

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 322



Introduced by: Hon. Iris Marie D. Montes

AN ACT
CREATING THE PHILIPPINE CENTER FOR DISEASE PREVENTION AND CONTROL, DEFINING ITS POWERS AND FUNCTIONS, AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

Section 15, Article II of the 1987 Constitution declares that, "The State shall protect and promote the right to health of the people and instill health consciousness among them.

Section 11, Article XIII also declares that it is the responsibility of the State to "adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers."

Pursuant thereto, this bill seeks to establish a Center for Disease Prevention and Control (CDC), under the Department of Health (DOH), which shall be responsible for preventing and controlling diseases; strengthening public health emergency preparedness and response; and expanding global health security capacity.

The CDC is envisioned to serve as the technical authority on forecasting, analysis, strategy, and standards development for the prevention and control of all diseases of public health importance and health security events, whether domestic or international in origin.

It is also tasked to implement disease surveillance, recommend actions against public health threats, build local capacity for surveillance and health research, and lead public and health risk communications.

The CDC will serve as the DOH's arm that is dedicated solely to disease control, spearheading the country's research and development for communicable and non-communicable diseases; improving the operational capacity of our health laboratories and facilities; and providing capacity building and technical assistance to local governments, among others.

A unique feature of this measure is its affirmation of the critical role of women in building resilient communities and ensuring global health security along with the recognition that women and girls are often disproportionately affected by health emergencies. Consequently, it provides for the creation of the Office of Women's Health in order to raise public awareness to risk factors and other conditions that impact women and girls' health.

According to the World Health Organization (WHO), "Gender roles and unequal gender relations interact with other social and economic factors, making

women and girls more vulnerable to health emergencies and less likely to access essential information, care, and services during these crises.¹"

Moreover, the WHO recognizes that "Being a man or a woman has a significant impact on health, as a result of both biological and gender-related differences. The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors."²

The creation of our won CDC is urgently needed to serve as a specialized agency that will lead and coordinate the government's response to address diseases and future public health threats.

In view of the foregoing, the immediate approval of this bill is earnestly sought.


IRIS MARIE D. MONTES
Kababaihan, Kabalikatan para sa Kapakanan
at Kaunlaran ng Bayan (4K) Party-list

¹ Invest in Women, World Health Organization (<https://extranet.who.int/sph/invest-women>) Accessed on 09 June 2025

² Women's health, WHO (<https://www.who.int/health-topics/women-s-health>) Accessed on 09 June 2025

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

SECTION 1. *Short Title.* — This Act shall be known as the "Philippine Center 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. To this end, the State shall adopt an integrated, comprehensive, and evidence-informed approach consistent with the direction under Republic Act No. 11223 or the Universal Health Care Act, and adopt a framework that shall foster a whole-of-system, whole-of-government, and whole-of-society approach, ensuring clear delineation of tasks among 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 identified areas in the International Health Regulations hazards;
- (c) Clarify governance, decision-making, communication, and coordination processes and protocols related to identifying, diagnosing, forecasting, preventing, controlling, eliminating, eradicating, and monitoring all diseases of public health importance;
- (d) Formulate and implement policies, plans, programs and projects for the promotion of scientific and technological activities for both the public and private sectors, and ensure that the results of scientific and technological activities are properly applied and utilized to uphold technical and scientific integrity in decision-making and response;
- (e) Ensure swift, coordinated, and data-driven surveillance and response through the Department of Health (DOH), epidemiology and surveillance units, public health laboratory systems, points of entry, and the Disaster Risk Reduction and Management System; g) Maintain a pool of in-house experts who shall serve as the technical authority and shall provide evidence-informed guidance on standards, technologies, and analytics for epidemiology, disease control, prevention, elimination, eradication, health emergency preparedness, and response; and
- (f) Ensure the development and implementation of a shared risk and crisis communication plan with the DOH, the Food and Drug Administration

(FDA), and Research Institute for Tropical Medicine (RITM), to be known under this Act as the Philippine Research Institute of Medicine.

ARTICLE II DEFINITION OF TERMS

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

- (a) *Commodities for public health emergencies* refer to health products necessary for public health emergency response. These may include vaccines, therapeutics, medical devices, and ancillary supplies;
- (b) *Disease* refers to pathologic acute or rapidly developing and chronic or long-standing conditions that cause harmful deviations from normal structure or function and 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 may be the result of a combination of genetic, physiological, environmental, and behavioral factors. This shall refer to all diseases, including communicable and non-communicable diseases;
- (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) *Health Research* refers to research or research-related activities that seek to provide timely and quality evidence to address knowledge gaps in areas related to identifying, diagnosing, forecasting, preventing, controlling, eliminating and eradicating, and monitoring diseases of public health importance;
- (e) *International Health Regulations* refer to an international agreement managed by the World Health Organization (WHO) and is focused on addressing serious public health threats that have the potential to spread beyond a country's borders to other parts of the world, and defines the standards that countries must meet to be able to prevent, detect, and respond to public health threats;
- (f) *Public health emergency* refers to an occurrence or imminent threat of an illness or health condition that:
 - (i) Is caused by any of the following:
 - (1) Bioterrorism;
 - (2) Appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;
 - (3) Natural disaster;
 - (4) Chemical attack or accidental release;
 - (5) Nuclear attack or accident; or
 - (6) Attack that uses or is caused by an accidental release of radioactive materials; and
 - (ii) Poses a high probability of any of the following:
 - (1) Large number of deaths in the affected population;
 - (2) Large number of serious injuries or long-term disabilities in the affected population;

