



REPUBLIC OF THE PHILIPPINES
SANGGUNIANG PANLUNGSOD
CITY OF MANDALUYONG



ORDINANCE NO. 977, S-2024

**AN ORDINANCE ESTABLISHING A
COMPREHENSIVE PROGRAM ON THE
PREVENTION, DETECTION, CARE,
TREATMENT PROCEDURE FOR THE
TUBERCULOSIS (TB) CONTROL AND
ERADICATION IN THE CITY OF
MANDALUYONG AND THE CREATION OF THE
CITY TUBERCULOSIS COUNCIL THEREOF**

WHEREAS, Section 16 of Republic Act No. 7160 otherwise known as the Local Government Code of 1991 (LGC), provides that every local government unit (LGU) shall exercise the powers expressly granted, those necessarily implied, as well as powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare;

WHEREAS, under the same provision, the LGU is tasked to promote the peoples' health and safety. The LGU is, likewise, expected to be capable of responding to problems that include prioritization of health issues, monitoring of activities relative to healthcare, and adopting innovative and sustainable interventions for its constituents;

WHEREAS, Republic Act No. 10767 otherwise known as the Comprehensive Tuberculosis Elimination Plan Act (TB Law), mandates the State to support and expand efforts to eliminate tuberculosis by 2035 by increasing investments for its prevention, treatment, and control;

WHEREAS, based on the report of the World Health Organization (WHO) and as confirmed by the Department of Health (DOH), the Philippines is ranked number one in Southeast Asia and fourth in the world with the highest TB incidence rate and the City of Mandaluyong remains steadfast in ensuring the active participation of all stakeholders from the public and private health sectors to respond to the increasing number of TB cases. Efforts also need to be intensified on case-finding and case-holding to deter the rising cases of both drug-susceptible TB (DSTB) and of drug-resistant TB (DRTB);

WHEREAS, during the 2018 United Nations High Level Meeting (UNHLM), the Philippines committed to find and treat 2.5 Million Filipinos with TB by 2022 using a "business-not-as-usual" approach, where strong sustained political commitment was underscored as the primordial element of TB eradication in the Philippines;

WHEREAS, Goal number 3 of the Sustainable Development Goals (SDGs) seeks to address infectious diseases like tuberculosis, that remains the leading cause of death among people living with HIV (PLHIV), accounting for around one in three AIDS-related deaths;

WHEREAS, Tuberculosis (TB) remains to be a major public health problem in the City of Mandaluyong, and is one of the leading causes of death and illness adversely affecting productivity and negatively impacting socio-economic progress and development;

WHEREAS, the City of Mandaluyong will do its share for the country to achieve the Philippine Strategic TB Elimination Plan (PhilSTEP) targets in 2024 to reduce TB incidence by 12% and mortality rate by 15%, reduce catastrophic cost from 35% to 0, and ensure responsive delivery of TB services;

WHEREAS, in the practice of sustainable health detection, care, treatment, and governance, the City of Mandaluyong shall commit to support the national government's efforts to adopt local measures, sustain, and institutionalize the efficient and effective program implementation of the National TB Program (NTP) by espousing a multi-sectoral approach with the involvement of all stakeholders that include, but not limited to: non-government organizations (NGOs); private sector, hospitals and health facilities, schools, and community-based organizations (CBOs); transport groups represented by the tricycle operators and drivers' associations (TODA) and jeepney operators drivers' associations (JODA); senior citizens (SC); workers in the formal and informal sector; workers exposed to hazardous and unsafe working conditions; people deprived of liberty; barangay leaders; Barangay Health Workers (BHWs) and Community Health Volunteers (CHVs); and the marginalized sectors, like the urban poor, particularly the qualified beneficiaries of the Pantawid Pamilyang Pilipino Program (4Ps), and informal settlers. These groups will be involved in ensuring that the cascade of TB care is adhered to;

WHEREAS, the City of Mandaluyong located 3,035 cases of tuberculosis in 2022, and 20-30% of these cases remain unlocated, thereby posing a high transmission rate of the disease;

WHEREAS, while the DOH and the City Health Office (CHO) provide TB drugs, commodities, and other supplies essential for program implementation, the City of Mandaluyong will allocate funds thereof to ensure continuity of quality TB services and address stockout concerns; and

WHEREAS, the enactment of a local TB ordinance will help ensure the adoption and implementation of effective, efficient, innovative, and recommended strategies to eliminate TB.

