



Republic of the Philippines
Department of Health 2242
OFFICE OF THE SECRETARY

06 July 2009

DEPARTMENT ORDER

No. 2009 - 0201

SUBJECT: Guidelines on the Utilization of the Fund Transfer for the implementation of the DOTS Plus Multi-Drug Resistant TB patients and other National TB Control Program (NTP) Initiatives at the Lung Center of the Philippines.

Rationale

The Lung Center of the Philippines (LCP) treatment center is the first public health facility that diagnosed and treated drug resistant patients since 2005. Average of 15 TB patients per month are admitted in the hospital and 10 Multi-Drug Resistant TB (MDRTB) suspects per day are referred to DOTS clinic for comprehensive assessment and physical examination that necessitates proper diagnosis and treatment.

Currently, a total of more than 250 patients suffering from multi drug resistant TB are taking second line anti-TB drugs at the LCP-Public Health Domiciliary Unit (PHDU) DOTS Center while a total of 60 TB patients are given first line drugs and 120 children diagnosed as having TB are ongoing treatment. Most of the patients belong to low income strata and coming from far flung areas that seek diagnosis and treatment of chronic lung ailment specifically tuberculosis disease.

I. Objective


To augment M.O.O.E. funds of the LCP-PHDU DOTS Treatment Center

II. General Guidelines

1. The Infectious Disease Office, National Center for Disease Prevention and Control Office, Department of Health shall transfer a total amount of **Seven Million Five Hundred Thousand Pesos (P7,500,000.00)** from the **TB Control Program Fund** to the LCP.
2. The fund transfer shall be used to augment the funds for the technical support of the Treatment Centers and Treatment Sites for the implementation of Programmatic MDRTB among decentralized MDR patients during the maintenance phase of treatment, and other NTP initiatives during diagnosis and treatment. These shall include the following:
 1. Monthly monitoring to all decentralized MDR patients during the maintenance phase of treatment at the treatment sites as well as other types of TB. The monitoring team shall include two (2) technical staff (MD and Nurse or treatment supervisor) and one (1) driver;

2. Other Laboratory materials and supplies needed for Acid Fast Bacilli (AFB) determination, culture and Drug Sensitivity Test (DST) procedures, blood chemistry examination which are not included under the Global Fund request;
3. Diagnostic supplies and materials as needed for diagnosis of suspected TB/MDRTB among children;
4. Additional Ancillary drugs for severe adverse reactions of patients during the course of treatment;
5. One day workshops or seminars for the enhancement of TB control among children and adults;
6. Enablers such as foods and transportation allowances to MDR-TB patients and support group who are acting as TB advocates and treatment partners;
7. Workshops and seminars to involve treatment sites in order to know the issues and concerns of patients decentralized to their facility;
8. Other related NTP initiatives to strengthen implementation of prevention and control of tuberculosis;
9. The Designated National MDRTB Point Person shall be allowed to re-align/ re-Program any excess amount when necessary and in consultation with the Director of the Hospital as long as the funds shall be used for operations of Programmatic MDRTB activity to selected community health staff from Treatment Sites;
10. The expenditures of the fund transfer are subject to the usual accounting and auditing rules and regulations; and
11. The Designated National MDRTB Point Person shall ensure that the liquidation/ post-activity reports (noted/approved by the hospital Director) shall be submitted to the DOH-CO-FMS after completion of the activity copy furnished TB Unit –Infectious Disease Office, NCDPC.

By the Authority of the Secretary of Health:


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