



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

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ADMINISTRATIVE ORDER
No. 2010 - 0031

SUBJECT: Adoption of the 2010-2016 Philippine Plan of Action to Control Tuberculosis (PhilPACT) and Its Implementing Structures

I. BACKGROUND

The National Center for Disease Prevention and Control (NCDPC) of the Department of Health (DOH) led the formulation of the 2010-2016 strategic plan to control TB in the Philippines also known as the Philippine Plan of Action to Control Tuberculosis (PhilPACT) in collaboration with partners in TB Control. The TB Control Steering Committee oversaw and guided the planning process, while the TB Control Task Force conducted the situational assessment, drafted the plan and consulted stakeholders.

The PhilPACT emphasizes localized implementation and universal access to DOTS to address MDR-TB, TB/HIV co-infection and TB among vulnerable populations. It is synchronized and aligned with the Universal Health Care and the global TB control plan. To jumpstart the implementation of PhilPACT requires the development of implementing guidelines, enhancing the implementing arrangement, and mobilization of support from various stakeholders.

II. GOALS AND OBJECTIVES

General

To unify and coordinate efforts of the Department of Health and other partners in the implementation of PhilPACT towards the improvement of TB control program implementation in the Philippines and achievement of the TB program targets.

Specific

1. To institutionalize the implementing arrangements for PhilPACT implementation at the national, regional and LGU levels through the creation of PhilPACT coordinating committees at these various levels.
2. To improve the effectiveness and sustain mechanisms of multi-sectoral partnerships for PhilPACT thereby improving services especially for the poor and the disadvantaged sector in the country.

III. SCOPE AND COVERAGE

This Order shall apply to the entire health sector including public and private sectors, national agencies and local government units, development partners, the academe and research partners, the civil society and all stakeholders in the health sector.

IV. DECLARATION OF POLICY

The 2010-2016 Philippine Plan of Action to Control TB or PhilPACT shall be the Philippines' medium term plan to achieve the targets for TB prevention and control as committed in the Millennium Development Goals and the National Objectives for Health. The plan is part of the health sector reform initiatives on disease control management.

Developed as part of the Universal Health Care framework, PhilPACT shall mobilize the LGUs as the main drivers of TB program implementation in accordance with the Local Government Code. The national agencies headed by the DOH shall provide appropriate and adequate technical and logistical support to enable the LGUs to implement an effective local TB control program.

The implementation of the PhilPACT shall be guided by the following policies and principles:

1. The implementation of PhilPACT shall be directed towards the achievement of Universal Health Care by ensuring equity in the availability and accessibility of health services.
2. The DOH shall retain its role as the lead agency in the management of the TB control program. The DOH shall continue to identify and define areas for building strong partnerships and networking with various stakeholders in the health sector to enhance the provision of health services.
3. There shall be a unified and coordinated management of TB control efforts in the Philippines that clearly describes the roles and relationships of the various agencies involved in the TB program and their implementing structures. It shall maximize the existing structures and implementing arrangement to ensure efficiency and prevent duplication.
4. It shall recognize the importance of support from key stakeholders both from the public and private including the LGUs who are the main implementers of TB control under a decentralized system
5. Socio-economic determinants for health shall be used accordingly to track inequities in health access and outcomes to prioritize the allocation of resources to the disadvantaged sector of the society.

V. IMPLEMENTING MECHANISM

The Department of Health, through the NCDPC, shall be the over-all coordinator for PhilPACT implementation with support from the Center for Health Development at the regional level and Provincial Health Office/City Health Office at the provincial/city level. The organic units shall be reflected at various levels as the: National Coordinating Committee

for PhilPACT, Regional Coordinating Committee and provincial/city Public-Private Groups. Membership of these committees/groups shall involve multisectoral participation and coordination of different stakeholders coming from public and private agencies. Public and private DOTS facilities will be the service delivery points. A Technical Working Group (TWG) shall be organized to assist the National Coordinating Committee (NCC) for PhilPACT and review technical inputs in preparation for the PhilPACT implementation. The PhilPACT TWG will also prepare the final implementing arrangements for the PhilPACT in consultation with the other DOH Units and Comprehensive and Unified Policy (CUP TB) National Agency partners.

A. Implementing Structure

The implementing structure for the PhilPACT will be as follows:

1. National Level

The National Center for Disease Prevention and Control (NCDPC) of the Department of Health shall be responsible and accountable for the implementation of PhilPACT. It shall ensure that the activities of various stakeholders are consistent with the strategic plan. NCDPC shall be supported by the National Coordinating Committee (NCC) for PhilPACT. It shall coordinate with the Sectoral Management Coordination Office that is responsible for the overall development, monitoring and coordination of policies, mechanisms and guidelines for health sector.

