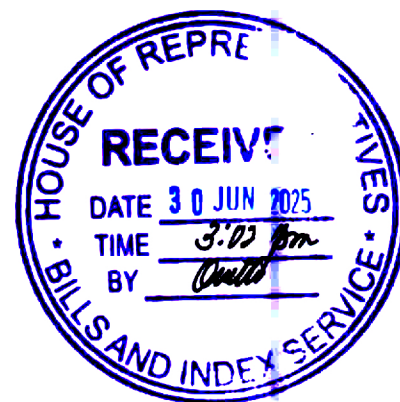


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 662



Introduced by: Rep. Keith Micah "Atty. Mike" D.L.Tan

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

EXPLANATORY NOTE

Section 15 of Article II of the 1987 Constitution of the Republic of the Philippines declares that the State shall protect and promote the right to health of the people and instill health consciousness among them. The World Health Organization (WHO) Constitution, on the other hand, states that "the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States."

According to the WHO, "Pandemics, health emergencies and weak health systems not only cost lives but pose some of the greatest risks to the global economy and security faced today. Further, universal health coverage and health security are two sides of the same coin: improved access to health care and strengthened health systems provide a strong defense against emerging threats, whether natural or man-made."

The recent report by the Global Preparedness Monitoring Board (GPMB), an independent monitoring and advocacy body that aims to assess the world's ability to protect itself from health emergencies and identify critical gaps to preparedness across multiple perspectives, stresses the need for universal access to countermeasures, community-based trust-building, and fair governance mechanisms. It also calls attention to the disproportionate impacts on women, low-income populations, and displaced communities, recommending that preparedness plans be both socially inclusive and gender-sensitive.

The report highlights the dual-edge of technological advancement. While digital tools and biomedical innovations enhance pandemic readiness, they also pose new risks—from cyberattacks and surveillance misuse to rapid misinformation.

Moreover, earlier GPMB studies show that only one third of countries, as of 2018, have the capacities required under the International Health Regulations (IHR) and that the great majority of national health systems would be unable to handle a large influx of patients infected with a respiratory pathogen capable of easy transmissibility and high mortality.

The Joint External Evaluation (JEE) of IHR Core Capacities of the Republic of the Philippines reveals that "While the Philippines has developed capabilities in various programme areas for public health emergency preparedness and response, there are still challenges in achieving a harmonized approach for implementation of

the IHR. Several identified challenges are not only relevant to IHR implementation but are common across the health sector and include the implementation of policies and regulations; effective coordination between national and local levels and among sectors, and investments in institutional capacities.”

Accordingly, “To capitalize on the momentum generated by the JEE in the Philippines, the overarching priority recommendations of the JEE team are for the government to:

- Enhance high-level political commitment and accountability at all levels to advance implementation of IHR, with adequate resourcing and engagement of all relevant sectors.

- Develop an over-arching national action plan for health security, which is costed, map risk- based priorities to optimise resources within and across sectors, and guide investment and the harmonized implementation of the IHR.

- Strengthen monitoring and evaluation practices and foster a culture of continuous improvement by feeding the lessons from after-action reviews into ongoing refinements of the system.

- Designate an overall, high-level, multi-sectoral body, with leadership from the health sector, to oversee and set direction for the continued implementation of the national action plan, with the National IHR Focal Point playing a key role to improve coordination among all relevant stakeholders.

- Foster the institutional capacity of the health sector to lead the prevention, detection and response to public health events and emergencies.

- Further optimize the public health emergency preparedness and response action at regional and local levels, through investing in advocacy, guidance, training and exercising, to improve collaboration between national and sub-national levels.”

The GPMB supports global frameworks like the Global Digital Compact and a future Pandemic Agreement to ensure that innovation is equitable, ethical, and secure. It concludes with a clear legislative imperative: pandemic risk is now a constant, interconnected global challenge requiring multisectoral coordination, preemptive investments in public health infrastructure, and a shared commitment to solidarity and fairness.

