



**Republic of the Philippines
House of Representatives
Quezon City, Metro Manila**

**Nineteenth Congress
First Regular Session**

HOUSE BILL NO. 7248



Introduced by Representative Rudys Caesar G. Fariñas I

EXPLANATORY NOTE

This bill creates the Philippine Health Security Council (PHSC) as an inter-agency body administratively attached to the Department of Health tasked to formulate and update the Philippine Health Security National Action Plan (PHSNAP), review existing programs, plans and activities, identify and prioritize activities, and implement evidence-based actions to improve international health regulations (IHR) capacities in health systems for health security.

Among the salient provisions of this measure is the institutionalizing of preparing the PHSNAP, which aims to protect the physical and mental health of Filipinos, limit economic losses, and preserve confidence in the government by strengthening public health and healthcare systems to effectively and swiftly confront health risks, such as emerging infectious diseases, use of chemical, biological, radiological, and nuclear weapons, health-related cyber warfare, and catastrophic natural disasters and human-caused incidents. The Council will also prepare, mobilize, and coordinate the full spectrum of public health capabilities in a public health emergency, disaster, or attack.

Hence, this representation seeks the passage of this measure.


RUDYS CAESAR G. FARIÑAS I



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HOUSE BILL NO. 7248

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**AN ACT
ESTABLISHING THE PHILIPPINE HEALTH SECURITY COUNCIL AND
APPROPRIATING FUNDS THEREFOR**

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

CHAPTER I

PRELIMINARY PROVISIONS

SECTION 1. Title. – This Act shall be known as the “Philippine Health
Security Act”.

SEC. 2. Declaration of Policy. – Section 15 of Article II of the Constitution
of the Philippines declares that the State shall protect and promote the right to
health of the people and instill health consciousness among them. Section 11 of
Article XIII of the Constitution mandates the adoption of an integrated and
comprehensive approach to health development.

By virtue of its obligations under the International Health Regulations
(IHR) 2005 of the World Health Organization (WHO), the Philippines is required
to build its core capacities in protecting its citizens, along with the citizens of
other countries, from the spread of diseases and other health hazards.

Towards this end, the State shall:

(a) Protect the physical and mental health of the Filipinos, limit economic

1 losses, and preserve confidence in government by strengthening public
2 health and health care systems to effectively and swiftly confront the
3 devastating consequences of health risks, such as emerging infectious
4 diseases that could lead to a pandemic; use of chemical, biological,
5 radiological, and nuclear weapons; health-related cyber warfare; and
6 catastrophic natural disasters and human-caused incidents, through
7 multi-sectoral and multidisciplinary approaches for effective alert and
8 response systems;

- 9
- 10 (b) Prepare, mobilize, and coordinate the whole-of-government and whole-
11 of-society approach to bring the full spectrum of public health
12 capabilities in the event of a public health emergency, disaster, or
13 attack.

14

15 **SEC. 3. Definition of Terms.** – As used in this Act:

- 16
- 17 (a) *Cybersecurity* refers to the collection of tools, policies, risk management
18 approaches, actions, training, best practices, assurance and
19 technologies that can be used to protect the cyber environment and
20 organization and user’s assets;

- 21
- 22 (b) *Cyber warfare* refers to the use of technology to launch attacks on
23 nations, governments and citizens, causing comparable harm to actual
24 warfare using weaponry;

- 25
- 26 (c) *Emerging infectious diseases* refer to newly identified diseases and
27 previously unknown infections that have not occurred in humans before
28 due to mutant or resistant strains of a causative organism which cause
29 public health problems either locally or internationally;

- 30
- 31 (d) *Health security* refers to the activity required, both proactive and
32 reactive, to minimize the danger and impact of acute public health
33 events that endanger people’s health;

- 34
- 35 (e) *Health security interface* refers to public health activities the
36 performance of which involves the security sector such as during
37 outbreak response operations in times of conflicts and wars, events
38 involving the intentional use of chemical or biological agents to cause
39 harm, issues related to mass gatherings like major sporting events,
40 festivals, and regular religious migrations; and activities that may arise
41 in the course of a natural disease outbreak;

- 42
- 43 (f) *International health regulations* (IHR) refer to legally binding instruments
44 of international law that set standards and protocols to be observed by
45 states in order to prevent the spread of diseases and other health risks,
46 save lives, protect livelihoods and avoid the unnecessary curtailment of
47 international trade and travel;

