



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH CONGRESS
First Regular Session

House Bill No. **3502**



Introduced by **HON. EDWARD VERA PEREZ MACEDA**

EXPLANATORY NOTE

In a report published by the Population Division of the Department of Economic and Social Affairs of the United Nations, the Philippines currently has a population of around 115.5 million with an annual growth rate of 1.47%. In the list of the top 15 most populated states in the world, the Philippines ranked as the country with the highest population density, with 335 individuals occupying a square kilometer of territory. Relative to this is the study, found by the National Center for Biotechnology Information which shows that population density can be a potential indicator of infection spread. Meaning, a denser population may be more susceptible to transmission of viral infection because of the sheer number of potential hosts.

While the issue on population cannot be addressed through short-term planning, we can instead prioritize having a more resilient and efficient bureaucracy that is responsive to the state of public health and emerging viral threats.

The proposed creation of the Center for Disease Control and Prevention (CDC) seeks to resolve these bureaucratic gaps by introducing institutional reforms on our healthcare system while establishing the much-needed health modernization program. CDC will serve as the country's technical agency tasked to manage and protect the public from communicable and infectious diseases that may emerge both here and abroad. As a result, the CDC will then absorb the following offices of the DOH: Epidemiology Bureau; Research and Institute for Tropical Medicine; Sexually Transmitted Disease-Acquired Immune Deficiency Syndrome (STD-AIDS) Cooperative Central Laboratory; Select functions of the International Health Surveillance Division of the Bureau of Quarantine such as passive international health surveillance and development of communication methods for wider and more effective delivery of critical public health information with international importance; and technical and standard setting functions and Control Bureau including the Mental Health Division, Cancer Division and Oral Health Division.

Regional Centers for Disease Prevention and Control (RCDCs) in all regions of the country will also be established to provide our local governments with technical and logistical support.

This measure, along with the Virology Institute of the Philippines (VIP) Bill and Medical Reserve Corp (MRC) Bill, have already been approved on third and final reading during the 18th Congress and were submitted to the Senate for appropriate action.

In the view of the foregoing, the swift approval of this measure is earnestly sought.

A handwritten signature in black ink, reading "Edward Maceda". The signature is fluid and cursive, with the first name "Edward" and last name "Maceda" clearly distinguishable.

EDWARD VERA PEREZ MACEDA

Representative, 4th District of Manila



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AN ACT
PROVIDING FOR THE MODERNIZATION OF THE PUBLIC HEALTH
EMERGENCY PREPAREDNESS AND RESPONSE CAPABILITIES,
ESTABLISHING FOR THIS PURPOSE THE CENTER FOR DISEASE
PREVENTION AND CONTROL, AND APPROPRIATING FUNDS
THEREFOR

Be it enacted by the Senate and House of Representatives of the Philippine Congress assembled:

1 **SECTION 1. *Short Title.*** – This Act shall be known as the "Philippine Center for
2 Disease Prevention and Control (CDC) Act."

3
4
5 **SECTION 2. *Declaration of Policy.*** — It is the policy of the State to protect and
6 promote the right to health of the people and instill health consciousness among
7 them. The State also mandates the adoption of an integrated and comprehensive
8 approach to health development

9
10 Towards this end, the State shall give high priority to the allocation of material and
11 institutional resources to protect public health by ensuring that the Philippine health
12 system is well-prepared to forecast, prevent, monitor, and control diseases,
13 injuries, and disabilities both of national and international concern.

14
15 **SECTION 3. *Definition of Terms*** — As used in this Act

16
17 (a) *Communicable disease*, also known as *contagious disease*, refers
18 to an illness resulting from an infection, or a disease, which can be
19 transmitted from an infected host individual or group to a particular
20 individual or group. It spreads through direct, bodily contact with an
21 infected person, their discharges, or an object or surface they have
22 contaminated;

23 (b) *Disease* refers to an illness due to a specific toxic substance,
24 occupational exposure or infectious agent, which affects a
25 susceptible individual, either directly or indirectly, from an infected

1 animal or person, or indirectly through an intermediate host, vector,
2 or the environment;

