFYING THE FUNDING SOURCE AND THE RESPONSIBLE  
4 ENTITY FOR PROVIDING IT. MOREOVER, IT SHALL DELINEATE THE  
5 ROLES AND RESPONSIBILITIES OF RELEVANT GOVERNMENT AGENCIES  
6 AND STAKEHOLDERS INVOLVED IN THE IMPLEMENTATION OF THE  
7 PLAN, ENSURING SEAMLESS COORDINATION AND COLLABORATION  
8 ACROSS SECTORS.

9 FURTHERMORE, THE MEDIUM-TERM PLAN SHALL UNDERGO PERIODIC  
10 REVIEW AND UPDATING TO ENSURE ITS ALIGNMENT WITH THE  
11 EVOLVING LANDSCAPE OF TUBERCULOSIS CONTROL AND  
12 ELIMINATION EFFORTS.

13 THE IMPLEMENTATION OF THE TUBERCULOSIS MEDIUM-TERM PLAN  
14 SHALL BE FULLY AND PROMPTLY IMPLEMENTED BY THE FOLLOWING  
15 GOVERNMENT DEPARTMENTS AND AGENCIES:

- 16  
17 1. DEPARTMENT OF HEALTH (DOH): THE DOH SHALL BE THE PRIMARY  
18 GOVERNMENT AGENCY RESPONSIBLE FOR HEALTH POLICY  
19 FORMULATION, PLANNING, REGULATION, AND PROGRAM  
20 IMPLEMENTATION OF THE TB MEDIUM TERM PLAN.  
21
- 22 2. NATIONAL TUBERCULOSIS CONTROL PROGRAM (NTP): THE NTP,  
23 WHICH OPERATES UNDER THE DOH, SHALL BE PARTICULARLY  
24 RESPONSIBLE FOR THE PLANNING, IMPLEMENTATION,  
25 MONITORING, AND EVALUATION OF TUBERCULOSIS CONTROL  
26 ACTIVITIES IN THE COUNTRY. IT SHALL OVERSEE THE EXECUTION  
27 OF THE MEDIUM TERM PLAN AND COORDINATION WITH VARIOUS  
28 STAKEHOLDERS.  
29
- 30 3. PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH):  
31 PHILHEALTH BE INVOLVED IN THE FINANCING ASPECT OF TB  
32 CONTROL PROGRAMS FOR TB PATIENTS, INCLUDING PROVIDING  
33 COVERAGE FOR TB-RELATED SERVICES.  
34
- 35 4. LOCAL GOVERNMENT UNITS (LGUS): LGUS SHALL PLAY A CRUCIAL  
36 ROLE IN IMPLEMENTING HEALTH PROGRAMS AT THE LOCAL  
37 LEVEL. LGUS WOULD RESPONSIBLE FOR IMPLEMENTING TB  
38 CONTROL ACTIVITIES WITHIN THEIR JURISDICTIONS, INCLUDING  
39 CASE FINDING, TREATMENT, AND MONITORING.  
40
- 41 5. DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT (DSWD):  
42 DSWD SHALL BE INVOLVED IN PROVIDING SUPPORT TO  
43 VULNERABLE POPULATIONS AFFECTED BY TB, SUCH AS THROUGH  
44 SOCIAL WELFARE PROGRAMS AND ASSISTANCE TO TB PATIENTS  
45 AND THEIR FAMILIES.  
46
- 47 6. DEPARTMENT OF EDUCATION (DEPED) AND COMMISSION ON  
48 HIGHER EDUCATION (CHED): THESE AGENCIES SHALL BE INVOLVED

1 IN TB CONTROL EFFORTS THROUGH EDUCATION AND AWARENESS  
2 CAMPAIGNS IN SCHOOLS AND UNIVERSITIES.

3  
4 7. CIVIL SOCIETY ORGANIZATIONS (CSOS) AND NON-GOVERNMENTAL  
5 ORGANIZATIONS (NGOS): VARIOUS CSOS AND NGOS, IN  
6 COORDINATION WITH THE DOH AND NTP SHALL BE INVOLVED IN TB  
7 CONTROL EFFORTS, INCLUDING ADVOCACY, COMMUNITY  
8 ENGAGEMENT, AND PROVIDING SUPPORT SERVICES TO TB  
9 PATIENTS.