2. Regional Level

The Center for Health Development, led by the Regional Director, in coordination with the Regional Development Council and the Regional Implementation and Coordination Team, shall be the main regional implementing body for PhilPACT. Regional TB team composed of regional coordinators shall be the technical secretariat.

3. Provincial/City Level

The Provincial/City Health Officer, under the Governor/City Mayor, shall be responsible for the over-all implementation of the PhilPACT in the province or city with support from a multisectoral body. The Provincial Investment Plan for Health (PIPH) and the corresponding Annual Operations Plan (AOP) shall be the basis of the TB Program plans. The province shall set up the public-private coordinating body from either of the following structures: (a) provincial health board, (b) CUP, (c) provincial coordinating committee being established with PhilCAT and (d) Provincial Implementing and Coordination Team (PICT), a body that coordinates developmental activities in the province. Provincial and district hospitals are the implementing facilities for DOTS.

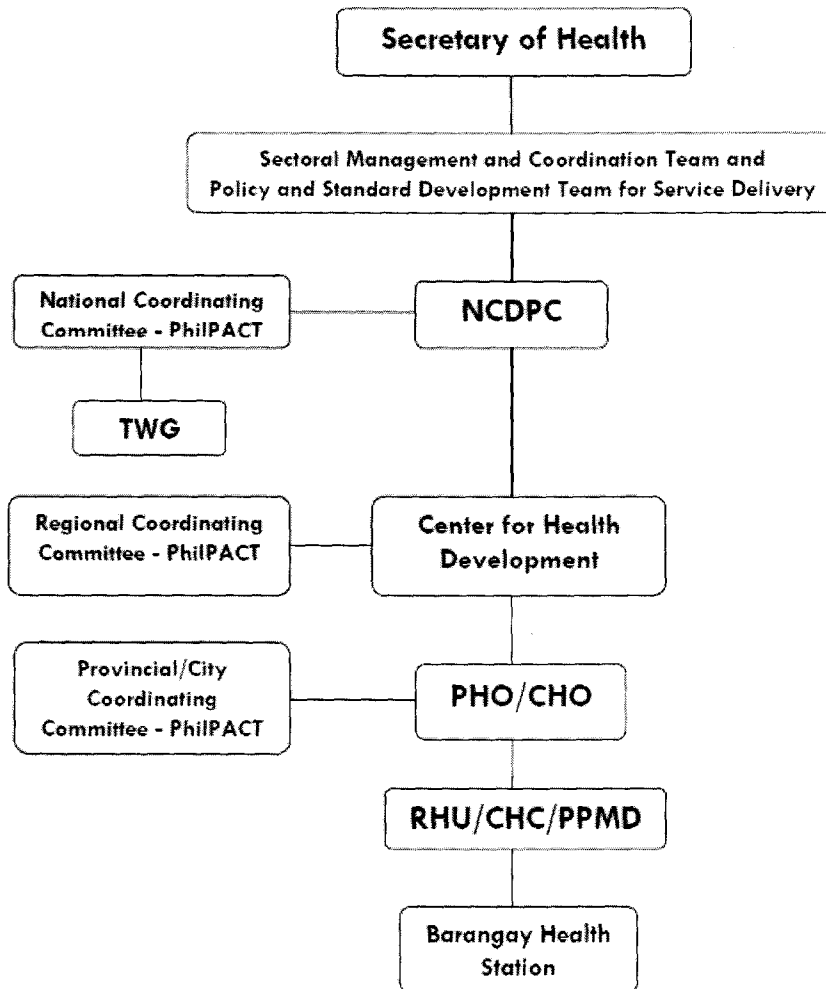
4. Municipal Level

The Rural Health Unit (RHU) or City Health Center (CHC), under the municipal/city mayor shall be the key implementing structure for PhilPACT. The Municipal Investment Plans for Health (MIPH) and Provincial Investment Plan for Health (PIPH) and the corresponding Annual Operations Plan (AOP) shall be the basis of the TB Program plans. It shall be supported by the municipal/city health board that would also mobilize participation from the private sector. The DOTS facilities that include RHUs, CHCs, and the PPMDs shall be the service delivery points for PhilPACT.

5. Barangay Level

The Barangay Health Station shall provide TB services to the communities to be supported by the barangay health workers and in some areas by the Barangay TB Task Force or any community-based organizations.

Figure 1. Implementing Structure for PhilPACT 2010-2016.



B. PhilPACT Committees and Technical Working Group

1. The National Coordinating Committee for PhilPACT

The National Coordinating Committee (NCC) for PhilPACT shall be created through a Department Personnel Order and shall be chaired by the Director of the DOH NCDPC.

