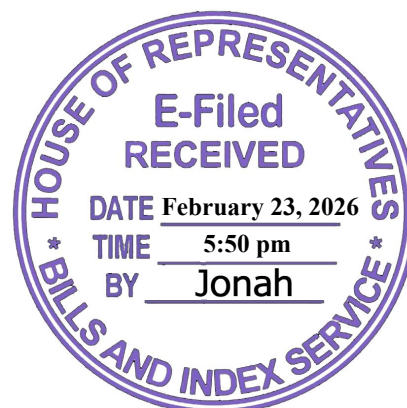


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session



HOUSE BILL NO. 7981

**Introduced by AKBAYAN Representatives PERCIVAL V. CENDAÑA,
JOSE MANUEL TADEO "CHEL" I. DIOKNO, and DADAH KIRAM ISMULA and
Dinagat Islands Representative KAKA BAG-AO**

**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**

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 does not only cause 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.

In light of the foregoing, the immediate passage of this measure is earnestly sought.



PERCIVAL V. CENDAÑA
Akbayan Representative



JOSE MANUEL TADEO
"CHEL" I. DIOKNO
Akbayan Representative



DADAN KIRAM ISMULA
Akbayan Representative



KAKA BAG-AO
Dinagat Islands Representative

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ELIMINATION PLAN ACT**

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

1 SECTION 1. Section 2 of the same act is hereby amended to read as follows:
2

3 "Section 2. Declaration of Policy. –
4

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

10
11 **B) POLICIES AND PRACTICES THAT DISCRIMINATE BASED ON
12 ACTUAL OR PERCEIVED TB STATUS, AGE, SEXUAL ORIENTATION,
13 GENDER IDENTITY, GENDER EXPRESSION AND SEX
14 CHARACTERISTIC (SOGIESC), ECONOMIC STATUS, DISABILITY, AND
15 ETHNICITY HINDER THE EFFECTIVENESS OF THE TB RESPONSE AND
16 ARE DEEMED INIMICAL TO PUBLIC INTEREST."**
17

18 SECTION 2. Section 4 of the same Act is hereby amended to read as follows:
19

20 "Section 4. Comprehensive Philippine Plan of Action to Eliminate Tuberculosis.
21 - The Secretary of the Department of Health (DOH) shall establish a
22 Comprehensive Philippine Plan of Action to Eliminate Tuberculosis in

consultation with appropriate public and private entities, **INCLUDING BARANGAY COUNCILS, SANGGUNIANG KABATAAN (SK), BARANGAY HEALTH WORKERS (BHWS), CIVIL SOCIETY ORGANIZATIONS (CSOS) WORKING ON TB, INCLUDING ORGANIZATIONS OF TB PATIENTS AND SURVIVORS.**

THE COMPREHENSIVE PLAN OF ACTION TO ELIMINATE TUBERCULOSIS SHALL COVER A PERIOD OF SIX (6) YEARS FROM THE DATE OF ENACTMENT OF THIS ACT. FOLLOWING THE INITIAL SIX-YEAR TIMEFRAME, THE COMPREHENSIVE PLAN OF ACTION TO ELIMINATE TUBERCULOSIS SHALL BE SUBJECT TO PERIODIC REVIEW EVERY THREE (3) YEARS THEREAFTER. THESE REVIEWS SHALL ASSESS THE EFFECTIVENESS OF THE PLAN, IDENTIFY ANY CHALLENGES OR SHORTCOMINGS, AND PROPOSE AMENDMENTS OR ENHANCEMENTS AS NECESSARY TO ACHIEVE THE GOAL OF TB ELIMINATION.

The Philippine Plan of Action shall consist of the following:

XXX"

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

"Section 8. Education Programs. - The **CHAIRPERSON OF THE COMMISSION ON HIGHER EDUCATION (CHED)** [~~Secretary of Health~~], in coordination with the **SECRETARY OF THE DEPARTMENT OF HEALTH (DOH)** [~~Commission on Higher Education (CHED)~~], shall encourage the faculty of schools of medicine, nursing, or medical technology, and allied health institutions, 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."

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

"Section 9. Inclusion in Basic Education. - The Secretary of **THE DEPARTMENT OF EDUCATION (DEPED)** [~~Health~~], in coordination with the Secretary of the Department of **HEALTH (DOH)** [~~Education (DepED)~~], shall **ENSURE** [~~work for~~] the inclusion of modules on the principles and practices of preventing, detecting, managing, and controlling tuberculosis, **THE RIGHTS AND RESPONSIBILITIES OF PEOPLE AFFECTED BY TUBERCULOSIS, AND TUBERCULOSIS-RELATED STIGMA AND DISCRIMINATION REDUCTION EDUCATION IN THE BASIC EDUCATION** in the [~~health~~] curriculum [~~of every public and private elementary and high school~~]. **TEACHERS SHALL UNDERGO TRAINING TO EQUIP THEM WITH INFORMATION ABOUT TUBERCULOSIS, AND INFORMATION ABOUT TUBERCULOSIS SHALL BE INTEGRATED INTO SUBJECTS SUCH AS MUSIC, ARTS, PHYSICAL EDUCATION, AND HEALTH (MAPEH).**"

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

"Sec. 10. Media Campaign. - The **DIRECTOR-GENERAL OF THE PHILIPPINE INFORMATION AGENCY (PIA)** ~~[Secretary of Health]~~, in coordination with the **SECRETARY OF THE DOH** ~~[Philippine Information Agency (PIA)]~~, shall **MANDATE** ~~[encourage]~~ local media outlets to launch a **MASSIVE, NATIONWIDE, CONSISTENT, AND SUSTAINED** media campaign on tuberculosis control, treatment, and management, using all forms of multimedia and other electronic means of communication. **THIS CAMPAIGN SHALL ALSO INCLUDE INFORMATION ABOUT MULTIDRUG-RESISTANT TUBERCULOSIS (MDR-TB).**

The media campaign shall include materials that would discourage the general public from spitting in public places and exhibiting unhygienic behavior that tend to undermine the overall effort of preventing the spread of the disease."

Section 6. Section 13 of the same Act is hereby amended to read as follows:

"Section 13. PhilHealth TB Package. - The Philippine Health Insurance Corporation, otherwise known as the PhilHealth, shall, as far as practicable, expand its benefits package for TB patients to include new, relapse, and return-after-default cases, **MULTIDRUG RESISTANT TB (MDR-TB), AND DRUG-SENSITIVE TB (DS-TB)** ~~[and extension of treatment]~~.

