

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

Twentieth Congress
First Regular Session

HOUSE BILL NO. **4360**



Introduced by **Representative RAYMOND ADRIAN SALCEDA**

**AN ACT
CREATING THE PHILIPPINE CENTERS FOR DISEASE PREVENTION AND
CONTROL, DEFINING THEIR POWERS AND FUNCTIONS, AND
APPROPRIATING FUNDS THEREFOR**

EXPLANATORY NOTE

The COVID-19 pandemic exposed longstanding gaps in the country's disease prevention, surveillance, and response capabilities. While the Department of Health (DOH) and its bureaus worked tirelessly to manage the crisis, the experience underscored the need for a permanently empowered, science-driven public institution to serve as the nation's technical authority on epidemiology, surveillance, risk assessment, standards setting, and laboratory readiness.

Representative Joey Sarte Salceda conceived and filed the first version of this measure in January 2020, immediately after delivering remarks at a press engagement of the Sin Tax Coalition at the Bayview Hotel in Intramuros, Manila, when the country was only beginning to confront the threat of a novel infectious disease. Since then, substantially similar measures have been approved twice by the House of Representatives, reflecting broad and sustained consensus for establishing a Philippine Centers for Disease Prevention and Control.

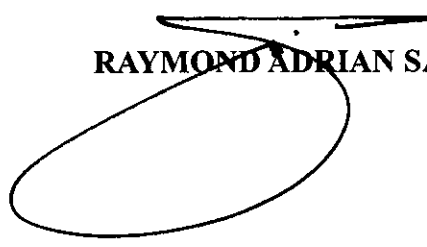
This bill institutionalizes a Philippine Centers for Disease Prevention and Control (CDC) under the Office of the Secretary of Health, aligned with the World Health Organization's International Health Regulations and complementary to Republic Act No. 11223 (Universal Health Care Act) and Republic Act No. 11332 (Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act). The CDC will unify and elevate core public health functions—surveillance, field epidemiology, health statistics and analytics, laboratory systems, and evidence synthesis—into a single, coherent authority capable of issuing standards, providing real-time guidance, and coordinating with international counterparts.

Key features include: (1) a national framework for a resilient health laboratory system, including regional public health laboratories; (2) an integrated surveillance and field epidemiology service with clear data stewardship and certification of official figures; (3) an evidence unit to synthesize research and issue technical guidance for prevention and control; (4) clarified roles among the DOH, the Bureau of Quarantine, and local government units to ensure swift, coordinated responses; (5) special emergency authorities, subject to safeguards, for rapid regulatory authorization and procurement of critical commodities; and (6) transitional provisions to absorb or rationalize overlapping functions (such as select reference laboratories and surveillance units) to avoid duplication and ensure efficiency.

The fiscal implications are prudent and phased. Initial funding will be drawn from current appropriations of affected offices, with a multi-year modernization program to prioritize human resources for health, epidemiology training, data infrastructure, biosafety and biosecurity upgrades, and the completion of regional laboratory capacity. By consolidating fragmented functions and standardizing protocols, the measure aims to lower long-run costs of outbreaks, reduce avoidable morbidity and mortality, and protect economic activity from epidemic shocks.

International experience shows that countries with dedicated disease prevention and control agencies—capable of early detection, transparent risk communication, and interoperable labs—recover faster and suffer fewer losses from public health emergencies. The Philippines must equip itself with the same institutional readiness.

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


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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 Centers for Disease Prevention and Control (CDC) Act.”

SEC. 2. *Declaration of Policy.* It is hereby declared the policy of the State to protect and promote the right to health of all Filipinos and instill health consciousness among the people. To achieve this, the State shall adopt an integrated, comprehensive, and evidence-informed approach consistent with Republic Act No. 11223, otherwise known as the “Universal Health Care Act.” The State shall provide necessary support and institutional resources for effective disease prevention and control through a high-level public institution with the capacity and authority to confront public health risks.

SEC. 3. *Objectives.* The objectives of this Act are to:

- (a) Protect Filipinos from diseases of public health importance;
- (b) Develop policies, plans, and protocols to improve all areas identified in the International Health Regulations (IHR) hazards;
- (c) Clarify governance, decision-making, communication, and coordination processes related to diseases of public health importance;
- (d) Ensure swift, coordinated, and data-driven surveillance and response through the Department of Health (DOH), Epidemiology and Surveillance Units (ESUs), public health laboratory systems, points of entry, and the Disaster Risk Reduction and Management (DRRM) system;

- (e) Provide a national framework and strategic direction for a health laboratory system;
- (f) Maintain a pool of in-house experts to serve as technical authorities providing evidence-informed guidance on standards, technologies, and analytics; and
- (g) Ensure the development and implementation of a shared risk and crisis communication plan with the DOH and the Food and Drug Administration (FDA).