- (3) 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;
 - (4) International exposure to an infectious or toxic agent that poses a significant risk to the health of citizens of other countries;
or
 - (5) Trade and travel restrictions
- (g) *Public health event* refers to either a public health emergency or a public health threat due to biological, chemical, radio-nuclear, or environmental agents;
- (h) *Public health laboratories* refer to facilities responsible for providing timely and reliable diagnostic results primarily for improvement of patient outcomes, disease prevention, control, and surveillance, population-based interventions, and outbreak emergency response. They shall perform core public health and environmental activities, including reference tests for diseases of public health importance;
- (i) *Public health threat* refers to any situation or factor that may present a danger to the health of the people;
- (j) *Notifiable disease* refers to a disease that, by legal requirements, must be reported to the public health authorities;
- (k) *Quarantine* refers to the restriction of activities and/or separation from others of suspect persons who are not ill, or of suspect baggage, containers, conveyances, or goods, in such a manner as to prevent the possible spread of infection or contamination; and
- (l) *Response* refers to the implementation of specific activities to control further spread of infection, outbreaks, or epidemics and prevent reoccurrence. It includes verification, contact tracing, rapid risk assessment, case measures, treatment of patients, risk communication, the conduct of prevention activities, and rehabilitation.

ARTICLE III CREATION AND FUNCTIONS OF THE PHILIPPINE CENTER FOR DISEASE PREVENTION AND CONTROL

SEC. 5. *Creation of the Philippine Center for Disease Prevention and Control.*
— There is hereby established an agency to be known as the Philippine Center for Disease Prevention and Control, hereinafter referred to as "CDC." The CDC shall be an agency directly under the DOH's Office of the Secretary.

SEC. 6. *Functions of the CDC.* — The CDC shall be a science-based organization that shall be the technical authority on forecasting, analysis, strategy, and standards development for the prevention and control of all diseases of public health importance and health security events, whether domestic or international in origin. The CDC shall coordinate with centers for disease control of other countries and act as the National Focal Point of the Philippines for International Health Regulations concerns.

For purposes of this Act, the "National Focal Point" shall refer to a national office or center that is accessible at all times for International Health Regulations related communications with the WHO and relevant sectors within the country.

The functions of the CDC shall include, but not limited to, the following:

- (a) Develop strategies, standards, and policies for disease prevention and control;
- (b) Implement disease surveillance and field epidemiology activities;
- (c) Perform data collection and analytics;
- (d) Establish and strengthen public health laboratories;

- (e) Recommend actions for public health threats to appropriate national government bodies;
- (f) Lead public health and risk communications;
- (g) Conduct and manage health research and evidence synthesis;
- (h) Build local capacity for surveillance and health research; and
- (i) Promote scientific integrity by ensuring that all its products are technically accurate, scientifically and ethically sound, and useful to the government and the intended population through the institutionalization of appropriate mechanisms and bodies.

The CDC shall perform other functions as may be mandated by law or duly delegated by relevant authorities, as well as those that may be necessary or expedient for the performance of its mandate under this Act.

The CDC shall submit annual detailed cost work plans relating to its functions to the Secretary of Health for approval.

SEC. 7. *Structure of the CDC.* —

- (a) The CDC shall be headed by a Director General;
- (b) The CDC shall have established component centers that shall lead and coordinate the major functions of the CDC and establish strategic linkages and partnerships to fulfill its mandate. In line with the CDC's functions, each of the following component centers shall be headed by a Deputy Director General:

(i) Center for Health Statistics. - The Center for Health Statistics shall provide the national leadership in health statistics, data analytics, and health information systems management of non-epidemiologic surveys in coordination with the Philippine Statistics Authority and shall complement the roles and responsibilities of the DOH related to sectoral policy and planning by providing relevant health statistics. It shall likewise progressively develop and expand its methodological and analytical capacity; its use of informatics, digital tools, innovations, among others; and expand its portfolio of national health-related surveys that it develops and manages to complement existing national health surveys being managed by other national agencies;

(ii) Center for Epidemiology and Surveillance. - The Center for Epidemiology and Surveillance shall lead and execute a national public health surveillance strategy and shall perform the functions and obligations of the Epidemiology Bureau and the DOH under Sections 5, 6, and 8 of Republic Act No. 11332, or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act. Further, it shall progressively enhance its epidemiology and surveillance functions to further develop its overall analytical capacity; to expand the scope of surveilled events and diseases; to set standards for and continually expand tools for data management and surveillance systems; to expand the scope of data collected; to lead in the development of epidemiology and surveillance capacities for all diseases and their causes, including social determinants of health; to lead in implementing international health surveillance and International Health Regulations processes; and to expand its technical expertise to include other and emerging branches and types of epidemiology and relevant epidemiologically related approaches;