~~[The PhilHealth shall enhance its present outpatient Directly Observed Treatment Short Course (DOTS) package to make it more responsive to patients' needs. It shall likewise increase the number of accredited DOTS facilities to widen target beneficiaries who may avail of reimbursements.]~~

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

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

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

PHILHEALTH COVERAGE FOR TB PATIENTS SHALL BE EXPANDED TO COVER THE FOLLOWING:

1. ALL LABORATORIES OF PATIENTS: IT IS HEREBY MANDATED THAT ALL LABORATORY SERVICES REQUIRED FOR THE DIAGNOSIS AND MANAGEMENT OF PATIENTS, INCLUSIVE OF BUT NOT LIMITED TO X-RAY AND SPUTUM EXAMINATIONS, SHALL BE COVERED UNDER PHILHEALTH. THIS PROVISION AIMS TO ENSURE COMPREHENSIVE ACCESS TO DIAGNOSTIC TOOLS ESSENTIAL FOR THE EFFECTIVE MANAGEMENT OF TUBERCULOSIS (TB) AND OTHER HEALTH CONDITIONS.
2. MENTAL HEALTH CHECK-UPS AND TREATMENT: PHILHEALTH COVERAGE SHALL EXTEND TO MENTAL HEALTH CHECK-UPS AND TREATMENT SERVICES, INCLUDING COUNSELING, THERAPY, AND MEDICATION, TO ADDRESS THE PSYCHOLOGICAL WELL-BEING OF PATIENTS AFFECTED BY TB AND OTHER MENTAL HEALTH CONDITIONS. THIS INITIATIVE AIMS TO INTEGRATE MENTAL HEALTH SUPPORT INTO THE HOLISTIC CARE OF PATIENTS AND ENHANCE OVERALL TREATMENT OUTCOMES.
3. OPHTHALMOLOGIST REFERRAL, CHECK-UPS, AND TREATMENT: PHILHEALTH COVERAGE SHALL ENCOMPASS OPHTHALMOLOGIST REFERRALS, CHECK-UPS, AND TREATMENT SERVICES FOR PATIENTS EXPERIENCING OCULAR MANIFESTATIONS OR COMPLICATIONS ASSOCIATED WITH TB AND OTHER HEALTH CONDITIONS. THIS PROVISION ENSURES ACCESS TO SPECIALIZED EYE CARE TO PREVENT, DIAGNOSE, AND MANAGE OCULAR COMPLICATIONS EFFECTIVELY.
4. AFTERCARE FOR TB SURVIVORS: PHILHEALTH COVERAGE SHALL INCLUDE AFTERCARE SERVICES FOR TB SURVIVORS, ADDRESSING ONGOING AND IRREVERSIBLE SIDE EFFECTS RESULTING FROM TB MEDICATIONS. THIS PROVISION AIMS TO SUPPORT PATIENTS IN MANAGING AND MITIGATING LONG-TERM ADVERSE EFFECTS, ENSURING THEIR OVERALL HEALTH AND QUALITY OF LIFE POST-TREATMENT.
5. FREE OR COVERED MEDICATIONS: PHILHEALTH SHALL PROVIDE COVERAGE FOR FREE OR SUBSIDIZED MEDICATIONS, INCLUDING ANCILLARY DRUGS REQUIRED FOR THE MANAGEMENT OF ADVERSE REACTIONS RESULTING FROM TB MEDICATIONS. THIS INITIATIVE AIMS TO ALLEVIATE THE FINANCIAL BURDEN ON PATIENTS AND PROMOTE ADHERENCE TO TREATMENT REGIMENS, THEREBY IMPROVING TREATMENT OUTCOMES AND REDUCING THE RISK OF TREATMENT INTERRUPTION."

Section 7. A new section denominated as Section 14 is added to read as follows:

"SECTION 14. PATIENTS' RIGHTS AND RESPONSIBILITIES. – A PERSON WITH TB SHALL HAVE THE FOLLOWING RIGHTS:

- 1. ACCESS TO LIVELIHOOD AND PSYCHOSOCIAL SUPPORT, EXTENDED MEMBERS OF THE PATIENT'S HOUSEHOLD.**
- 2. FREE X-RAY FOR INDIGENT PATIENTS.**
- 3. FREE FOLLOW-UP EVERY SIX MONTHS FOR DSTB AND DRTB PATIENTS.**
- 4. ACCESS TO CASE MANAGERS.**
- 5. RIGHT TO CONFIDENTIALITY OF MEDICAL RECORDS.**
- 6. RIGHT TO INFORMATION REGARDING TB HEALTHCARE SERVICES.**
- 7. RIGHT TO WORK:**
 - (A) PATIENTS CAN WORK DESPITE ONGOING MEDICATION/TREATMENT AS LONG AS THEY SUBMIT A "FIT TO WORK" FORM FROM THEIR PULMONOLOGIST.**
 - (B) IF A PATIENT PRESENTS A NEGATIVE SPUTUM RESULT FOR TB AND IS NO LONGER INFECTIOUS WITH A FIT TO WORK FORM FROM THEIR DOCTOR, THEN THEY SHOULD BE ALLOWED TO GO BACK TO WORK.**
 - (C) IF A PATIENT IS NEGATIVE ON THEIR SPUTUM RESULT FOR AT LEAST 3 CONSECUTIVE MONTHS, THEY SHOULD BE ALLOWED TO GO BACK TO WORK BY THEIR PULMONOLOGIST."**

Section 8. A new section denominated as Section 15 is added to read as follows:

"SECTION 15. SERVICE DELIVERY NETWORK (SDN). - THE DOH, THROUGH ITS REGIONAL OFFICES AND IN COORDINATION WITH LGUS, SHALL INTEGRATE AND STRENGTHEN THE PROVISION OF TB SERVICES INTO ESTABLISHED SDNS FOR LOCAL HEALTH REFERRAL SYSTEM, WHICH SHALL NOT BE RESTRICTED WITHIN THE GEOGRAPHIC OR POLITICAL BOUNDARIES OF LGUS. COLLABORATION ACROSS LGUS SHALL BE ENCOURAGED.

