



Republic of the Philippines
QUEZON CITY COUNCIL

Quezon City
22nd City Council

PO22CC-281

61st Regular Session

ORDINANCE NO. SP- **3285**, S-2024

AN ORDINANCE ESTABLISHING THE QUEZON CITY INTEGRATED CANCER CONTROL PROGRAM TOWARDS A WHOLE-OF-GOVERNMENT AND WHOLE-OF-SOCIETY APPROACH TO CANCER CONTROL IN THE CITY HEALTH SYSTEM, AND FOR OTHER PURPOSES

Introduced by Councilors ALFRED VARGAS, MPA, BERNARD R. HERRERA, DOROTHY A. DELARMENTE, M.D., CHARM M. FERRER and JOSEPH P. JUICO

Co-Introduced by Councilors Tany Joe "TJ" L. Calalay, Nikki V. Crisologo, Fernando Miguel "Mikey" F. Belmonte, Candy A. Medina, Dave C. Valmocina, Tatay Rannie Z. Ludovica, Godofredo T. Liban II, Kate Galang-Coseteng, Geleen "Dok G" G. Lumbad, Albert Alvin "Chuckie" L. Antonio III, Don S. De Leon, Wencerom Benedict C. Lagumbay, Atty. Anton L. Reyes, Edgar "Egay" G. Yap, Imee A. Rillo, Raquel S. Malañgen, Irene R. Belmonte, Nanette Castelo-Daza, Marra C. Suntay, Joseph Joe Visaya, Ram V. Medalla, Shaira "Shay" L. Liban, Mutya Castelo, Maria Eleanor "Doc Ellie" R. Juan, O.D., Kristine Alexia R. Matias, Eric Z. Medina, Emmanuel Banjo A. Pilar, Victor "Vic" Bernardo, Jose Maria M. Rodriguez and Jhon Angelli "Sami" C. Neri

WHEREAS, health is a fundamental human right indispensable for the exercise of all other human rights, and every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity;

WHEREAS, Section 15, Article II of the 1987 Philippine Constitution mandates that "the State shall protect and promote the right to health of the people and instill health consciousness among them";

WHEREAS, Section 11, Article XIII of the said Constitution also mandates the State's adoption of "an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost";

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WHEREAS, Section 16 of Republic Act No. 7160, otherwise known as the “Local Government Code of 1991”, mandates Local Government Units (LGUs) to promote the health and safety of their constituents and they may exercise such powers, which are necessary, appropriate, and incidental to the promotion of the general welfare;

WHEREAS, the Philippine Statistics Authority (PSA) reports that in 2023, cancer has surpassed cerebrovascular diseases to become the second leading cause of death among Filipinos, the most common being lung, liver, breast, colorectal, and prostate cancers;

WHEREAS, estimates by the Global Cancer Observatory (2020) showed that more than 153,000 Filipinos suffer from various types of cancer, most of whom bear the enormous out-of-pocket costs of cancer illness, with treatment ranging from hundreds of thousands to millions of pesos and burying countless families in “financial catastrophe” and debts;

WHEREAS, recent research by the Philippine Institute for Development Studies projects that the high rate of premature deaths from cancer in the Philippines could cost the national economy almost 200 billion annually - demonstrating the urgent need to expand efforts to detect the disease earlier and improve prognosis and survival, as well as to promote cancer awareness through health education;

WHEREAS, with the keen recognition of the tremendous suffering caused by cancer to Filipino families, the 17th Congress enacted Republic Act No. 11215, otherwise known as the “National Integrated Cancer Control Act” (NICCA), to adopt “an integrated and comprehensive approach to health development which includes the strengthening of integrative, multidisciplinary, patient and family-centered cancer control policies, programs, systems, interventions and services at all levels of the existing health care delivery system”;

WHEREAS, the NICCA “endeavors to prevent cancer and improve cancer survivorship by scaling up essential programs and increasing investments for robust prevention of cancer, better screening, prompt and accurate diagnosis, timely and optimal treatment, responsive palliative care and pain management, effective survivorship care and late effects management and rehabilitation”;

WHEREAS, the NICCA mandates LGUs, together with the Department of Health (DOH) and other government agencies concerned, to “develop robust and effective patient referral pathways across levels of health service delivery” and “network and link-up with comprehensive cancer care centers, regional cancer centers, specialty centers, privately managed cancer centers and relevant health facilities and international institutions, for knowledge and resource sharing”;