(c) Research Institute for Tropical Medicine (RITM) - The RITM, which shall henceforth be referred to as the Philippine Research Institute of Medicine, shall be directly under the CDC and continue to perform its current functions through its Clinical Research Division, Laboratory Research Division, and Biologies Manufacturing Division. To complement the CDC's functions, the Philippine Research Institute of Medicine shall perform the following additional functions:

(i) lead evidence-informed policy-making for the prevention and control of all diseases, which as defined in Section 4 of this Act includes communicable and non-communicable diseases, through the synthesis of available evidence;

(ii) conduct high-quality health research and develop evidence informed strategies and standards of care, and provide scientific inputs to guide the development, evaluation, and improvement of public health programs;

(iii) develop science-informed standards to address public health threats, in partnership with academe, professional societies, research bodies. National Institutes of Health, and the Department of Science and Technology (DOST);

(iv) develop and provide the overall strategic direction, policies, standards, and plans in the implementation of the Philippine Health Laboratory System (formerly the RITM's laboratories, DOH's Health Laboratories, and other identified national laboratories) and the institutionalization of stand-alone CDC public health laboratories, including national reference laboratories, subnational, and regional public health laboratories, which shall be expanded through the establishment of streamlined diagnostic tests and surveillance of diseases of public health importance into stand-alone laboratories across the nation and by ensuring an effective and efficient quality management system for all clinical and other health laboratories in partnership with the DOH: Provided, That the Philippine Research Institute of Medicine shall lead the country's public health laboratory response for rapid detection of emerging and reemerging public health threats;

(v) promote and develop innovative science, technologies, and processes in support of CDC's ability to protect the country from health, safety, and security threats, both foreign and local;

(vi) manufacture vaccines and biologicals, consistent with the self reliance action plan, subject to a positive recommendation issued by an independent study or body commissioned by relevant national government agencies;

(vii) develop and implement, together with other agencies, such as DOST and the Department of Trade and Industry (DTI), programs for vaccine and biologics capacity building on human resources, infrastructures, and technology, among others;

(viii) coordinate, oversee, and lead the development of the vaccine self reliance national action plan, including sustainability models and plans on local vaccine development and involvement of the manufacturing industry;

(ix) promote and advocate technology transfers and cross-border exchanges of scientific information, data, and physical samples both at the vaccine and biologics research and development, and other steps in the manufacturing and trade value chain;

(x) establish linkages with local and international public and private partners and industries in vaccine and biologics development and manufacturing initiatives and collaborations; and

(xi) perform such other necessary functions mandated under this Act, or as may be mandated by law, or as may be delegated by the Secretary of Health and/or the President.

Provided, That nothing in this Act shall prohibit the CDC from establishing additional divisions, bureaus, and offices under the Philippine Research Institute of Medicine.

(d) The CDC shall have three (3) offices directly under the Director General to support the Center for Health Statistics, Center for Epidemiology and Surveillance, and the Philippine Research Institute of Medicine, namely:

(i) Office for Health Economics;

(ii) Office for Policy and Planning; and

(iii) Office for Administration, Finance, and Legal Affairs.

(e) Technical committees, boards, commissions, councils, conferences, task forces, or similar groups shall be established to provide technical expert advice, ideas, and diverse opinions to the CDC. Advisory committees shall be composed of experts from different sectors with specific expertise necessary to fulfill their mandate: *Provided, That* membership to the advisory committee shall be renewed every three (3) years, but may be terminated earlier as deemed necessary;

(f) Regional Centers of the CDC shall be established to strengthen local technical capacity for epidemiology and surveillance, health statistics, laboratory, and research that would support DOH regional offices and local government units (LGUs);

(g) The Office of Women's Health shall be created as a central point for women's health and to raise visibility of risk factors and other conditions that impact women and girls' health. It shall promote public health research, evidence-based programs, policies, and strategies to improve the health and well-being of women and girls; and

(h) Additional offices may be created in accordance with the mandate of the CDC with the recommendation of the Director General and approval of the Secretary of Health in view of emerging needs of the health sector.

ARTICLE IV

OPERATIONAL STRUCTURE, MANAGEMENT, AND STAFF OF THE CENTER

SEC. 8. *Relationship with Existing Agencies and Offices.* -

(a) Relationship between CDC and DOH Operations. The CDC shall be an agency under the DOH's Office of the Secretary. The DOH shall develop operational and intersectoral policies to support implementation of strategies and standards developed by the CDC;