NOW, THEREFORE, BE IT ORDAINED, AS IT IS HEREBY ORDAINED by the Sangguniang Panlungsod ng Mandaluyong in Regular Session assembled:

SECTION 1. TITLE - This Ordinance shall be known as "COMPREHENSIVE AND UNIFIED POLICY FOR THE TUBERCULOSIS CONTROL IN THE CITY OF MANDALUYONG".

SECTION 2. OBJECTIVES - This Ordinance aims to institute, establish, and localize a comprehensive and unified policy for the tuberculosis control program in the City of Mandaluyong. It also aims to strengthen target-centered advocacy, case finding, (detection of TB infection and disease) through intensified and increased community involvement, and case holding (management and evaluation) and care of the TB treatment of all ages, hence, further alleviate the TB burden in the City.

SECTION 3. Declaration of Policy - The City of Mandaluyong joins the National Government in instituting health reforms to eliminate TB anchored on the mandates and provisions, and recommendations of the NTP, TB Law, and Republic Act No. 11223 otherwise known as the Universal Health Care Act (UHC). Important measures to be undertaken by the City of Mandaluyong to further scale up TB elimination efforts include the following, to wit:

- a. Promote better public awareness and intensify community education on TB which shall delve on, but not limited to: (i) TB as the top infectious disease worldwide; (ii) leading cause of death for people infected with the Human Immunodeficiency Virus ("HIV"); (iii) a major cause of death related to antimicrobial resistance; (iv) 70 Filipinos die of TB every day; (v) the modes of TB transmission; (vi) people considered high risk groups; (vii) consequences of self-medication, non-adherence to Directly Observed Treatment, Short Course ("DOTS") and/or failure to complete treatment; (viii) TB control and prevention; and (ix) socio-economic impact of TB as a disease.
- b. Organize and mobilize multi-sectoral stakeholders from the public and private sectors and development partners to support and actively participate in the implementation of the TB program through the City TB Council.
- c. Organize patient support groups (PSG) where TB patients either undergoing treatment or cured are recognized as vital source of information in educating the community by utilizing their experience to inform the public about the disease and encourage presumptive TB patients to seek care and treatment in local/public health centers/facilities.
- d. Develop an annual TB Plan with specific budget allocations based on needs, assessment, and the prevailing TB situation particularly on, but not limited to, TB medicines and related commodities, laboratory supplies, human resource, and capacity building, which shall be incorporated in the Annual Operations Plan.
- e. Address all kinds and forms of discrimination and stigma against individuals afflicted with TB and provide equal opportunities in employment.
- f. Adopt and implement the Find TB cases Actively, Separate safely and Treat effectively (FAST Plus Strategy) in all Barangay Health Centers (BHC), and public hospitals, and its expanded implementation in private hospitals and facilities as deemed necessary, to intensify case-finding efforts and ensure that infection prevention control are observed.

- g. Develop capacities of BHWs on trainings related to case-finding such as the COME ALIVE and case-holding to ensure that annual targets on the NTP are achieved.
- h. Establish a functional Primary Care Provider Network/HealthCare Provider Network as mandated by the UHC.
- i. Enforce the "No Prescription, No Dispensing" policy in all pharmacies to help mitigate the adverse consequences of self-medication such as the increasing microbial resistance and drug-resistant TB cases.
- j. Require compliance with notification by all public and private healthcare providers and facilities with corresponding sanctions such as enforcement of penalties and/or revocation of business permit.
- k. Ensure compliance with DOH Administrative Order No. 2015-0039 or the Guidelines on Managing Tuberculosis Control Program during Emergencies and Disasters and to provide support for NTP emergency/disaster preparedness and response.
- l. Ensure Philippine Health Insurance Corporation (PhilHealth) accreditation of TB-DOTS facilities and filing of PhilHealth TB DOTS package claims to further support DOTS facilities and health staff involved in the TB program.