SEC. 4. *Definition of Terms.* For purposes of this Act, the following terms are hereby defined:

- (a) Commodities for public health emergencies refer to health products necessary for a public health emergency response, including vaccines, therapeutics, medical devices, and ancillary supplies;
- (b) Disease refers to acute or chronic conditions that cause harmful deviations from normal function, which may be due to infectious agents or their toxic products;
- (c) Disease control means the reduction of disease incidence, prevalence, morbidity, or mortality to an acceptable level through deliberate and continued intervention;
- (d) Disease surveillance is the systematic collection, analysis, interpretation, and dissemination of outcome-specific data for use in public health practice related to epidemics, emergencies, and disasters;
- (e) Emerging or re-emerging infectious diseases refer to those that have not occurred in humans before, or have occurred previously only in isolated areas or small numbers, or are caused by previously unknown agents, or by mutant or resistant strains, or were once major health problems but are now re-emerging;
- (f) Epidemiological investigation is an inquiry into the incidence, prevalence, extent, source, and transmission of a disease occurrence;
- (g) Health research refers to the provision of timely and quality evidence to address knowledge gaps related to identifying, diagnosing, and monitoring diseases of public health importance;
- (h) International Health Regulations (IHR) refer to an international agreement managed by the World Health Organization (WHO) focusing on public health threats that could spread globally;
- (i) Notifiable disease is a disease that must be reported to public health authorities by legal requirements;
- (j) Public health emergency refers to an occurrence or imminent threat of an illness or health condition caused by bioterrorism, a novel infectious agent, natural disaster, chemical or nuclear attack, or accidental release of radioactive materials, which poses a high probability of large-scale deaths, serious injuries, or widespread exposure;

(k) Public health event refers to either a public health emergency or a threat due to biological, chemical, radio-nuclear, or environmental agents;

(l) Public health laboratories are facilities that provide timely and reliable diagnostic results for improving patient outcomes, disease prevention, and outbreak response;

(m) Public health threat refers to any situation or factor that may pose a danger to public health;

(n) Quarantine refers to the restriction of activities or separation of suspect persons or goods to prevent the spread of infection; and

(o) Response refers to the implementation of activities to control the further spread of infection or outbreaks and to prevent recurrence.

SEC. 5. *Creation of the Philippine Centers for Disease Prevention and Control.* There is hereby established an agency to be known as the Philippine Centers for Disease Prevention and Control (CDC), which shall be directly under the Office of the Secretary of the Department of Health (DOH).

SEC. 6. *Functions of the CDC.* The CDC shall serve as the technical authority on forecasting, analysis, strategy, and standards for preventing and controlling public health diseases and health security events. It shall coordinate with global Centers for Disease Control and serve as the national focal point for IHR concerns. Its functions include:

(a) Developing strategies, standards, and policies;

(b) Implementing disease surveillance and field epidemiology;

(c) Performing data collection and analytics;

(d) Establishing and strengthening public health laboratories;

(e) Setting standards for private laboratories;

(f) Recommending actions for public health threats to national government bodies;

(g) Leading public health and risk communications;

(h) Conducting and managing health research;

(i) Building local capacity for surveillance and health research; and

(j) Promoting scientific integrity.

SEC. 7. *Structure of the CDC.*

(a) The CDC shall have component centers, each headed by a Deputy Director General, namely:

(1) The Center for Health Statistics (CHS);

- (2) The Center for Epidemiology and Surveillance (CES);
- (3) The Center for Health Evidence (CHE); and
- (4) The Center for Health Laboratories (CHL).

(b) Three offices shall be directly under the Director General: the Office for Health Economics, the Office for Policy and Planning, and the Office for Administration, Finance, and Legal Affairs.

(c) Regional CDCs shall be established with counterparts of the CHL, CHS, and CES.

(d) Additional offices may be created upon the assessment and recommendation of the Director General, with the approval of the Secretary of Health and subject to the availability of funds.

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

(a) The CDC is an agency under the Secretary of Health, and the DOH shall develop operational and intersectoral policies to support CDC strategies and standards;

(b) The CDC shall set standards for international health surveillance at points of entry and coordinate with the Bureau of Quarantine (BOQ);

(c) The DOH, through its regional offices, shall work closely with the regional CDCs to support the implementation of the CDC's strategies and standards; and

(d) Local government units (LGUs) shall adopt and localize CDC standards and guidelines and allocate funding for functional ESUs based on DOH standards.

SEC. 9. *Transfer of Agencies.*

(a) The Research Institute for Tropical Medicine (RITM) shall be absorbed by the CDC's centers. Its national reference laboratories shall be transferred to the CHL, and its clinical research units and biological research units shall be transferred to the CHE. The Health Laboratory Division of the DOH and other national reference laboratories shall be absorbed by the CHL. The Epidemiology Bureau shall be transferred in phases to the CHS and CES, and the Disease Prevention and Control Bureau (DPCB) shall be transformed into the Public Health Strategy and Management Bureau, with standards development functions transferred to the CHE. The DOH Communications Office shall serve as a shared service among the DOH, FDA, and CDC.

(b) Human resources, funds, records, equipment, and property shall be transferred to the CDC. Employees shall be evaluated and matched to positions within the new bureaus. The transfer of resources shall commence within two years from the effectivity of this Act.

SEC. 10. *Structure and Staffing Pattern.* The Secretary of Health shall determine the organizational structure and staffing pattern of the CDC, subject to the review and approval of the Department of Budget and Management and the provisions of civil service laws.