In this light, the bill proposes to establish the Philippine National Health Security Council that will craft a health security national action plan - a country owned, multi-year, planning process that can accelerate the implementation of IHR core capacities. It captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development. It also serves as 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.

It also seeks to provide and strengthen the mechanism for the health security interface; optimize health security based on the country’s unique risks, challenges, and resources; and develop an effective system of risk communication, among others.

With our experience in the COVID-19 pandemic and amid the significant increase of emerging infectious diseases such as monkeypox, we need to develop a national SOP/equivalent that describes the coordination and communication among the multiple agencies in the implementation of the IHR and strengthen the strategic

health emergency risk assessments using multiple sources of information, with focus on health risk, health impacts and the vulnerability of health system.

This piece of legislation serves to institutionalize and strengthen the role of IHR capacities and operations in the country and facilitate necessary coordination among the different entities involved in implementation and help to ensure continuity in the midst of the spectre of a health emergency that is looming large in the globe today.

As the country continues to face threats from disease outbreaks and other public health emergencies, we need to proactively establish the systems and engagement needed to detect and control potential disease outbreaks. Hence, the need for the immediate approval of this measure that is set to complement the provision of Universal Health Care for all Filipinos by investing in health emergency preparedness that is designed to improve health outcomes and contribute in the realization of the United Nations Sustainable Development Goals.



Keith Micah "Atty. Mike" D.L. Tan
4th District, Quezon

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AN ACT
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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 11 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 (MR) 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 losses, and preserve confidence in government by strengthening public health and health care systems to effectively and swiftly confront the devastating consequences of health risks, such as emerging infectious diseases that could lead to a pandemic; use of chemical, biological, radiological, and nuclear weapons; health-related cyber warfare; and catastrophic natural disasters and human-caused incidents, through multi-sectoral and multidisciplinary approaches for effective alert and response systems;
- (b) Prepare, mobilize, and coordinate the whole-of-government and whole-of-society approach to bring the full spectrum of public health capabilities in the event of a public health emergency, disaster, or attack.

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

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

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

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

(d) Health security refers to the activity required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health;

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

(f) International health regulations (IHR) refer to legally binding instruments of international law that set standards and protocols to be observed by states in order to prevent the spread of diseases and other health risks, save lives, protect livelihoods and avoid the unnecessary curtailment of 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 MR 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) Accept donations, whether from local or foreign sources, and ensure that funded programs are aligned to the national response;

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

(j) Source funds for the PHSNAP;

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

(l) Facilitate and support health security initiatives and activities of the LGUs; and (m) Submit an annual report to the Office of the President and the Congress.

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

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

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

SEC. 7. *Membership and Composition.* - The PHSC shall be composed of the following:

- (a) Secretary of Health;
- (b) Secretary of National Defense;
- (c) Executive Secretary;
- (d) National Security Advisor;
- (e) Secretary of Foreign Affairs;
- (f) Secretary of Interior and Local Government;
- (g) Secretary of Justice;
- (h) Secretary of Budget and Management;
- (i) Secretary of Trade and Industry;
- (j) Secretary of Agriculture;
- (k) Secretary of Environment and Natural Resources;
- (l) Secretary of Tourism;
- (m) Secretary of Transportation;
- (n) Secretary of Information and Communications Technology;
- (o) Secretary of Labor and Employment;
- (p) Secretary of Science and Technology;
- (q) Secretary of Public Works and Highways;
- (r) Chairperson of the Commission on Higher Education;
- (s) Secretary of Education;
- (t) Secretary of Agrarian Reform;
- (u) Director General of National Economic and Development Authority;
- (v) Secretary of the Presidential Communications Operations Service;
- (w) Chief of Staff of the Armed Forces of the Philippines;
- (x) Chief of the Philippine National Police;