10  
11 8. PRIVATE SECTOR PARTNERS: PRIVATE HEALTHCARE PROVIDERS,  
12 HOSPITALS, LABORATORIES, PHARMACEUTICAL COMPANIES, AND  
13 OTHER PRIVATE SECTOR ENTITIES SHALL BE ENGAGED IN TB  
14 CONTROL EFFORTS THROUGH PUBLIC-PRIVATE PARTNERSHIPS,  
15 PROVISION OF SERVICES, AND SUPPORT FOR RESEARCH AND  
16 DEVELOPMENT.”

17 SEC. 13. A new section denominated as Section 21 of the same act is added to read as  
18 follows:

19 “Sec. 21. OTHER SOURCES OF FUNDS. – THE NATIONAL GOVERNMENT  
20 SHALL PRIORITIZE THE OUTSOURCING OF FUNDS FOR THIS ACT  
21 THROUGH NEGOTIATION AND UTILIZATION OF LONG-TERM  
22 CONCESSIONAL OFFICIAL DEVELOPMENT ASSISTANCE (ODA), OTHER  
23 SOURCES OF FUNDS SUCH AS GRANTS, DONATIONS, COLLECTIONS, AND  
24 OTHER FORMS OF ASSISTANCE FROM LOCAL AND FOREIGN DONOTS OR  
25 OTHER PUBLIC OR PRIVATE ENTITIES. OTHER PRIVATE DOMESTIC AND  
26 INTERNATIONAL SOURCES MAY BE TAPPED AND FACILITATED BY THE  
27 DOH TO SUPPORT THE HEALTH SERVICES UNDER THIS ACT, SUBJECT TO  
28 THE REGULAR ACCOUNTING AND AUDITING GUIDELINES AND  
29 PROCEDURES: PROVIDED THAT IN CASE OF DONATIONS FROM FOREIGN  
30 SOURCES, ACCEPTANCE THEREOF SHALL BE SUBJECT TO EXISTING  
31 GOVERNMENT RULES AND REGULATIONS.”

32 SEC. 14. A new section denominated as Section 22 of the same act is added to read as  
33 follows:

34 “Section 22. WORKPLACE POLICIES FOR TB PREVENTION - THE CIVIL  
35 SERVICE COMMISSION (CSC) SHALL MANDATE ALL GOVERNMENT  
36 AGENCIES/OFFICES, INCLUDING UNIFORMED SERVICES, TO ESTABLISH  
37 COMPREHENSIVE WORKPLACE POLICIES AND PROGRAMS FOR  
38 TUBERCULOSIS PREVENTION. THESE POLICIES SHALL INCLUDE  
39 MEASURES FOR THE IDENTIFICATION, PREVENTION, AND  
40 MANAGEMENT OF TUBERCULOSIS IN THE WORKPLACE. THE CSC SHALL  
41 WORK IN COORDINATION WITH THE DEPARTMENT OF HEALTH (DOH)  
42 TO ENSURE THE EFFECTIVE IMPLEMENTATION AND MONITORING OF  
43 THESE WORKPLACE POLICIES AND PROGRAMS.”

44 SEC. 15. A new section denominated as Section 23 of the same act is added to read as  
45 follows:

1     **“Section 23. WORKPLACE POLICIES/PROGRAMS FOR TB IN PRIVATE**  
2     **COMPANIES. - THE DEPARTMENT OF LABOR AND EMPLOYMENT (DOLE)**  
3     **IS MANDATED TO COMPEL PRIVATE COMPANIES TO ESTABLISH AND**  
4     **EXECUTE WORKPLACE POLICIES AND PROGRAMS ADDRESSING**  
5     **TUBERCULOSIS (TB). THESE POLICIES AND PROGRAMS SHOULD**  
6     **ENCOMPASS MEASURES FOR TB PREVENTION, AWARENESS, AND**  
7     **SUPPORT FOR AFFECTED EMPLOYEES, REGARDLESS OF THEIR**  
8     **CONTRACTUAL STATUS (PERMANENT, REGULAR, JOB ORDER,**  
9     **CONTRACTUAL). ALL TB PATIENTS AND SURVIVORS SHALL BE**  
10    **ACCEPTED FOR EMPLOYMENT OR PERMITTED TO WORK, PROVIDED**  
11    **THEY FURNISH A FIT TO WORK FORM FROM A QUALIFIED HEALTHCARE**  
12    **PROFESSIONAL AND ARE PHYSICALLY CAPABLE OF FULFILLING THEIR**  
13    **JOB RESPONSIBILITIES.**

