

Republic of the Philippines
House of Representatives
Quezon City

19th Congress
First Regular Session

House Bill No. 6208



Introduced by **HONORABLE PETER B. MIGUEL**

**AN ACT CREATING THE PHILIPPINE CENTERS FOR DISEASE PREVENTION AND
CONTROL, DEFINING ITS POWERS AND FUNCTIONS**

EXPLANATORY NOTE

The proposed center for disease prevention and control will be the nation's leading science-based, data-driven, service organization that will protect the public's health. It will put science into action to help children stay healthy so they can grow and learn; to help families, businesses, and communities fight disease and stay strong; and to protect the public's health.

This institution will advance science and health equity towards the vision of our country in achieving equitably protecting health, safety and security. It will serve as the national public health agency of our country.

The agency's main goal is the protection of public health and safety through the control and prevention of disease, injury, and disability in the country and worldwide. The CDC will focus the national attention on developing and applying disease control and prevention. It especially focuses its attention on infectious diseases, food borne pathogens, environmental health, occupational safety and health, health promotion, injury prevention and educational activities designed to improve the overall health and welfare of Filipinos.

Through this Act, the creation of center for disease prevention and control dedicated to managing emerging diseases will be achievable. With this purpose in mind, the immediate approval of this bill is strongly requested.

PETER B. MIGUEL

Representative, 2nd District South Cotabato

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 6208

(In substitution of House Bills Numbered 9, 46, 159, 281, 359, 994, 1375, 1715, 2521, 2694, 2730, 2799, 2935, 2977, 3010, 3094, 3117, 3447, 3502, 3530, 3540, 3609, 3666, 4064, 4100, 4147, 4778, 4864, 5797, and 5913)

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AN ACT
CREATING THE PHILIPPINE CENTERS FOR DISEASE PREVENTION AND CONTROL, DEFINING ITS POWERS AND FUNCTIONS

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

ARTICLE I

TITLE AND GUIDING PRINCIPLES

SECTION 1. Title. — This Act shall be known as the "Philippine Centers for Disease Prevention and Control (CDC) Act".

SEC. 2. Declaration of Policy. — It is the policy of the State to protect and promote the right to health of all Filipinos and instill health consciousness among them. Towards this end, the State shall adopt an integrated, comprehensive, and evidence-informed approach consistent with the direction under Republic Act (RA) No. 11223, or the Universal Health Care (UHC) Act, and adopt a framework that fosters a whole-of-system, whole-of-government, and whole-of-society approach, ensuring clear delineation of tasks between existing agencies and maximizing current mandates. The State shall also allot the necessary support and institutional resources to provide for effective disease prevention and control through a high-level public institution imbued with the capacity, competence, and authority to confront global and local public health risks.

SEC. 3. Objectives. — The objectives of this Act are the following:

- a) Protect the Filipino people from the impact of all diseases of public health importance;

- b) Develop policies, plans, and protocols to improve on all identified areas in the International Health Regulations (IHR) hazards;
- c) Clarify governance, decision-making, communication, and coordination processes and protocols related to identifying, diagnosing, forecasting, preventing, controlling, eliminating and eradicating, and monitoring diseases of public health importance;
- d) Ensure swift, coordinated, and data-driven surveillance and response through the Department of Health (DOH), Epidemiology and Surveillance Units (ESUs), public health laboratory systems, points of entry, and Disaster Risk Reduction and Management (DRRM) for Health system;
- e) Provide the overall national framework and strategic direction for the establishment of a health laboratory system;
- f) Maintain a pool of in-house experts that shall serve as the technical authority who will provide evidence-informed guidance on standards, technologies, and analytics for epidemiology, disease control, prevention, elimination, eradication, health emergency preparedness and response; and
- g) Ensure the development and implementation of a shared risk and crisis communication plan with the DOH and the Food and Drug Administration (FDA).

ARTICLE II DEFINITION OF TERMS

SEC. 4. Definition of Terms. — As used in this Act, the following terms shall mean:

- a) Disease - refers to conditions that may be due to infectious agents or their toxic products which may be transmitted from a reservoir to a susceptible host (either directly from an infected person or animal or indirectly through the agency of an intermediate plant or animal host, vector, or the inanimate environment, or coming from laboratories intentionally or unintentionally) or to chronic diseases or those which tend to be of long duration and are the result of a combination of genetic, physiological, environmental, and behavioral factors.
- b) Disease control – refers to the reduction of disease incidence, prevalence, morbidity, or mortality to a locally acceptable level as a result of deliberate efforts and continued intervention measures to maintain the reduction.
- c) Disease surveillance – refers to the ongoing systematic collection, analysis, interpretation, and dissemination of outcome-specific data for use in the planning, implementation, and evaluation of public health practice in terms of epidemics, emergencies, and disasters. A disease surveillance system includes the functional capacity for data analysis as well as the timely dissemination of these data to persons who can undertake effective prevention and control activities.
- d) Emerging or re-emerging infectious diseases (EREID) – refer to diseases that fulfill any of the following conditions:
 - i) have not occurred in humans before;
 - ii) have occurred previously but affected only small numbers of people in isolated areas;
 - iii) are caused by previously undetected or unknown infectious agents;
 - iv) are due to mutant or resistant strains of a causative organism; or