- (b) Relationship between CDC and the DOH Bureau of Quarantine. The CDC shall set the standards for international health surveillance and surveillance at ports of entry and coordinate with the Bureau of Quarantine for operationalization and stakeholder management;
- (c) Relationship between CDC and University of the Philippines-National Institute of Health (UP-NIH). The UP-NIH shall provide support to the CDC in developing and implementing its research agenda and in implementing programs to ensure the continuation of professional, academic, and personal capacity development of multisectoral stakeholders that will be engaged with the CDC;
- (d) Relationship between Regional Office of the CDC and DOH Regional Offices. The CDC shall have regional counterparts that will maintain technical capacity for epidemiology and surveillance, health statistics laboratory, and research, as support to DOH regional offices and LGUs to support implementation of strategies and standards of the CDC.
- e) Relationship between CDC and LGUs. Provinces, cities, and municipalities shall adopt and localize standards and guidelines developed by the CDC, as operationalized by the DOH, in the performance of activities related to disease prevention and control. Further, LGUs shall allocate the necessary funding for the establishment of functional Epidemiology and Surveillance Units based on standards set by the Center for Epidemiology and Surveillance and as provided for by law, including the creation of positions for needed Disease Surveillance Officers and field epidemiologists in line with the goal of building local capacity for health surveillance: *Provided, That the CDC will provide technical support to LGUs;*

SEC. 9. *Transfer of Agencies.* —

- (a) Restructuring of Affected Offices and Units. The following offices, including their administrative units, shall be restructured to ensure synergistic co-existence of the CDC and DOH to facilitate full operations of the CDC.
 - (i) The Health Laboratory Division of the Health Facility Development Bureau of the DOH, also referred to as the Office for Health Laboratories, and other identified national reference laboratories shall be absorbed by the Philippine Research Institute of Medicine and included in the Philippine Health Laboratory System;
 - (ii) The Epidemiology Bureau of the DOH shall be transferred to the Center for Health Statistics and Center for Epidemiology and Surveillance in phases. The functions of the National Epidemiology Center of the Epidemiology Bureau and disease and public health surveillance functions assigned to the DOH by law shall also be transferred to the Center for Epidemiology and Surveillance. In line with this, the Regional Epidemiology and Surveillance Units and Field Health Services Information System Units of the DOH Regional Offices shall be transferred to and be under the sole supervision and control of the CDC upon the effective transition of the Epidemiology Bureau to the CDC.

The Center for Epidemiology and Surveillance shall set the standards for international health surveillance and surveillance at ports of entry and shall coordinate with the Bureau of Quarantine for operationalization and stakeholder management: *Provided, That the screening and quarantine processes for inbound and outbound international travelers as provided under Sections 4 and 5 of Republic Act No. 9271, or the Quarantine Act of 2004 shall remain with the*

Bureau of Quarantine, aligned with the standards promulgated by the CDC.

(iii) The Knowledge Management and Information Technology Service (KNITS) of the DOH shall be restructured and rationalize its functions to eliminate the overlaps and duplication with the standards and sectoral policy function of the Center for Health Statistics.

(iv) The Disease Prevention and Control Bureau shall be transformed into the Public Health Strategy and Management Bureau, and shall be responsible for developing operational strategy and guidelines aligned with the CDC's standards, stewarding intersectoral collaboration platforms, and ensuring strategic management of national health programs. The Disease Prevention and Control Bureau's standards development function shall be transferred to the Philippine Research Institute of Medicine: Provided, That the DOH Undersecretary for Operations and the DOH Regional Offices shall continue to perform their role in operational planning, coordination, and performance management.

(v) The Communications Office of the DOH shall be a shared service among DOH offices, including the FDA, CDC and Philippine Research Institute of Medicine, and shall perform, but not limited to, the following functions:

- (1) Develop strategic communication plans, including, but not limited to organizational risk and crisis communication plans;
- (2) Manage and implement risk communication activities and initiatives, such as the development and issuance of information and education communication materials, events, stakeholder meetings, and other media engagement activities;
- (3) Manage and activate crisis communication protocol for health risks and hazards, and institutional reputational risks;
- (4) Develop and implement corresponding capacity-building activities in relation to organizational risk and crisis communications;
- (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 institutionsb)

Transfer of Human Resource and Properties. The offices affected by the transfer of agencies shall also transfer human resource, applicable funds and appropriations, records, equipment, and property to the CDC, subject to a multi-year transition plan under Section 24 of this Act.

(i) As a result of the reorganization under this Act, the DOH shall evaluate the credentials, skills, and work experience of all employees in affected agencies, offices, or bureaus and shall conduct matching to positions within the new offices/bureaus created based on the set qualification standards. The DOH shall develop a technical working group to ensure that Republic Act No. 6656, or An Act to Protect the Security of Tenure of Civil Service Officers and Employees in the Implementation of Government Reorganization shall be properly observed towards the protection of the security of tenure of affected employees and shall institute mechanisms for retooling. To this end, 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 within ninety (90) days from the date of effectivity of their separation; and

(ii) Transfer of human resource, 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. *Salary, Staffing Pattern and Qualifications.* — The CDC staffing requirement shall be supported to ensure its role as the technical authority in the prevention and control of all diseases of public health importance. Subject to the review and approval of the Department of Budget and Management (DBM), the Secretary of Health shall determine the organizational structure and staffing pattern of the CDC, in accordance with existing Civil Service Commission laws, rules and regulations: Provided, That the existing law on salary scales of government employees shall not apply in determining the salary scale of scientific and highly technical staff.