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WHEREAS, the NICCA mandates LGUs, in collaboration with the DOH, local health associations, academic institutions, among others, to formulate, implement, and update capacity development programs for all healthcare workers providing cancer care service and support at all levels of the healthcare delivery system and to lead the health education and promotion campaign in their local communities;

WHEREAS, Section 25 of the NICCA considers cancer patients, persons living with cancer, and cancer survivors as Persons with Disabilities (PWDs) in accordance with Republic Act No. 7277, as amended, otherwise known as the “Magna Carta for Disabled Persons”;

WHEREAS, Republic Act No. 11223, otherwise known as the “Universal Health Care Act”, and its Implementing Rules and Regulations (IRR) strengthen the adoption of an integrated and comprehensive approach in ensuring that all Filipinos are health literate, provided with healthy living conditions, and protected from hazards and risks that could affect their health status;

WHEREAS, the same law directs LGUs to issue and implement effective health promotion policies and programs that improve health literacy and healthy lifestyle among their constituents - prioritizing programs that address key risk factors to prevent and control disease as well as to advance population health and individual well-being in Province-wide and/or City-wide Health Systems (P/CWHS);

WHEREAS, the Quezon City Government has been at the forefront of innovative policies for public health and it continues to be a pioneer and trailblazer in instituting evidence-based and people and family-centered measures aimed at the promotion of health and safety, the enhancement of the right of the people to a balanced ecology, and the preservation of the comfort and convenience of the City’s inhabitants.

NOW, THEREFORE,

BE IT ORDAINED BY THE CITY COUNCIL OF QUEZON CITY IN REGULAR SESSION ASSEMBLED:

SECTION 1. TITLE. – This Ordinance shall be known and cited as the “Quezon City Integrated Cancer Control Ordinance” (QCICCO).

SECTION 2. DECLARATION OF PRINCIPLES AND POLICIES. – It shall be the policy of the Quezon City Government to adopt an integrated and comprehensive approach to health development to prevent cancer and improve cancer survivorship.

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Towards this end, the Quezon City Government shall progressively realize the right to the highest attainable standard of health of its constituents, bearing in mind the necessity of whole-of-system, whole-of-government, and whole-of-society approaches in the development, implementation, monitoring, and evaluation of health policies, programs, and plans aimed at cancer control.

SECTION 3. QUEZON CITY INTEGRATED CANCER CONTROL PROGRAM. – *The City Health Department, in collaboration with the Department of Health (DOH) and other relevant public and private stakeholders, shall develop and implement the Quezon City Integrated Cancer Control Program, which shall serve as the framework for all cancer-related activities of the Quezon City Government.*

The Quezon City Integrated Cancer Control Program shall have the following objectives:

- a) decrease the overall mortality and impact of all adult and childhood cancer;*
- b) lessen the incidence of preventable cancer in adults and children;*
- c) improve City-wide cancer awareness and health literacy campaigns;*
- d) invest in the City's infrastructure and workforce capacity;*
- e) implement organized, population-based, and City-wide screening programs;*
- f) implement a dedicated City-wide elimination vaccination plan, with priority for cancers of the liver and cervix, among others;*
- g) implement a dedicated early detection strategy, with priority for cancers of the breast, cervix, colon-rectum, prostate, lung, head-neck, among others;*
- h) facilitate, in coordination with relevant stakeholders, the formation of multidisciplinary cancer care team in covered health facilities;*
- i) introduce novel and innovative strategies, including, but not exclusive to, mobile bus clinics, mobile screening modalities with cancer-dedicated navigators, among others;*

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- j) *establish accessible and updated digital registries for cancer, including hospital-based, population-based, and City-based registries;*
- k) *establish applicable screening and early detection registries;*
- l) *establish psychosocial support mechanisms and arrangements, in coordination with public and private stakeholders;*
- m) *establish help and assistance hotlines and similar modalities for quick response of relevant inquiries;*
- n) *institute measures aimed at preventing cancer recurrence, metastasis, and secondary cancer among survivors and people living with cancer;*
- o) *set up appropriate local funding mechanisms for the reduction of out-of-pocket expenses in cancer screening and diagnosis, cancer treatment, cancer rehabilitation, palliative care, or hospice care;*
- p) *promote voluntary blood donation through Barangay-level, District-level, or City-level blood drives aimed at meeting the City-wide demand for blood product transfusion of cancer patients;*
- q) *provide timely access to optimal cancer treatment and care for all cancer patients;*
- r) *make cancer treatment and care more affordable and accessible;*
- s) *improve the experience of cancer treatment and care of patients and families;*
- t) *support the rehabilitation, recovery, and reintegration to society of cancer survivors;*
- u) *improve psychosocial support to cancer patients, their families, and cancer survivors;*
- v) *engage employers and workplaces to set up internal mechanisms and policies aimed at fostering an accommodative and non-discriminatory work environment for patients, people living with cancer, survivors, and their families;*