SECTION 4. DEFINITION OF TERMS - As used in this Ordinance:

- a. Active TB - a person having TB with or without signs and symptoms, with bacteriologic and/or radiographic findings consistent with TB disease.
- b. Active Case Finding - systematic screening implemented outside health facilities (i.e. high-risk populations or settings) by bringing the screening examination/procedures such as chest X-ray to the community.
- c. Communicate and Mentor Effectively – Ask, Listen, Inform, Verify, and Encourage (COME ALIVE) - Mentoring of frontline health workers in enhanced case finding and community-based care of TB patients.
- d. Case holding - An activity to treat TB cases through proper treatment regimen and health education.
- e. City Health Office - refers to the Office of the City Health of Mandaluyong headed by the City Health Officer.

- f. **Contact Investigation** - A systematic process for identifying people with previously undiagnosed TB among the contacts of an index case. The investigation includes identification of the source case if the index case is a child as well as candidates for preventive treatment.
- g. **Enhanced Case Finding** - systematic screening in the community using symptoms screening, such as house-to-house visits by community workers during community outreach activities.
- h. **FAST** - A strategy that is a refocused and intensified administrative approach to TB transmission control in congregate settings and health facilities. It is a systematic approach focusing on cough surveillance and high-risk groups aimed at diagnosing unsuspected infectious TB patients both drug-susceptible and drug-resistant cases, thereby improving TB detection and treatment cases.
- i. **Index patient of TB** - The initially identified TB case of any age in a specific household or other comparable setting in which others may have been exposed.
- j. **Intensified Case Finding** - systematic screening in health facilities among all walk-in and teleconsult patients which will also utilize chest X-ray screening.
- k. **iDOTS** - Integrated Directly Observed Treatment.
- l. **iDOTS Facility** - A health care facility, whether public or private, that provides TB-DOTS services in accordance with the policies and guidelines of the NTP.
- m. **Multi-drug Resistant TB** - refers to MTB strains in which resistance to both isoniazid and rifampicin has been confirmed in vitro.
- n. **Passive Case Finding** - Finding a case of tuberculosis from among TB presumptive group who present themselves at the TB iDOTS facility.
- o. **Patient-centered care** – a method which enables and empowers patients to become active participants in their health care needs.
- p. **Presumptive Drug-resistant TB** - Any person, whether adult or child, who belongs to any of the DRTB high risk groups, such as: Re-treatment cases, new TB cases that are contacts of confirmed DR-TB cases or non-converter of Category I, and people living with HIV with signs and symptoms of TB.

- q. **Presumptive Extrapulmonary TB** - TB refers to anyone having signs and symptoms specific to the suspected extra-pulmonary site with or without signs and symptoms of unexplained fever or weight loss, drenching night sweat, or cough of any duration in high-risk groups.
- r. **Presumptive Pulmonary TB** - Refers to any person having: (i) two weeks or longer of any of the following – cough, unexplained fever, unexplained weight loss, drenching night sweat; (ii) cough of any duration in high-risk group; or (iii) CXR finding suggestive of TB.
- s. **Presumptive TB** - Any person whether adult or child with signs and/or symptoms suggestive of TB whether pulmonary or extra-pulmonary, or those with Chest X-ray findings suggestive of active TB.
- t. **Revised Manual of Procedures** - refers to the 6th Edition of the National Tuberculosis Control Program, its amendments, revisions, and appendices.
- u. **Systematic screening for active TB** - Refers to the systematic identification of people presumed to have active TB, in a predetermined target group, using tests, examinations, or other procedures that can be applied rapidly.
- v. **TB** – a disease caused by a bacterium known as *Mycobacterium tuberculosis*.
- w. **TB Council** - A special Council created under this Ordinance with specific powers and responsibilities provided herein.
- x. **TB Volunteers** - A group of volunteers who will assist in most of the activities in the implementation of the TB program under the supervision of the TB Council.
- y. **Usapang Dibdiban** - A “heart-to-heart” talk with the City Mayor, local health officials, and other partners about TB, health policies for TB, and Universal Health Care.