Members of advisory committees shall receive a per diem allowance for each meeting attended. The CDC shall include a summary of the amounts deemed necessary for the expenses of advisory committees in its budget recommendations: Provided, That all in-house technical and scientific staff, expert pools, and members of advisory committees shall be allowed to practice their profession and receive additional compensation from such engagements: Provided, further, That all employed staff and engaged in-house experts shall submit declaration of conflict-of-interest, non-disclosure agreement, and other pertinent documentary requirements as may be deemed necessary.

All CDC personnel shall be authorized to undergo secondment to local and international academic and science-based organizations, local and international academic or technical training and capacity-building, or other similar knowledge exchange mechanisms to maintain the technical expertise necessary to implement the roles and responsibilities assigned to them: Provided, That the mechanisms for return of service are implemented, to be determined by the CDC and approved by the Secretary of Health.

SEC. 11. *Director General, Deputy Director Generals, and Directors.* —

- (1) Appointment of the Director General. The Director General shall be appointed by the President, with the rank of Undersecretary, upon the recommendation of the Secretary of Health, based on technical expertise, academic background, and appropriate work experience;
- (2) Appointment of the Deputy Director Generals. The Director General shall be assisted by Deputy Director Generals, with the rank of Assistant Secretary. They shall oversee the functions of the Offices and Centers, and any additional offices created in accordance with Section 7 of this Act. The Deputy Director Generals shall likewise be appointed by the President, upon the recommendation of the Secretary of Health, based on technical expertise, academic background, and appropriate experience;
- (3) Appointment of Directors. The Director General shall be assisted by the following:
 - (a) Director for Health Economics Service with the rank of Director IV;
 - (b) Director for Policy and Planning with the rank of Director IV; and
 - (c) Director for Administration, Finance, and Legal Affairs with the rank of Director IV.

(4) Qualifications and Eligibilities.

- (a) The Director General shall be a public health professional, must be a licensed medical doctor, with at least 15 years of combined post graduate experience in relevant fields of medicine, public health, research, and management;
- (b) 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 such fields; and
- (c) The Directors directly under the Office of the Director General 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 the aforesaid fields.

(5) Powers and Functions of the Director General.

- (a) Provide leadership, policy guidance, coordination, technical expertise, and services to promote the development and implementation of the CDC's national programs;
- (b) Determine the occurrence of a public health emergency and with the concurrence of the Secretary of Health, certify to the President of the Philippines the occurrence of a public health emergency;
- (c) Notify the WHO and other focal points of any public health emergency or incident in accordance to International Health Regulations guidelines, and lead in the coordination of public health response with said bodies and National Focal Points;
- (d) Institute public health surveillance programs in accordance with Republic Act No. 11332, or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act and as such, impose the following:
 - (i) Require all public and private hospitals, clinics, health facilities, laboratories, institutions, workplaces, schools, prisons, ports, airports, establishments, communities, other government agencies, and non-governmental organizations to accurately and immediately report notifiable disease and public health events to CDC;
 - (ii) Require all public and private hospitals, clinics, health facilities, and laboratories to submit health and health-related data, which shall include administrative, public health, medical, pharmaceutical, and financing data to CDC; and
 - (iii) Direct Disease Surveillance Officers, Epidemiology and Surveillance Units, CDC Laboratories, Philippine Health Laboratory System, pharmacies, and those employed by the LGUs involved in surveillance and response to report information required by the CDC at all times and as soon as practicable. Failure of said establishments to report to the CDC shall constitute as a violation of Section 9 (d) and (e) of Republic Act No. 11332, or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act
- (e) Coordinate with the relevant agencies to furnish the CDC any sample of any substance or matter in the possession or control of that person, whether taken pursuant to this Act or otherwise, may be considered necessary or appropriate, or any information as may be required by the CDC, within the period it requires for the purpose of any public health surveillance program, epidemiological investigation, or survey conducted pursuant to this Act. For purposes of this Act, "epidemiological investigation" shall refer to an inquiry to the incidence, prevalence, extent,

source, mode of transmission, causation of, and other information pertinent to a disease occurrence;