- 1 v) were once major health problems in the country, and then declined dramatically,
2 but are again becoming health problems for a significant proportion of the
3 population.
4
- 5 e) Epidemiological investigation – refers to an inquiry to the incidence, prevalence, extent,
6 source, mode of transmission, causation of, and other information pertinent to a disease
7 occurrence.
8
- 9 f) Health Research – research or research-related activities that seek to provide timely and
10 quality evidence to address knowledge gaps on areas related to identifying, diagnosing,
11 forecasting, preventing, controlling, eliminating and eradicating, and monitoring diseases
12 of public health importance.
13
- 14 g) International Health Regulations (IHR) – refers to an international agreement managed
15 by the World Health Organization (WHO) and focused on addressing serious public
16 health threats that have the potential to spread beyond a country's borders to other parts
17 of the world and define the standards that countries must meet to be able to prevent,
18 detect, and respond to public health threats
19
- 20 h) Public health emergency – refers to an occurrence or imminent threat of an illness or
21 health condition that:
22
- 23 i) Is caused by any of the following:
24
- 25 1) Bioterrorism;
26 2) The appearance of a novel or previously controlled or eradicated
27 infectious agent or biological toxin;
28 3) A natural disaster;
29 4) A chemical attack or accidental release;
30 5) A nuclear attack or accident; or
31 6) An attack or accidental release of radioactive materials; and
32
- 33 ii) Poses a high probability of any of the following:
34
- 35 1) A large number of deaths in the affected population;
36 2) A large number of serious injuries or long-term disabilities in the affected
37 population;
38 3) Widespread exposure to an infectious or toxic agent that poses a
39 significant risk of substantial harm to a large number of people in the
40 affected population;
41 4) International exposure to an infectious or toxic agent that poses a
42 significant risk to the health of citizens of other countries; or
43 5) Trade and travel restrictions.
44
- 45 i) Public health event – refers to either a public health emergency or a public health threat
46 due to biological, chemical, radio-nuclear, and environmental agents.
47
- 48 j) Public health laboratories – are facilities responsible for providing timely and reliable
49 diagnostic results primarily for improvement of patient outcomes, disease prevention,
50 control, surveillance, population-based interventions, and outbreak emergency response.
51 They shall perform core public health and environmental activities, including reference
52 tests for diseases of public health importance.

- 1
- 2 k) Public health threat – refers to any situation or factor that may present a danger to the
- 3 health of the people.
- 4
- 5 l) Notifiable disease – refers to a disease that, by legal requirements, must be reported to
- 6 the public health authorities.
- 7
- 8 m) Quarantine – refers to the restriction of activities and/or separation from others of suspect
- 9 persons who are not ill, or of suspect baggage, containers, conveyances, or goods, in such
- 10 a manner as to prevent the possible spread of infection or contamination.
- 11
- 12 n) Response – refers to the implementation of specific activities to control further spread of
- 13 infection, outbreaks, or epidemics and prevent reoccurrence. It includes verification,
- 14 contact tracing, rapid risk assessment, case measures, treatment of patients, risk
- 15 communication, the conduct of prevention activities, and rehabilitation.
- 16

17 **ARTICLE III**

18 **CREATION AND FUNCTIONS OF THE PHILIPPINE CENTERS FOR DISEASE**

19 **PREVENTION AND CONTROL**

20

21 **SEC. 5. Creation of the Philippine Centers for Disease Prevention and control.** — There is

22 hereby established an agency to be known as the Philippine Centers for Disease prevention and

23 control, hereinafter referred to as "CDC." The CDC shall be an agency directly under the Office

24 of the Secretary of the DOH.

25

26 **SEC. 6. Functions of the CDC.** — The CDC shall be the technical authority on forecasting,

27 analysis, strategy, and standards development for the prevention and control of all diseases of

28 public health importance and health security events, whether domestic or international in origin.

29 The CDC shall coordinate with global CDCs and act as the national focal point (NFP) of the

30 Philippines for IHR concerns.

31

32 The functions of the CDC include the following:

- 33 a) Develop strategies, standards, and policies for disease prevention and control;
- 34 b) Implement disease surveillance and field epidemiology activities;
- 35 c) Perform data collection and analytics;
- 36 d) Establish and strengthen public health laboratories;
- 37 e) Recommend actions for public health threats to appropriate national government bodies;
- 38 f) Lead public health and risk communications;
- 39 g) Conduct and manage health research and evidence synthesis;
- 40 h) Build local capacity for surveillance and health research;
- 41 i) Promote scientific integrity by ensuring that all its products are technically accurate,
- 42 scientifically and ethically sound, and useful to the government and the intended
- 43 population through the institutionalization of appropriate mechanisms and bodies.
- 44

45 Further, it shall perform other functions as may be mandated by law or duly delegated by relevant

46 authorities, as well as those that may be necessary or expedient for the performance of its

47 functions under this Act.

48

49 The CDC shall submit annual detailed cost work plans relating to its functions to the Secretary

50 of Health (SOH) for approval.

51

52

1 **SEC. 7. Structure of the CDC. —**

2
3 a) The CDC shall have established centers that shall lead and coordinate the major functions
4 of the CDC and in this capacity, establish strategic linkages and partnerships to fulfill the stated
5 functions. In line with their functions, each of the following centers shall be headed by a Deputy
6 Director General:

- 7
8 i) Center for Health Statistics (CHS). The CHS shall provide the national leadership
9 in health statistics, data analytics, and health information systems management of
10 non-epidemiologic surveys in coordination with the Philippine Statistics
11 Authority (PSA) and shall complement the roles and responsibilities of the DOH
12 related to sectoral policy and planning by providing relevant health statistics. It
13 shall likewise progressively develop and expand its methodological and
14 analytical capacity; its use of informatics, digital tools, innovations, among
15 others; and expand its portfolio of national health-related surveys it develops and
16 manages to complement existing national health surveys being managed by other
17 national agencies.
18
19 ii) Center for Epidemiology and Surveillance (CES). The CES shall lead and execute
20 a national public health surveillance strategy in line with the existing Regional
21 Epidemiology and Surveillance Units (RESUs), and consistent with the
22 provisions of RA No. 11332, and RA No. 11223. It shall progressively enhance
23 its epidemiology and surveillance functions to further develop its overall
24 analytical capacity; to expand the scope of surveilled events and diseases; to set
25 standards for and continually expand tools for data management and surveillance
26 systems; to expand the scope of data collected; to lead in the development of
27 epidemiology and surveillance capacities for all diseases and their causes,
28 including social determinants of health; to lead in implementing International
29 Health Surveillance and IHR processes; and to expand its technical expertise to
30 include other and emerging branches and types of epidemiology and relevant
31 epidemiologically related approaches.
32
33 iii) Center for Health Evidence (CHE). The CHE shall be established to lead
34 evidence-informed policy-making for the prevention and control of all diseases,
35 through the synthesis of available evidence, the conduct of high-quality health
36 research, the development of evidence-informed strategies and standards of care,
37 the provision of scientific inputs to guide the development, evaluation, and
38 improvement of public health programs, and the development of science-
39 informed standards to address public health threats, in partnership with academe,
40 professional societies, research bodies, National Institutes of Health (NIH), and
41 the Department of Science and Technology (DOST).
42
43 iv) Center for Health Laboratories (CHL). The CHL shall develop and provide the
44 overall strategic direction, policies, standards, and plans in the implementation of
45 the Philippine Health Laboratory System (PHLS) and the institutionalization of
46 stand-alone CDC public health laboratories, including national reference
47 laboratories, subnational, and regional public health laboratories (RPHLs) in
48 partnership with the DOH. It shall lead the country's public health laboratory
49 response for rapid detection of emerging and re-emerging public health threats. It
50 shall promote and develop innovative science, technologies, and processes that
51 support CDC's ability to protect the Philippines from health, safety, and security
52 threats, both foreign and local.

- 1 b) The CDC shall also have 3 offices directly under the Director General, that provides
2 support to all Centers, namely:
3
4 i) Office for Health Economics
5 ii) Office for Policy and Planning
6 iii) Office for Administration, Finance, and Legal Affairs
7
8 c) Regional CDCs shall be established, consisting of counterparts of CHL, CHS, and CES.
9
10 d) Additional offices may be created in accordance with the mandate of the CDC, upon the
11 assessment and recommendation of the Director General, approval of the SOH,
12 availability of funds, and in view of emerging needs of the health sector.
13

14 **ARTICLE IV**
15 **OPERATIONAL STRUCTURE, MANAGEMENT, AND STAFF OF THE CENTER**
16

17 **SEC. 8. Relationship with Existing Agencies and Offices.**
18

- 19 a) Relationship between CDC and DOH Operations. The CDC shall be an agency under the
20 Office of the SOH. The DOH shall develop operational and intersectoral policies to
21 support implementation of strategies and standards developed by the CDC.
22
23 b) Relationship between CDC and the DOH Bureau of Quarantine (BOQ). The CDC shall
24 set the standards for international health surveillance and surveillance at ports of entry
25 and coordinate with the BOQ for operationalization and stakeholder management.
26
27 c) Relationship between Regional CDCs and DOH Regional Offices. The CDC shall have
28 regional counterparts of its CHL, CHS, and CES to form the Regional CDCs separately
29 from DOH Regional Offices. The DOH, through its regional offices, shall work closely
30 with CDC, through its regional CDCs to support implementation of strategies and
31 standards of the CDC.
32
33 d) Relationship between CDC and LGUs. LGUs shall adopt and localize standards and
34 guidelines developed by the CDC, as operationalized by the DOH, in the performance of
35 activities related to disease prevention and control. Further, LGUs shall allocate funding
36 for the establishment of functional ESUs based on standards set by the DOH and as
37 provided for by laws, including the creation of positions for needed Disease Surveillance
38 Officers (DSOs) and field epidemiologists in line with the goal of building local capacity
39 for health surveillance; Provided that LGUs who are unable to achieve such standards
40 shall be eligible to receive augmentation from the National Government.
41

42 **SEC. 9. Transfer of Agencies.**
43

- 44 a) Restructuring of Affected Offices and Units. The following offices, including their
45 administrative units, shall be restructured to ensure that the CDC and DOH shall co-exist
46 synergistically and facilitate full operations of the CDC.
47
48 i) The different units of the RITM shall be absorbed in the different Centers of the
49 CDC:
50 1) The RITM's national reference laboratories shall be absorbed within the
51 CHL.