The NCC for PhilPACT shall have the following functions:

- a. Review the progress of PhilPACT implementation;
- b. Develop appropriate policies and guidelines to support PhilPACT implementation;
- c. Harmonize the initiatives of the different line agencies in the implementation of the PhilPACT;
- d. Develop monitoring and evaluation system to measure the progress of implementation of PhilPACT;
- e. Recommend researches and developmental initiatives to support the PhilPACT agenda;
- f. Mobilize the needed resources for PhilPACT;
- g. Discuss and resolve strategic issues in the operationalization of PhilPACT;
- h. Provide updates and technical advice to the DOH Executive Committee, PHIC Board and LGUs on matters pertaining to TB Control; and
- i. Create subgroups that would address specific issues in TB Control such as PPMD and others.

The Infectious Disease Office of NCDPC shall be the technical secretariat of the NCC.

2. PhilPACT Technical Working Group

To assist the NCC for PhilPACT in the organizational and technical preparations for the PhilPACT implementation, a Technical Working Group (TWG) is hereby created and shall be chaired by the NTP Manager.

The PhilPACT TWG shall have the following functions:

- a. Set directions, provide parameters for planning and oversee technical preparations for the implementation of the PhilPACT;
- b. Review and recommend for approval to DOH the annual operations plans for PhilPACT;
- c. Provide regular up-dates on the preparations for and actual implementation plans and activities of PhilPACT;
- d. Establish a feedback mechanism from the DOH Central Office to the CHDs and provincial LGU partners and vice versa with respect to the implementation plans and activities of PhilPACT;
- e. Monitor plan implementation and progress, identify gaps, and resolve strategic and operational issues;
- f. Work with the Technical Assistance Coordination Team (TACT) to ensure prompt action on technical assistance issues;

- g. Identify and mobilize resources from the public sector, LGUs and private sector partners to support the implementation of PhilPACT; and
- h. Prepare reports, updates and recommendations intended for DOH Execom information and action.

Meetings shall be done every second Wednesday of each month unless otherwise re-scheduled. The NTP of NCDPC will function as Technical Secretariat.

3. The Regional Coordinating Committee for PhilPACT

The Regional Coordinating Committee (RCC) is hereby created at the CHD to be chaired by CHD Director.

The RCC for PhilPACT shall have the following functions:

- a. Oversee the implementation at the regional level;
- b. Develop appropriate policies and guidelines to support PhilPACT implementation;
- c. Harmonize the initiatives of the different line agencies in the implementation of the PhilPACT;
- d. Implement at the regional level the monitoring and evaluation system to measure the progress of implementation of PhilPACT;
- e. Recommends researches and developmental initiatives to support the PhilPACT agenda at the regional and national levels;
- f. Mobilize the needed resources for PhilPACT;
- g. Discuss and resolve strategic issues in the operationalization of PhilPACT;
- h. Provide updates and technical advice on matters pertaining to TB Control; and
- i. Assume the tasks and functions of the RCC PPMD.

Secretariat support shall be the multisectoral group or local TB coalition and the CHD staff.

C. Monitoring and Evaluation

The over-all purpose of M&E is to measure program effectiveness, efficiency and equity, identify problem areas, gather lessons learned and improve over-all performance. The M & E Plan of the 2010 – 2016 PhilPACT shall consider the following; (a) Administrative Order no. 2008 – 0016 that describes the guidelines on monitoring and evaluation for equity and effectiveness (ME3) in support of the health sector strengthening, (b) current NTP monitoring and evaluation structure and system, (c) the Stop TB Partnership's recommended M&E as contained in the "Compendium of Indicators for Monitoring and Evaluating National Tuberculosis Programs" issued on August 2004 and (d) the planning framework.

The M&E shall be based on the vision, goals and objectives and on the performance targets of PhilPACT. The NCC for PhilPACT shall be responsible for overseeing the implementation, monitoring and evaluation of the strategic plan. The Infectious Disease Office (IDO)-National Center for Disease Prevention and Control

(NCDPC) assisted by the National Epidemiology Center (NEC) of the Department of Health shall be the technical unit responsible for the development and implementation of the monitoring and evaluation system for the strategic plan in accordance with the ME3.

D. Budget

The budget required by the NCC for PhilPACT in the performance of its functions, shall be sourced out from the Department of Health through TB Control Program Funds. Resource sharing and mobilization from other private partners shall also be encouraged.

VI. SEPARABILITY CLAUSE

Should any provisions be declared invalid by any court, all other provisions not so declared shall remain valid and effective.

VII. REPEALING CLAUSE

All previous issuances found inconsistent with this Administrative Order are hereby amended and/or repealed accordingly.

VIII. EFFECTIVITY

This order shall take effect immediately, and shall be in force until 2016, unless amended.



ENRIQUE T. ONA, MD, FPCS, FACS
Secretary of Health