- (f) Request the assistance of the Philippine National Police or the National Bureau of Investigation to locate any patients or persons suspected of contracting a communicable disease;
- (g) Certify to the President of the Philippines, through the Secretary of Health, the termination of a public health emergency, which may serve as basis for the de-escalation and eventual termination of emergency response activities;
- (h) Develop policies with provisions on penalties for local implementation and enforcement, in consultation with the Secretary of Health:
 - (i) Provide recommendations on the corresponding rules and regulations, as well as penalties, for local implementation and enforcement that are necessary to control and prevent diseases within the country and to prevent the introduction, transmission, or spread of communicable diseases from other countries into the Philippines or from one domestic seaport/airport to another; and
 - (ii) Provide public health preventive measures and intervention strategies such as health education, promotion and advisories, isolation, quarantine, inspections, fumigation, disinfection, disinfestation, vector control, pest extermination, and destruction of animals or articles found to be infected or contaminated as to be sources of infection to human beings in coordination with other concerned quarantine agencies such as veterinary quarantine, plant quarantine, and other measures as may be necessary.
- (i) Develop and coordinate with the Secretary of Health the containment strategies for inland contagion or community transmission of public health threats. During public health emergencies, the DOH shall coordinate with the Bureau of Quarantine in controlling, directing, and managing all quarantine stations, grounds, and anchorages, and in designating their boundaries in accordance with Section 6 of Republic Act No. 9271, or the Quarantine Act of 2004;
- (j) Provide or obtain technical assistance to or from regional and local health departments, private agencies, and international and supranational agencies before, during, and after public emergencies;
- (k) Develop a shared risk communication plan in coordination with the DOH and the FDA;
- (l) Liaise with other government agencies, non-governmental organizations, international organizations, including the WHO, learning and academic institutions, and other pertinent groups or entities in the conduct of activities relating to disease prevention and control;
- (m) Coordinate with appropriate DOH Offices regarding administrative and program matters;
- (n) Appoint eligible persons in accordance with Civil Service Law, rules and regulations, and this Act;
- (o) Delegate the powers vested under this Act to the Deputy Director Generals; and
- (p) Perform such other functions as may be mandated by law, or as may 4 be delegated by the Secretary of Health and/or the President.

SEC. 12. *Special Powers of the President.* - Upon the certification of the existence of a public health emergency, in accordance with Section 11 (5)(b) of this Act, may exercise the special powers, including mobilization of the governmental and nongovernmental agencies, including the private sector. The President shall respond to the threats and be authorized to do the following functions:

- (a) Develop and initiate the implementation of national policies to prevent and mitigate further transmission of diseases of public health importance;
- (b) Direct the DILG, for proper information dissemination to LGUs of all rules, regulations, and directives issued by the National Government pursuant to this Act: *Provided, That* all LGUs are authorized to develop localized policies and interventions provided these are aligned with the national policy, rules and regulations;
- (c) Direct the DOH to ensure adequate and equitable distribution of health workers during public health emergencies and the provision of social benefits and protection of health workers and their families and other household members against discrimination;
- (d) Ensure that concerned government agencies implement measure to protect the people from hoarding, profiteering, injurious speculations, manipulation of prices, monopolistic practices, other acts in restraint of trade, or other pernicious practices affecting the supply, distribution, and movement of food, clothing, hygiene and sanitation products, medicines and medical supplies and devices, machinery equipment and spare parts required in agriculture, industry, other essential services, and other articles of prime necessity, whether imported or locally produced or manufactured;
- (e) Ensure through concerned government agencies that the donations intended to address public health emergencies, the acceptance thereof and distribution of donated health products and commodities are not unnecessarily delayed considering their shelf-life, and that health products and commodities for donation duly certified by the national regulatory authorities or their accredited third party from countries with established regulation shall be automatically cleared; and
- (f) Perform such other functions and activities, as deemed necessary.

ARTICLE V RESPONSE ACTION

SEC. 13. *Response Cascade*. — In case of public health emergencies due to biological, chemical, and toxic events:

- (a) The CDC, through the Philippine Research Institute of Medicine, shall prepare and disseminate to the public and private sector the relevant technical information and guidance;
- (b) The DOH, through the Public Health Strategy and Management Bureau, 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 immediately respond to the public health emergency. When necessary, the DOH shall tap into the Disaster Risk Reduction and Management System to effectively respond to public health emergencies;
- (d) The CDC, through the Philippine Research Institute of Medicine, 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 CDC, through the Center for Epidemiology and Surveillance, shall certify the veracity of the official data to be used as basis for response and for public reporting, and provide standards and overall guidance to the Bureau of Quarantine for the institutionalization of disease surveillance at all points of entry and exit;
- (f) The National Telecommunications Commission and any telecommunications entity as defined under Republic Act No. 7925, or the Public Telecommunications Policy Act of the Philippines, shall provide

- location information of patients or persons suspected of contracting a disease upon request of the CDC: *Provided, That* the CDC shall ensure confidentiality of such information;
- (g) The Secretary of Health, in coordination with the CDC, may undertake the following functions in case of public health events:
- (1) Hire, transfer, and deploy health personnel;
 - (2) Implement a whole-of-government and whole-of-society public health emergency preparedness and response, in cooperation with the DILG, LGUs, and the private sector;
 - (3) Strictly enforce and augment of border control and surveillance, in coordination with the Department of Foreign Affairs, Bureau of Quarantine, Bureau of Immigration, Philippine Ports Authority, Department of Agriculture, and Bureau of Customs;
 - (4) Commission research in coordination with DOST;
 - (5) Promote treatment, vaccination, or immunization against a contagious disease, compelling the 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) Decontaminate any facility or decontaminate or destroy any material when the CDC reasonably suspects that the same may endanger public health, subject to the payment of just compensation guaranteed under the Constitution;
 - (7) Issue and enforce measures for safe handling and disposal of human and animal remains; and
 - (8) Require 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. 14. *Authority for Other Professions to Administer, Dispense, and Provide Commodities for Public Health Emergencies.* — Notwithstanding any law to the contrary, the Secretary of Health, with the recommendation of the CDC, shall allow other health and allied medical professionals, such as pharmacists and midwives, who are duly trained by the DOH or its authorized representatives, to administer, dispense, and provide commodities considered as vital for public health emergencies with special authorization or regular certificate of registration from the FDA.

