

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 665



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

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

EXPLANATORY NOTE

The 2019 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, warns that humankind is stumbling toward the 21st-century equivalent of the 1918 influenza pandemic, which affected one-third of the world's population and killed approximately 50 million people.

Based on the report, only one third of countries 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, one of the overarching priority recommendations of the JEE team is to foster the institutional capacity of the health sector to lead the prevention, detection and response to public health events and emergencies.

The 2024 GPMB report underscores that pandemics are no longer rare shocks but enduring global threats driven by increased mobility, urbanization, climate change, and human encroachment on ecosystems. The report identifies fifteen (15) key pandemic risk drivers across five domains—social, technological, environmental, economic, and political—using a "STEEP" framework. These drivers, such as social inequity, digital misinformation, urban crowding, environmental degradation, and weak governance, interact over time and amplify vulnerabilities. Current outbreaks, including H5N1 and mpox,

illustrate that without early intervention and comprehensive mitigation, localized health crises can rapidly escalate into pandemics.

The report emphasizes that preparedness must evolve beyond lessons from COVID-19. The future of pandemic threats will differ significantly and demand adaptive planning, region-specific risk assessments, and integrated, flexible health systems. A key tenet is that anticipatory planning and real-time response capacities are essential, not optional.

In this light, this measure seeks to strengthen the current bureaucracy that is mandated to address communicable diseases in the country through organizational and institutional reforms. Specifically, the bill proposes the creation of the Center for Disease Prevention and Control (CDPC), which will serve as the principal agency mandated to develop and apply communicable disease prevention and control initiatives.

The bill essentially removes the function of addressing the communicable disease concerns from the Department of Health and transfers the same to the CDPC, which will absorb the existing Disease Prevention and Control Bureau, the Epidemiology Bureau, the Disease Emergency Management Bureau, and the Bureau of Quarantine of the Department of Health, including the Research Institute for Tropical Medicine (RITM). The CDPC will be attached to the DOH for policy, planning and program coordination. In doing so, the country will be able to provide a specialized agency for addressing communicable diseases in the country.

Among others, CDPC's functions will include maintaining of active surveillance of diseases through epidemiologic and laboratory investigations, data collection, analysis, and distribution; developing and implementing operational programs relating to communicable diseases; and acting as lead disease surveillance agency in the country. It also provides for the upgrading of the authorized bed capacity of the RITM to one hundred (100) beds where one-half of its bed capacity will be used as negative pressure isolation rooms.

Through this proposal, it is hoped that the country will be better prepared in addressing health emergencies such as in dealing with emerging infectious diseases like COVID-19.

In view thereof, the immediate approval of this measure is earnestly sought.


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

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Be it enacted by the Senate and House of Representatives of the Philippine 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 the people and instill health consciousness among them. The State also mandates the adoption of an integrated and comprehensive approach to health development.

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

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

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

(b) Disease refers to an illness due to a specific toxic substance, occupational exposure or infectious agent, which affects a susceptible individual, either directly or indirectly, from an infected animal or person, or indirectly through an intermediate host, vector, or the environment;

(c) Disease surveillance refers to a systematic collection, analysis, interpretation, and dissemination of outcome and specific data for use in the planning, implementation, and evaluation of public health practice. 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 disease prevention and control activities;

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

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

(f) 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 chemical attack or accidental release;

(v) A nuclear attack or accident; or

(vi) An attack or accidental release of 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;

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

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

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

(a) Policy and Standards Development:

- (1) Provide technical guidance to the development of policies, programs, standards, guidelines, and monitoring and evaluation systems on the forecasting, prevention, monitoring, and control of diseases, injuries, and disabilities both of national and international concern;
- (2) Set the standards and the process for the establishment of Epidemiology and Surveillance Units or its corresponding surveillance reporting units, pursuant to law;
- (3) Provide quality assurance programs to ensure the quality of testing for laboratories;
- (4) Conduct researches for development in support of the CDC mandate to forecast, prevent, monitor, and control diseases, injuries, and disabilities both of national and international concern;
- (5) Recommend to the President, through the DOH Secretary, the declaration of a state of public health emergency, in case of an epidemic of national or international concern; and
- (6) Set the parameters for the declaration of the existence as well as the end of an epidemic.