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

THE SDN SHALL BE A NETWORK OF FACILITIES RANGING FROM BARANGAY HEALTH STATIONS (BHS), RURAL HEALTH UNITS (RHUS), DISTRICT AND/OR CITY HOSPITALS, TO THE PROVINCIAL AND/OR DOH RETAINED HOSPITALS. THE DOH AND LGUS MAY ENGAGE PRIVATE HEALTH FACILITIES OR PROVIDES TO FORM PART OF THE SDN."

Section 9. A new section denominated as Section 16 is added to read as follows:

1
2 **"SECTION 16. PRIVATE HEALTH FACILITIES FOR TB-DOTS. - IN**
3 **ORDER TO ENHANCE AND MAXIMIZE THE PARTICIPATION OF**
4 **PRIVATE HEALTH FACILITIES IN TB CONTROL, IT IS HEREBY**
5 **MANDATED THAT ALL PRIVATE HEALTH FACILITIES SEEK**
6 **ACCREDITATION FROM PHILHEALTH AS TB-DOTS PROVIDERS.**
7 **ADDITIONALLY, AS A PREREQUISITE FOR ACCREDITATION, ALL**
8 **DOCTORS AND SERVICE PROVIDERS RESPONSIBLE FOR TB CARE,**
9 **WHETHER IN PUBLIC OR PRIVATE SETTINGS, MUST UNDERGO**
10 **COMPREHENSIVE TRAINING OR RECEIVE UPDATED/RENEWED**
11 **TRAINING TO ENSURE ACCURATE DIAGNOSIS AND PRESCRIPTION**
12 **PRACTICES."**

13
14 Section 10. A new section denominated as Section 17 is added to read as follows:

15
16 **"SECTION 17. MOBILIZATION. - THE DEPARTMENT OF HEALTH**
17 **(DOH), IN COLLABORATION WITH LOCAL GOVERNMENT UNITS**
18 **(LGUS), OTHER RELEVANT GOVERNMENT AGENCIES, THE PRIVATE**
19 **SECTOR, PUBLIC SCHOOLS, CIVIL SOCIETY ORGANIZATIONS, AND**
20 **ORGANIZATIONS REPRESENTING TB PATIENTS AND SURVIVORS,**
21 **SHALL LEAD THE MOBILIZATION EFFORTS AIMED AT RAISING**
22 **PUBLIC AWARENESS AND REDUCING STIGMA ASSOCIATED WITH**
23 **TUBERCULOSIS.**

24
25 **FURTHERMORE, TO FACILITATE THE EFFECTIVE ENGAGEMENT OF**
26 **NON-GOVERNMENTAL ORGANIZATIONS (NGOS) AND PEOPLE'S**
27 **SUPPORT GROUPS (PSGS) IN THE MOBILIZATION PROCESS,**
28 **ADEQUATE BUDGETARY ALLOCATIONS SHALL BE PROVIDED OR**
29 **MECHANISMS SHALL BE ESTABLISHED TO ENSURE THAT THESE**
30 **ENTITIES HAVE ACCESS TO FUNDS WITHIN THEIR RESPECTIVE**
31 **LGUS. ADDITIONALLY, ORGANIZATIONS REPRESENTING TB**
32 **PATIENTS AND SURVIVORS SHALL BE ACTIVELY INVOLVED IN THE**
33 **PLANNING, IMPLEMENTATION, MONITORING, AND EVALUATION OF**
34 **POLICIES AND PROGRAMS THAT DIRECTLY IMPACT THEM. THEY**
35 **SHALL ALSO BE CAPACITATED AND SUPPORTED BY THE NATIONAL**
36 **AND LOCAL TB PROGRAMS TO CONDUCT COMMUNITY-LED TB**
37 **PROGRAMS AND SERVICES."**

38
39 Section 11. A new section denominated as Section 18 is added to read as follows:

40
41 **"SECTION 18. INSTITUTIONALIZATION OF TB CASE FINDING IN**
42 **BARANGAYS. - THE DEPARTMENT OF HEALTH (DOH), IN**
43 **COLLABORATION WITH LOCAL GOVERNMENT UNITS (LGUS), SHALL**
44 **INSTITUTIONALIZE TB CASE FINDING ACTIVITIES AT THE**
45 **BARANGAY LEVEL. THIS SHALL INCLUDE THE TRAINING AND**
46 **DEPLOYMENT OF BARANGAY HEALTH WORKERS (BHWS) AND OTHER**
47 **FRONTLINE HEALTH WORKERS TO ACTIVELY SCREEN FOR TB**
48 **SYMPTOMS, CONDUCT SPUTUM MICROSCOPY TESTS, AND**

1 FACILITATE REFERRALS TO HEALTH FACILITIES FOR DIAGNOSIS
2 AND TREATMENT. LGUS SHALL ALLOCATE RESOURCES AND SUPPORT
3 TO ENSURE THE SUSTAINABILITY OF TB CASE FINDING EFFORTS IN
4 BARANGAYS, WITH THE AIM OF DETECTING AND TREATING TB
5 CASES AT THE EARLIEST POSSIBLE STAGE TO PREVENT
6 TRANSMISSION AND IMPROVE TREATMENT OUTCOMES."

7
8 Section 12. A new section denominated as Section 19 is added to read as follows:
9

10 "SECTION 19. PERSONNEL COMPLEMENT. – TO ENSURE THE
11 EFFECTIVE IMPLEMENTATION OF THIS ACT, THE DEPARTMENT OF
12 HEALTH (DOH) SHALL ENSURE THAT THERE IS AN ADEQUATE
13 COMPLEMENT OF COMPETENT AND QUALIFIED STAFF AND ALLIED
14 PROFESSIONALS WHO SHALL EFFECTIVELY CARRY OUT THE
15 OBJECTIVES OF THE TB ELIMINATION PROGRAM. IN ADDITION TO
16 CONVENTIONAL STAFFING, COMMUNITY MEMBERS, INCLUDING
17 SURVIVORS AND MEMBERS OF TB KEY POPULATIONS, SHALL BE
18 ACTIVELY ENGAGED AND EMPLOYED WHERE APPROPRIATE TO
19 ENHANCE COMMUNITY INVOLVEMENT AND OWNERSHIP OF TB
20 SERVICES.