(g) *National action plan for health security (NAPHS)* refers to a country-owned, multi-year planning process that can accelerate the implementation of IHR core capacities and is based on one health and whole-of-government approach for all hazards. It captures national priorities for health security, brings sectors together, identifies partners, and allocates resources for health security capacity development. The NAPHS also provides an overarching process to capture all ongoing preparedness initiatives in a country along with a country's governance mechanism for emergency and disaster risk management;

(h) *One-health* refers to an approach or design in implementing programs, policies, legislation, and research in which multiple sectors communicate and work together to achieve better public health outcomes. The areas of work in which a one-health approach is particularly relevant include food safety, the control of zoonoses, and combatting antibiotic resistance;

(i) *Pandemic* refers to a widespread occurrence of an infectious disease across international boundaries that is usually affecting a very large number of people;

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

(1) Is caused by any of the following:

(i) Bio terrorism;

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

(iii) A natural disaster;

(iv) A nuclear attack or accident; or

(v) An attack or accidental release of harmful chemicals or radioactive materials; and

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

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

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

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

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

(v) Trade and travel restrictions;

(k) *Public health risk* refers to an event:

(a) That might adversely affect the health of human populations; and

(b) That satisfies any one or more of the following conditions where the health effects of the event might:

(i) spread within the Philippines;

(ii) spread between the Philippines and another country;

(iii) spread between two (2) other countries; or,

(iv) present a serious and direct danger to public health;

(l) *Re-emerging infectious diseases* refer to diseases which are known and have occurred previously but affected only small numbers of people in isolated areas or were once major health problems but have fallen to levels so low that they were no longer considered a public health problem. Re-emerging infectious diseases often reappear in epidemic proportions; and,

(m) *Zoonoses* refer to infectious diseases caused by an infectious agent, such as a bacterium, virus, parasite, or prion that has transferred from an animal to a human.

SEC. 4. National Action Plan. – There shall be established a Philippine Health Security National Action Plan (PHSNAP) to strengthen the country's institutional capacity to implement disease prevention, surveillance, control, response systems and contingency plans to deal with public health events and emergencies, including deliberate release of biological or chemical agents intended to harm civilian populations or attack to the health care delivery system.

CHAPTER II

PHILIPPINE HEALTH SECURITY COUNCIL

SEC. 5. Creation. – There is hereby created the Philippine Health Security Council (PHSC), which shall be an inter-agency body administratively attached to the Department of Health (DOH) and tasked to formulate and update the PHSNAP. It shall review all existing national programs, plans, and activities pertinent to health security and public emergency, identify and prioritize activities, and implement evidence-based actions for sustainable capacity development to improve IHR capacities in health systems for health security.

SEC. 6. Powers and Functions. – The PHSC shall have the following powers and functions:

- (a) Formulate and operationalize the PHSNAP in collaboration with relevant government agencies, civil society organizations (CSOs), and other stakeholders;
- (b) Establish partnerships with foreign and international organizations that enable the generation and exchange of vital information through collaborative activities in research, data collection, and the provision of essential services;
- (c) Prepare the policies and guidelines for the effective and efficient implementation of the PHSNAP;
- (d) Institute efficient mechanisms to ensure the security of medical devices and hospital networks and prevent cyber-related breaches that may affect the operation of medical devices and compromise the integrity of health-related information;
- (e) Ensure adherence by national government to the Philippines' commitment to the IHR 2005 of the WHO and take appropriate actions based on the IHR Joint External Evaluation recommendations and the present situation of the country;
- (f) Authorize concerned agencies to purchase, store, or distribute anti-toxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies and devices considered advisable in the interest of preparing for or controlling a public health emergency, with the right to take immediate possession thereof;
- (g) Monitor, assess, and evaluate the implementation of the PHSNAP;
- (h) Source funds for the PHSNAP;
- (i) Accept donations, whether from local or foreign sources, and ensure that funded programs are aligned to the national response;

1 (j) Recommend to Congress the enactment of policies vital to the maintenance
2 of health security and ensure that all executive policy issuances are
3 aligned with the PHSNAP;
4

5 (k) Assist Local Government Units (LGUs) in the formulation of their
6 respective Health Security Local Action Plans (HSLAP) in accordance with
7 Chapter III hereof;
8

9 (l) Facilitate and support health security initiatives and activities of the
10 LGUs; and
11

12 (m) Submit an annual report to the Office of the President and the
13 Congress.
14