14    **THROUGH COLLABORATION WITH THE DEPARTMENT OF HEALTH**  
15    **(DOH), DOLE SHALL ENSURE THAT PRIVATE COMPANIES ACTIVELY**  
16    **CONTRIBUTE TO NATIONAL TB CONTROL EFFORTS AND FOSTER A**  
17    **HEALTHY WORKING ENVIRONMENT.”**

18    **SEC. 16.** A new section denominated as Section 24 of the same act is added to read as  
19    follows:

20  
21    **“SEC. 24. PROTECTION AND SUPPORT FOR OVERSEAS FILIPINO WORKERS**  
22    **(OFWS) WITH TUBERCULOSIS (TB)**

23    **THE DEPARTMENT OF MIGRANT WORKERS (DMW) SHALL INSTITUTE**  
24    **COMPREHENSIVE MEASURES TO PROVIDE PROTECTION AND SUPPORT**  
25    **FOR OVERSEAS FILIPINO WORKERS (OFWS) WHO ARE DIAGNOSED WITH**  
26    **TUBERCULOSIS (TB), INCLUDING THOSE WHO HAVE BEEN REPATRIATED**  
27    **DUE TO TB INFECTION.**

28  
29    **THE DMW SHALL COLLABORATE WITH RELEVANT GOVERNMENT**  
30    **AGENCIES, INTERNATIONAL ORGANIZATIONS, AND NON-GOVERNMENTAL**  
31    **ORGANIZATIONS (NGOS) TO DEVELOP AND IMPLEMENT PROGRAMS**  
32    **TAILORED TO THE SPECIFIC NEEDS OF OFWS AFFECTED BY TB. THESE**  
33    **PROGRAMS SHALL ENCOMPASS THE FOLLOWING COMPONENTS:**

- 34  
35       **A. PRE-DEPARTURE SCREENING: THE DMW SHALL WORK IN**  
36       **CONJUNCTION WITH THE PHILIPPINE OVERSEAS**  
37       **EMPLOYMENT ADMINISTRATION (POEA) AND OTHER**  
38       **RELEVANT AGENCIES TO ENHANCE PRE-DEPARTURE**  
39       **SCREENING PROTOCOLS FOR OFWS, INCLUDING TB**  
40       **SCREENING, TO PREVENT THE TRANSMISSION OF TB AMONG**  
41       **MIGRANT WORKERS AND THEIR HOST COMMUNITIES.**  
42       **B. ACCESS TO HEALTHCARE SERVICES: THE DMW SHALL**  
43       **FACILITATE ACCESS TO QUALITY HEALTHCARE SERVICES**  
44       **FOR OFWS DIAGNOSED WITH TB, BOTH IN OVERSEAS HOST**  
45       **COUNTRIES AND UPON REPATRIATION TO THE PHILIPPINES.**  
46       **THIS INCLUDES ENSURING THAT OFWS HAVE ACCESS TO**

1           TIMELY DIAGNOSIS, TREATMENT, AND FOLLOW-UP CARE, AS  
2           WELL AS PSYCHOSOCIAL SUPPORT SERVICES.

3           C. REPATRIATION ASSISTANCE: THE DMW SHALL PROVIDE  
4           REPATRIATION ASSISTANCE TO OFWS WHO ARE UNABLE TO  
5           CONTINUE WORKING ABROAD DUE TO TB INFECTION,  
6           INCLUDING ARRANGING FOR THEIR SAFE RETURN TO THE  
7           PHILIPPINES AND FACILITATING THEIR REINTEGRATION  
8           INTO THEIR COMMUNITIES.