21
22 THE FORMULATION OF QUALIFICATION STANDARDS FOR THE STAFF
23 COMPLEMENT MUST ADHERE TO CIVIL SERVICE RULES AND
24 REGULATIONS. THE SECRETARY OF THE DOH SHALL SUBMIT
25 PROPOSED ORGANIZATIONAL AND STAFFING MODIFICATIONS TO
26 THE DEPARTMENT OF BUDGET AND MANAGEMENT (DBM) FOR
27 REVIEW AND APPROVAL.

28
29 FURTHERMORE, ALL DOH EMPLOYEES AND STAFF INVOLVED IN THE
30 TB ELIMINATION PROGRAM SHALL PARTICIPATE IN CAPACITY-
31 BUILDING PROGRAMS AND ACTIVITIES AIMED AT BOOSTING
32 COMPETENCE AND SKILL PROFICIENCY. THESE PROGRAMS SHALL
33 INCLUDE SENSITIZATION COURSES ON TB-RELATED STIGMA AND
34 DISCRIMINATION AND THE RIGHTS OF PEOPLE AFFECTED BY TB."

35
36 Section 13. A new section denominated as Section 20 is added to read as follows:
37

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

46
47 THE MEDIUM-TERM PLAN SHALL INCLUDE A DETAILED BUDGET
48 ALLOCATION FOR IMPLEMENTING ACTIVITIES OR PROGRAMS

1 STATED THEREIN, SPECIFYING THE FUNDING SOURCE AND THE
2 RESPONSIBLE ENTITY FOR PROVIDING IT. MOREOVER, IT SHALL
3 DELINEATE THE ROLES AND RESPONSIBILITIES OF RELEVANT
4 GOVERNMENT AGENCIES AND STAKEHOLDERS INVOLVED IN THE
5 IMPLEMENTATION OF THE PLAN, ENSURING SEAMLESS
6 COORDINATION AND COLLABORATION ACROSS SECTORS.

7
8 FURTHERMORE, THE MEDIUM-TERM PLAN SHALL UNDERGO
9 PERIODIC REVIEW AND UPDATING TO ENSURE ITS ALIGNMENT
10 WITH THE EVOLVING LANDSCAPE OF TUBERCULOSIS CONTROL AND
11 ELIMINATION EFFORTS.

12
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
18 PRIMARY GOVERNMENT AGENCY RESPONSIBLE FOR HEALTH
19 POLICY FORMULATION, PLANNING, REGULATION, AND
20 PROGRAM 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
27 EXECUTION OF THE MEDIUM-TERM PLAN AND COORDINATION
28 WITH VARIOUS STAKEHOLDERS.
29
- 30 3. PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH):
31 PHILHEALTH SHALL BE INVOLVED IN THE FINANCING ASPECT OF
32 TB CONTROL PROGRAMS FOR TB PATIENTS, INCLUDING
33 PROVIDING COVERAGE FOR TB-RELATED SERVICES.
34
- 35 4. LOCAL GOVERNMENT UNITS (LGUS): LGUS SHALL PLAY A
36 CRUCIAL ROLE IN IMPLEMENTING HEALTH PROGRAMS AT THE
37 LOCAL LEVEL. LGUS WOULD BE RESPONSIBLE FOR
38 IMPLEMENTING TB CONTROL ACTIVITIES WITHIN THEIR
39 JURISDICTIONS, INCLUDING CASE FINDING, TREATMENT, AND
40 MONITORING.
41
- 42 5. DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT (DSWD);
43 DSWD SHALL BE INVOLVED IN PROVIDING SUPPORT TO
44 VULNERABLE POPULATIONS AFFECTED BY TB, SUCH AS
45 THROUGH SOCIAL WELFARE PROGRAMS AND ASSISTANCE TO TB
46 PATIENTS AND THEIR FAMILIES.
47

- 1 **6. DEPARTMENT OF EDUCATION (DEPED), COMMISSION ON**
2 **HIGHER EDUCATION (CHED), AND TECHNICAL EDUCATION AND**
3 **SKILLS DEVELOPMENT AUTHORITY (TESDA): THESE AGENCIES**
4 **SHALL BE INVOLVED IN TB CONTROL EFFORTS THROUGH**
5 **EDUCATION AND AWARENESS CAMPAIGNS IN SCHOOLS,**
6 **UNIVERSITIES, AND TRAINING INSTITUTIONS.**
7
8 **7. CIVIL SOCIETY ORGANIZATIONS (CSOS) AND NON-**
9 **GOVERNMENTAL ORGANIZATIONS (NGOS): VARIOUS CSOS AND**
10 **NGOS, IN COORDINATION WITH THE DOH AND NTP, SHALL BE**
11 **INVOLVED IN TB CONTROL EFFORTS, INCLUDING ADVOCACY,**
12 **COMMUNITY ENGAGEMENT, AND PROVIDING SUPPORT**
13 **SERVICES TO TB PATIENTS.**
14
15 **8. PRIVATE SECTOR PARTNERS: PRIVATE HEALTHCARE**
16 **PROVIDERS, HOSPITALS, LABORATORIES, PHARMACEUTICAL**
17 **COMPANIES, AND OTHER PRIVATE SECTOR ENTITIES SHALL BE**
18 **ENGAGED IN TB CONTROL EFFORTS THROUGH PUBLIC-PRIVATE**
19 **PARTNERSHIPS, PROVISION OF SERVICES, AND SUPPORT FOR**
20 **RESEARCH AND DEVELOPMENT."**

21
22 Section 14. A new section denominated as Section 21 of the same act is added 17 to
23 read as follows:
24

25 **"SECTION 21. OTHER SOURCES OF FUNDS. - THE NATIONAL**
26 **GOVERNMENT SHALL PRIORITIZE THE OUTSOURCING OF FUNDS**
27 **FOR THIS ACT THROUGH NEGOTIATION AND UTILIZATION OF**
28 **CONCESSIONAL OFFICIAL DEVELOPMENT ASSISTANCE (ODA),**
29 **OTHER SOURCES OF FUNDS SUCH AS GRANTS, DONATIONS,**
30 **COLLECTIONS, AND OTHER FORMS OF ASSISTANCE FROM LOCAL**
31 **AND FOREIGN DONORS OR OTHER PUBLIC OR PRIVATE ENTITIES.**
32 **OTHER PRIVATE DOMESTIC AND INTERNATIONAL SOURCES MAY BE**
33 **TAPPED AND FACILITATED BY THE DOH TO SUPPORT THE HEALTH**
34 **SERVICES UNDER THIS ACT, SUBJECT TO THE REGULAR**
35 **ACCOUNTING AND PROCEDURES: PROVIDED THAT IN CASE OF**
36 **DONATIONS FROM FOREIGN SOURCES, ACCEPTANCE THEREOF**
37 **SHALL BE SUBJECT TO EXISTING GOVERNMENT RULES AND**
38 **REGULATIONS."**
39