- 1 2) Its clinical research units, hospital ancillary services, and research
2 laboratory departments shall be absorbed within the CHE.
3 3) Its biological research and manufacturing units shall be temporarily
4 absorbed within the CHE until an agency is finally tasked by the
5 government to take the lead.
6
- 7 ii) The EB shall be transformed to the CHS and CES in phases. All previous
8 functions of the National Epidemiology Center or the EB and all disease and
9 public health surveillance functions assigned to the DOH by law shall likewise
10 be transferred to the CES. In line with this, all RESUs and FHSIS Units of the
11 DOH Regional Offices shall be transferred to and be under the sole supervision
12 and control of the Regional CDCs upon the effective transition of the EB to the
13 CDC.
14
- 15 1) The Knowledge Management and Information Technology Service
16 (KMITS) of the DOH shall restructure and rationalize its functions to eliminate
17 or minimize overlaps and duplication with the standards and sectoral policy
18 function of the CHS.
19 2) The CES shall set the standards for international health surveillance and
20 surveillance at ports of entry and shall coordinate with the Bureau of Quarantine
21 (BOQ) for operationalization and stakeholder management. Further, the
22 screening and quarantine processes for inbound and outbound international
23 travelers as provided for in Sections 4 and 5 of RA No. 9271 or the "Quarantine
24 Act of 2004" shall remain with BOQ, aligned to the standards promulgated by
25 CDC.
26
- 27 iii) The Disease Prevention and Control Bureau (DPCB) shall be transformed into
28 the Public Health Strategy and Management Bureau, and shall be responsible for
29 developing operational strategy and guidelines aligned with CDC's standards,
30 stewarding intersectoral collaboration platforms, and ensuring strategic
31 management of national health programs. DPCB's previous standards
32 development function shall be transferred to the CDC's CHE. The DOH
33 Undersecretary in-charge of Operations and the DOH Regional Offices shall
34 continue to perform their role in operational planning, coordination and
35 performance management.
36
- 37 iv) The Communications Office (CO) of the DOH shall be institutionalized as a
38 shared service among all DOH offices, including FDA and CDC, and shall
39 perform the following functions:
40
- 41 1) Develop strategic communication plans, including but not limited to
42 corporate risk and crisis communication plans;
43 2) Manage and implement risk communication activities and initiatives, such
44 as, but not be limited to development and issuance of information and
45 education communication (IEC) materials, events, stakeholder meetings,
46 and other media engagement activities;
47 3) Manage and activate crisis communication protocol for health risks and
48 hazards, and institutional reputational risks;
49 4) Develop and implement corresponding capacity-building activities in
50 relation to corporate risk and crisis communications;
51 5) Perform internal communication functions within the institution;

- 6) Develop and facilitate the approval of communication materials and policies as aligned with the approved communication plans;
 - 7) Manage different platforms of the institution for release of communication materials; and
 - 8) Foster, maintain, and continuously build external partnership and communication networks with public and private health institutions.
- b) Transfer of Material. The offices affected by the transfer of agencies shall also transfer applicable funds and appropriations, records, equipment, and property to the CDC subject to a multi-year transition plan.
- i) As a result of the reorganization under this Act, the DOH shall evaluate the credentials, skills and experiences of all employees in affected offices/bureaus and shall conduct matching to positions within the new offices/bureaus created based on the set qualification standards. The Department shall develop a technical working group to ensure that RA 6656 shall be properly observed towards the protection of tenure of affected employees and shall institute mechanisms for retooling. There shall be no diminution of salaries and benefits of affected employees. Affected employees may opt for voluntary separation from service within six (6) months from the effectivity of this Act and shall be entitled to receive separation and early retirement benefits and other benefits under applicable laws and issuances such as RA No. 6656 within ninety (90) days from the date of effectivity of their separation. Provided they are not entitled to said benefits, employees concerned shall be paid a separation gratuity in the amount equivalent to one (1) month salary for every year of service;
 - ii) The CDC shall employ scientific, technical, and non-technical staff, where a compensation and accountability mechanism shall be created for all in-house experts employed in highly technical positions. Correspondingly, the DOH shall endorse the salary and compensation for positions developed for the CDC to the DBM for review and approval.
 - 1) The salary and compensation of all employed staff under managerial, technical, and administrative positions shall be subject to prevailing Civil Service Commission (CSC) standards and regulations.
 - 2) The compensation mechanism for the expert pool shall be in accordance with the rules and regulations in this Act and its IRR and shall be exempt from prevailing CSC standards and regulations.
 - 3) All in-house experts shall be encouraged to practice their profession and receive additional compensation from such engagements.
 - 4) All employed staff and engaged in-house experts shall submit declaration of conflict-of-interest (COI), non-disclosure agreement (NDA), and other pertinent documentary requirements as may be deemed necessary.
 - iii) Transfer of applicable funds and appropriations, records, equipment, and property to the CDC, among others, shall commence within two (2) years from effectivity of this Act to enable the smooth transfer of the same from the DOH.

SEC. 10. Structure and Staffing Pattern. — Subject to the review and approval of the Department of Budget and Management (DBM), the SOH shall determine the organizational structure and staffing pattern of the CDC, in accordance with existing Civil Service laws, rules and regulations.

SEC. 11. Director General (DG), Deputy Director Generals, and Directors.

- a) Appointment of the Director General (DG). The CDC shall be headed by a Director General (DG), with the rank of Undersecretary, who shall be appointed by the President, upon the recommendation of the SOH, based on technical expertise, academic background, and appropriate experience.
- b) Appointment of the Deputy Director Generals. The DG shall be assisted by Deputy Director Generals, with the rank of Assistant Secretary, who shall oversee the functions of the Offices and Centers, and any additional offices created in accordance with Sec. 7 (c) of this Act. The Deputy Director General shall likewise be appointed by the President, upon the recommendation of the SOH, based on technical expertise, academic background, and appropriate experience.
- c) Appointment of Directors. The DG shall likewise be assisted by the following:
 - i) Director for Health Economics Service with the rank of Director IV
 - ii) Director for Policy and Planning with rank of Director IV
 - iii) Director for Administration, Finance, and Legal Affairs with rank of Director IV
- d) Eligibility.
 - i) The DG shall be a public health professional, must be a medical doctor, with at least 15 years of post-graduate combined experience in relevant fields of medicine, public health, research, and managerial positions.
 - ii) The Deputy Director General of each center shall possess a postgraduate degree, preferably a doctorate, in fields related to medicine, public health or research, with management experience in a position related to his/her field of discipline or profession;
 - iii) The Directors directly under the Office of the DG shall possess third level service eligibility with educational background in relevant fields of medicine, public health, accounting, management, economics or any business course, and must have management experience in a position related to his/her field of discipline or profession.
- e) Powers and Functions of the Director General.
 - i) Provide leadership, policy guidance, coordination, technical expertise, and services to promote the development and implementation of CDCs national programs;
 - ii) Certify to the SOH the occurrence of a Public Health Emergency.
 - iii) Notify the WHO and other Focal Points of any public health emergency or incident in accordance to IHR guidelines, and lead in the coordination of public health response with said bodies and National Focal Points;
 - iv) Recommend to the President, through the SOH, the exercise of special powers in the case of public health emergencies, including mobilization of the governmental