SEC. 15. *Issuance of Special Regulatory Authorizations.* — The CDC shall recommend to the Secretary of Health the implementation of interventions under special regulatory authorization issued by the FDA, pursuant to Section 4 of Republic Act No. 3720, as amended by Republic Act No. 9711, or the FDA Act of 2009. In consultation with the Health Technology Assessment Council (HTAC), the FDA shall be authorized to issue special authorizations for commodities during public health emergencies, provided that the following are complied with:

- (a) The special regulatory authorization is based on the totality of available scientific evidence, including data from adequate and well-documented controlled trials, and it is reasonable to believe that the health product may be effective to prevent, diagnose, or treat the disease/s of concern;
- (b) The 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. In the event that the declared public health emergency is lifted, special

authorizations issued by the FDA shall have provisional validity for a period of one (1) year from the date of lifting of the declaration for the sole purpose of exhausting remaining supplies.

SEC. 16. *Inter-agency Cooperation and Confidentiality.* For the purpose of expediting the review of evidence, product authorization or registration, and the appropriate release of recommendations and supporting policies, the DOH, FDA, HTAC, and other relevant government agencies shall, without need for notice or demand, immediately provide each other with any and all needed information: *Provided, That* proprietary submissions of data, which include non-disclosure agreements with manufacturers, traders, distributors, or other sources, shall also be subject of non-disclosure agreements with other concerned agencies.

SEC. 17. *Procurement of Commodities and Services for Public Health Emergencies by the DOH.* — The CDC shall recommend to the Secretary of Health the procurement of essential commodities and services during public health emergencies. The DOH and authorized parties, such as the LGUs and private entities, shall be allowed to procure commodities for public health emergencies that are recommended by any of the following:

- (a) HTAC, pursuant to Section 34 of Republic Act No. 11223, or the Universal Health Care Act;
- (b) WHO; or
- (c) Similar emergency authorizations from reputable and stringent regulatory authorities of other countries.

To this end, the President may authorize the DOH and other parties to enter into alternative modes of expedited procurement with United Nations Agencies, international organizations, or international financing institutions and their operational arms, such as, but not limited to, the WHO, United Nations Office for Project Services, United Nations Children's Fund, and other third parties, subject to the rules and policies set by the Department of Finance (DOF).

Notwithstanding any law to the contrary, the DOH may disburse funds as advance payment if required by the manufacturer, trader, or distributor: *Provided, That* the authority to make advance payment shall be for the procurement of commodities for public health emergencies and to secure other goods and services necessary for their storage, transport, deployment, and administration: *Provided further, That* the distribution and administration of unauthorized commodities for public health emergencies shall be prohibited.

Health Technology Assessment shall not be required for repurposing or stock realignment of commodities during public health emergencies that have already been procured by the DOH, LGUs, and private sector entities: *Provided, That* repurposing or stock realignment shall be in accordance with the indication of its use as approved by the FDA.

SEC. 18. *Authority to Direct the Operations of Private Establishments During Public Health Emergencies.* — Consistent with Sec. 17, Article XII of the Constitution, when public interest so requires, the President, during public health emergencies, may direct the operations of any privately-owned hospitals and medical and health facilities, including passenger vessels, and other establishments, to perform functions and provide support services for public health emergency response, including housing health workers; serving as quarantine areas, quarantine centers, medical relief and aid distribution locations, or other temporary medical facilities; and ferrying health, emergency, and frontline personnel and other persons: *Provided, That* the management and operation of such establishments shall be retained by the owners: *Provided further, That* reasonable compensation for any additional damage or costs incurred by the owner or the possessor of the subject property solely on account of complying with the directive

shall be given to the person entitled to the possession of such private properties or businesses after the situation has stabilized or at the soonest time practicable: *Provided finally, That* if the foregoing establishments unjustifiably refuse or signify that they are no longer capable of operating their enterprises for the purpose stated herein, the President may take over their operations subject to the limits and safeguards enshrined in the Constitution.

SEC. 19. *Transition to Regular Authorization.* — The FDA shall be authorized to develop specific guidelines on the transition of the regulatory authorization of commodities for public health emergencies from special use authorization to regular certificate of registration. This is in consideration of the time needed to process applications of health products for public health emergencies. The granting of a regular certificate of registration by the FDA to the first brand deemed suitable for such registration shall not immediately revoke all other special authorizations granted by the FDA to other brands, any law to the contrary notwithstanding: *Provided, That* once the DOH and the FDA had determined that the suppliers granted with regular certificate of registration have enough capacity to supply the country's projected needs, all other special authorizations issued shall be deemed revoked by this Act, without prejudice to their holders completing the process to obtain a regular certificate of registration; *Provided further, That* any remaining stocks with a valid shelf-life but with a special authorization revoked pursuant to this provision shall either be donated to a country where its use is still authorized by its national regulatory authorities, or held in storage until it is registered or disposed of appropriately upon the termination of its shelf-life.