40 Section 15. A new section denominated as Section 22 of the same act is added to read
41 as follows:
42

43 **"SECTION 22. WORKPLACE POLICIES FOR TB PREVENTION. - THE**
44 **CIVIL SERVICE COMMISSION (CSC) SHALL MANDATE ALL**
45 **GOVERNMENT AGENCIES/OFFICES, INCLUDING UNIFORMED**
46 **SERVICES, TO ESTABLISH COMPREHENSIVE WORKPLACE POLICIES**
47 **AND PROGRAMS FOR TUBERCULOSIS PREVENTION. THESE POLICIES**
48 **SHALL INCLUDE MEASURES FOR THE IDENTIFICATION,**

1 **PREVENTION, AND MANAGEMENT OF TUBERCULOSIS IN THE**
2 **WORKPLACE. THE CSC SHALL WORK IN COORDINATION WITH THE**
3 **DEPARTMENT OF HEALTH (DOH) TO ENSURE THE EFFECTIVE**
4 **IMPLEMENTATION AND MONITORING OF THESE WORKPLACE**
5 **POLICIES AND PROGRAMS."**

6
7 Section 16. A new section denominated as Section 23 of the same act is added to read
8 as follows:
9

10 **"SECTION 23. WORKPLACE POLICIES/PROGRAMS FOR TB IN**
11 **PRIVATE COMPANIES. - THE DEPARTMENT OF LABOR AND**
12 **EMPLOYMENT (DOLE) IS MANDATED TO COMPEL PRIVATE**
13 **COMPANIES TO ESTABLISH AND EXECUTE WORKPLACE POLICIES**
14 **AND PROGRAMS ADDRESSING TUBERCULOSIS (TB). THESE**
15 **POLICIES AND PROGRAMS SHOULD ENCOMPASS MEASURES FOR TB**
16 **PREVENTION, AWARENESS, AND SUPPORT FOR AFFECTED**
17 **EMPLOYEES, REGARDLESS OF THEIR CONTRACTUAL STATUS**
18 **(PERMANENT, REGULAR, JOB ORDER, CONTRACTUAL). ALL TB**
19 **PATIENTS AND SURVIVORS SHALL BE ACCEPTED FOR EMPLOYMENT**
20 **OR PERMITTED TO WORK, PROVIDED THEY FURNISH A FIT TO WORK**
21 **FORM FROM A QUALIFIED HEALTHCARE PROFESSIONAL AND ARE**
22 **PHYSICALLY CAPABLE OF FULFILLING THEIR JOB**
23 **RESPONSIBILITIES.**

24
25 **THROUGH COLLABORATION WITH THE DO), DOLE SHALL ENSURE**
26 **THAT PRIVATE COMPANIES ACTIVELY CONTRIBUTE TO NATIONAL TB**
27 **CONTROL EFFORTS AND FOSTER A HEALTHY WORKING**
28 **ENVIRONMENT."**

29
30 Section 17. A new section denominated as Section 24 of the same act is added to read
31 as follows:
32

33 **"SECTION 24. PROTECTION AND SUPPORT FOR OVERSEAS FILIPINO**
34 **WORKERS (OFWS) WITH TB. - THE DEPARTMENT OF MIGRANT**
35 **WORKERS (DMW) SHALL INSTITUTE COMPREHENSIVE MEASURES**
36 **TO PROVIDE PROTECTION AND SUPPORT FOR OFWS WHO ARE**
37 **DIAGNOSED WITH TB, INCLUDING THOSE WHO HAVE BEEN**
38 **REPATRIATED DUE TO TB INFECTION.**

39
40 **THE DMW SHALL COLLABORATE WITH RELEVANT GOVERNMENT**
41 **AGENCIES, INTERNATIONAL ORGANIZATIONS, AND NON-**
42 **GOVERNMENTAL ORGANIZATIONS (NGOS) TO DEVELOP AND**
43 **IMPLEMENT PROGRAMS TAILORED TO THE SPECIFIC NEEDS OF**
44 **OFWS AFFECTED BY TB. THESE PROGRAMS SHALL ENCOMPASS THE**
45 **FOLLOWING COMPONENTS:**

46
47 **A. PRE-DEPARTURE SCREENING: THE DMW SHALL WORK IN**
48 **CONJUNCTION WITH THE PHILIPPINE OVERSEAS EMPLOYMENT**

ADMINISTRATION (POEA) AND OTHER RELEVANT AGENCIES TO ENHANCE PRE-DEPARTURE SCREENING PROTOCOLS FOR OFWS, INCLUDING TB SCREENING TO PREVENT THE TRANSMISSION OF TB AMONG MIGRANT WORKERS AND THEIR HOST COMMUNITIES.

B. ACCESS TO HEALTHCARE SERVICES; THE DMW SHALL FACILITATE ACCESS TO QUALITY HEALTHCARE SERVICES FOR OFWS DIAGNOSED WITH TB, BOTH IN OVERSEAS HOST COUNTRIES AND UPON REPATRIATION TO THE PHILIPPINES. THIS INCLUDES ENSURING THAT OFWS HAVE ACCESS TO TIMELY DIAGNOSIS, TREATMENT, AND FOLLOW-UP CARE, AS WELL AS PSYCHOSOCIAL SUPPORT SERVICES.

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

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

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

F. THE DMW SHALL ESTABLISH COORDINATION MECHANISMS WITH THE DOH, PHILHEALTH, AND OTHER RELEVANT AGENCIES TO ENSURE SEAMLESS DELIVERY OF HEALTHCARE SERVICES AND SUPPORT TO OFWS WITH TB.

G. THE DMW SHALL REGULARLY MONITOR AND EVALUATE THE IMPLEMENTATION OF THESE MEASURES, WITH THE AIM OF CONTINUOUSLY IMPROVING THE EFFECTIVENESS AND RESPONSIVENESS OF SUPPORT SERVICES FOR OFWS AFFECTED BY TB."