15 The member agencies of the PHSC under Section 7 of this Act shall
16 formulate and implement their respective action plans pursuant to the PHSNAP.
17

18 The Chairperson of the PHSC may call upon any government office or
19 instrumentality, including government-owned or -controlled corporations,
20 government financial institutions, LGUs, nongovernment organizations, and the
21 private sector for assistance during public health emergencies or as the
22 circumstances may require.
23

24 The Chairperson of the PHSC may recommend to the President the
25 enlistment of the Armed Forces of the Philippines to supplement the Philippine
26 National Police and other law enforcement agencies for the purpose of enforcing
27 the quarantine of specific areas or facilitating the transport of emerging
28 infectious disease patients, and for such other purposes for the effective
29 implementation of this Act.
30

31 **SEC. 7. Membership and Composition.** – The PHSC shall be composed
32 of the following:
33

34 (a) Secretary of Health;
35

36 (b) Secretary of National Defense;
37

38 (c) Executive Secretary;
39

40 (d) National Security Advisor;
41

42 (e) Secretary of Foreign Affairs;
43

44 (f) Secretary of Interior and Local Government;
45

46 (g) Secretary of Justice;

- 1
2 (h) Secretary of Budget and Management;
3
4 (i) Secretary of Trade and Industry;
5
6 (j) Secretary of Agriculture;
7
8 (k) Secretary of Environment and Natural Resources;
9
10 (l) Secretary of Tourism;
11
12 (m) Secretary of Transportation;
13
14 (n) Secretary of Information and Communications Technology;
15
16 (o) Secretary of Labor and Employment;
17
18 (p) Secretary of Science and Technology;
19
20 (q) Secretary of Public Works and Highways;
21
22 (r) Chairperson of the Commission on Higher Education;
23
24 (s) Secretary of Education;
25
26 (t) Secretary of Agrarian Reform;
27
28 (u) Director General of National Economic and Development Authority;
29
30 (v) Secretary of the Presidential Communications Operations Service;
31
32 (w) Chief of Staff of the Armed Forces of the Philippines;
33
34 (x) Chief of the Philippine National Police;
35
36 (y) Director of the National Bureau of Investigation;
37
38 (z) Director General of the National Intelligence Coordinating Agency;
39
40 (aa) Director General of the Technical Education and Skills
41 Development Authority;
42
43 (bb) Chairperson of the Civil Service Commission;
44

- 1 (cc) Commissioner of the Bureau of Customs;
2
- 3 (dd) Director General of the Philippine Information Agency;
4
- 5 (ee) Executive Director of the Philippine Council for Health Research
6 and Development;
7
- 8 (ff) President of the Philippine Health Insurance Corporation;
9
- 10 (gg) Director General of the Food and Drug Administration;
11
- 12 (hh) Director of the Research Institute for Tropical Medicine;
13
- 14 (ii) President of the Union of Local Authorities of the Philippines;
15
- 16 (jj) President of the League of Provinces of the Philippines;
17
- 18 (kk) President of the League of Cities of the Philippines;
19
- 20 (ll) President of the League of Municipalities of the Philippines;
21
- 22 (mm) President of the Liga ng mga Barangay;
23
- 24 (nn) President of the Government Service Insurance System;
25
- 26 (oo) President of the Social Security System;
27
- 28 (pp) Chairperson of the National Anti-Poverty Commission;
29
- 30 (qq) Chairperson of the Housing and Urban Development Coordinating
31 Council;
32
- 33 (rr) Chairperson of the National Commission of Senior Citizens;
34
- 35 (ss) Chairperson of the National Council on Disability Affairs;
36
- 37 (tt) Chairperson of the Philippine Commission on Women;
38
- 39 (uu) Presidential Adviser for Religious Affairs;

(vv) Secretary General of the Philippine Red Cross;

(ww) Four (4) representatives from the CSOs;

(xx) Four (4) representatives from the private sector;

(yy) Four (4) representatives from the health sector; and

(zz) Four (4) representatives from the academe.

The Secretary of Health shall be the permanent Chairperson of the PHSC and the Secretary of National Defense its Co-Chairperson.

The PHSC, upon the vote of 2/3 of all members present comprising a quorum, shall be allowed to include additional members as it may deem necessary.

The President shall, upon the recommendation of the PHSC, appoint the representatives of the CSOs and private sector based on a short list to be provided by the members, in accordance with the criteria and mechanism to be established by the PHSC. They shall serve for a term of three (3) years, renewable upon the recommendation of the PHSC for a maximum of two (2) consecutive terms.