9           D. FINANCIAL SUPPORT: THE DMW SHALL EXPLORE  
10          MECHANISMS TO PROVIDE FINANCIAL SUPPORT TO OFWS  
11          AFFECTED BY TB, INCLUDING ASSISTANCE WITH MEDICAL  
12          EXPENSES, TRANSPORTATION COSTS, AND LIVELIHOOD  
13          SUPPORT DURING THEIR PERIOD OF TREATMENT AND  
14          RECOVERY.

15          E. ADVOCACY AND AWARENESS: THE DMW SHALL CONDUCT  
16          ADVOCACY AND AWARENESS CAMPAIGNS TO PROMOTE TB  
17          PREVENTION, EARLY DETECTION, AND TREATMENT  
18          ADHERENCE AMONG OFWS AND THEIR FAMILIES. THIS  
19          INCLUDES DISSEMINATING INFORMATION ABOUT TB RISKS,  
20          SYMPTOMS, AND AVAILABLE SUPPORT SERVICES.

21          F. THE DMW SHALL ESTABLISH COORDINATION MECHANISMS  
22          WITH THE DEPARTMENT OF HEALTH (DOH), PHILIPPINE  
23          HEALTH INSURANCE CORPORATION (PHILHEALTH), AND  
24          OTHER RELEVANT AGENCIES TO ENSURE SEAMLESS  
25          DELIVERY OF HEALTHCARE SERVICES AND SUPPORT TO  
26          OFWS WITH TB.

27          G. THE DMW SHALL REGULARLY MONITOR AND EVALUATE THE  
28          IMPLEMENTATION OF THESE MEASURES, WITH THE AIM OF  
29          CONTINUOUSLY IMPROVING THE EFFECTIVENESS AND  
30          RESPONSIVENESS OF SUPPORT SERVICES FOR OFWS  
31          AFFECTED BY TB.”  
32

33       **SEC. 16.** A new section denominated as Section 25 of the same act is added to read as  
34       follows:

35       **“Section 25. INTEGRATION WITH DISASTER PREPAREDNESS PLAN. - THE**  
36       **DEPARTMENT OF HEALTH (DOH) SHALL ENSURE THE INTEGRATION OF**  
37       **TUBERCULOSIS (TB) PROGRAMMING WITHIN THE DISASTER**  
38       **PREPAREDNESS PLAN OF THE COUNTRY. THIS INTEGRATION AIMS TO**  
39       **ENHANCE THE RESILIENCE OF THE HEALTHCARE SYSTEM AND ENSURE**  
40       **THE CONTINUITY OF TB SERVICES DURING AND AFTER NATURAL OR**  
41       **MAN-MADE DISASTERS. THE DOH SHALL COLLABORATE WITH**  
42       **RELEVANT AGENCIES TO DEVELOP AND IMPLEMENT STRATEGIES THAT**  
43       **ADDRESS TB CONTROL WITHIN THE CONTEXT OF DISASTER RESPONSE**  
44       **AND RECOVERY.”**

45       **SEC. 17.** A new section denominated as Section 26 of the same act is added to read as  
46       follows:

1    **“Section 26. INCLUSION AND CONSULTATION OF TB AFFECTED**  
2    **COMMUNITIES IN IEC MATERIALS. - THE DEPARTMENT OF HEALTH**  
3    **(DOH) AND OTHER RELEVANT AGENCIES SHALL ENSURE THE ACTIVE**  
4    **INCLUSION AND MEANINGFUL CONSULTATION OF TUBERCULOSIS (TB)**  
5    **AFFECTED COMMUNITIES IN THE DEVELOPMENT OF INFORMATION,**  
6    **EDUCATION, AND COMMUNICATION (IEC) MATERIALS RELATED TO TB.**  
7    **THIS PROVISION AIMS TO INCORPORATE THE PERSPECTIVES AND**  
8    **EXPERIENCES OF THOSE DIRECTLY AFFECTED BY TB, PROMOTING**  
9    **COMMUNITY ENGAGEMENT, REDUCING STIGMA, AND ENHANCING THE**  
10   **EFFECTIVENESS OF TB AWARENESS MATERIALS.**  
11  
12   **IEC MATERIALS MUST BE REGULARLY UPDATED AND PRODUCED.”**