SECTION 5. NATIONAL TUBERCULOSIS CONTROL PROGRAM AND POLICIES - The Revised Manual of Procedures (MOP) 6th Edition for the National Tuberculosis Control Program, provides important guidelines for the effective and efficient implementation of the TB program. Therefore, all health care providers must abide by and comply with all provisions embodied in the MOP, as follows:

- a. Systematic screening or the “screen all approach” shall be implemented in all health (IDOTS) facilities. All persons seeking consultations shall be screened for TB symptoms. Cough of two weeks shall be the primary screening tool for systematic screening, while Chest X-ray shall be done in targeted high-risk groups.
- b. Active case finding shall be implemented in congregate settings, targeted community, and workplace using Chest X-ray as the primary screening tool.
- c. All PLHIV and those diagnosed with Diabetes Mellitus shall be screened for TB.
- d. All health (IDOTS) facilities should set up a strong TB surveillance amongst all employees and healthcare workers by providing free annual x-ray.
- e. Xpert MTB/RIF test shall be the primary diagnostic tool for diagnosis of both pulmonary and extra-pulmonary TB with or without high suspicion for multi-drug resistance. All presumptive pulmonary and extra-pulmonary TB shall be asked to expectorate a sputum sample and should undergo Xpert MTB/RIF test.
- f. Other screening tests (i.e., Tuberculin Skin Testing-TST, Interferon Gamma Release Assay-IGRA) and diagnostic tests (i.e., Loop Mediated Isothermal Amplification-TB LAMP, Direct Sputum Smear Microscopy-DSSM, TB Culture) for TB shall also be used with or without Xpert MTB/RIF test if needed.
- g. All health (IDOTS) facilities, whether public or private shall establish their own in-house TB diagnostic laboratory (i.e., DSSM, Xpert MTB/RIF, Xpert Ultra, and TB LAMP). All laboratories providing TB diagnostic tests, shall participate in Quality Assurance (QA) System of the NTP.
- h. All diagnosed TB cases shall be provided with free, adequate, and standard treatment for either drug-susceptible or drug-resistant TB regimen within seven (7) days from collection of sputum for diagnosis.
- i. Adherence counseling shall be done for every patient prior to treatment.

- j. Fixed dose combination (FDC) shall be used as first line drugs (i.e., Isoniazid, Rifampicin, Pyrazinamide, and Ethambutol) for drug-susceptible TB, while second line drugs (i.e., Quinolones, Bedaquiline, Delamanid, etc.) for drug-resistant TB. For Latent TB Infection (LTBI), Isoniazid or Rifapentine shall be used among contacts of TB cases especially children and persons who are immunocompromised.
- k. Treatment adherence shall be ensured through patient-centered approaches. Treatment support shall be provided by health workers, community, or family members. All Adverse Drug Reactions (ADRs), whether minor or major, shall be reported using the official FDA reporting form. All registered TB patients fifteen years old and above shall be offered HIV Counseling and Testing (HCT).
- l. Throughout the continuum of TB care, healthcare workers shall respect patient autonomy, and support self-efficacy. Patient physical comfort, safety, and wellness shall be maximized with psycho-emotional support. The impact of poverty and food insecurity on TB diagnosis and treatment shall be recognized and addressed.
- m. All baseline laboratories and other pertinent laboratory tests for DRTB during treatment and two years post-treatment shall be provided free whenever available in the city-owned and/or government-owned hospitals.
- n. All hospitals shall establish a TB committee to oversee its TB services and a fully operational TB Clinic. City-owned and/or government-owned hospitals shall provide an isolation room for TB cases admitted for hospital care.
- o. All IDOTS facilities and TB laboratories should always observe appropriate infection control measures following in order of hierarchy: administrative, environmental, and respiratory controls.
- p. Recording and reporting for the NTP shall be implemented at all IDOTS facilities whether public or private according to internationally accepted case definition. NTP records should be kept for at least seven (7) years before properly discarding. The Integrated TB Information System (ITIS) shall be the official web-based electronic TB information system.