The Secretary of the member agencies shall designate a permanent alternate member to the PHSC, preferably an Undersecretary who is a certified career service officer.

The PHSC may invite the Administrator of the Supreme Court, the Chairperson of the Committee on Health and Demography of the Senate of the Philippines and the Chairperson of the Committee on Health of the House of Representatives to its meetings.

The PHSC shall convene not later than thirty (30) days after the date of the enactment of this Act. It shall meet at least once every quarter on dates and in places it shall determine. The Chairperson of the PHSC may call for a special meeting as the need arises. The PHSC shall formulate internal rules to govern the conduct of its meetings.

SEC. 8. Secretariat. – The Health Emergency Management Bureau (HEMB) of the DOH shall serve as the Secretariat of the PHSC and perform the following functions:

- 1
- 2 (a) Coordinate and manage the day-to-day affairs of the PHSC;
- 3
- 4 (b) Assist in the formulation, monitoring, and evaluation of the policies to
- 5 the PHSNAP;
- 6
- 7 (c) Provide technical assistance, support, and advisory services to the
- 8 PHSC and its external partners;
- 9
- 10 (d) Assist the PHSC in identifying and building internal and external
- 11 networks and partnerships;
- 12
- 13 (e) Coordinate and support the efforts of the PHSC and its members to
- 14 mobilize resources;
- 15
- 16 (f) Serve as repository of health security information;
- 17
- 18 (g) Disseminate updated, accurate, relevant, and comprehensive
- 19 information about the country's health security situation to PHSC
- 20 members, policy makers, and the media; and
- 21
- 22 (h) Provide administrative support to the PHSC.
- 23

24 The Secretary of Health, as Chairperson of the PHSC, may assign other

25 staff from the DOH to assist the HEMB in the performance of its functions as

26 Secretariat of the PHSC.

27

28 CHAPTER III

29 HEALTH SECURITY AT THE REGIONAL AND LOCAL LEVEL

30

31 **SEC. 9. Health Security Management and Organization at the**

32 **Regional Level.** – There shall be established a Regional Health Security Council

33 (RHSC) in every administrative region of the country which shall be responsible

34 in the development and implementation of the Health Security Regional Action

35 Plan.

36

37 The RHSC shall establish an operating facility to be known as the Regional

38 Health Security Management Operations Center whenever necessary.

39

40 The Regional Directors of the DOH shall serve as Chairpersons of the

41 RHSC. Its Vice Chairpersons shall be elected by the members. In the case of the

42 Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), the Chief

43 Minister shall be the RHSC Chairperson. The existing regional offices of the DOH

44 shall serve as secretariat of the RHSCs. The RHSCs shall be composed of the

45 executives of the regional offices and field stations at the regional level of the

46 government agencies and concerned institutions and authorities including

representatives from the CSOs, private sector, the academe, and the health sector.

SEC. 10. Organization at the Local Level. – Provincial, City, and Municipal Health Security Councils shall be established. The Local Health Security Council shall be composed of the Local Health Emergency Response Team and concerned institutions and authorities, including representatives from the CSOs, private sector, the academe, and the health sector.

(a) Composition. The local health security councils shall be composed of the following members:

(1) Local Chief Executive, as chairperson;

(2) Highest ranking officer of the Armed Forces of the Philippines assigned in the province, city, municipality, or barangay, respectively;

(3) Head of the Local Health Office;

(4) Local Planning and Development Officer;

(5) Head of the local Social Welfare and Development Office;

(6) Head of the local Agriculture Office;

(7) Head of the local Veterinary Office;

(8) Head of the local Engineering Office;

(9) Head of the local Budget Office;

(10) Head of the Business Permit and Licensing Office;

(11) Head of the Transportation Office;

(12) Head of the Communication Affairs Office;

(13) Head of the local Community Relations Department;

(14) Head of General Services Department;

(15) Head of Cultural and Tourism Affairs Office;