13   **SEC. 18.** A new section denominated as Section 27 of the same act is added to read as  
14   follows:

15   **“Section 27. POSTING OF TB MONITORING DATABASE AVAILABLE TO THE**  
16   **PUBLIC. - THE DEPARTMENT OF HEALTH (DOH) SHALL ESTABLISH AND**  
17   **MAINTAIN A TRANSPARENT AND ACCESSIBLE TUBERCULOSIS (TB)**  
18   **MONITORING DATABASE. THIS DATABASE SHALL BE MADE AVAILABLE**  
19   **TO THE PUBLIC, ENSURING THAT RELEVANT AND NON-CONFIDENTIAL**  
20   **INFORMATION REGARDING TB CASES, TREATMENT OUTCOMES, AND**  
21   **RELATED STATISTICS IS EASILY ACCESSIBLE. THIS MEASURE AIMS TO**  
22   **ENHANCE ACCOUNTABILITY, FACILITATE INFORMED DECISION-**  
23   **MAKING, AND FOSTER A COLLABORATIVE APPROACH TO TB CONTROL.**  
24   **THE DOH SHALL REGULARLY PUBLISH COMPREHENSIVE**  
25   **TUBERCULOSIS (TB) EPIDEMIOLOGY DATA, INCLUDING BUT NOT**  
26   **LIMITED TO INCIDENCE RATES, PREVALENCE, TREATMENT SUCCESS**  
27   **RATES, AND DRUG RESISTANCE PATTERNS, DISAGGREGATED GENDER**  
28   **IDENTITY, AGE, OCCUPATION, BY IDENTIFIED KEY AND VULNERABLE**  
29   **POPULATIONS, AND BY REGION. THE PUBLICATION SHALL BE MADE**  
30   **ACCESSIBLE TO THE PUBLIC THROUGH OFFICIAL CHANNELS AND**  
31   **PLATFORMS. THIS INITIATIVE SEEKS TO PROMOTE TRANSPARENCY,**  
32   **INFORM THE PUBLIC, AND FACILITATE EVIDENCE-BASED DECISION-**  
33   **MAKING IN TB CONTROL EFFORTS.”**

34   **SEC. 19.** A new section denominated as Section 28 of the same act is added to read as  
35   follows:

36   **“Section 28. COMPLIANCE WITH TUBERCULOSIS MANUAL OF**  
37   **OPERATIONS (MOP) - ALL TUBERCULOSIS (TB) FACILITIES, WHETHER**  
38   **PUBLIC OR PRIVATE, ARE MANDATED TO COMPLY WITH THE**  
39   **TUBERCULOSIS MANUAL OF OPERATIONS (MOP) ISSUED BY THE**  
40   **DEPARTMENT OF HEALTH (DOH). THE MOP SHALL SERVE AS THE**  
41   **COMPREHENSIVE GUIDE FOR THE PLANNING, IMPLEMENTATION,**  
42   **MONITORING, AND EVALUATION OF TB PROGRAMS AND SERVICES. THE**  
43   **COMPLIANCE ENSURES STANDARDIZATION OF PRACTICES, QUALITY**  
44   **ASSURANCE, AND THE ATTAINMENT OF THE GOALS SET FORTH IN THE**  
45   **NATIONAL TB CONTROL PROGRAM.**