SECTION 6. CREATION AND COMPOSITION OF THE CITY OF MANDALUYONG
TUBERCULOSIS COUNCIL -

6.1 The Mandaluyong TB Council is hereby created that will serve as an oversight body responsible in consolidating and harmonizing TB elimination efforts. The TB Council structure is as follows:

a.	City Mayor	Chairperson
b.	City Health Officer/ NTP Medical Coordinator	Vice Chairperson from the public sector
c.	NGO / Private Sector representative	Vice Chairperson from the private Sector
d.	SP Chairman of Committee on Health	Member
e.	NTP Nurse Coordinator	Member
f.	Liga ng Barangay President or 1 alternate rep	Member
g.	DOH Representative or 1 alternate rep	Member
h.	PhilHealth Representative or 1 alternate rep	Member
i.	DILG Representative or 1 alternate rep	Member
j.	Barangay Health Workers / TB Volunteer rep or 1 alternate rep	Member
k.	CSWD Representative or 1 alternate rep	Member
l.	Mandaluyong Medical Society Pres. or 1 alternate rep	Member
m.	Faith-based groups representative	Member
n.	Other development partners but not voting with alternate reps	Member
o.	Patient Treated and cured rep	Member
p.	Philippine National Police rep or 1 alternate rep	Member

6.2 The roles and functions of the Mandaluyong TB Council include:

- a. Identify and establish the roles and responsibilities of its members and partners in the delivery of quality TB services based on the NTP guidelines.
 - i. Establish a secretariat for the TB Council;
 - ii. Ensure that socio-economic policies and programs include consideration of the impact of TB infection in the community; and
 - iii. Spearhead activities and advocacies like TB events and/or celebrations.
- b. Coordinate with the different sectors involved in the NTP implementation and ensure that the NTP policies and the DOTS strategy are implemented thereby ensuring case detection rate of at least 90% and treatment success rate of 90%.

- i. Strengthen partnerships and engagements with other government agencies, NGOs, private entities, and international development partners for a more comprehensive NTP implementation;
 - ii. Support local community health volunteers and TB Diagnostic Committee activities to sustain stakeholders' interest and participation in the implementation of NTP strategies; and
 - iii. Ensure continued funding and support of TB programs provided via grants, financial assistance, and other similar means by partners.
- c. Ensure that efforts and resources are generated and properly utilized towards achieving the goal of having a community where TB is no longer a public health problem.
 - i. Regularly update data and evidence to guide resource procurement, allocation and use;
 - ii. Use data-driven methods to help ensure adequate budget provisions for TB programs and TB commodities;
 - iii. Propose enhancements in the use and allocation of resources consistent with existing laws, the NTP, and the MOP; and
 - iv. Ensure certification and accreditation of the health facilities as IDOTS centers.
- d. Create Volunteers for TB in the City of Mandaluyong, where there shall be at least one (1) volunteer per barangay. The said volunteer shall:
 - i. Assist in all the activities of the Health Centers towards an efficient and effective implementation of the program;
 - ii. Help raise awareness and provide information campaign on TB during the house-to-house visits;
 - iii. Assist in data gathering, recording, and monitoring of TB cases in the barangay; and
 - iv. Prepare reports to aid the barangay, district, or city in its data and evidence regarding TB.