Section 18. A new section denominated as Section 25 of the same act is added to read as follows:

1 **"SECTION 25. INTEGRATION WITH DISASTER PREPAREDNESS PLAN.**
2 **- THE DOH SHALL ENSURE THE INTEGRATION OF TB PROGRAMMING**
3 **WITHIN THE DISASTER PREPAREDNESS PLAN OF THE COUNTRY.**
4 **THIS INTEGRATION AIMS TO ENHANCE THE RESILIENCE OF THE**
5 **HEALTHCARE SYSTEM AND ENSURE THE CONTINUITY OF TB**
6 **SERVICES DURING AND AFTER NATURAL OR MAN-MADE DISASTERS.**
7 **THE DOH SHALL COLLABORATE WITH RELEVANT AGENCIES TO**
8 **DEVELOP AND IMPLEMENT STRATEGIES THAT ADDRESS TB CONTROL**
9 **WITHIN THE CONTEXT OF DISASTER RESPONSE AND RECOVERY."**

10
11 Section 19. A new section denominated as Section 26 of the same act is added to read
12 as follows;

13
14 **"SECTION 26. INCLUSION AND CONSULTATION OF TB AFFECTED**
15 **COMMUNITIES IN INFORMATION, EDUCATION, AND**
16 **COMMUNICATION (IEC) MATERIALS. - THE DOH AND OTHER**
17 **RELEVANT AGENCIES SHALL ENSURE THE ACTIVE INCLUSION AND**
18 **MEANINGFUL CONSULTATION OF TB-AFFECTED COMMUNITIES IN**
19 **IEC MATERIALS RELATED TO TB. THIS PROVISION AIMS TO**
20 **INCORPORATE THE PERSPECTIVES AND EXPERIENCES OF THOSE**
21 **DIRECTLY AFFECTED BY TB, PROMOTING COMMUNITY**
22 **ENGAGEMENT, REDUCING STIGMA, AND ENHANCING THE**
23 **EFFECTIVENESS OF TB AWARENESS MATERIALS."**

24
25 **IEC MATERIALS MUST BE REGULARLY UPDATED AND PRODUCED."**

26
27 Section 20. A new section denominated as Section 27 of the same act is added to read
28 as follows:

29
30 **"SECTION 27. POSTING OF TB MONITORING DATABASE AVAILABLE**
31 **TO THE PUBLIC. - THE DOH SHALL ESTABLISH AND MAINTAIN A**
32 **TRANSPARENT AND ACCESSIBLE TB MONITORING DATABASE. THIS**
33 **DATABASE SHALL BE MADE AVAILABLE TO THE PUBLIC, ENSURING**
34 **THAT RELEVANT AND NON-CONFIDENTIAL INFORMATION**
35 **REGARDING TB CASES, TREATMENT OUTCOMES, AND RELATED**
36 **STATISTICS IS EASILY ACCESSIBLE. THIS MEASURE AIMS TO**
37 **ENHANCE ACCOUNTABILITY, FACILITATE INFORMED DECISION-**
38 **MAKING, AND FOSTER A COLLABORATIVE APPROACH TO TB**
39 **CONTROL.**

40
41 **THE DOH SHALL REGULARLY PUBLISH TB EPIDEMIOLOGY DATA,**
42 **INCLUDING BUT NOT LIMITED TO INCIDENCE RATES, PREVALENCE,**
43 **TREATMENT SUCCESS RATES, AND DRUG RESISTANCE PATTERNS,**
44 **DISAGGREGATED BY GENDER IDENTITY, AGE, OCCUPATION,**
45 **IDENTIFIED KEY AND VULNERABLE POPULATIONS, AND BY REGION.**
46 **THE PUBLICATION SHALL BE MADE ACCESSIBLE TO THE PUBLIC**
47 **THROUGH OFFICIAL CHANNELS AND PLATFORMS. THIS INITIATIVE**
48 **SEEKS TO PROMOTE TRANSPARENCY, INFORM THE PUBLIC, AND**

1 **FACILITATE EVIDENCE-BASED DECISION-MAKING IN TB CONTROL**
2 **EFFORTS."**

3
4 Section 21. A new section denominated as Section 28 of the same act is added to read
5 as follows:

6
7 **"SECTION 28. COMPLIANCE WITH TUBERCULOSIS MANUAL OF**
8 **OPERATIONS (TB-MOP). – ALL TB FACILITIES, WHETHER PUBLIC OR**
9 **PRIVATE, ARE MANDATED TO COMPLY WITH THE TB-MOP ISSUED BY**
10 **DOH. THE TB-MOP SHALL SERVE AS THE COMPREHENSIVE GUIDE**
11 **FOR THE PLANNING, IMPLEMENTATION, MONITORING, AND**
12 **EVALUATION OF TB PROGRAMS AND SERVICES. THE COMPLIANCE**
13 **ENSURES STANDARDIZATION OF PRACTICES, QUALITY ASSURANCE,**
14 **AND THE ATTAINMENT OF THE GOALS SET FORTH IN THE NATIONAL**
15 **TB CONTROL PROGRAM. THE DOH SHALL CREATE AN OVERSIGHT**
16 **COMMITTEE TO ENSURE COMPLIANCE AND IMPLEMENTATION OF**
17 **THE TB-MOP."**

18
19 Section 22. A new section denominated as Section 29 of the same act is added to read
20 as follows:

21
22 **"SECTION 29. ENSURING ACCESSIBILITY, AVAILABILITY,**
23 **ACCEPTABILITY, AND QUALITY (AAAQ) OF TB RESPONSE AND**
24 **SERVICES. – THE DOH, IN COLLABORATION WITH LOCAL**
25 **GOVERNMENT UNITS, SHALL ENSURE THAT TB RESPONSE AND**
26 **SERVICES ADHERE TO THE PRINCIPLES OF ACCESSIBILITY,**
27 **AVAILABILITY, ACCEPTABILITY, AND QUALITY (AAAQ). THIS**
28 **INVOLVES MAKING TB SERVICES PHYSICALLY AND ECONOMICALLY**
29 **ACCESSIBLE TO ALL, ENSURING THEIR CONTINUOUS AVAILABILITY,**
30 **PROMOTING CULTURAL AND SOCIAL ACCEPTABILITY, AND**
31 **MAINTAINING HIGH STANDARDS OF QUALITY IN DIAGNOSIS,**
32 **TREATMENT, AND SUPPORT SERVICES. REGULAR MONITORING AND**
33 **EVALUATION MECHANISMS SHALL BE ESTABLISHED TO ASSESS AND**
34 **ENHANCE THE AAAQ STANDARDS ACROSS ALL LEVELS OF TB**
35 **SERVICE DELIVERY."**