SEC. 20. *Immunity from Liability.* — Notwithstanding any law to the contrary, program implementors, public officials and employees, health care workers and non⁹ health care workers, whether public or private who are authorized to carry out and are actually involved in public health emergency response shall be immune from suit and liability under Philippine laws with respect to all claims arising out of, related to, or resulting from the administration or use of covered countermeasures under the public health emergency response in the discharge of the abovementioned covered persons' official duties, except those arising from willful misconduct and gross negligence.

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

SEC. 21. *Enabling Local Vaccine Manufacturing.* — The DOFI and the CDC, together with the DOST and DTI and other entities concerned, shall develop initiatives for strengthening scientific and technological capabilities in responding to public health emergencies, including promoting vaccine self-reliance in the country.

The Vaccine Self-Reliance National Action Plan shall serve as a roadmap for all stakeholders at all levels to guide the development of policies, strategies, and initiatives, such as but not limited to, incentivizing investment and maintenance of vaccine manufacturing infrastructure, both public and private.

The National Government, through the DOF, shall ensure the provision of incentives, such as tax exemptions, tax breaks, or remittance, and other financing mechanisms, as applicable, to promote and enable the establishment of local vaccine manufacturing in the Philippines.

ARTICLE VII
MISCELLANEOUS PROVISIONS

SEC. 22. *Funding Mechanism for Scientific Projects and Activities.* — The CDC shall establish a grant mechanism to allow direct transfer of funds to eligible public or private institutions to perform approved scientific projects and activities, including primary and secondary research and clinical practice guideline development, increased training and capacity-building opportunities for CDC personnel, in support of the priorities of the CDC.

SEC. 23. *Intergovernmental Collaborative Activities.* — The CDC shall recommend to the Secretary of Foreign Affairs and the Secretary of Health multilateral and bilateral agreements which the country may adopt to strengthen its collaborative mechanisms with other countries.

SEC. 24. *Transitory Provision.* — The CDC, in coordination with the DOH and LCDs, shall craft a multi-year plan to ensure the timely implementation of this Act.

To this end, the multi-year plan shall include, but not limited to the following:

- (a) Phased expansion of the capacity of the CDC to cover other health conditions or threats in view of the needs of the Philippine health sector;
- (b) Transfer of human resource and properties;
- (c) Require that every province and city-wide health system have full-time 22 Disease Surveillance Officers, without prejudice to the need for Disease Surveillance Officers in municipalities, as may be deemed necessary;
- (d) Establishment of sub-national laboratories and regional public health laboratories;
- (e) Emergency funding and procurement of commodities and hiring during public health emergencies; and
- (f) Establishment of infrastructure and acquisition of parcels of land to house the national offices under the CDC. The DOH, upon coordination with the CDC, shall submit the funding requirements with corresponding annual targets for the implementation of the multi-year plan to the DBM and concerned agencies, for the determination of appropriate national budget allocation: *Provided, That* for local budget allocation, the LGUs shall also appropriate the necessary funds to ensure the proper implementation of this Act, in relation to their devolved functions under Republic Act No. 11223, or the Universal Health Care Act, and other existing laws.

SEC. 25. *Modernization Program.* —The Director General shall, in consultation with the DOH, other concerned agencies of government and the private sector, develop a modernization program that will strengthen the human resource of the CDC, which is the key component of the country's disease prevention and control policy. The modernization program shall include, but not limited to, the acquisition and upgrading of appropriate technologies, laboratories, facilities, equipment, other needed resources, and the needed relocation and acquisition of additional land or location that would house the CDC.

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

The modernization program shall be immediately implemented and completed within five (5) years from the effectivity of this Act. Appropriations for the modernization program shall be charged against the annual General Appropriations Act.

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

The Director General shall be authorized to retain, without need of a separate approval from any government agency, and subject only to existing accounting and auditing rules and regulations, all the legacies, gifts, donations, grants, endowments, contributions or other transfers of ownership and/or possession of real or personal properties of all kinds solicited, negotiated, and received by the CDC under this Act and other laws that it is mandated to administer based on the immediately prior year of operations: *Provided, That* the same, in addition to the annual budget of the CDC, shall be deposited and maintained in a separate account or fund, which may be used or disbursed directly by the Director General to fulfill the original purpose of the funds.

SEC. 27. *Tax Exemptions.* — Donations, grants, gifts, endowments, legacies, and contributions used actually, directly and exclusively for the purpose of the CDC shall be exempt from donor's tax and the same shall be considered as allowable deduction from gross income for purposes of computing the taxable income of the donor, in accordance with the National Internal Revenue Code of 1997, as amended: *Provided, That* such other transfers of ownership and/or possession of all kinds of real or personal properties shall be exempt from all taxes.

SEC. 28. *Annual Report.* — The CDC shall submit to Congress and the Office of the President an annual report containing the following:

- (a) Evaluation of the current and emerging threats to health in the country;
- (b) Progress in International Health Regulation commitments, as well as initiatives undertaken; and
- (c) Proposed legislative measures to address these threats.

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

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

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

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

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

Approved,