1 and nongovernmental agencies, including the private sector, to respond to the
2 threat in performing the following functions:

- 3
- 4 1) Develop and implement national policies to prevent and mitigate further
5 transmission of diseases of public health importance;
6
- 7 2) Ensure that local government units follow all rules, regulations, and
8 directives issued by the National Government pursuant to this Act,
9 Provided that all LGUs are authorized to develop localized policies and
10 interventions provided it is aligned with the national rules and regulations;
11
- 12 3) Develop and implement flexibilities in procurement of essential
13 commodities and implement programs in response to the public health
14 emergency;
15
- 16 4) Ensure an adequate and equitable distribution of health workforce for the
17 public health emergency response, and the provision of additional benefits
18 and protection against discrimination of health workers and their family
19 and other household members;
20
- 21 5) Enforce measures to protect the people from hoarding, profiteering,
22 injurious speculations, manipulation of prices, product deceptions, cartels,
23 monopolies, or other combinations in restraint of trade, or other pernicious
24 practices affecting the supply, distribution, and movement of food,
25 clothing, hygiene and sanitation products, medicines and medical supplies
26 devices, implements machinery equipment and spare parts required in
27 agriculture, industry, other essential services, and other articles of prime
28 necessity, whether imported or locally produced or manufactured;
29
- 30 6) Ensure that donation, acceptance, and distribution of health products
31 commodities intended to address the PHE are not unnecessarily delayed
32 considering the shelf-life of the commodities and that health products for
33 donation duly certified by the national regulatory authorities (NRA) or
34 their accredited third party from countries with established regulation
35 shall be automatically cleared; and
36
- 37 7) Perform such other functions and activities, as deemed necessary.
38
- 39 v) Issue an order requiring any person to furnish CDC the following within the
40 period of the public health emergency;
41
- 42 1) Such information as may be required; and
43
- 44 2) Any sample of any substance or matter in the possession or control of that
45 person, whether taken pursuant to this Act or otherwise, as may be
46 considered necessary or appropriate.
47
- 48 vi) Request the Philippine National Police (PNP) or the National Bureau of
49 Investigation (NBI) to locate any patients or persons suspected of contracting a
50 communicable disease;
51

- 1 vii) Certify the termination of a Public Health Emergency which may serve as basis
2 for the de-escalation and eventual termination of response;
3
- 4 viii) Develop policies with provisions on penalties for local implementation and
5 enforcement:
6
- 7 1) The Director General, upon consultation with the SOH, shall provide
8 recommendations on the corresponding rules and regulations, as well as
9 penalties, for local implementation and enforcement that are necessary to
10 control and prevent diseases within the country and to prevent the
11 introduction, transmission, or spread of communicable diseases from
12 other countries into the Philippines or from one domestic seaport/airport
13 to another; and
14
- 15 2) For purposes of implementing these regulations, the Director General
16 upon consultation with the SOH, shall provide public health preventive
17 measures and intervention strategies such as health education, promotion,
18 and advisories, isolation, quarantine, inspections, fumigation,
19 disinfection, disinfestation, vector control, pest extermination, and
20 destruction of animals or articles found to be infected or contaminated as
21 to be sources of infection to human beings in coordination with other
22 concerned quarantine agencies such as veterinary quarantine, plant
23 quarantine, and other measures as may be necessary;
24
- 25 ix) Develop containment strategies for inland contagion or community transmission
26 of public health threats and shall coordinate these with the SOH. During public
27 health emergencies, DOH HEMB shall coordinate with DOH BOQ in controlling,
28 directing, and managing all quarantine stations, grounds, and anchorages, and in
29 designating their boundaries in accordance with Section 6 of RA No. 9271 or also
30 known as the Quarantine Act of 2004;
31
- 32 x) Provide or obtain technical assistance for regional and local health departments,
33 private agencies, and international and supranational agencies before, during, and
34 after public health emergencies;
35
- 36 xi) Develop a shared risk communication plan in coordination with the DOH and the
37 FDA;
38
- 39 xii) Liaise with other government agencies, non-government organizations (NGOs),
40 international organizations, including the WHO, learning and academic
41 institutions, and other pertinent groups or entities in the conduct of activities
42 relating to disease prevention and control;
43
- 44 xiii) Coordinate with appropriate DOH Offices regarding administrative and program
45 matters;
46
- 47 xiv) Appoint eligible employees of CDC in accordance with Civil Service Law, rules
48 and regulations, and this Act;
49
- 50 xv) Delegate the powers vested under this Act to the Deputy Directors General; and
51

- xvi) Perform such other functions as may be mandated by law, or as may be delegated by the SOH and/or the President.