3 (c) *Disease surveillance* refers to a systematic collection, analysis,
4 interpretation, and dissemination of outcome and specific data for
5 use in the planning, implementation, and evaluation of public health
6 practice. A disease surveillance system includes the functional
7 capacity for data analysis as well as the timely dissemination of
8 these data to persons who can undertake effective disease
9 prevention and control activities;

10 (d) *Epidemic* or *outbreak* refers to an occurrence of more cases of
11 disease than normally expected within a specific place or group of
12 people over a given period of time;

13 (e) *Infectious disease* refers to a clinically manifested disease of
14 humans or animals resulting from an infection which can be
15 communicable or non-communicable;

16 (f) *Public health emergency* refers to an occurrence or imminent
17 threat of an illness or health condition that:

18
19 (1) Is caused by any of the following:

20 (i) Bio terrorism;

21 (ii) Appearance of a novel or previously controlled or
22 eradicated infectious agent or biological toxin;

23 (iii) A natural disaster;

24 (iv) A chemical attack or accidental release;

25 (v) A nuclear attack or accident; or

26 (vi) An attack or accidental release of radioactive
27 materials; and,

28 (2) Poses a high probability of any of the following:

29
30 (i) A large number of deaths in the affected
31 population;

32 (ii) A large number of serious injuries or long-term
33 disabilities in the affected population;

34 (iii) Widespread exposure to an Infectious or toxic
35 agent that poses a significant risk of substantial harm
36 to a large number of people in the affected population;

37 (iv) International exposure to an Infectious or toxic
38 agent that poses a significant risk to the health of
39 citizens of other countries; or

40 (v) Trade and travel restrictions;

41
42 (g) *Quarantine* refers to the physical separation and confinement of an
43 individual or groups of individuals, who are or may have been exposed
44 to a contagious or possibly contagious disease and who do not show
45 signs or symptoms of a contagious disease, from non-quarantined
46 individuals, to prevent or limit the transmission of the disease.

1 **SECTION 4. Creation of the Philippine Center for Disease Prevention and**
2 **Control.** — The Philippine Center for Disease Prevention and Control (CDC) is
3 hereby created as an attached agency to the Department of Health (DOH) for
4 policy and program coordination.

5
6 **SEC. 5. Powers, Functions, and Duties.** — The CDC shall be the technical
7 authority on all matters regarding disease prevention and control. To carry out the
8 provisions of this Act, the CDC shall have the following powers, functions, and
9 duties:

10 (a) Policy and Standards Development:

11
12 (1) Provide technical guidance to the development of policies,
13 programs, standards, guidelines, and monitoring and evaluation
14 systems on the forecasting, prevention, monitoring, and control of
15 diseases, injuries, and disabilities both of national and international
16 concern;

17
18 (2) Set the standards and the process for the establishment of
19 Epidemiology and Surveillance Units or its corresponding
20 surveillance reporting units, pursuant to law;

21
22 (3) Provide quality assurance programs to ensure the quality of
23 testing for laboratories;

24
25 (4) Conduct researches for development in support of the CDC
26 mandate to forecast, prevent, monitor, and control diseases, injuries,
27 and disabilities both of national and international concern;

28
29 (5) Recommend to the President, through the DOH Secretary, the
30 declaration of a state of public health emergency, in case of an
31 epidemic of national or international concern; and,

32
33 (6) Set the parameters for the declaration of the existence as well as
34 the end of an epidemic.

35
36 (b) Capacity Building and Technical Assistance:

37
38 (1) Develop, implement, and maintain training programs on
39 specialized fields such as field epidemiology, health emergency of
40 biological concern, laboratory services, infectious and tropical
41 diseases, and non-communicable diseases;

42
43 (2) Assess and support the capabilities of health facilities and local
44 government units (LGUs) on forecasting, preventing, monitoring, and
45 controlling diseases, injuries, and disabilities both of national and
46 international concern; and,

47
48 (3) Provide technical assistance and expert services to DOH offices,
49 and collaborating and implementing agencies or offices on matters
50 pertaining to forecasting, preventing, monitoring, and controlling

1 diseases, injuries, and disabilities both of national and international
2 concern.

3
4 (c) Sectoral and Local Engagements:

5
6 (1) Promote coordination and collaboration with partner agencies
7 and organizations on matters pertaining to CDC mandate;

8
9 (2) Coordinate, collaborate, and disseminate relevant scientific and
10 technical information in a timely manner with partner agencies
11 and international and local organizations on matters pertaining to
12 CDC mandate; and,

13
14 (3) Disseminate relevant scientific and technical information in a
15 timely manner with partner agencies, and international and local
16 organizations on matters pertaining to CDC mandate.