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- w) *institute measures towards the elimination of various forms of burden on patients, people living with cancer, survivors, and their families; and*

- x) *expand and facilitate the relevant training of Quezon City's health care providers.*

The QCICC Program shall be aligned with the targets, priorities, and performance benchmarks of the National Integrated Cancer Roadmap for the effective institutionalization of strategies, policies, programs, and services in the local health care system. It shall incorporate integrated and responsive cancer control activities tailored to the socioeconomic context and epidemiological profile of Quezon City.

SECTION 4. CANCER CONTROL COORDINATOR. – *To ensure the effective implementation of this Ordinance, the City Mayor shall designate a dedicated coordinator, who shall be primarily responsible for the mainstreaming of the programmatic components of the QCICC Program across the 6 Districts and all City-operated health facilities.*

The City Mayor may designate such additional number of coordinators, which may be necessary to adequately and timely respond to the cancer morbidity, mortality, and burden of Quezon City, based on the recommendations of the City Health Department.

Designations under this Section shall be in accordance with the Civil Service Commission (CSC) 2017 Omnibus Rules on Appointments and Other Human Resource Actions, as amended, and other relevant policies and rules of the CSC, Department of Budget and Management (DBM), Department of the Interior and Local Government (DILG), and other relevant government bodies.

SECTION 5. CANCER CARE CENTER. – *The City Health Department, in consultation with the DOH, the Office of the City Administrator and other relevant executive departments, City-operated hospitals, and other cancer care and cancer research facilities shall constitute a technical working group to study the feasibility of establishing or designating a City-level specialty center for cancer care towards an appropriate endorsement for appropriation, procurement, concession, or other legal modality.*

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SECTION 6. CANCER CARE ASSISTANCE. – The City Health Department, in coordination with the DOH Center for Health Development (CHD), the Cancer Control Division of the Disease Prevention and Control Bureau (DPCB), Financial Management Service (FMS), and other relevant DOH offices, shall provide technical assistance to tertiary hospitals within the jurisdiction of Quezon City in their respective qualification, enrollment, and accreditation as a Cancer and Supportive-Palliative Medicines Access Program (CSPMAP) and/or Cancer Assistance Fund (CAF) Hospital Access Site, as well as in other national cancer assistance programs that may hereafter be instituted.

SECTION 7. CANCER PATIENT NAVIGATION AND REFERRAL SYSTEM. – The City Health Department, in collaboration with City-owned or-operated health facilities and District-level health services/offices, shall establish a community-based patient navigation and referral system for cancer, aligned with the City’s Primary Care Provider Network (PCPN), Health Care Provider Network (HCPN), or other officially-established healthcare service delivery networks. For this purpose, the City Health Department shall designate and train its health workers as initial contact and navigators to guide patients’ decision-making for cost-effective and appropriate levels of care.

SECTION 8. SUPPLEMENTAL TREATMENT FUNDING. – Financial support mechanisms from relevant departments and offices of the Quezon City Government, the Philippine Health Insurance Corporation (PhilHealth), the Philippine Charity Sweepstakes Office (PCSO), the Department of Social Welfare and Development (DSWD), and other public and private charitable institutions shall be looped into the cancer patient and referral system for reduction or elimination of out-of-pocket expenses.

SECTION 9. CANCER CONTROL REVIEW BOARD. – There is hereby created a Cancer Control Review Board, which shall support and oversee the implementation of this Ordinance, determine annually or as frequently as necessary how effectively the Quezon City Integrated Cancer Control Program is implemented, and provide recommendations for programmatic improvement and optimal impact.

The Board shall provide monitoring and evaluation guidance in the judicious and best use of available resources for the benefit of all, especially the most vulnerable sectors of the City, the elderly, women and children, the poor, marginalized, and disadvantaged, and shall submit an annual evaluation report to the City Council.