- e. Ensure that all pharmacies in the City of Mandaluyong follow the “No Prescription, No Dispensing” policy and that said establishments refer persons to health centers for the free TB medications.
- f. Ensure that infection prevention and control in all facilities and environment shall be implemented.
- g. Ensure that all persons found to be presumptive TB cases are tracked and monitored until final diagnosis is achieved. That all diagnosed TB cases (i.e., latent, DSTB, and DRTB) are tracked and monitored until completion of their prescribed treatment regimens.
- h. Suggest measures to eradicate the stigma of TB and to discourage all forms of discrimination caused by it.
- i. Adopt policies, guidelines, and protocols consistent with the NTP, the MOP, and the TB Law.

SECTION 7. MULTI-SECTORAL COLLABORATION - A multi-sectoral collaboration and approach shall be used in the implementation of this Ordinance and other national policies related to TB programs. The City of Mandaluyong shall encourage the participation of the different sectors to provide more comprehensive and sustainable strategies for TB elimination. The City Health Office shall be the lead agency of the City Government in ensuring the proper implementation of the TB program.

All public and private health facilities, hospitals, laboratories, pharmacies, private diagnostic clinics/centers, workplaces, transport groups, day care centers, schools, universities, and jail facilities in the City of Mandaluyong shall follow and be engaged in TB control and prevention, including the mandatory reporting and notification, and proper referral of TB cases. The mentioned facilities shall be required to notify and report to the City of Mandaluyong any TB cases that were diagnosed or made known to it, it shall also ensure that persons with TB are referred to the appropriate facilities for the provision of health services. Facilities that fail to comply with the mandatory notification and reporting shall be imposed the appropriate sanctions under national or local law, including those that may be imposed by the Office of the City Mayor in the exercise of its administrative and executive powers, such as closure orders, non-renewal of business permit, and other penalties that the Office of the City Mayor may deem necessary.

All public and private physicians and allied health personnel in the places enumerated above shall comply with TB control and prevention, mandatory reporting and notification, and proper referral of TB cases to help ensure the prevention of catastrophic cost in patients.

All medical and allied health professionals, and other public health workers dealing with or working on TB in the City of Mandaluyong shall have an orientation and update on TB to ensure their participation in TB control and prevention, and the proper coordination and referral of TB cases.

SECTION 8. TB AWARENESS AND CAMPAIGNS - A continuous promotion of TB awareness shall be conducted in barangays which may be highlighted during annual events like the World TB Day (March 24) and the Lung Month (August).

Case finding activities and campaigns shall be conducted in the locality based on the prevailing data and evidence. Activities and campaigns may be in the form of Active Case Finding, Usapang Dibdiban, TB Caravan, or other similar activities sanctioned under the existing laws, rules, or the Manual of Procedures.

The City of Mandaluyong and the concerned barangay shall provide logistical counterpart and support to all TB awareness activities and campaigns. Chest X-ray services and Xpert MTB/RIF test cartridges shall be allocated and provided.

SECTION 9. BENEFITS AND INCENTIVES - All patients who start with TB treatment shall be provided a benefit package amounting to One Thousand Five Hundred Pesos (₱ 1,500.00) which shall be used to assist them during the period that they are infectious and are unable to work.

Persons cured of TB through the completion of the treatment regimen shall receive a one-time amount of One Thousand Pesos (₱1,000.00) livelihood assistance upon the presentation of NTP Identification Card with the Certificate of Treatment Completion.

SECTION 10. FUNDING AND DISBURSEMENT - The City of Mandaluyong shall allocate a yearly budget of Five Million Pesos (₱ 5,000,000.00) subject to an annual increase depending on the number of identified cases to ensure the sustainability and effective delivery of the quality TB services, programs, and campaigns as provided in this Ordinance. The abovementioned TB annual fund shall be incorporated in the Annual Operational Plan of the City of Mandaluyong to be used to:

- a. Ensure that efforts and resources are geared towards achieving the goal of having a community where TB is no longer a public health problem;
- b. Ensure that the NTP policies and the DOTS strategies are implemented, thereby ensuring a case detection of at least 90% and a treatment success rate of at least 90%;
- c. Ensure continuing investment for quality improvement and certification and accreditation of the health facilities as IDOTS centers;
- d. Strengthen and capacitate BHWs; and
- e. Ensure regular monitoring, supervision, evaluation, training requirements, and NTP activities are conducted.