36
37 Section 23. A new section denominated as Section 30 of the same act is added 22 to
38 read as follows:

39
40 **"SECTION 30. PENALTIES FOR ACTS OF DISCRIMINATION. - ANY**
41 **PERSON OR ENTITY FOUND GUILTY OF DISCRIMINATORY**
42 **PRACTICES BASED ON ACTUAL OR PERCEIVED TB STATUS, AGE, SEX,**
43 **SEXUAL ORIENTATION, GENDER IDENTITY, AND SEX**
44 **CHARACTERISTIC (SOGIESC), ECONOMIC STATUS, DISABILITY, AND**
45 **ETHNICITY, HINDERING THE EFFECTIVENESS OF THE TB RESPONSE,**
46 **SHALL SUFFER THE PENALTY OF NOT LESS THAN ONE (1) YEAR BUT**
47 **NOT MORE THAN SIX (6) YEARS IMPRISONMENT OR A FINE OF NOT**
48 **MORE THAN FIVE HUNDRED THOUSAND PHILIPPINE PESOS**

1 (PHP 500,000.00), OR BOTH, IN THE DISCRETION OF THE COURT,
2 AND TAKING INTO CONSIDERATION THE CIRCUMSTANCES AND
3 GRAVITY OF THE OFFENSE."
4

5 Section 24. A new section denominated as Section 31 of the same act is added 31 to
6 read as follows:
7

8 **"SECTION 31. PENALTIES AND SANCTIONS. – THE FOLLOWING**
9 **PENALTIES AND SANCTIONS ARE HEREBY ESTABLISHED FOR OFFENSES**
10 **ENUMERATED IN THIS ACT:**
11

12 **A. ANY PERSON FOUND GUILTY OF VIOLATING SECTION 14, 15, 22,**
13 **AND 26 OF THIS ACT SHALL SUFFER THE PENALTY OF *ARRESTO***
14 ***MAYOR* IN ITS MINIMUM PERIOD AND A FINE OF NOT LESS THAN**
15 **ONE HUNDRED THOUSAND PESOS (PHP 100,000.00) BUT NOT MORE**
16 **THAN THREE HUNDRED THOUSAND PESOS (PHP 300,000.00).**
17

18 **B. ANY PERSON FOUND GUILTY OF CREATING AND SPREADING FALSE**
19 **INFORMATION ABOUT TB SHALL SUFFER THE PENALTY OF *ARRESTO***
20 ***MAYOR* IN ITS MINIMUM PERIOD AND A FINE OF NOT LESS THAN**
21 **ONE HUNDRED THOUSAND PESOS (PHP 100,000.00) BUT NOT MORE**
22 **THAN THREE HUNDRED THOUSAND PESOS (PHP 300,000.00).**
23

24 **C. THE PROFESSIONAL REGULATION COMMISSION (PRC) SHALL HAVE**
25 **THE AUTHORITY TO SUSPEND THE LICENSE TO PRACTICE OF ANY**
26 **MEDICAL PROFESSIONAL FOR ANY VIOLATION OF THIS ACT.**
27

28 **D. THE CIVIL SERVICE COMMISSION SHALL HAVE THE AUTHORITY TO**
29 **SUSPEND FROM PUBLIC OFFICE A CIVIL SERVANT WHO IS FOUND TO**
30 **BE IN VIOLATION OF THIS ACT.**
31

32 **E. IF THE OFFENSE IS COMMITTED BY A PUBLIC OR PRIVATE HEALTH**
33 **FACILITY, INSTITUTION, AGENCY, CORPORATION OR OTHER**
34 **JURIDICAL ENTITY DULY ORGANIZED IN ACCORDANCE WITH LAW,**
35 **THE CHIEF EXECUTIVE OFFICER, PRESIDENT, GENERAL MANAGER**
36 **OR SUCH OTHER OFFICER IN CHARGE SHALL BE LIABLE. IN**
37 **ADDITION, THE BUSINESS PERMIT AND LICENSE TO OPERATE OF**
38 **THE CONCERNED FACILITY, INSTITUTION, AGENCY, CORPORATION**
39 **OR LEGAL ENTITY SHALL BE SUSPENDED ACCORDINGLY."**
40

41 Section 25. A new section denominated as Section 32 of the same act is added to read
42 as follows:
43

44 **"SECTION 32. CELEBRATION OF WORLD TB DAY. - MARCH 24 SHALL BE**
45 **DESIGNATED AS WORLD TUBERCULOSIS (TB) DAY IN THE**
46 **PHILIPPINES. THE DOH SHALL LEAD IN THE ORGANIZATION OF**
47 **ACTIVITIES AND EVENTS NATIONWIDE TO RAISE AWARENESS ABOUT**

1 **TB, PROMOTE PREVENTION AND CONTROL MEASURES, AND HIGHLIGHT**
2 **THE IMPORTANCE OF ADDRESSING TB AS A PUBLIC HEALTH PRIORITY.**
3 **LGUS, SCHOOLS, CIVIL SOCIETY ORGANIZATIONS, AND OTHER**
4 **RELEVANT STAKEHOLDERS ARE ENCOURAGED TO PARTICIPATE IN**
5 **WORLD TB DAY ACTIVITIES TO SUPPORT EFFORTS IN TB CONTROL AND**
6 **ELIMINATION."**

7
8 Section 26. A new section denominated as Section 33 of the same act is added to read
9 as follows:

10
11 **"SECTION 33. PRIVILEGES FOR TB PATIENTS. - TB PATIENTS SHALL**
12 **BE ENTITLED TO A 12% VAT EXEMPTION ON FOOD, MEDICATIONS,**
13 **VITAMINS, TRANSPORTATION IN CONSIDERATION OF THE**
14 **TEMPORARY LOSS OF INCOME WHILE ON TREATMENT, SUBJECT TO**
15 **THE GUIDELINES TO BE DEVELOPED BY THE DOH AND RELEVANT**
16 **GOVERNMENT AGENCIES. THE DOH SHALL COORDINATE WITH**
17 **ESTABLISHMENTS AND SERVICE PROVIDERS TO ENSURE THE**
18 **IMPLEMENTATION OF THESE PRIVILEGES FOR TB PATIENTS."**