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SECTION 10. COMPOSITION OF THE BOARD. – *The Board shall be composed of the following:*

- a) *the City Mayor as Chairperson in an ex officio capacity;*
- b) *the City Administrator as Vice Chairperson in an ex officio capacity;*
- c) *Ex officio members consisting of the following:*
 - 1. *Chairperson of the Committee on Health and Sanitation of the Sangguniang Panlungsod;*
 - 2. *Head of the City Health Department;*
 - 3. *Head of the Persons with Disabilities Affairs Office (PDAO);*
 - 4. *Head of the Social Services Development Department;*
 - 5. *Head of the Gender and Development Council Office;*
 - 6. *Head of the Office for Senior Citizens' Affairs;*
 - 7. *Head of the Public Affairs and Information Services Department; and*
 - 8. *Hospital Directors of Quezon City-owned or-managed hospitals, including but not exclusive to the Quezon City General Hospital, the Rosario Maclang Bautista General Hospital, and the Novaliches District Hospital;*
- d) *representatives of DOH-accredited cancer control access sites and private hospitals in Quezon City, as may be determined by the City Health Department; and*
- e) *representatives of cancer-focused patient support organizations and advocacy networks, public health-centered Non-Government Organizations (NGOs) and civil society organization (CSOs), child welfare groups, medical research institutions or medical schools, and experts in the field of oncology and public health in its policy development, as may be determined by the City Health Department.*

Participating organizations or individuals must not be a person who has worked in industries with adverse interests to public health, or in conflict or inconsistent with the objectives of health promotion.

The City Mayor, as Chairperson, shall have the right and authority to include and/or exclude members of the Board.

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SECTION 11. HEALTH PROMOTION AND HEALTH LITERACY. – For the dissemination of information on health promotion and cancer control programs and other activities under the Quezon City Integrated Cancer Control Program, the City Government, through the Public Affairs and Information Services Department (PAISD) and City Health Department, shall use the following forms of communications and health advocacy materials:

- a) traditional media such as radio, television, social media, the websites of the City, among others;*
- b) regular barangay or community-based assemblies;*
- c) tarpaulins, posters, and signages to be posted in schools, business establishments, other public places, and conspicuous areas;*
- d) public events such as contests promoting health literacy, among others; and*
- e) other forms of information, dissemination, and communication technology and materials.*

The information campaign shall aim to increase cancer literacy and understanding the risk of factors associated with cancer; dispel myths, misconceptions and false claims about cancer; reduce the anxiety, fear, distress, and uncertainty related to cancer; and increase awareness on the available cancer control services, programs, and projects.

SECTION 12. COMMUNICATIONS AND SOCIAL MEDIA PLAN. – The PAISD and City Health Department shall jointly develop a regularly updated communications plan and social media plan for the development, distribution, and promotion of the communications and health advocacy materials on cancer control. For such purpose, the PAISD and City Health Department may enjoin the technical and research assistance and expertise of other departments and offices of the Quezon City Government and procure such services as may be necessary towards the development of high-impact behavioral change communications campaigns.

SECTION 13. RIGHTS AS PERSONS WITH DISABILITY. – Cancer patients, persons living with cancer, and cancer survivors shall be accorded the same rights and privileges as Persons with Disabilities (PWDs) as granted by the National Integrated Cancer Control Act and its Implementing Rules and Regulations. The Quezon City PDAO shall extend to them the appropriate social welfare services and benefits.

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SECTION 14. SOCIAL PROTECTION AND AMELIORATION. – The Social Services Development Department shall develop and implement accessible social protection mechanism, programs, and services and social amelioration packages catered to cancer patients, persons living with cancer, cancer survivors, and their families, with the goal of reducing out-of-pocket spending or enhancing earning capacity, towards greater treatment regimen or therapeutic compliance.

SECTION 15. GENDER-BASED COMPONENT. – The Quezon City Gender and Development (GAD) Council Office is enjoined to incorporate health promotion programs, projects, and activities towards cancer control for women, including but not exclusive to information dissemination campaigns and the screening of breast, cervical, and ovarian cancers.

SECTION 16. CITY GOVERNMENT HUMAN RESOURCES. – The Human Resource Management Department, in coordination with the City Health Department, shall develop programs, projects, and activities towards cancer control for City Government workers, including but not exclusive to information dissemination campaigns against major risk factors for cancer such as smoking and the implementation of screening and early detection services.