SECTION 11. TB DOTS PAYMENT – PhilHealth payments for the TB IDOTS Package shall be deposited in a separate Trust Fund Account of the LGU for the City Health Office and shall be disbursed in accordance with PhilHealth's policies and guidelines. The disposition and allocation of the PhilHealth Package of ₱ 4,000.00 per case shall follow the rate provided herein:

- a. Forty percent (40%) for the facility fee;
- b. Twenty-five (25%) for the referring physicians to cover for consultation services during treatment. Should there be no referring physicians, this same portion shall be allocated as facility fee;
- c. Thirty-five percent (35%) for the services of the staff of the TB-IDOTS facility.

The facility fee shall be used for operational costs and for contingency to augment the supply of anti-TB drugs and reagents; acquire equipment such as microscope, IT equipment and software; and support for TB Diagnostic Committee, advocacy activities, program review and related seminars, and training of staff. This may also be used for referral fees of warranted diagnostic services that are not available in the facility and quality assurance of sputum microscopy.

The fee for services of the health facility staff shall be pooled and distributed among health personnel who were involved in the delivery of health services for TB including the IDOTS physicians, nurses, midwives, medical technologist or sputum microscopist, barangay health workers and treatment partners.

Guidelines on the distribution of TB-IDOTS payment for the services of the facility staff shall be set by each facility after thorough consultation among its governing body and the health staff. The guidelines shall be approved by the head of the organization (i.e. local chief executive in LGU owned TB-IDOTS clinic). The allocation should take into consideration the expertise, skills, and time that each health care worker allotted in ensuring that the patient received quality care leading to cure or completion of TB treatment.

SECTION 12. REPEALING CLAUSE - All other ordinances, local rules and regulations, or resolutions inconsistent with the provisions of this Ordinance are hereby repealed, modified, or amended accordingly.

SECTION 13. SEPARABILITY CLAUSE - If any provision or part hereof is held invalid or declared unconstitutional, the other provisions which are not affected thereby shall continue to be in full force and effect.

SECTION 14. EFFECTIVITY CLAUSE - This Ordinance shall take effect immediately upon its approval in accordance with law.

ENACTED on this 22nd day of April 2024, in the City of Mandaluyong.

I HEREBY CERTIFY THAT THE FOREGOING ORDINANCE
WAS ENACTED BY THE SANGGUNIANG PANLUNGSOD
OF MANDALUYONG IN A REGULAR SESSION HELD ON
THE DATE AND PLACE FIRST ABOVE GIVEN.


MA. TERESA S. MIRANDA
Sanggunian Secretary

ATTESTED BY:

APPROVED BY:


CARMELITA A. ABALOS
City Vice Mayor
& Presiding Officer


BENJAMIN S. ABALOS
City Mayor

Date: MAY 03 2024

DISTRICT I


ANTONIO DLS. SUVA, JR.
Councilor


ANJELO ELTON P. YAP
Councilor


DANILO L. DE GUZMAN
Councilor


RODOLFO M. POSADAS
Councilor


CARISSA MARIZ S. MANALO
Councilor


ESTANISLAO V. ALIM III
Councilor

DISTRICT II

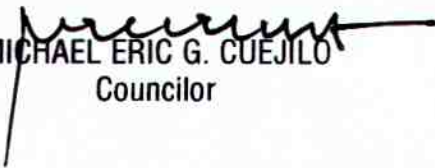

BENJAMIN A. ABALOS III
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ALEXANDER C. STA. MARIA
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REGINALD S. ANTONIO
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