- (y) Director of the National Bureau of Investigation;
- (z) Director General of the National Intelligence Coordinating Agency;
- (aa) Director General of the Technical Education and Skills Development Authority;
- (bb) Chairperson of the Civil Service Commission;
- (cc) Commissioner of the Bureau of Customs;
- (dd) Director General of the Philippine Information Agency;
- (ee) Executive Director of the Philippine Council for Health Research and Development;
- (ff) President of the Philippine Health Insurance Corporation;
- (gg) Director General of the Food and Drug Administration;
- (hh) Director of the Research Institute for Tropical Medicine;
- (ii) President of the Union of Local Authorities of the Philippines;
- (jj) President of the League of Provinces of the Philippines;
- (kk) President of the League of Cities of the Philippines;
- (ll) President of the League of Municipalities of the Philippines;
- (mm) President of the Liga ng mga Barangay;
- (nn) President of the Government Service Insurance System;
- (oo) President of the Social Security System;
- (pp) Chairperson of the National Anti-Poverty Commission;
- (qq) Chairperson of the Housing and Urban Development Coordinating Council;
- (rr) Chairperson of the National Commission of Senior Citizens;
- (ss) Chairperson of the National Council on Disability Affairs;
- (tt) Chairperson of the Philippine Commission on Women;
- (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:

- (a) Coordinate and manage the day-to-day affairs of the PHSC;
- (b) Assist in the formulation, monitoring, and evaluation of the policies to the PHSNAP;
- (c) Provide technical assistance, support, and advisory services to the PHSC and its external partners;
- (d) Assist the PHSC in identifying and building internal and external networks and partnerships;
- (e) Coordinate and support the efforts of the PHSC and its members to mobilize resources;
- (f) Serve as repository of health security information;
- (g) Disseminate, updated, accurate, relevant, and comprehensive information about the country's health security situation to PHSC members, policy makers, and the media; and
- (h) Provide administrative support to the PHSC.

The Secretary of Health, as Chairperson of the PHSC, may assign other staff from the DOH to assist the HEMB in the performance of its functions as Secretariat of the PHSC.

CHAPTER III

HEALTH SECURITY AT THE REGIONAL AND LOCAL LEVEL

SEC. 9. *Health Security Management and Organization at the Regional Level.* - There shall be established a Regional Health Security Council (RHSC) in every

administrative region of the country which shall be responsible in the development and implementation of the Health Security Regional Action Plan.

The RHSC shall establish an operating facility to be known as the Regional Health Security Management Operations Center whenever necessary.

The Regional Directors of the DOH shall serve as Chairpersons of the RHSC. Its Vice Chairpersons shall be elected by the members. In the case of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), the Chief Minister shall be the RHSC Chairperson. The existing regional offices of the DOH shall serve as secretariat of the RHSCs. The RHSCs shall be composed of the executives of the regional offices and field stations at the regional level of the 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;
- (16) Head of Office of the Building Official;
- (17) Head of Public Order and Safety Office;

- (18) Head of Environmental Protection and Waste Management Office;
 - (19) Head of the Housing and Community Development and Resettlement Office;
 - (20) Division or Superintendent of Schools of the DepEd, respectively;
 - (21) Provincial Director/City/Municipal chief of the Philippine National Police;
 - (22) President of the Association of Barangay Captains;
 - (23) Philippine National Red Cross;
 - (24) Four (4) accredited CSOs;
 - (25) Four (4) private sector representatives;
 - (26) Four (4) representatives from the academe; and,
 - (27) Four (4) representatives from health community.
- (b) The local health security councils shall have the following functions:
- (1) Develop, operationalize, and implement their respective HSLAP in accordance with the PHSNAP and the provisions of this Act;
 - (2) Localize public health emergency preparedness and ensure efficient local response to assess, monitor, contain, control, and prevent the spread of any potential epidemic or public health risks;
 - (3) Support the health security initiatives of the national government;
 - (4) Pass timely and relevant ordinances that will strengthen the provision 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 compose 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 and 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,