(b) Capacity Building and Technical Assistance:

- (1) Develop, implement, and maintain training programs on specialized fields such as field epidemiology, health emergency of biological concern, laboratory services, infectious and tropical diseases, and non-communicable diseases;
- (2) Assess and support the capabilities of health facilities and local government units (LGUs) on forecasting, preventing, monitoring, and controlling diseases, injuries, and disabilities both of national and international concern; and
- (3) Provide technical assistance and expert services to DOH offices, and collaborating and implementing agencies or offices on matters pertaining to forecasting.

(c) Sectoral and Local Engagements:

- (1) Promote coordination and collaboration with partner agencies and organizations on matters pertaining to CDC mandate;
- (2) Coordinate, collaborate, and disseminate relevant scientific and technical information in a timely manner with partner agencies and international and local organizations on matters pertaining to CDC mandate; and
- (3) Disseminate relevant scientific and technical information in a timely manner with partner agencies, and international and local organizations on matters pertaining to CDC mandate.

(d) Surveillance:

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

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

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

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

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

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

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

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

(f) Provide technical guidance on the monitoring and evaluation framework for disease prevention and control;

(g) Certify to the existence of an epidemic which shall be treated as a public health emergency; and

(h) Perform such other functions as may be mandated by law, or as may be duly delegated by relevant authorities.

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

The Director General shall have the following powers and functions:

(a) Manage and direct the activities and functions of the CDC;

(b) Advise the DOH Secretary on policy matters concerning the Center's activities;

(c) Recommend to the President, through the DOH Secretary, the exercise of special powers in case of an epidemic, including the declaration of a public health emergency;

(d) Act as the national International Health Regulations Focal Point, subject to consultation with DOH; and

(e) Perform other functions and powers that may be assigned by the DOH Secretary.

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

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

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

SEC. 8. *Regional Centers for Disease Prevention and Control.* – There shall be established Regional Centers for Disease Prevention and Control (RCDCs) in all regions of the country.

Each Regional CDC shall be headed by a Regional Director, who shall be under the supervision of the CDC Director General.

The functions of RCDCs include:

- (a) Prevention, control, and surveillance of diseases;
- (b) Provision of laboratory services for detection and identification of infectious disease agents from human, environmental samples, and food;
- (c) Maintenance of an integrated data management system;
- (d) Implementation of quality assurance programs for clinical and environmental laboratories through training, consultation, certification and proficiency testing;
- (e) Policy development;
- (f) Emergency response;
- (g) Public health-related research;

- (h) Training and education;
- (i) Maintenance of infectious disease hospitals for referral and management of cases;
- (j) Establishment of strong communication networks; and
- (k) Other functions that may be assigned by the Director General.

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

SEC. 9. *Structure and Staffing Pattern.* –

(a) The CDC shall initially have the following offices, each to be headed by an officer with the salary and rank of Director IV:

- (1) Center for Epidemic Intelligence and Disease Surveillance;
- (2) Center for Research, Training, and Reference Laboratory;
- (3) Center for Infectious Disease Emergency Preparedness and Response;
- (4) Center for Policy and Program Development;
- (5) Communications Office; and
- (6) Administrative and Finance Office.

(b) The CDC Director General, subject to the issuance of an executive order by the President and approval of the Department of Budget and Management (DBM), may create or abolish units, offices, or centers as needed to carry out all provisions of this Act.

(c) The CDC Director General, in consultation with the DOH and the DBM, shall;

- (1) Develop the organizational structure of the CDC at the national, regional, and local levels;
- (2) Determine the divisions and specific functions of each unit, center, or office of the CDC; and
- (3) Determine the staffing pattern, qualification standards, compensation, and position classification plan for the CDC subject to the approval of the Civil Service Commission (CSC) and the DBM.