17
18 (d) Surveillance:

19
20 (1) Develop, implement, and maintain an integrated surveillance
21 system of diseases, injuries, and disabilities;

22
23 (2) Provide technical guidance on the development, implementation
24 and maintenance, and monitoring of health system capacity such
25 as operational capacities of health facilities, and performance
26 management of the response systems, in terms of contact
27 tracing, quarantine, isolation, and other significant population-
28 based health services;

29
30 (3) Investigate and respond through surveillance and disease
31 notification, investigation, and conduct of field studies and
32 research to outbreaks, epidemics, and other public health threats
33 as the need arises;

34
35 (4) Develop and maintain a network of public health laboratories in
36 support of epidemiology and surveillance activities;

37
38 (5) Facilitate the issuance of appropriate warnings to the regional
39 CDC and health facilities in anticipation of impending public
40 health threats and infectious disease outbreak;

41
42 (6) Utilize various information and communication technologies
43 (ICT) in management of data and dissemination of early warning
44 and other appropriate information to stakeholders and the public;
45 and,

46
47 (7) Develop communication methods for wider and more effective
48 and unified delivery of critical public health information with
49 national or international importance.

50
51 (e) Provide technical guidance on the procurement of vaccines, drugs, and
52 diagnostics;

- (f) Provide technical guidance on the monitoring and evaluation framework for disease prevention and control;
- (g) Certify to the existence of an epidemic which shall be treated as a public health emergency' and,
- (h) Perform such other functions as may be mandated by law, or as may be duly delegated by relevant.

SECTION 6. Director General. – The CDC shall be headed by a Director General with a rank of Undersecretary, who shall be assisted by two (2) Deputy Directors General with rank of Assistant Secretary. The Director General and the Deputy Directors General shall be appointed by the President from a list of at least three (3) nominees for each position to be submitted by the DOH Secretary. The Director General and Deputy Directors General shall have at least ten (10) years of relevant experience and proven expertise in the fields of public health and epidemiology.

The Director General shall have the following powers and functions;

- (a) Manage and direct the activities and functions of the CDC;
- (b) Advise the DOH Secretary on policy matters concerning the Center's activities;
- (c) Recommend to the President, through the DOH Secretary, the exercise of special powers in case of an epidemic, including the declaration of a public health emergency;
- (d) Act as the national International Health Regulations Focal Point, subject to consultation with DOH; and,
- (e) Perform other functions and powers that may be assigned by the DOH Secretary.

SECTION 7. Transfer of DOH Units and Functions. – The following DOH units and their concerned divisions and functions are hereby transferred to the CDC:

- (a) Epidemiology Bureau;
- (b) Research Institute for Tropical Medicine;
- (c) Sexually Transmitted Disease – Acquired Immune Deficiency Syndrome Cooperative Central Laboratory;
- (d) Select functions of the International Health Surveillance Division of the Bureau of Quarantine as follows:
 - (1) Passive international health surveillance; and,
 - (2) Development of communication methods for wider and more effective delivery of critical public health information with international importance; and,

- 1 (e) Technical and standard setting functions of the Disease Prevention and
2 Control Bureau including that of the Mental Health Division, Cancer Division
3 and Oral Health Division.
4

5 All powers, functions, assets, capital, records, funds, receivables, equipment and
6 facilities of the transferred DOH units or its division or function enumerated herein
7 shall be transferred to the CDC. The Department of Health shall conduct an audit
8 and inventory of assets, liabilities and human resources of the transferred agencies
9 to CDC without need of conveyance or transfer of assignments.
10

11 **SECTION 8. Regional Centers for Disease Prevention and Control.** – There
12 shall be established Regional Centers for Disease Prevention and Control
13 (RCDCs) in all regions of the country. Each Regional CDC shall be headed by a
14 Regional Director, who shall be under the supervision of the CDC Director General.
15