ARTICLE V RESPONSE ACTION

SEC. 12. Response Cascade. — In case of public health emergencies due to biological, chemical, and toxic events:

- a) The CDC, through the CHE, shall develop technical guidance;
- b) The DOH, through the PHSMB, shall develop operational and intersectoral strategies guided by the strategies and standards developed by the CDC;
- c) The DOH, through its regional offices, shall work closely with CDC, through its regional CDCs to undertake immediate response. If necessary, the DOH shall tap the National Disaster Risk Reduction and Management Council (NDRRMC);
- d) The CHL shall activate the public health laboratory response network and continuously provide guidance for core laboratory programs in quality management, laboratory medicine and safety and security programs, laboratory information management and surveillance, research and development and training;
- e) The CES shall certify the official data to be used as basis for response and for public reporting, and provide standards and overall guidance to the BOQ for the institution of disease surveillance at all points of entry and exit;
- f) The National Telecommunications Commission and any telecommunications entity as defined under RA No. 7925 shall provide location information of patients or persons suspected of contracting a disease upon request of the CDC;
- g) The Secretary of Health may undertake the following functions in case of public health emergency;
 - 1) Hiring, transfer, and deployment of health personnel;
 - 2) Implementation of whole-of-society public health emergency preparedness and response in cooperation with the DOH, NDRRMC, DILG, LGUs, and private sector;
 - 3) Strict enforcement and augmentation of border control and surveillance in coordination with the Department of Foreign Affairs (DFA), DOH-Bureau of Quarantine (BOQ), Bureau of Immigration, Philippine Ports Authority (PPA), Department of Agriculture (DA), and Bureau of Customs;
 - 4) Commissioning of research in coordination with DOST;
 - 5) Promotion of treatment, vaccination, or immunization against a contagious disease and requiring of isolation or quarantine of persons who are unable or unwilling, for reasons of health, religion, or conscience, to undergo immunization or treatment; Provided, that the guidelines for the exercise of such power shall be formulated with the Department of Justice;

- 6) Decontamination of any facility or decontamination or destruction of any material when the CDC reasonably suspects that such facility or material may endanger public health, subject to just compensation;
- 7) Issuance and enforcement of measures for safe handling and disposal of human and animal remains; and
- 8) Requiring any health or funeral facility authorized by law to perform such services as are reasonable and necessary to respond to a public health emergency.

ARTICLE VI SPECIAL POWERS / AUTHORITY TO ENABLE RESPONSE

SEC. 13. Authority for Other Professions to Administer, Dispense, and Provide Commodities for Public Health Emergencies and Emerging and Re-Emerging Diseases (PHEED). — In addition to physicians, other health and allied medical professionals such as but not limited to pharmacists and midwives who are duly trained by the DOH or its authorized representatives may administer, dispense and provide commodities for PHEED with special authorization or regular certificate of registration from the FDA notwithstanding any law to the contrary.

SEC. 14. Issuance of Special Regulatory Authorizations. — Pursuant to Section 4 of Republic Act No. 3720, as amended by Republic Act No. 9711 or the "FDA Act of 2009," the FDA shall be given authority to issue special authorizations for commodities for PHEED, provided the following:

- a) Based on the totality of available scientific evidence, including data from adequate and well-documented controlled trials, it is reasonable to believe that the health product may be effective to prevent, diagnose, or treat the disease/s of concern;
- b) The well-documented and potential benefits of the health product when used to diagnose, prevent, or treat disease/s of concern outweigh the known and potential risks if any; and
- c) There is no adequate, approved, and available alternative to the health product for diagnosing, preventing, or treating disease/s of concern.

Distribution and administration of unauthorized commodities for PHEED shall be prohibited.

SEC. 15. Health Technology Assessment and Evidence Review. — The Health Technology Assessment (HTA) shall not be a prerequisite to procurement of commodities for PHEED as an exemption to Section 34 of the RA 11223. Further, HTA shall not be required for:

- a) Donated health products;
- b) Unregistered commodities for PHEED which are qualified for compassionate use according to the guidelines set by the FDA; and
- c) Immediate repurposing or stock realignment of commodities for PHEED that have already been procured by the DOH, LGUs, private sector entities; Provided, that repurposing or stock realignment shall be in accordance with the indication of its use as approved by the FDA.

The DOH, FDA, HTAC, and other relevant offices shall, without need for notice or demand, immediately provide each other with any and all information, including but not limited, to proprietary submissions of data by manufacturers, traders, distributors, or other sources, for the purpose of expediting the review of the evidence, product authorization or registration, and the

1 appropriate release of recommendations and supporting policies: Provided, that a non-disclosure
2 agreement (NDA) among all parties involved shall be executed and enforced prior to the sharing
3 of the said information.
4

5 **SEC. 16. Procurement of Commodities and Services for Public Health Emergency by the**
6 **DOH.** — The DOH shall be authorized to procure commodities for public health emergencies
7 that are recommended by any of the following:
8

- 9 a) World Health Organization (WHO);
 - 10 b) Health Technology Assessment Council (HTAC);
 - 11 c) DOH-approved clinical practice guidelines or interim guidelines; or
 - 12 d) Similar emergency authorizations from other stringent NRAs.
- 13

14 For the purposes of this provision, the DOH may immediately enter into alternative modes of
15 expedited procurement with United Nations (UN) Agencies, International Organizations, or
16 International Financing Institutions and their operational arms, such as but not limited to WHO,
17 United Nations Office for Project Services (UNOPS), and United Nations Children's Fund
18 (UNICEF).
19

20 Section 88 of Presidential Decree No. 1445, as amended, otherwise known as the “Government
21 Auditing Code of the Philippines”, and any law to the contrary notwithstanding, the DOH may
22 disburse funds as advance payment if required by the manufacturer, trader, or distributor:
23 Provided, that the authority to make advance payment shall be for the procurement of
24 commodities for PHE and to secure other goods and services necessary for their storage,
25 transport, deployment, and administration.
26