SECTION 17. LOCAL CANCER REGISTRY. – The Quezon City PDAO and City Health Department, in coordination with the DOH and its National Cancer Registry and Monitoring System, shall establish and control a local cancer registry to inform the programmatic components of the Quezon City Integrated Cancer Control Program, following privacy guidelines under Republic Act No. 10173, otherwise known as the “Data Privacy Act of 2012”, as amended, its Implementing Rules and Regulations, and the directives of the National Privacy Commission.

Every hospital, including clinics, in the jurisdiction of Quezon City, which diagnosed a patient with cancer, shall report the same to the PDAO and the City Health Department. The City Health Department shall provide the form and manner of reporting of cancer cases.

SECTION 18. CANCER AWARENESS MONTH. – The City Health Department shall observe every February of each year as “Quezon City Cancer Awareness Month”, and every 4th of February of each year as “Quezon City Cancer Awareness Day”, and shall design and implement a program of activities aimed at increasing public awareness of the programs, projects, and services under this Ordinance. For this purpose, the City Health Department may enlist the technical and administrative assistance of the Quezon City Tourism Department, Department of Public Order and Safety, Parks Development and Administration Department, PAISD, barangay governments, and other offices of the Quezon City Government or procure such goods and services, which may be necessary for the City-wide cancer awareness celebrations.

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SECTION 19. NON-DISCRIMINATION. – *The Quezon City Government, including all barangay governments, shall institute a proactive policy and approach in ensuring that cancer patients, persons living with cancer, cancer survivors, and their families are free from any form of discrimination in school, the workplace, places of public accommodation, and their communities.*

It shall be unlawful for any natural or juridical person within the jurisdiction of Quezon City to commit any act of discrimination against cancer patients, persons living with cancer, cancer survivors, or their families, based on the diagnosis of cancer or perceived diagnosis of cancer. For this purpose, “discrimination” shall mean any distinction, exclusion, restriction, or preference made on the basis of a person’s diagnosis or perceived diagnosis of cancer, which has an effect, intent, or purpose of demeaning the dignity and self-respect of such person or impairs, mars, reduces, or nullifies the recognition, enjoyment, or exercise of a person’s human and legal rights and basic freedoms in the civil, political, labor, economic, social, cultural, educational spheres, and other spheres of public life, or impairs their equal access to employment, livelihood, education, or access to basic services.

Any person held liable under this Section shall be penalized with a fine of not less than Php1,000.00 but not to exceed Php2,000.00, without prejudice to any applicable criminal, civil, or administrative action that may be instituted under the provision of existing laws.

SECTION 20. APPROPRIATION. – *The funds to cover the implementation of this Ordinance shall be included in the Annual Budget of the City Government. Barangays are also hereby authorized to allocate the necessary funds to develop and implement their health promotion project, programs, and activities for cancer control.*

SECTION 21. IMPLEMENTING RULES AND REGULATIONS. – *The City Health Department, in consultation and coordination with other members of the Cancer Control Review Board, appropriate national government agencies, CSOs, NGOs, private sector representatives, and other stakeholders, shall promulgate the necessary rules and regulations for the effective implementation of this Ordinance no later than 120 days upon the effectivity of this Ordinance.*

SECTION 22. SEPARABILITY CLAUSE. – *Should any provision of this Ordinance be declared unconstitutional or invalid by any court of competent jurisdiction, the provisions not affected thereby shall continue to be in full force and effect.*

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SECTION 23. REPEALING CLAUSE. – All Quezon City Ordinances, Resolutions, Executive Orders, Memorandum Circulars, and administrative regulations or parts thereof which are inconsistent with any of the provisions of this Ordinance are hereby repealed or modified accordingly.

SECTION 24. EFFECTIVITY CLAUSE. – This Ordinance shall take effect immediately upon its approval.

ENACTED: May 6, 2024.


GIAN G. SOTTO
City Vice Mayor
Presiding Officer

ATTESTED:


ATTY. JOHN THOMAS S. ALFEROS, III
City Government Department Head III
(City Council Secretary)

APPROVED: JUN 10 2024


MA. JOSEFINA G. BELMONTE
City Mayor

CERTIFICATION

This is to certify that this Ordinance was APPROVED by the City Council on Second Reading on May 6, 2024 and was PASSED on Third/Final Reading on May 13, 2024.


ATTY. JOHN THOMAS S. ALFEROS, III
City Government Department Head III
(City Council Secretary)