16 The functions of RCDCs include:
17

- 18 (a) Prevention, control, and surveillance of diseases;
19
20 (b) Provision of laboratory services for detection and identification of infectious
21 disease agents from human, environmental samples, and food;
22
23 (c) Maintenance of an integrated data management system;
24
25 (d) Implementation of quality assurance programs for clinical and
26 environmental laboratories through training, consultation, certification and
27 proficiency testing;
28
29 (e) Policy development;
30
31 (f) Emergency response;
32
33 (g) Public health-related research;
34
35 (h) Training and education;
36
37 (i) Maintenance of infectious disease hospitals for referral and management of
38 case;
39
40 (j) Establishment of strong communication networks; and,
41
42 (k) Other functions that may be assigned by the Director General.
43

44 The RCDCs shall be composed of specialists in the fields of infectious diseases,
45 public health, epidemiology and similar fields.
46

47 **SECTION 9. Structure and Staffing Pattern.**
48

- 49 (a) The CDC shall initially have the following offices, each to be headed by an
50 officer with the salary and rank of Director IV:
51
52 (1) Center for Epidemic Intelligence and Disease Surveillance;
53
54 (2) Center for Research, Training, and Reference Laboratory;
55
56 (3) Center for Infectious Disease Emergency Preparedness and Response;
57

- 1 (4) Center for Policy and Program Development;
- 2
- 3 (5) Communications Office; and
- 4
- 5 (6) Administrative and Finance Office.
- 6
- 7 (b) The CDC Director General, subject to the issuance of an executive order by
- 8 the President and approval of the Department of budget and Management
- 9 (DBM), may create or abolish units, offices, or centers as needed to carry
- 10 out all provisions of this Act.
- 11
- 12 (c) The CDC Director General, in consultation with the DOH and the DBM,
- 13 shall:
- 14
- 15 (1) Develop the organizational structure of the CDC at the national, regional,
- 16 and local levels;
- 17
- 18 (2) Determine the divisions and specific functions of each unit, center, or
- 19 office of the CDC; and
- 20
- 21 (3) Determine the staffing pattern, qualification standards, compensation,
- 22 and position classification plan for the CDC subject to the approval of
- 23 the Civil Service Commission (CSC) and the DBM.
- 24

25 **SECTION 10. *Qualifications Standards for Appointment and Promotion.*** –

26 There DOH shall, in consultation with CSC, and pertinent agencies as may be
27 necessary, develop the qualification standards in terms of education, training and
28 experience for all technical and non-technical positions in the CDC, and the system
29 for promotion and succession plan in the CDC.

30
31 **SECTION 11. *Continuing Competency Development Program.*** – The CDC
32 shall, through the Director General, devise and implement a continuing
33 competency development program whereby all core personnel shall be required
34 to update and enrich competencies through attendance in programs, studies,
35 researches, fellowships, workshops, seminars, including training opportunities in
36 reputable foreign CDCs. Compliance with the Continuing Competency
37 Development Program shall be the mandatory basis for promotion within the CDC.
38 The CDC shall develop mechanisms to tap funding opportunities to implement its
39 Continuing Competency Development Program.

40
41 **SECTION 12. *Modernization Program.*** – The Director General shall, in
42 consultation with the DOH and other concerned agencies of government and the
43 private sector, develop a modernization program that will strengthen the human
44 health resource of the CDC, which is the key component of the country's disease
45 prevention and control policy. The modernization program shall include the
46 acquisition and upgrading of appropriate technologies, laboratories, facilities,
47 equipment, other needed resources, and the needed relocation and acquisition of
48 additional land or location that would house the CDC.

49
50 Within one hundred eighty (180) days after the effectivity of this Act, the Director
51 General shall, upon the recommendation of the DOH and DBM Secretaries, submit
52 the modernization program for consideration and approval of Congress.

53
54 The modernization program shall be implemented over a period of five (5) years.

55
56 Appropriations for the modernization program shall be provided in the annual
57 General Appropriations Act (GAA).