SEC. 10. *Qualifications Standards for Appointment and Promotion.* – The DOH shall, in consultation with the CSC, and pertinent agencies as may be necessary, develop the qualification standards in terms of education, training and experience for all technical and non-technical positions in the CDC, and the system for promotion and succession plan in the CDC.

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

SEC. 12. *Modernization Program.* – The Director General shall, in consultation with the DOH and other concerned agencies of government and the private sector, develop a modernization program that will strengthen the human health resource of the CDC, which is the key component of the country's disease prevention and control policy. The modernization program shall include 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 after the effectivity of this Act, the Director General shall, upon the recommendation of the DOH and DBM Secretaries, submit the modernization program for the consideration and approval of Congress in a joint resolution of the House of Representatives and the Senate.

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

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

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

(a) Prioritize investments in upgrading of ICT and adequate and capacitated human resources for epidemiology, public health surveillance, and public health and clinical research;

(b) Have a premier facility for clinical laboratory, epidemiologic and implementation research, and training on infectious and tropical diseases;

(c) Develop performance-based incentives to private health facilities with established epidemiology and surveillance functions;

(d) Re-nationalize local epidemiology and surveillance units (LESUs) that will solely provide epidemiology and disease surveillance services and provide assistance to the LGUs in the establishment and maintenance of surveillance systems, data management, and generation of strategic epidemiologic information: Provided, That the DOH, CDC, and DBM, shall develop the staffing pattern and qualification standards: Provided, further, That LESUs shall be under the direct supervision and control of the Regional CDCs;

(e) Retain and provide incentives to technical experts, practitioners and scientists, whereby the scientific career system is adopted, allowing them to continue their respective clinical

and professional practice to pursue research studies and receive grants and honoraria, in consultation with the CSC. Qualified employees of the CDC and its attached units shall be covered by Republic Act No. 8439, otherwise known as "Magna Carta for Scientists, Engineers, Researchers and Other Science and Technology Personnel in Government;"

(f) Develop and implement training and research programs to develop more experts and practitioners in the field of epidemiology, and disease prevention and control; and,

(g) Develop a mechanism to ensure interoperability and accessibility of surveillance systems.

SEC. 14. *Strengthened Disease Surveillance and Response.* – The CDC shall establish integrated disease surveillance and response systems utilizing, whenever necessary, all technological means available while ensuring that data privacy and patient confidentiality are maintained. The CDC and authorized public health authorities shall have complete access and right to collect personal information and other data, as may be deemed necessary in fulfillment of their mandate. All data or information and samples collected pursuant thereto shall be used for public health concern purposes only and shall be exempted from the provisions of R.A. No. 10173, otherwise known as the "Data Privacy Act of 2012" on accessibility of data.

SEC. 15. *National Reference Laboratories.* – The CDC shall establish a new, state of the art facility that will serve as the National Reference Laboratory (NRL), unifying all NRLs for biological, chemical, nuclear and radiologic emergencies under one roof, within 5 years from the effectivity of this Act: Provided, That the existing NRLs in the East Avenue Medical Center, Philippine Heart Center, Lung Center of the Philippines, National Kidney Transplant Institute and San Lazaro Hospital shall continue to be under the respective hospitals: Provided further, That these existing NRLs shall serve as referral laboratories of the CDC and be included in the Modernization Program of the CDC.

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

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

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

SEC. 16. *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 in favor and for the benefit of the CDC, which shall all be part of the special account in the general fund managed by the Bureau of Treasury.

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

SEC. 17. *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 Sec. 34 (H)(2)(a) of the National Internal Revenue Code of 1997, as amended. Likewise, such other transfers of ownership and/or possession of real or personal properties of all kinds shall be exempt from all taxes.

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

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

SEC. 20. *Transitory Provisions.* –

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

- (i) Integrated disease surveillance and response;
- (ii) Sentinel surveillance;
- (iii) Laboratory-based surveillance;
- (iv) Periodic population-based surveillance; and,
- (v) Preventing transmission of communicable diseases.

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

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

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

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

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

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

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

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

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

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

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

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

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

Approved,