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

- (a) The CDC shall be headed by a Director General with the rank of Undersecretary, appointed by the President upon the recommendation of the Secretary of Health;
- (b) Deputy Directors General, each with the rank of Assistant Secretary, shall likewise be appointed by the President upon the recommendation of the Secretary of Health;
- (c) Directors for the offices under the Director General shall have the rank of Director IV;
- (d) The Director General must be a licensed medical doctor with at least fifteen (15) years of relevant post-graduate work experience. The Deputy Directors General must have a postgraduate degree, preferably a doctorate, in medicine, public health, or related fields. The Directors must have third-level service eligibility, relevant educational background, and management experience;
- (e) The Director General shall exercise powers including, but not limited to: providing leadership and policy guidance; certifying public health emergencies to the Secretary of Health; notifying the WHO of emergencies; recommending special powers to the President; instituting surveillance programs; issuing orders for samples and data; requesting law enforcement assistance; certifying the termination of an emergency; developing containment strategies; providing technical assistance; developing a shared risk communication plan; and liaising with other organizations.

SEC. 12. *Response Cascade*. In case of public health emergencies:

- (a) The CDC, through the CHE, shall prepare and disseminate technical guidance;
- (b) The DOH, through the Public Health Strategy and Management Bureau, shall develop operational and intersectoral strategies;
- (c) DOH regional offices shall coordinate closely with regional CDCs;
- (d) The CHL shall activate the public health laboratory response network;
- (e) The CES shall certify the veracity of official data for response and reporting;
- (f) The National Telecommunications Commission and telecommunication entities shall provide location information of suspected patients upon CDC request, subject to confidentiality; and
- (g) The Secretary of Health may undertake functions including hiring and deploying health personnel, enforcing border control, and implementing a whole-of-government and whole-of-society response.

SEC. 13. *Authority for Other Professions*. Trained health and allied medical professionals, such as pharmacists and midwives, may administer, dispense, and provide commodities for public health emergencies with special authorization from the FDA.

SEC. 14. *Special Regulatory Authorizations*. The FDA is authorized to issue special authorizations for commodities needed during public health emergencies, subject to safety and

efficacy considerations. These shall have provisional validity for one (1) year after the lifting of the emergency.

SEC. 15. *Health Technology Assessment.* A Health Technology Assessment shall not be a prerequisite for the procurement of commodities for public health emergencies, nor for donations, unregistered products for compassionate use, or repurposed commodities.

SEC. 16. *Procurement.* The DOH and authorized agencies may procure commodities recommended by the WHO, the Health Technology Assessment Council, DOH-approved guidelines, or other national regulatory authorities, using alternative or expedited procurement modes, including advance payments.

SEC. 17. *Donation of Excess Commodities.* The DOH may donate excess supplies to other LGUs, agencies, or countries, in coordination with the Department of Foreign Affairs.

SEC. 18. *Authority to Direct Private Establishments.* The President may direct private establishments to perform functions for public health emergency response, subject to reasonable compensation.

SEC. 19. *Transition to Regular Authorization.* The FDA shall develop guidelines for transitioning commodities from special use authorization to regular registration to avoid monopolies.

SEC. 20. *Authority for Other Professions, Restated.* Other trained health professionals may be authorized by the FDA to administer, dispense, and provide commodities for public health emergencies.

SEC. 21. *Immunity from Liability.* Public officials, employees, and health workers implementing emergency response shall be immune from liability, except in cases of willful misconduct and gross negligence.

SEC. 22. *Intergovernmental Collaboration.* The Secretaries of Foreign Affairs and Health shall jointly review and recommend multilateral and bilateral agreements for the CDC to strengthen collaborative mechanisms with other countries.

SEC. 23. *Transitory Provision.* The CDC, DOH, and LGUs shall craft a multi-year plan for phased implementation of this Act, including regional laboratories and emergency funding provisions.

SEC. 24. *Modernization Program.* The Director General, in consultation with the DOH, shall develop a five-year modernization program to strengthen human resources and upgrade technologies, laboratories, and facilities.

SEC. 25. *Authority to Receive Donations.* The CDC may solicit, negotiate, and receive donations, grants, gifts, and contributions from any source, to be retained in a separate account.

SEC. 26. *Tax Exemptions.* Donations and contributions used exclusively for the CDC shall be exempt from donor's tax and considered deductible from the donor's gross income.

SEC. 27. *Annual Report.* The CDC shall submit an annual report to Congress and the Office of the President.

SEC. 28. *Appropriations.* The initial funding shall be charged against the current appropriations of the affected agencies. Thereafter, funding shall be included in the annual General Appropriations Act.

SEC. 29. *Implementing Rules and Regulations.* The DOH shall promulgate the necessary rules and regulations within ninety (90) working days from the effectivity of this Act.

SEC. 30. *Separability Clause.* If any provision of this Act is declared unconstitutional, the validity of the other provisions shall not be affected.

SEC. 31. *Repealing Clause.* All laws, decrees, orders, and rules inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 32. *Effectivity.* This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,