27 **SEC. 17. Donation of Excess Supply of Commodities.** — In case of an excess supply of
28 commodities as may be determined by the DOH, DOH may donate the excess commodities to
29 other LGUs, bureaus, agencies, instrumentalities, or private entities. The national government,
30 led by the DFA and in coordination with the DOH may also donate the excess supply to other
31 countries: Provided, the DOH, Department of Budget and Management (DBM), and
32 Commission on Audit (COA) shall issue a separate operational guideline setting forth expedited
33 procedures to facilitate any donations pursuant to this provision, any law to the contrary
34 notwithstanding.
35

36 **SEC. 18. Authority to Direct the Operations of Private Establishments During Public**
37 **Health Emergencies** - The President, during public health emergencies, may direct the
38 operations of any privately-owned establishments, including, among others, hospitals and
39 medical and health facilities, passenger vessels, and other private enterprises, to perform
40 functions and provide support services for public health emergency response, including, but not
41 limited to, housing health workers; serving as quarantine areas, quarantine centers, medical relief
42 and aid distribution locations, or other temporary medical facilities; and ferrying health,
43 emergency, and frontline personnel and other persons; Provided that the management and
44 operation of such establishments shall be retained by the owners; Provided further, that
45 reasonable compensation for any additional damage or costs incurred by the owner or the
46 possessor of the subject property solely on account of complying with the directive shall be given
47 to the person entitled to the possession of such private properties or businesses after the situation
48 has stabilized or at the soonest time practicable.
49

50 **SEC. 19. Transition to Regular Authorization.** — For this purpose, the FDA shall be given
51 authority to develop specific guidelines on the transition of the regulatory authorization of
52 commodities for PHEED from special use authorization to regular certificate of registration. This

1 is in consideration of the time needed to process applications and to avoid a monopoly by a single
2 supplier of health products for PHEED. The granting of a regular certificate of registration by
3 the Philippine FDA to the first brand deemed suitable for such registration shall not immediately
4 revoke all other special authorizations granted by the FDA to other brands, any law to the
5 contrary notwithstanding: Provided, that once the DOH and the FDA had determined that the
6 suppliers granted with regular certificate of registration have enough capacity to supply the
7 country's projected needs, all other special authorizations issued shall be deemed revoked by
8 this Act, without prejudice to their holders completing the process to obtain a regular certificate
9 of registration: Provided, further that any remaining stocks with a valid shelf-life but with a
10 special authorization revoked pursuant to this provision shall either be donated to a country
11 where its use is still authorized by its NRA, held in storage until it is registered or disposed of
12 appropriately upon the termination of its shelf-life.

13
14 **SEC. 20. Immunity from Liability.** — Notwithstanding any law to the contrary, public
15 officials and employees, contractors, volunteers, including manufacturers, traders, or distributors
16 of commodities for public health emergencies under special authorizations, and representatives
17 of duly authorized private sector entities (the "Covered Persons") who are authorized to carry
18 out and are actually carrying out the public health emergency response shall be immune from
19 suit and liability under Philippine laws with respect to all claims arising out of, related to, or
20 resulting from the administration or use of commodities under the public health emergency
21 response in the discharge of the Covered Persons' official duties except, those arising from
22 willful misconduct and gross negligence.

23
24 The members of the FDA and the National Adverse Events Following Immunization (NAEFIC)
25 and its regional counterparts during the conduct of monitoring for probable adverse effects from
26 the commodities for public health emergency shall similarly enjoy the privileges given under
27 this section, waiving any liability unless the said members' actions are tantamount to gross
28 negligence or willful misconduct.

29 30 **ARTICLE VII** 31 **SUPPLEMENTAL FUNCTIONS AND POWERS OF THE CDC** 32

33 **SEC 21. Public Health Surveillance Programme.** —

- 34
35 a) The Director General shall identify priority health problems for prevention and control.
36 The Director General shall also institute public health surveillance programs in
37 accordance with RA 11332.
38
39 b) For the purpose of any public health surveillance program, epidemiological investigation,
40 or survey under this Act, the Director General may issue an order requiring any person
41 to furnish CDC, within the period stated therein, with:
42
43 i) Such information as may be required; and
44 ii) Any sample of any substance or matter in the possession or control of that person,
45 whether taken pursuant to this Act or otherwise, as may be considered necessary
46 or appropriate.
47
48 c) The CDC shall perform the functions and obligations of the EB and the DOH under
49 Sections 5, 6, and 8 of RA No. 11332. As such:
50
51 i) All public and private hospitals, clinics, health facilities, laboratories, institutions,
52 workplaces, schools, prisons, ports, airports, establishments, communities, other

- 1 government agencies, and NGOs are required to accurately and immediately
2 report notifiable disease and public health events to CDC.
- 3 ii) All public and private hospitals, clinics, health facilities, laboratories shall be
4 required to submit health and health-related data, which shall include, but not be
5 limited to, administrative, public health, medical, pharmaceutical, and financing
6 data to CDC.
- 7 iii) DSOs, ESUs, CDC Laboratories, PHLs, pharmacies and those employed by the
8 local government units involved in surveillance and response shall directly report
9 information required by the CDC at all times and as soon as practicable.
- 10 iv) Failure of said establishments to report to the CDC shall constitute violation of
11 Section 9 (d) and (e) of RA No. 11332.

12
13 **SEC. 22. Philippine Health Laboratory System (PHLS). –**

- 14
15 a) Establishment. There shall be an established Philippine Health Laboratory System by
16 unifying all diagnostic tests and surveillance of diseases of public health importance into
17 stand-alone laboratories across the nation.
- 18 b) Oversight and Governance. The CDC shall exercise supervisory and oversight functions
19 over all public health laboratories in the PHLS, and oversee their functions and
20 performance through the CHL.