SECTION 13. Strengthened Epidemiology, Public Health Surveillance, and Research Capacities. – To ensure that epidemiology and public health surveillance services are efficient and responsive, and public health surveillance and research capacities are strengthened and updated to international standards, the CDC shall:

- (a) Prioritize investments in upgrading of ICT and adequate and capacitated human resources for epidemiology, public health surveillance, and public health and clinical research;
- (b) Have a premier facility for clinical laboratory, epidemiologic and implementation research, and training on infectious and tropical diseases;
- (c) Develop performance-based incentives to private health facilities with established epidemiology and surveillance functions;
- (d) Re-nationalize local epidemiology and surveillance units (LESUs) that will solely provide epidemiology and disease surveillance services and provide assistance to the LGUs in the establishment and maintenance of surveillance systems, data management, and generation of strategic epidemiologic information: *Provided, That* the DOH, CDC, and DBM, shall develop the staffing pattern and qualification standards: *Provided, further, That* LESUs shall be under the direct supervision and control of the Regional CDCs;
- (e) Retain and provide incentives to technical experts, practitioners and scientists, whereby the scientific career system is adopted, allowing them to continue their respective clinical and professional practice to pursue research studies and receive grants and honoraria, in consultation with the CSC. Qualified employees of the CDC and its attached units shall be covered by Republic Act No. 8439, otherwise known as “Magna Carta for Scientists. Engineers, Researchers and Other Science and Technology Personnel in Government;”
- (f) Develop and implement training and research programs to develop more experts and practitioners in the field of epidemiology, and disease prevention and control; and,
- (g) Develop a mechanism to ensure interoperability and accessibility of surveillance systems.

SECTION 14. Strengthened Disease Surveillance and Response. – The CDC shall establish integrated disease surveillance and response systems utilizing, whenever necessary, all technological means available while ensuring that data privacy and patient confidentiality are maintained. The CDC and authorized public health authorities shall have complete access and right to collect personal information and other data, as may be deemed necessary in fulfillment of their mandate. All data or information and samples collected pursuant thereto shall be used for public health concern purposes only and shall be exempted from the provisions of R.A. No. 10172, otherwise known as the “Data Privacy Act of 2012” on accessibility of data.

SECTION 15. National Reference Laboratories. – The CDC shall establish a new, state of the art facility that will serve as the National Reference Laboratory (NRL), unifying all NRLs for biological, chemical, nuclear and radiologic emergencies under one roof, within 5 years from the effectivity of this Act:

1 *Provided*, That the existing NRLs in the East Avenue Medical Center, Philippine
2 Heart Center, Lung Center of the Philippines, National Kidney Transplant Institute
3 and San Lazaro Hospital shall continue to be under the respective hospitals:
4 *Provided further*, That these existing NRLs shall serve as referral laboratories of
5 the CDC and be included in the Modernization Program of the CDC.

6
7 The NRL shall provide technical recommendations, laboratory confirmatory
8 services, training, and external quality assurance, and perform surveillance,
9 outbreak response, kit evaluation, and research. It shall oversee the functions and
10 performance of the network of subnational laboratories (SNL).

11
12 SNLs shall be established in all regions, with the capability of conducting
13 confirmatory testing for routine surveillance samples and performing specialized
14 tests. SNLs, whose functions include testing for routine surveillance and
15 specialized tests, shall be under CDC administratively. Hospitals housing the SNLs
16 shall create a separate unit for their regular hospital laboratory needs.

17
18 The CDC, through the NRLs and SNLs, shall provide technical guidance and
19 quality assurance programs to biosafety levels 2, 3 and 4 laboratories in the
20 country, which shall be registered with, and regulated by the DOH.

21
22 **SECTION 16. Authority to Solicit, Negotiate, and Receive Donations, Grants,**
23 **Gifts, Legacies, Endowments, and Contributions.** – The CDC may solicit,
24 negotiate with, and receive from any public or private domestic or foreign sources
25 legacies, gifts, donations, grants, endowments, contributions or other transfers of
26 ownership and/or possession of real or personal properties of all kinds in favor and
27 for the benefit of the CDC, which shall all be part of the special account in the
28 general fund managed by the Bureau of Treasury.

29
30 The Director General shall prescribe the measures necessary for the proper use,
31 maintenance safekeeping, and compliance with the terms and conditions, if any,
32 of said donations, grants, endowments, contributions or transfers in accordance
33 with pertinent accounting and auditing laws, rules and regulations.