1 THE DOH SHALL CREATE AN OVERSIGHT COMMITTEE TO ENSURE  
2 COMPLIANCE AND IMPLEMENTATION OF THE MOP.”

3 SEC. 20. A new section denominated as Section 29 of the same act is added to read as  
4 follows:

5 “Section 29. ENSURING ACCESSIBILITY, AVAILABILITY, ACCEPTABILITY,  
6 AND QUALITY (AAAQ) OF TB RESPONSE AND SERVICES. - THE  
7 DEPARTMENT OF HEALTH (DOH), IN COLLABORATION WITH LOCAL  
8 GOVERNMENT UNITS, SHALL ENSURE THAT TB RESPONSE AND  
9 SERVICES ADHERE TO THE PRINCIPLES OF ACCESSIBILITY,  
10 AVAILABILITY, ACCEPTABILITY, AND QUALITY (AAAQ). THIS INVOLVES  
11 MAKING TB SERVICES PHYSICALLY AND ECONOMICALLY ACCESSIBLE  
12 TO ALL, ENSURING THEIR CONTINUOUS AVAILABILITY, PROMOTING  
13 CULTURAL AND SOCIAL ACCEPTABILITY, AND MAINTAINING HIGH  
14 STANDARDS OF QUALITY IN DIAGNOSIS, TREATMENT, AND SUPPORT  
15 SERVICES. REGULAR MONITORING AND EVALUATION MECHANISMS  
16 SHALL BE ESTABLISHED TO ASSESS AND ENHANCE THE AAAQ  
17 STANDARDS ACROSS ALL LEVELS OF TB SERVICE DELIVERY.”

18 SEC. 21. A new section denominated as Section 30 of the same act is added to read as follows:

19 “Section 30. PENALTIES FOR ACTS OF DISCRIMINATION. - ANY PERSON OR  
20 ENTITY FOUND GUILTY OF DISCRIMINATORY PRACTICES BASED ON  
21 ACTUAL OR PERCEIVED TB STATUS, AGE, SEX, SEXUAL ORIENTATION,  
22 GENDER IDENTITY, ECONOMIC STATUS, DISABILITY, AND ETHNICITY,  
23 HINDERING THE EFFECTIVENESS OF THE TB RESPONSE, SHALL SUFFER  
24 the penalty of not less than one (1) year but not more than six (6) years imprisonment or a  
25 fine of not more than Five Hundred Thousand Philippine Pesos (PhP500,000.00), or both,  
26 in the discretion of the court, and taking into consideration the circumstances and gravity  
27 of the offense.

28 SEC. 22. A new section denominated as Section 31 of the same act is added to read as  
29 follows:

30 “Section 31. PENALTIES AND SANCTIONS. - THE FOLLOWING PENALTIES  
31 AND SANCTIONS ARE HEREBY ESTABLISHED FOR OFFENSES  
32 ENUMERATED IN THIS ACT:

33 (A) ANY PERSON FOUND GUILTY OF VIOLATING SECTION 14 OF THIS  
34 ACT SHALL SUFFER THE PENALTY OF *ARRESTO MAYOR* IN ITS MINIMUM  
35 PERIOD AND A FINE OF NOT LESS THAN ONE HUNDRED THOUSAND PESOS  
36 (PHP100,000.00) BUT NOT MORE THAN THREE HUNDRED THOUSAND PESOS  
37 (PHP300,000.00)

38 (B) ANY PERSON FOUND GUILTY OF VIOLATING SECTION 15 OF THIS  
39 ACT SHALL SUFFER THE PENALTY OF *ARRESTO MAYOR* IN ITS MINIMUM  
40 PERIOD AND A FINE OF NOT LESS THAN ONE HUNDRED THOUSAND PESOS  
41 (PHP100,000.00) BUT NOT MORE THAN THREE HUNDRED THOUSAND PESOS  
42 (PHP300,000.00)

1 (C) ANY PERSON FOUND GUILTY OF VIOLATING SECTION 22 OF THIS  
2 ACT SHALL SUFFER THE PENALTY OF *ARRESTO MAYOR* IN ITS MINIMUM  
3 PERIOD AND A FINE OF NOT LESS THAN ONE HUNDRED THOUSAND PESOS  
4 (PHP100,000.00) BUT NOT MORE THAN THREE HUNDRED THOUSAND PESOS  
5 (PHP300,000.00)

6 (D) ANY PERSON FOUND GUILTY OF VIOLATING SECTION 26 OF THIS  
7 ACT SHALL SUFFER THE PENALTY OF *ARRESTO MAYOR* IN ITS MINIMUM  
8 PERIOD AND A FINE OF NOT LESS THAN ONE HUNDRED THOUSAND PESOS  
9 (PHP100,000.00) BUT NOT MORE THAN THREE HUNDRED THOUSAND PESOS  
10 (PHP300,000.00)