21
22 **SEC. 23. Intergovernmental Collaborative Activities. —** The Secretary of Foreign Affairs
23 and the SOH are jointly mandated to review and recommend to the CDC multilateral and bilateral
24 agreements which the country may adopt to strengthen its collaborative mechanisms with other
25 countries.

26
27 **ARTICLE VIII**
28 **MISCELLANEOUS PROVISIONS**
29

30 **SEC. 24. Transitory Provision. —** The CDC, in coordination with the DOH and LGUs, shall
31 craft a multi-year plan to ensure the timely implementation and progressive realization of this
32 Act. Towards this end, the multi-year plan shall include, but not be limited to:

- 33
34 a) Phased expansion of the capacity of the CDC to cover other health conditions or threats
35 in view of the needs of the Philippine health sector;
- 36 b) Requiring that every province and city-wide health system have full-time DSOs, without
37 prejudice to the need for DSOs in municipalities, as may be deemed necessary;
- 38 c) Establishing SNLs and RPHLs;
- 39 d) Emergency funding and procurement of commodities and hiring during Public Health
40 Emergencies; and
- 41 e) Establishment of infrastructure and acquisition of parcels of land to house the national
42 offices under CDC.

43
44 The DOH, upon coordination with CDC, shall submit the funding requirements with
45 corresponding annual targets for the implementation of the multi-year plan to the DBM and
46 concerned agencies, for the determination of appropriate national budget allocation; Provided,
47 that for local budget allocation, the LGUs shall also appropriate the necessary funds to ensure
48 the proper implementation of this Act, in relation to their devolved functions under the UHC Act
49 and other existing laws.

50
51 **SEC. 25. Modernization Program. —** The Director General shall, in consultation with the
52 DOH and other concerned agencies of government and the private sector, develop a

1 modernization program that will strengthen the human health resource of the CDC, which is the
2 key component of the country's disease prevention and control policy. The modernization
3 program shall include the acquisition and upgrading of appropriate technologies, laboratories,
4 facilities, equipment, other needed resources, and the needed relocation and acquisition of
5 additional land or location that would house the CDC.

6
7 Within one hundred eighty (180) days from the effectivity of this Act, the Director General shall,
8 upon the recommendation of the DOH and DBM Secretaries, submit the modernization program
9 for the consideration and approval of Congress.

10
11 The modernization program shall be implemented over a period of five (5) years. Appropriations
12 for the modernization program shall be charged against the annual General Appropriations Act
13 (GAA).

14
15 **SEC. 26. Authority to Solicit, Negotiate, and Receive Donations, Grants, Gifts, Legacies,**
16 **Endowments, and Contributions.** — The CDC may solicit, negotiate with, and receive from
17 any public or private domestic or foreign sources legacies, gifts, donations, grants, endowments,
18 contributions or other transfers of ownership and/or possession of real or personal properties of
19 all kinds for use in its operations such as, but not limited to, upgrading of its facilities, equipment
20 outlay, human resource development and expansion, and the acquisition of the appropriate office
21 space to improve the delivery of its services to the public.

22
23 The Director General shall be authorized to retain, without need of a separate approval from any
24 government agency, and subject only to existing accounting and auditing rules and regulations,
25 all the legacies, gifts, donations, grants, endowments, contributions or other transfers of
26 ownership and/or possession of real or personal properties of all kinds solicited, negotiated, and
27 received by the CDC under this Act and other laws that it is mandated to administer based on the
28 immediately prior year of operations. The same, which shall be in addition to the annual budget
29 of the CDC shall be deposited and maintained in a separate account or fund, which may be used
30 or disbursed directly by the Director General for the purpose of which the fund was originally
31 intended.

32
33 **SEC. 27. Tax Exemptions.** — Donations, grants, gifts, endowments, legacies, and contributions
34 used actually, directly and exclusively for the purpose of the CDC shall be exempt from donor's
35 tax and the same shall be considered as allowable deduction from gross income for purposes of
36 computing the taxable income of the donor, in accordance with Sec. (H)(2)(a) of the National
37 Internal Revenue Code of 1997, as amended. Likewise, such other transfers of ownership and/or
38 possession of real or personal properties of all kinds shall be exempt from all taxes.

39
40 **SEC. 28. Annual Report.** — The CDC shall submit to Congress and the Office of the President
41 an annual report containing evaluation of the current and emerging threats to health in the country
42 and progress to IHR commitments, initiatives undertaken to address these and recommend
43 legislative measures as may be necessary.

44
45 **SEC. 29. Appropriations.** — The amount necessary for the initial implementation of this act
46 shall be charged against the current year appropriations of the offices and agencies concerned.
47 Thereafter, the funding requirements for the ensuing years shall be included in the annual GAA.

48
49 **SEC. 30. Implementing Rules and Regulations.** — The DOH shall promulgate the necessary
50 implementing rules and regulations within ninety (90) working days from the effectivity of this
51 Act.

1 **SEC. 31. Separability Clause.** — If any provision of this Act is declared unconstitutional or
2 otherwise invalid, the validity of the other provisions shall not be affected thereby.

3
4 **SEC. 32. Repealing Clause.** — All laws, decrees, orders, rules and regulations, other issuances,
5 or parts thereof, inconsistent with any provision of this Act, are hereby repealed or modified
6 accordingly.

7
8 **SEC. 33. Effectivity.** — This Act shall take effect fifteen (15) days after its complete publication
9 in the Official Gazette or in two (2) newspapers of general circulation.

10
11 *Approved,*