- 1
- 2 (16) Head of Office of the Building Official;
- 3
- 4 (17) Head of Public Order and Safety Office;
- 5
- 6 (18) Head of Environmental Protection and Waste Management Office;
- 7
- 8 (19) Head of the Housing and Community Development and Resettlement
9 Office;
- 10
- 11 (20) Division or Superintendent of Schools of the DepEd, respectively;
- 12
- 13 (21) Provincial Director/City/Municipal chief of the Philippine National
14 Police;
- 15
- 16 (22) President of the Association of Barangay Captains;
- 17
- 18 (23) Philippine National Red Cross;
- 19
- 20 (24) Four (4) accredited CSOs;
- 21
- 22 (25) Four (4) private sector representatives;
- 23
- 24 (26) Four (4) representatives from the academe; and,
- 25
- 26 (27) Four (4) representatives from health community.
- 27
- 28 (b) The local health security councils shall have the following functions:
- 29
- 30 (1) Develop, operationalize, and implement their respective HSLAP in
31 accordance with the PHSNAP and the provisions of this Act;
- 32
- 33 (2) Localize public health emergency preparedness and ensure efficient
34 local response to assess, monitor, contain, control, and prevent the
35 spread of any potential epidemic or public health risks;
- 36
- 37 (3) Support the health security initiatives of the national government;
- 38
- 39 (4) Pass timely and relevant ordinances that will strengthen the provision
40 of health security; and

(5) Convene the local health security council once every three (3) months or as necessary.

SEC. 11. Local Government Support and Cooperation. – During a state of public health emergency, local government officials are hereby mandated to provide all the necessary support and cooperation to the national government in accordance with Section 105 of Republic Act No. 7160, or the Local Government Code.

The refusal of local government officials to provide support and cooperation during public health emergencies shall constitute an offense and shall be dealt with disciplinary action as provided for in the Local Government Code.

CHAPTER IV PUBLIC HEALTH EMERGENCY

SEC. 12. Declaration of State of Public Health Emergency. – The President, upon the recommendation of the Secretary of Health, may declare a State of Public Health Emergency. The basis for such a declaration shall be made public by the PHSC through the mass media and a written report shall be submitted to both Houses of Congress.

The State of Public Health Emergency shall last for a period of sixty (60) days, unless extended or terminated earlier by the Council.

During the State of Public Health Emergency, the PHSC may exercise, in coordination with national government agencies, local governments, and other organizations responsible for the implementation of the PHSNAP, the following powers:

(a) To direct and compel the evacuation of, or to decontaminate or cause to be decontaminated, or to close any facility of which there is reasonable cause to believe that it may endanger the public health;

(b) To require privately-owned health care facilities to provide services or to allow the use of their facilities within reasonable and necessary grounds for emergency response to a public health emergency; and,

(c) To control, restrict and regulate the use and rationing of pharmaceutical agents and/or medical supplies and equipment it considers essential during a public health emergency.

CHAPTER V MISCELLANEOUS PROVISIONS

SEC. 13. Creation of Health Security Advisory Group. – A Health Security Advisory Group (HSAG) shall be established as an advisory body to the

PHSC and the President of the Philippines on matters of health security. The HSAG shall consist of former health secretaries, public health specialists, Filipino scientists and scholars, and other health professionals and experts that the PHSC may deem necessary. All members who shall be appointed to the HSAG must be of good moral character and of recognized probity and independence, and have no pending case or criminal and administrative record.

SEC. 14. Appropriations. – The amount necessary to carry out the provisions of this Act shall be included in the annual General Appropriations Act.

SEC. 15. Annual Report. – The PHSC, through its Chairperson, shall submit an annual report to the Office of the President, the Senate, and the House of Representatives, within the first quarter of the succeeding year.

SEC. 16. Implementing Rules and Regulations. – The Secretary of Health shall, in consultation with the members of the PHSC, issue the necessary rules and regulations for the effective implementation of this Act within ninety (90) days from its effectivity.

SEC. 17. Congressional Oversight Committee. – There is hereby created a Congressional Oversight Committee which shall monitor and review the proper implementation of this Act composed of five (5) members from the Senate of the Philippines and five (5) members from the House of Representatives with the Chairpersons of the Committees on Health of both the Senate and the House of Representatives as joint Chairpersons of this Committee. The four (4) other members from each Chamber are to be designated by the Senate President and the Speaker of the House of Representatives, respectively. The minority shall be entitled to proportional representation but shall have at least one (1) representative from each Chamber.

SEC. 18. Repealing Clause. – All laws, decrees, orders, issuances and rules and regulations or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 19. Separability Clause. – If any provision of this Act shall be held unconstitutional or invalid, the other provisions not otherwise affected shall remain in full force and effect.

SEC. 20. Effectivity. – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,