11 (A) ANY PERSON FOUND GUILTY OF CREATING AND SPREADING  
12 FALSE INFORMATION ABOUT TB SHALL SUFFER THE PENALTY  
13 OF *ARRESTO MAYOR* IN ITS MINIMUM PERIOD AND A FINE OF NOT LESS  
14 THAN ONE HUNDRED THOUSAND PESOS (PHP100,000.00) BUT NOT MORE  
15 THAN THREE HUNDRED THOUSAND PESOS (PHP300,000.00)

16  
17 SEC. 23. A new section denominated as Section 32 of the same act is added to read as  
18 follows:

19 "Section 32. CELEBRATION OF WORLD TB DAY - MARCH 24 SHALL BE  
20 DESIGNATED AS WORLD TUBERCULOSIS (TB) DAY IN THE PHILIPPINES.  
21 THE DEPARTMENT OF HEALTH (DOH) SHALL LEAD IN THE  
22 ORGANIZATION OF ACTIVITIES AND EVENTS NATIONWIDE TO RAISE  
23 AWARENESS ABOUT TB, PROMOTE PREVENTION AND CONTROL  
24 MEASURES, AND HIGHLIGHT THE IMPORTANCE OF ADDRESSING TB AS A  
25 PUBLIC HEALTH PRIORITY. LGUS, SCHOOLS, CIVIL SOCIETY  
26 ORGANIZATIONS, AND OTHER RELEVANT STAKEHOLDERS ARE  
27 ENCOURAGED TO PARTICIPATE IN WORLD TB DAY ACTIVITIES TO  
28 SUPPORT EFFORTS IN TB CONTROL AND ELIMINATION."

29 SEC. 24. A new section denominated as Section 33 of the same act is added to read as  
30 follows:

31 "Section 33. PRIVILEGES FOR TB PATIENTS - TB PATIENTS SHALL BE  
32 ENTITLED TO A 12% VAT EXCEMPTION ON FOOD, MEDICATIONS,  
33 VITAMINS, TRANSPORTATION IN CONSIDERATION OF THE TEMPORARY  
34 LOSS OF INCOME WHILE ON TREATMENT, SUBJECT TO THE GUIDELINES  
35 TO BE DEVELOPED BY THE DEPARTMENT OF HEALTH (DOH) AND  
36 RELEVANT GOVERNMENT AGENCIES. THE DOH SHALL COORDINATE  
37 WITH ESTABLISHMENTS AND SERVICE PROVIDERS TO ENSURE THE  
38 IMPLEMENTATION OF THESE PRIVILEGES FOR TB PATIENTS."

39 SEC. 25. A new section denominated as Section 34 of the same act is added to read as  
40 follows:

41 "Section 34. FREE VACCINES AND VITAMINS FOR TB PATIENTS - TB  
42 PATIENTS SHALL BE PROVIDED WITH FREE FLU AND PNEUMONIA  
43 VACCINES, AS WELL AS ESSENTIAL VITAMINS, TO SUPPORT THEIR

1 **OVERALL HEALTH AND WELL-BEING DURING THE COURSE OF THEIR**  
2 **TREATMENT. THE DEPARTMENT OF HEALTH (DOH) SHALL ENSURE THE**  
3 **AVAILABILITY AND DISTRIBUTION OF THESE VACCINES AND VITAMINS**  
4 **TO TB PATIENTS THROUGH DESIGNATED HEALTHCARE FACILITIES AND**  
5 **PROGRAMS.”**

6 **SEC. 26.** A new section denominated as Section 35 of the same act is added to read as  
7 follows:

8 **“Section 35. UTILIZATION OF SEPARATE FUNDS FOR TB TREATMENT IN**  
9 **BARANGAYS - BARANGAYS SHALL ALLOCATE SEPARATE FUNDS**  
10 **SPECIFICALLY DESIGNATED FOR THE TREATMENT AND MANAGEMENT**  
11 **OF TUBERCULOSIS (TB) WITHIN THEIR RESPECTIVE JURISDICTIONS.**  
12 **THESE FUNDS SHALL BE UTILIZED TO SUPPORT TB PREVENTION,**  
13 **DETECTION, TREATMENT, AND CONTROL PROGRAMS, INCLUDING BUT**  
14 **NOT LIMITED TO, THE PROVISION OF NECESSARY MEDICATIONS,**  
15 **DIAGNOSTIC TESTS, AND HEALTHCARE SERVICES FOR TB PATIENTS. THE**  
16 **BARANGAY HEALTH COMMITTEES SHALL OVERSEE THE PROPER**  
17 **ALLOCATION AND UTILIZATION OF THESE FUNDS IN ACCORDANCE WITH**  
18 **GUIDELINES PROVIDED BY THE DEPARTMENT OF HEALTH (DOH) AND**  
19 **OTHER RELEVANT AUTHORITIES.”**

20 **SEC. 27.** A new section denominated as Section 36 of the same act is added to read as  
21 follows:

22 **“Section 36. CONTINUOUS ENGAGEMENT IN DEVELOPMENT OF TB**  
23 **VACCINES AND MEDICATIONS - THE DEPARTMENT OF HEALTH (DOH),**  
24 **THROUGH ITS RELEVANT DEPARTMENTS AND UNITS, SHALL MAINTAIN**  
25 **CONTINUOUS ENGAGEMENT IN THE RESEARCH, DEVELOPMENT, AND**  
26 **PROCUREMENT OF VACCINES AND OTHER MEDICATIONS FOR THE**  
27 **PREVENTION, DIAGNOSIS, AND TREATMENT OF TUBERCULOSIS (TB). THIS**  
28 **INCLUDES ACTIVE PARTICIPATION IN INTERNATIONAL**  
29 **COLLABORATIONS, PARTNERSHIPS, AND INITIATIVES AIMED AT**  
30 **ADVANCING SCIENTIFIC KNOWLEDGE, INNOVATION, AND ACCESS TO TB**  
31 **VACCINES AND MEDICATIONS. THE DOH SHALL ALLOCATE ADEQUATE**  
32 **RESOURCES AND SUPPORT TO FACILITATE RESEARCH EFFORTS,**  
33 **CLINICAL TRIALS, AND REGULATORY PROCESSES NECESSARY FOR THE**  
34 **DEVELOPMENT AND APPROVAL OF SAFE, EFFECTIVE, AND ACCESSIBLE**  
35 **TB INTERVENTIONS.”**

36 **SEC. 28.** A new section denominated as Section 37 of the same Act is added to read as  
37 follows:

38 **“Section 37. ANNUAL REPORT. – THE DOH, IN COORDINATION WITH OTHER**  
39 **RELEVANT NGAS AND LGUS, SHALL PREPARE AN ANNUAL REPORT ON**  
40 **THE STATUS OF THE IMPLEMENTATION OF THE PROGRAM, AND**  
41 **RECOMMEND NECESSARY POLICIES FOR THE EFFECTIVE**  
42 **IMPLEMENTATION OF THIS ACT.**

43 **THIS REPORT SHALL BE SUBMITTED TO THE PRESIDENT OF THE**  
44 **PHILIPPINES, THE SENATE PRESIDENT, THE HOUSE SPEAKER, AND THE**  
45 **CHAIRPERSONS OF THE COMMITTEE ON HEALTH AND DEMOGRAPHY OF**

1 **THE SENATE OF THE PHILIPPINES, AND THE COMMITTEE ON HEALTH OF**  
2 **THE HOUSE OF REPRESENTATIVES.**

3 **SEC. 29.** Sections 17, 18, 19 are hereby numbered as Sections a, b, and c, respectively.

4 **SEC. 30.** Separability Clause. – If any provision or part hereof is held invalid or declared  
5 unconstitutional, the other provisions which are not affected thereby shall continue to be in  
6 full force and effect.

7 **SEC. 31.** Repealing Clause. – Any law, presidential decree or issuance, executive order,  
8 letter of instruction, administrative order, rule or regulation contrary to or inconsistent with  
9 the provisions of this Act is hereby repealed, modified or amended accordingly.

10 **SEC. 32.** Effectivity. – This Act shall take effect fifteen (15) days after its publication in  
11 the Official Gazette or in a newspaper of general circulation.

*Approved,*