34
35
36 **SECTION 17. Tax Exemptions.** – Donations, grants, gifts, endowments, legacies,
37 and contributions used actually, directly and exclusively for the purpose of the CDC
38 shall be exempt from donor's tax and the same shall be considered as allowable
39 deduction from gross income for purposes of computing the taxable income of the
40 donor, in accordance with Sec. 34 (H)(2)(a) of the National Internal Revenue Code
41 of 1997, as amended. Likewise, such other transfers of ownership and/or
42 possession of real or personal properties of all kinds shall be exempt from all taxes.

43
44 **SECTION 18. Joint Congressional Oversight Committee.** – There shall be a
45 Joint Congressional Oversight Committee on Disease Prevention and Control,
46 jointly chaired by the Chairpersons of the Senate Committee on Health and
47 Demography, and the House of Representatives Committee on Health. It shall be
48 composed of five (5) members from the Senate and five (5) members from the
49 House of Representatives, to be appointed by the Senate President and the
50 Speaker of the House of Representatives, respectively.

51
52 **SECTION 19. Appropriations.** – The initial amount needed for the
53 implementation of this Act shall be charged against the current year's
54 appropriations of the offices and the RITM herein absorbed by the CDC.
55 Thereafter, the funding of which shall be included in the annual GAA.

56
57 **SECTION 20. Transitory Provisions.**

1 (a) Upon effectivity of this Act, the CDC shall develop a Framework for
2 Infectious Diseases and Pandemic Preparedness, and prioritize the
3 strengthening of the following functions:

4
5 (i) Integrated disease surveillance and response;

6
7 (ii) Sentinel surveillance;

8
9 (iii) Laboratory-based surveillance

10
11 (iv) Periodic population-based surveillance; and,

12
13 (v) Preventing transmission of communicable diseases.

14
15 (b) The CDC shall initially prioritize disease surveillance and prevention and
16 control of infectious diseases. Within five (5) years from its creation, and
17 upon positive recommendation by an independent study or body
18 commissioned by the DOH, the surveillance, prevention and control of non-
19 communicable diseases shall be included in its mandate;

20
21 (c) For the year during which this Act was approved, the unexpected portion of
22 the budget of the offices and units transferred shall be utilized for
23 establishing the CDC and initiating its operations, including the formulation
24 of the rules and regulations necessary for the implementation of this Act;

25
26 (d) To the greatest extent possible and in accordance with existing laws, all
27 employees of the affected offices, agencies and units shall be absorbed by
28 the CDC. Personnel hired on a permanent basis and with appointments
29 attested by the CSC who may be affected by the transition of DOH units to
30 CDC, or who will not be absorbed in the new positions of the new staffing
31 pattern of the different offices in the CDC, shall have the option to:

32
33 (1) Be transferred to other units or offices within the DOH without reduction
34 in pay; or

35
36 (2) Avail of the applicable retirement benefits as provided under R.A. 6656,
37 entitled "An Act to Protect the Security of Tenure of Civil Service Officers
38 and Employees in the Implementation of Government Reorganization"
39 and other relevant laws;

40
41 (e) Incumbent DOH officials and employees of affected DOH offices may apply
42 for and be transferred to the CDC, subject to the CDC, subject to an
43 evaluation of their competency and CSC regulations;

44
45 (f) Research grants acquired during the transition of DOH transferred units to
46 CDC shall be utilized solely for the grant's intended purposes for each of
47 the affected units or offices, and shall not be made available for budget
48 realignments;

49
50 (g) Existing contracts and agreements entered into by the affected offices with
51 third parties prior to the enactment of this Act shall remain valid.

52
53 The DBM, DOH, and CSC shall issue the implementing guideline to ensure fair,
54 orderly, and transparent implementation of paragraphs (e) and (f) of this section.

1 **SECTION 21. *Implementing Rules and Regulations.*** – Within one hundred and
2 twenty (120) working days from the effectivity of this Act, the DOH Secretary shall
3 promulgate the necessary rules and regulations for its implementation.
4

5 **SECTION 22. *Separability Clause.*** – If any portion or provision of this Act is
6 declared invalid or unconstitutional, other provisions hereof shall remain in full
7 force and effect.
8

9 **SECTION 23. *Repealing Clause.*** – All laws, decrees, orders, rules, and
10 regulations or other issuances or parts thereof inconsistent with the provisions of
11 this Act are hereby repealed or modified accordingly.
12

13 **SECTION 24. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
14 publication in the *Official Gazette* or in a newspaper of general circulation.