19
20 Section 27. A new section denominated as Section 34 of the same act is added to read
21 as follows:

22
23 **"SECTION 34. FREE VACCINES AND VITAMINS FOR TB PATIENTS. - TB**
24 **PATIENTS SHALL BE PROVIDED WITH FREE FLU AND PNEUMONIA**
25 **VACCINES, AS WELL AS ESSENTIAL VITAMINS, TO SUPPORT THEIR**
26 **OVERALL HEALTH AND WELL-BEING DURING THE COURSE OF THEIR**
27 **TREATMENT. THE DOH SHALL ENSURE THE AVAILABILITY AND**
28 **DISTRIBUTION OF THESE VACCINES AND VITAMINS TO TB PATIENTS**
29 **THROUGH DESIGNATED HEALTHCARE FACILITIES AND PROGRAMS."**

30
31 Section 28. A new section denominated as Section 35 of the same act is added to read
32 as follows:

33
34 **"SECTION 35. UTILIZATION OF SEPARATE FUNDS FOR TB**
35 **TREATMENT IN BARANGAYS. - BARANGAYS SHALL ALLOCATE**
36 **SEPARATE FUNDS SPECIFICALLY DESIGNATED FOR THE TREATMENT**
37 **AND MANAGEMENT OF TB WITHIN THEIR RESPECTIVE**
38 **JURISDICTIONS. THESE FUNDS SHALL BE UTILIZED TO SUPPORT TB**
39 **PREVENTION, DETECTION, TREATMENT, AND CONTROL PROGRAMS,**
40 **INCLUDING BUT NOT LIMITED TO, THE PROVISION OF NECESSARY**
41 **MEDICATIONS, DIAGNOSTIC TESTS, AND HEALTHCARE SERVICES**
42 **FOR TB PATIENTS. THE BARANGAY HEALTH COMMITTEES SHALL**
43 **OVERSEE THE PROPER ALLOCATION AND UTILIZATION OF THESE**
44 **FUNDS IN ACCORDANCE WITH GUIDELINES PROVIDED BY THE DOH**
45 **AND OTHER RELEVANT AUTHORITIES."**

46
47 Section 29. A new section denominated as Section 36 of the same act is added to read
48 as follows:

1
2 **"SECTION 36. CONTINUOUS ENGAGEMENT IN DEVELOPMENT OF TB**
3 **VACCINES AND MEDICATIONS. - THE DOH, THROUGH ITS RELEVANT**
4 **DEPARTMENTS AND UNITS, SHALL MAINTAIN CONTINUOUS**
5 **ENGAGEMENT IN THE RESEARCH, DEVELOPMENT, AND**
6 **PROCUREMENT OF VACCINES AND OTHER MEDICATIONS FOR THE**
7 **PREVENTION, DIAGNOSIS, AND TREATMENT OF TB. THIS INCLUDES**
8 **ACTIVE PARTICIPATION IN INTERNATIONAL COLLABORATIONS,**
9 **PARTNERSHIPS, AND INITIATIVES AIMED AT ADVANCING**
10 **SCIENTIFIC KNOWLEDGE, INNOVATION, AND ACCESS TO TB**
11 **VACCINES AND MEDICATIONS. THE DOH SHALL ALLOCATE**
12 **ADEQUATE RESOURCES AND SUPPORT TO FACILITATE RESEARCH**
13 **EFFORTS, CLINICAL TRIALS, AND REGULATORY PROCESSES**
14 **NECESSARY FOR THE DEVELOPMENT AND APPROVAL OF SAFE,**
15 **EFFECTIVE, AND ACCESSIBLE TB INTERVENTIONS."**
16

17 Section 30. A new section denominated as Section 37 of the same Act is added to
18 read as follows:
19

20 **"SECTION 37. ANNUAL REPORT. - THE DOH, IN COORDINATION**
21 **WITH OTHER RELEVANT NGAS AND LGUS, SHALL PREPARE AN**
22 **ANNUAL REPORT ON THE STATUS OF THE IMPLEMENTATION OF THE**
23 **PROGRAM, AND RECOMMEND NECESSARY POLICIES FOR THE**
24 **EFFECTIVE IMPLEMENTATION OF THIS ACT.**
25

26 **THIS REPORT SHALL BE SUBMITTED TO THE PRESIDENT OF THE**
27 **PHILIPPINES, THE SENATE PRESIDENT, THE HOUSE SPEAKER, AND**
28 **THE CHAIRPERSONS OF THE COMMITTEE ON HEALTH AND**
29 **DEMOGRAPHY OF THE SENATE OF THE PHILIPPINES, AND THE**
30 **COMMITTEE ON HEALTH OF THE HOUSE OF REPRESENTATIVES."**
31

32 Section 31. Section 15 of the same Act is hereby renumbered as Section 38 and
33 amended, to read as follows:
34

35 **"Section 38[15]. Appropriations. The amount necessary to [implement]**
36 **CARRY OUT** the provisions of this Act shall be charged against the **CURRENT**
37 **YEAR** appropriations of the **CONCERNED GOVERNMENT AGENCIES** [the
38 ~~DOH, the DepEd, the CHED and the PIA under the General Appropriations Act~~].
39 **IN ADDITION TO, AND CONSISTENT WITH THE COUNTRY'S**
40 **COMMITMENT TO ENSURE SUFFICIENT AND SUSTAINABLE**
41 **FINANCIAL SUPPORT TO END THE TB EPIDEMIC, PARTICULARLY ON**
42 **THE DEVELOPMENT OF A NATIONAL STRATEGIC PROGRAM, AN**
43 **AMOUNT TO BE DETERMINED BY THE DOH, IN CONSULTATION WITH**
44 **THE DEPARTMENT OF FINANCE (DOF) AND THE DEPARTMENT OF**
45 **BUDGET AND MANAGEMENT (DBM), SHALL BE INCLUDED IN THE**
46 **ANNUAL APPROPRIATION OF THE DOH: PROVIDED, THAT THE**
47 **ADMINISTRATIVE EXPENSES TO IMPLEMENT THE PROGRAM SHALL**
48 **NOT EXCEED ONE PERCENT (1%) OF THE PROGRAM COST."**

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2
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7

Section 32. Sections 16, 17, 18, 19, are hereby numbered as Sections 39, 40, 41, and 42, respectively.

Section 34. Effectivity. – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,